



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

Physician Assistant Board

2016 Sunset Review Report

**Submitted December 1, 2015
to the Senate Committee on Business,
Professions and Economic Development
and the Assembly Committee on
Business and Professions**



Board Members

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

Jed Grant, PA-C, Professional Member, Vice-President

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

Michael Bishop, M.D., Professional Member

Sonya Earley, PA, Professional Member

Javier Esquivel-Acosta, PA, Professional Member

Catherine Hazelton, Public Member

Xavier Martinez, Public Member

Physician Assistant Board

Glenn L. Mitchell, Jr., Executive Officer

State of California

Edmund G. Brown, Jr., Governor

Anna M. Caballero, Secretary, Business, Consumer Services and Housing Agency

Awet Kidane, Director, Department of Consumer Affairs

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

Physician Assistant Board
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TABLE OF CONTENTS

Section 1

Background and Description of the Board and Regulated Profession

History of the Physician Assistant Board	1
Make-up and Function of the Board and Board Committees	3
Reorganization/Change in Leadership	13
Legislative Actions	13
Regulatory Actions	18
Major Studies and Reports	19
National Association Memberships	19

Section 2

Performance Measures and Customer Satisfaction Surveys

DCA Performance Measure Reports	20
Customer Satisfaction Online Survey Results	21

Section 3

Fiscal and Staff

Current Reserve Level and Spending	25
Fee Increase	25
Fund Condition	26
General Fund Loan	26
Program Expenditures	26
Current Fees	27
Budget Change Proposals	28
Board Staffing	28
Staff Development	29

Section 4

Licensing Program

Licensing Program Performance Targets	29
Processing Times	30
Licensee Population	31
Licensee Verification	32
Out-of-State Applicants	34
Military Licensure Process	34
No Longer Interested Notification	35
Examinations	36
Pass Rates	37
Computer Based Testing	37
Statutory Barriers	38
School Approvals	38
Continuing Education/Competency Requirements	39

Section 5

Enforcement Program

Enforcement Program Performance Targets	42
Enforcement Data Trends	43
Enforcement Statistics	45
Disciplinary Action Increases/Decreases	48
Case Prioritization	49
Mandatory Reporting Requirements	49
Statute of Limitations	50
Unlicensed Activity	50
Cite and Fine	50
Cost Recovery and Restitution	52

Section 6

Public Information Policies

Physician Assistant Board Website	54
Board Meeting Information	55
Complaint Process	55
Licensee Public Information	55
Consumer Outreach and Education	56

Section 7

Online Practice Issues

Internet Business Practice of Physician Assistants	57
--	----

Section 8

Workforce Development and Job Creation

Workforce Development	57
Licensing Delays	61
School Presentations	61
Workforce Development Data	62

Section 9

Current Issues

Uniform Standards for Substance Abusing Licensees	62
Consumer Protection Enforcement Initiative	62
BreEZe	63

Section 10

Board Action and Response to Prior Sunset Issues

Enhancement of Board's Internet Services	64
Change the Composition and Name of the Physician Assistant Committee	65
Employer Reporting	66
Continuing Education Audits	66
Workforce Development Issues	67
Continued Regulation	69

Section 11

New Issues

Issues Not Addressed 69
Disciplinary Action Taken by Another Board 69
Board Member Composition 70

Section 12

Attachments

List of Attachments 71

Section 13

Board Specific Issues

Diversion 72

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 four 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's Assistant Law (Statutes of 1970, Chapter 1327) was passed, introducing a new category of health care provider, termed the "physician's assistant," to redress "the growing shortage and geographic maldistribution 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's 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's 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's 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's Assistant Practice Act," which abolished the Advisory Committee on Physician's Assistants and Nurse Practitioner Programs and created, instead, the Physician's 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 physician's assistant;"
- 2) "encourage the more effective utilization of the skills of physicians by enabling them to delegate health care tasks to qualified physician's assistants where such delegation is consistent with the patient's health and welfare;"
- 3) "encourage the utilization of physician's 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's 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:

- Approval of the educational and training requirements of physician assistants.
- 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 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 10,000 licensed physician assistants, the Board regulates and establishes standards for the education and training of physician assistant practice.

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

The Board consists of nine members who serve four-year terms and may be reappointed. The Board is currently comprised of: one physician member from the Medical Board of California, four licensed physician assistants, and four public members. The Governor appoints the four physician assistant 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, approval of physician assistant training programs, contracts, budget issues, legislation and regulatory proposals, and consumer and public outreach.

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 charged with 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 chairperson may appoint task forces and committees as issues arise.

The Legislative Committee created on May 20, 2013

The purpose of the committee is to review legislation that would impact the Board, licensees, and consumers and make recommendations to the Board regarding possible positions on proposed legislation.

The committee is comprised of Board members Sonya Earley, PA-C and Catherine Hazelton.

Education/Workforce Development Committee created on May 4, 2015

The purpose of the committee is to examine education and workforce issues regarding physician assistants and the need to address health care needs of California consumers.

The committee is comprised of Board members Charles J. Alexander, Ph.D. and Jed Grant, PA-C

Table 1a. Attendance			
Charles J. Alexander, Ph.D. – Current member			
Date Appointed:	February 5, 2013		
Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly Board Meeting	02/11/2013	Sacramento	No
Quarterly Board Meeting	05/20/2013	Sacramento	Yes
Quarterly Board Meeting	08/26/2013	Sacramento	Yes
Quarterly Board Meeting	12/09/2013	Sacramento	Yes
Quarterly Board Meeting	02/24/2014	Sacramento	Yes
Quarterly Board Meeting	05/19/2014	Sacramento	Yes
Quarterly Board Meeting	08/19/2014	Sacramento	Yes
Quarterly Board Meeting	11/03/2014	Sacramento	Yes
Interim Teleconference Board Meeting	01/16/2015	Various	Yes
Quarterly Board Meeting	02/09/2015	Sacramento	Yes
Quarterly Board Meeting	05/04/2015	Sacramento	Yes

Table 1a. Attendance			
Michael Bishop, M.D. – Current member			
Date Appointed:	June 18, 2013		
Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly Board Meeting	08/26/2013	Sacramento	Yes
Quarterly Board Meeting	12/09/2013	Sacramento	Yes
Quarterly Board Meeting	02/24/2014	Sacramento	Yes
Quarterly Board Meeting	05/19/2014	Sacramento	Yes
Quarterly Board Meeting	08/19/2014	Sacramento	Yes
Quarterly Board Meeting	11/03/2014	Sacramento	Yes
Interim Teleconference Board Meeting	01/16/2015	Various	Yes
Quarterly Board Meeting	02/09/2015	Sacramento	Yes
Quarterly Board Meeting	05/04/2015	Sacramento	Yes

Table 1a. Attendance			
Roslynn Byous, PA-C			
Date Appointed:	February 4, 2008		
Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly Board Meeting	08/22/2011	Sacramento	Yes
Personal Presence Subcommittee Meeting	10/03/2011	Sacramento	Yes
Interim Teleconference Meeting	10/10/2011	Various	Yes
Quarterly Board Meeting	11/10/2011	Sacramento	Yes
Personal Presence Subcommittee Teleconference Meeting	12/15/2011	Various	Yes

*Served during grace year.

Table 1a. Attendance			
Sonya Early, PA – Current member			
Date Appointed:	February 5, 2013		
Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly Board Meeting	02/11/2013	Sacramento	Yes
Quarterly Board Meeting	05/20/2013	Sacramento	Yes
Quarterly Board Meeting	08/26/2013	Sacramento	Yes
Quarterly Board Meeting	12/09/2013	Sacramento	Yes
Quarterly Board Meeting	02/24/2014	Sacramento	Yes
Quarterly Board Meeting	05/19/2014	Sacramento	No
Quarterly Board Meeting	08/19/2014	Sacramento	Yes
Quarterly Board Meeting	11/03/2014	Sacramento	Yes
Interim Teleconference Board Meeting	01/16/2015	Various	Yes
Quarterly Board Meeting	02/09/2015	Sacramento	Yes
Quarterly Board Meeting	05/04/2015	Sacramento	Yes

Table 1a. Attendance			
Cristina Gomez-Vidal Diaz – Current member			
Date Appointed:	November 22, 2005		
Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly Board Meeting	08/22/2011	Sacramento	Yes
Personal Presence Subcommittee Meeting	10/03/2011	Sacramento	No
Interim Teleconference Meeting	10/10/2011	Various	Yes
Quarterly Board Meeting	11/10/2011	Sacramento	No
Personal Presence Subcommittee Teleconference Meeting	12/15/2011	Various	No
Quarterly Board Meeting	02/06/2012	Sacramento	Yes
Quarterly Board Meeting	05/07/2012	Sacramento	Yes
Quarterly Board Meeting	08/06/2012	Sacramento	Yes
Quarterly Board Meeting	10/29/2012	Sacramento	Yes
Quarterly Board Meeting	12/10/2012	Sacramento	Yes
Quarterly Board Meeting	02/11/2013	Sacramento	Yes
Quarterly Board Meeting	05/20/2013	Sacramento	Yes
Quarterly Board Meeting	08/26/2013	Sacramento	Yes
Quarterly Board Meeting	12/09/2013	Sacramento	No
Quarterly Board Meeting	02/24/2014	Sacramento	Yes
Quarterly Board Meeting	05/19/2014	Sacramento	No
Quarterly Board Meeting	08/19/2014	Sacramento	Yes
Quarterly Board Meeting	11/03/2014	Sacramento	Yes
Interim Teleconference Board Meeting	01/16/2015	Various	Yes
Quarterly Board Meeting	02/09/2015	Sacramento	No
Quarterly Board Meeting	05/04/2015	Sacramento	Yes

*Served during grace year.

Table 1a. Attendance			
Jed Grant, PA-C – Current member			
Date Appointed:	February 5, 2013		
Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly Board Meeting	02/11/2013	Sacramento	Yes
Quarterly Board Meeting	05/20/2013	Sacramento	Yes
Quarterly Board Meeting	08/26/2013	Sacramento	Yes
Quarterly Board Meeting	12/09/2013	Sacramento	Yes
Quarterly Board Meeting	02/24/2014	Sacramento	Yes
Quarterly Board Meeting	05/19/2014	Sacramento	Yes
Quarterly Board Meeting	08/19/2014	Sacramento	Yes
Quarterly Board Meeting	11/03/2014	Sacramento	Yes
Interim Teleconference Board Meeting	01/16/2015	Various	Yes
Quarterly Board Meeting	02/09/2015	Sacramento	Yes
Quarterly Board Meeting	05/04/2015	Sacramento	Yes

Table 1a. Attendance			
Catherine Hazelton – Current member			
Date Appointed:	January 15, 2013		
Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly Board Meeting	02/11/2013	Sacramento	Yes
Quarterly Board Meeting	05/20/2013	Sacramento	Yes
Quarterly Board Meeting	08/26/2013	Sacramento	Yes
Quarterly Board Meeting	12/09/2013	Sacramento	No
Quarterly Board Meeting	02/24/2014	Sacramento	No
Quarterly Board Meeting	05/19/2014	Sacramento	Yes
Quarterly Board Meeting	08/19/2014	Sacramento	Yes
Quarterly Board Meeting	11/03/2014	Sacramento	Yes
Interim Teleconference Board Meeting	01/16/2015	Various	Yes
Quarterly Board Meeting	02/09/2015	Sacramento	No
Quarterly Board Meeting	05/04/2015	Sacramento	Yes

Table 1a. Attendance			
Steven Klompus, PA			
Date Appointed:	January 21, 2006		
Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly Board Meeting	08/22/2011	Sacramento	Yes
Personal Presence Subcommittee Meeting	10/03/2011	Sacramento	No
Interim Teleconference Meeting	10/10/2011	Various	Yes
Quarterly Board Meeting	11/10/2011	Sacramento	Yes
Personal Presence Subcommittee Teleconference Meeting	12/15/2011	Various	No
Quarterly Board Meeting	02/06/2012	Sacramento	Yes
Quarterly Board Meeting	05/07/2012	Sacramento	Yes
Quarterly Board Meeting	08/06/2012	Sacramento	Yes
Quarterly Board Meeting	10/29/2012	Sacramento	Yes
Quarterly Board Meeting	12/10/2012	Sacramento	Yes

*Served during grace year.

Table 1a. Attendance			
Reginald Low, M.D.			
Date Appointed:	February 4, 2008		
Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly Board Meeting	08/22/2011	Sacramento	Yes
Personal Presence Subcommittee Meeting	10/03/2011	Sacramento	No
Interim Teleconference Meeting	10/10/2011	Various	Yes
Quarterly Board Meeting	11/10/2011	Sacramento	No
Personal Presence Subcommittee Teleconference Meeting	12/15/2011	Various	No
Quarterly Board Meeting	02/06/2012	Sacramento	No
Quarterly Board Meeting	05/07/2012	Sacramento	No

Table 1a. Attendance			
Xavier Martinez – Current member			
Date Appointed:	February 6, 2014		
Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly Board Meeting	02/24/2014	Sacramento	Yes
Quarterly Board Meeting	05/19/2014	Sacramento	No
Quarterly Board Meeting	08/19/2014	Sacramento	Yes
Quarterly Board Meeting	11/03/2014	Sacramento	Yes
Interim Teleconference Board Meeting	01/16/2015	Various	Yes
Quarterly Board Meeting	02/09/2015	Sacramento	Yes
Quarterly Board Meeting	05/04/2015	Sacramento	Yes

Table 1a. Attendance			
Robert E. Sachs, PA-C – Current member			
Date Appointed:	April 1, 1993		
Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly Board Meeting	08/22/2011	Sacramento	Yes
Personal Presence Subcommittee Meeting	10/03/2011	Sacramento	Yes
Interim Teleconference Meeting	10/10/2011	Various	Yes
Quarterly Board Meeting	11/10/2011	Sacramento	Yes
Personal Presence Subcommittee Teleconference Meeting	12/15/2011	Various	Yes
Quarterly Board Meeting	02/06/2012	Sacramento	Yes
Quarterly Board Meeting	05/07/2012	Sacramento	Yes
Quarterly Board Meeting	08/06/2012	Sacramento	Yes
Quarterly Board Meeting	10/29/2012	Sacramento	Yes
Quarterly Board Meeting	12/10/2012	Sacramento	Yes
Quarterly Board Meeting	02/11/2013	Sacramento	Yes
Quarterly Board Meeting	05/20/2013	Sacramento	Yes
Quarterly Board Meeting	08/26/2013	Sacramento	Yes
Quarterly Board Meeting	12/09/2013	Sacramento	Yes
Quarterly Board Meeting	02/24/2014	Sacramento	Yes
Quarterly Board Meeting	05/19/2014	Sacramento	Yes
Quarterly Board Meeting	08/19/2014	Sacramento	Yes
Quarterly Board Meeting	11/03/2014	Sacramento	Yes
Interim Teleconference Board Meeting	01/16/2015	Various	Yes
Quarterly Board Meeting	02/09/2015	Sacramento	Yes
Quarterly Board Meeting	05/04/2015	Sacramento	Yes

*Reappointed after serving the Board from 1993 to 2008.

Table 1a. Attendance			
Shaquawn Schasa			
Date Appointed:	June 5, 2007		
Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly Board Meeting	08/22/2011	Sacramento	Yes
Personal Presence Subcommittee Meeting	10/03/2011	Sacramento	No
Interim Teleconference Meeting	10/10/2011	Various	Yes
Quarterly Board Meeting	11/10/2011	Sacramento	Yes
Personal Presence Subcommittee Teleconference Meeting	12/15/2011	Various	No
Quarterly Board Meeting	02/06/2012	Sacramento	Yes
Quarterly Board Meeting	05/07/2012	Sacramento	Yes
Quarterly Board Meeting	08/06/2012	Sacramento	Yes
Quarterly Board Meeting	10/29/2012	Sacramento	Yes
Quarterly Board Meeting	12/10/2012	Sacramento	Yes

*Served during grace year.

Table 1a. Attendance			
Rosalee Shorter – Current member until resignation on 07/01/2015			
Date Appointed:	February 5, 2013		
Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly Board Meeting	02/11/2013	Sacramento	Yes
Quarterly Board Meeting	05/20/2013	Sacramento	No
Quarterly Board Meeting	08/26/2013	Sacramento	Yes
Quarterly Board Meeting	12/09/2013	Sacramento	Yes
Quarterly Board Meeting	02/24/2014	Sacramento	Yes
Quarterly Board Meeting	05/19/2014	Sacramento	Yes
Quarterly Board Meeting	08/19/2014	Sacramento	Yes
Quarterly Board Meeting	11/03/2014	Sacramento	Yes
Interim Teleconference Board Meeting	01/16/2015	Various	Yes
Quarterly Board Meeting	02/09/2015	Sacramento	Yes
Quarterly Board Meeting	05/04/2015	Sacramento	Yes

Table 1a. Attendance			
Steven Stumpf, Ed.D.			
Date Appointed:	May 15, 2009		
Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly Board Meeting	08/22/2011	Sacramento	Yes
Personal Presence Subcommittee Meeting	10/03/2011	Sacramento	No
Interim Teleconference Meeting	10/10/2011	Various	Yes
Quarterly Board Meeting	11/10/2011	Sacramento	Yes
Personal Presence Subcommittee Teleconference Meeting	12/15/2011	Various	No
Quarterly Board Meeting	02/06/2012	Sacramento	Yes
Quarterly Board Meeting	05/07/2012	Sacramento	Yes
Quarterly Board Meeting	08/06/2012	Sacramento	Yes
Quarterly Board Meeting	10/29/2012	Sacramento	Yes
Quarterly Board Meeting	12/10/2012	Sacramento	Yes

*Served during grace year.

Table 1a. Attendance			
Shelia Young			
Date Appointed:	June 5, 2007		
Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly Board Meeting	08/22/2011	Sacramento	Yes
Personal Presence Subcommittee Meeting	10/03/2011	Sacramento	No
Interim Teleconference Meeting	10/10/2011	Various	Yes
Quarterly Board Meeting	11/10/2011	Sacramento	Yes
Personal Presence Subcommittee Teleconference Meeting	12/15/2011	Various	No

Table 1b. Board Member Roster					
Member Name (Include Vacancies)	Date First Appointed	Date Re-appointed	Date Term Expires	Appointing Authority	Type (public or professional)
Charles J. Alexander	2/5/2013		1/1/2016	Governor	Public
Michael Bishop, M.D.	6/18/2013		1/1/2016	Governor	Professional
Roslynn Byous, PA-C	2/4/2008		1/1/2011	Governor	Professional
Sonya Earley, PA	2/5/2013		1/1/2016	Governor	Professional
Cristina Gomez-Vidal Diaz	11/22/2005		1/1/2015	Senate	Public
Jed Grant, PA-C	2/5/2013	1/8/2015	1/1/2019	Governor	Professional
Catherine Hazelton	1/15/2013		1/1/2016	Assembly	Public
Steven Klompus, PA	1/21/2006	3/17/2008	1/1/2012	Governor	Professional
Reginald Low, M.D.	2/4/2008		1/1/2012	Governor	Professional
Xavier Martinez	2/6/2014	1/8/2015	1/1/2019	Governor	Public
Robert Sachs, PA-C	4/1/1993	3/9/2015	1/1/2019	Governor	Professional
Shaquawn Schasa	6/5/2007	3/17/2008	1/1/2012	Governor	Public
Rosalee Shorter*	2/5/2013	2/11/2015	1/1/2017	Governor	Professional
Steven Stumpf, Ed.D.	5/15/2009		1/1/2013	Assembly	Public
Shelia Young	6/5/2007		1/1/2011	Governor	Public
Vacant				Governor	Professional

*Ms. Shorter resigned her position on 7/1/2015

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 submission of the last sunset report in 2012, 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:

- **Internal changes (i.e., reorganization, relocation, change in leadership, strategic planning)**
 - **Leadership Change:** Elberta Portman, who served as the Board's Executive Officer since 2007 retired in November 2012. Glenn L. Mitchell, Jr. was appointed as the Board's Executive Officer on December 17, 2012. Mr. Mitchell has been with the Board for almost thirty years.
 - **Strategic Plan:** The Board updated and adopted a new Strategic Plan for 2014 to 2018 on February 24, 2014.
- **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 impacts the Board and licensees:

AB 415 (Logue, Chapter 547, Statutes of 2011)

The “Telehealth Advancement Act of 2011,” replaced the term “telemedicine” with the term “telehealth” in the Medical Practice Act, and removed the requirement for a written, signed patient waiver prior to the provision of telehealth services provided by health care practitioners, including physician assistants.

SB 233 (Pavley, Chapter 333, Statutes of 2011)

This bill clarified existing law to explicitly permit appropriate licensed health care personnel, including physician assistants, acting within their scope of practice, to provide treatment and consultations in the emergency department of a medical facility.

SB 943 (Committee on Business, Professions and Economic Development, Chapter 350, Statutes of 2011)

Previously, the law required the Board to issue a license to a physician assistant applicant who, among other things, provides evidence of either successful completion of an approved program, as defined, or a resident course of professional instruction (medical school) meeting certain requirements.

This bill requires that applicants provide evidence of successful completion of an approved physician assistant program only, deleting the medical school requirement.

AB 1588 (Atkins, Chapter 742, Statutes of 2012)

This bill requires boards, including the Physician Assistant Board, with certain exceptions, to waive the renewal fees, continuing education requirements, and other renewal requirements as determined by the Board, if any are applicable, of any licensee or registrant who is called to active duty as a member of the United States Armed Forces or the California National Guard if certain requirements are met. The bill, except as specified, prohibits a licensee or registrant from engaging in any activities requiring a license while a waiver is in effect. The bill requires a licensee or registrant to meet certain renewal requirements within a specified time period after being discharged from active duty service prior to engaging in any activity requiring a license. The bill requires a licensee or registrant to notify the Board of his or her discharge from active duty within a specified time period.

AB 1896 (Chesbro, Chapter 119, Statutes of 2012)

This bill exempted all health care practitioners, including physician assistants, employed by a Tribal Health Program from California licensure, as long as the practitioner is licensed in another state.

AB 1904 (Block, Chapter 399, Statutes of 2012)

This bill requires a board within the Department of Consumer Affairs, including the Physician Assistant Board, to expedite the licensure process for an applicant who holds a license in the same profession or vocation in another jurisdiction and is married to, or in a legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders.

SB 1236 (Price, Chapter 332, Statutes of 2012)

This bill renames the Physician Assistant Committee as the Physician Assistant Board, make various conforming changes relative to this change in designation, and extend the

operation of the Board until January 1, 2017. The bill revises the composition of the Board and specifies that the Board is subject to review by the appropriate policy committees of the Legislature. This bill also requires that 800-series reporting apply to physician assistants.

SB 1274 (Wolk, Chapter 793, Statutes of 2012)

This bill allowed California Shriners Hospitals to begin billing health carriers for services rendered by practitioners, including physician assistants, notwithstanding the prohibition on the corporate practice of medicine.

AB 110 (Blumenfield, Chapter 20, Statutes of 2013)

This bill made numerous appropriations, including the transfer of funds from the Physician Assistant Board to the Department of Justice for operation of the CURES program.

AB 154 (Atkins, Chapter 662, Statutes of 2013)

This bill makes it a public offense, punishable by a fine not exceeding \$10,000 or imprisonment, or both, for a person to perform an abortion if the person does not have a valid license to practice as a physician and surgeon, except that it would not be a public offense for a person to perform an abortion by medication or aspiration techniques in the first trimester of pregnancy if he or she holds a license or certificate authorizing him or her to perform the functions necessary for an abortion by medication or aspiration techniques. The bill also 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 indefinitely authorizes 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. The bill deletes the references to a nonsurgical abortion and deletes the restrictions on assisting with abortion procedures.

AB 258 (Chavez, Chapter 227, Statutes of 2013)

This bill requires, on or after July 1, 2014, every state agency that requests on any written form or written publication, or through its internet website, whether a person is a veteran, to request that information in a specified manner.

AB 512 (Rendon, Chapter 111, Statutes of 2013)

This bill extends the date that authorizes out-of-state licensed health care practitioners to treat patients at sponsored free health care events in California from January 1, 2014 to January 1, 2018.

AB 635 (Ammiano, Chapter 707, Statutes of 2013)

This bill revises provisions from the current pilot program authorizing prescription of opioid antagonists for treatment of drug overdose and limiting civil and criminal liability, expands these provisions statewide, and removes the 2016 sunset date.

AB 1057 (Medina, Chapter 693, Statutes of 2013)

This bill requires each board, including the Physician Assistant Board, commencing January 1, 2015, to inquire in every application for licensure if the individual applying for licensure is serving in, or has previously served in, the military.

SB 304 (Lieu, Chapter 515, Statutes of 2013)

This bill, effective July 1, 2014, requires that investigators of the Medical Board of California who have the authority of a peace officer be in the Department of Consumer Affairs Division of Investigation and protects the positions, status, and rights of those employees who are subsequently transferred as a result of these provisions. The bill also, effective July 1, 2014, created within the Division of Investigation the Health Quality Investigation Unit.

Previously, the Board utilized the services of the Medical Board of California Investigation Unit. Now, the Department of Consumer Affairs Division of Investigations Health Quality Investigation Unit handles physician assistant investigations.

SB 352 (Pavley, Chapter 286, Statutes of 2013)

This bill deletes the requirement that the services performed by the medical assistant be in a specified clinic when under the specific authorization of a physician assistant, nurse practitioner, or certified nurse-midwife. The bill would prohibit a nurse practitioner, certified nurse-midwife, or physician assistant from authorizing a medical assistant to perform any clinical laboratory test or examination for which the medical assistant is not authorized, as specified, a violation of which would constitute unprofessional conduct.

SB 493 (Hernandez, Chapter 469, Statutes of 2013)

This bill establishes advanced practice pharmacists, thereby allowing an expanded scope of practice for pharmacists, and allows advanced practice pharmacists to perform physical assessments, request and evaluate drug related testing, and refer patients to other health care providers, among other things.

SB 494 (Monning, Chapter 684, Statutes of 2013)

This bill 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.

SB 809 (DeSaulnier, Chapter 400, Statutes of 2013)

This bill establishes the CURES Fund within the State Treasury to receive funds to be allocated, upon appropriation by the Legislature, to the Department of Justice for the purposes of funding CURES, and would make related findings and declarations.

This bill, beginning April 1, 2014, requires an annual fee of \$6 to be assessed on specified licensees, including licensees authorized to prescribe, order, administer, furnish, or dispense controlled substances, and require the regulating agency of each of those licensees to bill and collect that fee at the time of license renewal. The bill authorizes the Department of Consumer Affairs to reduce, by regulation, that fee to the reasonable cost of operating and maintaining CURES for the purpose of regulating those licensees, if the reasonable regulatory cost is less than \$6 per licensee. The bill requires the proceeds of the fee to be deposited into the CURES Fund for the support of CURES. The bill also permits specified insurers, health care service plans, qualified manufacturers, and other donors to voluntarily contribute to the CURES Fund, as described.

AB 1841 (Mullin, Chapter 333, Statutes of 2014)

This bill specifies that the “technical supportive services” a medical assistant may perform in those California State Board of Pharmacy licensed facilities also includes handing to a patient a properly labeled and prepackaged prescription drug, other than a controlled substance, ordered by a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife.

AB 2139 (Eggman, Chapter 568, Statutes of 2014)

When a health care provider, as defined, makes a diagnosis that a patient has a terminal illness, existing law requires the health care provider to provide the patient, upon the patient’s request, with comprehensive information and counseling regarding legal end-of-life options, as specified, and provide for the referral or transfer of a patient, as provided, if the patient’s health care provider does not wish to comply with the patient’s request for information on end-of-life options.

This bill applies these provisions to another person authorized to make health care decisions, as defined, for a patient with a terminal illness diagnosis. The bill additionally requires the health care provider to notify, except as specified, the patient or, when applicable, the other person authorized to make health care decisions, when the health care provider makes a diagnosis that a patient has a terminal illness, of the patient’s and the other authorized person’s right to comprehensive information and counseling regarding legal end-of-life care options.

SB 1083 (Pavley, Chapter 438, Chapter 2014)

This bill amends the Physician Assistant Practice Act to authorize a physician assistant to certify disability, after performance of a physical examination by the physician assistant under the supervision of a physician and surgeon consistent with the act. The bill expands the definition of practitioner to include a physician assistant. This bill requires the Employment Development Department to implement these provisions on or before January 1, 2017.

SB 1226 (Correa, Chapter 657, Statutes of 2014)

This bill, on and after July 1, 2016, requires a board, including the Physician Assistant Board, to expedite, or when applicable assist, the initial licensure process for an applicant who supplies satisfactory evidence to the Board that he or she has served as an active duty member of the Armed Forces of the United States and was honorably discharged.

SB 2102 (Ting, Chapter 420, Statutes of 2014)

This bill requires the Board to collect and report specific demographic data relating to its licensees, subject to a licensee’s discretion to report his or her race or ethnicity, to the Office of Statewide Health Planning and Development. The bill requires the board to collect this data at least biennially, at the times of both issuing an initial license and issuing a renewal license.

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

This bill authorizes the signature of a nurse practitioner or a physician assistant acting under the supervision of the physician and within the scope of practice authorized by law to create a valid Physician Orders for Life Sustaining Treatment form (POLST).

AB 679 (Allen, Chapter 778, Statutes of 2015)

This bill delays an existing requirement for prescribers and dispensers to register on the Controlled Substance Utilization Review and Evaluation System prescription drug database by January 1, 2016 to July 1, 2016.

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

This bill requires that the medical record for each episode of care for a patient identify the physician and surgeon who is responsible for the supervision of the physician assistant. The bill deletes those medical record review provisions, and, instead, requires the supervising physician and surgeon to use one or more of described review mechanisms. By adding these new requirements, the violation of which would be a crime, this bill imposes a state-mandated local program by changing the definition of a crime.

This bill establishes an alternative medical records review mechanism, and would authorize the supervising physician and surgeon to use the alternative mechanism, or a sample review mechanism using a combination of the 2 described mechanisms, as specified, to ensure adequate supervision of the administration, provision, or issuance by a physician assistant of a drug order to a patient for Schedule II controlled substances.

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

This bill, notwithstanding any other law, authorizes a physician and surgeon, a registered nurse acting in accordance with the authority of the Nursing Practice Act, a certified nurse-midwife acting within the scope of specified existing law relating to nurse-midwives, a nurse practitioner acting within the scope of specified existing law relating to nurse practitioners, a physician assistant acting within the scope of specified existing law relating to physician assistants, or a pharmacist acting within the scope of a specified existing law relating to pharmacists to use a self-screening tool that will identify patient risk factors for the use of self-administered hormonal contraceptives by a patient, and, after an appropriate prior examination, to prescribe, furnish, or dispense, as applicable, self-administered hormonal contraceptives to the patient. The bill authorizes blood pressure, weight, height, and patient health history to be self-reported using the self-screening tool.

SB 800 (Committee on Business, Professions and Economic Development, Chapter 426, Statutes of 2015)

Previously, the Physician Assistant Practice Act requires the Physician Assistant Board to annually elect a chairperson and vice chairperson from among its members.

This bill would require the annual election of a president and vice president from among its members.

- **The following regulation changes have been completed since the last Sunset Report.**
 - 2012 – Requirements for Preceptors – 1399.536 Amended:
This proposal would expand the type of licensed health care providers who may act as preceptors to include physicians and surgeons, physician assistants, registered nurses who have been certified in advanced practice, certified nurse midwives, licensed clinical social workers, marriage and family therapists, licensed educational psychologists, and licensed psychologists.

- 2013 - Sponsored Free Health Care Events – 1399.620, 1399.621, 1399.622, 1399.623
Adopted:
This statute provides a regulatory framework for certain health care events at which free care is offered to uninsured or under-insured individuals by volunteer health care practitioners where those practitioners may include individuals who may be licensed in one or more states, but are not licensed in California.
- 2013 – Technical Clean-up Section 100 – 1399.501, 1399.502, 1399.503, 1399.506, 1399.507, 1399.507.5, 1399.511, 1399.521, 1399.521.5, 1399.523, 1399.523.5, 1399.526, 1399.527, 1399.530, 1399.540, 1399.543, 1399.545, 1399.547, 1399.557, 1399.557, 1399.570, 1399.571, 1399.572, 1399.610, 1399.612, 1399.616, 1399.617, 1399.618, 1399.619 Amended:
Name changed from Physician Assistant Committee to Physician Assistant Board.
- 2013 – Review of Physician Assistant Application; Processing Time – 1399.512
Repealed.
- 2014 – Sponsored Free Health Care Events – 1399.621 Amended:
Section 100 – update Department of Consumer Affairs form 901-A.
- 2014 - Personal Presence – Medical Board of California Regulatory Package – 1399.541 Amended:
This proposal would permit a physician assistant to act as a first or second assistant in surgery without the personal presence of the supervising physician if the supervising physician is immediately available to the physician assistant. “Immediately available” means able to return to the patient, without delay, upon the request of the physician assistant or to address any situation requiring the supervising physician’s services.

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.

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, and thus, has not attended any national association conferences.

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

The Board is not involved in the PANCE’s examinations development, 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 (Section 12, Attachment E)

		2011 – 2012 Fiscal Year					2012 – 2013 Fiscal Year				
Measure	Target	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Annual	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Annual
Volume – Number of complaints and convictions received.	N/A	64	64	47	79	254	67	72	65	78	282
Intake – Average cycle time from complaint receipt to investigator assignment.	10	12	15	12	11	12.5	10	16	8	11	11.25
Intake and Investigation – Average cycle time from complaint receipt to closure of investigation time.	150	118	113	101	82	103.5	85	74	98	98	88.75
Formal Discipline – Average number of days to complete entire enforcement process.	540	520	483	825	477	576.25	576	1066	700	110	613
Probation Intake – Average number of days from monitor assignment to first probationer contact..	14	3	4	4	4	3.75	5	7	5	1	4.5
Probation Violation Response – Average number of days from date probation violation reported to appropriate action initiated by monitor.	7	8	2	3	3	4	7	5	7	2	5.25

		2013 – 2014 Fiscal Year					2014 – 2015 Fiscal Year				
Measure	Target	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Annual	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Annual
Volume – Number of complaints and convictions received.	N/A	84	85	86	96	351	76	81	*	*	*
Intake – Average cycle time from complaint receipt to investigator assignment.	10	8	12	11	15	11.5	16	17	*	*	*
Intake and Investigation – Average cycle time from complaint receipt to closure of investigation time.	150	93	*	*	*	*	*	*	*	*	*
Formal Discipline – Average number of days to complete entire enforcement process.	540	473	*	*	*	*	*	*	*	*	*
Probation Intake – Average number of days from monitor assignment to first probationer contact..	14	3	N/A	4	N/A	3.5	N/A	N/A	*	*	*
Probation Violation Response – Average number of days from date probation violation reported to appropriate action initiated by monitor.	7	N/A	N/A	3	N/A	3	N/A	N/A	*	*	*

*Consistent data not yet available from BreZEz.

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.

The Board receives few customer satisfaction surveys. Generally, it has been our experience that consumers tend to submit surveys when they are unhappy with the services they have received from the Board.

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.

Board staff reviews the survey results and proactively address concerns and implement changes to policies and procedures in regard to the 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)**

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

Response	FY 11/12	FY 12/13	FY 13/14	FY 14/15
Excellent	5	2	2	2
Very Good	0	0	1	0
Good	0	0	1	2
Fair	1	0	1	0
Poor	3	2	5	1
Not applicable	0	1	0	1

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

Response	FY 11/12	FY 12/13	FY 13/14	FY 14/15
Excellent	4	1	2	2
Very Good	0	0	1	0
Good	0	0	0	0
Fair	1	0	0	0
Poor	4	2	6	2
Not applicable	0	2	1	2

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

Response	FY 11/12	FY 12/13	FY 13/14	FY 14/15
Excellent	4	2	2	2
Very Good	1	0	1	0
Good	2	0	2	0
Fair	1	0	2	1
Poor	1	3	3	3
Not applicable	0	0	0	0

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

Response	FY 11/12	FY 12/13	FY 13/14	FY 14/15
Excellent	3	1	2	1
Very Good	0	0	0	0
Good	0	0	0	1
Fair	0	0	0	0
Poor	4	2	3	2
Not applicable	2	2	4	2

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

Response	FY 11/12	FY 12/13	FY 13/14	FY 14/15
Excellent	1	0	0	0
Very Good	0	0	0	0
Good	0	0	0	0
Fair	1	0	0	0
Poor	2	2	4	1
Not applicable	4	3	5	5

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

Response	FY 11/12	FY 12/13	FY 13/14	FY 14/15
Yes	4	2	4	3
No	4	2	5	3

7. Additional comments or suggestions.

The following written comments were received as part of the customer satisfaction survey.

FY 2011/2012

- NO, I wrote a letter about the caliber of the horrible attitude and rudeness that I experienced when I called the hotline for questions on my renewal by Lynn, I would be embarrassed to have this person working for me.
- I submitted my renewal approximately three weeks ahead of time by overnight mail. It was signed for on the 27th of July. I was then told that the address my renewal was sent to, (the address the web site provides) was not the address that would be consistent with efficient processing.
- I wanted to know if my renewal check was received that I mailed 3 weeks ago and I was not able to receive an answer. I was told to send another check with an additional \$10 fee for the expedited service.

FY 2012/2013

- The California Physician Assistant Committee is horrible! As a Physician Assistant with a husband in the military, I have had to move many times due to his career. Never have I had more difficulty with a PA office trying to obtain a license! When we were first moving here, I had to mail paperwork in 3 times because it was being lost! These were certified letters! How am I supposed to start working if I can't be licensed because of your office's errors? I suppose pay checks fall from the sky! The woman on the phone said that a lot of the mail gets dropped off at the Medical Board's office next door and that it just sits there for months. That no one from either office drops off mail that belongs to the other office. I finally had to tell her to get off her a** and go over and get it or I would file a complaint! The same thing happened to a PA friend of mine that moved to Bakersfield. Your office lost multiple documents that were being sent to the Medical Board's office. When I found out that she was trying to get a CA license for OVER 6 MONTHS I told her about what happened to me. Suddenly, the problem was fixed when she told your employees about sending them multiple forms...which by the way we have to pay to send and have notarized.

FY 2013/2014

- No, the service that I requested was not met, and the physicians so far, has seem to treat patients as clients. My health is a matter of earning money to them instead of having empathy to the patients.
- I found information to complete application.
- Trying to verify my license, which is due for renewal the end of the month, I paid the bill 10/9 and I'm trying to see if my information has been updated, but it doesn't even come

up with my license number at all! Now I'm going in circles, being re-directed to the same dead ends. Time consuming and frustrating.

- Incompetence at its finest. Do you people really get paid for what you do?
- Made phone contact with Sacramento office and received great help.
- Because family health center Dr. should help me but she do not do, also she told me do not go to work. I am only 42 years old. I need just only Dr. to sign that it. She want do it for me. Anyway I am in San Diego, CA.
- You never bothered to contact me despite the fact the PA I complained about ignored HIPPA guidelines, interfered with my care with other doctors and sent false information to my insurance because Jews don't get autoimmune disorders-apparently they just lie. Oddly I'm not Jewish but it's awesome none of your laws are actually enforced.

FY 2014/2015

- Not yet
- Spoke with a real live person!!!
- It was a total waste of time.
- Office closed Sunday and info not available on website.

Section 3 – Fiscal and Staff

Fiscal Issues

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

Table 2 indicates the Board's fund condition for the past four fiscal years and the expected fund condition through 2016/17 fiscal year. The fund currently has a 14 month reserve. Given the Board's small budget and limited revenue sources, it is believed that the month's in reserve is necessary to cover unexpected expenses.

The Board typically spends approximately 92% of its budget authority and reverts approximately 8% each year.

9. 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.

Current projections do not indicate a deficit will occur in the next four fiscal years. Therefore, the Board does not anticipate that a fee increase will be required.

Table 2. Fund Condition						
(Dollars in Thousands)	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	FY 2016/17
Beginning Balance	2,174	973	1,240	1,531	1,763	1,833
Revenues and Transfers	1,367	1,423	1,569	1,646	1,594	1,595
Total Revenue	\$2,062	\$2,420	\$2,865	\$3,201	\$3,357	\$3,428
Budget Authority						
Expenditures	1,089	1,180	1,334	1,437	1,524	1,546
Loans to General Fund	-1,500	0	0	0	0	0
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	\$973	\$1,240	\$1,531	\$1,763	\$1,833	\$1,882
Months in Reserve	9.9	11.2	12.8	13.9	14.2	14.3

10. 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 made a \$1.5 million General Fund (GF) loan during FY 2011/12. No payments have been made to the Board, but the Board has accrued interest from this loan.

11. 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.

Over the last four fiscal years, the average expenditure for the Board was \$941,000. These expenditures exclude the pro-rata amounts and are broken down as 66% on enforcement, 6% on licensing, 4% on administration, and 11% on diversion. Also, personnel expenditure for the Board was \$397,000. These personnel expenditures are broken down as 17% on enforcement, 25% on licensing, 42% on administration, and 16% on diversion.

Table 3. Expenditures by Program Component								
(list dollars in thousands)								
	FY 2011/12		FY 2012/13		FY 2013/14		FY 2014/15	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	64	469	63	522	60	732	75	753
Examination	0	0	0	0	0	0	0	0
Licensing	95	49	95	55	90	55	113	66
Administration*	176	47	198	40	138	36	161	39
DCA Pro Rata	0	101	0	106	0	131	0	134
Diversion (if applicable)	64	107	63	126	60	109	75	90
TOTALS	\$398	\$773	\$419	\$848	\$348	\$1,062	\$424	\$1,082

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

12. 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.

CURES fee

Effective with April 2014 physician assistant license renewals, licensees are assessed \$6 annually (\$12 per renewal cycle) which is collected at the time of renewal of the license to cover the operation and maintenance of the Controlled Substance Utilization Review and Evaluation System (CURES) pursuant to Business and Professions Code Section 208 (SB 809 – DeSaulnier, Chapter 400, Statutes of 2013).

Table 4. Fee Schedule and Revenue (list revenue dollars in thousand)							
Fee	Current Fee Amount	Statutory Limit	FY 2011/12 Revenue	FY 2012/13 Revenue	FY 2013/14 Revenue	FY 2014/15 Revenue	% of Total Revenue
License Verification	\$10.00	N/A	\$4	\$5	\$4	\$4	.28%
Duplicate License	\$10.00	N/A	\$3	\$32	\$3	\$2	.20%
Citation/Fine	Various	N/A	\$2.75	\$5.	\$4.8	\$6.05	.32%
App/Initial License	\$225.00	1 year	\$159	\$157	\$173	\$246	12.41%
Renewals	\$300.00	2 Years	\$1193	\$1250	\$1308.	\$1377	86.56%
Delinquent Fee	\$25.00	1 year	\$3	\$3	\$3	\$4	.23%

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

No Board-sponsored budget change proposals were submitted by the Board in the past four fiscal years.

Staffing Issues

14. Describe any board staffing issues/challenges, i.e., vacancy rates, efforts to reclassify positions, staff turnover, recruitment and retention efforts, succession planning.

The Board staff is comprised of an Executive Officer, two full-time Associate Governmental Program Analysts (AGPA), one full-time Staff Services Analyst (SSA), and one half-time Office Technician (OT).

One AGPA serves as the Board’s enforcement analyst, the other AGPA serves as the Board’s lead licensing analyst. The Board’s SSA functions as the Board’s administrative analyst. The OT functions as the Board’s licensing technician, issuing physician assistant licenses.

Core staff tends to remain with the Board for long periods of time. The Board’s former executive officer was with the Board for seven years. The former AGPA-Enforcement was with the Board for almost twenty years until her retirement. The current AGPA-Enforcement has been with the Board for almost ten years. The current Executive Officer has served at the Board for almost thirty years.

Succession planning and knowledge transfer are ongoing challenges at the Board due to the limited number of positions authorized. While the limited number of positions presents challenges it also presents opportunities at the Board. Existing staff are exposed to and become knowledgeable about most of the Board’s functions, including administration, licensing, and enforcement.

Staff is encouraged to become cross-trained and be aware of Board functions outside their area of knowledge and training. This ensures that when existing staff are on vacation, ill or when positions become vacant, the Board continues to function by staff being capable of performing the job duties.

Due to their expanded knowledge of job functions, staff is encouraged to apply for vacant positions within the Board. This helps ensure that knowledge transfer takes place. Many existing staff has taken advantage of promotional opportunities at the Board.

15. Describe the board’s staff development efforts and how much is spent annually on staff development (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

16. What are the board’s performance targets/expectations for its licensing² program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

The Board’s goal is to initially review applications and respond to the applicants within two weeks of receiving their application. Generally, applications that do not have issues with regard to conviction, or disciplinary actions taken against other licenses are reviewed, processed, and licenses issued within two to four weeks of receipt of the application.

The Board has been meeting the processing expectations it has set. Some applications can go beyond the four week target time. Reasons for the increased processing times include:

- awaiting documentation from outside agencies,
- delays in receiving fingerprint clearances,
- initial application submitted is incomplete, and
- delays in cashiering application and initial licensing fees.

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.

17. 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?

Applicants are required to meet the following requirements for licensure set forth in Business and Professions Code Section 3519:

- Provide evidence of successful completion of an approved physician assistant training program.
- Take and pass the NCCPA PANCE exam.
- Not be subject to denial of licensure under Division 1.5 (commencing with Section 475) or Section 3527.
- Pay all required fees.

Additionally, applicants must be fingerprinted and; if applicable, provide verification of other health care related licenses.

The Board's average time to process applications has been fairly consistent over the last four fiscal years. The Board believes the implementation of BreEZe in October 2013 has decreased the processing time for physician assistant applications, leading to greater efficiency within the Board's licensing program.

Several performance barriers that are more often experienced by the Board include:

- Influx of received applications – the Board experiences an increase in applications typically between May through September as many students graduate from their physician assistant program during this time.
- Fingerprint card rejections – if the manual card is rejected for any reason the Board submits a second card, which takes approximately two weeks to process. If the second card is rejected, the Board must submit a "name search," with the Department of Justice which may take an additional 30 days. Additionally, delays may be experienced for applicants who use the live scan process due to prints not clearly obtained by the live scan operator and occasional transmittal issues between the Department of Justice and the Board.
- The Licensing Technician is a half-time position.

The Board has addressed these barriers by implementing the following procedures:

- Deficiency and license issued notices to applicants are generated by BreEZe, which results in consistent and standardized correspondence, with less time for staff to prepare and address notices. Staff also communicates with the applicants via email which decreases the response time for needed documents.
- The fingerprint process is out of the Board's control; however, if the applicant is going to be in California we encourage them to utilize the live scan process while in California.
- Since all staff is crossed trained in each area of the Board's functions, other staff are able to cover the position in the absence of the Licensing Technician.

18. 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 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Physician Assistant	Active	8646	9101	9482	10293
	Out-of-State	637	682	#	#
	Out-of-Country	5	3	#	#
	Delinquent	187	232	294	318

#With the implementation of BreZe 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 2011/12	(Exam)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	(License)	704	689	5	689	10	0	0	68	0	68
	(Renewal)	3977	3977	n/a	3977	n/a	n/a	n/a	n/a	n/a	n/a
FY 2012/13	(Exam)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	(License)	698	701	24	701	27	0	2	65	0	65
	(Renewal)	4210	4210	n/a	4210	n/a	n/a	n/a	n/a	n/a	n/a
FY 2013/14	(Exam)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	(License)	852	779	34	779	41	0	1	53	48	58
	(Renewal)	4360	4360	n/a	4360	n/a	n/a	n/a	n/a	n/a	n/a
FY 2014/15	(Exam)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	(License)	991	869	66	870	59	35	37	43	57	29
	(Renewal)	4705	4705	n/a	4705	n/a	n/a	n/a	n/a	n/a	n/a

* Optional. List if tracked by the board.

Table 7b. Total Licensing Data				
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Initial Licensing Data:				
Initial License Applications Received	704	698	852	991
Initial License Applications Approved	689	701	779	869
Initial License Applications Closed	5	24	34	66
License Issued	689	701	779	870
Initial License/Initial Exam Pending Application Data:				
Pending Applications (total at close of FY)	10	27	41	59
Pending Applications (outside of board control)*	0	0	0	35
Pending Applications (within the board control)*	0	2	1	37
Initial License/Initial Exam Cycle Time Data (WEIGHTED AVERAGE):				
Average Days to Application Approval (All - Complete/Incomplete)	68	65	53	43
Average Days to Application Approval (incomplete applications)*	0	0	48	57
Average Days to Application Approval (complete applications)*	68	65	58	29
License Renewal Data:				
License Renewed	3977	4210	4360	4705
* Optional. List if tracked by the board.				

19. 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?

The Board requires that all applicants submit to criminal background checks as part of the licensing review process.

Two questions on the application for licensure require that applicants disclose under penalty of perjury any disciplinary actions, denials, or convictions related to licenses held in other health care professions and in other states. Applicants are also required to disclose criminal convictions. If an applicant discloses criminal convictions, they must also submit, as part of their application, certified arrest and court documents as well as an explanation of the matter. If arrest or court documents are no longer available, the applicant must obtain from the respective agency letters stating that the documents are no longer available.

Applicants must also include on the application if they have a medical condition that may impair their ability to practice as a physician assistant with reasonable skill and safety.

The training program verification, completed by the applicant's physician assistant training program, includes a questions related to absences, disciplinary actions, or any other sanctions.

All applicants are required to submit “Live Scan” electronic fingerprints or fingerprint cards (for those applicants who are not located in California and, thus unable to utilize the Live Scan system) in order to obtain criminal history clearances from the California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI).

Applicants with criminal backgrounds are subject to additional review. Board staff and the Executive Officer, based on their review, may issue a clear license, a probationary license with specific terms and conditions, or deny the application. Applicants may appeal the decision and request a hearing before an administrative law judge, pursuant to the Administrative Procedures Act.

Physician assistant licenses are not issued until background clearance is obtained from both the DOJ and FBI. Additionally, since applicants are fingerprinted, the Board is then notified of any subsequent criminal conviction information. Based on this information, the Board is able to determine if disciplinary action should be taken against the licensee.

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 as 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 categories 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.

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 or registration 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.

20. 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 in-state, out-of-state, and out-of-country applicants. No additional or alternative applicant review processes occur to determine eligibility of in-state, out-of-state, or out-of-country applicants. All applicants for licensure must meet the same licensing requirements.

21. 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 BPC § 114.5?

The physician assistant application (paper and online) contains a question asking applicants if they have served in the military. We are also now asking licensees who renew their licenses to report to us their current or past military service. This information is added to their licensing records.

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 who were trained and serve in the military are educated and meet the same qualification standards as civilian physician assistants. Military physician assistants attend the U.S. military’s Interservice Physician Assistant Program (IPAP), which is ARC-PA approved. IPAP students then take and pass the National Commission on Certification of Physician Assistants (NCCPA) Physician Assistant National Certifying Examination (PANCE).

Military physician assistants meet the same requirements as is required for California licensure.

Therefore, military physician assistants would not be seeking equivalency credit.

c. What regulatory changes has the board made to bring it into conformance with BPC § 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. Therefore, if a physician assistant training program is approved by ARC-PA, the training program is also approved by the Board.

Because the Board’s role is approving physician assistant training program, the Board is not involved in evaluating education, training, and experience of potential applicants applying for admission to a physician assistant training program.

Ultimately, physician assistant training programs review an applicant's background, including military or civilian experience, in determining their acceptance into the program.

It should be noted that the Board has approved the Interservice Physician Assistant Program (IPAP). IPAP is a military physician assistant training program located at the Academy of Health Sciences, Army Medical Center and School, at Fort Sam Houston, San Antonio, Texas. IPAP has an educational agreement with the University of Nebraska Medical Center, Omaha, Nebraska.

The program's mission is to educate and train physician assistants for the uniform services, including the United States Army, Air Force, Navy, and Coast Guard.

The IPAP program meets the ARC-PA standards, and is, thus approved by the Board. IPAP graduates must also take and pass the PANCE exam to work as military physician assistants.

Graduates of the program are also eligible for licensure as physician assistants in California.

d. How many licensees has the board waived fees or requirements for pursuant to BPC § 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 BPC § 115.5?

Since Business and Professions Code section 115.5 was added, the Board has expedited 15 applications for licensure. Generally all applications regardless of their type are processed within two to four weeks.

22. 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 submits No Longer Interested notifications to the Department of Justice on a regular and ongoing basis. For example, when a physician assistant application is abandoned by the applicant, the Board submits a No Longer Interested notification to DOJ.

No, the No Longer Interested notifications are not set electronically. They are submitted by FAX to the DOJ.

The Board is not experiencing a backlog with regard to submittal of the No Longer Interested notifications.

Examinations

Table 8. Examination Data		
National Examination: Physician Assistant National Certifying Examination (PANCE)		
	License Type	Physician Assistant
	Exam Title	PANCE
FY 2011/12	# of 1 st Time Candidates	6054
	Pass %	91%
FY 2012/13	# of 1 st Time Candidates	6335
	Pass %	93%
FY 2013/14	# of 1 st Time Candidates	6495
	Pass %	94%
FY 2014/15	# of 1 st time Candidates	7435
	Pass %	95%
	Date of Last OA	2015
	Name of OA Developer	Arbet Consulting
	Target OA Date	Every 5 years

23. Describe the examinations required for licensure. Is a national examination used? Is a California specific examination required?

Yes, a national examination is used. Title 16, California Code of Regulations Section 1399.507 states that the written examination for licensure of the physician assistants is the examination administered by the National Commission on Certification of Physician Assistants (NCCPA).

There is currently no California-specific examination required.

The examination used by the Board, which is owned and administered by the NCCPA is called the Physician Assistant National Certifying Examination (PANCE).

According to the NCCPA, exam questions are developed by committees comprising of physician assistants and physicians selected based on 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 then 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 Physician Assistant National Recertifying Examination (PANRE) exams. The PANRE is the NCCPA's recertification examination.

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.

24. What are pass rates for first time vs. retakes in the past 4 fiscal years? (Refer to Table 8: Examination Data)

The Board does not gather statistical data on applications regarding any past PANCE examinations taken. If an applicant for licensure is not able to pass the PANCE within one year of application, their application is abandoned and they must reapply for licensure.

25. 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?

Yes, the PANCE is a computer-based examination comprised of questions that assess basic medical and surgical knowledge. The PANCE is administered at Pearson VUE testing centers located throughout the U.S. The PANCE is administered on a year-round basis. Generally, no testing takes place the last week of December.

Initially, applicants applying for the PANCE contact the NCCPA and submit an application fee of \$475. The PANCE is given on a year-round basis. Applicants may take the PANCE seven days after training program completion and one time in any 90-day period or three times in a calendar year, whichever is fewer.

The PANCE is a five-hour examination which includes 300 multiple-choice questions administered in five blocks of 60 questions. The applicant has 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. One piece of identification must contain a photograph. Both must contain a printed name and signature.

To ensure examination security, no personal belongings are allowed in the testing room. The PANCE is managed and observed by test center staff with the aid of audio and video monitors and recording equipment.

Pearson VUE staff provides brief instructions on the use of the computer equipment. Test takers also have the opportunity to complete a brief tutorial before starting the test session.

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.

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

The Board does not believe that existing statutes hinder the efficient and effective processing of applications or examinations.

School approvals

27. 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 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.

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.

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

As of June 2015, there are 196 ARC-PA accredited physician assistant training programs.

According to ARC-PA, the maximum length of time between validation visits is seven years. A physician assistant training 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.

Yes, the physician assistant regulations permit the Board to disapprove a physician assistant training program which does not comply with Board education and training requirements. Additionally, if a training program has their accreditation terminated by ARC-PA, Board approval is automatically terminated as well.

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

29. 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 cycle. 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.

a. How does the board verify CE or other competency requirements?

Title 16, California Code of Regulations, Section 1399.615 states that physician assistants may demonstrate their compliance with the Board's continuing medical education requirements by either:

1) Completion of 50 hours of approved Category 1 (preapproved) medical education. The CME must have been obtained from providers that are designed Category 1 (preapproved) by one of the following:

- 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.

Or,

2) Certification by the National Commission on Certification of Physician Assistants (NCCPA)

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.

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

No, the Board has not yet conducted CE audits of licensees. Due to the implementation of BreEZe the Board's ability to properly conduct and manage an auditing program for CE has been delayed.

On July 1, 2012, the Department of Consumer Affairs BreEZe project moved into a "hard freeze." The hard freeze impacted the Board's, as well as all DCA entity's, ability to make any programming changes to the existing Applicant Tracking System (ATS) and Consumer Affairs System (CAS) legacy systems used prior to implementation of BreEZe. The hard freeze was implemented by DCA to ensure that any additional changes to the existing legacy systems would not negatively impact the roll out of BreEZe.

The hard freeze negatively impacted the Board's ability to conduct CE audits because CAS couldn't be upgraded to accommodate the Board's need to conduct CE audits. Additionally, the Board's ability to verify CE compliance was also impacted in that the CAS system, which could not be updated to "read" the CE compliance question on the renewal notice.

Because the Board was legally required to verify CE compliance a "Hard Freeze Exemption" request was submitted to the Department of Consumer Affairs Change Control Board to seek an exemption to allow the CAS system to be updated to "read" and verify the CE compliance statement on the renewal application. The Board's request for an exemption to update CAS to "read" the CE question was rejected.

Therefore, the unmodified CAS system would not recognize the CE compliance question on the renewal notice and would renew the license. Board staff would receive the notices several weeks later and would be required to manually review every notice and "unrenew" those licensees who certified that they were not in compliance with the Board's CE requirements. This practice continued until implementation of BreEZe in October 2013.

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 continuing medical education regulations and disciplinary action may be taken against a licensee who fails to comply with the Board's continuing medical education requirements.

Additionally, physician assistants who are found by an audit not to have completed the required number of hours of approved continuing medical education 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?

As stated in section B, the Board has not yet conducted CE audits. Due to ongoing implementation and system issues with existing Release 1 BreEZe entities, which includes the Board, and the transition of additional Release 2 DCA Boards to the system

The Board has recognized that during the implementation of BreEZe and the ongoing stabilization issues the Board cannot expect at this time to rely on BreEZe system to be

modified to allow the Board to conduct CE audits. Therefore, the Board has determined that the most effective alternative is to develop its own computer program to randomly select licensees and manage the Board's CE program not using the BreEZe system.

Because Board staff does not have the ability to develop computer programs, staff are currently working with another DCA board to assist in the development of a program outside the BreEZe system that will allow for the ability to conduct CE audits.

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.

30. 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 has established performance targets for its enforcement program.

The target to complete complaint intake is 10 days. The average over the past four years is 11 days slightly higher than the 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 average over the past four years is 110 days so the Board is meeting its overall target for completing investigations.

The target to complete formal discipline within an average of 540 days (18 months) from the time the complaint is received and the disciplinary decision is ordered. The average time to complete a disciplinary case over the past four years is 595 days.

The Board is not currently meeting the 540 day target, however, the average total number of days to close a complaint from receipt, investigation, and disciplinary action decreased from 633 days during the last sunset review to 595 days for the past four fiscal years. Due to the limited number of disciplinary cases processed at the Board, one lengthy case may dramatically increase the average days to complete a case.

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

While the Board is meeting its overall target for investigations, the average number of days to complete a formal field investigation over the past four years was 260 days. The Board previously contracted with the Medical Board of California’s (MBC) enforcement unit to handle its complaints and conduct investigations. Currently, the MBC continues to handle the complaint process, while the Department of Consumer Affairs, Division of Investigation and Enforcement (DOI) handles the Board’s investigations.

The Board staff continues working with the MBC and DOI to reduce the average time for completing formal investigations. Board staff contacts in a timely manner the assigned investigators and requests updates on the progress of the investigation to determine what resources will be necessary to complete the that investigation.

As stated in the Board's last report, since most disciplinary cases require a formal investigation to obtain the information and records required, reducing the formal field investigation time will also reduce the time frame for disciplinary cases.

In an attempt to reduce the AG processing time, Board staff works with the assigned Deputy Attorney General (DAG) to receive updates on the progress of each case. The Board staff requests that the DAG request a hearing date from OAH as soon as the Notice of Defense is received since the OAH calendar is usually full. This practice may save a month of time. The average time to be assigned a calendared hearing date acceptable to all parties is generally 5 to 6 months.

The enforcement process is complex and involves several agencies including the Board members and staff, physician assistant experts, physician expert consultants, investigators, and MBC analyst. The Board uses the legal and judicial services provided by the Office of the Attorney General and the Office of Administrative Hearings.

With the involvement of several agencies, there are many factors that may contribute to increasing the number of days to complete the disciplinary process, including investigator workload, vacant positions, training new employees, deputy attorney general workload, and the length of time to schedule or calendar time for a hearing with the Office of Administrative Hearings.

The Board works with all parties involved throughout each phase of the disciplinary process in an attempt to reduce the total number of days it takes to complete enforcement actions from receipt of the complaint to the final decision.

31. 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?

As stated in the Board's prior report, the number of criminal convictions/arrest notices increased over the past four years resulting in an increase in accusations filed for criminal convictions (primarily Driving Under the Influence) over the past four years: 37 in 2011/12, 41 in 2012/13, 46 in 2013/14, and 30 in 2014/15. The Board fingerprints all applicants and receives subsequent arrest and convictions notifications from the Department of Justice. Many of these convictions result in seeking disciplinary action against the licensee.

The Board continues to believe that this increase may be a result of the regulation adopted in 2009 requiring all licensees to disclose convictions of any violation of law in California or any other state or country, omitting traffic infractions under \$300 not involving alcohol, on the renewal notice. Licensees are also required to disclose if they have been denied a license, or been disciplined by another licensing authority.

Title 16 of the California Code of Regulations, Section 1399.547, requires that physician assistants inform patients that they are licensed and regulated by the Board. Physician assistants may provide the information in one of the three ways:

- Prominently posting a sign in an area of their offices conspicuous to patients, in at least 48-point type in Arial font.
- Including the notification in a written statement, signed and dated by the patient or patient's representative, and kept in that patient's file, stating the patient understands the physician assistant is licensed and regulated by the Board.
- Including the notification in a statement on letterhead, discharge instructions, or other document given to a patient or the patient's representative, where the notification is placed immediately above the signature line for the patient in at least 14-point type.

Consumers are thus made aware of the appropriate licensing agency to contact regarding filing complaints or general information about physician assistants.

Physician assistants are now subject to 800-series reporting. This has also led to an increase in disciplinary matter to be reviewed for possible action.

There is now more consumer awareness with regard to physician assistant licensure. Consumers have 24-hour access to licensing data as well as links to disciplinary documents.

Many consumers are now aware of the need to verify license information through the efforts of the Department to educate them. The Board supports these efforts and also attempts to educate consumers about the need for license verification.

The Board will continue to monitor the number of complaints submitted regarding compliance with the new requirement.

Table 9a. Enforcement Statistics

	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
COMPLAINT				
Intake (Use CAS Report EM 10)				
Received	269	244	316	286
Closed	265	286	7	283
Referred to INV	229	241	312	282
Average Time to Close	8	11	11	11
Pending (close of FY)	87	7	14	12
Source of Complaint (Use CAS Report 091)				
Public	189	162	116	142
Licensee/Professional Groups	12	10	7	12
Governmental Agencies	28	13	12	16
Other	40	59	101	116
Conviction / Arrest (Use CAS Report EM 10)				
CONV Received	37	41	46	30
CONV Closed	37	40	43	33
Average Time to Close	10	5	7	12
CONV Pending (close of FY)	0	1	3	0
LICENSE DENIAL (Use CAS Reports EM 10 and 095)				
License Applications Denied	0	0	2	2
SOIs Filed	1	3	5	2
SOIs Withdrawn	0	0	2	1
SOIs Dismissed	0	0	0	0
SOIs Declined	0	0	0	0
Average Days SOI	92	289	194	182
ACCUSATION (Use CAS Report EM 10)				
Accusations Filed	12	17	19	21
Accusations Withdrawn	1	0	0	0
Accusations Dismissed	0	0	0	0
Accusations Declined	1	1	0	0
Average Days Accusations	161	203	172	170
Pending (close of FY)	20	25	26	37

Table 9b. Enforcement Statistics (continued)				
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
DISCIPLINE				
Disciplinary Actions(Use CAS Report EM 10)				
Proposed/Default Decisions	1	2	2	2
Stipulations	9	2	2	2
Average Days to Complete	991	701	526	558
AG Cases Initiated	23	29	39	39
AG Cases Pending (close of FY)	20	30	26	37
Disciplinary Outcomes(Use CAS Report 096)				
Revocation	1	3	6	5
Voluntary Surrender	3	2	6	1
Suspension	0	0	0	1
Probation with Suspension	0	0	1	1
Probation	9	6	15	9
Probationary License Issued	9	4	13	16
Other	0	0	0	0
PROBATION				
New Probationers	9	5	15	15
Probations Successfully Completed	5	5	4	7
Probationers (close of FY)	56	57	47	56
Petitions to Revoke Probation	1	1	1	1
Probations Revoked	1	3	2	5
Probations Modified	0	0	0	1
Probations Extended	0	0	0	0
Probationers Subject to Drug Testing	30	31	31	32
Drug Tests Ordered	38	177	335	441
Positive Drug Tests	1	1	3	1
Petition for Reinstatement Granted	1	0	0	1
DIVERSION				
New Participants	3	5	17	9
Successful Completions	5	8	6	5
Participants (close of FY)	22	13	13	12
Terminations	2	5	11	5
Terminations for Public Threat	0	1	0	0
Drug Tests Ordered	978	687	547	542
Positive Drug Tests	29	3	6	4

Table 9c. Enforcement Statistics (continued)				
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
INVESTIGATION				
All Investigations (Use CAS Report EM 10)				
First Assigned	276	281	355	318
Closed	247	279	267	234
Average days to close	111	102	118	170
Pending (close of FY)	103	105	194	281
Desk Investigations (Use CAS Report EM 10)				
Closed	207	222	230	320
Average days to close	79	67	77	118
Pending (close of FY)	63	49	66	68
Non-Sworn Investigation (Use CAS Report EM 10)				
Closed	40	57	31	87
Average days to close	280	237	214	310
Pending (close of FY)	40	56	64	52
Sworn Investigation				
Closed (Use CAS Report EM 10)	0	0	0	0
Average days to close	0	0	0	0
Pending (close of FY)	0	0	0	0
COMPLIANCE ACTION (Use CAS Report 096)				
ISO & TRO Issued	0	0	0	0
PC 23 Orders Requested	1	3	1	1
Other Suspension Orders	0	0	0	0
Public Letter of Reprimand	0	0	0	0
Cease & Desist/Warning	0	0	0	0
Referred for Diversion	0	0	0	0
Compel Examination	0	0	0	0
CITATION AND FINE (Use CAS Report EM 10 and 095)				
Citations Issued	1	9	19	9
Average Days to Complete	149	153	262	360
Amount of Fines Assessed	250	5600	9800	2500
Reduced, Withdrawn, Dismissed	0	0	450	0
Amount Collected	2750	5250	4100	6050
CRIMINAL ACTION				
Referred for Criminal Prosecution	0	0	0	5

Table 10. Enforcement Aging						
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	Cases Closed	Average %
Attorney General Cases (Average %)						
Closed Within:						
1 Year	3	2	17	3	25	35%
2 Years	2	2	9	7	20	27%
3 Years	3	8	5	4	20	27%
4 Years	4	1	3	0	8	11%
Over 4 Years	0	0	0	0	0	0%
Total Cases Closed	12	13	34	14	73	100%
Investigations (Average %)						
Closed Within:						
90 Days	158	186	172	86	602	1%
180 Days	54	54	45	51	204	20%
1 Year	18	23	27	59	127	12%
2 Years	15	16	19	32	82	.08%
3 Years	2	1	4	6	13	.01%
Over 3 Years	0	0	0	0	0	0
Total Cases Closed	247	280	267	234	1028	33.1%

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

The overall statistics indicate that the number of disciplinary actions taken over the past four fiscal years has increased over the previous Sunset Report review period. The Board files approximately 19 accusations and takes approximately 17 disciplinary actions per year.

The average number of Interim Suspension Order (ISO) and PC23s has increased from an average of one per year during the last sunset review to an average of five each year for the last four fiscal years.

The total number of complaints received stayed fairly consistent for FY 2011/12 at 269, FY 2012/13 at 244, with an increase for FY 2013/14 at 316 and FY 2014/15 at 286. The average number of complaints received per year over the past four fiscal years is 282 compared to 195 during the previous sunset review. As our licensing population continues to increase, we anticipate the number of complaints to increase at the same rate. Additionally, mandatory 800-series reporting and self-reporting of arrests and convictions create a greater awareness that may also increase the number of complaints received and disciplinary actions taken.

The Board issued an average of ten probationary licenses per year for the past four fiscal years. Probationary licenses are developed by staff and approved by the Board members. The probationary license process allows the Board to place an applicant on probation without denying the license and going through the formal hearing process through the Office of the Attorney General and the Office of Administrative Hearings. Probationary licenses are granted in cases such as a recent driving under the influence (DUI) and minor application

issues/violations. The probationary license is a quick, less expensive way to address minor issues that need remediation. Additionally, the probationary license has established a disciplinary record in the event that the licensee has not remediated. The Board is then able to seek additional action. The probationary license process protects the public because safeguards are in place through the probationary terms and conditions.

33. 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 does not have mandated complaint prioritization and uses the Department of Consumer Affairs Complaint Prioritization Guidelines for Health Care Agencies. Complaints that are reviewed and within the Board's jurisdiction are given a priority level of Urgent, High, or Routine.

Urgent Priority complaints are given the highest priority and generally involve an act resulting in serious injury or death or potential to cause consumer harm such as practicing under the influence of alcohol or drugs, mental or physical impairments affecting competency, furnishing controlled substances without a prescription, and aiding and abetting unlicensed activity resulting in patient harm.

Most urgent cases are sent immediately to the Department of Consumer Affairs Division of Investigation Health Quality Investigation Unit for investigation.

Based on the investigation, it is then determined if the complaint remains as an urgent complaint, if so, then the complaint is reprioritized to either a high or routine matter.

Routine complaints are processed quickly, but, not given a higher priority as with urgent or high priority complaints.

34. 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?

SB 1236 (Price, Chapter 332, Statutes of 2012) added physician assistants to the 800-series reporting requirements. (Business and Professions Code sections 800, 801.1, 802.5, 803, 803.1, 803.6, and 805).

These requirements further enhance the Board's mandate of consumer protection by requiring reporting to the Board physician assistant malpractice actions, hospital disciplinary actions, as well as self-reporting by physician assistants of indictments and convictions.

The reporting requirements also apply to professional liability insurers, self-insured governmental agencies, physician assistant and/or their attorneys and employers, peer review bodies, such as hospitals to report specific disciplinary actions, restrictions, revoked privileges, and suspensions.

Prior to making these reporting requirements mandatory, the Board encouraged agencies to voluntarily submit 800-series reports to the Board for review and possible action. Upon receipt of these reports, the Board opened complaints and took disciplinary action if appropriate.

The Board does not appear to have problems receiving the reports.

35. 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?

The Board does not operate with a statute of limitations. The Board, however, generally follows the Medical Board of California's statute of limitations as established by Business and Professions Code section 2230.5, which is three years.

The Board will proceed with cases that have reached the three year statute of limitations limit, which ensures greater consumer protection.

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

As a consumer protection agency, the Board is concerned with individuals holding themselves out as physician assistants. The Board investigates and takes action against such individuals.

The Department of Consumer Affairs, Division of Investigation Health Quality Investigation Unit, Operation Safe Medicine Unit was originally created by the Medical Board of California to address unlicensed activity. This unit's role is to investigate complaints of unlicensed activity for individuals practicing medicine. The Board also utilizes the services of Operation Safe Medicine as a key component in its efforts to address the unlicensed practice of physician assistants.

The Board cooperates with Federal, local, and private organizations to criminally prosecute individuals for unlicensed activity.

Additionally, the Board encourages employers and consumers to verify individuals to ensure that they are licensed to practice as a physician assistant.

Cite and Fine

37. 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 established its citation and fine program pursuant to Business and Professions Code section 125.9, 148, and 3510 effective March 1996. Title 16, California Code of Regulations Section 1399.570 authorizes the Board's Executive Officer to issue a citation which may include a fine and an order of abatement.

The citation and fine program is a useful enforcement tool to address minor violations that do not merit more formal types of discipline, but, nevertheless, require action. The citation and fine program attempts to address, correct, and educate licensees for minor violations of laws and regulations governing the practice.

Additionally, the program is useful in establishing a formal record of action taken against a licensee in the event that the licensee faces additional violation issues. For example, generally, licensees who are convicted of a first time DUI are issued a citation and fine. If the licensee has a second DUI, the Board has addressed the first DUI and, therefore, has already

established a record of action to address and seek more formal disciplinary action against the licensee.

Since the Board's last Sunset Report, the citation and fine regulations have not been amended.

Title 16, California Code of Regulations Section 1399.571(b)(3) states that the fine for a violation shall be from \$100 to \$5000.

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

The Board's citation and fine program is an additional enforcement tool in which minor violations of physician assistant laws and regulations that do not rise to the level of more formal discipline can be addressed and remediated. The concept is that the minor violations can be addressed so that more formal actions, hopefully, will not need to be taken in the future.

Citations and fines may be issued as a result of a formal investigative process when the investigation determines the case is not serious enough to warrant more formal discipline. The violation can be more serious than that required by an educational letter. Often, a licensee may have faced actions by another licensing board or agency, but the Board is unable to take more formal disciplinary action against the licensee, so, a citation is an appropriate means to address the matter. Minor criminal convictions may also result in the issuance of a citation and fine.

Citations are subject to public disclosure and are part of the licensee's verification record. Additionally, the citation document is also part of the licensee's verification record and available for inspection by consumers.

39. 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 table below lists the number of citations issued, informal appeals, and formal hearing requests.

Fiscal Year	Citations Issued	Informal Appeal	Formal Hearing
FY 2011/12	1	0	0
FY 2012/13	9	0	0
FY 2013/14	19	2	0
FY 2014/15	9	1	0

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

Typically, the following are common violations resulting in the issuance of citations:

- Conviction of a crime (such as a DUI, shoplifting, etc.).
- Failure to maintain adequate medical records/failure to order appropriate laboratory tests.

- Failure to obtain and/or review patient medical history.
- Writing drug orders for scheduled medication without patient specific authority.
- Practicing with an expired license.

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

Over the last four fiscal years, the average citation fine pre-appeal is \$523 and the average post-appeal is \$488.

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

Business and Professions Code section 125.9 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.

Cost Recovery and Restitution

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

In most cases, the Board requests cost recovery for disciplinary actions. The Board, however, does not request cost recovery for the issuance of probationary licenses since there are no investigative or other legal costs incurred for the issuance of this type of license.

In most cases, the Board seeks cost recovery for reimbursement of investigative, expert review, and Office of the Attorney General case prosecution costs. The Board does not seek cost recovery for cost associated with hearings held before an Administrative Law Judge.

The Board has the ability to negotiate cost recovery amounts when entering into a stipulated decision. In addition, the Board's Manual of Disciplinary Guidelines and Model Disciplinary Orders contain a cost recovery term. Administrative Law Judge's using the guidelines for proposed decisions would be aware of the Board's cost recovery requirements.

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 reinstated license is issued.

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. The Administrative Law Judge in issuing a proposed decision may reduce or dismiss cost recovery.

If a license is revoked by the Board, cost recovery is pursued through the Franchise Tax Board.

There has been change in the Board's cost recovery efforts since the last report. Licensees are now able to pay the cost recovery and probation monitoring costs online via the BreEZe system.

44. 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 for each case varies depending on the complexity of the complaint or if the case goes to formal investigation conducted by a sworn investigator. The more complex the case, the higher the costs of investigation, expert review, and Deputy Attorney General hours for filing and prosecuting the case. In cases of criminal convictions that do not require a formal investigation, the cost recovery is minimal.

In most cases of revocation, the cost recovery is uncollectable and submitted to the Franchise Tax Board. The actual amount of collected by the Franchise Tax Board is minimal because often the person has relocated outside of California and the cost recovery is not collectable.

The table below shows the number of revocations, surrenders, and probations and the amount of cost recovery ordered for each category.

Fiscal Year	No. Revoked/ Total Cost Recovery	No. Surrender/ Total Cost Recovery	No. Probation/ Total Cost Recovery
2011/12	2 - \$22,341	4 - \$85,289	8 - \$74,700
2012/13	3 - \$11,380	0	6 - \$51,425
2013/14	5 - \$50,401	5 - \$47,077	6 - \$45,439
2014/15	3 - \$9,860	1 - \$450	8 - \$52,840

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

The Board does not pursue cost recovery for the issuance of probationary licenses because the development and issuance of these licenses does not involve investigative or prosecution costs associated with the development of more formal disciplinary documents. Individuals issued probationary licenses are responsible for the payment of probation monitoring costs.

Additionally, when the Board accepts a stipulated settlement for license surrender, in most cases, the cost recovery is negotiated to apply only if the licensee petitions the Board for reinstatement of the license. The benefit is that the licensee is no longer able to practice, thus, avoiding possible consumer harm.

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

The Board submits to the Franchise Tax Board Intercepts Collection program cases of revocation where there is any outstanding balance of cost recovery.

47. 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 a licensee.

Table 11. Cost Recovery (list dollars in thousands)				
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Total Enforcement Expenditures				
Potential Cases for Recovery *	12	17	19	21
Cases Recovery Ordered	12	17	19	21
Amount of Cost Recovery Ordered	166	30	14	64
Amount Collected	51	55	47	50
* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.				

Table 12. Restitution (list dollars in thousands)				
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Amount Ordered	n/a	n/a	n/a	n/a
Amount Collected	n/a	n/a	n/a	n/a

Section 6 – Public Information Policies

48. 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 internet has become an important method of keeping consumers, applicants, licensees, and interested others informed of the Board’s activities.

Yes, the Board posts meeting materials online. Generally, the meeting materials packet is placed on the website approximately one week before the meeting. These items remain on the website indefinitely. Draft meeting minutes are included in the meeting packet and posted at the same time as the meeting materials. Final meeting minutes are posted on the website after being approved by the Board. Meeting minutes remain on the website indefinitely.

The Board also posts on the website agendas, notices of regulatory hearings, and disciplinary actions.

Viewers of the Board’s website have the ability to join an email subscription service which allows subscribers to receive information about the Board and its activities.

49. 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?

Yes, the Board webcasts its Board meetings. The Board began webcasting the meetings in 2011. Webcasts of Board meetings from 2011 to present remain on the Board's website indefinitely.

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

Yes, the Board establishes an annual meeting calendar generally at the last meeting of the calendar year. The annual meeting calendar is then posted on the Board's website.

51. 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 Reprimand.
- 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.

52. 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 physician assistant licenses by contacting the Board by telephone, in writing, or by visiting the Board's website. The Board's online verification system is through the DCA BreEZe system.

The following physician assistant licensing information is disclosed:

- License Number
- Licensee Name
- License Type
- License Status (such as renewed, delinquent)
- License Secondary Status (such as name change)

- Expiration Date
- Original Issue Date
- Address of Record
- 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

53. 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.pac.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 interested others. Efforts are constantly made to review and update the contents on the website to ensure that it is useful.

It is interesting to note that the Board adopted Title 16, California Code of Regulations Section 1399.547 in 2011 which implemented the provisions of Business and Professions Code Section 138.

Title 16, California Code of Regulations Section 1399.547 requires that licensees must provide notification to patients the fact that the licensee is regulated by the Board. The notification must include the Board's name, telephone number, and website address.

The Board believes that this regulation is a useful consumer protection tool. We have discovered that not only do consumers contact us because of complaints, they also inquire about physician assistants in general. Many consumers are interested in learning more about the profession. It provides Board staff with the opportunity to interact with consumers and provided valuable educational information regarding consumer protection.

Section 7 – Online Practice Issues

54. 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.

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

55. 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.

Former Board member, Steven H. Stumpf, Ed.D, addressed the education and workforce issue in an October 19, 2012 paper. **(See Section 12, attachment G)** Dr. Stumpf recognized that the ARC-PA policy, along with the implementation of health care reform, would result in the need for additional physician assistants. He also recognized the need for additional California-based physician assistant training programs.

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 eight 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 2017
Marshall B. Ketchum University (*provisional)	Fullerton	3/7/2014	March 2017
Samuel Merritt University	Oakland	4/1/1999	September 2018
Stanford University	Palo Alto	3/1/1976	September 2019
Touro University - California	Vallejo	9/2/2002	September 2018
University of California-Davis	Davis	3/1/1974	March 2017
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 have lost or are losing their ARC-PA accreditation:

Institution Name	Location	Date Opened	Date Closed
San Joaquin Valley College	Visalia	March 2003	October 2015
Moreno Valley College	Riverside	April 1999	October 2016

It should be noted that several new physician assistant training programs are seeking ARC-PA accreditation. These programs include:

Institution Name	Applied for ARC-PA Provisional Accreditation	First Class
California Baptist University	Yes	September 2016
Chapman University	Yes	January 2017
Charles R. Drew University of Medicine and Science	Yes	August 2016
Dominican University of California	Yes	Unknown
Southern California University of Health Sciences	Yes	Planned for Fall 2016
University of La Verne	Yes	2017
University of the Pacific	Yes	Spring 2017

The ARC-PA has determined that the institutions meet the basic eligibility requirements to apply for provisional accreditation. They do not yet possess an accreditation status from the ARC-PA, nor is there any guarantee that they will achieve provisional accreditation.

“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)

Examples of the Board’s efforts are compliant with a variety of work force development related legislation 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.
- 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.

56. 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 they licenses are issued on a timely basis.

57. 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.

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

a. Workforce shortages

The Board has gathered workforce development data from the Office of Statewide Health Planning and Development's Health Care Clearinghouse. **(Section 12, Attachment I)**

b. Successful training programs.

As stated above, two California physician assistant training programs have lost their ARC-PA accreditation. However, seven new California programs are in the process of obtaining ARC-PA accreditation.

Section 9 – Current Issues

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

The Board approved a regulatory change that will amend 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 has been submitted to the Department of Consumer Affairs for review and approval. Upon the Department's approval, the regulatory package will be submitted to the Office of Administrative Law for their review and approval.

The Board looks forward to the approval of the regulatory change and implementation of the Uniform Standards as an additional consumer protection tool.

60. 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.

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

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.

Fortunately, 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 providing help desk services for our licensees who utilizing BreEZe.

The Board generally agrees with the findings of the California State Auditor audit of the BreEZe system. The audit validated many of the concerns of Board staff regarding the development and implementation of BreEZe. It appears that the Department of Consumer Affairs has acknowledged the findings and has become proactive in addressing these findings. Board staff also believes that BreEZe staff is better able to assist the Board with implementation issues. BreEZe staff seems to now have a better understanding of the Board’s depth of knowledge and are able to better assist us.

The Board continues to have concerns with the functionality and reliability of the BreEZe licensing and enforcement reports. It appears that BreEZe staff is working with the BreEZe boards to address these issues and our hope is that soon we will be able to rely on and have confidence in the accuracy of the reports.

The Board is also concerned with the implementation cost of BreEZe. It appears that at this time the ultimate costs are unknown. While the Board currently has sufficient reserves to address BreEZe costs, there are still concerns with the unknown cost factor of this project.

On a more positive note, it appears that the Board's licensing program in BreEZe has functioned since roll out without any major issues. We have not experienced delays in processing and issuing physician assistant licenses through BreEZe.

The Board was able to offer online renewals through BreEZe in May 2015. Again, it appears that the system is functioning as designed and we have not experienced major issues with this feature. Our licensees are happy that they now can renew on line and no longer need to send payments to the Board. The license is updated upon completion of the online transaction. Board staff has received many positive comments about the ability to renew online. The online renewal system has also decreased the number of paper renewals received by Board staff. Staff has also seen a decrease in last minute paper renewals needing to be processed at the end of each month.

In conclusion, the Board has initially struggled with the implementation of BreEZe. However, with the assistance of BreEZe and Medical Board of California ISB staff, the Board is hopeful that the issues will be resolved allowing us to fully utilize the services provided by BreEZe.

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/Joint Committee 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.**

ISSUES FROM PRIOR SUNSET REPORT OF 2012

ISSUE #1: NEED FOR CONTINUED ENHANCEMENT OF THE COMMITTEE'S INTERNET SERVICES AND IMPLEMENTATION OF BREEZE

It was pointed out by the Board in the previous report that there has been an increased use of the internet and computer technology to provide services and information to consumers and licensees.

It was pointed out that even with the increased use of the internet; the Board was still unable to provide online renewals of licenses, which would also allow the use of credit cards to make payments. Additionally, it was reported that renewals are often delayed

because the licensee did not mail a payment six to eight weeks prior to the renewal date and the license is then placed in a delinquent status and the licensee is unable to work.

The report also pointed out that the Board was in the initial process of establishing a new integrated licensing and enforcement system, BreEZe. BreEZe was to replace the older and outdated legacy systems, CAS and ATS.

It was recommended by the Business, Professions, and Economic Development staff that the Board should provide an update on the current status of its efforts to fully implement electronic payments of fees and online application and renewal processing. The Committee staff also recommended that the Board should continue to explore ways to enhance its internet services to licensees and members of the public.

The Board converted over to the BreEZe system in early October 2013. All Board renewal, verification, licensing, and enforcement processes were converted over to the new system.

Early in the roll out, online physician assistant applications were added to BreEZe.

In May 2015, BreEZe was updated to allow licensees to renew and pay for their renewals online. Additionally, probationers may make their cost recovery and probation monitoring costs payments online. Licensees may also pay fines associated with citations online as well.

Consumers can now file complaints online through the BreEZe system.

The Board continues to work with the Department of Consumer Affairs BreEZe team to enhance its ability to fully exploit the services provided by BreEZe.

The Board continues to seek ways to enhance its website to ensure that it is user friendly and provides information and services that benefit consumers, applicants, and licensees. The Board's website is viewed as a work in progress and updated on a regular basis.

The website contains meeting agenda, meeting materials, and minutes, as well as other information about the Board and its members. For easy access to information available, individual tabs were created for consumers, applicants, licensees, and supervising physicians. Board meetings are now webcast and they are available on the Board's website.

ISSUE #2: CHANGE THE COMPOSITION AND NAME OF THE PHYSICIAN ASSISTANT COMMITTEE

In 2005, the JLSRC asked whether the Committee (now Physician Assistant Board) should continue under the jurisdiction of the Medical Board of California, be given statutory independence as an independent board, merged with the Medical Board of California, or have its operations and functions assumed by the Department of Consumer Affairs.

The Committee continued its current status with ties to the Medical Board of California and reliance on the Medical Board for investigative and some administrative services.

At a July 2010 meeting, the Committee agreed to seek legislation to change its name from the Physician Assistant Committee to Physician Assistant Board. The change was not intended to alter the current cooperative working relationship with the Medical Board of California.

It was recommended by the Business, Professions, and Economic Development staff that consideration be given to changing the name of the Committee to the Physician Assistant Board. Consideration should also be given to replacing the physician member of the Committee with a physician assistant to constitute a simple majority of professional members, in keeping with many other health boards. It was also recommended that the Medical Board physician member no longer vote.

SB 1236 (Price Statutes of 2012, Chapter 332) renamed the Physician Assistant Committee as the Physician Assistant Board, extended the operation of the Board until January 1, 2017, and revised the composition of the Board. The Board consists of four physician assistants, four public members, and one physician and surgeon member of the Medical Board of California.

ISSUE#3 NEED FOR EMPLOYER REPORTING

Business and Professions Code Section 800-series provided several reporting mandates for the Medical Board of California as well as other health professions to assist licensing boards in protecting consumers and licensees who have had actions taken against them. It was pointed out by the Board that 800-series reporting did not include physician assistants. While the Board encouraged voluntary 800-series reporting, it was not mandated. The Board wished to be included in 800-series reporting to further assist in its role of consumer protection.

It was recommended by the Business, Professions, and Economic Development staff that 800-series reporting requirements of the Business and Professions Code apply to physician assistants.

SB 1236 (Price Statutes of 2012, Chapter 332), among other things, mandated 800-series reporting for physician assistants.

ISSUE #4 CONTINUING EDUCATION AUDITS

AB 2482 (Maze/Bass Chapter 76, Statutes of 2008) authorized the Board to require a licensee to complete continuing medical education (CME) as a condition of license renewal. In June 2010 regulations became effective to implement the provisions of AB 2482.

It was previously stated that the Board verifies compliance with the CME requirement through a self-reporting question on the renewal application. It was also stated that the Board wishes to conduct random audits to verify compliance with the CME requirements. The Board had not yet conducted an audit.

It was recommended by the Business, Professions, and Economic Development staff that the Board explain the lack of self-reporting audits and plans to implement audits.

Due to ongoing BreEZe implementation and system issues with the current Release 1 Boards and the roll out of Release 2 Boards by the end of 2015, the Board's ability to properly conduct and manage an auditing program for CE has been delayed and the Board has been unable to conducted audits.

On July 1, 2012, the Department of Consumer Affairs BreEZe project moved into a "hard freeze." The hard freeze impacted all Department of Consumer Affairs (DCA) boards, including the Physician Assistant Board's ability to make any programing changes to the existing Applicant Tracking System (ATS) and Consumer Affairs System (CAS) legacy

systems used prior to the implementation of BreEZe. The hard freeze was implemented by DCA to ensure that any additional changes to the existing legacy systems would not negatively impact the roll out of BreEZe.

The hard freeze negatively impacted the Board's ability to conduct CE audits because CAS couldn't be upgraded to accommodate the Board's need to conduct CE audits. Additionally, the Board's ability to verify CE compliance was also impacted in that the CAS system was not updated to "read" the CE compliance question on the renewal notice.

Because the Board was legally required to verify CE compliance, a "Hard Freeze Exemption" request was submitted to the Department of Consumer Affairs Change Control Board to seek an exemption to allow the CAS system to be updated to "read" and verify the CE compliance statement on the renewal application. The Board's request for an exemption to update CAS to "read" the CE question was rejected.

Therefore, the unmodified CAS system would not recognize the CE compliance question on the renewal notice and would renew the license. Board staff would receive the notices several weeks later and would be required to manually review every notice and "un-renew" those licensees who certified that they were not in compliance with the Board's CE requirements. This practice continued until implementation of BreEZe in October 2013.

The Board has come to recognize that during the implementation of BreEZe and the ongoing stabilization issues the Board cannot expect at this time to rely on BreEZe system to be modified to allow the Board to conduct CE audits. Therefore, the Board has determined that the most effective alternative is to develop a computer program to randomly select licensees and manage the Board's CE program not using the BreEZe system.

Because Board staff does not have the ability to develop computer programs, staff are currently working with the Medical Board of California to assist in the development of a program outside the BreEZe system that will allow for the ability to conduct CE audits.

ISSUE #5 PROMOTING AND UNDERSTANDING WORKFORCE DEVELOPMENT ISSUES FOR PHYSICIAN ASSISTANTS

In establishing the physician assistant profession in California, the legislature intended to address, "the growing shortage and maldistribution of health care services in California" by eliminating "existing legal constraints" that constitute "an unnecessary hindrance to the more effective provision of health care services." It has been recognized that physician assistants effectively and safely been able to provide health care services in a number of settings including medically underserved areas.

It has been recognized that due to health care reform, including the implementation of the Patient Protection and Affordable Care Act, there exists a need for additional health care providers to accommodate the additional consumers who will be eligible to receive health care services. As more consumers enter the health care system, a more efficient use of health care providers will be required. Physician assistants are able to provide health care services to California consumers by working with other members of the health care team including physicians, nurses, medical assistants, and other health care providers.

It was recommended by the Business, Professions, and Economic Development staff that the Board makes efforts to increase the physician assistant workforce and ensure participation of its licensees in the state's health care delivery system.

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

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).

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

Regarding physician assistant education and training, the Board has been concerned with the decision by the ARC-PA, (the national physician assistant training program accreditation agency) to require that all physician assistant training programs be at the Master's Degree level by 2020. This has led to the closure of several associate level programs.

The Board has also supported legislation that promotes the more efficient use of health care providers, including physician assistants. For example, SB 352 (Pavley, Chapter 286 Statutes of 2013) allows physicians to delegate medical assistant supervision to physician assistants and nurse practitioners.

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 consumers.

ISSUE #6 CONTINUED REGULATION BY THE COMMITTEE

The Business, Professions, and Economic Development Background Paper from the last Sunset Report noted that the Board has shown over the years a strong commitment to improve its overall efficiency and worked cooperatively with the Legislature and the Committee to bring about necessary changes.

It was recommended by the Business, Professions, and Economic Development staff that the physician assistant profession continues to be regulated by a “Physician Assistant Board,” with five professional members and four public members, in order to protect the interests of the public and be reviewed once again in four years.

SB 1236 (Price Statutes of 2012, Chapter 332) renamed the Physician Assistant Committee as the Physician Assistant Board, extended the operation of the Board until January 1, 2017, and revised the composition of the Board.

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, and legislative changes) for each of the following:

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

As previously stated, Issue # 4 regarding the recommendation to explain the lack of audits and plans to implement audits has not yet been accomplished. The Board, recognizing that at this time BreEZe will not be able to be configured to perform CME audits has elected to develop a CME program outside of BreEZe to conduct random audits for CME compliance.

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

Disciplinary action taken against another California health care professional licensing board.

Many physician assistants possess licenses in other health care fields. These fields include, but are not limited to nurse, nurse practitioner, chiropractor, EMT, paramedic, etc.

Based on Business and Professions Code Sections 141, the Board may take disciplinary action against a licensee who has been disciplined by another state, by any agency of the federal government, or by another country for any act substantially related to the practice of a physician assistant.

However, the Board lacks legal authority to take disciplinary action against a licensee who has been disciplined by another California health care professional licensing board.

It would seem logical that if the Board can take disciplinary action against a licensee based on out-of-state discipline it should be able to do so in the case of a California licensed health care provider.

The Board is requesting that legislation be introduced to allow the Board to discipline a licensee based on discipline by another California health care professional licensing board in addition to out-of-state discipline. Such a legislative change would further enhance the Board's mandate of consumer protection.

Suggested language may state:

“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.”

Board member composition: Medical Board of California Physician and Surgeon Member

It was recommended by the Senate Committee on Business, Professions and Economic Development Background Paper for the Physician Assistant Committee that the Medical Board of California Physician and Surgeon member should continue as a voting member of the Board.

It was stated that it would not appear to be necessary for this member to vote if the primary focus of the Board is on the practice of physician assistants. The Board, however, continues a unique relationship with the Medical Board of California in that the Medical Board provides many services to the Board and physician assistants may not practice without the supervision of a physician.

SB 1236 (Price, Chapter 332 Statutes of 2012) amended Business and Professions Code Section 3505. It stated that the physician and surgeon member appointed by the Medical Board of California shall serve as an ex officio, nonvoting member whose functions shall include reporting to the Medical Board of California on the actions or discussions of the Board.

The Board respectfully requests that the Medical Board of California physician and surgeon member to once again be permitted to become a voting member of the Board.

The Board has always valued the participation, guidance, and input of the Medical Board physician member. Since physician assistants must be supervised by a physician many issues involve both boards.

The Board is concerned that not being permitted to vote will discourage Medical Board of California members from wishing to be appointed to the Physician Assistant Board. Today, members of the Medical Board of California may attend in person or watch Board meetings and report back to the Medical Board. By allowing the Medical Board member to vote this would ensure that they would like to be appointed to the Board and willing to actively participate in Board deliberations and actions.

Additionally, the Boards rulemaking authority is limited to regulating physician assistants. However, the Medical Board of California has authority to adopt regulations that govern physician assistant actions that fall within the Medical Board's jurisdiction. While the Board is authorized to make recommendations to the Medical Board over matters such as scope

of practice of physicians, jurisdiction over the scope of practice for physician assistants lies solely with the Medical Board of California.

Because the Medical Board of California has jurisdiction over physician assistant scope of practice matters, it would seem reasonable that the physician member of the Medical Board should be a voting member.

3. New issues not previously discussed in this report.

Please see above, Section 11, #2.

4. New issues raised by the Committees.

There are no new issues raised by the Committees.

Section 12 – Attachments

Please provide the following attachments:

- A. Physician Assistant Board Policy Manual.
- B. Current organizational chart showing relationship of committees to the board and membership of each committee (cf., Section 1, Question 1).
- C. Major studies, the Board did not do any major studies (cf., Section 1, Question 4).
- 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).
- E. Physician Assistant Board Performance Measures as published on the Department of Consumer Affairs website.
- F. Physician Assistant Board Customer Service Satisfaction Survey.
- G. How Shall the PAC Address the California Physician Assistant Workforce Shortage?
- H. Report on Alternative Accreditation, presented at the May 4, 2015 Board meeting by The Education/Workforce Development Committee.
- I. Office of Statewide Health Planning and Development' Health Care Clearinghouse Fact Sheet.

Section 13 – Board Specific Issues

Diversion

Discuss the board’s diversion program, the extent to which it is used, the outcomes of those who participate, the overall costs of the program compared with its successes

The Board’s diversion/monitoring program was established in 1990. The Board along with six other Department of Consumer Affairs boards currently contracts with MAXIMUS to provide monitoring services.

Although participants may self-enroll in the program, a majority of the Board’s participants are board-referrals required to participate and successfully complete the program as a condition of probation.

As of August 1, 2015, the Board’s Diversion Program has 3 self-referred and 9 Board-referred for a total of 12 participants.

It should be noted that the Board’s program is not a true “diversion” program in which licensees avoid disciplinary action by enrolling in the program. Participants are not “diverted” from disciplinary action; rather, participants are monitored for compliance with program terms and conditions.

The Board’s diversion program is a useful tool in monitoring licensees with drug and alcohol problems. Additionally, the program is also an effective and major component of the Board’s enforcement program in monitoring probationers who are subject to participation in the diversion program as a condition of their probation. Diversion program clinical case managers work closely with Board probation monitors to ensure that probationers are in compliance with all terms of probation. By working cooperatively, an added layer of monitoring and compliance is achieved. The Board has found that probation monitors are generally not equipped or trained to deal with probationers with drug and alcohol issues. Having diversion program clinical case managers trained in substance abuse monitoring, the drug and alcohol aspects of the probationer greatly assists in achieving probationary compliance and quickly addressing noncompliance issues.

The goal is for a participant’s successful completion of the program. Often, probationers are clinically evaluated and deemed not requiring participation in the program. Those individuals, though not required to participate in the program are, nevertheless, required to remain abstinent from drugs and alcohol and are subject to random drug testing for the complete probation term. Participants that do not comply with the terms of the diversion program are subject to further disciplinary action which may include revocation of the license.

Diversion program costs have shifted to participants in the program. In December 2010, the Office of Administrative Law approved a regulatory change in which Title 16 California Code of Regulations Section 1399.557 was adopted. This section requires licensees required to participate in the diversion program to pay the full amount of the monthly participation fee charged by the contractor. Licensees voluntarily enrolling in the program pay 75% of the monthly fee charged by the contractor.

Initially, when the program was created in 1990 the Board absorbed the participant participation fee. Due to an increase in the number of participants enrolled in the program, which increased the Board's costs, the Board began in July 2004 assessing a \$100 monthly participation fee. The Board absorbed the remainder of the fee charged by the program.

In adopting the regulation, the Board believed that participants be assessed a fee for participation in the program as it reinforces accountability and responsibility for their monitoring and recovery.

The Board believed that participants mandated to participate in the program as a condition of probation should be assessed the full amount due to the disciplinary nature of their participation. Licensees who have been disciplined pay the cost of investigation and probation monitoring. Likewise, diversion program participants should pay for their participation in the program, as well.

As an incentive for self-referral to the program for licensees who have drug and alcohol issues, the Board believed that reducing the participation fee and requiring a payment of 75% of the full amount would encourage self-referrals and address their issues early in their addiction prior to escalating to a disciplinary matter.

The participation fee is collected by the contractor, Maximus.