BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • PHYSICIAN ASSISTANT BOARD
2005 Evergreen Street, Suite 2250, Sacramento, CA 95815
P (916) 561-8780 | F (916) 263-2671 | paboard@dca.ca.gov | www.pab.ca.gov

MEMORANDUM

DATE	August 14, 2026
TO	Physician Assistant Board (Board)
FROM	Virginia Gerard, Probation Monitor
SUBJECT	**Agenda Item 11. Drug and Alcohol Recovery Monitoring Program (Program)**

A. Purpose and Criteria for Participation

The Board is mandated pursuant to Business and Professions Code (BPC) section 3534 to "identify and rehabilitate [PAs] whose competency is impaired due to abuse of dangerous drugs or alcohol so that they may be treated and returned to the practice of medicine in a manner which will not endanger the public health and safety."

Currently, the Board contracts with Premier Health Group (Premier) to serve as its comprehensive referral and monitoring program. The Department of Consumer Affairs' contract with Premier states, "The Recovery Program is to protect the health and safety of the public. This is accomplished by ensuring that a program is available for all licensees requiring treatment and providing access to appropriate intervention programs and treatment services."

For the Board, a participant may enter the Program in two ways: self-referral, or Board order. Some boards also have a third option, Board referral, whereby a board may refer a licensee to a recovery and monitoring program during the investigation of a complaint involving substance use. "Diversion" is the term historically used to describe the process or program through which licensees who might otherwise be subject to discipline are instead directed towards rehabilitation.

The criteria for acceptance into the Board's Program include: 1) the applicant must be a licensed PA and a resident of California; and 2) the applicant must be found to abuse dangerous drugs or alcoholic beverages in a manner that may affect their ability to practice medicine safely or competently. Other criteria include entering into a contract under which the applicant agrees to undergo any medical or psychiatric examinations, comply with recommended treatment, cooperate with the Program, and provide any disclosure authorizations, and releases of liability necessary for participation.

After applying to the Program, a participant is assigned to a Clinical Case Manager (CCM) from Premier. CCMs are required to hold an unrestricted license as either an MD, DO, RN, MFT, LCSW, or PsyD, and shall have three years of experience in the treatment, referral, and monitoring of substance abuse and mental illness. The CCM conducts an intake interview, refers participants for additional assessments as appropriate, and explains the participant's contractual obligations and the consequences of violations. The Board's current CCM has a caseload of approximately 45 licensees from various DCA healing arts boards.

B. <u>What Does It Look Like for Participants?</u>

All participants enter into an individual contract, referred to as a Recovery Agreement, with the Program. Typical obligations include checking in daily to determine whether a biological fluid sample is required; making arrangements to provide the sample that day when requested; ensuring all samples are observed during collection; obtaining a therapist and attending therapy as determined by the Program; obtaining a group facilitator and attending group therapy as required; finding and attending approved community based meetings; obtaining and meeting with an approved sponsor; meeting with Premier case managers, writing numerous lengthy personal statements/self-assessments and submitting requests for changes to treatments or work; participating in an initial assessment at intake and periodic reassessments throughout the Program; and ensuring that required reports from all parties are timely submitted to Premier.

The Program also oversees other aspects of a participant's professional and personal activities. This includes approving where and under what conditions a participant may work, approving worksite monitors, and determining the number of hours a participant may work each week, including volunteer work. Premier also approves the participant's primary care physician and determines the circumstances under which certain medical treatments, surgical procedures, or medications may be administered or undertaken. Participants may not associate with individuals who are illicitly using or possessing drugs. Additionally, travel plans must be approved by the Program.

Participants who self-refer are responsible for 75% of Premier's monthly administrative cost, with the Board paying the remaining 25%. Board-ordered participants are responsible for 100% of the costs. Board ordered participants reported spending approximately $1,100 and around 45 hours each month dedicated to meeting Program requirements.

The Probation Monitor and the Assistant Executive Officer maintain close communication with the Program through phone calls and emails with the CCM. In addition, quarterly meetings are during which Premier provides an update on each licensee's participation and presents any requests or recommendations. The Board retains final decision-making authority regarding participants after consideration of the Program's opinions and recommendations. Following each quarterly meeting, a new

contract between the participant and Program is executed to reflect any changes to treatments, testing requirements, or testing frequencies.

C. Need to Know?

Self-referral alone does not result in the opening of a complaint with the Board. Additionally, "[PA's] who successfully complete the program are assured that their problem and its nature will remain confidential. However, confidentiality will not be maintained if the participant poses a threat to themselves or the health and safety of the public, or if the participant is terminated from the program for noncompliance or for failure to derive benefit" (PAB website). In such cases, the Program is required to provide the Executive Officer with all facts surrounding that determination pursuant to BPC 3534.5(b). For Board-ordered participants, noncompliance with the Program's contract is also considered noncompliance with the Board's disciplinary order.

D. Non-Compliance

The following acts constitute major violation and result in the participant being immediately notified to cease practice: 1) failure to complete a Board-ordered treatment program; 2) failure to undergo a required clinical diagnostic evaluation (CDE); 3) any drug or alcohol related act that would constitute a violation of the practice act; 4) failure to obtain required biological testing; 5) testing positive for banned substances; 6) tampering with a drug test; 7) multiple minor violations; 8) working or returning to work in a clinical position without approval by the Board's designee; and 9) falsification of Program documents.

Whenever a participant commits a major violation, the participant is ordered to undergo a new CDE, and the Board's designee determines whether the participant should be terminated from the Program.

E. Duration

Although the Recovery Agreement does not establish a fixed period for completion, most participants can expect to remain in the Program for a minimum of three years. The contract is renewed every three months. If a Board-ordered participant does not successfully complete the Program before the probationary term expires, the probation term is extended until the participant successfully completes the Program.

Attachment:

Physician Assistant Recovery Program Brochure

PREMIER Health Group

PHYSICIAN ASSISTANT RECOVERY PROGRAM

For information or assistance, call any time: 1.800.522.9198

Mission Statement

The Physician Assistant Recovery Program exists to support the rehabilitation and safe reintegration of California's licensed physician assistants whose wellness and ability to practice safely have been impacted by substance abuse or mental health challenges.

Do I Need Help?

If you're questioning whether you need help for a mental health or substance use issue, there's a good chance you would benefit from support. These challenges tend to grow over time, becoming more serious and difficult to address when not recognized early. It's often difficult to maintain perspective when you're close to the problem. Delayed or misdirected efforts can increase stress and frustration, making the situation feel overwhelming. For physician assistants, unaddressed substance abuse or mental health concerns can impair one's professional judgment and put at risk one's career, and, even worse, one's life.

You're Not Alone...

Substance use-related and mental health challenges are growing concerns in the physician assistant medical profession.

10% to 15% of healthcare professionals engage in substance abuse at some point in their careers.

A survey conducted between 2022 and 2023 revealed that 26% of U.S. healthcare workers reported symptoms of mental illness. Among those who reported symptoms, only 20% sought treatment.

A 2023 study found that 84.4% of physician assistant students reported feelings of anxiety, and 80.9% reported feelings of depression during their education. These rates are significantly higher than those in the general population, with anxiety levels 65.3% higher and depression levels 72.5% higher among physician assistant students.

Physician assistants face long hours, high emotional demands, exposure to trauma, and the pressure to appear resilient. Easy access to controlled substances, stigma around seeking help, and concerns about professional consequences make it even

more difficult to reach out. These factors contribute to a heightened risk of burnout, anxiety, depression, and substance use disorders. A dedicated, confidential recovery program provides a critical lifeline—offering support, structured monitoring, and access to treatment while preserving careers and, ultimately, protecting public safety through rehabilitation rather than punishment.

Who Provides the Service?

The California Department of Consumer Affairs Physician Assistant Board contracts with Premier Health Group (PHG) to provide confidential assessment, referral, and monitoring services for the Recovery Program. PHG is a multidisciplinary behavioral health organization committed to reducing the negative impact of addiction and mental illness on California communities.

Who Can Refer to the Program?

The Recovery Program accepts voluntary referrals. Any licensed physician assistant experiencing substance abuse or mental health-related concerns may seek assistance by calling the 24-hour toll-free number. Most individuals experiencing these challenges ultimately wish they had sought support sooner—before things escalated personally or professionally.

All voluntary requests for help are strictly confidential, except in cases where a participant is board-referred, in which case updates about progress during enrollment are shared with the Physician Assistant Board. Individuals are scheduled for a confidential clinical assessment with a licensed professional, during which a monitoring plan is developed. If clinically appropriate, treatment recommendations are also made. Voluntary participants may be assured that their information will be kept confidential and shared only with the Recovery Program team, the Physician Assistant Board, and the contracted testing vendor unless disclosure is necessary due to a risk of harm to self or others.

Pathways To The Recovery Program

Physician assistants may voluntarily request admission to the program or shall be accepted into the program in accordance with terms and conditions resulting from a disciplinary action with the Board. In addition, the program accepts physician assistants who are referred by employers, friends, or family.

How to Obtain Services

If you are struggling—or if you live or work with a physician assistant who is—call the Recovery Program toll-free at (800) 522-9198, available 24 hours a day.

Sources

Baldisseri M. R. (2007). Impaired healthcare professional. *Critical care medicine, 35*(2 Suppl), S106–S116. https://doi.org/10.1097/01.CCM.0000252918.87746.96

Davis, E. M., Kauffman, M. R., Welborn, K. E., Bachor, S., & Miller, P. M. (2024). Stressed and Depressed: Prevalence of Anxiety and/or Depression in Physician Assistant Students. *The journal of physician assistant education : the official journal of the Physician Assistant Education Association, 35*(1), 21–26. https://doi.org/10.1097/JPA.0000000000000522

Van Beusekom, M. (2025, January 17). 1 in 4 US healthcare workers report mental distress during COVID, survey suggests. CIDRAP. https://www.cidrap.umn.edu/covid-19/1-4-us-healthcare-workers-report-mental-distress-during-covid-survey-suggests