Business, Consumer Services, and Housing Agency
Department of Consumer Affairs

Physician Assistant Board

2020 Sunset Review Report

Submitted December 1, 2019
to the Senate Committee on Business, Professions and Economic Development and the Assembly Committee on Business and Professions

Board Members

Jed Grant, PA-C, Professional Member, President

Robert E. Sachs, PA, Professional Member, Vice-President

Charles J. Alexander, Ph.D., Public Member

Juan Armenta, Esq., Public Member

Jennifer Carlquist, PA-C, Professional Member

Sonya Earley, PA-C, Professional Member

Javier Esquivel-Acosta, PA-C, Professional Member

Xavier Martinez, Public Member

Mary Valencia, Public Member

Physician Assistant Board

Maureen L. Forsyth, Executive Officer

State of California

Gavin Newsom, Governor

Alexis Podesta, Secretary, Business, Consumer Services and Housing Agency

Kimberly Kirchmeyer, Director, Department of Consumer Affairs

Additional copies of this report can be obtained from www.pab.ca.gov

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PHYSICIAN ASSISTANT BOARD
BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM
As of December 1, 2019

Section 1 –
Background and Description of the Board and Regulated Profession

Provide a short explanation of the history and function of the board.[1] Describe the occupations/profession that are licensed and/or regulated by the board (Practice Acts vs. Title Acts).

The creation of the Physician Assistant Board (Board) of the State of California occurred in response to the genesis of the physician assistant profession itself, which began over fifty years ago and has since evolved throughout the nation.

In 1961, the concept of "physician assistant" originated in an article written by Charles L. Hudson, MD, in the Journal of the American Medical Association, calling for "an advanced medical assistant with special training, intermediate between that of the technician and that of the doctor, who could not only handle any technical procedures but could also take some degree of medical responsibility."

In 1965 the first Physician Assistant training program commenced at Duke University in North Carolina. The program was established with the admission of three ex-military corpsmen into a two-year program, headed by Eugene A. Stead, MD. In the early 1970s, the United States Congress took steps toward facilitating the development of physician assistant practice by allocating funds totaling over eleven million dollars for PA education programs through Health Manpower Educational Initiative Awards.

In California, the Physician Assistant Law (Statutes of 1970, Chapter 1327) was passed, introducing a new category of health care provider, termed the "physician assistant," to address "the growing shortage and geographic misdistribution of health care services in California." This law, in part,

1) permitted the supervised delegation of certain medical services to these physician assistants, thus freeing physicians to focus their skills on other procedures;
2) conferred upon the then Medical Board of Examiners (BME) of California the approval and certification of physician assistant training programs and the approval of applications of licensed physicians to supervise physician assistants; and
3) established the Advisory Committee on Physician Assistant Programs (ACPAP), later amended to also include jurisdiction over nurse practitioners (Statutes of 1972, Chapter 933).

The purpose of this legislation was to prepare for future initiatives to "establish a system of certifying or licensing physician assistants so that the quality of service is insured," and the MBE, in conjunction with the ACPAP, was charged with recommending how to do so, as well as with formulating criteria for approval of both PA training programs and for supervising physicians.

[1] The term “board” in this document refers to a board, bureau, commission, committee, department, division, program, or agency, as applicable. Please change the term “board” throughout this document to appropriately refer to the entity being reviewed.

The need to fulfill this legislative intent and to utilize the considerable clinical experience of returning Vietnam veterans interested in civilian medical practice and capable of alleviating the continuing health care shortage in under-served areas, as well as the need to combat growing dissatisfaction with the organization of the BME, soon prompted a number of political proposals to address these concerns. One such bill (AB1XX), authored by Assemblyman Barry Keene, passed into law in 1975. This legislation renamed the BME the Board of Medical Quality Assurance (BMQA) and revised its original structure into three autonomous divisions (Division of Medical Quality, Division of Licensing, and Division of Allied Health Professions). To assist the Board in its responsibilities, the Division of Allied Health Professions (DAHP) was given statutory authority over nine committees that were given purview over the licensing and disciplining of specific allied health professions. One such committee became the newly established Physician Assistant Committee, decreed by a separate legislative initiative that passed within the same time period.

The creative bill (AB 392) was introduced by Assemblyman Gordon Duffy on January 6, 1975, amended several times, and then signed into law on September 9, 1975, by Governor Edmund G. Brown, Jr. This legislation (Statutes of 1975, Chapter 634) enacted "The Physician Assistant Practice Act," which abolished the Advisory Committee on Physician Assistant and Nurse Practitioner Programs and created, instead, the Physician Assistant Examining Committee (PAC) in order to:

1) "establish in this chapter a framework for the development of a new category of health care manpower—the assistant;"
2) "encourage the more effective utilization of the skills of physicians by enabling them to delegate health care tasks to qualified physician assistants where such delegation is consistent with the patient's health and welfare;"
3) "encourage the utilization of physician assistants by physicians, and to provide that existing legal constraints should not be an unnecessary hindrance to the more effective provision of health care services;" and
4) "allow for innovative development of programs for the education of physician assistants."

This legislation then prescribed the new Committee's membership, powers, duties, and relationship to the BMQA and DAHP in accomplishing these goals. To this very day, the Committee, now called the Physician Assistant Board, continues on in its responsibility to facilitate and encourage physician assistant service by advocating and enforcing regulations necessary to licensing, monitoring, and expanding physician assistant practice, by assuring the public that all PA licensees, approved supervising physicians, and PA training programs have met certain minimum requirements, and by protecting the public, as well as the profession, from inadequately trained, unethical, or incompetent practitioners.

SB 1236 (Price, Statutes of 2012, Chapter 332,) changed the name of the Physician Assistant Committee to Physician Assistant Board (Board).

Physician Assistant Practice Act

The primary responsibility of the Board is to protect California consumers from incompetent, and/or fraudulent practice through the enforcement of the Physician Assistant Practice Act under Division 2, Chapter 7.7, of the Business and Professions Code, and through the Physician Assistant Regulations (Title 16, Division 13.8) of the California Code of Regulations (CCR). Under the Department of Consumer Affairs, the Board promotes safe practice of physician assistants by:

- Licensing of physician assistants.
- Promoting the health and safety of California health care consumers by enhancing the competence of physician assistants.

- Coordinating investigation and disciplinary processes.
- Providing information and education regarding the Board or physician assistant professionals to California consumers.
- Managing a diversion/monitoring program for physician assistants with alcohol/substance abuse problems.

The Board also collaborates with others regarding legal and regulatory issues that involve physician assistant activities or the profession. Within the physician assistant profession, the Board establishes and maintains entry standards of qualification and conduct primarily through its authority to license. With over 13,000 licensed physician assistants, the Board regulates and establishes standards for physician assistant practice.

1. Describe the make-up and functions of each of the board's committees (cf., Section 12, Attachment B).

According to the Physician Assistant Practice Act, Business and Professions Code section 3504, the Board consists of nine members who serve four-year terms and may be reappointed. However, the Board is currently comprised of one physician and surgeon, five licensed physician assistants, and four public members as set forth in Business and Professions Code section 3505. The Governor is responsible for appointing the licensed members and two public members. The Speaker of the Assembly and the Senate Rules Committee each appoint one public member. Board members play a critical role as policy and decision makers in licensing requirements, disciplinary matters, contracts, budget issues, legislation and regulatory proposals, and consumer and public outreach.
The following tables provide details regarding board meeting dates and member attendance:

Table 1a. Attendance			
Charles Alexander, Ph.D. – current public member			
Date Appointed:	February 5, 2013		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Teleconference	07/13/2015	Various	Yes
Quarterly Board Meeting	08/03/2015	Sacramento	Yes
Quarterly Board Meeting	11/02/2015	Sacramento	Yes
Quarterly Board Meeting	01/11/2016	Sacramento	Yes
Quarterly Board Meeting	04/18/2016	Sacramento	Yes
Teleconference	05/16/2016	Various	No
Quarterly Board Meeting	07/11/2016	Sacramento	Yes
Teleconference	08/25/2016	Sacramento	Yes
Quarterly Board Meeting	10/24/2016	Los Angeles	Yes
Quarterly Board Meeting	01/23/2017	Sacramento	Yes
Quarterly Board Meeting	04/24/2017	Sacramento	No
Quarterly Board Meeting	08/11/2017	San Diego	Yes
Quarterly Board Meeting	10/30/2017	Sacramento	Yes
Quarterly Board Meeting	01/22/2018	Sacramento	Yes
Quarterly Board Meeting	04/23/2018	Sacramento	Yes
Quarterly Board Meeting	08/10/2018	San Diego	Yes
Quarterly Board Meeting	11/05/2018	Sacramento	Yes
Quarterly Board Meeting	01/28/2019	Sacramento	Yes
Quarterly Board Meeting	04/29/2019	Sacramento	Yes

Table 1a. Attendance			
Juan Armenta, Esq. – current public member			
Date Appointed:	July 23, 2018		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	08/10/2018	San Diego	Yes
Quarterly Board Meeting	11/05/2018	Sacramento	Yes
Quarterly Board Meeting	01/28/2019	Sacramento	Yes
Quarterly Board Meeting	04/29/2019	Sacramento	Yes

Table 1a. Attendance			
Michael Bishop, M.D. – past physician member			
Date Appointed:	June 18, 2013		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Teleconference	07/13/2015	Various	Yes
Quarterly Board Meeting	08/03/2015	Sacramento	Yes
Quarterly Board Meeting	11/02/2015	Sacramento	Yes
Quarterly Board Meeting	01/11/2016	Sacramento	Yes
Quarterly Board Meeting	04/18/2016	Sacramento	Yes
Teleconference	05/16/2016	Various	No
Quarterly Board Meeting	07/11/2016	Sacramento	Yes
Teleconference	08/25/2016	Various	No
Quarterly Board Meeting	10/24/2016	Los Angeles	No
Quarterly Board Meeting	01/23/2017	Sacramento	Yes
Quarterly Board Meeting	04/24/2017	Sacramento	Yes

Table 1a. Attendance			
Jennifer Carlquist, PA-C – current physician assistant member			
Date Appointed:	June 21, 2016		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	07/11/2016	Sacramento	Yes
Teleconference	08/25/2016	Various	No
Quarterly Board Meeting	10/24/2016	Los Angeles	Yes
Quarterly Board Meeting	01/23/2017	Sacramento	Yes
Quarterly Board Meeting	04/24/2017	Sacramento	Yes
Quarterly Board Meeting	08/11/2017	San Diego	Yes
Quarterly Board Meeting	10/30/2017	Sacramento	Yes
Quarterly Board Meeting	01/22/2018	Sacramento	Yes
Quarterly Board Meeting	04/23/2018	Sacramento	Yes
Quarterly Board Meeting	08/10/2018	San Diego	Yes
Quarterly Board Meeting	11/05/2018	Sacramento	Yes

Quarterly Board Meeting	01/28/2019	Sacramento	Yes
Quarterly Board Meeting	04/29/2019	Sacramento	Yes

Table 1a. Attendance			
Cristina Gomez-Vidal Diaz – former public member			
Date Appointed:	January 12, 2011		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Teleconference	07/13/2015	Various	No
Quarterly Board Meeting	08/03/2015	Sacramento	Yes
Quarterly Board Meeting	11/02/2015	Sacramento	No

Table 1a. Attendance			
Sonya Earley, PA-C – current physician assistant member			
Date Appointed:	February 5, 2013		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Teleconference	07/13/2015	Various	Yes
Quarterly Board Meeting	08/03/2015	Sacramento	Yes
Quarterly Board Meeting	11/02/2015	Sacramento	Yes
Quarterly Board Meeting	01/11/2016	Sacramento	Yes
Quarterly Board Meeting	04/18/2016	Sacramento	Yes
Teleconference	05/16/2016	Various	Yes
Quarterly Board Meeting	07/11/2016	Sacramento	Yes
Teleconference	08/25/2016	Various	Yes
Quarterly Board Meeting	10/24/2016	Los Angeles	Yes
Quarterly Board Meeting	01/23/2017	Sacramento	Yes
Quarterly Board Meeting	04/24/2017	Sacramento	Yes
Quarterly Board Meeting	08/11/2017	San Diego	Yes
Quarterly Board Meeting	10/30/2017	Sacramento	Yes
Quarterly Board Meeting	01/22/2018	Sacramento	Yes
Quarterly Board Meeting	04/23/2018	Sacramento	Yes
Quarterly Board Meeting	08/10/2018	San Diego	Yes
Quarterly Board Meeting	11/05/2018	Sacramento	Yes
Quarterly Board Meeting	01/28/2019	Sacramento	Yes
Quarterly Board Meeting	04/29/2019	Sacramento	Yes

Table 1a. Attendance			
Javier Esquivel-Acosta, PA-C – current physician assistant member			
Date Appointed:	October 28, 2015		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	11/02/2015	Sacramento	Yes
Quarterly Board Meeting	01/11/2016	Sacramento	Yes
Quarterly Board Meeting	04/18/2016	Sacramento	Yes
Teleconference	05/16/2016	Various	No
Quarterly Board Meeting	07/11/2019	Sacramento	Yes
Teleconference	08/25/2016	Various	Yes
Quarterly Board Meeting	10/24/2016	Los Angeles	Yes
Quarterly Board Meeting	01/23/2017	Sacramento	Yes
Quarterly Board Meeting	04/24/2017	Sacramento	Yes
Quarterly Board Meeting	08/11/2017	San Diego	Yes
Quarterly Board Meeting	10/30/2017	Sacramento	Yes
Quarterly Board Meeting	01/22/2018	Sacramento	Yes
Quarterly Board Meeting	04/23/2018	Sacramento	Yes
Quarterly Board Meeting	08/10/2018	San Diego	Yes
Quarterly Board Meeting	11/05/2018	Sacramento	Yes
Quarterly Board Meeting	01/28/2019	Sacramento	Yes
Quarterly Board Meeting	04/29/2019	Sacramento	No
Quarterly Board Meeting	08/10/2018	San Diego	Yes
Quarterly Board Meeting	11/05/2018	Sacramento	Yes
Quarterly Board Meeting	01/28/2019	Sacramento	Yes
Quarterly Board Meeting	04/29/2019	Sacramento	Yes

Table 1a. Attendance			
Jed Grant, PA-C – current physician assistant member			
Date Appointed:	February 5, 2013		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Teleconference	07/13/2015	Various	Yes
Quarterly Board Meeting	08/03/2015	Sacramento	Yes
Quarterly Board Meeting	11/02/2015	Sacramento	Yes
Quarterly Board Meeting	01/11/2016	Sacramento	Yes
Quarterly Board Meeting	04/18/2016	Sacramento	No
Teleconference	05/16/2016	Various	Yes
Quarterly Board Meeting	07/11/2016	Sacramento	Yes
Teleconference	08/25/2016	Various	Yes
Quarterly Board Meeting	10/24/2016	Los Angeles	Yes
Quarterly Board Meeting	01/23/2017	Sacramento	Yes
Quarterly Board Meeting	04/24/2017	Sacramento	Yes
Quarterly Board Meeting	08/11/2017	San Diego	Yes
Quarterly Board Meeting	10/30/2017	Sacramento	Yes

Quarterly Board Meeting	01/22/2018	Sacramento	Yes
Quarterly Board Meeting	04/23/2018	Sacramento	Yes
Quarterly Board Meeting	08/10/2018	San Diego	Yes
Quarterly Board Meeting	11/05/2018	Sacramento	Yes
Quarterly Board Meeting	01/28/2019	Sacramento	Yes
Quarterly Board Meeting	04/29/2019	Sacramento	Yes

Table 1a. Attendance			
Catherine Hazelton – former public member			
Date Appointed:	January 15, 2013		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Teleconference	01/13/2015	Various	Yes
Quarterly Board Meeting	08/03/2015	Sacramento	Yes
Quarterly Board Meeting	11/02/2015	Sacramento	Yes
Quarterly Board Meeting	01/11/2016	Sacramento	Yes
Quarterly Board Meeting	04/18/2016	Sacramento	Yes
Teleconference	05/16/2016	Various	No
Quarterly Board Meeting	07/11/2016	Sacramento	Yes
Teleconference	08/25/2016	Various	Yes
Quarterly Board Meeting	10/24/2016	Los Angeles	Yes
Quarterly Board Meeting	01/23/2017	Sacramento	Yes
Quarterly Board Meeting	04/24/2017	Sacramento	Yes
Quarterly Board Meeting	08/11/2017	San Diego	Yes
Quarterly Board Meeting	10/30/2017	Sacramento	Yes

Table 1a. Attendance			
Xavier Martinez – current public member			
Date Appointed:	February 6, 2014		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Teleconference	07/13/2015	Various	Yes
Quarterly Board Meeting	08/03/2015	Sacramento	Yes
Quarterly Board Meeting	11/02/2015	Sacramento	Yes
Quarterly Board Meeting	01/11/2016	Sacramento	Yes
Quarterly Board Meeting	04/18/2016	Sacramento	Yes
Teleconference	05/16/2016	Various	Yes
Quarterly Board Meeting	07/11/2016	Sacramento	Yes
Teleconference	08/25/2016	Various	Yes
Quarterly Board Meeting	10/24/2016	Los Angeles	Yes
Quarterly Board Meeting	01/23/2017	Sacramento	Yes
Quarterly Board Meeting	04/24/2017	Sacramento	Yes
Quarterly Board Meeting	08/11/2017	San Diego	Yes
Quarterly Board Meeting	10/30/2017	Sacramento	Yes
Quarterly Board Meeting	01/22/2018	Sacramento	Yes

Quarterly Board Meeting	04/23/2018	Sacramento	Yes
Quarterly Board Meeting	08/10/2018	San Diego	Yes
Quarterly Board Meeting	11/05/2018	Sacramento	Yes
Quarterly Board Meeting	01/28/2019	Sacramento	Yes
Quarterly Board Meeting	04/29/2019	Sacramento	Yes

Table 1a. Attendance			
Robert Sachs, PA – current physician assistant member			
Date Appointed:	January 1, 2015		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Teleconference	07/13/2015	Various	Yes
Quarterly Board Meeting	08/03/2015	Sacramento	Yes
Quarterly Board Meeting	11/02/2015	Sacramento	Yes
Quarterly Board Meeting	01/11/2016	Sacramento	Yes
Quarterly Board Meeting	04/18/2016	Sacramento	Yes
Teleconference	05/16/2016	Various	No
Quarterly Board Meeting	07/11/2016	Sacramento	Yes
Teleconference	08/25/2016	Various	Yes
Quarterly Board Meeting	10/24/2016	Los Angeles	Yes
Quarterly Board Meeting	01/23/2017	Sacramento	Yes
Quarterly Board Meeting	04/24/2017	Sacramento	Yes
Quarterly Board Meeting	08/11/2017	San Diego	Yes
Quarterly Board Meeting	10/30/2017	Sacramento	Yes
Quarterly Board Meeting	01/22/2018	Sacramento	Yes
Quarterly Board Meeting	04/23/2018	Sacramento	Yes
Quarterly Board Meeting	08/10/2018	San Diego	Yes
Quarterly Board Meeting	11/05/2018	Sacramento	Yes
Quarterly Board Meeting	01/28/2019	Sacramento	Yes
Quarterly Board Meeting	04/29/2019	Sacramento	Yes

Table 1a. Attendance			
Mary Valencia – current public member			
Date Appointed:	January 1, 2016		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	01/11/2016	Sacramento	No
Quarterly Board Meeting	04/18/2016	Sacramento	Yes
Teleconference	05/16/2016	Various	No
Quarterly Board Meeting	07/11/2016	Sacramento	Yes
Teleconference	08/25/2016	Various	No
Quarterly Board Meeting	10/24/2016	Los Angeles	Yes
Quarterly Board Meeting	01/23/2017	Sacramento	Yes
Quarterly Board Meeting	04/24/2017	Sacramento	No
Quarterly Board Meeting	08/11/2017	San Diego	Yes

Quarterly Board Meeting	10/30/2017	Sacramento	Yes
Quarterly Board Meeting	01/22/2018	Sacramento	Yes
Quarterly Board Meeting	04/23/2018	Sacramento	Yes
Quarterly Board Meeting	08/10/2018	San Diego	Yes
Quarterly Board Meeting	11/05/2018	Sacramento	No
Quarterly Board Meeting	01/28/2019	Sacramento	Yes
Quarterly Board Meeting	04/29/2019	Sacramento	No

Committees serve as an important component of the Board to address specific issues referred by the public, the Legislature, the Department of Consumer Affairs or recommended by staff. Committees are generally composed of at least two Board members who are responsible for gathering public input, exploring alternatives to the issues, and making recommendations to the full Board. The Board does not have committees established by statutes or regulations, but the Board President may appoint task forces and advisory committees as issues arise.

The following table provides dates and details regarding the Board's Committees:

Table 1b. Legislative Committee created on May 20, 2013

Member Name (Include Vacancies)	Date First Appointed	Date Re-appointed	Date Term Expires	Appointing Authority	Type (public or professional)
Sonya Earley, PA-C	2/5/2013	1/8/2016	1/1/2020	Governor	Professional
Catherine Hazelton	1/15/2013		1/1/2017	Assembly	Public
Mary Valencia	1/1/2016		1/1/2019	Senate	Public

Table 1b. Education/Workforce Development Committee created on May 4, 2015

Member Name (Include Vacancies)	Date First Appointed	Date Re-appointed	Date Term Expires	Appointing Authority	Type (public or professional)
Jed Grant, PA-C	1/5/2013	1/7/2015	1/1/2019	Governor	Professional
Charles Alexander, Ph.D.	2/5/2013	1/8/2016	1/1/2020	Governor	Public

Table 1b. Budget Committee created on April 23, 2018

Member Name (Include Vacancies)	Date First Appointed	Date Re-appointed	Date Term Expires	Appointing Authority	Type (public or professional)
Xavier Martinez	2/6/2014		1/1/2019	Governor	Public
Javier Esquivel-Acosta, PA-C	10/28/2015		1/1/2020	Governor	Professional

2. In the past four years, was the board unable to hold any meetings due to lack of quorum? If so, please describe. Why? When? How did it impact operations?

Since the last sunset report of 2016, the Board has not been impacted by a lack of quorum, and, therefore, has held every scheduled meeting.

3. Describe any major changes to the board since the last Sunset Review, including, but not limited to:

- **Internal changes (i.e., reorganization, relocation, change in leadership, strategic planning)**
  - **Leadership Change:** Glenn L. Mitchell, Jr., appointed as the Board's Executive Officer November of 2012, retired August of 2016. On September 1, 2016, Maureen L. Forsyth was appointed as the Board's Executive Officer. Ms. Forsyth has been with the Board for more than fourteen (14) years.
  - **Strategic Plan:** On April 23, 2018, the Board adopted a new Strategic Plan for 2019-2023. Strategic goals to accomplish during 2019-2023 include educating stakeholders about Optimal Team Practice, explore accepting electronic and digital signatures to increase efficiency, explore the feasibility of providing an electronic verification of a physician assistant's license status, engage in grassroots outreach for practicing physician assistants and students about pending regulations and legislation, update the Board's website to increase accessibility, evaluate the use of physician assistants as subject matter experts at the beginning of the enforcement investigation to determine the validity of a complaint, research the feasibility of the Board becoming fully independent of the Medical Board of California and create a succession plan for the Executive Officer.
- **All legislation sponsored by the board and affecting the board since the last sunset review.**

  The Board has not sponsored any legislation since the last sunset report.

  The following legislation has impacted the Board and licensees since the last Sunset report:

  AB 637 (Campos, Chapter 217, Statutes of 2015)

  This bill allows nurse practitioners and physician assistants to sign the Physician Orders for Life Sustaining Treatment form. This Treatment Form allows terminally-ill patients to inform their loved ones and health care professionals of their end-of-life wishes. By expanding the number of people who are allowed to sign the Treatment Form, the intent of this bill is to assist terminally-ill patients in making their end-of-life wishes known to their families and health care providers. This bill impacted licensees of the Physician Assistant Board and the Board of Registered Nursing.

  AB 1352 (Eggman, Chapter 646, Statutes of 2015)

  This bill allows any person who has successfully completed a deferred entry of judgement (DEJ) treatment program to obtain dismissal of the plea upon which DEJ was granted, on the basis that the guilty or no-contest plea underlying DEJ may result in a denial of employment benefit, license or certificate, or have adverse immigration consequences, in conflict with the statement in the governing statute that the plea shall not result in "denial of any employment, benefit, license, or certificate."

  SB 337 (Pavley, Chapter 536, Statutes of 2015)

  This bill requires medical records to reflect the supervising physician for each episode of care; require a physician assistant who transmits an oral order to identify the supervising physician; recast medical record review provisions to require the supervising physician to utilize one or more mechanisms; and recast prescribing provisions to allow a physician assistant to prescribe Schedule II controlled substances.

  SB 464 (Hernandez, Chapter 387, Statutes of 2015)

  This bill clarifies that health care practitioners, including physician assistants, may use patient self-screening tools that will identify patient risk factors for the use of self-administered

hormonal contraceptives, for purposes of furnishing self-administered hormonal contraceptives to the patient.

SB 800 (Healing Arts Omnibus, Statutes of 2015)

This bill allows the Board's officer titles to change from Chair/Vice-Chair to President/Vice-President.

AB 2193 (Salas, Chapter 459, Statutes of 2016)

This bill extended the operation of the Physician Assistant Board and the board's authority to employ personnel until January 1, 2021. The bill authorized all money in the Physician Assistant Fund to be available, upon appropriation of the Legislature, to carry out the provisions of the act.

SB 482 (Lara, Chapter 708, Statutes of 2016)

This bill provides that a health care practitioner who fails to consult the CURES database is required to be referred to the appropriate state professional licensing board solely for administrative sanctions, as deemed appropriate by that board. It made the above-mentioned provisions operative 6 months after the Department of Justice certified that the CURES database is ready for statewide use and that the department has adequate staff, user support, and education, as specified. This bill also exempted a health care practitioner, pharmacist, and any person acting on behalf of a health care practitioner or pharmacist, when acting with reasonable care and in good faith, from civil or administrative liability arising from any false, incomplete, inaccurate, or misattributed information submitted to, reported by, or relied upon in the CURES database or for any resulting failure of the CURES database to accurately or timely report that information. It authorized a health care practitioner to provide a patient with a copy of the patient's CURES patient activity report if no additional CURES data is provided. The bill also prohibits a regulatory board whose licensees do not prescribe, order, administer, furnish, or dispense controlled substances from obtaining data from the CURES database.

AB 40 (Santiago, Chapter 607, Statutes of 2017)

This bill required, no later than October 1, 2018, that the Department of Justice to make the electronic history of controlled substances dispensed to an individual under a health care practitioner's or pharmacist's care, based on data contained in the CURES database, available to the practitioner or pharmacist, as specified. The bill authorizes a health care practitioner or pharmacist to submit a query to the CURES database through the department's online portal or through a health information technology system if the entity operating the system has entered into a memorandum of understanding with the department addressing the technical specifications of the system and can certify, among other requirements, that the system meets applicable patient privacy and information security requirements of state and federal law. The bill also requires an entity operating a health information technology system that is requesting to establish an integration with the CURES database to pay a reasonable system maintenance fee. The bill prohibits the department from accessing patient-identifiable information in an entity's health information technology system. The bill authorizes the department to prohibit integration or terminate a health information technology system's ability to retrieve information in the CURES database if the health information technology system or the entity operating the health information technology system does not comply with specified provisions of the bill.

SB 554 (Stone, Chapter 242, Statutes of 2017)

This bill prohibits construing the Physician Assistant Practice Act or any provision of state law from prohibiting a physician assistant from administering or providing buprenorphine to a

patient, or transmit orally, or in writing on a patient's record or in a drug order, an order for buprenorphine to a person who may lawfully furnish buprenorphine when done in compliance with the provisions of the Comprehensive Addiction Recovery Act, as specified.

AB 2193 (Maienschein, Chapter 755, Statutes of 2018)

This bill requires, by July 1, 2019, a licensed health care practitioner who provides prenatal or postpartum care for a patient to offer to screen or appropriately screen a mother for maternal mental health conditions.

SB 1338 (Hueso, Chapter 518, Statutes of 2018)

This bill authorizes a physician assistant to certify in writing to the utility that the additional energy, heating, or cooling allowance is medically necessary to sustain the life of a person being treated for a life-threatening illness or a compromised immune system or to prevent deterioration of that person's medical condition. This bill additionally prohibits disconnecting service where a physician assistant certifies that gas or electric service is medically necessary to sustain the life of the customer or member of the customer's family or to prevent deterioration of that person's medical condition. The bill requires the commission to develop rules requiring each of the 4 energy utilities that have the greatest number of customers in California to demonstrate that they are working with the medical community to increase marketing and outreach to persons eligible for the above-described medical baseline allowance.

AB 2138 (Chiu, Chapter 995, Statutes of 2018)

This bill revises and recasts the board's applicable license denial authority to instead authorize the board to, among other things, deny, revoke, or suspend a license on the grounds that the applicant or licensee has been subject to formal discipline, as specified, or convicted of a crime only if the applicant or licensee has been convicted of a crime within the preceding 7 years from the date of application that is substantially related to the qualifications, functions, or duties of the business or profession for which the application is made, regardless of whether the applicant was incarcerated for that crime, or if the applicant has been convicted of a crime that is substantially related to the qualifications, functions, or duties of the business or profession for which the application is made and for which the applicant is presently incarcerated or for which the applicant was released from incarceration within the preceding 7 years, except as specified. The bill would, effective July 1, 2020 prohibit a board from denying a person a license based on the conviction of a crime, or on the basis of acts underlying a conviction, as defined, for a crime, if the conviction has been dismissed or expunged, if the person has provided evidence of rehabilitation, if the person has been granted clemency or a pardon, or if an arrest resulted in a disposition other than a conviction.

The bill requires the board to develop criteria for determining whether a crime is substantially related to the qualifications, functions, or duties of the business or profession. The bill requires the board to consider whether a person has made a showing of rehabilitation if certain conditions are met. The bill requires the board to follow certain procedures when requesting or acting on an applicant's or licensee's criminal history information. The bill also requires the board to annually submit a report to the Legislature and post the report on its Internet Web site containing specified de-identified information regarding actions taken by the board based on an applicant or licensee's criminal history information.

This bill prohibits the board from denying a license based solely on an applicant's failure to disclose a fact that would not have been cause for denial of the license had the fact been

disclosed. It revises and recasts those provisions to eliminate some of the more specific options that the board may take in these circumstances.

This bill makes these provisions operative on July 1, 2020.

SB 697 (Caballero, Chapter 707, Statutes of 2018)

Physician Assistant Practice Act provides for licensure and regulation of physician assistants by the Physician Assistant Board, which is within the jurisdiction of the Medical Board of California. The act authorizes a physician assistant to perform medical services as set forth by regulations and the act and when those services are rendered under the supervision of a licensed physician and surgeon. The act requires the Physician Assistant Board to, among other things, make recommendations to the Medical Board of California concerning the formulation of guidelines for the consideration and approval of applications by licensed physicians to supervise physician assistants. The act requires the medical record to identify the physician and surgeon who is responsible for the supervision of the physician assistant. The act requires the supervising physician and surgeon to be physically available to the physician assistant for consultation when that assistance is rendered. The act requires the physician assistant and the supervising physician and surgeon to establish written guidelines for adequate supervision, and authorizes the supervising physician and surgeon to satisfy this requirement by adopting protocols for some or all of the tasks performed by the physician assistant, as provided. The act additionally authorizes a delegation of services agreement to authorize a physician assistant to order durable medical equipment, to approve, sign, modify, or add to a plan of treatment or plan of care for individuals receiving home health services or personal care services, or to certify disability, as provided.

This bill removes the requirement that the Physician Assistant Board make recommendations to the Medical Board of California concerning the formulation of guidelines for the consideration and approval of applications by licensed physicians and surgeons to supervise physician assistants. The bill removes the requirements that the medical record identify the responsible supervising physician and surgeon, remove requirements that the physician be physically available to the physician assistant for consultation, and remove requirements that written guidelines for adequate supervision be established. The bill instead authorizes a physician assistant to perform medical services authorized by the act as amended by this bill if certain requirements are met, including that the medical services are rendered pursuant to a practice agreement, as defined, and the physician assistant is competent to perform the medical services. The bill would also require a practice agreement between a physician assistant and a physician and surgeon to meet specified requirements, and would require a practice agreement to establish policies and procedures to identify a physician and surgeon supervising a physician assistant rendering services in a general acute care hospital.

The act authorizes a physician assistant, under the supervision of a physician and surgeon, to administer or provide medication to a patient, or transmit orally, or in writing on a patient's record or in a drug order, an order to a person who may lawfully furnish the medication or medical device, subject to specified requirements.

This bill revises and recasts these provisions to, among other related changes, authorize a physician assistant to furnish or order a drug or device subject to specified requirements, including that the furnishing or ordering be in accordance with the practice agreement and consistent with the physician assistant's educational preparation or for which clinical competency has been established and maintained, and that the physician and surgeon be available by telephone or other electronic communication method at the time the physician assistant examines the patient. The bill would also authorize the physician assistant to furnish

or order Schedule II or III controlled substances in accordance with the practice agreement or a patient-specific order approved by the treating or supervising physician and surgeon.

The bill provides that any reference to "delegation of services agreement" in any other law means "practice agreement," as defined by the bill. The bill provides that "supervision," as specified by the bill, does not require the supervising physician and surgeon to be physically present, but does require adequate supervision as agreed to in the practice agreement and does require that the physician and surgeon be available by telephone or other electronic communication method at the time the physician assistant examines the patient. The bill prohibits this provision from being construed as prohibiting the board from requiring the physical presence of a physician and surgeon as a term or condition of a PA's reinstatement, probation, or imposing discipline. The bill would also make various conforming changes to the Act.

These provisions will become effective January 1, 2020.

- **All regulation changes approved by the board since the last sunset review. Include the status of each regulatory change approved by the board.**

  2016 – Disciplinary Guidelines – 1399.523 Amended

  This proposal amended Section 1399.523 to incorporate by reference the 4th Edition Guidelines as proposed by the Board in August 2013, which includes provisions that would implement the Uniform Standards formulated by the SACC pursuant to Section 315. As part of that implementation, this proposal also added a new provision to Section 1399.523 that specified that a clinical diagnostic evaluation shall be ordered in every probationary case where the conduct found to be a violation that involves drugs, alcohol, or both.

  2016 – Sponsoring Entity Registration & Recordkeeping Requirements – 1399.621 Section 100

  This proposal amended Section 1399.621 to reflect non-substantive changes to the form entitled, "Registration of Sponsoring Entity Under Business & Professions Code Section 901," Form 901-A (DCA/2014 – revised), which was incorporated by reference in the section mentioned above.

  2016 – Disciplinary Guidelines – 1399.523 Section 100

  This proposal amended Section 1399.523 to reflect non-substantive changes to the manual entitled, "Physician Assistant Board Manual of Disciplinary Guidelines and Model Disciplinary Orders, 4th Edition 2015" which was incorporated by reference in the section mentioned above. These proposed changes include renumbering pages, adding sections to the index that were in the manual and inadvertently omitted from the index, amending titles listed in the index to be consistent with the Manual, and renumbering items to correct for the inadvertent duplication of item numbers.

  2017 – Reporting of Physician Assistant Supervision – 1399.546 Amended

  The proposal amended Section 1399.546 to strike the current requirement that the physician assistant manually "enter" the name of his or her supervising physician in the patient's medical record for each time the PA sees the patient, and instead require that the physician assistant only "record" the supervising physician in the patient's medical record for each episode of care. This permits use of electronic medical records or other methods of recordation to meet this recordkeeping requirement.

2018 – Curriculum Requirements for Approved Program for Primary Care Physician Assistants and Requirements for an Approved Program for the Specialty Training of Physician Assistants – Sections 1399.531 and 1399.532 Repealed

This proposal repealed sections 1399.531 and 1399.532 because since the adoption of these regulations, there are accrediting agencies that review and accredit these programs, and those approvals are recognized by the Board. Therefore, there is no longer a need for the board to fill this void of reviewing and approving training programs, and by extension, no longer a need to set forth the curriculum requirements for a program approved by the Board.

2018 – Citation for Unlicensed Practice – Section 1399.573 Amended

This proposal amended section 1399.573 to authorize the Board's executive officer to issue an administrative citation to an unlicensed person acting in the capacity of a physician assistant. This expanded the authority of the executive officer to issue citations and fines to those who have never been licensed, and are not exempt from licensure, and are holding or have held themselves out as a physician assistant.

2018 – Renewal of License – Section 1399.514 Amended

This proposal amended section 1399.514 to increase the conviction reporting amount threshold to $500 because the current threshold of $300 resulted in too many conviction disclosures to the Board relating to minor traffic violations that are not substantially related to the qualifications, functions or duties of a licensee.

2018 – Sponsored Free Health Care Events-Requirements for Exemption – Article 9, Sections 1399.620, 1399.621, 1399.622, and 1399.623 Repealed

This proposal repealed Article 9, its title "Sponsored Free Health Care Events – Requirements for Exemption , and Sections 1399.620, 1399.621, 1399.622, 1399.623 and their titles to reflect non-substantive changes to the regulations entitled, "Definitions," "Sponsoring Entity Registration and Recordkeeping Requirements," "Out-of-State Practitioner Authorization to Participate in Sponsored Event," and "Termination of Authorization and Appeal." Section 901 of the Business and Professions Code was repealed as of January 1, 2018. Thus, these changes are non-substantive.

2018 – Retired Status – 1399.515 Adopted

This proposal adopted section 1399.515 to establish a regulation for the placement of a physician assistant license on retired status, upon application, through proposed Form PAB-RET Oct 2016, incorporated by reference, for a physician assistant who is not actively engaged in practice as a physician assistant or any activity that requires them to be licensed by the board and meets other requirements.

- **The following regulations are currently in the rulemaking process:**

  Amend sections 1399.514 – License Renewal and 1399.615 – Continuing Medical Education Required

  This proposal will amend Section 1399.514 to include additional items that are needed for the current renewal application and to make those requirements explicitly a part of the renewal application in compliance with the Administrative Procedure Act (APA). Section 1399.615 will

be amended to remove potential duplicity of the CME reporting requirement, and to consolidate all requirements for renewal in on location at Section 1399.514.

Amend section 1399.523.5 – Required Actions Against Registered Sex Offenders

This proposal will amend Section 1399.523.5 to allow applicants the opportunity to supply evidence to the Board of rehabilitation without automatically being denied a license based on sex offender registration. AB 2138 was enacted to reduce licensing and employment barriers for people who are rehabilitated. This includes permitting an individual who is required to register as a sex offender to be eligible for licensure if he or she has obtained a certificate of rehabilitation under Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3 of the Penal Code, has been granted clemency or a pardon by a state or federal executive, or made a showing of rehabilitation. These proposed amendments would further that goal by adopting criteria that would remove restrictions for an initial applicant to qualify for licensure under the aforementioned conditions, provide notice to applicants of these new eligibility requirements, and emphasize an applicant's rehabilitative efforts.

Amend sections 1399.525 – Substantial Relationship Criteria, 1399.526 – Rehabilitation Criteria for Denials and Reinstatements, and 1399.526 – Rehabilitation Criteria for Suspensions and Revocations

The proposed amendments would place applicants and licensees on notice that the board is statutorily authorized to deny, suspend, or revoke a license on the basis of professional misconduct and discipline taken by another licensing board or jurisdiction. The proposal would also make relevant parties (e.g., the Deputy Attorney Generals, Administrative Law Judges, respondents, and respondent's counsels) aware that when considering denial or discipline of applicants or licensees, the board uses the listed criteria to determine whether the crime, act, or professional misconduct is substantially related to the practice of medicine. AB 2138 was enacted to reduce licensing and employment barriers for people who are rehabilitated. These proposed amendments would further that goal by adopting criteria that would emphasize an applicant's or licensee's rehabilitative efforts and what would be needed to make a showing of rehabilitation. This may lead to fewer denials and an increase in the number of licensed physician assistants in the marketplace. Therefore, allowing for more health care providers to treat increasing numbers of California consumers.

Amend section 1399.617 – Audit and Sanctions for Noncompliance

This proposal will help to strengthen CME compliance by requiring licensees to respond within specified time frames, provide accurate and complete information in response to CME audits conducted by the Board, and provide the Board with additional enforcement mechanisms for CME audits. Since Section 1399.571 of Title 16 of the California Code of Regulations already authorizes the Board's Executive Officer to issue citations for a violation of any of the Board's regulations, this proposal would allow the Executive Officer to issue a citation for those licensees who fail to respond to the audit inquiry or provide incomplete or inaccurate information when requested, thus ensuring that the Board is better able to obtain CME compliance for the protection of the public. This regulatory proposal will also clear up any confusion for licensees over how to count hours earned to make up any deficiency uncovered by an audit and how those hours are accounted for in the next renewal cycle.

4. Describe any major studies conducted by the board (cf. Section 12, Attachment C).

Since the last Sunset Report, the Board has not conducted any major studies.

The Board is currently conducting a licensing desk study for the purpose of reevaluating the application processing fee. The study will conclude February 29, 2020.

5. **List the status of all national associations to which the board belongs.**

   - Does the board's membership include voting privileges?
   - List committees, workshops, working groups, task forces, etc., on which board participates.
   - How many meetings did board representative(s) attend? When and where?
   - If the board is using a national exam, how is the board involved in its development, scoring, analysis, and administration?

   The Physician Assistant Board is not a member of any national associations.

   The Board utilizes the National Commission on Certification of Physician Assistants (NCCPA) Physician Assistant National Certifying Examination (PANCE) as its licensing examination.

   The Board is not involved in the development of the PANCE examination, scoring, analysis, or administration.

Section 2 – Performance Measures and Customer Satisfaction Surveys

6. **Provide each quarterly and annual performance measure report for the board as published on the DCA website.**

   Please refer to Section 12, Attachment C.

7. **Provide results for each question in the board's customer satisfaction survey broken down by fiscal year. Discuss the results of the customer satisfaction surveys.**

   Board staff reviews the survey results and proactively addresses concerns and implements changes to policies and procedures regarding survey feedback received. The Board's goal is to ensure that consumers, applicants, licensees, and interested others receive excellent customer service. **(Section 12, Attachment F)** Please find below the results and questions for the Board's survey in the last four years.

   1. **Thinking about your most recent contact with us, how would you rate the availability of staff to assist you?**

Response	FY 15/16	FY 16/17	FY 17/18	FY 18/19
Excellent	146	187	240	421
Very Good	42	78	26	75
Good	18	16	11	26
Fair	3	4	2	5
Poor	1	0	1	1
Not Applicable	10	39	12	16

2. **When requesting information or documents, how would you rate the timeliness with which the information or documents was/were provided?**

Response	FY 15/16	FY 16/17	FY 17/18	FY 18/19
Excellent	131	184	214	258
Very Good	45	75	30	87
Good	17	24	17	31
Fair	3	4	3	7
Poor	4	3	0	5
Not Applicable	19	34	30	53

3. **When you visited our website, how would you rate the ease of locating information?**

Response	FY 15/16	FY 16/17	FY 17/18	FY 18/19
Excellent	99	120	148	241
Very Good	64	136	82	168
Good	41	46	43	87
Fair	11	11	8	27
Poor	2	3	1	9
Not Applicable	4	9	6	12

4. **When you submitted an application, how would you rate the timeliness with which your application was processed?**

Response	FY 15/16	FY 16/17	FY 17/18	FY 18/19
Excellent	125	131	202	299
Very Good	46	97	43	110
Good	33	46	33	78
Fair	9	17	7	44
Poor	3	2	1	14
Not Applicable	3	4	3	0

5. **When you filed a complaint, how would you rate the timeliness of the complaint process?**

Response	FY 15/16	FY 16/17	FY 17/18	FY 18/19
Excellent	35	36	51	87
Very Good	3	9	2	8
Good	5	5	5	4
Fair	0	1	0	4
Poor	0	1	0	0
Not Applicable	87	271	229	437

6. **When you contacted us, were your service needs met? If no, please explain.**

Response	FY 15/16	FY 16/17	FY 17/18	FY 18/19
Yes	210	305	272	518
No	3	7	3	7

7. **Additional comments or suggestions as submitted**

The Board often receives inquiries and complaints that are not related to the Board, consumer protection, and licensing. Consumers are often confused in that they think we provide "physician assistance." The belief is that we are able to "assist" consumers with their concerns regarding their physicians, medical care, medical insurance related matters, and medical record concerns. By taking on the "assistants" role, we are happy to assist them and refer them to the appropriate agencies that would be best able to respond to their inquiries.

The following additional comments from customers, broken down by year, are provided as follows:

FY 2015/2016

- Excellent in answering questions in timely and useful manner.
- The people that I talked to on the phone regarding updating my licensure have been very friendly, efficient and helpful. I'm very impressed – thank you!
- Staff was remarkable efficient and knowledgeable.
- I accidentally sent in the wrong amount for my application. I called and it was all easily sorted out over the phone.
- Highly professional and helpful.
- I got a prompt and extensive explanation along with quick reaction.
- Website was easy to navigate.

- The ladies at the front desk were very helpful letting me know what i needed and to do it. Pats on the back are needed.
- Corresponding with a licensing technician via e-mail was VERY convenient and appreciated.
- Staff was easy to get in touch with and extremely helpful through the licensing process.

FY 2016/2017

- The people that I talked to on the phone regarding updating my licensure have been very friendly, efficient and helpful. I'm very impressed- thank you!
- I had asked twice when the disciplinary actions was updated in June the first response was not what I had emailed about so I emailed again & no response the second time terrible service.
- Staff responded immediately and appropriately. Very Professional.
- I did not receive a return phone call.
- I thought the process of getting licensed in CA went very smoothly.
- I had two different offers about 5 months apart and was never told after applying for the CA license that I was missing something I had requested twice the first time. When the second offer came for me and I checked about my license they said they still hadn't received it. I call sooner would have been helpful.
- An email stating that all required documents have been received would be a beneficial extra feature.
- Would be great if applicants can check their licensing progress online.

FY 2017-2018

- I forgot to complete a small section of my application and was immediately informed of this. I spoke with a representative on the phone who was very helpful and informative. After completing the entire application, it was processed quickly and I was reassured I completed it accurately.
- Excellent and timely service! Bravo!
- It was a pleasure working with the Physician Assistant Board, Sacramento. Friendly staff was able to process my licensure in a timely manner, and able to answer all questions.
- I have been a licensed in several states and this has been a smooth process. Thank you to all staff who assisted in processing my application.
- Website has tiny text that is not pleasing to read or try to glean information from. more large graphics and easy to read and easy step-by-step information (especially for new PAs) would be most welcomed!
- The only difficulty I had with the website was finding the online PA license application. The "application" tab only provides a pdf version of the application and you have to do a bit more searching to find the BreEZe tab in the FAQ sections, which was a bit bothersome for me.
- Awesome experience, or rather, smooth and timely and uneventful, which by extension made it awesome.
- Better phone call system. I found email was the best way to get a response even though that took a couple of days. Every time I called the person i tried to reach was busy.
- Everyone was great to deal with. This process was wonderful. Thank you.

- It just seems like the process of acquiring a new state license, after already having been issues two from other states, could be stream-lined. For example, I missed out on multiple jobs in California and will likely now never use this license, simply because Arizona lost my request for license verification. This could have been done, quite simply, with someone at your PA Board checking my credentials online.
- I have had the opportunity to speak with every member of the staff at multiple different times and absolutely each and every one of them have made this licensing process a delightful Breeze! Thank you!
- This was such an easy process! The only thing that I've seen in other states that could be helpful (to both the board and the applicant) is if there was a way to see status or deficiencies online without having to email to inquire. However, all inquiries were always answered very quickly by email which was fabulous!
- Many of my classmates applied for licensure in different states - mine was processed the quickest! Thank you for your smooth process, availability of help, and for approving applications on a weekly basis instead of just once a month.

FY 2018-2019

- I had a question about the verification process and the attendant gave a thorough answer! Great attention to detail.
- Some of the most friendly and helpful licensing staff I have interacted with. Great job.
- Questions were answered in a very timely manner, however not very thoroughly.
- Very efficient, and great contact! Easy to call or email with questions.
- Incredibly easy application process, staff were easy to get a hold of and my questions were answered in a timely manner. The online website was not up to date (never showed any deficiencies) and it would have been nice to have a more detailed progress report online so I did not have to call.
- I am really pleased that the PA Board for CA uses the secure portal for correspondence from the NCCPA. I felt that the portal feature assisted in expediting the process for licensing.
- Website needs update, very difficult to locate needed documents.
- Very fast and efficient work. I was impressed with California state licensing committee and the availability of assistance.
- The organization of information on the site could be better. Currently links are organized alphabetically, and something to consider would be putting more popular links at the top, e.g. Online application for PA licensure.
- Messages were not responded to but when I got on the phone with a live person, my needs were met 100%.
- I know everyone is working very hard and doing their jobs, and everyone I spoke with was very helpful, but I hope you are able to bring on more staff soon or something! It is very important for new grads to be able to get to work as soon as possible, particularly as they are coming out of school as broke students owing a lot of money and no longer receiving student loan checks sometimes for months. I'm not sure how I would have made it without a significant other and getting comfortable with credit card debt. Thank you to everyone who does work there for all that you do!

- Each time I called I was received with extremely knowledge and very nice staff. Thank you for all the handwork you all do for so many of us.
- It would be nice to be able to login online and view the progress of your application for licensure. Such as " received, currently being processed, approved". It is difficult looking for jobs without having a more specific idea/information about how much longer until license is approved. Thanks.
- The review period was as noted on the website and once a couple deficiencies were identified and submissions completed, the response from staff was timely and efficient.
- I received special attention from your staff - 2phone calls letting me know I had used an outdated form and also that I had answered questions incorrectly with "N/A". Because of these 2 calls, I was able to re-submit documents in a timely manner. I really appreciated their time. This really helped me.

Section 3 – Fiscal and Staff

Fiscal Issues

8. Is the board's fund continuously appropriated? If yes, please cite the statute outlining this continuous appropriation.

No.

9. Describe the board's current reserve level, spending, and if a statutory reserve level exists.

At the end of FY 2019-20, the Board is estimated to spend $2,083,000, have $4,345,000 in reserve, and have 23 months in reserve. The Board has a statutory reserve level of no more than 24 months per Business and Professions Code section 128.5.

10. Describe if/when a deficit is projected to occur and if/when fee increase or reduction is anticipated. Describe the fee changes (increases or decreases) anticipated by the board.

A deficit and fee increase, or reduction, is currently not projected to occur in the near future due to the Board's large fund balance.

Table 2. Fund Condition

(Dollars in Thousands)	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21
Beginning Balance	$1,739	$1,762	$1,870	$2,242	$2,828	$4,345
Revenues and Transfers	$1,688	$1,821	$1,976	$2,114	$3,723	$2,412
Total Revenue	$3,407	$3,583	$3,846	$4,356	$6,551	$6,757
Budget Authority	$1,765	$1,857	$1,904	$1,821	$2,133	$2,133
Expenditures	$1,651	$1,638	$1,511	$1,409	$2,083	$2,145
Loans to General Fund	$3	$75	$93	$119	$123	$123
Accrued Interest, Loans to General Fund	$0	$0	$0	$0	$0	$0
Loans Repaid From General Fund	$0	$0	$0	$0	$0	$0
Fund Balance	$1,753	$1,870	$2,242	$2,828	$4,345	$4,489
Months in Reserve	12.3	14.0	17.6	15.4	23.0	23.1

11. Describe the history of general fund loans. When were the loans made? When have payments been made to the board? Has interest been paid? What is the remaining balance?

The Board is anticipating the repayment of a $1.5 million General Fund loan in FY 2019-20. The loan was made from the Budget Act of 2011 and the interest is projected to total $45,000.

12. Describe the amounts and percentages of expenditures by program component. Use *Table 3. Expenditures by Program Component* to provide a breakdown of the expenditures by the board in each program area. Expenditures by each component (except for pro rata) should be broken out by personnel expenditures and other expenditures.

Table 3. Expenditures by Program Component (list dollars in thousands)

	FY 2015/16		FY 2016/17		FY 2017/18		FY 2018/19	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	$83	$937	$84	$915	$79	$58	$93	$33
Examination	$0	$54	$0	$54	$79	$58	$93	$33
Licensing	$83	$103	$84	$106	$79	$827	$93	$832
Administration *	$183	$31	$178	$12	$202	$87	$228	$50
DCA Pro Rata	$0	$201	$0	$148	$0	$215	$0	$325
Diversion (if applicable)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	$349	$1,326	$346	$1,235	$438	$1,246	$508	$1,273

*Administration includes costs for executive staff, board, administrative support, and fiscal services.

13. Describe the amount the board has contributed to the BreEZe program. What are the anticipated BreEZe costs the board has received from DCA?

From 2009-10 through 2017-18, the Board expended $400,024 towards BreEZe. The Board is estimated to expend an additional $137,000 in 2018-19 through 2019-20 towards BreEZe.

14. Describe license renewal cycles and history of fee changes in the last 10 years. Give the fee authority (Business and Professions Code and California Code of Regulations citation) for each fee charged by the board.

Business and Professions Code Section 3523 establishes the birthdate renewal cycle for physician assistant licenses. Physician assistant licenses expire at 12 midnight on the last day of the birth month every two years. Thus, the cycle is a biennial renewal fee cycle.

Application, initial license, renewal, delinquency, and duplicate license fees are at their statutory limits as established by Business and Professions Code Section 3521.1.

The last physician assistant application and renewal fee change took place in fiscal year 2001/02.

Prior to the fee change, the initial license fee was $100.00. After July 1, 2000, the fee increased to $200.00.

Previously, the biennial renewal fee was $150.00. For licenses expiring on or after July 1, 2000, the renewal fee increased to $250.00. For licenses expiring on or after July 1, 2002, the renewal fee increased to $300.00.

Fee increases were necessary as supervising physician application and renewal fees provided approximately 60% of the Board's revenue. The supervising physician approvals were eliminated effective July 1, 2001.

Other Fees

Diversion Program participants

Previously, Diversion Program participants paid a $100 participation fee with the Board paying the remaining fee.

On January 19, 2011, Title 16, California Code of Regulations Section 1399.557 became effective which requires Board-referred participants to pay the full monthly participation fee charged by the program contractor. Self-referral participants pay 75% of the participation fee. The current program participation fee is $338.15.

Table 4. Fee Schedule and Revenue (list revenue dollars in thousands)

Fee	Current Fee Amount	Statutory Limit	FY 2015/16 Revenue	FY 2016/17 Revenue	FY 2017/18 Revenue	FY 2018/19 Revenue	% of Total Revenue
Biennial Renewal	$300	2 Years	$1,395	$1,534	$1,656	$1,727	85%
App/Initial Lic Fee	$225	1 Year	$250	$251	$259	$280	14%
Delinquent Fee	$25	1 Year	$4	$4	$4	$4	0.2%
Duplicate Lic/Cert	$10	N/A	$2	$2	$2	$2	0.1%
Record Cert Fee	$10	N/A	$3	$5	$6	$8	0.4%

15. Describe Budget Change Proposals (BCPs) submitted by the board in the past four fiscal years.

The Board requested a permanent augmentation of $227,000 expenditure authority beginning fiscal year 2019-2020 and annually thereafter to fund 2.5 permanent authorized positions (1.0 Associate Governmental Program Analyst and 1.5 Office Technicians). This request enabled the Board to implement the timely processing of license applications and the enforcement of discipline compliance.

The Board's Licensing Program and Enforcement Program are core functions of the Board and responsible for ensuring applicants meet statutory and regulatory licensure requirements. These essential functions ensure that only qualified applicants are eligible for a license. A timely and efficient system enables qualified applicants to quickly enter the workforce and provide healthcare consumers access to service. Adequate staffing is crucial to ensuring this is accomplished timely and effectively. The probation unit's role is to ensure public protection and safety, which is carried out by enforcing probation disciplinary orders that have placed a disciplined licensee on probation. Probation monitors are assigned to licensees who have been disciplined due to violation(s) of the Medical Practice Act. Types of Medical Practice Act violations include gross negligence, incompetence, substantially related criminal convictions, out-of-state discipline, and substance abuse. Depending on the type of violation, the licensee may have terms and conditions of probation, relocation, or suspension imposed.

To ensure the Board meets the mandate to make public protection its highest priority in exercising its licensing, regulatory, and disciplinary functions the following positions are critical to its operation.

The following is a description of responsibilities that will be performed:

Licensing Program – Requirement 0.5 Office Technician:

- 0.5 Office Technician (OT) to evaluate all licensing applications in accordance with Board statutes, regulations and procedures. Creates monthly reports from BreEZe in compliance with the Continuing Medical Education (CME) for licensees. Responds to licensees question on compliance and updates licensee's account with CME compliance; identifies and refers legal issues of CME compliance to the Executive Officer (EO); prepares citation requests to Enforcement Analyst for licensees who fail the CME audit; enters CME waivers approved by the EO into licensees' BreEZe accounts; researches and independently responds to e-mails, telephone calls and public concerning technical information about physician assistant licensing, and questions relating to the practice of physician assistant with regard to the laws and regulations; responds to requests for license verification by completing and mailing verification forms and other states or creating verification letter; processing incoming mail and performing cashiering functions.

Enforcement Division – Requirement 1.0 AGPA:

- Associate Governmental Program Analyst (AGPA) to evaluate enforcement procedures and apply to best practices to ensure public protection. This position will review all the terms and conditions of probation; initiates an initial intake interview prior to the start of probationary period to ensure that all terms and conditions are understood. Probation monitoring is conducted by frequent telephone calls, email exchanges, and through the review of document, such as quarterly reports, biological testing results, completion certificates of required course work and reports from probationers supervising physicians. Through continual and efficient probation monitoring, non-compliant probationers are identified and notified. Probationers who continuously demonstrate non-compliance which is a violation of probation are referred to the Attorney General's (AG) for filing of an Accusation and/or Petition to Revoke Probation

Support – Requirement 1.0 OT:

- Office Technician (OT) to provide administrative support to the licensing and enforcement programs. This position will sort and distribute mail; enter information into BreEZe; assist with assembling Board meeting materials; researches and evaluates properties; negotiates contracts for meeting rooms; coordinates and attends meetings; assist in the file room; and answers and directs telephone calls. In addition the OT (T) will prepare all personnel-related transmittal documents; reviews and submits timesheets; coordinates and submits yearly Conflict of Interest statements; make travel arrangements using Concur and prepares expense reports using CalATERS for Board members, staff, and probation monitors; drafts, amends, and renews the Board's contracts and agreements for management approval, in compliance with current contract laws, rules, regulations, procedures and policies; reports, researches, coordinates, and compiles statistical data for DCA Annual Report, PAB Record Retention Schedule, and DCA Agency Statistical Profile. Purchasing – researches information on specific goods, identifies mandatory and/or optional contract requirements, identifies the need for office supplies, places orders, and distributes office supplies to staff.

Table 5. Budget Change Proposals (BCPs)								
BCP ID #	Fiscal Year	Description of Purpose of BCP	Personnel Services				OE&E	
			# Staff Requested (include classification)	# Staff Approved (include classification)	$ Requested	$ Approved	$ Requested	$ Approved
1111-002	19/20	Licensing and Enforcement workload	(1.5) OT (1) AGPA	(1.5) OT (1) AGPA	$222,000	$222,000	$35,000	$35,000

Staffing Issues

16. Describe any board staffing issues/challenges, i.e., vacancy rates, efforts to reclassify positions, staff turnover, recruitment and retention efforts, succession planning.
Due to the increase in the number of initial applications received and the shortage of staff, the Board has been unable to meet its aforementioned goal.

17. Describe the board's staff development efforts and how much is spent annually on staff development (cf., Section 12, Attachment D).

Staff is encouraged to attend training to allow for enhancement of their existing skills or to learn new skills.

Many of the training classes are offered by the Department of Consumer Affairs and other state agencies. These classes are offered at no cost to the Board.

The Board's office technician recently completed the Department's "Completed Staff Work" classes which will prepare that employee for advancement to analyst classification positions.

Section 4 – Licensing Program

18. What are the board's performance targets/expectations for its licensing[2] program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

The Board's goal is to complete an initial review of each application for licensure within thirty (30) days of receipt of the application. Generally, applicants without criminal or disciplinary history are licensed within 30-45 days of receipt of the application.

Due to the increase in the number of initial applications received and the shortage of staff, the Board has been unable to meet its aforementioned goal.

The Board has experienced an increase in the number of applications received, each year, for the past three years. While these issues are outside of the Board's control, every effort is made to review and process the applications as quickly as possible. Additionally, applications may be delayed because applicants have criminal convictions, or disciplinary actions taken against other licenses they hold. Obviously, the Board requires additional time to review these applications to make an appropriate determination regarding the issuance of the license.

[2] The term "license" in this document includes a license certificate or registration.

19. Describe any increase or decrease in the board's average time to process applications, administer exams and/or issue licenses. Have pending applications grown at a rate that exceeds completed applications? If so, what has been done by the board to address them? What are the performance barriers and what improvement plans are in place? What has the board done and what is the board going to do to address any performance issues, i.e., process efficiencies, regulations, BCP, legislation?

The Board's goal is to initially review applications and respond to the applicants within thirty (30) days of receiving their application. Generally, applicants that do not have eligibility or qualification issues with (e.g., conviction or disciplinary actions taken against other licenses) are reviewed, processed, and issued a license within 30-45 days of receipt of the application.

The Board generally has been meeting the processing expectations it has set. However, some applications can go beyond the 45 day target time. Reasons for the increased processing times include:

- increase in the number of initial applications received,
- awaiting documentation from outside agencies,
- delays in receiving fingerprint clearances, and
- initial application submitted is incomplete.

While these issues are outside of the Board's control, every effort is made to review and process the applications as quickly as possible. Additionally, applications may be delayed because applicants have criminal convictions, or disciplinary actions taken against other licenses they hold. Obviously, the Board requires additional time to review these applications to make an appropriate determination regarding the issuance of the license.

20. How many licenses or registrations does the board issue each year? How many renewals does the board issue each year?

Table 6. Licensee Population

		FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
Physician Assistant	Active	10,833	11,534	12,278	13,060
	Delinquent	1,408	1,639	1,721	1,841
	Retired*	n/a	n/a	n/a	26
	Out of State**	n/a	n/a	n/a	n/a
	Out of Country	1	1	3	3

Note: 'Out of State' and 'Out of Country' are two mutually exclusive categories. A licensee should not be counted in both.
*Retired status was not available for licensees until April 1, 2019.
**With the implementation of BreEZe the Board does not track this information.

Table 7a. Licensing Data by Type

	Application Type	Received	Approved	Closed **	Issued	Pending Applications			Cycle Times		
						Total (Close of FY)	Outside Board control*	Within Board control*	Complete Apps	Incomplete Apps	combined, IF unable to separate out
FY 2016/17	(Exam)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	(License)	1,176	1,065	46	1,064	234	n/a	n/a	30	58	n/a
	(Renewal)	5,224	5,224	n/a	5,224	n/a	n/a	n/a	n/a	n/a	n/a
FY 2017/18	(Exam)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	(License)	1,212	1,097	52	1,096	257	n/a	n/a	24	57	n/a
	(Renewal)	5,454	5,454	n/a	5,454	n/a	n/a	n/a	n/a	n/a	n/a
FY 2018/19	(Exam)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	(License)	1,319	1,256	23	1,256	283	n/a	n/a	38	66	n/a
	(Renewal)	5,918	5,918	n/a	5,918	n/a	n/a	n/a	n/a	n/a	n/a

* Optional. List if tracked by the board.
**Applications withdrawn/expired.

Table 7b. Total Licensing Data

	FY 2016/17	FY 2017/18	FY 2018/19
Initial Licensing Data:			
Initial License/Initial Exam Applications Received	1,176	1,212	1,319
Initial License/Initial Exam Applications Approved	1,065	1,097	1,256
Initial License/Initial Exam Applications Closed**	46	52	23
License Issued	1,064	1,096	1,256
Initial License/Initial Exam Pending Application Data:			
Pending Applications (total at close of FY)	234	257	283
Pending Applications (outside of board control)*	n/a	n/a	n/a
Pending Applications (within the board control)*	n/a	n/a	n/a
Initial License/Initial Exam Cycle Time Data (WEIGHTED AVERAGE):			
Average Days to Application Approval (All - Complete/Incomplete)	44	41	52
Average Days to Application Approval (incomplete applications)*	58	57	66
Average Days to Application Approval (complete applications)*	30	24	38
License Renewal Data:			
License Renewed	5,224	5,454	5,918

Note: The values in Table 7b are the aggregates of values contained in Table 7a.
* Optional. List if tracked by the board.
**Applications withdrawn/expired.

21. How many licenses or registrations has the board denied over the past four years based on criminal history that is determined to be substantially related to the qualifications, functions, or duties of the profession, pursuant to Business and Professions Code Section 480? Please provide a breakdown of each instance of denial and the acts the board determined were substantially related.

The Board has denied two (2) licenses over the past four years based on criminal history that is substantially related to the qualifications, functions, or duties of the physician assistant profession.

Case #1: March 2017

This applicant listed seven (7) criminal convictions between 1999 and 2007 on the initial application for licensure. Nevertheless, criminal background checks through the California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI) indicated a full clearance with no charges or convictions. The convictions were:

- Reckless Endangerment (2 counts)
- Malicious Mischief - dismissed
- Criminal Trespass
- Reckless Driving (2 counts – one count dismissed)
- Driving with a suspended license

The denial for this applicant was not just based on the extensive criminal history, but also on disciplinary action by another state, which is considered unprofessional conduct. Those other state disciplines were:

- LPN license revoked by the Texas Board of Nursing
- LPN license suspended by Washington State Department of Health.

The information for the revocation and suspension was verified directly from the state agencies and the report from the National Practitioner Data Bank.

The grounds for denial of this application were Section 480, subdivisions (a)(1), and (a)(3), and Section 3527(a) of the Business and Professions Code and Title 16 of the California Code of Regulations section 1399.525.

Case #2 – July 2017

The applicant listed two (2) criminal convictions between 2002 and 2005. Criminal background check through the DOJ and FBI indicated four (4) criminal convictions between 2002 and 2014. The convictions were:

- Threaten Bodily Harm (not on application)
- Possession of a Controlled Substance with Intent to Sell
- Possession of a Handgun
- Criminal Trespass (not on application)

This applicant not only had criminal history, but made a false statement of fact on the application. Failure to report a conviction constitutes grounds for denial of an application.

The grounds for denial of this application were Section 480, subdivisions (a) (1), (2), and (3)(A), Section 3527(a) of the Business and Professions Code and Title 16 of the California Code of Regulations section 1399.525.

22. How does the board verify information provided by the applicant?

a. What process does the board use to check prior criminal history information, prior disciplinary actions, or other unlawful acts of the applicant? Has the board denied any licenses over the last four years based on the applicant's failure to disclose information on the application, including failure to self-disclose criminal history? If so, how many times and for what types of crimes (please be specific)?

All applicants are required to submit a criminal history background check to both the Department of Justice and Federal Bureau of Investigation. No physician assistant license is issued before the background results are received.

Applicants are required to disclose, under penalty of perjury, disciplinary actions, denials, or convictions related to a health care license/certificate/registration. Applicants are required to disclose criminal convictions and provide a detailed written narrative describing the incident and provide certified copies of the arrest report and court documents. If arrest and/or court documents are no longer available, the applicant must request a written statement from the respective agency.

Applicants are required to submit a National Practitioner Data Bank Report. The report indicates prior disciplinary action taken against any health care related license and settlements of $30,000 or more as a result of a lawsuit.

The Board has denied one (1) license in the past four (4) years for failure to disclose information on their application, including criminal history, as follows:

Case – July 2017

The applicant listed two (2) criminal convictions between 2002 and 2005. Criminal background check through the DOJ and FBI indicated four (4) criminal convictions between 2002 and 2014. The convictions were:

- Threaten Bodily Harm (not on application)
- Possession of a Controlled Substance with Intent to Sell
- Possession of a Handgun
- Criminal Trespass (not on application)

This applicant not only had criminal history, but made a false statement of fact on the application. Failure to report a conviction constitutes grounds for denial of an application.

The grounds for denial of this application were Section 480, subdivisions (a) (1), (2), and (3)(A), Section 3527(a) of the Business and Professions Code and Title 16 of the California Code of Regulations section 1399.525.

b. Does the board fingerprint all applicants?

Yes, all applicants for licensure are fingerprinted. Fingerprints are used to obtain criminal history records from the DOJ and FBI for convictions of crimes substantially related to the practice of a physician assistant.

c. Have all current licensees been fingerprinted? If not, explain.

All applicants for licensure as a physician assistant have been fingerprinted and subject to DOJ and FBI background checks as part of the licensure process. Fingerprinting of applicants has occurred since physician assistants were first licensed in 1976.

d. Is there a national databank relating to disciplinary actions? Does the board check the national databank prior to issuing a license? Renewing a license?

Yes, the Board utilizes the National Practitioner Data Bank (NPDB) as part of the initial application process to determine disciplinary actions that may have been taken against applicants who have been licensed in other health care occupations in or out of California. The Board believes that the NPDB is a valuable tool to assist in determining an applicant's fitness for licensure. Additionally, the Board reports to the NPDB.

The Board does not query the NPDB for license renewals, but does receive subsequent reports from the NPDB for licensees.

e. Does the board require primary source documentation?

Yes, the Board requires primary source documentation as part of the licensure process.

Documents required in the application process include:

- Certification of completion of a physician assistant training program. Certification must be submitted directly from the training program to the Board.
- Certification of passing score of the Physician Assistant National Certification Examination. Certifications must be submitted directly from the National Commission on Certification of Physician Assistants to the Board.
- Verification of licensure, registration, or certification as a physician assistant and/or other health care provider from other states or agencies. Verifications must be submitted directly from the respective licensing agencies to the Board.
- Applicants must be fingerprinted. Fingerprints are used to obtain the criminal history records from the Federal Bureau of Investigation and the California Department of Justice for convictions of crimes substantially related to the practice as a physician assistant.

23. Describe the board's legal requirement and process for out-of-state and out-of-country applicants to obtain licensure.

The Board's licensing process is the same for all applicants. The Board does not offer reciprocity and all applicants must fulfill the same requirements for licensure.

24. Describe the board's process, if any, for considering military education, training, and experience for purposes of licensing or credentialing requirements, including college credit equivalency.

a. Does the board identify or track applicants who are veterans? If not, when does the board expect to be compliant with Business and Professions Code section 114.5?

The physician assistant application contains questions asking applicants if they are currently serving in the military or have been honorably discharged. Licensees renewing their license are asked to report their current or past military service. This information is added to their licensing record.

b. How many applicants offered military education, training or experience towards meeting licensing or credentialing requirements, and how many applicants had such education, training or experience accepted by the board?

Physician assistants serving in the military and who graduate from the military's Interservice Physician Assistant Program (IPAP) meet the same qualification standards as civilian physician assistants. The IPAP is accredited by the Accreditation Review Commission on Education for the Physician Assistant and deemed approved by the Board. Individuals graduating from the IPAP must pass the National Commission on Certification of Physician

Assistants (NCCPA) Physician Assistant National Certifying Examination (PANCE) in order to qualify for licensure in California.

The Board expedites applications for military personal upon request and after receiving proof of military service.

c. What regulatory changes has the board made to bring it into conformance with Business and Professions Code section 35?

Title 16, California Code of Regulations Section 1399.530(b) states that educational programs accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) are deemed approved by the Board. The Board does not have a role in approving physician assistant training programs.

The University of Nebraska Medical Center PA Program has had a long history of supporting the training of PAs in the military. In October of 1972, an affiliation agreement was made with the US Air Force PA Program to award degrees to military PA students who successfully completed their PA training. Currently, the PA Program awards master's degrees to all branches of the military through the Interservice Physician Assistant Program (IPAP). The IPAP programs mission statement is to provide uniformed services with highly competent, compassionate physician assistants who model integrity, strive for leadership excellence, and are committed to lifelong learning.

The IPAP program meets the ARC-PA standards, and is deemed approved by the Board.

d. How many licensees has the board waived fees or requirements for pursuant to Business and Professions Code section 114.3, and what has the impact been on board revenues?

Since Business and Professions Code section 114.3 was added, the Board has received 2 requests for fee waivers. Both requests were granted.

Fee waivers granted pursuant to Business and Professions Code section 114.3 have had no impact on the Board's revenue.

e. How many applications has the board expedited pursuant to Business and Professions Code section 115.5?

Since Business and Professions Code section 115.5 was added, the Board has expedited the review of 155 applications for licensure.

25. Does the board send No Longer Interested notifications to DOJ on a regular and ongoing basis? Is this done electronically? Is there a backlog? If so, describe the extent and efforts to address the backlog.

Yes, pursuant to California Penal Code section 11105.2(d), the Board faxes a No Longer Interested notification to the Department of Justice on an ongoing basis when a physician assistant application is abandoned or withdrawn by the applicant, or denied by the Board.

The Board is not experiencing a backlog.

Examinations

Table 8. Examination Data		
National Examination (include multiple language) if any:		
	License Type	Physician Assistant
	Exam Title	PANCE
*FY 2015/16	# of 1st Time Candidates	8,082
	Pass %	96%
*FY 2016/17	# of 1st Time Candidates	8,732
	Pass %	97%
*FY 2017/18	# of 1st Time Candidates	9,220
	Pass %	98%
**FY 2018/19	# of 1st time Candidates	8,399
	Pass %	94%
	Date of Last OA	2015
	Name of OA Developer	Arbet Consulting
	Target OA Date	Every 5 years (next due 2020)

*Figures based on calendar year supplied by the NCCPA.
**Figures through 9/15/2019 only.

26. Describe the examinations required for licensure. Is a national examination used? Is a California specific examination required? Are examinations offered in a language other than English?

Title 16, California Code of Regulations Section 1399.507 states that the written examination for licensure as a physician assistant is that administered by the National Commission on Certification of Physician Assistants (NCCPA) and accredited by the National Commission for Certifying Agencies (NCCA).

There is currently no California-specific examination required.

The NCCPA administers the Physician Assistant National Certifying Examination (PANCE) in English only.

According to the NCCPA, the content blueprint for PANCE is based on information provided from certified physician assistants who participate in profession-wide practice analysis studies. Certified PAs are involved throughout the exam development process, including: reviewing results of the practice analysis, writing questions that appear on PANCE, reviewing exams before they are administered, reviewing performance data for exam questions, and developing recommendations for the passing standard. Certified PAs work with NCCPA to continuously review the content included on PANCE to ensure it is relevant and current, as the practice of medicine changes and treatment guidelines are revised or new ones introduced.

NCCPA's exam questions are developed by committees comprising PAs and physicians selected based on both their item writing skills, experience and demographic characteristics (i.e., practice specialty, geographic region, practice setting, etc.). The test committee members each independently write a certain number of test questions or items, and then, each item goes through an intense review by content experts and medical editors from which only some items emerge for pre-testing. Every NCCPA exam includes both scored and pre-test items, and examinees have no

way of distinguishing between the two. This allows NCCPA to collect important statistics about how the pre-test items perform on the exam, which informs the final decision about whether a particular question meets the standards for inclusion as a scored item on future PANCE or PANRE exams.

When NCCPA exams are scored, candidates are initially awarded 1 point for every correct answer and 0 points for incorrect answers to produce a raw score. After examinees' raw scores have been computed by two independent computer systems to ensure accuracy, the scored response records for PANCE and PANRE examinees are entered into a maximum likelihood estimation procedure, a sophisticated, mathematically-based procedure that uses the difficulties of all the scored items in the form taken by an individual examinee as well as the number of correct responses to calculate that examinee's proficiency measure. This calculation is based on the *Rasch model* and equates the scores, compensating for minor differences in difficulty across different versions of the exam. Thus, in the end, all proficiency measures are calculated as if everyone took the same exam.

Finally, the proficiency measure is converted to a scaled score so that results can be compared over time and among different groups of examinees. The scale is based on the performance of a reference group (some particular group of examinees who took the exam in the past) whose scores were scaled so that the average proficiency measure was assigned a scaled score of 500 and the standard deviation was established at 100. The minimum reported score is 200, and the maximum reported score is 800.

27. What are pass rates for first time vs. retakes in the past 4 fiscal years? *(Refer to Table 8: Examination Data)* Are pass rates collected for examinations offered in a language other than English?

It is the board's understanding that the NCCPA content blueprint is based on a scientific analysis of PA practice conducted approximately every five years. Test questions are written and reviewed by committees of certified PAs and physicians who have experience working with PAs. The questions are professionally edited, and then pre-tested for validity on live exams prior to becoming scored questions on the exams. The passing standard is approved by the NCCPA Board of Directors based on the recommendation of a committee comprising a representative group of Certified PAs who are recruited expressly for the purpose of engaging in the most prevalently used standard setting methodology for credentialing exams. NCCPA utilizes statistical models to ensure NCCPA's exams meet high standards of reliability and validity and comport with industry standards. The examination is only offered in English. However, the NCCPA does offer testing accommodations in accordance with the ADA.

Recent PANCE Pass Rates:

Year	Number of Exams*	Percent Passing	Number of First Time Takers**	Percent of First Time Takers
2018	9,573	97%	9,220	98%
2017	9,250	95%	8,732	97%
2016	8,631	93%	8,082	96%
2015	8,651	91%	7,784	96%
2014	8,529	89%	7,435	95%

*Represents total number of exams, not number of examinees.
**Represents total number taking the exam for the first time.

28. Is the board using computer based testing? If so, for which tests? Describe how it works. Where is it available? How often are tests administered?

The accepted computer-based examination is the PANCE which is administered by the NCCPA throughout the year at Pearson VUE testing centers located throughout the U.S. Generally, no testing takes place the last two weeks of December.

The NCCPA requires individuals to submit an application and a $500 payment in advance to take the PANCE. Individuals may apply for the PANCE exam 90 days prior to graduating from an accredited PA program (program) and test seven days after completing the program. Individuals may only take the PANCE once in any 90-day period or three times in a calendar year, whichever is fewer. Individuals who have graduated from a program will be eligible to take the PANCE for up to six years after completing the program. During the six-year period, the PANCE may be taken six times. If the individuals does not pass the PANCE within the six-year period, the individual loses eligibility to take the PANCE. The five-hour PANCE exam includes 300 multiple-choice questions administered in five blocks of 60 questions with 60 minutes to complete each block. There is a total of 45 minutes allotted for breaks between blocks.

Applicants are required to submit two forms of valid and current identification. No personal belongings are allowed in the testing room.

Individuals have an opportunity to complete a brief tutorial before starting the test session. The examination is managed and observed by test center staff with the aid of audio and video monitors and recording equipment.

The NCCPA notifies applicants of the examination results generally within two weeks after the test date. Applicants are responsible for authorizing the NCCPA to release their examination scores to the Board.

29. Are there existing statutes that hinder the efficient and effective processing of applications and/or examinations? If so, please describe.

Business and Professions Code section 3517 requires the Board to establish a passing score and the time and place of each examination. Since Title 16, California Code of Regulations Section 1399.507 currently states that the written examination for licensure of physician assistants is the examination administered by the NCCPA, it is neither efficient nor effective for the Board to establish the passing score or the time or place for the exam when it is administered by an outside organization.

School approvals

30. Describe legal requirements regarding school approval. Who approves your schools? What role does BPPE have in approving schools? How does the board work with BPPE in the school approval process?

Business and Professions Code section 3513 states that the Board shall recognize the approval of training programs for physician assistants approved by a national accrediting organization. Physician assistant training programs accredited by a national accrediting agency approved by the Board, shall be deemed approved by the Board. If no national accrediting organization is approved by the Board, the Board may examine and pass upon the qualifications of, and may issue certificates of approval for, programs for the education and training of physician assistants that meet Board standards.

Title 16, California Code of Regulations section 1399.530(b) specifies that if an educational program has been approved by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), those programs shall be deemed approved by the Board. Thus, the Board approves physician assistant training programs accredited by ARC-PA. Approval under this section terminates automatically upon termination of an educational program's accreditation from the ARC-PA.

BPPE does not have a role in approving physician assistant training programs. Therefore, the Board does not work with BPPE in the training program approval process.

31. How many schools are approved by the board? How often are approved schools reviewed? Can the board remove its approval of a school?

The Board does not actively approve physician assistant programs but rather recognized accrediting agencies who evaluate and accredit such programs; accredited programs are deemed approved by the board per Business and Professions Code section 3513 and Title 16, California Code of Regulations section 1399.530. The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) is the accrediting agency who evaluates PA educational programs within the territorial United States to ensure their compliance with educational standards. The ARC-PA is an independent accrediting body authorized to accredit qualified PA educational programs leading to the professional credential, Physician Assistant (PA). Accreditation is a process of quality assurance that determines whether the program meets established standards for function, structure and performance. The ARC-PA does not accredit any academic degree awarded by the sponsoring institution of the PA program. A PA Program, once accredited, remains accredited until the program formally terminates its accreditation status or the ARC-PA terminates the program's accreditation through a formal action. Accreditation does not end merely because a certain length of time has elapsed, but continues unless subject to formal termination by either the program or the ARC-PA. When the ARC-PA withdraws accreditation, the letter transmitting that decision specifies the date at which the accreditation ceases.

PA programs typically are subject to comprehensive evaluation on a ten-year cycle. Clinical postgraduate PA programs typically are subject to comprehensive evaluation on a six-year cycle.

At the September 2017 commission meeting, the Commission voted to take the accreditation process for clinical postgraduate PA programs out of abeyance. A taskforce was charged with developing a proposal for a new accreditation process, timeline and standards for clinical postgraduate PA programs. At the September 2019 commission meeting, the Commission approved the Clinical Postgraduate Accreditation Standards, 3rd edition and a revised accreditation process to be effective January 2020.

The clinical postgraduate PA program accreditation process conducted by the ARC-PA is a voluntary one entered into by institutions and programs that sponsor a structured educational experience. The process gives applicant programs the opportunity to demonstrate compliance with the approved accreditation standards. While the process is voluntary, it provides programs an external validation of their educational offering. Additionally, the process offers prospective PA trainees one means by which they can judge the quality of the educational experience offered by the program or institution.

A site visit or any periodic reporting by the program does not affect the accreditation status of a program unless it is accompanied by a formal ARC-PA accreditation action.

The following are the types of accreditation site visits:

Validation visits are conducted to programs with accreditation-continued status. Such visits are scheduled at the direction of the Commission to review the program's compliance with the *Standards* and any required information submitted by programs via the portal. The visits also examine the program's demonstration of continuous oversight of processes and outcomes of education.

Focused visits may be conducted at any time to evaluate a specific *Standards* related problem(s) identified by a site visit team, the ARC-PA, or in response to a concern received by the ARC-PA. Details about requirements for the focused visit are conveyed to the program in writing prior to the visit. Focused visits usually are conducted by specialist visitor(s), who must include commissioner(s) of the ARC-PA or ARC-PA staff.

Provisional Visits.

1. An initial provisional site visit is conducted to a new developing program that is within six to 12 months of matriculation of students. This visit verifies an institution's ability to begin a program in compliance with the *Standards*, and the program's readiness to matriculate students.
2. A provisional monitoring visit is conducted within six months of graduation of the first cohort of students. This visit verifies the sponsoring institution's and provisionally accredited program's progress in delivering the program in compliance with the *Standards* and their ability to continue to do so.
3. A final provisional visit is conducted 18-24 months following the second provisional review by the commission. This visit verifies the institution's and program's demonstration of compliance with the *Standards* including their ability to incorporate and report the findings of a robust self-assessment process as required by the ARC-PA.

Expansion to a Distant Campus Visits are conducted to programs with accreditation-continuing status that are applying to expand to a distant campus location. The visit is conducted at the site

of the proposed campus. Depending on the accreditation history of the applicant program, a concurrent visit to the main program campus may be required.

Probation visits are conducted near the end of a period of probation to programs with an accreditation status of Accreditation-Probation. Details about requirements for these visits are conveyed to the program in writing prior to the visit. Probation visits usually are conducted by specialist visitor(s), who may include commissioner(s) of the ARC-PA or ARC-PA staff.

As of June 2019, there are 246 accredited physician assistant training programs.

The Board will not accept proof of graduating from a physician assistant program if the program was not accredited at the time of graduation.

32. What are the board's legal requirements regarding approval of international schools?

The Board does not have legal authority to approve international physician assistant training programs.

Continuing Education/Competency Requirements

33. Describe the board's continuing education/competency requirements, if any. Describe any changes made by the board since the last review.

Business and Professions Code section 3524.5 states that the Board may require a licensee to complete continuing medical education as a condition of license renewal. The requirement may be met by requiring no more than 50 hours of continuing medical education every two years or by accepting certification by the National Commission on Certification of Physician Assistants as evidence of compliance with the continuing medical education requirements.

Title 16 California Code of Regulations section 1399.615 states that physician assistants who renew their license are required to complete 50 hours of approved continuing medical education during the last two years of the renewal period. Approved continuing medical education is designated as Category 1 course work. Additionally, licensees can meet the continuing medical education requirement by being certified by the National Commission on Certification of Physician Assistants at the time of renewal or obtaining a waiver of exemption from the board.

a. How does the board verify CE or other competency requirements? Has the Board worked with the Department to receive primary source verification of CE completion through the Department's cloud?

Yes, the Board verifies compliance with continuing medical education requirements. At the time of renewal, licensees are required to self-certify that they have met the Board's continuing medical education requirement, have been granted an exemption, or are renewing their license in inactive status.

Those licensees who do not meet the requirements are placed in an inactive status and may not practice until such time as they meet the continuing medical education requirements. When the licensee submits proof of continuing medical education compliance to the Board they are removed from inactive status and can once again practice.

No, the Board has not worked with the Department to receive primary source verification of CE completion through the Department's cloud.

b. Does the board conduct CE audits of licensees? Describe the board's policy on CE audits.

Yes, the Board conducts CE audits of licensees. Title 16, California Code of Regulations section 1399.617 states that the Board may audit a random sample of physician assistants who have reported compliance with the continuing medical education (CME) requirement. Those physician assistants selected for audit shall be required to document their compliance with the CME requirement by providing the Board the records retained pursuant to subdivision (e) of section 1399.615 or proof of certification by the National Commission on Certification of Physician Assistants (NCCPA) at the time of renewal.

c. What are consequences for failing a CE audit?

It is considered unprofessional conduct for a physician assistant to misrepresent his or her compliance with the CME requirement and disciplinary action may be taken or a citation issued against a licensee who fails to comply with the Board's CME requirements.

In addition to any disciplinary action, any physician assistants who are found by audit not to have completed the required number of approved CME hours or were found not to hold a valid certification from the NCCPA at the time of renewal are required to make up any deficiency during the next biennial renewal period. If a physician assistant fails to make up the deficient hours during the following renewal period they are ineligible for license renewal, placed in an inactive status, and may not practice as a physician assistant until such time as the deficient hours are documented to the Board.

d. How many CE audits were conducted in the past four fiscal years? How many fails? What is the percentage of CE failure?

The Board started conducting CME audits in May of 2016; therefore, the fiscal year 2015/2016 is only two (2) months of audits. Since the implementation in May 2016 through the end of fiscal year 2018/2019 the Board has audited 1,675 licensees. There have been nineteen (19) licensees who have failed the audit, which calculates to a 1.13% failure rate.

e. What is the board's course approval policy?

Programs are approved by the Board for continuing medical education if they are designated as Category 1 (Preapproved) by one of the following sponsors:

- American Academy of Physician Assistants (AAPA).
- American Medical Association (AMA).
- American Osteopathic Association Council on Continuing Medical Education (AOACCME).
- American Academy of Family Physicians (AAFP).
- Accreditation Council for Continuing Medical Education (ACCME).
- A state medical society recognized by the ACCME.

f. Who approves CE providers? Who approves CE courses? If the board approves them, what is the board application review process?

The Board does not approve continuing medical education courses. Courses designated as Category 1 are sponsored and approved by:

- American Academy of Physician Assistants (AAPA).
- American Medical Association (AMA).
- American Osteopathic Association Council on Continuing Medical Education (AOACCME).
- American Academy of Family Physicians (AAFP).
- Accreditation Council for Continuing Medical Education (ACCME).

- A state medical society recognized by the ACCME.

g. How many applications for CE providers and CE courses were received? How many were approved?

The Board does not approve continuing medical education providers, and, therefore, has not received any applications.

h. Does the board audit CE providers? If so, describe the board's policy and process.

The Board does not approve continuing medical education providers, and, thus, does not conduct audits of providers.

i. Describe the board's effort, if any, to review its CE policy for purpose of moving toward performance based assessments of the licensee's continuing competence.

The Board has not reviewed its CE policy for the purpose of moving toward performance based assessments of the licensee's continuing competence.

Section 5 – Enforcement Program

34. What are the board's performance targets/expectations for its enforcement program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

The Board's core mission is to protect the health and safety of consumers through the enforcement of the laws and regulations governing the practice of physician assistants. The Board's enforcement program, which consists of the complaint unit and discipline unit, is currently handled by the Medical Board of California (MBC) through a shared services agreement. The Board also works in conjunction with DCA Health Quality Investigation Unit (HQIU) and the Attorney General's office to ensure investigations are completed timely and administrative actions are moved through the disciplinary process as expeditiously as possible.

The Board generally follows the performance target set forth in the Medical Board's laws at Business and Professions Code section 2319 states that the Medical Board of California must set a performance target not exceeding six months for the completion of an investigation beginning from the time of receipt of a complaint. This section also states complex medical or fraud issues or complex business or financial arrangement should be no more than one year to investigate.

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, the Department of Consumer Affairs has developed an easy-to-understand, transparent system of accountability – performance measures for all boards including PAB. The performance measures are critical, particularly during budget constraint and economic downturn, to demonstrate efficient and effective use of limited resources. Specific enforcement measures are as follows:

PM1: Volume

- Number of complaints and convictions received

PM2: Intake Cycle Time

- Average number of days to complete complaint intake

PM3: Intake and Investigations

- Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline

PM4: Formal Discipline

- Average number of days to complete the entire enforcement process for cases resulting in formal discipline. Includes intake and investigation by the Board and prosecution by the Attorney General.

The following performance targets have been established. The target metrics for PAB are as follows:

- 10 days for PM2
- 150 days for PM3
- 540 days for PM4

BreEZe reporting configurations for the last three fiscal years yield the following performance figures for PAB:

- An average 10 days cycle for PM2
- An average 149 days cycle for PM3
- An average 978 days cycle for PM4

Business and Professions Code section 129 states the Board shall notify the complainant of the initial administrative action taken on his or her complaint within 10 days of receipt. The Board's average over the past three years is 10 days meeting its overall PM2 target.

The Board's overall target for completing investigations is 150 days from the time the complaint is received until the investigation is completed. The Board's average over the past three years is 149 days meeting its overall PM3 target for completing investigations.

The Board's overall PM4 target to completing the entire enforcement process for cases resulting in formal discipline is 540 days (18 months). The average time to complete formal discipline over the past three years is 978 days. The Board is not currently meeting its PM4 target. Achieving PM4 target is largely out of the Board's control and dependent upon the staffing and workload of other agencies, such as the AG and the Office of Administrative Hearings (OAH). Despite this constraint, the Board continues to monitor and evaluate its internal processes in an effort to meet PM4 target.

The Board staff is currently participating in meetings held by DCA to re-assess current performance measures to determine if the expectations are realistic and achievable. Efforts are ongoing to assess PM3 and PM4 performance targets.

35. Explain trends in enforcement data and the board's efforts to address any increase in volume, timeframes, ratio of closure to pending cases, or other challenges. What are the performance barriers? What improvement plans are in place? What has the board done and what is the board going to do to address these issues, i.e., process efficiencies, regulations, BCP, legislation?

The Board has seen a continual increase in the number of complaints since the last sunset report. The average complaints received for the four fiscal years of the prior sunset report (FY 2011/12 to FY 2014/15) was 279 complaints; whereas the average of the three fiscal years included in this report (FY 2016/17 to FY 2018/19) is 438, an increase of 159.

Although this increase cannot be attributed to one particular reason, a contributing factor may be the 2009 implementation of Title 16 of the California Code of Regulations, section 1399.514, requiring all licensees as a condition of renewal to disclose convictions of any violation of the law in California or any other state or country omitting traffic infractions under $500 not involving alcohol, dangerous drugs, or controlled substances. Licensees are also required to disclose if they have been denied a license or disciplined by another licensing authority in California or any other state or federal government, or country. Additionally, the 2011 implementation of Title 16 of the California Code of Regulations, section 1399.547, requiring all licensees engaged in providing medical services to notify each patient that the licensee is licensed and regulated by the Board, thus making consumers aware of the appropriate licensing and regulatory authority to contact regarding filing of a complaints or general information about a licensee may account for an increase in complains received.

As the Board transitioned to BreEZe in October 2013, consumers gained the ability to submit a complaint online via the Board's website. Access to an online system has made it more convenient for the public to submit complaints; however, this has resulted in an increase in workload. As noted in Table 9a below, the greatest source of complaints received are from the public with approximately 62% of the total complaints received.

The case aging data (Table 10) shows that the Board closed 73% of all investigations in 180 days or less in the last four fiscal years. This period also saw 23% of cases closed between 181 days and two years with the remaining 5% of cases taking longer than two years to complete. These lengthier cases are primarily field investigations often sent to the AG's Office for disciplinary action. The field's average investigation timeframe has increased. In FY 2017/2018 the timeframe was 471 days and during FY 2018/2019 the timeframe increased to 556. The HQIU's case processing timeframe increase is primarily due to the increased vacancy rate.

Of cases transmitted to the AG's office in the last four fiscal years, 20% closed in two years or less. 58% closed between two and four years, and the remaining 22% of cases took over four years to close. The overall average formal discipline completion time of 978 days shows cases are taking an average of 318 days longer to complete. This is primarily due to the lengthy investigation and administrative process. Although the AG's office persistently works with the Board, there continues to be delays on cases when scheduling settlement conferences and administrative hearings with OAH. These cases become sedentary for six months to one year before a settlement conference and/or hearing is scheduled. These delays in turn affects the Boards formal discipline target (PM4).

The Board continues to monitor and evaluate workload data and internal processes to improve the enforcement program. For instance, PAB staff closely monitors cases pending at HQIU and the AG's office to ensure that cases are not stagnant and continues to move through the enforcement process.

Table 9a. Enforcement Statistics			
	FY 2016/17	FY 2017/18	FY 2018/19
COMPLAINT			
Intake			
Received	440	439	438
Closed	0	0	0
Referred to INV	445	434	406
Average Time to Close	9	11	12
Pending (close of FY)	3	9	23
Source of Complaint			
Public	292	269	291
Licensee/Professional Groups	17	23	19
Governmental Agencies	60	126	56
Other	75	74	72
Conviction / Arrest			
CONV Received	35	36	22
CONV Closed	0	0	0
Average Time to Close	4	7	9
CONV Pending (close of FY)	0	1	0
LICENSE DENIAL			
License Applications Denied	0	0	0
SOIs Filed	0	1	0
SOIs Withdrawn	0	0	0
SOIs Dismissed	0	0	0
SOIs Declined	0	0	0
Average Days SOI	0	158	0
ACCUSATION			
Accusations Filed	27	19	31
Accusations Withdrawn	2	0	1
Accusations Dismissed	0	0	0
Accusations Declined	0	0	0
Average Days Accusations	290	205	283
Pending (close of FY)	68	151	78
DISCIPLINE			
Disciplinary Actions			
Proposed/Default Decisions	1	2	2
Stipulations	24	31	22
Average Days to Complete	248	437	270
AG Cases Initiated	26	27	31
AG Cases Pending (close of FY)	41	132	47
Disciplinary Outcomes			
Revocation	3	3	2
Voluntary Surrender	4	8	0
Suspension	0	0	0
Probation with Suspension[1]	1	1	0
Probation[2]	16	26	8
Probationary License Issued	5	3	2
Other	2	0	0
PROBATION			
New Probationers	20	23	8
Probations Successfully Completed	0	4	2

Probationers (close of FY)	58	61	65
Petitions to Revoke Probation	0	2	0
Probations Revoked	0	1	1
Probations Modified	0	0	0
Probations Extended	0	1	2
Probationers Subject to Drug Testing	21	22	20
Drug Tests Ordered	336	486	450
Positive Drug Tests	34	119	119
Petition for Reinstatement Granted	0	1	0
DIVERSION			
New Participants	7	5	4
Successful Completions	2	5	1
Participants (close of FY)	16	12	12
Terminations	1	1	2
Terminations for Public Threat	1	1	2
Drug Tests Ordered	734	646	482
Positive Drug Tests	2	4	12

Table 9b. Enforcement Statistics (continued)			
	FY 2016/17	FY 2017/18	FY 2018/19
INVESTIGATION			
All Investigations			
First Assigned	482	485	429
Closed	680	481	488
Average days to close	138	89	153
Pending (close of FY)	129	196	213
Desk Investigations			
Closed	605	418	429
Average days to close	102	34	97
Pending (close of FY)	36	108	109
Non-Sworn Investigation			
Closed	3	13	2
Average days to close	233	359	800
Pending (close of FY)	0	0	0
Sworn Investigation			
Closed	72	50	57
Average days to close	434	471	556
Pending (close of FY)	74	69	81
COMPLIANCE ACTION			
ISO & TRO Issued	2	0	4
PC 23 Orders Requested	0	1	1
Other Suspension Orders	0	0	1
Public Letter of Reprimand	0	0	0
Cease & Desist/Warning	1	0	0
Referred for Diversion	0	0	0
Compel Examination	0	0	0
CITATION AND FINE			
Citations Issued	3	54	6
Average Days to Complete	511	207	28
Amount of Fines Assessed	$750.00	$7,000.00	$2,750.00
Reduced, Withdrawn, Dismissed	0	10	0
Amount Collected	$750.00	$4,000.00	$1,750.00
CRIMINAL ACTION			
Referred for Criminal Prosecution	1	0	0

Table 10. Enforcement Aging						
	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19	Cases Closed	Average %
Attorney General Cases (Average %)						
Closed Within:						
0 - 1 Year	1	0	0	0	1	1%
1 - 2 Years	2	5	6	4	17	19%
2 - 3 Years	2	12	12	6	32	36%
3 - 4 Years	1	1	10	8	20	22%
Over 4 Years	1	1	10	8	20	22%
Total Attorney General Cases Closed	7	19	38	26	90	100%
Investigations (Average %)						
Closed Within:						
90 Days	94	290	319	157	860	52%
91 - 180 Days	56	124	25	141	346	21%
181 - 1 Year	65	125	15	68	273	16%
1 - 2 Years	35	37	29	19	120	7%
2 - 3 Years	6	11	15	27	59	4%
Over 3 Years	0	1	0	0	4	<1%
Total Investigation Cases Closed	256	588	403	412	1659	100%

36. What do overall statistics show as to increases or decreases in disciplinary action since last review?

Since the last Sunset Review, the overall statistics show a 21% increase in the total number of final disciplinary actions. The increase in disciplinary actions is a result of the Board's ongoing efforts to improve case management by collaborating with DCA HQIU with timely completion of investigation and transmittal of cases to the Attorney General's office.

37. How are cases prioritized? What is the board's compliant prioritization policy? Is it different from DCA's *Complaint Prioritization Guidelines for Health Care Agencies* (August 31, 2009)? If so, explain why.

The Board's complaint priorities are in accordance with DCA's Complaint Prioritization Guidelines for Health Care Agencies (August 31, 2009). There are three levels of prioritization: urgent, high and routine. Each complaint is reviewed at the time of receipt to determine its initial priority. Cases alleging sexual misconduct, patient injury or death and other urgent matters are immediately prioritized as "urgent" and forwarded to HQIU for formal investigation. All other complaints are initiated in the order received and assigned to the analyst. The analyst reviews the complaint and makes recommendations for appropriate actions. If warranted, cases may be re-prioritized during the course of the investigation.

38. Are there mandatory reporting requirements? For example, requiring local officials or organizations, or other professionals to report violations, or for civil courts to report to the board actions taken against a licensee. Are there problems with the board receiving the required reports? If so, what could be done to correct the problems?

Yes, there are a number of mandatory reporting requirements designed to notify the Board about possible violations. These reports provide the Board with the information necessary to begin an investigation of a physician assistant who might be a danger to the public. The Board has not experienced any problems receiving the required reports within the statutory timeframes; however, there isn't a mechanism in place to verify if the Board receives every report.

B&P Code section 801.01 requires the reporting of settlements over $30,000 or arbitration awards or civil judgements of any amounts. The report must be filed within 30 days by either the insurer providing professional liability insurance to the licensee, the state or governmental agency that self-insures the licensee, the employer of the licensee if the award is against or paid for by the licensee, or the licensee if not covered by professional liability insurance.

B&P Code section 802.1 requires a physician assistant to report criminal charges as follows: the bringing of an indictment charging a felony and/or any conviction of any felony or misdemeanor, including a verdict of guilty or plea of no contest. These incidents appear to be reported as required. In addition, the Board receives reports of arrest and convictions independently reported to the Board by the DOJ through subsequent arrest notifications. The Board issues citations to licensees who fail to report their criminal conviction as required by this statute.

B&P Code section 802.5 requires a coroner who receives information, based on findings reached by a pathologist that indicates that a death may be the result of a physician assistant's gross negligence or incompetence, to submit a report to the Board. The coroner must provide relevant information, including the name of the decedent and attending physician as well as the final report and autopsy.

B&P Code sections 803, 803.5 and 803.6 requires the clerk of a court to transmit a judgment that a licensee has committed a crime, or is liable for any death or personal injury resulting in a judgement of any amount caused by the licensee's negligence, error or omission in practice, or his or her rendering of unauthorized professional services, to the Board within 10 days after the judgment is entered. In addition, the court clerk is responsible for reporting criminal convictions to the Board and transmitting any felony preliminary hearing transcripts concerning a licensee to the Board.

B&P Code section 805 requires the chief of staff and chief executive officer, medical director, or administrator of a licensed health care facility to file a report when a licensee's application for staff privileges or membership is denied or the licensee's staff privileges or employment is terminated or revoked for a medical disciplinary cause. The reporting entities are also required to file a report when restrictions are imposed or voluntarily accepted on the licensee's staff privileges for a cumulative total of 30 days or more for any 12-month period. The report must be filed within 15 days after the effective date of the action taken by the peer review body. To determine if the reports are received pursuant to Section 805, the Board compares information with the National Practitioners Databank (NPDB)

B&P Code section 805.01 requires the chief of staff or chief executive officer, medical director, or administrator of a licensed health care facility to file a report within 15 days after the peer review body makes a final decision or recommendation to take disciplinary action which must be reported pursuant to section 805.This reporting is only required if the recommended action is taken for the following reasons:

- Incompetence, or gross or repeated deviation from the standard of care involving death or serious bodily injury to one or more patients in such a manner as to be dangerous or injurious to any person or the public.
- The use of, or prescribing for or administering to him/herself, any controlled substances; or the use of any dangerous drug, as defined in Section 4022, or of alcoholic beverages, to the extend or in such a manner as to be dangerous or injurious to the licentiate, or any other person, or the public, or to the extent that such use impairs the ability of the licentiate to practice safely.
- Repeated acts of clearly excessive prescribing, furnishing or administering of controlled substances or repeated acts of prescribing, dispensing, or furnishing of controlled substances without a good faith effort prior examination of the patient and medical reason therefor.
- Sexual misconduct with one or more patients during a course of treatment or an examination.

a. What is the dollar threshold for settlement reports received by the board?

Pursuant to Business and Professions Code section 801.01, a settlement over $30,000 or arbitration award of any amount or a civil judgment of any amount are to be reported to the Board.

b. What is the average dollar amount of settlements reported to the board?

The Board has not been tracking the average dollar amount of settlements reported.

39. Describe settlements the board, and Office of the Attorney General on behalf of the board, enter into with licensees.

Pursuant to Business and Professions Code section 3504.1, the Board's highest priority in exercising its disciplinary functions is public protection. To implement the mandates of section 3504.1, the Board has adopted the Manual of Disciplinary Guidelines and Model Disciplinary Orders as the framework for determining the appropriate penalty for charges filed against a physician assistant. The executive officer refers cases to the AG's office for disciplinary action, and considers many factors when settling cases. Settlements are based on the Board's Disciplinary Guidelines and recommendations by the assigned deputy attorney general (DAG). If a settlement is reached, the stipulated settlement must be approved by the Board, unless the settlement is for a stipulated surrender. The Board then has the ability to adopt the settlement as written, request changes to the settlement, or request the matter to go to hearing. The Board considers the seriousness of the violations pled in the accusation and or/petition to revoke probation, consumer harm, rehabilitation factors, and licensee complaint history when considering a settlement.

a. What is the number of cases, pre-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?

The Board does not settle cases prior to the filing of a formal accusation.

b. What is the number of cases, post-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?

Fiscal Year	2015/16	2016/17	2017/18	2018/19
Post-Accusation/Petition to Revoke Probation/Statement of Issues Cases resulting in a Settlement	11	24	31	22
Post-Accusation/Petition to Revoke Probation/Statement of Issues Cases resulting in a Hearing	5	3	8	4
***Post-Accusation/Petition to Revoke Probation/Statement of Issues Cases resulting in a Default Decision**	3	1	2	2

*Default decisions are included as they represent another method through which a disciplinary action can be taken.

c. What is the overall percentage of cases for the past four years that have been settled rather than resulted in a hearing?

Fiscal Year	2015/16	2016/17	2017/18	2018/19
Percentage of Cases resulting in a Settlement	58%	85%	75%	79%
Percentage of Cases resulting in a Hearing	26%	11%	20%	14%
***Percentage of Cases resulting in a Default Decision**	16%	4%	5%	7%

*Default decisions are included as they represent another method through which a disciplinary action can be taken.

40. Does the board operate with a statute of limitations? If so, please describe and provide citation. If so, how many cases have been lost due to statute of limitations? If not, what is the board's policy on statute of limitations?

Although the board does not have a statute of limitations, it recognizes public protection as its highest priority and therefore strives to investigate each complaint as quickly as possible and uses performance measures to monitor its performance. However, case aging may be a factor in prosecutions and determining whether the Board will be able to meet its burden of proving a violation in a particular case.

41. Describe the board's efforts to address unlicensed activity and the underground economy.

As a consumer protection agency, the Board continues to vigorously and objectively investigate all unlicensed activities through the efforts of investigators from DCA, HQUI's Operation Safe Medicine (OSM). In 2018, the Board amended Title 16, California Code of Regulations (CCR) section 1399.573 to expand the authority of the executive officer to issue citations and fines to those individuals who have never been licensed, and are not exempt from licensure, and are holding or have held themselves out as a physician assistant. Investigations confirming unlicensed practice may result in the Board issuing a citation and/or referral to the District Attorney's office for

review and possible filing of criminal charges. The Board continues to educate and encourage consumers and employers to use the DCA license search to verify that individuals are licensed to practice as a physician assistant.

Cite and Fine

42. Discuss the extent to which the board has used its cite and fine authority. Discuss any changes from last review and describe the last time regulations were updated and any changes that were made. Has the board increased its maximum fines to the $5,000 statutory limit?

The Board may issue an administrative citation and fine pursuant to Business and Professions Code sections 125.9, 148 and 3510. This is further described by regulation under Title 16, California Code of Regulations sections 1399.570 and 1399.571, where the executive officer of the Board is authorized to determine when and against whom a citation will be issued and to issue citations containing orders of abatement and fines for violations by a licensed physician assistant of the statutes and regulations. The citation is in writing and describes the nature of the violation including specific references to the sections of law that have been violated. The amount of the fine is determined based on the type of violation. Pursuant to Title 16, CCR section 1399.571, fines imposed may range from $100 to $5000. Citations are posted on the Board's website upon issuance and will remain there for five years from the date of resolution. A citation is not considered discipline against a PA's license and is not reported to the Federation of State Medical Boards or NPDB. Since the Board's last Sunset Report, the citation and fine regulations have not been amended.

43. How is cite and fine used? What types of violations are the basis for citation and fine?

The Board issues citations primarily for minor violations of the law that do not rise to the level to support disciplinary action, such as failure to maintain adequate and accurate medical records, failure to report criminal conviction, and practice under a false or fictitious name without a fictitious name permit. The Board also has authority to issue citations for the unlicensed practice of medicine.

44. How many informal office conferences, Disciplinary Review Committees reviews and/or Administrative Procedure Act appeals of a citation or fine in the last 4 fiscal years?

The Board does not conduct Disciplinary Review Committees for appeals of a citation. The following chart depicts the number of requests received for an informal conference and the number of requests for hearings to appeal a citation and fine.

Fiscal Year	2015/16	2016/17	2017/18	2018/19
Informal Conferences	0	0	2	0
Administrative Appeals Hearings	0	0	0	0

45. What are the 5 most common violations for which citations are issued?

The five most common violations for which the Board issues citations are:

- Failure to Maintain Continuing Medical Education (CME) Compliance
- Failure to Maintain Adequate and Accurate Medical Records
- Failure to Report Criminal Convictions

- Unlicensed Practice of Medicine
- Aiding and Abetting Unlicensed Practice of Medicine

46. What is average fine pre- and post- appeal?

The data during Fiscal Years (FYs) 2016/17 to 2018/19 indicate the average fine amount for all citations issued prior to appeal is $345.00 and the average fine amount for citations post appeal is $250.00. During the same time period approximately ten citations were withdrawn following an appeal process. The majority of these citations were based upon continuing medical education (CME) audits, which after providing proof of CME compliance were withdrawn.

47. Describe the board's use of Franchise Tax Board intercepts to collect outstanding fines.

Thus far, the Board has not utilized the Franchise Tax Board intercept to collect outstanding fines. Business and Professions Code section 125.9 authorizes the Program to include the full amount of the outstanding unpaid fine to the licensee's renewal. The Board may place a hold on the license renewal if the licensee fails to pay the fine amount. The fine must be paid before the licensee may renew their license.

Cost Recovery and Restitution

48. Describe the board's efforts to obtain cost recovery. Discuss any changes from the last review.

Business and Professions Code section 125.3 authorizes the Board to collect full recovery of its investigation and enforcement costs for all of its cases that result in formal discipline. Reimbursement of board costs is a standard term of probation listed in the board's Disciplinary Guidelines. The board seeks cost recovery through stipulated settlements, as well as proposed decisions as ordered by an administrative law judge through an administrative hearing. Costs awarded to the board in probation cases are usually paid in installments due to probationer financial hardship.

Licensees or probationers wishing to surrender their license are required to pay the cost recovery amount prior to the submittal of a petition for reinstatement or before the license is reinstated.

In most cases, the Board does not actively seek collection of the cost recovery amount or submit them to the Franchise Tax Board for collection because the benefit of accepting the surrendered license thus removes the licensee from practice, ensuring consumer protection.

Additionally, by accepting the surrender, the Board does not incur additional costs associated with the hearing, which are not subject to cost recovery. The cost of a hearing, which would include Attorney General, Administrative Law Judge, and court reporter costs are typically higher than the outstanding cost recovery.

If a case does result in a hearing, the Board typically requests the full amount of cost recovery for the investigation and Attorney General costs up to the hearing date. The Administrative Law Judge in issuing a proposed decision may reduce or dismiss cost recovery. There have been no changes to this process since the last review.

49. How many and how much is ordered by the board for revocations, surrenders and probationers? How much do you believe is uncollectable? Explain.

Cost recovery amounts are determined based on investigation and prosecution costs incurred. The determining factors include expert consultant reviews, investigative (DOI), and prosecutorial (AG) costs, and the ability of the respondent to fulfill his/her cost recovery obligation. The board generally does not collect outstanding cost recovery on licenses surrendered or revoked while on

probation. If the licensee petitions for reinstatement of their license, these costs are to be paid prior to reinstatement of licensure.

The following table shows the Board's cost recovery amounts ordered and collected from FY 2015/16 to FY 2018/19.

Table 11. Cost Recovery				(list dollars in thousands)
	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
Total Enforcement Expenditures				
Potential Cases for Recovery *	8	15	20	8
Cases Recovery Ordered	9	20	23	10
Amount of Cost Recovery Ordered	$43,902.00	$149,699.25	$229,400.00	$172,492.25
Amount Collected	$34,276.00	$50,576.50	$41,172.87	$83,802.44
* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.				

50. Are there cases for which the board does not seek cost recovery? Why?

The Board cannot seek cost recovery for default decisions resulting in a revoked license. Additionally, the Board does not have the authority to seek cost recovery in a statement of issues case, where an applicant has appealed the denial of his or her application.

51. Describe the board's use of Franchise Tax Board intercepts to collect cost recovery.

The Board has not used the Franchise Tax Board's intercept program. Instead, the Board uses Business and Professions Code section 125.9, which authorizes the Board to include the full amount of the outstanding unpaid fine to the licensee's renewal. The Board may place a hold on the license renewal if the licensee fails to pay the fine amount. The fine must be paid before the licensee may renew their license.

52. Describe the board's efforts to obtain restitution for individual consumers, any formal or informal board restitution policy, and the types of restitution that the board attempts to collect, i.e., monetary, services, etc. Describe the situation in which the board may seek restitution from the licensee to a harmed consumer.

The Board does not, typically, order restitution because of the complex nature of determining and assessing damages. Consumers have the option of seeking civil remedies through the judicial system to obtain compensation for damages as a result of harm committed by licensees.

Table 12. Restitution				(list dollars in thousands)ds)
	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
Amount Ordered	0	0	0	0
Amount Collected	0	0	0	0

53. How does the board use the internet to keep the public informed of board activities? Does the board post board meeting materials online? When are they posted? How long do they remain on the board's website? When are draft meeting minutes posted online? When does the board post final meeting minutes? How long do meeting minutes remain available online

The Board holds, at a minimum, four quarterly meetings. Meeting dates and locations are determined at the last meeting each calendar year and posted to the Board's website each December.

Board activities are posted at various locations within the Board's website as follows:

- Agendas – A minimum of 10 calendar days prior to a board meeting
- Minutes – Upon approval of the Board
- Webcasts – One week after each quarterly meeting

Currently the Board is not posting meeting materials on the website, but they are available for distribution upon request, and the Board is working on making these materials available in an ADA-compliant format.

Draft meeting minutes are not posted on the Board's website. Prior board meeting materials, beginning with 2005, are archived on the website.

Individuals have the ability to join the Board's Email Subscriber List in order to receive information electronically about the Board and its activities.

54. Does the board webcast its meetings? What is the board's plan to webcast future board and committee meetings? How long to webcast meetings remain available online?

Webcasting of the Board's quarterly board meetings began in 2011 and continues today. Webcasts for 2011-2019 are available on the Board's website. The Board's current retention schedule does not include webcasts.

55. Does the board establish an annual meeting calendar, and post it on the board's web site?

Yes, an annual meeting calendar is established during the last meeting of the calendar year and then posted on the Board's website.

56. Is the board's complaint disclosure policy consistent with DCA's *Recommended Minimum Standards for Consumer Complaint Disclosure*? Does the board post accusations and disciplinary actions consistent with DCA's *Web Site Posting of Accusations and Disciplinary Actions* (May 21, 2010)?

Yes, the Board's complaint disclosure policy is consistent with DCA's *Recommended Minimum Standards for Consumer Complaint Disclosure* policy.

The Board discloses the following information:

- Disciplinary actions including Statement of Issues, Accusations, Petitions to Revoke Probation, Final Decisions, Interim Suspension Orders, PC-23s, Dismissed Accusations, and Public Letters of Reproval.
- Probationary Licenses

- Citations issued. Citations are posted for five years after compliance.

All disciplinary actions and citations are available on the Board's website. The documents may also be obtained by contacting the Board.

Per DCA's *Web Site Posting of Accusations and Disciplinary Actions* policy, the Board posts disciplinary actions on the website.

57. What information does the board provide to the public regarding its licensees (i.e., education completed, awards, certificates, certification, specialty areas, disciplinary action, etc.)?

The public may verify the status of a physician assistant license by telephoning the Board, submitting a written request, or by visiting the Board's website and using the Board's online verification tool BreEZe.

The following physician assistant licensing information is disclosed:

- License Number
- Licensee Name
- License Type
- Primary License Status (such as renewed, delinquent, expired, cancelled)
- License Secondary Status (such as name change, probationary license, family support)
- Expiration Date
- Original Issue Date
- Address of Record
- School Name
- Graduation Year
- Public Record Actions (if any) including:
    - Administrative Disciplinary Actions
    - Court Orders
    - Misdemeanor Convictions
    - Felony Convictions
    - Malpractice Judgements
    - Probationary Licenses
    - Hospital Disciplinary Actions
    - License Issued with Public Reprimands
    - Administrative Citations Issued
    - Administrative Actions Taken by Other States or the Federal Government
    - Arbitration Awards

58. What methods are used by the board to provide consumer outreach and education?

The Board, in recognizing its role as a consumer protection agency, utilizes the following methods for consumer outreach and education:

- Board website: www.pab.ca.gov
- Email subscription notifications via the website
- Webcasting Board meetings
- Articles printed in Department of Consumer Affairs and Medical Board of California newsletters
- Telephonic responses to inquiries
- Responses to written correspondence

- Responses to email correspondence
- Printing and distribution of Board brochures
- Speaking engagements by Board members and staff to consumer, student, and licensee groups

The Board recognizes that the website is a powerful tool in providing information to consumers, applicants, licensees, students, supervising physician and surgeons, and other stakeholders. Efforts are constantly made to review and update the contents on the website to ensure that it is useful.

Section 7 – Online Practice Issues

59. Discuss the prevalence of online practice and whether there are issues with unlicensed activity. How does the board regulate online practice? Does the board have any plans to regulate internet business practices or believe there is a need to do so?

Physician assistant practice normally does not lend itself to online practice because patients are generally physically seen by the practitioner. Additionally, physician assistants are dependent upon a supervising physician. In most cases, any online presence would be associated with the practice of their supervising physician.

Telehealth is seen as a tool in medical practice, not a separate form of medicine. There are no legal prohibitions to using technology in the practice of medicine, as long as the practice is done by a California licensed physician or physician assistant. Telehealth is not a telephone conversation, email/instant messaging conversation, or fax; it typically involves the application of videoconferencing or store and forward technology to provide or support health care delivery.

The standard of care is the same whether the patient is seen in-person, through telehealth or other methods of electronically enabled health care. Physicians and physician assistants need not reside in California, as long as they have a valid, current California license.

Physicians and physician assistants using telehealth technologies to provide care to patients located in California must be licensed in California. Physicians and physician assistants are held to the same standard of care, and retain the same responsibilities of providing informed consent, ensuring the privacy of medical information, and any other duties associated with practicing medicine regardless of whether they are practicing via telehealth or face-to-face, in-person visits.

As stated in our last Sunset Report we have not received any complaints regarding this issue. At present, there are no plans to regulate the internet business practices of physician assistants.

Section 8 – Workforce Development and Job Creation

60. What actions has the board taken in terms of workforce development?

Physician assistant education and workforce concerns are ongoing issues with the Board.

The Board created a Physician Assistant Education/Workforce Development Committee to look into education and workforce issues for physician assistants.

Business and Professions Code Section 3513 states that the Board shall recognize the approval of training programs for physician assistants accredited by a national accrediting agency approved by the Board shall be deemed approved by the Board. If no national accrediting organization is approved by the Board, the Board may examine and pass upon the qualifications of, and may issue certificates of approval for, programs for the education and training of physician assistants that meet Board standards.

Physician assistant regulations specify that if an educational program has been approved by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), those programs shall be deemed approved by the Board. Thus, the Board approves physician assistant training programs accredited by ARC-PA.

The decision by ARC-PA requiring that all currently accredited programs confer Master's Degrees to those students who matriculate into the program after 2020 has been a concern of the Board because the Board's mission to protect the public by ensuring that they receive safe and appropriate health care from qualified physician assistants, which includes supporting access to health care for California consumers. There is concern that closing physician assistant training programs may lead to a lack of access to quality affordable health care provided by physician assistants.

Programs accredited prior to 2013 that do not currently offer a Master's degree must transition to conferring a graduate degree which should be awarded by the sponsoring institution, upon all physician assistant students who matriculate into the program after 2020.

This decision has resulted in the closure of two California-based physician assistant programs who offered degrees at the Associate Degree level. They were unable to retain their ARC-PA accreditation.

The Board continues to have concerns with ARC-PA in that eliminating the Associate Degree programs significantly changes the applicant pool for physician assistant training in California, potentially creating a significant barrier for those who do not have a Baccalaureate Degree upon entering physician assistant training.

The Board has made efforts to reach out to ARC-PA in an attempt to work with them to address the Board's concerns with regard to their accreditation standards and the impact they have on California's health care needs. Unfortunately, ARC-PA has made little or no effort to work with the Board.

The Board examined several alternatives to relying on ARC-PA for California physician assistant training program approval. **(See Section 12, attachment H)** Specifically, should the Board accredit California physician assistant training programs? Challenges associated with California accreditation of physician assistant training programs include:

- Cost: The Board would need to approve and adopt educational standards. Mechanisms for enforcement would need to be put in place. Additional staff would be required to verify compliance and administer an accreditation program.
- Certification: Currently, graduates of a California approved physician assistant training program would not be eligible to take the Physician Assistant National Certification Examination (PANCE). The PANCE is used as the Board's licensing examination. There would be a need to develop a California-only licensing examination. This would be a very costly process. Additionally, licensees could not be credentialed at most hospitals. Also,

those licensees could not practice outside of the state, work for the federal government, or bill if working in a federally qualified rural health clinic.

- Patient Confusion: This would create a "two-tiered" system where a California program physician assistant may be seen alongside an ARC-PA approved graduate, but could not be seen by one or the other due to billing or other concerns. Because of this, patients could be confused or perceive bias, thinking that they are not getting an equal level of care.
- Likely opposition: Many in the physician assistant professions are opposed to state accreditation and would likely fight to stop it. This may result in a negative reflection on physician assistants, and may cause regulatory problems as the Legislature and consumers may have difficulty understanding the nuanced differences between state and nationally certified licensees. This may lead to consumers opting not to see a physician assistant, passage of laws to restrict physician assistant practice, or a supervising physician opting not to hire one, all of which would reduce access to the quality health care physician assistants are currently delivering in California.

The Board continues to explore ways to address this issue.

Currently there are sixteen physician assistant programs in California. These programs include:

Institution Name	Location	Date First Accredited	Next ARC-PA Review
Loma Linda University	Loma Linda	9/15/2000	March 2027
Marshall B. Ketchum University	Fullerton	3/7/2014	March 2029
California Baptist University	Riverside	3/12/2016	June 2020
Stanford University	Palo Alto	3/1/1976	September 2022
Touro University - California	Vallejo	9/2/2002	September 2019
University of California-Davis	Davis	3/1/1974	March 2027
University of Southern California (LA)	Alhambra	10/1/1975	September 2018
Western University of Health Sciences	Pomona	5/1/1990	March 2020

The following California physician assistant programs are on probation and could possibly lose their ARC-PA accreditation:

Institution Name	Location	Date Opened	Next ARC-PA Review
Samuel Merritt University	Oakland	April 1999	June 2021

It should be noted that several new physician assistant training programs have received provisional accreditation. These programs include:

Institution Name	Location	Date First Accredited	Next ARC-PA Review
Chapman University	Irvine	9/8/2016	Sept 2020
Charles R. Drew	Los Angeles	3/12/2016	March 2021
Dominican University of California	San Rafael	3/9/2017	March 2020
Southern California University of Health Sciences	Whittier	3/12/2016	Sept 2020
California Baptist University	Riverside	3/12/2016	June 2020
California State University-Monterey Bay	Monterey	6/23/2018	June 2021

University of the Pacific	Sacramento	9/8/2016	March 2021
University of La Verne	La Verne	3/10/2018	TBD

“Accreditation-Provisional" is an accreditation status granted by ARC-PA when the plans and resource allocation, if fully implemented as planned, of a proposed program that has not yet enrolled students appear to demonstrate the program’s ability to meet the ARC-PA *Standards* or when a program holding accreditation-provisional status appears to demonstrate continued progress in complying with the *Standards* as it prepares for the graduation of the first class (cohort) of students. Accreditation-Provisional does not ensure any subsequent accreditation status. It is limited to no more than five years from matriculation of the first class. Accreditation-Provisional remains in effect until the program achieves accreditation-continued after its third review, closes or withdraws from the accreditation process, or until accreditation is withdrawn for failure to comply with the *Standards*. (Reference: ARC-PA)

A variety of work force development related legislation has been enacted, including:

- AB 2102 (Ting, Chapter 420, Statutes of 2014) requires the Board of Registered Nursing, Physician Assistant Board, Respiratory Care Board, and the Board of Vocational Nursing and Psychiatric Technicians to report specific demographic data relating to licensees to the Office of Statewide Health Planning and Development (OSHPD).
- AB 154 (Atkins, Chapter 662, Statutes of 2013) requires a nurse practitioner, certified nurse-midwife, or physician assistant to complete training, as specified, and to comply with standardized procedures or protocols, as specified, in order to perform an abortion by aspiration techniques, and would indefinitely authorize a nurse practitioner, certified nurse-midwife, or physician assistant who completed a specified training program and achieved clinical competency to continue to perform abortions by aspiration techniques.
- SB 352 (Pavley, Chapter 286, Statutes of 2013) allows physicians to delegate medical assistant supervision to physician assistants and nurse practitioners.
- SB 494 (Monning, Chapter 684, Statutes of 2013) requires a health care service plan licensed by the Department of Managed Health Care to ensure one primary care physician for every 2,000 enrollees and authorizes up to an additional 1,000 enrollees for each full-time equivalent non-physician medical practitioner supervised by that primary care physician until January 1, 2019.

Examples of the Board’s efforts related to the above legislation include:

The Board collects, biennially, at the time of both issuing the initial license and at the time of license renewal the following data:

- Location of practice, including city, county, and ZIP code
- Race or ethnicity (licensee option to report)
- Gender
- Languages spoken
- Educational background
- Classification of primary practice

The Board has a Memorandum of Understanding with the OHSPD Healthcare Workforce Clearinghouse Program and has been begun reporting to them the required demographic data.

The Board believes partnering with the OHSPD Healthcare Workforce Clearinghouse Program is a reasonable method to address workforce issues. The Clearinghouse also supports healthcare accessibility through the promotion of a diverse and competent workforce while providing an analysis of California's healthcare infrastructure and coordinating healthcare workforce issues. As a partner, the Board is responsible for licensing and regulation of physician assistants. Additionally, the Board maintains and is able to provide the Clearinghouse certain demographic information related to licensees.

The Board supports legislation that promotes the more efficient use of health care providers, including physician assistants.

As the health care landscape in California continues to evolve, the Board is committed to ensuring that it continues to monitor and address the health care needs of California.

61. Describe any assessment the board has conducted on the impact of licensing delays.

The Board has not conducted any assessments on the impact of licensing delays. The Board has not experienced major backlogs or delays in issuing physician assistant licenses. The impact of the implementation of BreEZe to manage the Board's licensing program has been minimal as the BreEZe licensing program functions as designed.

The Board is aware that it is imperative to issue licenses as quickly as possible to ensure that licensees are able to join the workforce. Board staff continues to seek ways to evaluate our licensing processes and procedures to ensure that the licenses are issued on a timely basis.

62. Describe the board's efforts to work with schools to inform potential licensees of the licensing requirements and licensing process.

It has been a tradition at the Board to provide California physician assistant training program presentations regarding licensing, regulations, and enforcement. Board members, have on occasion, also provided presentations. The presentations allow students to meet licensing staff and learn about the application process. It is also an opportunity for Board staff to provide students additional information regarding physician assistant laws and regulations.

In recent fiscal years, due to budget and travel restrictions, the Board has not been able to provide as many presentations as it would like. As an alternative, Board staff has been able to provide teleconference presentations. Additionally, the Board's website contains a section devoted to applicants to assist them in the application process.

63. Describe any barriers to licensure and/or employment the board believes exist. There is currently a shortage of clinical training sites and Preceptors to accommodate the number of PA students.

There is currently a shortage of clinical training sites and Preceptors to accommodate the number of PA students

64. Provide any workforce development data collected by the board, such as:

a. Workforce shortage

The Board requires licensees to complete a workforce survey upon initial issuance of a license and each time they renew. That data is not collected by the Board, but sent directly to the Office of Statewide Health Planning and Development.

b. Successful training programs

During the last Sunset Review there were seven (7) approved physician assistant programs in California. Since then, there have been thirty-two (32) new programs accredited nationally and nine (9) new programs accredited in California.

Accredited physician assistant programs:

- 250 programs nationally
- 16 programs in California
  - 9 located in the Los Angeles/San Diego area
  - 4 located in the San Francisco bay area
  - 2 located in the Sacramento area
  - 1 located on the central coast
- 4 new programs currently under development in California

Section 9 – Current Issues

65. What is the status of the board's implementation of the Uniform Standards for Substance Abusing Licensees?

The Board amended Title 16, California Code of Regulations Section 1399.523 to incorporate by reference the 4th edition of the Board's "Physician Assistant Board Manual of Model Disciplinary Guidelines and Model Disciplinary Orders." The amendments to the Board's guidelines incorporate the provisions of the Uniform Standards for Substance Abusing Licensees.

The regulatory package was submitted to the Office of Administrative Law, approved, and filed with the Secretary of State and with an effective date of July 1, 2016.

66. What is the status of the board's implementation of the Consumer Protection Enforcement Initiative (CPEI) regulations?

In response to the Department of Consumer Affairs Consumer Protection Enforcement Initiative (CPEI) to overhaul the enforcement processes used by healing arts boards, regulations became effective in November 2011 to implement enhancements to the Board's enforcement program.

The enhancements include:

- The ability of the Board's Executive Officer or designee to accept default decisions and approval settlement agreements for surrender or interim suspension of a license.
- Authorizes the Board to order an applicant to submit to a physical or mental examination if there is reasonable belief that the applicant may be unsafe to practice.
- Mandates that individuals registering as sex offenders shall have their license revoked.
- Defines "unprofessional conduct" to include the failure to report an indictment charging a felony, arrest, or conviction of a licensee.
- "Unprofessional conduct" would also entail the inclusion of provisions in civil dispute settlement agreements prohibiting a person from contacting, cooperating with, filing, or withdrawing a complaint with the Board.
- Establishes that it is "unprofessional conduct" to fail to provide lawfully requested documents or cooperating with an investigation.

These regulatory changes provide the Board additional enforcement tools to ensure consumer protection.

67. Describe how the board is participating in development of BreEZe and any other secondary IT issues affecting the board.

a. Is the board utilizing BreEZe? What Release was the board included in? What is the status of the board's change requests?

The implementation of BreEZe has been an ongoing challenge for the Board and staff. In hindsight, the Board did not have sufficient staff to devote to the many hours needed to develop and implement BreEZe. Additionally, Board staff did not possess the depth of knowledge needed to essentially develop the system. In past IT projects, Board staff provided input on the operational needs and what processes were required to develop the program. IT personnel would then create the program per the Board's specifications. Staff was not required to have an in depth of knowledge of the "internal workings" of the program required to develop the system. This wasn't the case with the BreEZe project. It appears that Board staff was more or less developing the program. It was assumed by Board staff that IT staff, more knowledgeable in programming, would actually develop the system. While many boards within the Department have staff with such a depth of knowledge, unfortunately, this Board did not.

The Board was in release one.

The status of Board's change requests vary according to their priority. Those changes that are critical to the functions of the Board and have a priority of 1 or 2 are handled in a timely manner, normally within the next update scheduled by the Department. Any changes that have a low priority are implemented into the updates as space to accommodate those changes is available.

b. If the board is not utilizing BreEZe, what is the board's plan for future IT needs? What discussions has the board had with DCA about IT needs and options? What is the board's understanding of Release 3 boards? Is the board currently using a bridge or workaround system?

Currently, the Board, through a shared services agreement, utilizes the services of the Medical Board of California (MBC) Information Systems Branch (ISB) for our IT needs. ISB has been a life saver in the assistance and advice that they have provided Board staff in implementing and navigating BreEZe. Their professionalism and assistance provided to the Board has greatly assisted staff in understanding, implementing, and updating BreEZe. Board staff believes that with assistance provided by ISB we have a better understanding of the system and are able to work more efficiently with the system, and thus providing better services to consumers, applicants, and licensees.

ISB staff also provides help desk services for our licensees who are utilizing BreEZe. One of the goals in the Board's 2019- 2023 Strategic Plan, is to research the feasibility of the Board becoming completely independent of the Medical Board of California to increase efficiency and enhance consumer protection. The Board will be contacting the Department of Consumer Affair's OIS staff to determine what is needed to switch all of the Board's IT needs to DCA.

Section 10 –
Board Action and Response to Prior Sunset Issues

Include the following:

1. **Background information concerning the issue as it pertains to the board.**
2. **Short discussion of recommendations made by the Committees during prior sunset review.**
3. **What action the board took in response to the recommendation or findings made under prior sunset review.**
4. **Any recommendations the board has for dealing with the issue, if appropriate.**

In the 2016 Sunset Review, the Board reported new issues impacting program operations. The staff recommendation is from the Sunset Review Committee.

BUDGET ISSUES

ISSUE #1: Is the PAB concerned about its long-term fund condition?

Background: Although the PAB currently reports having an estimated 14-month reserve, its licensee population seems to be steadily rising at a relatively fast pace. In the past four years, the number of licensees has increased by almost 15%. As the number of licensees rise, the associated costs also appear to rise (such as enforcement, administration, and DCA pro rata). Although revenues from initial applications and renewals are also rising, they appear to be outpaced by enforcement costs.

Staff Recommendation: The PAB should advise the Committees on whether its current reserve will be sufficient to accommodate the number of licensees and whether it believes it needs a fee increase.

Board Response: In addition to staff, the PAB's budget is reviewed by a Department of Consumer Affairs Budget Analyst. The DCA Budget Analyst works closely with PAB staff to address any issues and take corrective action to ensure that the budget remains fiscally sound.

Upon review by PAB staff and the DCA Budget Analyst, we believe that a fee increase will not be necessary at this time for operational needs. However, a fee increase to recover the costs of processing an application (currently set at $25) is necessary as the current $25 fee does not cover the Board's actual costs for processing an application.

It has been projected that the PAB's fund balance will be sufficient for the next several years to address its operational needs.

The Fiscal Year 2016/17 Funds Months in Reserve are projected to be about 23 months. This is due to the repayment of the Board's outstanding loan to the General fund of $1.5 million. Budget language does not allow a board's months in reserve to exceed 24 months. If a board's months in reserve exceed 24 months, fees must be lowered to reduce this number.

Therefore, an across-the-board fee increase would not be appropriate at this time. The PAB's fiscal issues have generally arisen out of an increase in enforcement costs, specifically Attorney General costs. To address this shortfall, the PAB has sought and received budget augmentations to cover these costs.

STAFFING ISSUES

ISSUE #2: Does the PAB need more staff in order to meet its performance goals?

Background: As noted above, the number of licensees is rising. The number of applications seems to be rising faster. The increase in licensees has also resulted in an increase in the number of enforcement actions. Although the PAB currently seems to be able to keep up with the work required, the workload may continue to increase along with the number of licensees.

Staff Recommendation: The PAB should advise the Committees on whether it anticipates it will need additional staff to handle the increased number of licensees, particularly since the Office/Licensing Technician position is only part-time.

Board Response: The PAB has not increased staffing levels in many years. Additionally, the PAB wants to ensure that adequate staffing levels exist to ensure physician assistant applications are reviewed and licenses issued on a timely basis. Adequate staffing levels will ensure that the PAB is able to meet its performance goals.

To address potential increase in licensing workload, PAB staff will be conducting workload studies to determine if additional personnel will be required and may seek augmentations through the annual budget process.

ENFORCEMENT ISSUES

ISSUE #3: Does the PAB need additional authority to take disciplinary action against PAs dually licensed by another California health care licensing board?

Background: Many PAs possess licenses in other healthcare fields, such as nursing or chiropractic medicine. For instance, UC Davis and Stanford have dual-track Nurse Practitioner (NP) and PA programs which allow the practitioner to sit for both license exams. The PAB notes that this presents a challenge to enforcement. While it can take action against a dually-licensed licensee who has been disciplined by another state, by the federal government, or by another country for any act substantially related to the practice of a PA, it is not authorized to take disciplinary action against a dually-licensed licensee who has been disciplined by another California healthcare licensing board.

The authority to do so is not typical among DCA licensing entities when the act does not result in a conviction. This creates a unique disparity, because there are a few other DCA healing arts boards that do have the authority, such as the Board of Registered Nursing (BRN) and the Board of Occupational Therapy. As a result, there are situations where the PAB revokes the PA license of a dually-licensed NP/PA and the BRN may take action on the revocation, but where the BRN revokes the NP license of a dually-licensed NP/PA, the PAB is unable to initiate disciplinary proceedings based on the revocation itself. The reason is that the practice of medicine and the practice of nursing are distinct for the purposes of licensure. Although the licensee may have been providing healthcare services that could be performed under either license, the service provided will be classified as either nursing or medicine depending on the capacity the licensee was working at the time. If the licensee was working as a NP, it will be considered nursing, and the PAB is unable to use BRN decisions based on nursing.

As a result, the PAB would need to initiate its own proceedings from scratch, including a full investigation. The PAB reports that doing so can drain AG and PAB resources because of the added length of a second, full disciplinary proceeding and the degradation of evidence over time.

Therefore, the PAB requests that it be given authority to discipline a licensee based on a disciplinary action taken by another in-state healthcare licensing board, in addition to out-of-state agencies. The

PAB proposes the following language, which is drawn from the Nursing Practice Act (Business and Professions Code section 2761(a)(4)), to address its concern:

"The board may take disciplinary action against a physician assistant or deny an application for a license based on denial of licensure, revocation, suspension, restriction, surrender, or any other disciplinary action against a health care professional license or certificate by another state or territory of the United States, by any other government agency, or by another California health care professional licensing board."

Staff Recommendation: The PAB should advise the Committees on the frequency with which these types of violations are occurring in order that the Committees might determine if a statutory change is necessitated.

Board Response: The PAB is requesting that the Physician Assistant Practice Act be amended to allow it to take disciplinary action against a licensee or deny an application for a license based on the denial of licensure, revocation, suspension, restriction, surrender, or any other action against a health care professional by another California health care professional licensing board.

The Board of Registered Nursing has a similar law. (Business and Professions Code Section 2761(a)(4)).

Business and Professions Code Section 141 gives the PAB the ability to take disciplinary action against a licensee who has been disciplined by an out-of-state licensing or governmental agency.

As the PAB currently has dually-licensed physician assistants, this change would allow us to pursue disciplinary action in a more cost efficient and timely manner. This would avoid the PAB needing to "reprove" cases which would involve investigative and attorney general time and funds. Often, the need to "reprove" a case can present difficulties such as witnesses that are no longer interested in cooperating or they are no longer available to be interviewed. These and other difficulties can result in delays in imposing appropriate discipline. It should be pointed out that the licensee would have the opportunity for due process in any proposed disciplinary matter. The PAB believes that investigative and attorney general time is valuable and these resources could be better spent pursuing other disciplinary matters.

Additionally, this inconsistency is confusing to consumers who for example would verify another health care license which would indicate disciplinary action. They would then view the physician assistant license and our records would indicate a clear license. Consumers may interpret this inconsistency as a lack of disciplinary consequences to violations of the law.

As a consumer protection agency, it is imperative that the PAB be able to take disciplinary action as soon as possible. There have been cases, for example, when a licensee surrenders their nursing license and is then able to continue practicing as a physician assistant. The PAB does not have the ability to quickly mirror the discipline taken by the Board of Registered Nursing. However, the Board of Registered Nursing has the ability to swiftly discipline a dually-licensed individual, such as a physician assistant. There is also a possibility that the PAB would not prevail in obtaining disciplinary action against the licensee. Again, the public finds this confusing and inconsistent in what they may perceive as a consumer protection board not protecting the public.

While the PAB may have no more than five or six cases a year that fit this category, the PAB believes that this amendment to the Physician Assistant Practice Act is a valuable tool in assisting it in its role of consumer protection. As a public protection agency, it is imperative that the PAB possess the necessary tools to quickly discipline licensees who have violated laws and regulations, including

those who are dually-licensed. Consumers deserve consistent discipline for dually-licensed health care providers. The PAB would like to have the same ability to discipline dually-licensed individuals as the Board of Registered Nursing.

We respectfully ask that the Committees consider our request to amend the Physician Assistant Practice Act to include this important provision.

TECHNOLOGY ISSUES

ISSUE #4: What can be done about the PAB's issues with BreEZe?

Background: Although there have been some positive aspects to the PABs implementation of BreEZe, the PAB and its staff are experiencing some ongoing challenges. Some of the challenges presented by the PAB include: 1) Ongoing implementation costs. The PAB reported that the ultimate costs are unknown. While the PAB currently has sufficient reserves to cover the costs of BreEZe, it is still concerned about the unknown cost factor of the project. This problem is compounded by the rising licensee population discussed in issue #1 above.

2) Inflexibility. As noted above under "Continuing Education/Continuing Competence," due to constraints from the roll out of BreEZe and limitations within the program itself, the PAB was unable to verify CMEs for a period of time and was unable to perform CME audits. As a result, the PAB has resorted to attempting to develop its own program.

3) Lack of functionality and reliability. As noted earlier, some of the data tables provided by the PAB are missing many of the basic functions in its licensing and enforcement reports that the PAB's legacy system had as a result of BreEZe. For instance, BreEZe cannot distinguish between in-state and out-of-state licensees.

4) Insufficient number of staff. BreEZe has required many hours for development and implementation, for which the PAB was understaffed. This issue may continue to impact the PAB if future upgrades or changes are made to the program.

5) Lack of knowledge and training needed to develop the system. The PAB reports that the BreEZe system was largely incomplete when first provided, and its staff did not have the technical expertise nor was it trained to finalize the program. However, the PAB was able to utilize MBC staff to mitigate the issues. Through a shared services agreement, the PAB utilizes the services of the MBC Information Systems Branch (ISB) for its IT needs. PAB staff believes the ISB has been essential to their utilization of BreEZe. The ISB staff also provides help desk services to PAB licensees who utilize BreEZe.

While the PAB notes that the DCA has been supportive and continues to work on BreEZe issues, there are still outstanding concerns.

Staff Recommendation: The PAB should update the Committees about the current status of its implementation of BreEZe, discuss the current and anticipated challenges, and recommend potential solutions that the DCA should utilize to assist in the PAB's use of BreEZe.

Board Response: As was stated in the PAB's Sunset Report, implementation of BreEZe by the PAB has been an ongoing challenge. PAB staff feels that, while many issues concerning the implementation of the system continue, they are now being sufficiently supported by DCA and BreEZe staff to continue full implementation and utilization of the system. This support has greatly assisted staff in addressing implementation issues and gaining confidence in using the system.

Highlights of the PAB's implementation of BreEZe include:

- On-line license renewals. This feature was implemented in May 2015 and continues to function appropriately. On line renewals are popular with our licensees and their employers and we continue to see fewer “paper” renewals submitted. On line renewals also allow for more efficiencies in the office as there are fewer inquiries and paper renewals to process.

  Staff encourages licensees to renew on line promoting the time-saving benefits of this feature.

- On line initial application for licensure: The PAB has updated its initial application for licensure. The new version will be added to BreEZe later this year.

  Additionally, the PAB is simplifying the on line application so that applicants are no longer required to also submit a paper application when applying on line. This enhancement should be popular with applicants as they will no longer need to submit a paper application which will save time and allow for quicker issuance of a license.

- CME Audit. The PAB is working with another DCA board to implement a CME auditing system that will be appropriate for our needs. We anticipate that the audit feature will be available later this summer.

- BreEZe licensing and enforcement reports. The reliability and accuracy of BreEZe licensing and enforcement reports has been an issue for the PAB as it relies heavily on reports to track licensing and enforcement matters. Without accurate reports the PAB is not able to track licensing and enforcement data to determine if performance targets are being met.

  It appears that the licensing and enforcement reports being generated by BreEZe are becoming more accurate and useable. PAB staff continues to work with the BreEZe team to ensure that the reports are able to report accurate and useable data.

Potential challenges to the PAB with regard to BreEZe include assistance to understand and implement BreEZe. This is especially critical for a small board like the PAB. Staff does not have technical backgrounds or the time to devote exclusively to BreEZe. We must rely on the expertise of the BreEZe staff to address technical or programing issues. These issues were discussed in our Sunset Report.

We can now report that the BreEZe team has been very helpful with the implementation of changes to the system. They now spend time explaining the system, set up meetings with us to review requests and ensuring that we understand the process or procedure. They are very knowledgeable, helpful, and available to answer questions. Because of this enhanced communication, staff is able gain confidence in the system which allows them to fully utilize it. This has been a major positive outcome for the PAB.

Staff has requested additional training post-implementation. It appears that BreEZe is now scheduling training for DCA employees already using the system.

PAB staff also attends licensing and enforcement user groups. These groups have proven to be beneficial in discussing and offering solutions to BreEZe issues. The groups provide PAB staff the opportunity to network with staff from other boards.

In addition to the BreEZe team, the PAB also receives a great deal of support from the Medical Board of California's Information Systems Branch staff in assisting us with implementation and user issues. They have supported and guided us during development and during implementation of the system.

PAB appreciates the ongoing interest and oversight the Legislature is providing with regard to the BreEZe project. The Board also believes that the audit by the California State Auditor was valuable and validated many of the concerns of PAB staff regarding the development and implementation of BreEZe. The PAB supports continued oversight by the Legislature of the BreEZe project as it helps to ensure that the project remains focused on resolving implementation and production issues.

ISSUE #5: Should the PAB utilize social media?

Background: As noted under "Use of Technology" above, the PAB acknowledges that the Internet has become an important method of keeping consumers, applicants, licensees, and interested parties informed of the PAB's activities. Given the rise and general use of social media, the PAB may want to consider utilizing social media to expand its outreach capabilities. It may also provide an additional method for obtaining a larger survey sample size, as discussed below under issue #7. As an example, the Board of Chiropractic Examiners has recently started using Twitter and Facebook.

Staff Recommendation: The PAB should advise the Committees on of its efforts to utilize social media in order to keep licensees and the public aware of the PAB's activities.

Board Response: We appreciate the recommendation that the PAB embrace the use of social media in its outreach to consumers, applicants, licensees, and interested others.

PAB staff will begin working with the Department of Consumer Affairs to assist us in establishing and using Twitter and Facebook accounts.

The PAB was concerned with the low response to the customer satisfaction survey. To address the low response rate, the PAB has taken steps to encourage individuals to complete the survey.

The following steps were recently implemented to increase survey participation:

- A link was added to the survey on the physician assistant congratulatory initial license letter to newly licensed physician assistants.
- A link to the survey was added to staff email signature lines.
- Staff verbally encourages applicants, licensees, and consumers to complete the survey.

These steps have increased the response rate to the customer satisfaction survey.

The PAB will continue to explore ways to increase response rates to the customer satisfaction survey.

ADMINISTRATIVE ISSUES

ISSUE #6: Should the PAB continue to have a voting physician and surgeon member who is also a member of the MBC?

Background: During the PAB's 2012 sunset review, the Committee staff noted it did not appear to be necessary for the physician and surgeon board member representing the MBC, to be a voting member of the PAB. The rationale was that, because the PAB is now an independent board and the primary focus of the PAB is on the practice of PAs, the MBC member does not need to vote. As a result, the last sunset bill provided that, when the existing MBC member's term ended, the position would convert to a voting PA position. In addition, there would be a new MBC position that serves as

an ex officio, nonvoting member whose functions include reporting to the MBC on the actions or discussions of the PAB.

However, the PAB now reports that it would like the MBC member to remain a voting member for two reasons. First, although it is now an independent board, it believes its unique relationship with the MBC justifies having the member vote. The MBC still provides many services to the PAB, such as managing its fund and performing investigations. Further, PAs may not practice without the supervision of a physician and surgeon and their scope is directly tied to that supervision and subject to review by the MBC. Therefore, the MBC has authority to adopt regulations that govern PA actions involving the practice of medicine and physician and surgeons. While the PAB is authorized to make recommendations to the MBC, jurisdiction over the scope of practice for PAs is solely within the MBC. As a result, the PAB states that it has always valued the participation, guidance, and input of the MBC member.

Second, the PAB is concerned that not being permitted to vote will discourage MBC members from being appointed to the PAB. Without voting privileges, the MBC member's input may not be as authoritative as it once was. Further, ex officio members must leave during closed session and may not feel as connected to the process. The MBC member may also feel less inclined to travel, particularly with the ability to watch via webcast. The PAB feels that allowing the MBC member to vote will ensure that MBC members continue to accept appointments to the PAB and actively participate in PAB deliberations and actions.

While the PAB's concerns are important, they are also preemptive in that the change from the last sunset bill has not yet gone into effect. Still, possible solutions that can alleviate the PAB's concerns include the following:

1) Revert the law to its pre-2012 form. While this resolves the voting issue, it would remove the voting PA member majority and leave the MBC member as a tie-breaker. It also undoes the changes made during the PAB's last sunset review and does not address the fact that the PAB is an independent board.

2) Change the new MBC member into a voting member. While this resolves the voting issue and leaves the member majority issue, it still does not address the fact that the PAB is an independent board.

3) Remove the MBC member all together. While this addresses the fact that the PAB is an independent board, it ignores the fact that the PAB appreciates having the MBC member.

4) Remove the MBC member and disconnect the PAB from the MBC's services. While this addresses the fact that the PAB is an independent board, it only addresses the fact that the PAB appreciates having the MBC member for the MBC services provided to the PAB and ignores the fact that the MBC still has some regulatory control over PAs and the practice of medicine. It would also likely create cost and workload issues and problems with BreEZe implementation.

5) Revert the PAB to a committee within the MBC. While this would address many of the concerns above, it does not account for the PAB's desire to operate as an independent board and would undo the previous changes.

6) Create a new, statutory MBC advisory committee within the PAB with one or more voting MBC members and remove the ex officio MBC member. While this may address the issues above, it may not maintain the same kind of relationship with the MBC as the PAB has described.

Staff Recommendation: The PAB should provide additional information about this issue and discuss the feasibility of the alternatives that the Committee staff has raised.

Board Response: The PAB respects the decision of the Legislature in the past sunset review to amend Business and Professions Code section 3505 in which the physician and surgeon member appointed by the Medical Board of California becomes a physician assistant license member and another member is appointed as a physician with no requirement for medical board relationship. The PAB is appreciative of the confidence the Legislature has in supporting an independent PAB.

While eliminating the physician member with the Medical Board is a solution, the PAB believes that this member would provide valuable input which assists the PAB in carrying out their consumer protection mandate. The PAB would not want the collaborative relationship to change. Additionally, since the PAB has a shared services agreement with the Medical Board of California in which they provide IT, cashiering, consumer complaint, and disciplinary case functions, retaining a Medical Board of California member would be beneficial to both the PAB and Medical Board of California.

The PAB recognizes that this change recently took place, and, perhaps, it is too early to make a determination if the change would impact our relationship with the Medical Board of California.

The PAB respects and is committed to supporting the will of the Legislature.

Perhaps this issue could be evaluated and included in a future PAB sunset review.

PRACTICE ISSUES

ISSUE #7: Should the PAB continue to explore ways to address the loss of the Associates Degree level PA programs?

Background: The PAB points out that the PA practice act specifies that if an educational program has been approved by the ARC-PA, the program is also approved by the PAB. In addition, in order to take the national PANCE exam, applicants must graduate from an ARC-PA-accredited PA program.

The ARC-PA used to accredit several types of PA programs, including two-year associate's degree (AS) programs and four-year bachelor's degree (BS) programs. However, the ARC-PA has recently decided to only accredit master's degree (MS) programs. So far, the decision has resulted in the closure of two California-based AS-level PA programs because they were unable to retain their ARCPA accreditation. There are now eight remaining accredited programs and seven new programs in the process of obtaining ARC-PA accreditation.

The ARC-PA's rationale for the change is that the PA profession requires, "a high level of academic rigor." While ARC-PA continues to "practice and endorse experiential competency-based education as a fundamental tenet of PA education," it chose to accredit the single MS-level accreditation to ensure program curricula offer "sufficient depth and breadth to prepare all PA graduates for practice." Essentially, it believes the other programs were insufficient to train PAs for practice.

The PAB is concerned with the ARC-PA's decision because the decision significantly changes the applicant pool for PA training in California. The PAB reports that the loss of the AS pathways to licensure may create a significant barrier for those interested in becoming a PA who do not have a BS. Further, those with a BS will need to continue on to an MS-level program.

The PAB's function is to protect consumers by establishing the minimum competency required to practice. However, it is important that the PAB ensure licensing requirements are not overly burdensome by distinguishing minimum competency from excellence in professional practice. Where industry regulation is sufficient, overly strict requirements can have an unnecessary negative impact on access to the profession.

To that end, the PAB states that it has tried to reach out to ARC-PA in an attempt to address the PAB's concerns about the decision and the impact they have on California's health care needs and licensees. So far, the ARC-PA has not worked with the PAB to address the concerns.

Because the Practice Act basically establishes ARC-PA accreditation as approval, the PAB does not perform its own training program approvals. As a result, the PAB has explored whether it should begin to accredit training programs. However, accreditation by licensing boards is not the norm and presents significant challenges, including the following:

- Cost: The PAB would need to approve and adopt educational standards. Mechanisms for enforcement would need to be put in place. Additional staff would be required to verify compliance and administer an accreditation program.
- Examination: Graduates of a training program without ARC-PA accreditation would not be eligible to take the national exam, PANCE. The PAB would need to develop a California-only licensing exam. The PAB reports that it would be a costly process.
- Reciprocity and portability. Without the national certification, licensees could not be credentialed at most hospitals. Further, licensees would not be able to practice outside of the state, work for the federal government, or bill health plans if working in a federally qualified rural health clinic. Licensees who want to work in those settings would have to take both exams, if they qualify.
- Patient confusion: The PAB also notes that having two licenses would create a "two-tiered" system. Because California would recognize both California and ARC-PA certified PAs, a patient may notice both a California-only licensed PA and an ARC-PA certified PA, but could only see one or the other due to concerns such as health plan billing or network adequacy. This may cause patient confusion, bias, and create perceived differences in the level of care.
- Likely opposition: According to the PAB, many in the professions are opposed to state accreditation and would likely fight to stop it. It believes this may result in a negative reflection on PAs, and may cause regulatory problems as the Legislature and consumers may have difficulty understanding the differences between state- and nationally-certified licensees. As a result, the PAB foresees issues with consumers opting not to see a PA, passage of laws to restrict PA practice, and supervising physicians opting not to hire PAs, all of which it believes would reduce access to the quality health care PA are currently delivering in California.

The PAB states that it continues to explore ways to address this issue.

Staff Recommendation: The PAB should advise the Committees on its progress in exploring alternatives to using ARC-PA accreditation, and whether it has explored utilizing a study or cost benefit analysis of the PA profession to determine whether requiring licensees to graduate from a MS-level program is the appropriate minimum standard to protect consumers.

Board Response:

1. Two of the three AS programs in California closed in the last two years. Loss of AS level programs was multifactorial and ARC-PA was clear about there not being an agenda to close AS programs. A pathway to compliance was provided for the AS programs to affiliate with an institution that could offer the graduate degree. While the degree issue certainly played a role in the loss of the two AS programs, it was only one of many factors leading to the closure of the two programs in California. The one remaining AS program in California has transitioned to a graduate degree program.

2. The transition to the master's degree reflects the academic rigor required in PA education and was widely discussed prior to the change in the ARC-PA Standards. The professional,

accrediting and certifying organizations all participated in the decision to make the master's degree the entry level degree with extensive study, analysis, discussion and input from the stakeholders. The profession has decided this will be the degree and trying to change that will put California at odds with the entire profession, lead to increased expense and complexity for licensing in California, may not actually increase workforce, and may decrease access to care for Californians in the long term. Further study of the degree issue by the PAB would be duplicitous and counterproductive.

3. The ARC-PA is clear about its independence and role being separate from any other entity. The problem, if there is one, is less in content and more in delivery; however more recent communications have been encouraging.

4. The applicant pool has changed with the progression of professional degrees, and is changing the face of the profession, but that issue is beyond the scope of the board. There are no shortages of PA applicants to programs which may have up to 20 qualified applicants for each seat. With seven new programs and four programs pending accreditation in the next few years in California, the number of PAs being educated in California has surpassed the number produced by the closure of the two programs.

5. The main limitation to expansion of PA programs in California, and nationally, is the availability of clinical training sites/preceptors. Approximately 50 percent of PA training occurs in the clinical environment with clinicians who are not paid, or have minimal non-monetary incentives to train PA students. There has been an expansion of PA programs from outside California that pay preceptors in our state, which has contributed to the already high cost of PA education and leads to a myriad of problems in PA training. Georgia successfully implemented a modest tax incentive for clinical preceptors which has been successful in overcoming these barriers and increased training sites. The PAB Education and Workforce Subcommittee is looking into how California may pursue similar legislation that would encourage PA training and retention in medically underserved areas in California.

While this issue affects veterans, the effect is the same across the nation and even for applicants to the military PA program. There are several options for Veterans that want to attend PA school, but this is beyond the scope of the Board.

EDITS TO THE PAB PRACTICE ACT

ISSUE #8: Are there minor/non-substantive changes to the PAB's practice act that may improve the PAB's operations?

Background: There may be a number of non-substantive and technical changes to the PA practice act which may need to be made. The appropriate place for these types of changes to be made is in the Senate Committee on Business, Professions and Economic Development's (BP&ED) annual committee omnibus bills.

Each year, the Senate BP&ED Committee introduces two omnibus bills. One bill contains provisions related to health boards/bureaus and the other bill contains provisions related to non-health boards/bureaus. The Senate BP&ED Committee staff reviews all proposals, and consults with the Republican caucus staff and Committee member offices to determine the provisions that are suitable for inclusion in the committee omnibus bills. All entities that submit language for consideration are notified of the BP&ED Committee's decision regarding inclusion of the proposed language. **Examples of technical clarifications are referenced below.**

- Obsolete references to chairperson and vice-chairperson throughout the Practice Act.

- Obsolete reference to the Physician Assistant Committee and other outdated names of the PAB.

Staff Recommendation: The PAB should submit their proposal for any technical changes to its practice act to the Senate BP&ED Committee for possible inclusion in one of its annual committee omnibus bills.

Board Response: The PAB appreciates the recommendation to submit technical changes to its practice act to the Senate BP&ED Committee for possible inclusion in annual omnibus bills.

The PAB, with the assistance of the Department of Consumer Affairs Legislative and Regulatory Review Unit, takes advantage of the opportunity to address minor/non-substantive changes to the Physician Assistant Practice Act with the annual omnibus bill. The PAB believes that the annual omnibus bill is an efficient method to address minor/non-substantive changes to the Physician Assistant Practice Act.

For example, in 2015, the PAB was included in the omnibus bill to amend Business and Professions Code section 3509.5 to change chairperson and vice chairperson to president and vice president.

It should be noted that references to “committee” or “committees” remain in the Physician Assistant Practice Act. Specifically, references in Article 6.5, Business and Professions Code sections 3534.1, 3534.2, 3534.3, and 3534.4. In this case, “committee” and “committees” refer to a “Diversion Evaluation Committee” which may be established by the PAB.

The following technical clarification, in pertinent part, to Section 3504 of the Business and Professions Code is requested:

> The board consists of ten members.

This change would align the membership numbers with those contained in Section 3505 of the Business and Professions Code.

CONTINUED REGULATION OF THE PROFESSION

ISSUE #9: Should the licensing and regulation of PAs be continued and be regulated by the current PAB membership?

Background: The health, safety and welfare of consumers are protected by the presence of a strong licensing and regulatory board with oversight over PAs. The PAB has shown a commitment to improve its overall efficiency and effectiveness and has worked cooperatively with the Legislature and the Committees to bring about necessary changes. Therefore, the PAB should be continued with a 4-year extension of its sunset date so that the Legislature may once again review whether the issues and recommendations in this Background Paper have been addressed.

Staff Recommendation: The licensing and regulation of PAs should continue to be regulated by the current members of the PAB in order to protect the interests of the public and be reviewed once again in four years.

Board Response: The PAB appreciates the recommendation that the licensing and regulation of physician assistants should be continued by the current members of the PAB in order to provide consumer protection.

Due to the implementation of the Patient Protection and Affordable Care Act in California, the PAB strongly believes that physician assistants provide a valuable role to address the health care shortages in California.

The PAB appreciates continuing its role as a consumer protection agency via its licensing and enforcement functions.

The PAB also wishes to continue its ongoing collaborative relationships with the Governor, the Legislature, the Department of Consumer Affairs, the Medical Board of California, and other state regulatory agencies. By working together we can ensure that California consumers can benefit from access to safe and competent health care services.

Section 11 – New Issues

This is the opportunity for the board to inform the Committees of solutions to issues identified by the board and by the Committees. Provide a short discussion of each of the outstanding issues, and the board's recommendation for action that could be taken by the board, by DCA or by the Legislature to resolve these issues (i.e., policy direction, budget changes, legislative changes) for each of the following:

1. **Issues that were raised under prior Sunset Review that have not been addressed.**

There should be no issues that have not been addressed.

2. **New issues that are identified by the board in this report.**

Since 1975 the Board has been charging an initial application fee of $25.00. As indicated in the various licensing data provided, each year the initial applications increase and will continue to increase. With the increase in numbers of applications, the Board is seeing an increase in applications that contain some sort of history, whether it be criminal or school related. However, a preliminary review indicates that $25 is insufficient to cover the Board's costs in processing the application. The Board is currently performing a desk audit to compile the statistics for this proposed fee increase.

3. **New issues not previously discussed in this report.**

Legislative Proposals:

a. **Removal of Test Locations, Exam Dates and Passing Scores:**

Per Business and Professions Code section 3517 – Examination provides in pertinent part "The Board shall, however, establish a passing score for each examination". Also, provides "The time and place of examinations shall be fixed by the board". The Board would like to have the statute changed to remove these two provisions since the current examination is administered by a private organization.

b. **Complete Independence from Medical Board of California:**

Per the Board's approved Strategic Plan for 2019 – 2023, the Board would like to research the feasibility of the Board becoming completely independent of the Medical Board of California to increase efficiencies and enhance consumer protection. This could be accomplished by statute and striking out all references to the Board being within the jurisdiction of the Medical Board

except for references to standards and grounds for discipline, e.g., Business and Professions Code section 3527 – Grounds for Discipline.

c. SB 697- Chapter 707, dated October 9, 2019

(1) Effective January 1, 2020, sections 3502.1(e)(1) and (e)(3) of the Business and Professions Code will be amended to read in part, “as those provisions read on June 7, 2019.” This date freezes the Board’s ability to write, amend, or enact any new regulations related to its controlled substances education course standards or pharmacology course standards at sections 1399.530, 1399.610, and 1399.612 of Title 16 of the California Code of Regulations that were not in effect as of that date. The Board requests that this date be removed from Business and Professions Code section 3502.1 to restore the Board’s discretion to set standards in this area.

(2) Currently, the Board's regulations at Section 1399.545(b) of Title 16 of the California Code of Regulations provide: "A supervising physician shall delegate to a physician assistant only those tasks and procedures consistent with the supervising physician’s specialty or usual and customary practice and with the patient’s health and condition."

This regulation was originally adopted by the Medical Board of California pursuant to its authority to supervise physicians at Business and Professions Code section 3516 to help ensure patient health and safety. The Board proposes to move this regulatory requirement to a new section in the Physician Assistant Practice Act to help ensure a consistent standard of competency in the profession and to further public protection. In this way, the supervising physician may truly supervise and the physician assistant obtains relevant and necessary consultations related to patient care that is grounded in actual knowledge and experience in the same specialty or usual and customary practice. Without such a standard, the Board believes the requirements for supervision become meaningless and the quality of patient care may suffer. The Board also believes that without a bright line standard cases where, for example, a physician assistant performing plastic surgery hires an anesthesiologist to be their supervisor and harms patients, may be more difficult to prosecute.

d. Physician Assistant Board offering own examination for licensure or other options

In light of the expansion of PA programs in California and nationally, and the anticipated increase in PA applicants, the Board proposes to amend Section 3517 of the Business and Professions Code to provide the Board more authority for examination options. This would include allowing the Board to: 1) select a public or private organization to conduct the exam specified by the Board, 2) select, through contract, organizations that furnish exam material to conduct an examination, and 3) to clarify that the Board can conduct its own examination and set the date, time and location of said examination.

This would provide the Board more options for different vendors and potentially administering its own examination. These changes would implement that suggestion by clarifying that the Board can select any public or private organization to conduct the examination and if the Board does select an organization the passing score, time, and place of examination shall be established by that organization. This change would also alleviate the Board from having to vote each year on the time, date and location for the

examination as it is currently required by law (this would incorporate the request at 3.a. above).

Additional Staff:

The Board functions as an autonomous, decision-making body with its own set of laws and regulations. The primary responsibility of the Board is to protect California consumers from incompetent, and/or fraudulent practice through the enforcement of the Physician Assistant Practice Act under Division 2, Chapter 7.7, of the Business and Professions Code, and through the Physician Assistant Regulations (Title 16, Division 13.8) of the California Code of Regulations (CCR). Currently the Board's Enforcement Program, which consists of the complaint unit and the discipline unit, is handled by the Medical Board of California (MBC) through a shared services agreement. The Board's 2019-2023 Strategic Plan is to become completely independent of MBC and to assume all Enforcement Program workload as it pertains to physician assistants. The complaint unit handles all complaints filed against physician assistants and the discipline unit handles all processing of criminal, administrative and disciplinary actions against physician assistants. It is imperative that the Board's Enforcement Program workload be completed in-house, and not through a shared services agreement with MBC to maintain a total span of control and accountability over all of its enforcement processes and adequately and effectively carry out its enforcement mandates by utilizing best enforcement practices. To achieve its Strategic Plan goal of becoming completely independent of MBC, the Board will request the following positions through annual budget process:

Enforcement Program – Requirement 2.0 Analyst:

The Enforcement Program evaluates enforcement procedures and apply to best practices to ensure public protection. The analyst will conduct investigations on violations such as discipline imposed by other state boards and governmental agencies. They review evidence and make recommendations regarding whether to initiate formal disciplinary action. The analyst level refers cases for the filing of an accusation to the Attorney General (AG) and works with the Deputy Attorneys General on stipulated settlements, matters proceeding to an administrative hearing and those matters that end in a default decision. As the number of licensees increases so do the number of complaints received. Failure to timely identify a physician assistant's incompetence will likely place California's healthcare consumers at risk thereby failing to protect the public.

Support – Requirement 1.0 OT:

The support unit provides enforcement related administrative support. The OT will provide all the necessary administrative support to ensure smooth daily operation and includes the replication of case documents for referral to the AG or the District Attorney for prosecution. These case documents often include legal settlements, court dockets or transcripts, and years of patient records that require hours of copying, organizing, and preparation for mailing to Board Members, as well as filing and recording case outcomes in various tracking databases.

4. New issues raised by the Committees.

The Board has not been apprised of any new issues.

Section 12 – Attachments

Please provide the following attachments:

A. **Board's administrative manual.**

B. **Current organizational chart showing relationship of committees to the board and membership of each committee (cf., Section 1, Question 1).**

C. **Performance Measures (cf., Section 2, Question 6).**

D. **Year-end organization charts for last four fiscal years. Each chart should include number of staff by classifications assigned to each major program area (licensing, enforcement, administration, etc.) (cf., Section 3, Question 15).**