BACKGROUND PAPER FOR
The Physician Assistant Board of California

Joint Sunset Review Oversight Hearing, March 24, 2025
Senate Committee on Business, Professions and Economic Development and the Assembly Committee on Business and Professions

IDENTIFIED ISSUES, BACKGROUND AND RECOMMENDATIONS

BRIEF OVERVIEW OF THE PHYSICIAN ASSISTANT BOARD

The Physician Assistant Board (PAB) licenses and regulates Physician Assistants (PAs) who provide health care services with the direction and responsible supervision of a doctor of medicine or osteopathy. The concept of a PA originated in a 1961 article 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." The first PA training program began in 1965 at Duke University with the admission of four ex-military corpsmen into a two-year program. California began regulating the profession in 1970 "to redress the growing shortage and geographic misdistribution of health care services in California." The passage of the Physician Assistant Practice Act (Act) in 1975 permitted the supervised delegation of certain medical services to PAs, thus freeing physicians to focus their skills on other procedures.

Prior to the regulation of PAs by an independent regulatory board, the Physician Assistant Examining Committee (Committee), within the jurisdiction of the Medical Board of California (MBC), was responsible for oversight of the PA profession. As a committee under the MBC, all of the licensing, enforcement and administrative duties were handled by the Committee through the MBC. During the 2012 sunset review oversight process, it was recommended that the Committee transition out of the MBC to become an independent board and, as a result, SB 1236 (Price, Chapter 332, Statutes of 2012) established a stand-alone Physician Assistant Board. While many of the Committee's regulatory activities were absorbed by the new board, PAB maintains a shared services agreement with the MBC for a portion of the PAB's enforcement work.

The PAB's primary responsibility is ensuring consumer protection, driving PAB's efforts to promote safe PA practice by ensuring that only those who meet the requirements for licensure are able to swiftly obtain a license; coordinating and investigating disciplinary matters in an expeditious manner; and managing a diversion/monitoring program for PAs who have alcohol and/or substance abuse problems. The PAB licenses approximately over 18,000 PAs.

According to information provided by the PAB, PAs make clinical decisions and provide a broad range of diagnostic, therapeutic, preventative and health maintenance services. Examples of services offered by a PA include ordering x-rays and laboratory tests, performing diagnoses, administering immunizations, providing referrals within the healthcare system, performing minor surgery, and acting as first or second assistants during surgery. The laws governing the practice of PAs and the

administration of the PAB are specified in statute in Business and Professions Code (BPC) § 3500 *et seq.* and in regulations Title 16 of the California Code of Regulations (16 CCR), § 1399.500 *et seq.*

As stated in its 2024-2028 Strategic Plan, the PAB's current mission statement is as follows:

> ***To protect and serve consumers through licensing, education, and objective enforcement of the Physician Assistant laws and regulations.***

The PAB is comprised of 9 voting members and one ex-officio member, including five PAs, four members of the public, and one non-voting physician and surgeon licensed by the MBC. All five professional members are appointed by the Governor, as are two of the public members. The Senate Committee on Rules and the Speaker of the Assembly each appoint one public member. While BPC § 3505 specifies that the ex-officio PAB member is a MBC licensee, it also specifies that the individual is a MBC member tasked with providing MBC an update on PAB actions and discussions.

The PAB meets approximately four times a year and PAB members receive a $100-a-day per diem. All Committee meetings are subject to the Bagley-Keene Open Meetings Act. Currently, there are three vacancies on the PAB. The following is a listing of the current PAB members and their background:

Board Member	Appointment Date	Term Expiration	Appointing Authority
Vasco Deon Kidd, PA-C, President. Mr. Kidd has been an Associate Clinical Professor at the University of California, Irvine School of Medicine Department of Orthopedic Surgery since 2021 and Director of the Advanced Practice Providers Program at UCI Health since 2019. Mr. Kidd was Director of Advanced Practice Providers and Director of the Physician Assistant Orthopedic Surgery Fellowship Training Program at Arrowhead Orthopedics from 2016 to 2019. He was an Assistant Professor and Academic Coordinator at Moreno Valley College from 2013 to 2015 and at the University of Texas Health Science Center from 2010 to 2012. Mr. Kidd was Lead Physician Assistant at Kaiser Permanente from 2003 to 2010. He earned a Doctor of Health Science degree in Health Sciences from A.T. Still University, a Master of Science degree in Health Professions Education from Western University Health Sciences and a Master of Public Health degree from the University of California, Los Angeles. He is a member of the California Academy of Physician Assistants, American Academy of Orthopedic Surgeons, American College of Healthcare Executives, and the Advanced Practice Provider Executives.	7/28/23	1/1/27	Governor
Juan Armenta, Esq., Vice President After earning his law degree in 1990, Mr. Armenta's Los Angeles area practice focused on tort litigation including municipal liability defense. He formed his own firm in 1994 in Rancho Mirage, where he practices focusing on areas that overlap with medical care delivery including workers' compensation and insurance fraud. He has been on the litigation team or lead appellate lawyer on numerous appellate opinions in the area of fraud against governmental entities and insurance companies. Mr. Armenta has been a PAB member since 2018	2/25/21	1/1/25	Assembly
Diego V. Inzunza, PA-C Mr. Inzunza has been a physician assistant at VEP Healthcare, Patterson Urgent Care, and Primary Care at Home since 2019. He was a group supervisor for the San Mateo County Probation Department from 2015 to 2019, a medical translator for Santa Clara County from 2012 to 2016	12/5/24	12/5/29	Governor

and a community outreach coordinator for the City of San Jose Vice Mayor from 2010 to 2014. Mr. Inzunza is a member of the California Academy of Physician Assistants and the American Academy of Physician Assistants. He earned a Master of Science degree in physician assistant studies from Samuel Merritt University.			
Deborah Snow Ms. Snow previously served two terms as a member of the Speech Language Pathology, Audiology, and Hearing Aid Dispensers Board. She received her Bachelor of Arts from California Baptist University in Riverside, CA, majoring in English and Behavioral Science. Ms. Snow is retired from her position as library assistant at the University of California, Riverside and has spent her career working in library professions. Ms. Snow has been involved in consumer advocacy for several years and has authored articles regarding consumer protection issues facing healing arts boards. Ms. Snow is a member of the Humane Society and also volunteers with, Schools on Wheels, an organization established to provide tutors to children experiencing homelessness.	2/1/23	1/1/27	Senate
Veling Tsai, M.D. Dr. Tsai has been an Attending Physician at Caring ENT since 2016. He has been Clinical Assistant Professor of Head and Neck Surgery at the University of California, Los Angeles School of Medicine since 2008 and an Attending Surgeon at the University of California, Los Angeles Olive View Medical Center since 2012. He is a member of the State Bar of California and the American College of Legal Medicine. Dr. Tsai earned a Doctor of Medicine degree and a Juris Doctor degree from Southern Illinois University and a Bachelor of Arts degree in Geography from the University of California, Los Angeles.	7/10/24	1/1/28	Governor
Philip DaVisio, PA-C DaVisio has been a Supervisory Physician Assistant and Hospital Lead Physician Assistant at Kaiser Permanente since 2016, and Assistant Professor at A.T. Still University, College for Health Communities since 2021. He was an Emergency Medicine Physician Assistant at Dameron Hospital Emergency Department for Valley Emergency Physicians and Envision from 2004 to 2022. Mr. DaVisio was a Regional Physician Assistant Director at Valley Emergency Physicians from 2011 to 2014. Mr. DaVisio is a member of the Academy of Doctoral PAs, Society of Emergency Medicine Physician Assistants, California Academy of Physician Assistants, and the American Academy of Physician Associates. He earned a Doctor of Medical Science degree in Healthcare Administration and Management from the University of Lynchburg, a Master of Science degree in Physician Assistant Studies from A.T. Still University and a Bachelor of Science in Physician Assistant Studies from Kettering College of Medical Arts.	11/20/24	1/1/27	Governor
Bhavana Prakash, PA-C Ms. Prakash has been a Physician Assistant and Program Manager for the Adult Congenital Heart Program at Stanford Children's Health since 2024 and a Supervising Physician Assistant at The Permanente Medical Group since 2015. She is a member of the American Congenital Heart Association. Prakash earned a Doctor of Medical Science degree from A.T. Still University, a Master of Medical Science degree from Saint Francis University, and a Master of Science degree in Physician Assistant Studies from Stanford University.	2/21/25	2/21/29	Governor
Eric Bergersen, PA-C Mr. Bergersen has been the Regional Medical Director at Bicycle Health Medical Group since 2020. He was the APC Director at VEP Healthcare from 2018 to 2020. He was an Emergency Medicine Physician Assistant at VEP Healthcare from 2017 to 2019. He was a Clinical Consultant at GYANT from 2018 to 2019. Mr. Bergersen was the Lead Emergency	2/11/25	2/11/29	Governor

Department Technician at Beth Israel Deaconess Medical Center from 2012 to 2015. He is a member of Physician Assistants in Virtual Medicine and Telemedicine. He earned a Master of Science degree in Health Care Administration from Oklahoma State University, a Master of Science degree in Physician Assistant Studies from George Washington University, and Bachelor of Science in Behavioral Neuroscience from Northeastern University.			
Ed Perez Perez was a manager at Labor Relations and Performance Management, California Department of Water Resources from 2019 to 2024. He was a Labor Relations Specialist, Department of Water Resources from 2015 to 2019 and a Labor Relations Specialist & Labor Relations Analyst at the California Department of Corrections and Rehabilitation from 2013 to 2015. He is a member of the Asian Pacific American Public Affairs Association (APAPA), the Hamptons Community Foundation, the Hamptons Owners Association, the Gardenland-Northgate Neighborhood Association, and a Community Activist with AARP.	2/11/25	2/11/29	Governor
Vacant			

The Board has faced member vacancy issues, including an inability to meet once in 2024 due to lack of a quorum. As of February 2025, new appointments are in place, shoring up the Board's membership and allowing the Board to hopefully continue to meet regularly in order to conduct its important work.

The PAB does not have any committees outlined in statute and are established by the Board president as needed. Committees are comprised of two PAB members at a minimum, with the Board president appointing membership. In the past, PAB has had a legislative committee tasked with reviewing legislation that would impact the PAB, licensees and consumers and make recommendations to the PAB regarding possible positions on proposed legislation; an education/workforce committee tasked with examining education and workforce issues regarding PAs and the need to address health care needs of California Consumers; and, a budget committee which tasked with examining the PAB's budget-related issues. The Legislative Committee and Education/Workforce Development Advisory Committee are still in effect.

Fiscal and Fund Analysis

As a Special Fund agency, the PAB does not receive General Fund (GF) support, relying solely on fees set by statute and collected from licensing and renewal fees paid by PAs.

All PAB licenses are renewed biennially, expiring on the last day of the licensees' birth month. The current PA renewal fee is $300. The application, renewal, delinquency, and duplicate license fees are currently at their statutory maximum, while the Board is currently working on regulations to increase the initial licensing fee from $200 to the statutory maximum of $250.

Fund Condition						(list dollars in thousands)
(Dollars in Thousands)	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25**	FY 2025/26**
Beginning Balance[1]	$4,812	$4,993	$4,550	$4,228	$3,921	$3,521
Revenues and Transfers	$2,364	$2428*	$2,794	$3,013	$3,041	$3,033
Total Resources	$7,176	$7,421	$7,344	$7,241	$6,962	$6,554
Budget Authority	$2,837	$2,963	$3,072	$3,325	$3,261	$3,359
Expenditures	$2,380	$2,922	$3,101	$3,320	$3,441	$3,532
Loans to General Fund	$0	$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	$4,796	$4,499	$4,243	$3,921	$3,521	$3,022
Months in Reserve	19.7	17.4	15.3	13.7	12.0	10.0

** Estimated
Note: *Information taken from the PAB's 2025 Sunset Review Report*

The PAB is subject to BPC § 128.5, which specifies that if a Board's reserve level exceeds the Board's operating expenses for two fiscal years (FYs), the Board is required to reduce licensing fees during the following fiscal year in an amount that will reduce any surplus funds to less than the operating budget for the next two fiscal years.

The Board is experiencing a steady decline in its fund balance, from $4,243,000 in FY2022-23, to a projected $3,022,000 by FY 2025-26. To prevent a future deficit and maintain stability, the Board is actively seeking fee increases to generate additional revenue and cover rising operational expenses. The Board is also seeking adjustments to the statutory fee caps, which limit how much it can charge for licensure and renewals. Adjusting these caps would provide the Board with more flexibility to raise fees as necessary to keep up with financial demands and ensure long-term solvency. The Board's fund condition is discussed further in Issue #4 below.

The PAB reports the following average expenditures during the last four FYs: $1.4 million on enforcement, $55,000 on examinations, $199,000 on licensing, $715,000 on administration, and $344,000 on pro rata.

Expenditures by Program Component								(list dollars in thousands)
	FY 2020/21		FY 2021/22		FY 2022/23		FY 2023/24	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	$174	$930	$266	$1,099	$281	$1,298	$309	$1,02
Examination	$0	$145	$0	$8	$0	$7	$0	$58
Licensing	$116	$27	$177	$30	$187	$24	$206	$28
Administration *	$447	$81	$650	$91	$688	$74	$744	$85

DCA Pro Rata	$0	$346	$0	$393	$0	$272	$0	$365
Diversion (if applicable)	$0	$0	$0	$0	$0	$0	$0	$0
TOTALS	$737	$1,529	$1,093	$1,621	$1,156	$1,675	$1,259	$1,838
* Administration includes costs for executive staff, board, administrative support, and fiscal services.								

Licensing

Currently, the PAB licenses approximately 18,000 PAs. The PAB's licensing program provides public protection by ensuring licenses are only issued to those applicants who meet the minimum requirements of current statutes and regulations, and who have not committed acts that would be grounds for denial.

A PA must attend and graduate from an accredited PA program associated with a medical school that includes classroom studies and clinical experience. The professional curriculum for PA education includes basic medical, behavioral, and social sciences; introduction to clinical medicine and patient assessment; supervised clinical practice; and health policy and professional practice issues.

The PAB does not approve PA programs. BPC § 3513 requires the PAB to recognize a national accrediting organization's school approval, but provides the PAB with authority to approve an educational program should a national accrediting body not exist. Programs accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) are deemed approved by PAB for purposes of eligibility for PA licensure. As of May 2024, there are 306 accredited PA training programs in California.

Applicants for licensure must pass a written examination, the Physician Assistant National Certifying Examination (PANCE), administered by the National Commission on Certification of Physician Assistants (NCCPA). The Board does not participate in the development, scoring, analysis, or administration of the PANCE exam, relying on the NCCPA's established process to ensure professional standards are met. The NCCPA requires individuals to apply and submit a $550 payment in advance to take the PANCE. Individuals may apply for the PANCE 180 days prior to graduating from an accredited PA program and test seven days after completing the program. Individuals may only take the PANCE once in any 90-day period or three times in a calendar year, whichever is fewer. Individuals who have graduated from a program will be eligible to take the PANCE for up to six years after completing the program. During the six-year period, the PANCE may be taken six times. If individuals do not pass the PANCE within the six-year period, the individual loses eligibility to take the PANCE. The five-hour PANCE exam includes 300 multiple-choice questions administered in five blocks of 60 questions with 60 minutes to complete each block. The NCCPA administers the PANCE in English only.

The PAB has established internal timeframes for all applications received to be initially reviewed within 30 days. The PAB notes in its 2025 Sunset Review Report that the Board has consistently met this target with only two licensing staff but with the growth of PA programs in California and rising numbers of applicants, the Board will need additional staff in order to continue meeting this target.

The PAB notes that it has generally been meeting the 30-day goal, however, it notes that there are instances when disciplinary or other application issues result in lengthier application processing timeframes. Application processing may be delayed due to: an increase in the number of applications

received; delays in receiving primary source documents from outside sources (i.e. such as transcripts from educational institutions or examination results); delays in fingerprint clearance; or, the submission of an incomplete application.

The PAB requires primary source documentation for educational transcripts, examination passage, license verification from other states, and professional certifications. Applicants who indicate disciplinary issues or criminal convictions on their applications may require additional licensing staff time to review the conviction or action to determine whether or not the action would make that individual ineligible for licensure. To improve efficiency and expedite licensure, the Board now accepts verifications by email when submitted directly by the governing body that issued the license, certificate, or registration and PA training certification forms by email when submitted directly by the PA program and/or education institute

Applicants for licensure are required to submit fingerprints to obtain criminal history records from the Department of Justice and the Federal Bureau of Investigation for convictions of crimes substantially related to the duties of a PA. Further, the PAB utilizes the National Practitioner Databank (NPDB) to determine if there have been disciplinary actions taken against the individual in another state or by another health care licensing program in California. PAB updated its processes to now receive NPDB reports through a secure portal provided by the Federation of State Medical Boards rather than a self-query submitted by mail as was previously done.

As specified in 16 CCR § 1399.530, the PAB currently recognizes schools approved by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) are deemed approved. Currently in California, there are 20 programs approved by the ARC-PA.

Continuing Education

The PAB is authorized to require licensees seeking renewal to complete no more than 50 hours of Continuing Education (CE) every two years (BPC § 3524.5). As specified in 16 CCR § 1399.615, a PA is required to complete 50 hours of CE for each biannual renewal. Licensees are required to self-certify at the time of renewal that they have met the CE requirements. The PAB conducts random CE audits to verify compliance. The Board audited a total of 931 licensing records during FYs 2022-23 and 2023-24. Of the 931 licensing records audited, 12 licensees failed to provide evidence of having met the CE requirement, for a total of only a 1.28% rate of failure.

The PAB does not approve CE courses or CE course providers. Programs are approved by the PAB if they are pre-approved by one of the following: American Academy of Physician Assistants; American Medical Association, American Osteopathic Association Council on Continuing Medical Education; American Academy of Family Physicians; Accreditation Council for Continuing Medical Education; or a state medical society recognized by the Accreditation Council for Continuing Medical Education.

Enforcement

The PAB's enforcement program consists of a complaint unit, discipline unit, and probation unit. The Board also works in conjunction with Department of Consumer Affairs' (DCA) Division of Investigation (DOI) Health Quality Investigation Unit (HQIU) and the Attorney General's office to ensure investigations are completed timely and administrative actions are moved through the disciplinary process as expeditiously as possible.

The PAB has established three levels for complaint processing: urgent, high, and routine. Urgent cases (those alleging sexual misconduct or patient injury or death) are deemed high and immediately prioritized as "urgent" and are forwarded to the HQIU which carries out the investigations for the MBC, the PAB and the Podiatric Medical Board of California (PMBC) for formal investigations. All other complaints are initiated in the order received and assigned to an analyst who then makes recommendations for appropriate action. A case's priority status may be changed or re-prioritized as an investigation continues.

The Board reports it has seen a four percent increase in the number of complaints since the last sunset review. Although this increase cannot be attributed to one particular reason, according to PAB, a contributing factor may be the 2009 implementation of regulations that requires all licensees, as a condition of renewal, to disclose convictions of any violation of the law in California or any other state or country (omitting traffic infractions under $500 not involving alcohol, dangerous drugs, or controlled substances). Licensees are also required to disclose if they have been denied a license or disciplined by another licensing authority in California or any other state or federal government, or country. Additionally, PAB notes that the 2011 implementation of regulations requiring all licensees engaged in providing medical services to notify each patient that the licensee is licensed and regulated by the Board, thus making consumers aware of the appropriate licensing and regulatory authority to contact regarding filing of a complaint or general information about a licensee, may account for increase in complains received.

The PAB has established internal performance targets for its enforcement program. The target to complete complaint intake is ten days. The average over the past three years has been six days so PAB is currently meeting this goal

The PAB's overall target for completing investigations is 150 days from the time the complaint is received until the investigation is completed. The PAB's average over the past three years is 206 days but PAB notes that meeting the target timeframe is largely out of the Board's control and dependent upon the staffing and workload of other agencies, such DOI. PAB notes that it recently established an in-house non-sworn Special Investigator position for a limited term of 24 months to collect workload data. The Board has identified several case types that can be investigated and referred for prosecution by a non-sworn special investigator, and many tasks associated with investigations can be performed by non-sworn investigators such as detecting and verifying violations, interviewing witnesses, gathering information, analyzing testimony, serving legal documents, or serving as an expert witness, among other duties.

The PAB's established goal for completing investigations which result in enforcement actions is 540 days. The PAB notes in its 2025 Sunset Review Report, that it is taking an average of 1,071 days to complete a case with formal discipline; which far exceeds the PAB's goal. During the PAB's prior sunset review, the PAB averaged just under 1,000 days. PAB continues to evaluate whether current performance measures and expectations are realistic and achievable.

Consistent with other healing arts regulatory boards, the PAB and PAs are subject to mandatory reporting requirements for settlements or other civil actions as specified in BPC §§ 801.01; 802.1; 802.5; 803; 803.5; 803.6; 805; 805.01. These report requirements specify which reports based on the civil action or settlement need to be made available to the PAB related to malpractice actions and hospital disciplinary actions of PAs, along with self-reporting by PAs of indictments and convictions.

Additionally, these reporting requirements also apply to professional liability insurers, self-insured governmental agencies, PA and/or their attorneys and employers, peer review bodies, such as hospitals to report specific disciplinary actions, restrictions, revoked privileges, and suspensions. All of the reporting requirements are mandated within a 10-30 day timeframe.

The PAB is not subject to a statute of limitations; therefore the PAB does not lose cases due to time issues with filing or prosecuting enforcement cases.

The PAB utilizes its cite and fine authority outlined in CCR 16 §§ 1399.570 and 1399.571 which allow the PAB's EO to issue a citation which may include a fine and an order of abatement. Citations can be issued for a violation of the Physician Assistant Practice Act, for a regulation adopted by the PAB, or for any other statute or regulation upon which the PAB may base a disciplinary action. The current regulations specify that a citation can range from anywhere between the amounts of $100 to $5,000; however the statutory maximum is $5,000. The Board issues citations primarily for minor violations of the law that do not warrant formal disciplinary action. These violations include infractions such as failure to maintain adequate and accurate medical records, failure to report criminal conviction, and failure to complete the required continuing medical education as part of the license renewal process. The Board also has authority to issue citations for the unlicensed practice of medicine. As noted in its 2025 Sunset Review Report, the five most common violations for which PAB issues citations are:

- Failure to Maintain CE Compliance
- Failure to Maintain Adequate and Accurate Medical Records
- Failure to Report Criminal Convictions
- Unlicensed Practice of Medicine
- Aiding and Abetting Unlicensed Practice of Medicine

Pursuant to BPC § 125.3, the PAB is authorized to collect full recovery for the cost of its investigation and enforcement costs for cases that result in formal discipline.

Cost Recovery

	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24
Total Enforcement Expenditures				
Potential Cases for Recovery *	18	12	22	17
Cases Recovery Ordered	17	9	21	15
Amount of Cost Recovery Ordered	$234,635.79	$127,970.31	$341,440.82	$301,319.15
Amount Collected	$22,513.79	$19,040.44	$28,900.00	$16,911.29

(Dollars in Thousands)

Note: Information taken from the PAB's 2025 Sunset Review Report

For more detailed information regarding the responsibilities, operations, and functions of the PAB or to review a copy of the PAB's *2025 Sunset Review Report*, please refer to the PAB's website at www.pab.ca.gov.

PRIOR SUNSET REVIEW: CHANGES AND IMPROVEMENTS

PAB was last reviewed by the Legislature through sunset review in 2019-2020. During the previous sunset review, 13 issues were raised. In January 2025, PAB submitted its required sunset report to the Senate Committee on Business, Professions and Economic Development and Assembly Committee on Business and Professions (Committees). In this report, PAB described actions it has taken since its prior review to address the recommendations made. Issues which were not addressed and which may still be of concern to the Committees are more fully discussed under "Current Sunset Review Issues."

- **New Executive Management Team.** The Board appointed a new Executive Officer, Rozana Khan on December 1, 2020. Ms. Khan had previously served as the Board's interim executive officer since September 2020. Additionally, the Board hired Assistant Executive Officer, Kristy Voong on June 16, 2021, to oversee the licensing and enforcement programs and provide general management-level support to all Board activities.

- **License Program Enhancements.** In collaboration with DCA's Office of Information Services, the Board modified BreEZe to allow licensees to request and submit payments for license verifications online. This effort not only reduced mail and cashiering timeframes, but also significantly increased processing efficiency. While the Board strongly encourages electronic submissions for license verification requests, it is cognizant of the need to maintain a paper option to ensure ease of access for all stakeholders. The Board modified BreEZe to allow licensees to print their own pocket license from their online BreEZe account. This change offers convenience, cost efficiency, immediate access, and benefits to the environment as the Board seeks ways to reduce its environmental footprint.

  Additionally, the Board has transitioned from receiving NPDB reports by mail to receiving them electronically via the Federation of State Medical Boards (FSMB). This change has significantly reduced the volume of mailed reports and associated delays. By receiving NPDB reports electronically, the licensing process has become more efficient and streamlined, greatly enhancing the overall experience for applicants.

- **Enforcement Program Enhancements.** To achieve its 2019-2023 Strategic Plan goal of becoming completely independent of the Medical Board of California, in September 2020, the Board assumed all its enforcement functions–complaint processing and discipline workload–in-house, which was handled by the Medical Board of California through a shared services agreement. This allowed the Board to maintain control and accountability over all its enforcement processes and adequately and effectively carry out its enforcement mandates by utilizing best enforcement practices.

  To enhance operational efficiency, consumer protection, and achieve cost savings, the Board established a non-sworn Special Investigator position on a limited 24-month term to collect workload data and savings metrics. The Board has identified several case types that can be investigated and referred for prosecution without the involvement of a DOI HQIU sworn investigator. Redirecting such cases to non-sworn personnel will streamline processes and reduce costs. Many tasks associated with investigations can be effectively performed by non-sworn investigators, such as detecting and verifying violations, interviewing witnesses, gathering information, analyzing testimony, serving legal documents, and serving as expert

witness, among other duties. The Board will continue to utilize HQIU for criminal investigations that require the expertise of a sworn peace officer.

- **Communications and Outreach.** In September 2020, the Board launched its Facebook and Twitter social media accounts. Similar to its website and Listserv, the Board is utilizing these social media platforms to disseminate all Board-related information, including upcoming Board meeting reminders, information about the physician assistant profession, COVID-19 related updates and reminders, information regarding waivers issued by the director of the DCA, alerts of disciplinary action taken against licensees, proposed regulatory updates and job announcements.

  As part of its continuing outreach efforts, the Board published its first edition of the *Board Insider* electronic newsletter on April 18, 2022, in collaboration with the DCA Office of Publications, Design and Editing. The current edition and future editions can be found on the Board's website and social media accounts. The newsletter is another method of communication used to provide important information and Board updates to applicants, licensees, and consumers, while bringing more awareness to online services offered by the Board.

  In March 2023, the Board published its first licensing video to assist applicants with a step-by-step tutorial of the initial application process. The video provides clear guidance and support to assist applicants with the initial licensure process, improve their experience, and increase the overall efficiency of the application process.

- **Branding.** In 2021, the Board collaborated with the DCA Office of Publications, Design and Editing, to develop and select its logo. The new logo better represents the Board's purpose and mission to the public. The Board agreed to support a redesign as the prior logo did not accurately represent physician assistants or the work they do. The Board voted to adopt a modern logo incorporating the Board's name and the Rod of Asclepius, which is a traditional symbol representing healing and medicinal arts.

- **Website Enhancements.** In August 2022, the Board launched its redesigned website. With a focus on user experience and accessibility, the redesigned website offers an improved functionality that aims to better serve visitors. One of the key enhancements is the introduction of a more user-friendly interface. The Board has carefully crafted the website's layout, navigation, and design elements to ensure that users can easily find the information they need. The redesigned website reflects the Board's commitment to providing valuable resources and staying responsive to consumers' needs.

- **Strategic Plan.** On August 4, 2023, the Board adopted its Strategic Plan for 2024-2028. The Board developed new objectives for five strategic goal areas: (1) Licensing and Professional Qualifications, (2) Legislation, Regulation, and Policy, (3) Communication and Outreach, (4) Enforcement, and (5) Administration. Additionally, PAB has incorporated Diversity, Equity, and Inclusion into the strategic plan to ensure initiatives and policies reflect and serve diverse communities.

CURRENT SUNSET REVIEW ISSUES FOR THE PHYSICIAN ASSISTANT BOARD

The following are unresolved issues pertaining to the Physician Assistant Board, or areas of concern that should be considered, along with background information for each issue. There are also Committee staff recommendations regarding particular issues or problem areas PAB needs to address. PAB and other interested parties have been provided with this Background Paper and PAB will respond to the issues and staff recommendations.

ADMINISTRATIVE AND PRACTICE ISSUES

ISSUE #1: (AUTONOMY FROM MBC) PAB is now an independent board and has transitioned away from a shared-services agreement with the MBC, handling operations internally. What is the update on this transition?

Background: SB 1236 (Price, Chapter 332, Statutes of 2012) formally recognized the transition of the former PA Committee to its current status as board within the DCA. At the time of its transition to a board, the decision was made to establish a shared-services agreement with the MBC which resulted in the MBC's continuation of services that had been provided by the MBC when the PAB was operating as a committee under its jurisdiction including: enforcement, information technology, and fund management.

The MBC still has a shared-services agreement with the Podiatric Medical Board and smaller programs that do not have near the infrastructure and administrative support that a large board like MBC does, in order to assist these boards in efficiently conducting their business. At one time, many of today's independently operating boards, like PAB, were committees or other entities under the jurisdiction of the MBC.

As part of the PAB's 2019-2023 strategic plan, the PAB sought to "Research the feasibility of the [PAB] becoming completely independent of the [MBC] to increase efficiencies and enhance consumer protection." The PAB noted that as a result of moving all of its regulatory functions under the PAB's purview, it would increase efficiencies and enhance consumer protection.

The PAB stated during its prior sunset review, "it is imperative that the Board's Enforcement Program workload be completed in-house, and not through a shared service agreement with MBC to maintain a total span of control and accountability over all of its enforcement processes and adequately and effectively carry out its enforcement mandates by utilizing best enforcement practices."

In September 2020, the Board assumed all of its enforcement functions—including complaint processing and disciplinary workloads—internally, which were previously handled by the MBC through the shared services agreement. This transition has allowed the Board to maintain total control and accountability over its enforcement processes, ensuring it can adequately and effectively carry out its enforcement mandates by utilizing best enforcement practices.

The Board notes that as the number of licensed professionals continues to rise, the Board faces the need to expand its staff. PAB notes that to establish a strong management foundation and facilitate succession planning, the Board may need to seek approval to elevate the Executive Officer position to

an exempt level equivalent to a manager III, reflecting the increased responsibilities due to program growth. This would allow for the hiring of subordinate management staff, creating a more stable structure to oversee rank-and-file employees as the Board's operations expand.

In addition to addressing staffing structure challenges, the Board has taken steps to improve operational efficiency and consumer protection while reducing costs. It established a non-sworn Special Investigator I position on a limited 24-month term to gather data on workload and cost savings. This position is designed to handle specific cases that do not require a sworn investigator, streamlining processes and lowering expenses. Non-sworn investigators are capable of managing tasks such as detecting and verifying violations, interviewing witnesses, gathering information, analyzing testimony, serving legal documents, and serving as expert witness. The Board aims to make this position permanent through a future Budget Change Proposal.

Staff Recommendation: ***The Board should provide the Committees an update on its transition away from relying MBC for many internal processes, including what efficiencies have been gained and whether statutory clarifications are necessary to reflect the true independence of PAB. The Board should update the Committees on efforts to boost its organization and whether statutory updates are needed.***

ISSUE #2: (EMERGING TECHNOLOGY) Is the Board prepared to address the impacts of emerging technology, such as AI, on the delivery of services to PA patients and the public?

Background: The rapid advancement of technology, and in particular, Artificial Intelligence (AI), has created opportunities to automate routine and common tasks that once needed humans to complete. As AI has incorporated increasingly complex algorithms that allow machine learning, the possibility of replacing less routine or mundane tasks has become an option. Consequently, proliferation of AI could lead to disruptions to industries that rely on analyzing data.

On September 6, 2023, the Governor issued Executive Order N-12-23, to address challenges and opportunities arising from the advancement of AI, which the order references as generative artificial intelligence (GenAI). Among the reasons for the state to take action, the EO states (in part):

> GenAI can enhance human potential and creativity but must be deployed and regulated carefully to mitigate and guard against a new generation of risks; and
>
> [T]he State of California is committed to accuracy, reliability, and ethical outcomes when adopting GenAI technology, engaging and supporting historically vulnerable and marginalized communities, and serving its residents, workers, and businesses in a transparent, engaged, and equitable way; and
>
> [T]he State of California seeks to realize the potential benefits of GenAI for the good of all California residents, through the development and deployment of GenAI tools that improve the equitable and timely delivery of services, while balancing the benefits and risks of these new technologies…

The Governor's Executive Order includes direction for various state entities, including, "Legal counsel for all State agencies, departments, and boards subject to my authority shall consider and periodically evaluate for any potential impact of GenAI on regulatory issues under the respective agency,

department, or board's authority and recommend necessary updates, where appropriate, as a result of this evolving technology."
According to PAB, online practice has become increasingly prevalent, especially with the rise of telehealth which facilitates remote patient interactions. PAB states that telehealth is a valuable tool that enhances medical practice rather than being a distinct form of medicine. There are no legal restrictions against using technology in healthcare delivery, provided that the services are rendered by licensed professionals in California. The standard of care remains consistent, whether care is provided in-person or via telehealth. PAs are required to adhere to the same responsibilities, including informed consent and the protection of patient privacy, regardless of the mode of interaction.

The Board states that it has not received complaints regarding unlicensed activity in the context of telehealth, and that currently, there are no plans to regulate the internet business practices of PAs, as the existing framework adequately addresses the necessary standards of care and compliance within the online healthcare environment.

Staff Recommendation: ***The Board should inform the Committees of whether it is equipped to investigate misuse of AI or other technology. The Board should discuss actions it has already taken, if any, to protect consumers, update regulations, and enable proper enforcement in cases using telehealth via AI, while simultaneously keeping up with changes in the safe delivery of services. Finally, the Board should inform the Committees of whether it needs legislative authority to address any concerns stemming from the use of AI.***

ISSUE #3: (PRACTICE AGREEMENTS AND RATIOS) PAs are licensed healthcare providers, subject to a standard of care, and employed in various healthcare settings, thus governed by employer requirements and limitations, but still required to maintain a practice agreement with a physician in order to actually practice. Physicians are also only authorized to have practice agreements with no more than four PAs, other than in limited home health evaluations. PA practice relies on the education and training of these professionals and PAs are not authorized to engage in certain activities for which their education, training, and experience have not prepared them. Given the safeguards that exist for these individuals, does this scheme add any actual value to patient care? Would access to primary care be increased if PAs were not subject to a practice agreement and if ratio limitations were updated?

Background: PAs are healthcare providers who can provide a wide range of medical services under the supervision of a physician, including prescribing, when authorized by a supervising physician under a document known as a practice agreement. The practice agreement outlines what a PA may or may not do based on the PA's competence and the level of physician supervision required. A physician is authorized to supervise more than one PA, but no more than four at a time, other than in limited circumstances for PAs providing limited home health evaluations.

The Act specifies that "Supervision" means that a licensed physician oversees the activities of, and accepts responsibility for, the medical services rendered by a PA, but that supervision shall not be construed to require the physical presence of the physician. "Supervision" requires adherence to adequate supervision as agreed to in the practice agreement and the physician and surgeon being available by telephone or other electronic communication method at the time the PA examines the patient.

The Act further requires a practice agreement to include provisions that address the types of medical services a PA is authorized to perform; policies and procedures to ensure adequate supervision of the PA, including, but not limited to, appropriate communication, availability, consultations, and referrals between a physician and surgeon and the PA in the provision of medical services; the methods for the continuing evaluation of the competency and qualifications of the PA; the furnishing or ordering of drugs or devices by a PA and; any additional provisions agreed to by the PA and physician and surgeon.

Within the physician-PA relationship, PAs make clinical decisions and provide a broad range of diagnostic, therapeutic, preventive, and health maintenance services including, but not limited to:

- Taking health histories
- Performing physical examinations
- Ordering X-rays and laboratory tests
- Ordering respiratory, occupational, or physical therapy treatments and nursing services
- Performing routine diagnostic tests
- Establishing diagnoses
- Treating and managing patient health problems
- Administering immunizations and injections
- Instructing and counseling patients
- Providing continuing care to patients in the home, hospital, or extended care facility
- Providing referrals within the health care system
- Performing minor surgery
- Providing preventative health care services
- Acting as first or second assistants during surgery
- Responding to life-threatening emergencies

PAs predominantly practice in primary care service settings such as private practice physician offices and hospitals; however, PAs also provide services in community health clinics and rural health clinics. As reported by the Bureau of Labor Statistics, nationally, the majority of PAs work in physicians' offices (55%) and in hospital settings (26%).

The PA Act has been updated several times over the decades to reflect changing realities in supervisory requirements and healthcare practices. The Act was updated in 2019 through SB 697 (Caballero, Chapter 707, Statutes of 2019), which changed the way PAs and physician and surgeons arrange and handle supervision. Among numerous other provisions, the bill allowed multiple physicians and surgeons to supervise a PA and redefined the supervision agreement. What was once referred to as a delegation of services agreement, is now referred to as a practice agreement. A practice agreement is written between a supervising physician and surgeon and a PA (which could be one or more supervisors/supervisees). The agreement defines the medical services that a PA is authorized to perform, along with policies and procedures to ensure adequate supervision, methods for evaluating competency, the specific authorizations for furnishing or ordering drugs or devices, and any other provisions agreed to by the supervising physician and surgeon and the PA.

There is a variety of research that substantiates the important role of PAs as providers of primary care services, and recognizes a need for more PAs to help close the primary care provider gap. A 2018 joint report from the Healthforce Center at UCSF and California Health Care Foundation, *California's Physician Assistants: How Scope of Practice Laws Impact Care* noted that:

> "[PAs] are trained to provide medical services across a range of settings. Allowing them to practice to the fullest extent of their education and training is widely seen as an effective way to address issues of health care access, quality, and cost… The statutory limit on the number of PAs a single physician may collaborate with can negatively affect access to care. Such a cap limits the ability of health care organizations to expand to meet demand for services, particularly as community health centers are increasingly reliant on PAs to provide care within tight budget constraints. In addition, PAs are more likely than physicians to provide care in rural areas and to low-income and underserved populations; supervision regulations can impede PA workforce growth in these settings."

In 2019, the California Health Workforce Commission released a final report titled *Meeting the Demand for Health: Final Report of the California Future Health Workforce Commission*. The report touched on physician workforce trends across the state and noted that "California is projected to have a shortage of 4,103 FTE primary care clinicians in 2030. The most severe shortages are projected for the Central Valley and Central Coast, Southern Border, and LA/Orange/Inland Empire regions. It is estimated that up to 75% of primary care services could be provided by [nurse practitioners or NPs] and [PAs]. NPs and PAs are more likely to work in rural communities than are physicians.

On March 30, 2020, the Governor issued Executive Order N-39-20 authorizing the Director of the Department of Consumer Affairs to waive any statutory or regulatory professional licensing relating to healing arts during the duration of the COVID-19 pandemic – including rules relating to examination, education, experience, and training. DCA-20-67 waived BPC § 3516 (b), the statute limiting physicians to only supervise four PAs and also waived requirements that a practice agreement or written delegation of services agreement exist for a PA to perform medical services.

In 2023, AB 1070 (Low, Chapter 827, Statutes of 2023) updated the ratio to authorize one physician to supervise up to eight PAs, if the PAs are only performing home health evaluations. The PAs are statutorily specified to be focused solely on performing in home health evaluations that do not involve direct patient treatment or prescribing medication.

Several states no longer have practice agreement requirements and a number of states have eliminated supervision ratios entirely.

Staff Recommendation: ***The Board should update the Committees on efforts in other states to update ratio and practice agreement statutes and the potential benefits and impacts to patient care stemming from those efforts. The Committees may wish to engage the Board and stakeholders in discussions about the potential benefits and impacts to patient care that may come from updates to the current ratio and practice agreement requirements.***

BUDGET ISSUES

ISSUE #4: (FUND CONDITION AND FEES) PAB faces rising costs and dwindling reserves. Is a fee increase necessary?

Background: PAB is primarily funded by licensee renewal fees, which are $300 per licensee. This amount has not been adjusted since FY 2001-02. Prior to the changes, the initial license fee was $100,

which increased to $200 as of July 1, 2000. The biennial renewal fee also rose from $150 to $250 for licenses expiring after July 1, 2000, and further to $300 for licenses expiring after July 1, 2002.

The Board is experiencing a steady decline in its fund balance, from $4,243,000 in FY 2022-23 to a projected $3,022,000 by FY 2025-26.

Since the last fee increase occurred over two decades ago, the Board has not implemented any further adjustments to account for rising administrative, enforcement, and operational costs and reports that action is necessary now to ensure it can continue fulfilling its regulatory responsibilities and maintain public safety effectively.

PAB believes that it is necessary to update the Act to increase fees in order to generate additional necessary revenue and cover rising operational costs. Additionally, the Board seeks to adjust the statutory fee caps, providing more flexibility to raise fees as needed. The proposed increases include raising the application fee from $25 to $60 and may be increased to not more than $80; the initial licensing fee cap to increase from $250 to not more than $500, the biennial license renewal fee cap to increase from $300 to not more than $500, the delinquency fee from $25 to $75, and the fee for a letter of endorsement, letter of good standing, or letter of verification of licensure from $10 to $50. The PAB believes these adjustments are crucial to maintaining the Board's financial stability and ensuring the continued provision of high-quality services to both applicants and licensees.

Additionally, PAB reports it is actively working on a regulatory package to increase the initial licensing fee from $200 to its current statutory cap of $250, further supporting its financial health.

According to PAB, the proposed fee adjustments will have a minimal financial impact on applicants and licensees while significantly enhancing the Board’s ability to protect the public and to efficiently perform its licensing duties. The increases are designed to be reasonable and align with fees charged by comparable regulatory boards. The additional revenue will be utilized to improve essential services such as licensing, monitoring compliance, and investigating complaints efficiently. As operational costs have steadily increased due to inflation and expanded regulatory responsibilities, these adjustments will ensure that service delivery to applicants and licensees remains timely and effective.

Should the statutory caps be approved, any future fee increases necessary to sustain ongoing operations will be implemented through the regulatory change process. This process includes stakeholder engagement, public comment periods, and thorough review to ensure transparency and fairness.

Staff Recommendation: ***The PAB should advise the Committees discussions it has had with PA licensees and stakeholders about a fee increase proposal, whether the proposed amounts will yield fiscal stability for the future, and the alternatives to status quo. The Committees may wish to amend the Act to provide PAB with the resources necessary to conduct its important work effectively.***

LICENSING ISSUES

ISSUE #5: (E-LICENSE RENEWAL) Are statutory updates necessary?

Background: PAB has taken a number of steps to increase efficiency, including allowing for online licensing renewal. The Board has received feedback that its regulatory updates to the license renewal

process may require an amendment to the Act.

Currently, BPC §3523 states in pertinent part that "To renew an unexpired license, the licensee shall, on or before the date of expiration of the license, apply for renewal on a form provided by the board, accompanied by the prescribed renewal fee."

This provision was enacted in 1983 (Chapter 1026, Statutes of 1983 and the Office of Administrative Law (OAL), in response to proposed Board regulatory updates, has raised concerns about whether the Board has implied authority to provide electronic forms for renewal when such a method was not available at the time of enactment.

The Board proposes that, to avoid this issue when updating and modernizing its renewal procedures in regulations, the Act should be updated to clarify that electronic online forms or other forms for license renewals are eligible.

Staff Recommendation: ***The Committees may wish to amend the Act to provide the Board the necessary authority to reflect reality and the modernization of licensure renewal in its regulations.***

ENFORCEMENT ISSUES

ISSUE #6: (DIVERSION). What is the status of the PAB's Diversion Program?

Background: The Act requires PAB to establish and administer a diversion program "for the rehabilitation of [PAs] whose competency is impaired due to the abuse of drugs or alcohol…" According to the Board's website, the Diversion Program's purpose is designed so that impaired physician assistants can be counseled, guided to appropriate treatment, and returned to practice in a manner, which will not endanger public health or safety. The website highlights the following services provided and notes that the Diversion Program provides hope, help, and alternatives to PAs experiencing an alcohol or drug problem:

- Drug and Alcohol Recovery Monitoring Program Information
- Confidential consultation with professionals in the field of chemical dependency
- Intervention services
- Assessment and referral for treatment
- Development of a rehabilitation plan
- Monitoring participation and compliance
- Encouragement and support

PAB notes that the Diversion Program accepts referrals on a voluntary basis and that the Board may also order a PA to enroll and participate in the program, in addition to other disciplinary conditions. According to the Board's website, "PAs who successfully complete the program are assured that their problem and its nature will remain confidential. However, confidentiality will not be maintained if the participant poses a threat to themselves or the health and safety of the public, or if the participant is terminated from the program for noncompliance or for failure to derive benefit."

SB 1441 (Ridley-Thomas, Chapter 548, Statutes of 2008) required the DCA to develop uniform and specific standards to be used by each health professional licensing board in dealing with licensees

facing substance use disorders in the following 16 specified areas: (1) clinical and diagnostic evaluation of the licensee; (2) temporary removal of the licensee from practice; (3) communication with licensee's employer about licensee status and condition; (4) testing and frequency of testing while participating in a diversion program or while on probation; (5) group meeting attendance and qualifications for facilitators; (6) determining what type of treatment is necessary; (7) worksite monitoring; (8) procedures to be followed if a licensee tests positive for a banned substance; (9) procedures to be followed when a licensee is confirmed to have ingested a banned substance; (10) consequences for major violations and minor violations of the standards and requirements; (11) return to practice on a full-time basis; (12) reinstatement of a health practitioner's license; (13) use and reliance on a private-sector vendor that provides diversion services; (14) the extent to which participation in a diversion program shall be kept confidential; (15) audits of a private-sector vendor's performance and adherence to the uniform standards and requirements; and (16) measurable criteria and standards to determine how effective diversion programs are in protecting patients and in assisting licensees in recovering from substance abuse in the long term.

As part of the SB 1441 implementation, the DCA convened the Substance Abuse Coordination Committee (SACC), which consisted of representatives from all of the health professional licensing boards. A series of meetings, subject to the Bagley-Keene Open Meeting Act, were held from 2009 to 2011 to discuss and develop the standards. The "Uniform Substance Abuse Standards" ("Uniform Standards") were finally adopted in early 2010, with the exception of the frequency of drug testing. The DCA reconvened the SACC in March 2011, where a final vote was taken on an amended schedule for drug testing frequency.

At that time, all of the health care boards were asked to adopt and implement the standards. In response to questions regarding whether adoption of the standards was optional or mandatory, three different legal opinions were issued that opined that the boards were mandated to adopt all of the standards. The only standard that needed statutory authority dealt with the cease practice requirement. SB 1172 (Negrete McLeod, Chapter 517, Statutes of 2010) was enacted, and among other provisions, required healing arts boards to order a licensee to cease practice if the licensee tests positive for any prohibited substance under the terms of the licensee's probation or diversion program. It would be helpful for the Committees to know the status of the Board's Diversion Program.

Staff Recommendation: ***The Board should provide an update on its Diversion Program.***

TECHNICAL CHANGES

ISSUE #7: (TECHNICAL CHANGES MAY IMPROVE EFFECTIVENESS OF THE PA PRACTICE ACT AND PAB OPERATIONS.) There are amendments that are technical in nature but may improve PAB operations.

Background: There are instances in the PA Practice Act where technical clarifications may improve PAB operations and application of the statutes governing the PAB's work.

Staff Recommendation: ***The Committees may wish to amend the Act to include technical clarifications.***

CONTINUED REGULATION OF THE PROFESSION BY THE CURRENT PROFESSION BY THE PHYSICIAN ASSISTANT BOARD

ISSUE #8: (CONTINUED REGULATION BY THE PAB.) Should the licensing and regulation of PAs be continued and be regulated by the current PAB?

Background: Patients and the public benefit from a well functioning regulatory program for PAs. The Board has demonstrated continued efficiency as it has taken on many responsibilities previously handled by MBC. PAB should continue working with the Legislature, DCA, and Department of Finance to ensure fiscal stability.

Staff Recommendation: ***The PAB's current regulation of PA's should be continued, to be reviewed again on a future date to be determined.***