

**BACKGROUND PAPER FOR THE
PHYSICIAN ASSISTANT COMMITTEE
(Oversight Hearing, March 19, 2012, Senate Committee on
Business, Professions and Economic Development)**

**IDENTIFIED ISSUES, BACKGROUND AND RECOMMENDATIONS
REGARDING THE PHYSICIAN ASSISTANT COMMITTEE**

**BRIEF OVERVIEW OF THE
PHYSICIAN ASSISTANT COMMITTEE**

The Physician Assistant Committee (Committee) was created by the Legislature in 1975. At the time, the California Legislature was concerned about the existing shortage and geographic maldistribution of health care services in California. The intent was in part to "create a framework for the development of a new category of health manpower, the physician assistant,"¹ and to encourage their utilization as a way of serving California's health care consumers. Physician Assistants (PAs) are medical practitioners who perform services under the supervision of physicians.

The Committee's primary role is the licensure of Physician Assistants (PAs). The Committee exists within the Medical Board of California (MBC) but has limited ties to that Board and acts independently on many of its mandates. The Committee does still rely on MBC for investigative and other services and generally has a cooperative working arrangement with the Board.

The scope of practice of the PA is described in the Physician Assistant Practice Act and in regulations promulgated by MBC. Pursuant to these laws, each PA may perform only those services he or she is authorized to perform pursuant to a written delegation of authority by the supervising physician.

The Physician Assistant Committee's mandates include:

- Approving the educational and training requirements of Physician Assistants.
- Licensing of Physician Assistants.
- Promoting the health and safety of California health care consumers by enhancing PA competence.
- Coordinating investigation and disciplinary processes.
- Providing information and education regarding the Committee or PA professionals to California consumers.
- Managing a diversion program for PAs with alcohol/substance abuse problems.
- Collaborating with others regarding legal and regulatory issues that involve PA activities or the profession.

¹ Cal. Business and Professions Code § 3500 (2012)

The current Physician Assistant Committee mission statement, as stated in its 2009 Strategic Plan, is as follows:

The mission of the Physician Assistant Committee of the Medical Board of California is to protect and serve consumers through licensing, education and objective enforcement of PA laws and regulations.

The Committee has established the following goals and objectives which provide the framework for its efforts to further its mission:

- Protecting consumers by licensing qualified applicants using a timely, accurate and cost efficient process.
- Protecting consumers through an enforcement process that is timely, fair and consistent with applicable laws and regulations.
- Providing education and outreach to consumers, health care providers, physician assistant training programs and applicants in an accurate, accessible manner; including presentations to diverse, underserved populations.
- Providing cost-effective, quality services to consumers, applicants and licensees by utilizing the latest management tools and technology.
- Supporting legislation and pursuing laws and regulations that meet the needs of consumers in an ever-changing health care environment.
- Addressing PA workforce needs.

The Committee is comprised of nine members; 4 PAs, 4 public members and one physician representative of MBC. Four PA members are appointed by the Governor. Two public members are also appointed by the Governor. One public member is appointed by the Senate Committee on Rules and one member is appointed by the Speaker of the Assembly. Committee members receive a \$100-a-day per diem. The Committee meets about four times per year. All Committee meetings are subject to the Bagley-Keene Open Meetings Act. There are currently three vacancies on the Committee.

The following is a listing of the current Committee members and their bios:

Name and Short Bio	Appointment Date	Term Expiration Date	Appointing Authority
<p>Robert Sachs, Chairman, Physician Assistant Member Previously served on the Committee from 1993 to 2008. Has practiced with the Cardiovascular Thoracic Institute of the Keck School of Medicine since 1995 and as a clinical instructor of cardiothoracic surgery at USC's Keck School of Medicine since 2002. Member of the American Academy of Physician Assistants, California Academy of Physician Assistants, Veterans Caucus, American Academy of Physician Assistants and the California Institute of Technology Associates.</p>	01/02/2011	01/01/2015	Governor
<p>Steven Klompus, Vice Chair, Physician Assistant Member Mr. Klompus has served as a member since 2006. He has been a PA with East Edinger Industrial Urgent Care since 2005. He has been a clinical instructor of Physician Assistant Education at Western University of Health Sciences, USC and Loma Linda University since 1999. Mr. Klompus previously practiced occupational medicine at Concentra Medical Center in 2005 and U.S. HealthWorks Medical Group from 1997 to 2005. He served as a PA from 1983 to 1997 with various clinics including Orange Coast Managed Care Services Incorporated from 1996</p>	03/17/2008	01/01/2012	Governor

to 1997, California Physicians Management Group Incorporated from 1987 to 1996 and Ball Taft Medical Clinic from 1983 to 1987.			
A. Cristina Gomez-Vidal Diaz, Public Member Ms. Gomez-Vidal Diaz is the Grant Coordinator for Darin M. Camarena Health Centers, Inc. in Madera, California. Ms. Gomez-Vidal Diaz currently serves on the Sherman Thomas Charter School Board, the Madera Vision Steering Committee and on the health committee for the California National Council of La Raza Affiliate Network. Ms. Gomez-Vidal Diaz is a HOPE Leadership Institute Alumni and Central Valley Policy Leadership Institute Alumni. Ms. Gomez-Vidal Diaz has facilitated and presented for organizations including, The Women's Foundation, Hispanas Organized for Political Equality, California Elected Woman's Association for Education and Research and The Great Valley Center.	01/17/2011	01/01/2015	Senate Rules Committee
Reginald Low, M.D., Physician Member Dr. Low has served as a member of the MBC since 2006. Additionally, since 2000, he has been a professor and chief of the Division of Cardiovascular Medicine at the University of California, Davis School of Medicine. From 1997 to 2000, he was medical director of cardiovascular services for Mercy Healthcare Sacramento and from 1989 to 1997 was director of the Mercy Heart Institute. From 1983 to 2000, Dr. Low was a managing partner of Regional Cardiology Associates and, from 1981 to 1982, was assistant professor of medicine at the University of Kentucky. He is a member of the American College of Cardiology and the American Heart Association.	02/04/2008	01/01/2012	Governor
Shaquawn D. Schasa, Public Member Ms. Schasa has served on the Committee since 2007. Since 2005, she has served as a financial advisor for Merrill Lynch. From 1999 to 2005, she was a senior account executive and sales director for Allegiance Telecom-XO Communications. Prior to that, Schasa was an account executive for AT&T Wireless from 1996 to 1999. She currently serves on the Regional Black Chamber of Commerce Executive Advisory Board and also volunteers for the Women of Color Breast Cancer Survivor Support Group.	03/17/2008	01/01/2012	Governor
Steven H. Stumpf, EdD, Public Member Dr. Stumpf was Program Educator with the University of Southern California Physician Assistant program from 1986 to 1996 where he developed the Bachelor and Master degree programs. He oversaw development of the board certification exam for APACVS. Dr. Stumpf eventually moved to the Department of Family Medicine as Director of Research, Evaluation, and Development. He finished his 18 year career at USC Keck School of Medicine as Director of Projects Development and Chief of Operations with the Advanced BioTelecommunications & BioInformatics Center. He has published more than 25 journal articles and written approximately 30 successful grant proposals.	05/15/2009	01/01/2013	Assembly
Vacant – Public Member			Governor
Vacant – Physician Assistant Member			Governor
Vacant – Physician Assistant Member			Governor

The Committee is a special fund agency, and its funding comes from the licensing of physician assistants and biennial renewal fees of physician assistants. Currently, the license fee for physician assistants is \$200 while the renewal fee is \$300. These fees were increased over a period of two years ending in 2002 as a result of the phasing out of physician-paid supervisor approval and renewal fees for physicians who supervised physician assistants. These fees provided approximately 60% of the Committee's revenue thus to compensate for the loss of revenue from the supervising physician fees,

the physician assistant application and renewal fees were increased. The Committee currently licenses 7,589 licensees.

Fee Schedule and Revenue							
Fee	Current Fee Amount	Statutory Limit	FY 2007/08 Revenue	FY 2008/09 Revenue	FY 2009/10 Revenue	FY 2010/11 Revenue	% of Total Revenue
Application	25	25	14,325	14,895	7,425	75	0
Initial License	200	250	110,000	113,200	76,200	1200	.1
App & Initial	225	225	n/a	n/a	74,700	155,015	11.4
Biennial Renewal	300	300	944,800	993,010	1,051,200	1,121,372	82.9
Delinquency	25	25	3,300	3,100	3,375	2,925	.2
Duplicate License	10	10	2,260	1,970	2,180	2,790	.2
Verification	10	10	3,150	3,090	3,190	3,560	.3
Cost Recovery	various	N/A	4,321	8,439	14,834	29,219	2.2
Cite Fine	various	5000	3,250	970	3,350	700	.1
PA Program app	5	500	5	5	0	5	0
PA Program Appr	5	100	5	5	0	5	0
Reimbursement	various	N/A	31,377	43,258	47,310	35,933	2.6

The total revenues anticipated by the Committee for FY 2011/12, is \$2,002,000 and for FY 2012/13, \$1,948,000. The total expenditures anticipated for the Committee for FY 2011/12, is \$1,371,000, and for FY 2012/2013, 1,469,000. The Committee anticipates it would have approximately 5.2 months in reserve for FY 2011/12, and 3.8 months in reserve for FY 2012/13. The Committee spends approximately 62 percent of its budget on its enforcement program, 20 percent on its licensing program, 8 percent on its diversion program and 10 percent on administration.

Fund Condition						
(Dollars in Thousands)	FY 2007/08	FY 2008/09	FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13
Beginning Balance	1847	1903	1952	2098	2170	631
Revenues and Transfers	1173	1181	1241	1301	1332	1317
GF Loan	0	0	0	0	\$(1500)	0
Total Revenue	\$3020	\$3084	\$3193	\$3399	\$2002	\$1948
Budget Authority	1157	1186	1274	1400	1368	1363
Expenditures	1137	1135	1095	1229	1371	1469
Fund Balance	\$1883	\$1949	\$2098	\$2170	\$631	\$479
Months in Reserve	19.9	21.4	20.5	19	5.2	3.8

The Committee's staff is comprised of the Executive Officer and four additional staff including two Associate Governmental Program Analysts, one Staff Services Analyst, and a .5 Office Technician. At this time the .5 Office Technician licensing position has been vacant since March 1, 2011 and has not

been filled because the Committee was denied an exemption from the current hiring freeze for state employees.

In 2010, the Department of Consumer Affairs (DCA) launched the Consumer Protection Enforcement Initiative (CPEI) to overhaul the enforcement process of healing arts boards. According to the DCA, the CPEI is a systematic approach designed to address three specific areas: Legislative Changes, Staffing and Information Technology Resources, and Administrative Improvements. Once fully implemented, the DCA expects the healing arts boards to reduce the average enforcement completion timeline to between 12-18 months. The DCA requested an increase of 106.8 authorized positions and \$12,690,000 (special funds) in FY 2010-11 and 138.5 positions and \$14,103,000 in FY 2011-12 and ongoing to specified healing arts boards for purposes of funding the CPEI. As part of CPEI, the Committee was authorized to hire one .4 Staff Services Analyst position but due to the 5% staff reduction directive from the Department of Finance on October 26, 2010, the position remains vacant.

According to the Committee, a significant portion of enforcement expenditures are paid to other agencies for services within the disciplinary process such as the MBC (for investigation), consultants that provide expert opinion on cases, the Office of the Attorney General (for attorneys), and the Office of Administrative Hearings (for Administrative Law Judges and court reporters). The Committee does not administer its own examination but utilizes the Physician Assistant National Certifying Examination administered by the National Commission on Certification for Physician Assistants and therefore, there are no examination costs to the Committee. The twenty percent amount of the Committee budget used for the licensing program includes initial licensing and renewals.

In anticipation of the 2010-11 budget cycle, and concern that the Committee would not have adequate funding to meet the legal requirements of operating this program without jeopardizing the quality and quantity of service, the Committee requested an ongoing special fund augmentation of \$25,000 to adequately fund its Diversion Program contract but was denied. The Committee again requested an ongoing special fund augmentation, this time of \$35,000 for FY 2011-12 to adequately fund its Diversion Program contract but was again denied. The Committee reports an increase in costs related to the Diversion Program due to the increase in the number of participants and Program costs. The Committee implemented new regulations on January 19, 2011, that require licensees who are required to participate in the diversion program as a result of disciplinary action to pay the full amount of the monthly participation fee (\$280.16) to the program contractor, and licensees voluntarily in the diversion program to pay 75% of the monthly participation fee to the program contractor (\$210.12).

The Physician Assistant Committee does not have committees recognized in statute or regulations but has created a number of subcommittees or task forces with specified functions to address issues that may arise, including:

- The AB 3 Task Force was created on November 8, 2007 to allow the Committee to establish course standards and promulgate regulations to meet the requirements of Assembly Bill 3 (Bass, Chapter 376, Statutes of 2007) which eliminated the patient specific drug order requirement if a physician assistant completes a course approved by the Committee. However, the supervising physician may continue to require patient specific drug authority in his or her individual practice, even if the physician assistant has taken the course.

- The AB 2482 Task Force was created on August 14, 2008 to inform and assist the Committee in implementing continuing medical education requirements set forth in Assembly Bill 2482 (Maze & Bass, Chapter 76, Statutes of 2008) as a condition of license renewal.
- The Program Accreditation Task Force was created November 5, 2009 to provide input and develop regulation language regarding program accreditation. The Committee approves California PA training programs; Committee regulations specify that if an educational program has been approved by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), that program shall be deemed approved by the Committee. These educational programs are not reviewed periodically by the Committee. Instead, if ARC-PA terminates accreditation, the Committee's approval of the school automatically terminates. Thus, as the regulations currently state, if the PA training program is ARC-PA approved, it is thus approved by the Committee.

The task force reviewed new national PA training program accreditation standards which would require that all programs be offered at the master's degree level. A survey was conducted by the Committee for the five affected California PA training programs to determine how the new standards would impact the programs. Because this issue continues to evolve at the national level, the task force determined that the Committee should continue to keep abreast of the latest development and take possible appropriate action as new developments occur.

- A working group and ad hoc subcommittee was formed to review the Committee's educational requirements for physician assistants. Since these regulations were initially developed, there have been many changes in how physician assistants are educated, and the focus of the work group was to review changes and determine whether or not there was a need for additional updates to align the current educational standards with the Committee's regulations. The Committee is currently in the process of developing regulations based on the group's findings.

Licensing

As stated in its Strategic Plan, the Physician Assistant Committee is committed to protecting consumers by licensing qualified applicants using a timely, accurate and time cost effective process. The Committee is required to inform an applicant for licensure in writing within 28 days of receipt of an application whether the application is complete and accepted for filing or is deficient and what specific information is required. The Committee is also required to inform the applicant within 10 days after completion of the application of its decision whether the applicant meets the requirements for licensure. The Committee is bound by minimum (4 days), median (128 days), and maximum (994) processing times in its regulations for an application for licensure from the time of receipt of the initial application until the Committee makes its final decision on the application.

The Committee states a goal of initial application review response to applicants within one to two weeks of receipt of applications. According to the Committee, it is generally able to review applications within this timeframe and licenses are typically issued within four to six weeks of receipt of the application. As a result of a vacant licensing position, the Committee reports that its processing times are currently slower than what is required and to backfill the vacancy and prevent additional application backlogs, staff from other program areas also assist in license processing.

The Committee requires verification of documents to prevent falsification of licensing documents. To ensure authenticity, all documents verifying an applicant’s training, examination status, out-of-state licensure, and disciplinary actions must be sent directly to the Committee from the respective agency rather than from the applicant. As part of the licensing process, all applicants are required to submit fingerprint cards or utilize the “Live Scan” electronic fingerprinting process in order to obtain prior criminal history criminal record clearance from the California Department of Justice (DOJ) and Federal Bureau of Investigation (FBI). Upon review of adverse information or a criminal record by Committee staff and the executive officer, the Committee may issue a probationary license with specific terms and conditions, or deny the license. Applicants may appeal the decision and request a hearing before an administrative law judge, pursuant to the Administrative Procedures Act. Licenses are not issued until clearance is obtained from both DOJ and FBI background checks. Additionally, since applicants are fingerprinted, the Committee is able to obtain any subsequent criminal conviction information that may occur while the individual is licensed as a PA. Applicants who have been licensed in other states as physician assistants or who have other health care licenses must request that the respective agencies submit verification of license status and any disciplinary actions directly to the Committee for verification. The Committee also queries the National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank to determine prior disciplinary actions taken against licenses in other states or other health care-related licenses the applicant may process. Additionally, denied applicants and licensees subject to discipline by the Committee are reported to these data banks.

The Committee requires primary source documentation as part of the licensure process which includes: certification of completion of a physician assistant training program that is submitted directly to the Committee from the training program; certification of a passing score of the Physician Assistant National Certification Examination (PANCE), a computer-based , multiple-choice test comprised of questions that assess basic medical and surgical knowledge, that is submitted directly to the Committee from NCCPA and; verification of licensure or registration as a physician assistant and/or other health care provider from other states that is submitted directly to the Committee from the respective licensing agencies. The Committee’s licensing process is the same for in-state, out-of-state, and out-of-country applicants and there are not any additional or alternative applicant review processes to determine eligibility of in-state, out-of-state, or out-of-country applicants. All applicants must meet the same licensure requirements.

Licensee Population					
		FY 2007/08	FY 2008/09	FY 2009/10	FY 2010/11
Physician Assistant	Active	6403	6787	7162	7589
	Out-of-State	447	472	530	582
	Out-of-Country	3	1	2	6
	Delinquent	828	843	861	857

Enforcement

Complaint processing and investigations comprise the majority of the Committee’s enforcement actions. An investigation may be closed without formal action, with a citation and fine or warning notice, public reprimand, or referred to the Office of the Attorney General (AG) for disciplinary action.

The Committee has established performance targets for its enforcement program of: 10 days to complete complaint intake; 150 days from the time the complaint is received until the investigation is

completed and; 540 days from the time a complaint is received and the disciplinary decision is ordered. On average, the Committee is close to meeting these targets. Specifically, over the past three years, it has taken the Committee an average of 8 days to complete complaint intake, 118 days to complete investigations and 633 days to complete a disciplinary case. With the small number of disciplinary cases the Committee processes, one lengthy case may dramatically increase the average days to complete other cases. Additionally, the enforcement process is complex and involves several agencies including the Committee staff and members, physician assistant experts, physician experts, analysts, investigators and MBC analysts as well the legal and judicial services provided by the AG and the Office of Administrative Hearings (OAH). With so many agencies involved, the Committee states that there are many factors that contribute to the disciplinary process such as staff shortages and investigator workload, workload of deputy attorneys general and the length of time (sometimes six months or more) to schedule or calendar time for a hearing with OAH.

The Committee has noted that the number of criminal convictions and arrest notices increased over the past three years, resulting in an increase in accusations filed for criminal convictions, primarily Driving Under the Influence. The Committee believes that one reason for this increase is the regulation adopted in 2009 requiring all licensees to disclose convictions of any violation of law in California or other state, other country (except traffic infractions under \$300 not involving alcohol, dangerous drugs, or controlled substances) on their renewal notice.

The overall statistics indicate that the number of disciplinary actions taken over the past three fiscal years is approximately the same as the previous Sunset period. The Committee files approximately 14 accusations and takes approximately 16 disciplinary actions per year. The total number of complaints received increased in FY 2010/11 to 235, compared to 173 in FY 2009/10 and 178 in FY 2008/09. The average number of complaints received per year over the past three years is 195, compared to 135 during the previous Sunset Review. The Committee attributes this increase to the increased presence of its licensees in correctional facilities as employees of the Department of Corrections and Rehabilitation. According to the Committee, the number of complaints received from inmates in correctional facilities was approximately 11 in 2008/09, 37 in 2009/10 and 70 in FY 2010/11. Prior to the 2005 Sunset Review, PAs were not employed by the Department of Corrections and Rehabilitation and the Committee did not receive any complaints regarding care provided in correctional facilities during that time. The Committee reports that without correctional facilities complaints, which are primarily related to Department of Corrections and Rehabilitation policies on pain medications, rather than medical care provided by physician assistants, the average number of complaints over the past three years would be 156.

The Citation and Fine is an alternative method in which the Committee may impose a sanction and take action against a licensee who is found to be in violation of the physician assistant laws or regulations. The Committee utilizes the Citation and Fine program in cases to address minor violations that do not rise to the level of taking formal disciplinary action. A citation and fine is not considered disciplinary action and is utilized in an attempt to correct and educate licensees for minor violations of the laws governing the practice. Citations may be issued as a result of the formal investigation process when the investigation determines the case is not serious enough to warrant formal discipline or for less serious violations when the case warrants more than an educational or advisory letter. Citations are a useful tool to educate physician assistants regarding the laws and regulations. Citations are subject to public disclosure and are posted on the Committee Website but are not considered discipline. The Citation and Fine regulations were updated in 2008 increasing the maximum fine from \$2500 to \$5000 and added additional violations for which the Committee may issue citations. Regulations were

also updated in 2010 amending provisions that specify the violations for which the Committee may issue citations.

According to the Committee, the five most common violations for citations are:

- Failure to maintain adequate/legible medical records.
- Failure to order an x-ray or other laboratory test.
- Writing drug orders for a scheduled medication without patient specific authority.
- Failure to obtain and/or review patient's medical history.
- Unlicensed practice (either unlicensed practice or failure to renew the PA license).

For more detailed information regarding the responsibilities, operation and functions of the Physician Assistant Committee, please refer to the Committee's "Sunset Review Report 2011." This report is available on its Website at http://www.pac.ca.gov/forms_pubs/sunset_2012.pdf.

PRIOR SUNSET REVIEWS: CHANGES AND IMPROVEMENTS

The Physician Assistant committee was last reviewed in 2005 by the Joint Legislative Sunset Review Committee (JLSRC). During the previous sunset review, JLSRC raised 13 issues. The final recommendations from JLSRC contained a set of recommendations to address the issues. Below are actions which the Committee and the Legislature took over the past 6 years to address many of these issues, as well as significant changes to the Committee's functions. For those which were not addressed and which may still be of concern to the Committee, they are addressed and more fully discussed under "Current Sunset Review Issues."

In November, 2011, the Committee submitted its required sunset report to this Committee. In this report, the Committee described actions it has taken since its prior review to address the recommendations of JLSRC. According to the Committee, the following are some of the more important programmatic and operational changes, enhancements and other important policy decisions or regulatory changes made:

- Probation monitoring of PA licensees and associated costs
The Committee assumed responsibility for monitoring its probationers in 2008 upon notification that the Medical Board of California (MBC) would not be able to provide this monitoring. The Committee hired four retired annuitants with investigator experience to provide necessary probation monitoring for licensees. Committee probation monitors began to conduct background checks for petitioners who were petitioning the Committee for reduction or modification of their probation or reinstatement of licensure. Prior to this, MBC provided these services; however, this change resulted in the petitions being processed in one to two months rather than four to six months.

In its Sunset Report for 2005, the Committee noted that the cost of monitoring physician assistants who have had their license disciplined and were placed on probation was paid by the Committee through the enforcement budget. With that arrangement, all licensees would pay for the actions of a limited number of licensees who are placed on probation for violations of the laws and regulations. In February 2007, the Committee amended its Disciplinary Guidelines to require that probationers pay the costs of their probation. Probationers are now

required to pay the costs for an investigation and prosecution of the case, and if they fail to pay, their name is then forwarded to the Franchise Tax Board for collection. Prior to 2007, probation monitoring costs were included in stipulated settlements.

- Pocket licenses

In 2005, the Committee requested authorization to release funds to cover the costs of providing original and renewal pocket plastic licenses to its licensees. Paper licenses, which were previously issued, were not durable, often became illegible often and, due to handling, often did not hold up for the two-year license period. As a result, many PAs had to order a replacement pocket license. Additionally, many hospitals and clinics make copies of the licenses and the plastic licenses contain security features not available on paper licenses and also are not as alterable. In 2008, the Committee secured a small business contract using existing funds to provide plastic licenses for all initial licenses and renewals. The Committee began to issue plastic credit card type pocket licenses in order to prevent fraudulent tampering and to provide a more durable license.

- Greater utilization of the profession

The JLSRC raised the issue of whether the Committee was “meeting its legislative mandate to encourage utilization of physician assistants by physicians in underserved areas of the state, and to allow for development of programs for the education and training of physician assistants.” The passage of AB 3 in 2008 allowed supervising physicians the authority to supervise four PAs at any one time instead of two. Previously, supervising physicians could only supervise two PAs at any one time unless they were practicing in underserved areas. This change provided more opportunity for PAs to be utilized in California and is essential to meet the growing demand for health care.

AB 3 also expanded the scope of practice for PAs to include prescriptive authority to provide for more effective utilization of PAs by physicians. Prior to the bill’s passage, PAs had to obtain patient specific authority before prescribing class II-V controlled substances but under the legislation, that requirement was eliminated and PAs who complete an approved educational course in controlled substances, and if delegated by the supervising physician, can write the order. The bill required a PA and his or her supervising physician and surgeon to establish written supervisory guidelines and specifies that this requirement may be satisfied by the adoption of specified protocols. If a PA chooses not to take the educational course, the requirements for patient-specific authority are still in place.

Senate Bill 1069 (Pavley, Chapter 512, Statutes of 2010) provided that a physician assistant acts as the agent of the supervising physician when performing authorized activities, and authorized a physician assistant to perform physical examinations and other specified medical services, and sign and attest to any document evidencing those examinations and other services, as required pursuant to specified provisions of law. The bill also clarified that a delegation of services agreement may authorize PAs to order durable medical equipment and make arrangements with regard to home health services or personal care services. Additionally, SB 1069 authorized physician assistants to perform a physical examination that is required for participation in an interscholastic athletic program.

According to the Committee, it engages in outreach to encourage utilization of PAs by: publishing informational articles during each publication of the MBC’s Newsletter, which is sent via email to subscribers; providing information on its Website for supervising physicians,

potential PA students and consumers and; participating at PA programs and conferences throughout the year.

- Use of a national practitioner database

The Committee began to request applicants to request a report on their licensing background through the National Practitioner Data Bank if they held a PA license in another state or held any previous health care licenses. The purpose of the report is to receive information about any previous disciplinary actions taken by another state or licensing agency.

- Website enhancements

- Adoption of a new strategic plan in 2009

- Continuing education

In 2010, the Committee updated its regulations to require 50 hours of continuing medical education (CME) or maintain certification by the National Commission on Certification of Physician Assistants (NCCPA) for each renewal period beginning with their license renewal on or after June 2012.

- Examination given on a continuing basis

Senate Bill 819 (Yee, Chapter 308, Statutes of 2009) eliminated interim approval from the application process to reflect that the Physician Assistant National Certification Examination was previously only given twice a year. Prior to SB 819, interim approval was a method to allow applicants who had completed a PA training program to practice as a PA before they obtained licensure; however, with the examination offered on a continuing basis, applicants can only practice once they have taken and passed the examination. Additionally, exam scores are now being submitted via a secure Website from the NCCPA to provide for timelier transmittal to the Committee.

- Streamlining efforts

Notices of deficient applications and other license-related notices are now generated by the DCA's Applicant Tracking System which results in consistent and standardized correspondence and less staff time to prepare such notices. These notices are also issued to applicants via email, if provided on an application, to allow for quicker receipt by the applicant as well as cost savings to the Committee on supplies and postage. The Committee has also performed routine evaluations of its application and eliminated questions and sections unrelated to the licensure process.

CURRENT SUNSET REVIEW ISSUES FOR THE PHYSICIAN ASSISTANT COMMITTEE

The following are unresolved issues pertaining to the Committee, or those which were not previously addressed by the Committee, and other areas of concern for this Committee to consider along with background information concerning the particular issue. There are also recommendations the Business, Professions and Economic Development Committee staff have made regarding particular issues or problem areas which need to be addressed. The Committee and other interested parties, including the professions, have been provided with this Background Paper and can respond to the issues presented and the recommendations of staff.

ISSUE #1 : (NEED FOR CONTINUED ENHANCEMENT OF THE COMMITTEE’S INTERNET SERVICES AND IMPLEMENTATION OF BreEZe.) Should the Committee continue to explore ways to enhance its Internet Services and Website to licensees and members of the public? What is the status of The BreEZe Project?

Background: The Committee points out that one of the major changes since its last sunset review has been its increased utilization of the Internet and computer technology to provide services and information to the public and its licensees on its Website. These include: placing a career page on the Committee Website with links and specific information regarding the PA profession; adding a link for out of state licensure applicants to order fingerprint cards online; adding a customer satisfaction survey so that consumers, licensees and others may provide their comments to the Committee regarding service they receive or enhancements to the Committee program; adding licensing statistics for counties throughout the state which are updated quarterly; adding a quarterly Disciplinary Actions Report which allows consumers to view disciplinary actions by date or by practitioner name; adding a quarterly Enforcement Statistical Report which provides information regarding complaints, investigations, disciplinary actions, cost recovery, probationers and citation and fines; adding an online change of address link for licensees and applicants; developing and implementing a voluntary Website-based self-test for PA laws and regulations which allows Website visitors to test their current knowledge of PA laws and regulations; adding all citations issued by the Committee to the section of documents available to the public on the Website (previously only disciplinary actions such as statements of issue, accusations, decisions, probationary orders, surrenders, defaults and revocations were available on the Committee Website) ; and making the licensing application available on the Website.

Despite these improvements, PA licensees are still not able to renew their licenses online or by using credit cards. According to the Committee, licensees and employers have been asking for several years that the Committee enable them to renew on line and with credit cards. Staff receives numerous calls on a daily basis asking if renewals can be completed either online or over the telephone using a credit card. As a result, license renewals are delayed considerably because licensees need to mail in a check to be processed. The Committee reports that renewals are often delayed because the licensee did not mail in a check 6-8 weeks prior to the renewal date, and the licensee is then suspended from practice by their employer or placed on unpaid leave until the check is processed and the license is updated. The Committee notes that the recent economic downturn has also contributed to the problem, as licensees may not be in a position financially to relinquish fees for their license renewal as far as 6-8 weeks in advance to ensure timely processing and additionally do not have the ability to spend extra money to expedite mail delivery of a second renewal check to the Committee if the first was not

received in time. This disruption can erode delivery of patient care as patients may not be able to be seen at scheduled appointments.

As consumers, licensees are typically used to making electronic payments often online for purchases and payments. No doubt it would be of great benefit to the licensing population and be more efficient for the Committee to be able to make credit card payments for fees online. Providing this service of allowing online renewals with a credit card will allow PAs to continue providing needed health care and would decrease staff work.

The DCA is in the process of establishing a new integrated licensing and enforcement system, BreEZe, which would also allow for licensure and renewal to be submitted via the internet. BreEZe will replace the existing outdated legacy systems and multiple “work around” systems with an integrated solution based on updated technology. The goal is for BreEZe to provide all the DCA organizations with a solution for all applicant tracking, licensing, renewal, enforcement, monitoring, cashiering, and data management capabilities. In addition to meeting these core DCA business requirements, BreEZe will improve the DCA’s service to the public and connect all license types for an individual licensee. BreEZe will be web-enabled, allowing licensees to complete applications, renewals, and process payments through the Internet. The public will also be able to file complaints, access complaint status, and check licensee information. The BreEZe solution will be maintained at a three-tier State Data Center in alignment with current State IT policy.

In November of 2009, the DCA received approval of the BreEZe Feasibility Study Report (FSR), which thoroughly documented the existing technical shortcomings at the DCA and how the BreEZe solution would support the achievement of the DCA’s various business objectives. The January 2010 Governor’s Budget and subsequent Budget Act included funding to support the BreEZe Project based on the project cost estimates presented in the FSR.

BreEZe is an important opportunity to improve Committee operations to include electronic payments and expedite processing. Staff from numerous DCA boards and bureaus have actively participated with the BreEZe Project and Committee staff continues to meet with BreEZe consultants to develop Committee-specific components of the system.

It would be helpful for the Committee to more fully understand what the current impediments are to being able to receive credit card payments online, and when the Committee anticipates that it will be able to take advantage of this convenient technology for its licensing consumers.

Staff Recommendation: *The Committee should provide an update on the current status of its efforts to fully implement electronic payments of fees and online application and renewal processing, including anticipated timelines, existing impediments and current status of BreEZe. The Committee may wish to consider putting an interim plan in place to ease the collection of license renewal fees? The Committee should continue to explore ways to enhance its Internet Services to licensees and members of the public, including posting meeting materials, board policies, and legislative reports on the Internet and webcasting meetings.*

ISSUE #2 : (CHANGE THE COMPOSITION AND NAME OF THE PHYSICIAN ASSISTANT COMMITTEE .) Should the Committee’s name be changed to “Physician Assistant Board”? Is it necessary to continue to have a physician member of the Committee or should the Committee instead be comprised of five physician assistants and four members of the public?

Background: In 2005, JLSRC asked whether the Committee should continue under the jurisdiction of MBC, be given statutory independence as an independent board, merged with MBC, or have its operations and functions be assumed by DCA. The Committee continued its current status with ties to MBC and reliance on the Board for investigative and minor administrative services. At a July 2010 meeting, the Committee agreed to move forward to seek legislation to change its name from the “Physician Assistant Committee” to the “Physician Assistant Board,” a change that is not intended to alter or do away with the current cooperative working arrangement with MBC; as PAs will continue to work under supervising physicians and that relationship is paramount to the physician assistant practice. An example of the affiliation which the Committee has with the MBC is that of the Board of Podiatric Medicine. This Board also relies on the MBC to provide many of the services that the Committee receives.

There is a question as to whether or not the Committee should still continue with a voting physician member on its Committee once it is considered as an independent “board.” It would not appear necessary to continue with a physician as a member of this board if the primary focus of this agency is on the practice of PAs. When this Committee, as well as some of the other health boards (former committees) were considered as part of the “allied health professions,” they were primarily under the jurisdiction of the Medical Board and physicians were added to some of the former committees. This is no longer the case, and now all other health boards have independence from the MBC; even though this Committee is still unique in that it utilizes the services of the MBC. There does not appear to be any good reason to continue with a physician on this Committee, and it would seem more appropriate to replace the physician with a physician assistant.

Staff Recommendation: *Consideration should be given to changing the name of the Committee to the Physician Assistant Board. Consideration should also be given to replacing the physician member of the Committee with a physician assistant to constitute a simple majority of professional members, in keeping with many other health boards.*

ISSUE #3 : (NEED FOR EMPLOYER REPORTING.) Should health care plans and health care facilities be required to report certain actions taken against PAs to the Committee?

Background: Current law, the Business and Professions Code Section 800 series provides several reporting mandates for the MBC and several other health professions to assist licensing boards in protecting consumers from licensees who have had action taken against them by their employers, altering their workplace privileges. The Committee maintains that the current Physician Assistant Practice Act does not clarify whether reports should be made to the Committee about certain actions against its licensees. The Committee encourages agencies to voluntarily provide 800 series reports on PAs to the Committee for review and processing and when a report is received, the Committee opens a complaint and takes appropriate action. However, under current physician assistant laws, it is not explicitly clear that health plans and health care facilities are required to report certain actions taken by these entities against a licensee’s privileges. The only reporting mandate that applies to PAs requires

that the district attorney, city attorney, and prosecuting agencies to notify the Committee immediately upon obtaining information of any filings charging a felony against a Committee licensee.

The Committee is interested in adding PAs to the 800 series, which it believes would enhance consumer protection and allow the Committee to receive critical information about its licensees. Employers would be required to report any actions taken against physician assistants by peer review bodies for medical disciplinary cause or reason to the Committee.

Staff Recommendation: *It should be made clear that the reporting requirements under the Section 800 series of the Business and Professions Code also apply to Physician Assistants.*

ISSUE #4 : (CONTINUING EDUCATION AUDITS.) Is licensee self-reporting of continuing education completion sufficient to satisfy the 50 hour requirement?

Background: Assembly Bill 2482 (Maze & Bass, Chapter 76, Statutes of 2008) authorized the Committee to require a licensee to complete continuing medical education (CME) as a condition of license renewal. This requirement may be met by completing 50 hours of CME every two years or by obtaining certification by the National Commission on Certification by Physician Assistants (NCCPA), or other qualified certifying body as determined by the PAC. On June 20, 2010, Committee regulations became effective to implement the provisions of AB 2482, including establishing criteria for complying with the statute, provisions for non-compliance, record-keeping requirements, approved course providers, audit and sanction provisions for non-compliance, and waiver provisions. Additionally, the regulatory change established an inactive status, allowing licensees to be exempt from renewal or continuing medical education requirements.

The Committee verifies completion of CME through a self-reporting question on license renewal applications, allowing licensees to verify whether they met the requirement or not by simply checking a yes or no box. According to the Committee, PAs are currently required to meet the CME requirements; however, the self-reporting certification will only start appearing on renewal notices later this year. While the Committee plans to conduct random audits to verify compliance of those licensees who stated they had completed their CME hours, it has not yet conducted any audit. The Committee may be lacking information about improper compliance reporting, as licensees have yet to be required to provide any certification or records of complying with the continuing education requirement. The only licensees whose compliance can be verified directly are those PAs certified by the National Commission on Certification of Physician Assistants, as the Committee can obtain records directly from the Commission.

Staff Recommendation: *The Committee should explain the lack of self-reporting audits and describe plans to implement audits.*

ISSUE #5 : (PROMOTING AND UNDERSTANDING WORKFORCE DEVELOPMENT ISSUES FOR PHYSICIAN ASSISTANTS.) Has the Committee taken enough action to encourage utilization of qualified physician assistants in the state’s health care delivery system? With the implementation of the federal Patient Protection and Affordable Care Act, what should the Committee be doing to promote PAs role in providing quality health care?

Background: In establishing the physician assistant profession in this state, the Legislature intended to address “the growing shortage and misdistribution of health care services in California” by eliminating “existing legal constraints” that constitute “an unnecessary hindrance to the more effective provision of health care services.” Physician assistants have effectively and safely fulfilled this role and are widely recognized as an effective solution to access to care problems in all settings. A disproportionate number of physician assistants provide services in medically underserved settings (e.g., health manpower shortage areas) and settings where cost containment is especially important, e.g., HMOs). The physician assistant profession has an exemplary safety record, and there is no evidence that physician assistants commit malpractice more frequently than physicians or nurse practitioners.

Recent federal health care reform efforts will result in a large need for new health care providers to a growing population across the nation and in California. However, the state already faces a shortage of primary care providers which can result in potentially lower standards of care and longer wait times to access care. Recognizing the role that physician assistants can play in meeting health care needs, the Patient Protection and Affordable Care Act (Act), the law, among other things, supported the educational preparation of PAs who intend to provide primary care services in rural and underserved communities and integrated PAs into newly established models of coordinated care, such as the patient centered primary care medical home and the independence at home models of care. The Act also funded a program to expand PA training with the intention of increasing student enrollment in PA programs. Over a five-year period beginning in 2010, the program will provide \$32 million in funding for approximately 40 primary care PA training programs. Funds go to physician assistant student stipends, educational expenses, reasonable living expenses and indirect costs for a total of \$22,000 per student, for a maximum of two years per student, plus indirect costs.

According to the Committee, it monitors efforts by the California Academy of Physician Assistants to promote the use of PAs in health care settings. The Committee states that it plans to continue to review the relationship of PAs and Medical Assistants (MAs) in the health care workplace setting, including a discussion of the supervision of MAs by physician assistants, as several attempts have been made by the CAPA to pass legislation regarding this issue which could allow further use of PAs in delivery of health care in California and promote workforce development. The Committee has also encouraged California PA training programs to work with the Office of Statewide Health Planning and Development (OSHPD) for new graduates to apply for grants to work in medically underserved areas. OSHPD is also currently collecting data on the use of PAs in health care settings which could also allow better utilization of PAs, particularly in underserved areas. The Committee notes that one of its members was recently appointed to California Healthcare Workforce Policy Commission and plans to share data from this effort with the Committee. The Committee also states that it works collaboratively with MBC to ensure that physicians are able to utilize PAs effectively.

Staff Recommendation: *The Committee should explain what additional efforts it can take or models it can follow to increase the PA workforce and ensure participation of its licensees in the state’s health care delivery system. The Committee should look closely at the efforts and the*

collection of data by the Registered Nursing Board in determining workforce needs and in making future recommendations to policy makers, the Legislature and the Governor.

**CONTINUED REGULATION OF THE PROFESSION BY THE
CURRENT PHYSICIAN ASSISTANT COMMITTEE**

ISSUE #6. (CONTINUED REGULATION BY THE COMMITTEE.) **Should the licensing and regulation of physician assistants be continued and be regulated by the current Committee membership?**

Background: The Committee has shown over the years a strong commitment to improve its overall efficiency and effectiveness and has worked cooperatively with the Legislature and this Committee to bring about necessary changes. The Committee should be continued with the possible name change to the “Physician Assistant Board” with a four-year extension of its sunset date so that this “Board” may once again review if the issues and recommendations in this Background Paper have been addressed.

Staff Recommendation: *Recommend that the physician assistant profession continue to be regulated by a “Physician Assistant Board,” with five professional and four public members, in order to protect the interests of the public and be reviewed once again in four years.*