

MEMORANDUM

DATE	August 9, 2024
TO	Physician Assistant Board (Board)
FROM	Rozana Khan, Executive Officer
SUBJECT	Agenda Item 10. Update on the 2025 Sunset Review Process and Draft Report

During the May 20, 2024, Board meeting, an overview of the Sunset Review process was presented, along with an estimated timeline. The final report is due to the Legislature by January 6, 2025.

On July 23, 2024, policy committee legislative staff met with Board staff to provide valuable insights and feedback on the sunset process. The August draft report (Attachment 1) may include some of the responses from the 2020 Sunset Review Report, as the questions and responses remain unchanged. This draft also includes summaries of issues raised by the Joint Oversight Committee, and recommendations, as well as an opportunity for the Board to identify new issues. Over the next several months, Board staff will continue to expand and update the responses, providing revised drafts for the Board's review and input.

Action Requested

No specific Board action is requested at this time. However, please review the draft responses provided thus far, and provide feedback at this meeting. Your feedback during this discussion will be invaluable as we finalize our responses and prepare for the next steps in the review process.

Attachment

1. DRAFT Sunset Report

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

PHYSICIAN ASSISTANT BOARD

BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM

DRAFT

As of August 9, 2024

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/professions that are licensed and/or regulated by the board (Practice Acts vs. Title Acts).

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

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

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

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

Assembly Bill (AB) 392, introduced by Assemblyman Gordon Duffy on January 6, 1975, created the Physician Assistant Examining Committee (PAC), now called the Physician Assistant Board (Board).

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

- Licensing of physician assistants.

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

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

The Board also collaborates with others regarding legal and regulatory issues that involve physician assistant activities or the profession. Within the physician assistant profession, the Board establishes and maintains entry standards of qualification and conduct primarily through its authority to license. With over 17,000 licensed physician assistants, the Board regulates and establishes standards for physician assistant practice.

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

According to the Physician Assistant Practice Act, Business and Professions Code section 3504, the Board consists of nine members who serve four-year terms and may be reappointed. Currently, the Board is composed of one physician and surgeon, five licensed physician assistants, and four public members, as outlined in Business and Professions Code section 3505. The Governor appoints the licensed members and two public members, while the Speaker of the Assembly and the Senate Rules Committee each appoint one public member.

Board members play a critical role in policy and decision-making related to licensing requirements, disciplinary matters, contracts, budget issues, legislation and regulatory proposals, and consumer and public outreach.

The following tables provide details regarding board meeting dates and member attendance:

Table 1a. Attendance			
Charles Alexander, Ph.D. – current public member			
Date Appointed: February 5, 2013			
Meeting Type	Meeting Date	Meeting Location	Attended?
Teleconference	7/11/2019	Sacramento	Yes
Quarterly Board Meeting	8/9/2019	San Diego	Yes
Quarterly Board Meeting	11/4/2019	Sacramento	Yes
Quarterly Board Meeting	1/13/2020	Sacramento	Yes
Quarterly Board Meeting	5/28/2020	Sacramento	Yes
Quarterly Board Meeting	8/7/2020	WebEx	Yes
Quarterly Board Meeting	11/9/2020	WebEx	Yes
Quarterly Board Meeting	2/8/2021	WebEx	Yes
Quarterly Board Meeting	5/10/2021	WebEx	Yes
Quarterly Board Meeting	8/9/2021	WebEx	Yes
Quarterly Board Meeting	11/8/2021	WebEx	No
Quarterly Board Meeting	2/7/2022	WebEx	Yes
Quarterly Board Meeting	5/9/2022	Sacramento	Yes

Quarterly Board Meeting	8/8/2022	WebEx	Yes
Quarterly Board Meeting	11/7/2022	WebEx	Yes
Quarterly Board Meeting	2/6/2023	WebEx	Yes
Quarterly Board Meeting	5/1/2023	Sacramento	Yes
Quarterly Board Meeting	8/4/2023	San Diego	Yes
Quarterly Board Meeting	11/6/2023	Sacramento	Yes
Quarterly Board Meeting	3/4/2024	Sacramento	Yes
Quarterly Board Meeting	5/20/2024	Sacramento	Yes

Table 1a. Attendance

Juan Armenta, Esq. – current public member

Date Appointed: July 23, 2013

Meeting Type	Meeting Date	Meeting Location	Attended?
Teleconference	7/11/2019	Sacramento	No
Quarterly Board Meeting	8/9/2019	San Diego	Yes
Quarterly Board Meeting	11/4/2019	Sacramento	Yes
Quarterly Board Meeting	1/13/2020	Sacramento	Yes
Quarterly Board Meeting	5/28/2020	Sacramento	Yes
Quarterly Board Meeting	8/7/2020	WebEx	Yes
Quarterly Board Meeting	11/9/2020	WebEx	Yes
Quarterly Board Meeting	2/8/2021	WebEx	Yes
Quarterly Board Meeting	5/10/2021	WebEx	Yes
Quarterly Board Meeting	8/9/2021	WebEx	Yes
Quarterly Board Meeting	11/8/2021	WebEx	Yes
Quarterly Board Meeting	2/7/2022	WebEx	No
Quarterly Board Meeting	5/9/2022	Sacramento	Yes
Quarterly Board Meeting	8/8/2022	WebEx	Yes
Quarterly Board Meeting	11/7/2022	WebEx	Yes
Quarterly Board Meeting	2/6/2023	WebEx	Yes
Quarterly Board Meeting	5/1/2023	Sacramento	Yes
Quarterly Board Meeting	8/4/2023	San Diego	Yes
Quarterly Board Meeting	11/6/2023	Sacramento	Yes
Quarterly Board Meeting	3/4/2024	Sacramento	Yes
Quarterly Board Meeting	5/20/2024	Sacramento	Yes

Table 1a. Attendance			
Jennifer Carlquist, PA-C – past physician assistant member			
Date Appointed: June 21, 2016			
Meeting Type	Meeting Date	Meeting Location	Attended?
Teleconference	7/11/2019	Sacramento	No
Quarterly Board Meeting	8/9/2019	San Diego	Yes
Quarterly Board Meeting	11/4/2019	Sacramento	Yes
Quarterly Board Meeting	1/13/2020	Sacramento	Yes
Quarterly Board Meeting	5/28/2020	Sacramento	Yes
Quarterly Board Meeting	8/7/2020	WebEx	Yes
Quarterly Board Meeting	11/9/2020	WebEx	Yes
Quarterly Board Meeting	2/8/2021	WebEx	Yes
Quarterly Board Meeting	5/10/2021	WebEx	Yes
Quarterly Board Meeting	8/9/2021	WebEx	No
Quarterly Board Meeting	11/8/2021	WebEx	Yes
Quarterly Board Meeting	2/7/2022	WebEx	No
Quarterly Board Meeting	5/9/2022	Sacramento	Yes
Quarterly Board Meeting	8/8/2022	WebEx	Yes
Quarterly Board Meeting	11/7/2022	WebEx	Yes
Quarterly Board Meeting	2/6/2023	WebEx	Yes
Quarterly Board Meeting	5/1/2023	Sacramento	No
Quarterly Board Meeting	8/4/2023	San Diego	Yes
Quarterly Board Meeting	11/6/2023	Sacramento	Yes

Table 1a. Attendance			
Sonya Earley, PA-C – current physician assistant member			
Date Appointed: February 5, 2013			
Meeting Type	Meeting Date	Meeting Location	Attended?
Teleconference	7/11/2019	Sacramento	Yes
Quarterly Board Meeting	8/9/2019	San Diego	Yes
Quarterly Board Meeting	11/4/2019	Sacramento	Yes
Quarterly Board Meeting	1/13/2020	Sacramento	Yes
Quarterly Board Meeting	5/28/2020	Sacramento	Yes
Quarterly Board Meeting	8/7/2020	WebEx	Yes
Quarterly Board Meeting	11/9/2020	WebEx	Yes
Quarterly Board Meeting	2/8/2021	WebEx	Yes
Quarterly Board Meeting	5/10/2021	WebEx	Yes
Quarterly Board Meeting	8/9/2021	WebEx	Yes
Quarterly Board Meeting	11/8/2021	WebEx	Yes
Quarterly Board Meeting	2/7/2022	WebEx	No

Quarterly Board Meeting	5/9/2022	Sacramento	Yes
Quarterly Board Meeting	8/8/2022	WebEx	No
Quarterly Board Meeting	11/7/2022	WebEx	Yes
Quarterly Board Meeting	2/6/2023	WebEx	Yes
Quarterly Board Meeting	5/1/2023	Sacramento	Yes
Quarterly Board Meeting	8/4/2023	San Diego	Yes
Quarterly Board Meeting	11/6/2023	Sacramento	Yes
Quarterly Board Meeting	3/4/2024	Sacramento	Yes
Quarterly Board Meeting	5/20/2024	Sacramento	Yes

Table 1a. Attendance			
Jed Grant, PA-C – past physician assistant member			
Date Appointed: February 5, 2013			
Meeting Type	Meeting Date	Meeting Location	Attended?
Teleconference	7/11/2019	Sacramento	Yes
Quarterly Board Meeting	8/9/2019	San Diego	Yes
Quarterly Board Meeting	11/4/2019	Sacramento	Yes
Quarterly Board Meeting	1/13/2020	Sacramento	Yes
Quarterly Board Meeting	5/28/2020	Sacramento	Yes
Quarterly Board Meeting	8/7/2020	WebEx	Yes
Quarterly Board Meeting	11/9/2020	WebEx	Yes
Quarterly Board Meeting	2/8/2021	WebEx	Yes
Quarterly Board Meeting	5/10/2021	WebEx	Yes
Quarterly Board Meeting	8/9/2021	WebEx	Yes
Quarterly Board Meeting	11/8/2021	WebEx	No
Quarterly Board Meeting	2/7/2022	WebEx	Yes
Quarterly Board Meeting	5/9/2022	Sacramento	Yes
Quarterly Board Meeting	8/8/2022	WebEx	Yes
Quarterly Board Meeting	11/7/2022	WebEx	Yes
Quarterly Board Meeting	2/6/2023	WebEx	Yes
Quarterly Board Meeting	5/1/2023	Sacramento	Yes
Quarterly Board Meeting	8/4/2023	San Diego	Yes
Quarterly Board Meeting	11/6/2023	Sacramento	Yes

Table 1a. Attendance			
Randy Hawkins – past Ex Officio/MBC physician member			
Date Appointed: August 17, 2020			
Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly Board Meeting	11/9/2020	WebEx	Yes
Quarterly Board Meeting	2/8/2021	WebEx	Yes
Quarterly Board Meeting	5/10/2021	WebEx	Yes
Quarterly Board Meeting	8/9/2021	WebEx	Yes
Quarterly Board Meeting	11/8/2021	WebEx	Yes
Quarterly Board Meeting	2/7/2022	WebEx	Yes
Quarterly Board Meeting	5/9/2022	Sacramento	Yes
Quarterly Board Meeting	8/8/2022	WebEx	Yes
Quarterly Board Meeting	11/7/2022	WebEx	Yes
Quarterly Board Meeting	2/6/2023	WebEx	Yes
Quarterly Board Meeting	5/1/2023	Sacramento	Yes
Quarterly Board Meeting	8/4/2023	San Diego	Yes
Quarterly Board Meeting	11/6/2023	Sacramento	Yes
Quarterly Board Meeting	3/4/2024	Sacramento	Yes
Quarterly Board Meeting	5/20/2024	Sacramento	Yes

Table 1a. Attendance			
Diego Inzunza, PA-C – current physician assistant member			
Date Appointed: August 17, 2020			
Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly Board Meeting	11/9/2020	WebEx	Yes
Quarterly Board Meeting	2/8/2021	WebEx	Yes
Quarterly Board Meeting	5/10/2021	WebEx	Yes
Quarterly Board Meeting	8/9/2021	WebEx	Yes
Quarterly Board Meeting	11/8/2021	WebEx	Yes
Quarterly Board Meeting	2/7/2022	WebEx	Yes
Quarterly Board Meeting	5/9/2022	Sacramento	Yes
Quarterly Board Meeting	8/8/2022	WebEx	Yes
Quarterly Board Meeting	11/7/2022	WebEx	Yes
Quarterly Board Meeting	2/6/2023	WebEx	Yes
Quarterly Board Meeting	5/1/2023	Sacramento	Yes
Quarterly Board Meeting	8/4/2023	San Diego	Yes
Quarterly Board Meeting	11/6/2023	Sacramento	Yes
Quarterly Board Meeting	3/4/2024	Sacramento	Yes
Quarterly Board Meeting	5/20/2024	Sacramento	Yes

Table 1a. Attendance			
Vasco Deon Kidd, PA-C – current physician assistant member			
Date Appointed: August 23, 2021			
Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly Board Meeting	11/8/2021	WebEx	Yes
Quarterly Board Meeting	2/7/2022	WebEx	Yes
Quarterly Board Meeting	5/9/2022	Sacramento	Yes
Quarterly Board Meeting	8/8/2022	WebEx	Yes
Quarterly Board Meeting	11/7/2022	WebEx	Yes
Quarterly Board Meeting	2/6/2023	WebEx	Yes
Quarterly Board Meeting	5/1/2023	Sacramento	Yes
Quarterly Board Meeting	8/4/2023	San Diego	Yes
Quarterly Board Meeting	11/6/2023	Sacramento	Yes
Quarterly Board Meeting	3/4/2024	Sacramento	Yes
Quarterly Board Meeting	5/20/2024	Sacramento	Yes

Table 1a. Attendance			
Deborah Snow, current public member			
Date Appointed: 2/1/2023			
Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly Board Meeting	2/6/2023	WebEx	No
Quarterly Board Meeting	5/1/2023	Sacramento	Yes
Quarterly Board Meeting	8/4/2023	San Diego	Yes
Quarterly Board Meeting	11/6/2023	Sacramento	Yes
Quarterly Board Meeting	3/4/2024	Sacramento	Yes
Quarterly Board Meeting	5/20/2024	Sacramento	Yes

Committees are a crucial part of the Board, addressing specific issues referred by the public, the Legislature, the Department of Consumer Affairs, or recommended by staff. Typically, committees consist of at least two Board members who gather public input, explore alternatives, and make recommendations to the full Board. Although the Board does not have committees established by statutes or regulations, the Board President may appoint task forces and advisory committees as needed.

Legislative Committee (Established May 20, 2013)

The purpose of this committee is to review legislation that impacts the Board, licensees, and consumers, and to make recommendations to the Board regarding potential positions on proposed legislation.

Education/Workforce Development Committee (Established May 4, 2015)

The purpose of this committee is to examine education and workforce issues related to physician assistants, and to address the healthcare needs of California consumers.

Table 1b. Board/Committee Member Roster					
Member Name (Include any vacancies and a brief member biography)	Date First Appointed	Date Reappointed	Date Term Expires	Appointing Authority	Type (public or professional)
Charles Alexander, Ph.D.	2/5/2013	1/8/2016	1/1/2024*	Governor	Public
Juan Armenta, Esq.	7/23/2018	3/4/2021	1/1/2025	Assembly	Public
Sonya Earley, PA-C	2/5/2023	8/17/2020	1/1/2024*	Governor	Professional
Diego Inzunza, PA-C	8/17/2020	N/A	1/1/2024*	Governor	Professional
Vasco Deon Kidd, PA-C	8/23/2021	7/21/2023	1/1/2027	Governor	Professional
Deborah Snow	2/1/2023	N/A	1/1/2027	Senate	Public
Veling Tsai, M.D.	7/25/2024	N/A	1/1/2028	Governor	Ex Officio/MBC Member
Vacant	–	–	–	Governor	Professional
Vacant	–	–	–	Governor	Professional
Vacant	–	–	–	Governor	Public

*Term expired 1/1/2024, serving in a grace period.

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?

In the past four years, the Board has been fortunate to conduct all scheduled meetings except for one. Due to a quorum issue, the Board's meeting on February 5, 2024, was cancelled. We were able to reschedule and conduct the Board meeting on March 4, 2024.

The cancellation and rescheduling had a minor impact on the Board's operations, causing a slight delay in addressing certain agenda items and decision-making processes. However, the Board was able to catch up on pending matters at the rescheduled meeting, minimizing any long-term effects on its overall functionality.

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

- **Internal changes (i.e., reorganization, relocation, change in leadership, strategic planning)**

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 time frames, but also significantly increased processing efficiency. While the Board strongly encouraged 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 BreZE to allow licensees to print their own pocket license from their online BreZE 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 National Practitioner Data Bank (NPDB) reports by mail to receiving them electronically via the Federation of State Medical Boards (FSMB). This new process allows a physician assistant license applicant to select the Board as the report recipient using the FSMB's Practitioner Direct interface. 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 a total span of 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 Division of Investigation (DOI), Health Quality Investigation Unit (HQUI) 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 papers, and serving as expert witnesses, among other duties. The Board will continue to utilize HQUI 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 Department of Consumer Affairs, 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 Physician Assistant 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 the 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 through 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 Physician Assistant Board (Board) collaborated with the Department of Consumer Affairs (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 our 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, we have incorporated Diversity, Equity, and Inclusion into our strategic plan to ensure our initiatives and policies reflect and serve the diverse communities we work with.

- **All legislation sponsored by the board and affecting the board since the last sunset review.**

Assembly Bill (AB) 107 (Salas, Chapter 693, Statutes of 2021)

After July 1, 2023, this bill requires most boards and bureaus within the Department of Consumer Affairs shall issue temporary licenses to the spouses of active-duty members of the Armed Forces of the United States, meeting specified criteria within 30 days once all requirements have been met, including passing a background check if one is required for licensure. This bill also requires the Department of Consumer Affairs and boards and bureaus to post license information for spouses of active-duty member of the Armed Forces of the United States on their website.

AB 361 (Rivas, Chapter 165, Statutes of 2021)

This allows state bodies, including the Board, to continue to hold remote meetings, that would otherwise have to be conducted in person, until January 31, 2022.

AB 1477 (Cervantes, Chapter 535, Statutes of 2021)

This bill specifies that a licensed health care practitioner who provides interpregnancy care for a patient must ensure that the mother is offered screening for maternal mental health conditions.

Senate Bill (SB) 306 (Pan, Chapter 486, Statutes of 2021)

This bill allows a physician, nurse practitioner, certified nurse-midwife, or physician assistant to prescribe medication, labeled “expedited partner therapy,” to a patient's unnamed sexual partner or partners without examining those individuals. This bill also authorizes a pharmacist to dispense a drug without the name of an individual for whom the drug is intended if the prescription includes the words “expedited partner therapy” or the letters “EPT.” Additionally, health care providers engaged in prenatal care will be required to provide syphilis screening and testing as recommended by Department of Public Health guidelines.

SB 380 (Eggman, Chapter 542, Statutes of 2021)

This bill makes several changes to the End of Life Option Act, including extending the sunset provision date, reducing the waiting period between the two required verbal requests for patients seeking aid-in-dying, and eliminating the requirement that an individual who is prescribed and ingests aid-in-dying medication make a final attestation. The bill also clarifies the minimum actions that must be taken by physicians who morally object to aid-in-dying.

AB 468 (Friedman, Chapter 168, Statutes of 2021)

This bill prohibits a health care practitioner from providing documentation relating to an individual's need for an emotional support dog that is not a service dog, unless the health care practitioner complies with specified requirements. This bill also requires a written notice by a seller of emotional support animals, and associated certificates or equipment, that they do not have the same rights as service dogs. Individuals who violate the provisions of this bill may be charged with a misdemeanor.

SB 607 (Min, Chapter 367, Statutes of 2021)

This bill requires that boards and bureaus within the Department of Consumer Affairs, waive all fees for an initial license, in addition to the expedited licensure process, for an applicant who is married to, or in a domestic partnership or other legal union with an active-duty member of the Armed Forces of the United States, who is applying for licensure in California and holds a current license in another state or territory.

SB 806 (Roth, Chapter 649, Statutes of 2021)

This bill extends the sunset date for the Medical Board of California, the Osteopathic Medical Board of California, the Podiatric Medical Board of California, and the Physician Assistant Board and makes additional technical changes, statutory improvements, and policy reforms stemming from the joint sunset review oversight of the programs. This bill extends the Physician Assistant Board's operations until January 1, 2026. It also makes various technical changes requested by the Physician Assistant Board, including deleting outdated requirements related to examination and removing references to the Board being under the jurisdiction of the Medical Board.

AB 657 (Cooper, Chapter 560, Statutes of 2022)

This bill requires the Medical Board of California, the Osteopathic Medical Board of California, the Board of Registered Nursing, and the Physician Assistant Board to expedite the licensure

process of an applicant who can demonstrate that they intend to provide abortion services within their scope of practice and would specify the documentation an applicant would be required to provide to demonstrate their intent. An applicant may demonstrate their intent to provide abortion services by providing documentation, including a letter from an employer or health care entity indicating that the applicant has accepted employment or entered a contract to provide abortion services, the applicant's starting date, and the location where the applicant will be providing abortion services, and that the applicant will be providing abortion services within the scope of practice of their license.

SB 731 (Durazo, Chapter 814, Statutes of 2022)

Effective July 1, 2022, this bill, among other provisions, expands the types of arrest records that are eligible to be automatically sealed to include more types of felonies under specified circumstances. This bill also allows certain felony convictions that resulted in incarcerations to be automatically sealed if the individual has completed their sentence and has not been convicted of a new felony within four years. It also expands the date range for which arrests, and convictions are eligible to be automatically sealed.

AB 852 (Wood, Chapter 518, Statutes of 2022)

This bill prohibits a pharmacy, pharmacist, or other practitioner authorized to dispense or furnish a prescription from refusing to dispense or furnish an electronic prescription solely because the prescription was not submitted via, or is not compatible with, their proprietary software. The bill authorizes a pharmacy, pharmacist, or other authorized practitioner to decline to dispense or furnish an electronic prescription submitted via software that fails to meet any one of specified criteria, including compliance with the federal Health Insurance Portability and Accountability Act of 1996.

AB 1120 (Irwin, Chapter 685, Statutes of 2022)

This bill authorizes a certified phlebotomy technician to collect blood through a peripheral venous catheter under specified conditions, including that the blood collection is performed under the general supervision of a physician and surgeon, or a registered nurse and the blood collection procedure is performed using a device or devices approved by the United States Food and Drug Administration.

SB 1237 (Newman, Chapter 386, Statutes of 2022)

Existing law requires boards and bureaus to waive license renewal fees, continuing education requirements, and other renewal requirements as determined by the boards and bureaus, for 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. This bill clarifies that military members on active duty with the California National Guard or members of the military on non-temporary assignments stationed outside California are eligible for a waiver of license renewal fees, continuing education requirements, and other license renewal requirements.

AB 2626 (Calderon, Chapter 565, Statutes of 2022)

This bill prohibits the Physician Assistant Board from suspending or revoking the certification or license of a physician assistant for performing an abortion so long as they performed the abortion in accordance with the provisions of the Physician Assistant Practice Act and the Reproductive Privacy Act. This is an urgency bill that went into effect immediately upon signing, on September 27, 2022.

AB 360 (Gipson, Chapter 431, Statutes of 2023)

This bill prohibits "excited delirium," as defined, from being recognized as a valid medical diagnosis or cause of death in this state. The bill prohibits a coroner, medical examiner, physician, or physician assistant from stating on the certificate of death or in any report that the cause of death was excited delirium.

AB 883 (Mathis, Chapter 348, Statutes of 2023)

This bill requires boards and bureaus within the Department of Consumer Affairs, beginning July 1, 2024, to expedite license applications from active-duty military members participating in the Department of Defense's SkillBridge program.

AB 1021 (Wicks, Chapter 274, Statutes of 2023)

If federal law removes a controlled substance from Schedule I, allowing the substance to be prescribed under federal law, this bill authorizes the substance to be prescribed in California. This does not apply to cannabis or cannabis products.

AB 1070 (Low, Chapter 827, Statutes of 2023)

This bill increases the number of physician assistants a physician can supervise when the physician assistant is performing an in-home health evaluation or annual wellness visit. Currently, physicians may only supervise four physician assistants at a time, regardless of the physician assistant's duties. This bill allows physicians to supervise up to eight physician assistants performing specified tasks.

AB 1707 (Pacheco, Chapter 258, Statutes of 2023)

This bill prohibits a healing arts board from denying an application for license or imposing discipline upon a licensee solely on the basis of a civil judgment, criminal conviction, or disciplinary action in another state that is based on the application of another state's law that interferes with a person's right to receive sensitive services that would be lawful in this state, regardless of the patient's location. The bill similarly prohibits a health facility from denying staff privileges to, removing from medical staff, or restricting the staff privileges of a licensed health professional on the basis of such a civil judgment, criminal conviction, or disciplinary action imposed by another state.

AB 1731 (Santiago, Chapter 144, Statutes of 2023)

This bill exempts a health care practitioner from the duty to consult the CURES database when prescribing buprenorphine in the emergency department of a general acute care hospital.

SB 345 (Skinner, Chapter 260, Statutes of 2023)

This bill safeguards reproductive and gender affirming care by protecting health care licensees from criminal or disciplinary action solely for providing that care. This bill also protects consumers by prohibiting the collection, use, disclosure, or retention of the personal information of someone in the vicinity of a family planning center. Additionally, this bill allows unemancipated minors to obtain an abortion without the consent of a parent or guardian and makes updates to statutory terminology regarding fetuses.

SB 372 (Menjivar, Chapter 225, Statutes of 2023)

This bill requires licensing entities within the Department of Consumer Affairs to update license records if that licensing entity receives government-issued documentation demonstrating a legal change of name or gender, as specified. This bill also allows licensees to request for their

prior name to be removed from online license verification systems operated by the licensing entities and establishes a process for individuals to access a licensee's enforcement records under their prior name.

SB 385 (Atkins, Chapter 178, Statutes of 2023)

This bill revises and recasts the statutory authority for physician assistants to perform abortions by aspiration. It allows physician assistants who have completed the required education and training to perform abortions by aspiration on patients without the presence of a physician, except as provided, and expands available training options. The bill would require a physician assistant to practice abortion by aspiration techniques consistent with applicable standards of care, within the scope of their clinical and professional education and training, and pursuant to their practice agreement. It also prohibits physician assistants from being punished or held liable for damages solely for performing an abortion by aspiration.

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

Audit and Sanctions for Noncompliance – California Code of Regulations (CCR) section 1399.617

Effective April 1, 2020, the Board approved a proposed rulemaking to strengthen continuing medical education (CME) compliance by requiring licensees to respond within specified time frames, provide accurate and complete information in response to CME audits conducted by the Board, and provide the Board with additional enforcement mechanisms for CME audits. This rulemaking also clears up any confusion for licensees over how to count hours earned to make up any deficiency uncovered by an audit and how those hours are accounted for in the next renewal cycle.

Substantial Relationship Criteria, Rehabilitation Criteria for Denials and Reinstatements, and Rehabilitation Criteria for Suspensions and Revocations – CCR sections 1399.525, 1399.526, and 1399.527

Effective January 29, 2021, the Board approved a proposed rulemaking that places applicants and licensees on notice that the board is statutorily authorized to deny, suspend, or revoke a license on the basis of professional misconduct and discipline taken by another licensing board or jurisdiction. The rulemaking also makes relevant parties (e.g., the Deputy Attorney Generals, Administrative Law Judges, respondents, and respondent's counsels) aware that when considering denial or discipline of applicants or licensees, the board uses the listed criteria to determine whether the crime, act, or professional misconduct is substantially related to the practice of medicine. Assembly Bill (AB) 2138 (Chiu, Chapter 995, Statutes of 2018) was enacted to reduce licensing and employment barriers for people who are rehabilitated. These amendments further that goal by adopting criteria that would emphasize an applicant's or licensee's rehabilitative efforts and what would be needed to make a showing of rehabilitation. This may lead to fewer denials and an increase in the number of licensed physician assistants in the marketplace. Therefore, allowing for more health care providers to treat increasing numbers of California consumers.

Required Actions Against Registered Sex Offenders – CCR section 1399.523.5

Effective July 1, 2022, the Board approved a proposed rulemaking that amends CCR section 1399.523.5 to allow applicants the opportunity to supply evidence to the Board of rehabilitation without automatically being denied a license based on sex offender registration. AB 2138 was enacted to reduce licensing and employment barriers for people who are rehabilitated. This includes permitting an individual who is required to register as a sex offender to be eligible for licensure if they have obtained a certificate of rehabilitation under Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3 of the Penal Code, has been granted clemency or a pardon by a state or federal executive, or made a showing of rehabilitation. These amendments would further that goal by adopting criteria that would remove restrictions for an initial applicant to qualify for licensure under the aforementioned conditions, provide notice to applicants of these new eligibility requirements, and emphasize an applicant's rehabilitative efforts.

SB 697 Implementation – CCR sections 1399.502, 1399.540, 1399.541, and 1399.545

Effective October 1, 2024, the Board approved a proposed rulemaking to clarify and interpret changes made to the Physician Assistant Practice Act by Senate Bill (SB) 697 (Caballero, Chapter 707, Statutes of 2019). These amendments concern the practice agreement between a physician assistant and a physician and surgeon or a group of physician and surgeons. These amendments note a practice agreement shall include policies and procedures to ensure adequate supervision of the physician assistant, as well as appropriate communication, availability, consultations, and referrals between a physician and surgeon and the physician assistant in the provision of medical services.

Application, Exam Scores, Addresses & Recordkeeping – CCR sections 1399.506, 1399.507, 1399.511, and 1399.546

At the November 6, 2023 Board meeting, the Board approved the proposed regulatory language to reinstate the rulemaking process. This regulatory proposal will update existing regulations and bring them in line with changes made to the Physician Assistant Practice Act by SB 697, and the requirements imposed by AB 2113 (Low, Chapter 186, Statutes of 2020). These proposed amendments specify the requirements for applications of licensure and remove the regulatory requirement that the Board establish a passing score for the licensure examination. These proposed amendments clarify in regulation the AB 2113-mandated expedited application review for active-duty members and spouses of active-duty members of the Armed Forces of the United States, as well as refugees, asylees, and special immigrant visa holders.

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

At the November 6, 2023 Board meeting, the Board voted to adopt the revised regulatory language. This regulatory proposal will clarify, interpret, and make specific all requirements for license renewal. It consolidates all of the renewal requirements in one location and clarifies that the licensee status for those who do not renew by their expiration date is "expired with no practice permitted." This proposal also incorporates the new CME requirement imposed by SB 697.

Retired Status to Include Fingerprint Requirement - CCR section 1399.515

At the August 9, 2021 Board meeting, the Board approved the proposed regulatory language. This regulatory proposal would require retired status licensees who seek to re-activate their license to provide fingerprints to the Department of Justice so that the Board may conduct criminal history background checks. This would eliminate the risk of the Board reactivating a license of a retired PA who got a state or federal arrest or disposition since retiring their license.

Implement Uniform Standards Related to Substance Abusing Licensees and Update of Disciplinary Guidelines - CCR 1399.523

This regulatory proposal reflects updates to the Board's Disciplinary Guidelines and includes incorporating relevant portions of the Uniform Standards Regarding Substance-Abusing Healing Arts licensees. It brings Board regulations in line with SB 1441 (Ridley-Thomas, Chapter 548, Statutes of 2008) which required the development of department-wide Uniform Standards.

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 the 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 Board is not affiliated with any national associations. The Board utilizes the Physician Assistant National Certifying Examination (PANCE) from the National Commission on Certification of Physician Assistants (NCCPA) as its licensing exam. 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.

Section 2 – Fiscal and Staff

Fiscal Issues

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

7. Using *Table 2. Fund Condition*, describe the board's current reserve level, spending, and if a statutory reserve level exists.

Table 2. 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	\$4,243	\$3,790	\$3,390
Revenues and Transfers	\$2,364	\$2,428*	\$2,794	\$2,950	\$3,041	\$3,031
Total Resources	\$7,176	\$7,421	\$7,344	\$7,193	\$6,831	\$6,421
Budget Authority ²	\$2,837	\$2,963	\$3,072	\$3,275	\$3,261	\$3,359
Expenditures ³	\$2,380	\$2,922	\$3,101	\$3,403	\$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	\$3,790	\$3,390	\$2,889
Months in Reserve	19.7	17.4	15.0	13.2	11.5	9.5

¹Actuals include prior year adjustments

²Includes Reimbursement

³Expenditures include reimbursements and direct draws to the fund

*Includes EO transfer to GF (AB 84)

**Estimate

Based on FM 11 FCS for now, will be updated after we get actuals.

8. **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.**
9. **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?**
10. Using Table 3, **Expenditures by Program Component**, describe the amounts and percentages of expenditures by program component. Provide a breakdown of the expenditures by the board in each program area. Expenditures by each component (except for pro rata) should be broken out by personnel expenditures and other expenditures.

Table 3. Expenditures by Program Component (list dollars in thousands)								
	FY 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	\$1,298			

Examination	\$0	\$145	\$0	\$8	\$7			
Licensing	\$116	\$27	\$177	\$30	\$24			
Administration *	\$447	\$81	\$650	\$91	\$74			
DCA Pro Rata	\$0	\$346	\$0	\$393	\$272			
Diversion (if applicable)	\$0	\$0	\$0	\$0	\$0			
TOTALS	\$737	\$1,529	\$1,093	\$1,621	\$1,675		\$0	\$0
* Administration includes costs for executive staff, board, administrative support, and fiscal services.								

11. Describe the amount the board has spent on business modernization, including contributions to the BreEze program, which should be described separately.
12. Describe license renewal cycles and the history of fee changes over the last 10 years. Give the fee authority (Business and Professions Code and California Code of Regulations citations) for each fee charged by the board.

Table 4. Fee Schedule and Revenue							(list revenue dollars in thousands)
Fee	Current Fee Amount	Statutory Limit	FY 2020/21 Revenue	FY 2021/22 Revenue	FY 2022/23 Revenue	FY 2023/24 Revenue	% of Total Revenue
Delinquent Renewal Phy Asst	\$25	\$25	\$5,000	\$7,000	\$6,000	\$0	0.2%
Duplicate Cert	\$10	\$10	\$2,000	\$2,000	\$2,000	\$0	0.1%
Record Cert	\$10	\$10	\$11,000	\$13,000	\$14,000	\$0	0.5%
Cite And Fine	Various	Various	\$3,000	\$8,000	\$7,000	\$0	0.2%
Initial Application Lic Phys Asst	\$225	\$250	\$345,000	\$374,000	\$398,000	\$0	14.6%
Investment Income – Surplus Money Investments	Various	Various	\$28,000	\$20,000	\$110,000	\$0	2.1%
Escheat Unclaimed Checks, Warrants, Bonds, and Coupons	Various	Various	\$2,000	\$2,000	\$4,000	\$0	0.1%
Settlement and Judgements	Various	Various	\$2,000	\$0	\$0	\$0	0.0%
Renewals Phys Asst	\$300	\$300	\$1,975,000	\$2,086,000	\$2,244,000	\$0	82.2%
Misc	Various	Various	-\$9,000	\$4,000	\$9,000	\$0	0.1%
Total Revenue			\$2,364,000	\$2,516,000	\$2,794,000	\$0	\$7,674,000

2023-24 is not finalized, will update once we get actuals

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

Table 5. Budget Change Proposals (BCPs)								
BCP ID #	Fiscal Year	Description of Purpose of BCP	Personnel Services				OE&E	
			# Staff Requested (include classification)	# Staff Approved (include classification)	\$ Requested	\$ Approved	\$ Requested	\$ Approved
1111-038-BCP-2020-GB	20-21	Board and Bureau Workload – Consolidated Summary	1 SSM I, 2 AGPA, 1 OT	1 SSMI, 2 AGPA, 1 OT	\$445,000	\$445,000	\$90,000	\$90,000
1111-023-BCP-2023-GB	23-24	OAH Budget Augmentation	NA	NA	\$0	\$0	\$41,000	\$41,000

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.**
- 15. Describe the board's staff development efforts and total spent annually on staff development (cf., Section 12, Attachment D).**

**Section 3 –
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 established a target of thirty (30) days to complete the initial review of an application submitted with payment and to notify the applicant in writing of any deficiencies. The Board consistently meets this target and does not require any improvements at this time. However, as new physician assistant programs are established in California, the number of license application is expected to increase. To continue meeting this target, the Board may need additional staff in the future.
- 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?**

² The term "license" in this document includes a license, certificate, permit or registration.

The Board aims to complete the initial review of an application submitted with payment within thirty (30) days of the payment date. If deficiencies are identified at the time of review, the applicant is promptly notified, and the license is issued once all required documents are submitted. Generally, applications that do not encounter eligibility or qualification issues (e.g., criminal convictions reported by the Department of Justice (DOJ) or Federal Bureau of Investigations (FBI), disciplinary actions reported by other licensing authorities, failing the required examination) are reviewed, processed, and licensure granted within 30-45 days of receipt and payment. Applications pending an initial review do not exceed completed applications.

Previously, the licensing process faced performance barriers due to the requirement that all verifications of licensure, physician assistant training program certification forms, and the National Practitioner Data Bank self-query report be submitted to Board by mail, with no electronic submissions allowed. 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;
- Physician assistant training certification forms by email when submitted directly by the physician assistant program and/or education institute; and
- National Practitioner Data Bank reports through a secure portal provided by the Federation of State Medical Boards.

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

The Board has denied four (4) licenses over the past four years based on criminal history that is substantially related to the qualifications, functions, or duties of the physician assistant profession.

Case #1: May 2022

The Board's current application for licensure does not require applicants to self-report criminal convictions; criminal convictions are addressed by the Board when reported by the Department of Justice (DOJ) or Federal Bureau of Investigation (FBI). The results of the criminal history background check reported by the Federal Bureau of Investigation (FBI) for this applicant included three (3) counts of Driving While Intoxicated.

The grounds for denial of this application were Business and Professions Code (BPC) section 480, subdivisions (a)(1), and (a)(3), and Section 3527(a). Denial of licensure reported to the National Practitioner Data Bank (NPDB).

Case #2: August 2023

The applicant affirmed on the application for licensure that the following actions had been taken against a health care license issued by a state licensing authority or application submitted for licensure: had been charged with unprofessional or unlawful, licensure disciplined, application for licensure denied, and surrender of license. Regardless of the status, applicants are required to disclose all health care licenses, certificates, and registrations on the application for licensure and request a verification for each of licensure, certificate, or registration. Information reported by the governing agency to the Board in support of the applicant's application included:

- Applicant had surrendered his physician assistant license to practice.
- Applicant's license had been reinstated and was placed on probation.

- Applicant had failed to comply with the terms and conditions of probation; therefore, was no longer being monitored by the state; however, the license remains on probation and licensee is required to notify the state if licensee returns to active practice so that monitoring of the license can resume.

The grounds for denial of this application were BPC, section 480, subdivisions (a)(2). Denial of licensure reported to the NPDB.

Case #3: Add Date

Applicants are required to complete a criminal history background check as a condition of licensure. The applicant submitting the application for licensure and completed the required background check. Pursuant to Section 11105.2 of the California Penal Code (PEN), the DOJ reported that the applicant had been arrested and charged with:

- Violation of BPC, section 2052 (a); Practice medicine without certificate.
- Violation of BPC, section 4324 (a); forgery of prescriptions.
- Violation of PEN, section 459; burglary.
- Violation of PEN, section 182 (a)(1); conspiracy to commit crime.

The grounds for denial of this application were BPC, section 475, subdivision (a)(4) and California Code of Regulations (CCR), title 16, section 1399.525. Denial of licensure reported to the NPDB.

Case #4: Add Date

The applicant affirmed on the application for licensure that the following actions had been taken against a health care license issued by a state licensing authority or application submitted for licensure: had been charged with unprofessional or unlawful, licensure disciplined, application for licensure denied, and surrender of license. A Decision and Order was signed by the Board granting the applicant a two-year probationary license with a precedent condition requiring the applicant to successfully complete a clinical training or educational program within one (1) year of the effective date of the decision. The applicant failed to complete the clinical training as required and licensure was denied.

The grounds for denial of this application were BPC, section 480, subdivision (a)(2). Denial of licensure reported to the NPDB.

Table 6. Licensee Population					
		FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24
	Active ³				
	Out of State				
	Out of Country				
	Delinquent/Expired				
	Retired Status <i>if applicable</i>				
	Inactive				
	Other ⁴				
	Active				
	Out of State				

³ Active status is defined as able to practice. This includes licensees that are renewed, current, and active.

⁴ Other is defined as a status type that does not allow practice in California, other than retired or inactive.

	Out of Country				
	Delinquent/Expired				
	Retired Status <i>if applicable</i>				
	Inactive				
	Other				

Note: 'Out of State' and 'Out of Country' are two mutually exclusive categories. A licensee should not be counted in both.

Table 7a. Licensing Data by Type

		Received	Approved /Issued	Closed	Pending Applications			Application Process Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps*	Incomplete Apps*	Total (Close of FY)
FY 2021/22	(Exam)									
	(License)									
	(Renewal)									
FY 2022/23	(Exam)									
	(License)									
	(Renewal)									
FY 2023/24	(Exam)									
	(License)									
	(Renewal)									

* Optional. List if tracked by the board.

Table 7b. License Denial

	FY 2021/22	FY 2022/23	FY 2023/24
License Applications Denied (no hearing requested)			
SOIs Filed			
Average Days to File SOI (from request for hearing to SOI filed)			
SOIs Declined			
SOIs Withdrawn			
SOIs Dismissed (license granted)			
License Issued with Probation / Probationary License Issued			
Average Days to Complete (from SOI filing to outcome)			

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

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

Applicants are required to complete a criminal history background check by submitting a full set of fingerprints and the fingerprint processing fees established by the DOJ and FBI. No physician assistant license is issued before the background results are received. Applicants are required to report the denial or discipline of a health care license, certificate, or registration when applying for licensure; charges filed or having been found to have committed unprofessional or unlawful conduct, professional incompetence, gross negligence, unlicensed

activity, or malpractice by a licensing board, agency, or hospital regarding a health care license, certificate, or registration; or denied permission to take an examination.

- **Does the board fingerprint all applicants?**

Applicants are required to complete a criminal history background check by submitting a full set of fingerprints to both the DOJ and FBI. No physician assistant license is issued before the background results are received.

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

Yes, all current licensees have been fingerprinted as a criminal history background check is a licensure requirement.

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

Applicants are required to request a National Practitioner Data Bank (NPDB) self-query report as a condition of licensure. The NPDB report is not a condition of renewal.

Does the board require primary source documentation?

Primary source documentation is required, and the following processes are utilized by the Board to verify an applicant's credentials for licensure as a physician assistant:

- Obtain certification of the applicant's successful completion of a physician assistant (PA) accredited training program directly from the PA training program.
- Obtain verification of the applicant having successfully achieving a passing score of the Physician Assistant National Certification Examination (PANCE) directly from the National Commission on Certification of Physician Assistants (NCCPA).
- Obtain verification(s) directly from the respective licensing agency for each health care license, certificate, or registration previously or currently held by the applicant.
- Obtain the results of a NPDB self-query report.
- Obtain the results of a background check from the DOJ and FBI for convictions of crimes.

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

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

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.

- **Does the board identify or track applicants who are veterans? If not, when does the board expect to be compliant with BPC § 114.5?**

Applicants are asked when applying for licensure if they are serving in the military or have previously served in the United States Armed Forces. Licensees renewing their license are asked to report their current or past military service. This information is added to their licensing record.

- **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?**

PAs serving in the military and who graduate from the military's Interservice Physician Assistant Program (IPAP) meet the same qualification standards as civilian PAs. The IPAP is accredited by the Accreditation Review Commission on Education for the Physician Assistant and deemed approved by the Board. Individuals graduating from the IPAP must pass the PANCE administered by the NCCPA to qualify for licensure in California. The Board expedites applications for military personal upon request and after receiving proof of military service.

- **What regulatory changes has the board made to bring it into conformance with BPC § 35?**

California Code of Regulation (CCR), title 16, section 1399.530(b) states that educational programs accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) are deemed approved by the Board. The Board does not have a role in approving PA training programs. The University of Nebraska Medical Center PA Program has had a long history of supporting the training of PAs in the military. In October of 1972, an affiliation agreement was made with the US Air Force PA Program to award degrees to military PA students who successfully completed their PA training. Currently, the PA Program awards master's degrees to all branches of the military through the Interservice Physician Assistant Program (IPAP). The IPAP programs mission statement is to provide uniformed services with highly competent, compassionate physician assistants who model integrity, strive for leadership excellence, and are committed to lifelong learning. The IPAP program meets the ARC-PA standards and is deemed approved by the Board.

- **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?**

- **How many applications has the board expedited pursuant to BPC § 115.5?**

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.**

Applications and/or licenses whose applicant and/or licensure status is withdrawn, expired, denied, cancelled, retired, or deceased are flagged automatically as No Longer Interested (NLI). The NLI notification is sent electronically to the DOJ within sixty (60) days once the application and/or license is flagged. No backlog exists.

Examinations

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

CCR section 1399.507 states that the written examination for licensure as a physician assistant is administered by the NCCPA and accredited by the National Commission for Certifying Agencies (NCCA). There is currently no California-specific examination required. The NCCPA administers the PANCE in English only.

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

NCCPA's exam questions are developed by committees comprising of PAs and physicians selected based on both their item writing skills, experience, and demographic characteristics (i.e., practice specialty, geographic region, practice setting, etc.). The test committee members each independently write a certain number of test questions or items, and then, each item goes through an intense review by content experts and medical editors from which only some items emerge for pre-testing. Every NCCPA exam includes both scored and pre-test items, and examinees have no way of distinguishing between the two. This allows NCCPA to collect important statistics about how the pre-test items perform on the exam, which informs the final decision about whether a particular question meets the standards for inclusion as a scored item on future PANCE or PANRE exams.

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

Finally, the proficiency measure is converted to a scaled score so that results can be compared over time and among different groups of examinees. The scale is based on the performance of a reference group (a 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? Are pass rates collected for examinations offered in a language other than English?**

Table 8(a). Examination Data ⁵			
California Examination (include multiple language) if any:			
License Type			

⁵ This table includes all exams for all license types as well as the pass/fail rate. Include as many examination types as necessary to cover all exams for all license types.

	Exam Title			
FY 2020/21	Number of Candidates			
	Overall Pass %			
	Overall Fail %			
FY 2021/22	Number of Candidates			
	Overall Pass %			
	Overall Fail %			
FY 2022/23	Number of Candidates			
	Overall Pass %			
	Overall Fail %			
FY 2023/24	Number of Candidates			
	Overall Pass %			
	Overall Fail %			
Date of Last OA				
Name of OA Developer				
Target OA Date				

Table 8(b). National Examination. Include multiple languages, if any.				
	License Type	N/A	N/A	N/A
	Exam Title	N/A	N/A	N/A
FY 2020/21	Number of Candidates	N/A	N/A	N/A
	Overall Pass %	N/A	N/A	N/A
	Overall Fail %	N/A	N/A	N/A
FY 2021/22	Number of Candidates	N/A	N/A	N/A
	Overall Pass %	N/A	N/A	N/A
	Overall Fail %	N/A	N/A	N/A
FY 2022/23	Number of Candidates	N/A	N/A	N/A
	Overall Pass %	N/A	N/A	N/A
	Overall Fail %	N/A	N/A	N/A
FY 2023/24	Number of Candidates	N/A	N/A	N/A
	Overall Pass %	N/A	N/A	N/A
	Overall Fail %	N/A	N/A	N/A
Date of Last OA		N/A	N/A	N/A
Name of OA Developer		N/A	N/A	N/A
Target OA Date		N/A	N/A	N/A

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?

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

The NCCPA requires individuals to apply and submit a \$550 payment in advance to take the PANCE. Individuals may apply for the PANCE exam 180 days prior to graduating from an accredited PA program (program) and test seven days after completing the program. Individuals may only take the PANCE once in any 90-day period or three times in a calendar year, whichever is fewer. Individuals who have graduated from a program will be eligible to take the PANCE for up to six years after completing the program. During the six-year period, the PANCE may be taken six times. If 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. There is a total of 45 minutes allotted for breaks between blocks.

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

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

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

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

No existing statutes currently hinder the efficient and effective processing of applications and/or examinations.

27. When did the Board last conduct an occupational analysis that validated the requirement for a California-specific examination? When does the Board plan to revisit this issue? Has the Board identified any reason to update, revise, or eliminate its current California-specific examination?

School Approvals

28. 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 (BPC) section 3513 states that the Board shall recognize the approval of training programs for PAs approved by a national accrediting organization. PA training programs accredited by a national accrediting agency approved by the Board, shall be deemed approved by the Board. If no national accrediting organization is approved by the Board, the Board may examine and pass upon the qualifications of, and may issue certificates of approval for, programs for the education and training of physician assistants that meet Board standards.

CCR section 1399.530(b) specifies that if an educational program has been approved by the ARC-PA, those programs shall be deemed approved by the Board. Thus, the Board approves PA training programs accredited by ARC-PA. Approval under this section terminates automatically upon termination of an educational program's accreditation from the ARC-PA. BPPE does not have a role in approving physician assistant training programs. Therefore, the Board does not work with BPPE in the training program approval process.

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

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

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

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

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

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

The following are the types of accreditation site visits:

- Validation visits are conducted to programs with accreditation-continued status. Such visits are scheduled at the direction of the Commission to review the program's compliance with the *Standards* and any required information submitted by programs via the portal. The visits also examine the program's demonstration of continuous oversight of processes and outcomes of education.
- Focused visits may be conducted at any time to evaluate a specific *Standards* related problem(s) identified by a site visit team, the ARC-PA, or in response to a concern received by the ARC-PA. Details about requirements for the focused visit are conveyed to the program in writing prior to the visit. Focused visits usually are conducted by specialist visitor(s), who must include commissioner(s) of the ARC-PA or ARC-PA staff.
- Provisional Visits
 1. An initial provisional site visit is conducted to a new developing program that is within six to 12 months of matriculation of students. This visit verifies an institution's ability to begin a program in compliance with the *Standards*, and the program's readiness to matriculate students.
 2. A provisional monitoring visit is conducted within six months of graduation of the first cohort of students. This visit verifies the sponsoring institutions and provisionally accredited program's progress in delivering the program in compliance with the *Standards* and their ability to continue to do so.
 3. A final provisional visit is conducted 18-24 months following the second provisional review by the commission. This visit verifies the institutions and program's demonstration of compliance with the *Standards* including their ability to incorporate and report the findings of a robust self-assessment process as required by the ARC-PA.
- Expansion to a Distant Campus Visits are conducted to programs with accreditation-continuing status that are applying to expand to a distant campus location. The visit is conducted at the site of the proposed campus. Depending on the accreditation history of the applicant program, a concurrent visit to the main program campus may be required.
- Probation visits are conducted near the end of a period of probation to programs with an accreditation status of Accreditation-Probation. Details about requirements for these visits are conveyed to the program in writing prior to the visit. Probation visits usually are conducted by specialist visitor(s), who may include commissioner(s) of the ARC-PA or ARC-PA staff.

As of May 2024, there are 306 accredited physician assistant training programs.

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

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

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

Continuing Education/Competency Requirements

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

BPC section 3524.5 states that the Board may require a licensee to complete continuing education as a condition of license renewal. The requirement may be met by requiring no more than 50 hours of continuing education every two years or by accepting certification by the NCCPA as evidence of compliance with the continuing education requirements.

CCR sections 1399.615 and 1399.616 states that PAs who renew their license are required to complete 50 hours of approved continuing medical education (CME) each two-year renewal period. Approved CME is designated as Category (CAT) 1 course work. Additionally, licensees can meet the CME requirements by being certified by the NCCPA at the time of renewal or obtaining a waiver of exemption from the Board.

Continuing Education			
Type	Frequency of Renewal	Number of CE Hours Required Each Cycle	Percentage of Licensees Audited
CAT 1	Biennial	50	5%

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

At the time of renewal, licensees are required to self-certify that they have met the Board's CME requirements, have been granted an exemption, or are renewing their license as inactive. Licensees who do not meet the CME requirements are placed in an inactive status and may not practice until such time as they meet the CME requirements. When the licensee submits proof of CME compliance to the Board they are removed from inactive status and can once again practice. No, the Board has not worked with the Department to receive primary source verification of CME completion through the Department's cloud.

- **Does the board conduct CE audits of licensees? Describe the board's policy on CE audits.**
Yes, the Board conducts CME audits of licensees. CCR section 1399.617 states that the Board may audit a random sample of PAs who have reported compliance with the CME requirements. PAs selected for audit shall be required to document their compliance with the CME requirements by providing the Board the records retained pursuant to subdivision (e) of CCR section 1399.615 or proof of certification by the NCCPA at the time of renewal.

- **What are consequences for failing a CE audit?**
It is considered unprofessional conduct for a PA to misrepresent their compliance with the CME requirements and disciplinary action may be taken or a citation issued against a licensee who fails to comply with the Board's CME requirements. In addition to any disciplinary action, any PA who is found not to have completed the required number of approved CME hours or is found not to have been certified by the NCCPA at the time of renewal, are required to make up any deficiency during the next biennial renewal period. If a PA fails to make up the deficient hours during the following renewal period shall be ineligible for renewal of their license until such time as the deficient hours of CME are documented to the Board.

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

What is the board's course approval policy?

Programs are approved by the Board for CME 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.

- **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 CME 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.

- **How many applications for CE providers and CE courses were received? How many were approved?**

The Board does not approve CME providers, and, therefore, has not received any applications.

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

The Board does not approve CME providers, and, thus, does not conduct audits of CME providers.

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

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

Section 4 – Enforcement Program

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

The Board's core mission is to protect the health and safety of consumers through the enforcement of the laws and regulations governing the practice of physician assistants. The Board's enforcement program consists of complaint unit, discipline unit, and probation unit. The Board also works in conjunction with DCA Health Quality Investigation Unit (HQIU) and the

Attorney General's office to ensure investigations are completed timely and administrative actions are moved through the disciplinary process as expeditiously as possible.

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

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

PM1a: Volume

- Number of complaints and convictions received

PM2: Intake Cycle Time

- Average number of days to complete complaint intake

PM3: Intake and Investigations

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

PM4: Formal Discipline

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

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

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

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

- An average 6 days cycle for PM2
- An average 206 days cycle for PM3
- An average 1,071 days cycle for PM4

Business and Professions Code section 129 states the Board shall notify the complainant of the initial administrative action taken on his or her complaint within 10 days of receipt. The Board's average over the past three years is 6 days meeting its overall PM2 target.

The Board's overall target for completing investigations is 150 days from the time the complaint is received until the investigation is completed. The Board's average over the past three years is 206 days. The Board is not meeting its overall PM3 target for completing investigations. Achieving PM3

target is largely out of the Board's control and dependent upon the staffing and workload of other agencies, such as the Division of Investigation (DOI). To achieve its PM3 target the Board recently established an in-house non-sworn special investigator position 24 months limited term 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. 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 papers, or serving as an expert witness amongst other non-sworn duties. The Board continues to monitor and evaluate its internal processes in an effort to meet PM3 target.

The Board's overall PM4 target to completing the entire enforcement process for cases resulting in formal discipline is 540 days (18 months). The average time to complete formal discipline over the past three years is 1,071 days. The Board is not currently meeting its PM4 target. Achieving PM4 target is largely out of the Board's control and dependent upon the staffing and workload of other agencies, such as the DOI, AG and the Office of Administrative Hearings (OAH). Despite this constraint, the Board continues to monitor and evaluate its internal processes in an effort to meet PM4 target.

The Board has held meetings in the past with DCA to re-assess current performance measures to determine if the expectations are realistic and achievable. Efforts are ongoing to assess PM3 and PM4 performance targets.

33. **Explain trends in enforcement data and the board's efforts to address any increase in volume, timeframes, ratio of closure to pending cases, or other challenges. What are the performance barriers? What improvement plans are in place? What has the board done and what is the board going to do to address these issues, i.e., process efficiencies, regulations, BCP, legislation?**
 The Board has seen a continual increase in the number of complaints since the last sunset report. The average complaints received for the three fiscal years of the prior sunset report (FY 2016/17 to FY 2018/19) was 470 complaints; whereas the average of the three fiscal years included in this report (FY 2021/22 to FY 2023/24) is 488, an increase of 4%.

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

Table 9. Enforcement Statistics			
	FY 2021/22	FY 2022/23	FY 2023/24
COMPLAINTS			
Intake			

Received	431	436	488
Closed without Referral for Investigation	378	445	458
Referred to INV	489	465	502
Pending (close of FY)	4	8	12
Conviction / Arrest			
CONV Received	56	34	19
CONV Closed Without Referral for Investigation	0	0	0
CONV Referred to INV	2	3	1
CONV Pending (close of FY)			
Source of Complaint ⁶			
Public	311	300	284
Licensee/Professional Groups	17	16	6
Governmental Agencies	46	54	125
Internal	32	16	18
Other	10	10	8
Anonymous	71	74	66
Average Time to Refer for Investigation (from receipt of complaint / conviction to referral for investigation)			
Average Time to Closure (from receipt of complaint / conviction to closure at intake)			
Average Time at Intake (from receipt of complaint / conviction to closure or referral for investigation)			
INVESTIGATION			
Desk Investigations			
Opened			
Closed			
Average days to close (from assignment to investigation closure)			
Pending (close of FY)			
Non-Sworn Investigation			
Opened			
Closed			
Average days to close (from assignment to investigation closure)			
Pending (close of FY)			
Sworn Investigation			
Opened			
Closed			
Average days to close (from assignment to investigation closure)			
Pending (close of FY)			
All investigations ⁷			
Opened			
Closed			
Average days for all investigation outcomes (from start investigation to investigation closure or referral for prosecution)			

⁶ Source of complaint refers to complaints and convictions received. The summation of intake and convictions should match the total of source of complaint.

⁷ The summation of desk, non-sworn, and sworn investigations should match the total of all investigations.

Average days for investigation closures (from start investigation to investigation closure)			
Average days for investigation when referring for prosecution (from start investigation to referral for prosecution)			
Average days from receipt of complaint to investigation closure			
Pending (close of FY)			
CITATION AND FINE			
Citations Issued			
Average Days to Complete (from complaint receipt / inspection conducted to citation issued)			
Amount of Fines Assessed			
Amount of Fines Reduced, Withdrawn, Dismissed			
Amount Collected			
CRIMINAL ACTION			
Referred for Criminal Prosecution			
ACCUSATION			
Accusations Filed			
Accusations Declined			
Accusations Withdrawn			
Accusations Dismissed			
Average Days from Referral to Accusations Filed (from AG referral to Accusation filed)			
INTERIM ACTION			
ISO & TRO Issued			
PC 23 Orders Issued			
Other Suspension/Restriction Orders Issued			
Referred for Diversion			
Petition to Compel Examination Ordered			
DISCIPLINE			
AG Cases Initiated (cases referred to the AG in that year)			
AG Cases Pending Pre-Accusation (close of FY)			
AG Cases Pending Post-Accusation (close of FY)			
DISCIPLINARY OUTCOMES			
Revocation			
Surrender			
Suspension only			
Probation with Suspension			
Probation only			
Public Reprimand / Public Reprimand / Public Letter of Reprimand			
Other			
DISCIPLINARY ACTIONS			
Proposed Decision			
Default Decision			
Stipulations			
Average Days to Complete After Accusation (from Accusation filed to imposing formal discipline)			
Average Days from Closure of Investigation to Imposing Formal Discipline			
Average Days to Impose Discipline (from complaint receipt to imposing formal discipline)			
PROBATION			

Probations Completed	10	8	12
Probationers Pending (close of FY)	45	44	43
Probationers Told *	8	9	8
Petitions to Revoke Probation / Accusation and Petition to Revoke Probation Filed			
SUBSEQUENT DISCIPLINE⁸			
Probations Revoked			
Probationers License Surrendered			
Additional Probation Only			
Suspension Only Added			
Other Conditions Added Only			
Other Probation Outcome			
SUBSTANCE ABUSING LICENSEES **			
Probationers Subject to Drug Testing	19	13	12
Drug Tests Ordered	528	319	251
Positive Drug Tests	1	0	0
PETITIONS			
Petition for Termination or Modification Granted			
Petition for Termination or Modification Denied			
Petition for Reinstatement Granted			
Petition for Reinstatement Denied			
DIVERSION **			
New Participants	2	3	3
Successful Completions	2	0	1
Participants (close of FY)	3	4	5
Terminations	0	0	0
Terminations for Public Threat	0	0	0
Drug Tests Ordered	140	90	204
Positive Drug Tests	2	1	2

Table 10. Enforcement Aging						
	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	Cases Closed	Average %
Investigations (Average %)						
Closed Within:						
90 Days						
91 - 180 Days						
181 - 1 Year						
1 - 2 Years						
2 - 3 Years						
Over 3 Years						
Total Investigation Cases Closed						
Attorney General Cases (Average %)						
Closed Within:						
0 - 1 Year						

⁸ Do not include these numbers in the Disciplinary Outcomes section above.

Table 10. Enforcement Aging						
	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	Cases Closed	Average %
1 - 2 Years						
2 - 3 Years						
3 - 4 Years						
Over 4 Years						
Total Attorney General Cases Closed						

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

35. **How are cases prioritized? What is the board's compliant prioritization policy?**

The Board cases are prioritized pursuant to Business and Professions Code section 2220.05 which is in line with DCA's Complaint Prioritization Guidelines for Health Care Agencies (Revised February 28, 2024).

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

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

Report of Settlement, Judgment, or Arbitration Award

[BPC 801.01](#) requires the reporting of settlements over \$30,000 or arbitration awards or civil judgments of any amounts. The report must be filed within 30 days by either the insurer providing professional liability insurance to the licensee, the state or governmental agency that self-insures the licensee, the employer of the licensee if the award is against or paid for by the licensee, or the licensee if not covered by professional liability insurance.

Reporting Criminal Actions, Convictions and Disciplinary Actions

[BPC 802.1](#) requires a physician assistant to report criminal charges as follows: the bringing of an indictment charging a felony and/or any conviction of any felony or misdemeanor, including a verdict of guilty or plea of no contest. These incidents appear to be reported as required. In addition, the Physician Assistant Board (Board) receives reports of arrest and convictions independently reported to the Board by the Department of Justice (DOJ) through subsequent

Reporting Requirements for Coroners

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

Reporting Requirements for Court Clerk

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

Health Facility/Peer Review Reporting

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

Health Facility/Peer Reporting Form - Proposed Action

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

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

- **What is the dollar threshold for settlement reports received by the board?**

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

- **What is the average dollar amount of settlements reported to the board?**

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

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

- **What is the number of cases, pre-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?**
The Board does not settle cases prior to the filing of a formal accusation.
- **What is the number of cases, post-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?**

Fiscal Year	2020/21	2021/22	2022/23	2023/24
Post-Accusation/Petition to Revoke Probation/Statement of Issues Cases resulting in a Settlement	14	11	15	11
Post-Accusation/Petition to Revoke Probation/Statement of Issues Cases resulting in a Hearing	2	2	7	4
*Post-Accusation/Petition to Revoke Probation/Statement of Issues Cases resulting in a Default Decision	2	2	2	1

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

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

38. **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?**

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

Cite and Fine

- 40. 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?**
- 41. How is cite and fine used? What types of violations are the basis for citation and fine?**
- 42. 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?**
- 43. What are the five most common violations for which citations are issued?**
- 44. What is average fine pre- and post- appeal?**
- 45. Describe the board's use of Franchise Tax Board intercepts to collect outstanding fines.**

Cost Recovery and Restitution

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

Business and Professions Code section 125.3 authorizes the Board to fully recover its investigation and enforcement costs for all cases that result in formal discipline. Reimbursement of board costs is a standard term of probation listed in the board's Disciplinary Guidelines. The board seeks cost recovery through stipulated settlements as well as proposed decisions as ordered by an administrative law judge through an administrative hearing. Costs awarded to the board in probation cases may be paid in installments due to probationer financial hardship. Licensees or probationers wishing to surrender their license are required to pay the cost recovery amount prior to the submittal of a petition for reinstatement or before the license is reinstated. In most cases, the Board does not actively seek collection of the cost recovery amount or submit them to the Franchise Tax Board for collection because the benefit of accepting the surrendered license thus removes the licensee from practice, ensuring consumer protection.

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

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

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

Cost recovery amounts are determined based on investigation and prosecution costs incurred. The determining factors include expert consultant reviews, investigative (DOI), and prosecutorial (AG) costs, and the ability of the respondent to fulfill his/her cost recovery obligation. The board generally does not collect outstanding cost recovery on licenses surrendered or revoked while on probation. If the licensee petitions for reinstatement of their license, these costs are to be paid prior to reinstatement of licensure. Table 11 (below) shows the Board's cost recovery amounts ordered and collected from FY 2020/21 to FY 2023/24.

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

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

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

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

Table 11. Cost Recovery⁹ (list dollars in thousands)				
	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24
Total Enforcement Expenditures				
Potential Cases for Recovery *	20	18	22	22
Cases Recovery Ordered	17	9	21	15
Amount of Cost Recovery Ordered	\$234,635.79	\$127,970.31	\$341,440.82	\$276,742.65
Amount Collected	\$39,840.19	\$19,040.44	\$28,900.00	\$8138.95

* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.

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

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

Table 12. Restitution (list dollars in thousands)				
	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24
Amount Ordered	\$0	\$0	\$0	\$0
Amount Collected	\$0	\$0	\$0	\$0

Section 5 –

⁹ Cost recovery may include information from prior fiscal years.

51. **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?**

Board employs several methods to keep the public informed and engaged regarding its activities and regulatory functions. Meeting materials are posted online as soon as they are available. Notifications are sent through social media when these documents are posted. Draft meeting minutes are posted after the meeting as part of a subsequent meeting material for review and approval by the Board. Final meeting minutes are posted online shortly after being approved in the subsequent meeting. Final meeting minutes are uploaded to the Board's meetings page and are retained indefinitely.

52. **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 meetings to ensure transparency and public participation. The Board plans to continue webcasting all future Board and committee meetings. Recordings of webcasted meetings are uploaded to and remain accessible there as long as YouTube continues to support this service.

53. **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 and posts it on its website and on its social media accounts.

54. **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 BPC § 27 if applicable?**

The Board's complaint disclosure policy aligns with DCA's Recommended Minimum Standards for Consumer Complaint Disclosure. The Board posts accusations and disciplinary actions in accordance with BPC § 27, ensuring transparency about disciplinary measures.

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

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

The following physician assistant licensing information is disclosed:

- License Number
- Licensee Name
- License Type
- Primary License Status (such as renewed, delinquent, expired, cancelled)
- License Secondary Status (such as name change, probationary license, family support)
- Expiration Date
- Original Issue Date
- Address of Record
- School Name
- Graduation Year
- Public Record Actions (if any) including:

- Administrative Disciplinary Actions
- Court Orders
- Misdemeanor Convictions
- Felony Convictions
- Malpractice Judgements
- Probationary Licenses
- Hospital Disciplinary Actions
- License Issued with Public Reprimands
- Administrative Citations Issued
- Administrative Actions Taken by Other States or the Federal Government
- Arbitration Awards

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

The Board's website serves as a primary tool for disseminating information and educational materials to consumers. To reach wider audience, the Board also uses social media to provide updates and educational content. Additionally, the Board actively participates in public events, conferences, and seminars to engage with the community and provide direct information. Biannual electronic Biannual electronic newsletters are sent to stakeholders to keep them informed about Board activities, updates, and important information.

Section 6 – Online Practice Issues

57. 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?

Section 7 – Workforce Development and Job Creation

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

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

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

61. Describe any barriers to licensure and/or employment the board believes exist.

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

- a. Workforce shortages
- b. Successful training programs.

63. What efforts or initiatives has the board undertaken that would help reduce or eliminate inequities experienced by licensees or applicants from vulnerable communities, including low- and moderate-income communities, communities of color, and other marginalized communities, or that would seek to protect those communities from harm by licensees?

Section 8 – Current Issues

64. Describe how the board is participating in development of online application and payment capability and any other secondary IT issues affecting the board.

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

Section 9 – Board Action and Response to Prior Sunset Issues

Include the following:

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

ADMINISTRATIVE ISSUES

ISSUE #1: (BOARD COMPOSITION). The Physician Assistant Practice Act requires that one member of the PAB include a non-voting licensee of the MBC, typical for committees within another board's jurisdiction, but not common for a stand-alone board that makes decisions about regulating a specific profession. Is the non-voting physician and surgeon appointee still relevant now that PAB exists as a board, rather than a committee under the MBC?

Background: BPC § 3505 specifies the membership of the PAB. Current law requires the PAB to have four PAs, one physician and surgeon who is also a member of the MBC, and four public members. Additionally, the statute requires an additional member who is non-voting physician and surgeon who is also a member of the MBC. Essentially, the PAB has a total of 10 members, one of whom is a non-voting participant.

When all positions are filled, there are five PAs, four public members and one non-voting member. Currently, the PAB has three vacancies, including a PA member, and two public members. Additionally, the non-voting physician and surgeon slot is vacant, and has been since at least 2017, which is the last time the PAB had a physician and surgeon member actively participating at meetings.

The composition of the PAB was considered during the transition of the PAB from a committee under the jurisdiction of the MBC into an autonomous board in 2012. At the time of transition, the PAB decided to continue its use of the MBC for certain services (many of which were provided when the PAB was a Committee under the MBC's jurisdiction, including enforcement, information technology, and fund management via a contract with MBC). At that time, PAB recommended that the existing non-voting physician and surgeon member should remain on the PAB.

During the PAB's 2016 sunset review, the committee staff raised the issue of the PAB's composition and inquired as to whether or not the non-voting physician and surgeon member should be continued.

The PAB responded at that time "While eliminating the physician member is a possible solution, the PAB believes that, even as a nonvoting member, this member provides valuable input which assists the PAB in carrying out their consumer protection mandate. The PAB would not want the collaborative relationship to change. Additionally, since the PAB has a shared services agreement with the MBC in which they provide IT, cashiery, consumer complaint, and disciplinary case functions, retaining a MBC member would be beneficial to both the PAB and MBC. The PAB recognizes that this change recently took place, and, perhaps, it is too early to make a determination if the change would impact our relationship with the MBC. The PAB respects and is committed to supporting the will of the Legislature and is committed to ensuring that the physician member of the MBC is able to successfully carry out their duties as a valued member of the PAB. Perhaps this issue could be evaluated and included in a future PAB sunset review."

Now that the PAB has been an independent board for eight years, the question arises again, as to whether or not the PAB needs to continue to have a non-voting physician and surgeon member on the PAB. It would be helpful to understand how a non-voting, licensed physician and surgeon member is still beneficial for the PAB to carry out its regulatory functions.

Staff Recommendation: *The PAB should advise the Committees on whether or not it believes a non-voting physician and surgeon member of the PAB is beneficial to the work of the PAB and the profession of PAs or if that position should be eliminated.*

PAB Response: The relationship between the physician and the PA is unique in medicine in that PAs derive the authority to practice medicine from a written agreement with a physician. Because PAs are unable to practice medicine without physician collaboration, it is appropriate to have physician input on matters under consideration by the PAB. The non-voting nature of the position gives due respect to the independent nature of the PAB while recognizing the close collaboration between PAs and physicians to provide excellent care to California consumers. Further, under current law, regulations relating to scope of practice of PAs require approval by the medical board, so it is helpful to have physician input into the drafting of regulatory language. The PAB would like to retain the ex-officio member from the medical board and appreciates its close working relationship with the MBC.

ISSUE #2: (VACANCIES). Vacancies affect the ability of any regulatory body to effectively conduct its work and carry out its responsibilities. Are PAB vacancies affecting the Board's operations?

Background: Per BPC § 3505, the PAB is required to have nine voting members. Seven members are appointed by the Governor (two public members and five professional members), and the Senate Rules Committee and Speaker of the Assembly each appoint a public member. Per BPC § 3511, five members of the PAB are necessary in order to achieve a quorum. As noted above, the PAB currently has three vacant positions. The PAB plays a vital role in the regulation and administration of the PA Practice Act. The PAB is responsible for making decisions in licensing, disciplinary matters, contracts, budget issues, executive staffing and consumer outreach. Further, many of these decisions are made at PAB meetings, which are public forums. If there are not a sufficient number of PAB members to participate at a PAB meeting, the transaction of business cannot commence. While the PAB notes in its 2019 Sunset Review Report, that it has not had to cancel any meetings due to a lack of quorum, the current 3 vacancies could become problematic for future administrative operations to carry out the PAB's duties, which could impact probationers seeking probation modifications or other enforcement-related actions; providing legislative feedback; or, delaying the development, approval or disapproval of regulatory changes, among others.

Staff Recommendation: *The PAB should advise the Committees on any concerns it has with the current vacancies on the PAB and what, if any, conversations it has had with the Administration to encourage vacancies be filled in a timely manner. The PAB should advise the Committees if it projects any quorum issues resulting from the current vacancies.*

PAB Response: Fortunately, the current PAB members are exceptionally devoted to their duties and the PAB has not had any quorum issues. We are grateful for several recent appointments and re-appointments from the Governor's office. Having a full board allows for varied viewpoints and diverse opinions, which allows us to make well-vetted decisions to protect California consumers. While it would be helpful in these uncertain times to have a full board, the PAB does not anticipate any quorum issues with its current membership.

ISSUE #3: (SB 697) Does the PAB forecast any regulatory challenges associated with the implementation of SB 697?

Background: SB 697 (Caballero, Chapter 707, Statutes of 2019), made significant revisions to the PA Practice Act. The bill completely revised the way in which 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*. Further, the bill eliminated the statutory requirement for a medical records review by a physician and surgeon, which

aimed to provide increased flexibility for supervising physician and surgeons in determining the appropriate level of supervision for a PA's practice.

Effective, January 1, 2020, a physician and surgeon who supervises a PA does not need to be physically present when a PA is treating a patient, but must have the specifications of the supervision agreed to in the practice agreement and the physician and surgeon must be available by telephone or other electronic communication methods at the time the PA is examining a patient.

The new 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. The bill did not alter or expand a PA's scope of practice and as a result, the medical services performed by a PA are only authorized within the PA scope of practice as specified in the PA practice Act.

The provisions of SB 697 went into effect on January 1 of this year. As a result, it would be helpful to know how the PAB prepared for the transition. In addition, if it has received an increased number or complaints regarding PAs, or if there have been any challenges to the Board's operations with the newly implemented law. It would also be helpful to understand whether PAB needs to update regulations or its model disciplinary guidelines because of the new law.

Staff Recommendation: The PAB should advise the Committees on whether or not there have been any implementation challenges because of changes to the PA practice act through the passage of SB 697 (Caballero, Chapter 707, Statutes of 2019). Also, the PAB should inform the Committees on its methods to inform both licensees and consumers about changes to the laws for PAs.

PAB Response: Effective January 1, 2020, sections 3502.1(e)(1) and (e)(3) of the Business and Professions Code were amended to read in part, "as those provisions read on June 7, 2019." This date freezes the PAB's ability to write, amend, or enact any new regulations related to its controlled substances education course standards or pharmacology course standards at sections 1399.530, 1399.610, and 1399.612 of Title 16 of the California Code of Regulations that were not in effect as of that date. The PAB requests that this date be removed from Business and Professions Code section 3502.1 to restore the PAB's discretion to set standards in this area. In an effort to inform both licensees and consumers about the changes to the PA practice act through the passage of SB 697, the PAB released its Information Bulletin for SB 697 – Frequently Asked Questions. The implementation of SB 697 and the link to the Information Bulletin is displayed in the Alerts section of the PAB's website. In addition, the information was sent to all PAB email subscribers through its listserv.

The PAB continues to work on implementing regulations for SB 697. At its August 7, 2020, meeting the PAB voted on a suite of implementing regulations. Unfortunately, due to technical difficulties in timely posting the meeting materials for a recent meeting, members of the public were unable to provide meaningful public comment prior to or during the meeting. Now that this issue has been brought to the PAB's attention, the PAB plans to re-visit the implementing regulations at its next meeting, currently scheduled for February 8, 2021.

ISSUE #4: (AUTONOMY FROM MBC) How is the PAB preparing to transition from a shared-services agreement with the MBC? Does the PAB project any increased costs when it moves to conduct certain activities on its own?

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.

Although the PAB recently eliminated its shared services agreement, the MBC continues to have 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 were committees or others 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 notes that because of moving all of its regulatory functions under the PAB's purview, it would increase efficiencies and enhance consumer protection.

The PAB noted in its 2019 Sunset Review Report, that there were serious deficiencies with meeting its formal discipline goals because the enforcement program was not handled solely by the PAB. The PAB's overall target to complete the enforcement process for cases resulting in formal discipline is 540 days, or 18 months. Currently, the average time to complete formal discipline in taking approximately 978 days. While many entities play a role in formal discipline, including the MBC, the Attorney General's office and the Office of Administrative hearings, the longevity of formal discipline cases is not in the best interest of consumer protection.

It is unclear if the PAB's transition from relying on MBC services will alleviate this lengthy delay, or if the delay is because of the MBC's role in the PAB's enforcement case. The PAB stated in its 2019 Sunset Review Report, "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."

The PAB requested, and approved, for additional staffing positions through a Budget Change Proposal, specifically \$535,000 in 2020-21 and \$461,000 ongoing for 4.0 positions, 3.0 of which to address enforcement functions that are currently being performed by the MBC. However, for FY 2018/18, the PAB paid approximately \$85,000 for MBC's shared services agreement. It would be helpful for the Committees to better understand how this transition was achieved and what, if any efficiencies have been gained. It would be helpful for the Committees to understand what actual delays in enforcement stemmed from the shared services agreement, as opposed to delays in the process based on investigator timeframes and the length of time the Attorney General's office takes, and how PAB having their own complaints staff will contribute to better outcomes and swifter action against PABs posing a threat to patient safety.

Staff Recommendation: *The PAB should advise the Committees on what it perceives to be the benefits to eliminating its shared-services agreement with the MBC. In addition, the PAB should inform the Committees about the steps it has taken or is preparing to take to aid in this transition. How does the PAB believe the transition will improve bottlenecks in current enforcement timeframes?*

PAB Response: The PAB continues to function as an autonomous, decision-making body with its own set of laws and regulations. Currently the PAB maintains the oversight and processing of all its licensing and probation monitoring functions. By eliminating its shared-services agreement with the MBC, the PAB will assume its enforcement functions-complaint processing and discipline workload in-house, which will allow the PAB to have total span of control and accountability over all of its enforcement processes. With the approval of the additional staff through the Budget Change Proposal, PAB now has its own dedicated enforcement staff to process complaints instead of utilizing MBC staff. MBC not only processes its own enforcement matters but also responsible for other Allied Health professionals. It is critical that the PAB has its own enforcement staff solely dedicated to adequately and effectively carry out its enforcement mandates by utilizing best enforcement practices. The PAB feels it can better prioritize its own workload and ultimately provide a higher quality of complaint and discipline processes while utilizing program specific institutional knowledge. PAB plans to continue to work with the MBC to transition the enforcement workload.

ISSUE #5: (INDEPENDENT CONTRACTORS). Does the new test for determining employment status, as prescribed in the court decision *Dynamex Operations West Inc. v. Superior Court*, have any unresolved implications for licensees working in the PA profession as independent contractors?

Background: In the spring of 2018, the California Supreme Court issued a decision in *Dynamex Operations West, Inc. v. Superior Court* (4 Cal.5th 903) that significantly confounded prior assumptions about whether a worker is legally an employee or an independent contractor. In a case involving the classification of delivery drivers, the California Supreme Court adopted a new test for determining if a worker is an independent contractor, which is comprised of three necessary elements:

- A. That the worker is free from the control and direction of the hirer in connection with the performance of the work, both under the contract for the performance of such work and in fact;
- B. That the worker performs work that is outside the usual course of the hiring entity's business; and
- C. That the worker is customarily engaged in an independently established trade, occupation, or business of the same nature as the work performed for the hiring entity.

Commonly referred to as the "ABC test," the implications of the *Dynamex* decision are potentially wide-reaching into numerous fields and industries utilizing workers previously believed to be independent contractors. Occupations regulated by entities under the Department of Consumer Affairs have been no exception to this unresolved question of which workers should now be afforded employee status under the law. In the wake of *Dynamex*, the new ABC test must be applied and interpreted for licensed professionals and those they work with to determine the rights and obligations of employees.

In 2019, the enactment of Assembly Bill 5 (Gonzalez, Chapter 296, Statutes of 2019) effectively codified the *Dynamex* decision's ABC test while providing for clarifications and carve-outs for certain professions. Specifically, physicians and surgeons, dentists, podiatrists, psychologists, and veterinarians were among those professions that were allowed to continue operating under the previous framework for independent contractors.

Staff Recommendation: *The Board should inform the committees of any discussions it has had about the Dynamex decision and AB 5, and whether there is potential to impact the current landscape of the profession unless an exemption is enacted.*

PAB Response: AB 5 and the *Dynamex* decision address the employer-employee relationship. This is not within the PAB's jurisdiction. Therefore, the PAB has not had discussions about this topic. The PAB is not aware of how AB and the *Dynamex* decision may or may not impact the current landscape of the profession.

BUDGET ISSUES

ISSUE #6: (RESERVE BALANCE) How does the PAB manage to maintain a healthy reserve when so many other boards are near deficits? Are the PAB's fiscal numbers accurate? What is the status of the unpaid general fund loan? How will the PAB's transition out of the MBC impact its fiscal health?

Background: Multiple boards within the DCA are facing budget and funding shortfalls, however, the PAB projects a healthy reserve. Those figures most likely do not include a GF loan repayment of \$1.5 million stemming from a 2011 loan that PAB expects to receive repayment for. The PAB noted that it does not project a deficit, or have a plan to increase fees in the future due to the PAB's large fund balance.

Table 2. Fund Condition						
(Dollars in Thousands)	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21
Beginning Balance	\$1,739	\$1,762	\$1,870	\$2,391	\$3,009	\$4,881
Revenues and Transfers	\$1,688	\$1,821	\$1,894	\$2,131	\$2,330	\$2,412
Total Revenue	\$3,407	\$3,583	\$3,764	\$4,522	\$5,339	\$7,293
Budget Authority	\$1,765	\$1,857	\$1,904	\$1,821	\$2,301	\$2,911
Expenditures	\$1,651	\$1,638	\$1,854	\$1,335	\$1,835	\$2,911
State Operations	\$3	\$75	\$93	\$119	\$123	\$114
Accrued Interest, Loans to General Fund	\$0	\$0	\$0	\$0	\$0	\$0
Loans Repaid From General Fund	\$0	\$0	\$0	\$0	\$1,500	\$0
Fund Balance	\$1,753	\$1,870	\$1,817	\$3,068	\$4,881	\$4,268
Months in Reserve	12.3	11.5	15.0	18.8	19.4	16.7

While the Board's fiscal outlook is rather bright, it is unclear how the PAB's fiscal situation changes as the PAB moves all of its services in-house and eliminates its shared services agreement with the MBC. It would be helpful for the Committees to understand the impacts, including expected changes to pro rata expenses paid to the DCA.

Staff Recommendation: *The PAB should advise the Committees on its current fiscal outlook and what, if any, fiscal challenges it anticipates because of eliminating the shared-services agreement.*

PAB Response: PAB has always been fiscally responsible watching its spending and carefully assessing its needs versus its wants. Over the past five years, the program has been reverting between 3-5% of its authorized expenditure. Due to the continuing of the increasing PA graduates from the newly established schools, the PAB anticipates increasing revenue. With the trend of increased revenue of 5-10% annually, the PAB does not anticipate a drastic impact on its fiscal health. The PAB has not had a fee increase and this would be a viable option should the need arise.

ISSUE #7: (COST RECOVERY). Are eligible enforcement costs being recovered?

Background: Per BPC § 125.3, the PAB is authorized to collect the full cost recovery of its investigation and enforcement costs for its cases that result in formal discipline. Reimbursement of costs associated with an enforcement case is a standard term of probation as noted in the PAB's disciplinary guidelines. Below is a table provided by the PAB exhibiting the amount of money collected in cost recovery relative to the amount of cost recovery that is ordered by the PAB, as part of formal discipline. The PAB receives less than 50% of the cost recovery ordered. Given that the PAB has expressed an increase in enforcement workload due to the rising numbers of complaints, it would be beneficial to understand if the PAB can enhance its cost recovery efforts.

Table 11. Cost Recovery (dollars in thousands)				
	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19
Total Enforcement Expenditures	\$1,020	\$999	\$906	\$925
Potential Cases for Recovery *	8	15	20	8
Cases Recovery Ordered	9	20	23	10
Amount of Cost Recovery Ordered	\$43,902.00	\$149,699.25	\$229,400.00	\$172,492.25
Amount Collected	\$34,276.0	\$50,576.50	\$41,172.87	\$83,802.44

* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.

Note: Information taken from the PAB's 2019 Sunset Review Report

Staff Recommendation: *The PAB should advise the Committees about its efforts to collect ordered cost recovery. Further, the PAB should explain to the Committees about whether or not the amount ordered is sufficient to cover the cost of an enforcement case.*

PAB Response: The PAB seeks cost recovery through stipulated settlements as well as proposed decisions as ordered by an Administrative Law Judge (ALJ) through a hearing. When an ALJ orders cost recovery in a revocation case, it is usually difficult to collect cost recovery as the revocation of license takes away the PA's means of income and therefore the PA may have little or no financial resource. Furthermore, in stipulations for surrender of a license and revocation of license, costs are not required to be paid until the licensee applies for a petition for reinstatement of license. The PAB feels that their mission of public protection is met when the ultimate result is revocation or a surrendered license in the most egregious cases; and that the cost incurred in these cases are well spent in protection of the consumers. In cases of disciplinary action where a licensee is placed on probation, the probationer is ordered to reimburse the PAB the full cost recovery amount within 90 days from the effective date of his or her decision. The PAB will consider the licensee's financial hardship and accept payment by an installment plan. Based on the table above, the number of "Potential Cases for Recovery" includes probation, revocation and/or surrender. Typically, most costs awarded to the PAB

in probation cases are paid in installments, so money awarded as costs in one year may not be fully collected until the end of the probation period, perhaps in three to five years. In probation cases where cost recovery is not paid, the licensee is considered to be in violation of the terms of probation, and the PAB may seek additional disciplinary action based on violation of probation. In addition, probationers must pay cost recovery in full prior to the successful completion of their probation term.

LICENSING ISSUES

ISSUE #8: (ACCESS TO CARE) Are there enough PAs in California to meet the need for access to primary care?

Background: According to the PAB, a PA is a licensed and highly skilled health care professional who is academically and clinically prepared to provide health care services with the direction and responsible supervision of a doctor of medicine or osteopathy. Within the physician-PA relationship, PAs make clinical decisions and provide a broad range of diagnostic, therapeutic, preventive, and health maintenance services. A PA must attend and graduate from an accredited physician assistant 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.

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%).

There is a vast amount of research that acknowledges a PA's role as part of a healthcare team for providing basic, but critical healthcare services across the state and country. With the rising need for an educated and prepared PA workforce in California, it is arguably imperative that the PAB have a robust licensing and enforcement process and that its licensing system is able to keep up with demand for the workforce, which includes streamlined access to training and education opportunities in California. The PAB noted in its 2019 Sunset Review Report that the issue of PA education and workforce development is "ongoing" from the PAB's perspective, however, it is unclear what that means.

Nationally, the Bureau of Labor Statistics has reported that the employment of PAs is projected to increase by 31% from 2018 to 2028, which is much faster than the average for all other occupations. The BLS further notes that "as demand for healthcare services grows, [PAs] will be needed to provide care to patients."

California is home to approximately 13,000 PAs, which is one of the highest licensing populations of PAs across the country; however, as noted in a September 2018 report from the Healthforce Center at UCSF, California is one of a few states with a low rate of PAs per capita. The American Academy of Physician Assistants reports that across the country there are approximately, 131,000 PAs. Even with those numbers, there are still reports of potential primary care workforce shortages especially in rural communities.

According to an August 2017, research report released by the University of California San Francisco Healthforce Center, California will likely face a shortfall of primary care clinicians (which includes PAs, nurse practitioners, and physicians) in the next 15 years. The report noted, "Mid-range forecasts

indicate that California will have shortages of primary care clinicians in 2025 and 2030, and would need approximately 4,700 additional primary care clinicians in 2025 and approximately 4,100 additional primary care clinicians in 2030 to meet demand."

Although the Bureau of Labor statistics notes an increase in PA growth nationally, the workforce trends continue to see potential shortages on the horizon in California for primary care clinicians, which include both PAs and NP in addition to the MD professions, especially as it relates to regional disparities. In the past, the PAB has listed the number of PAs practicing in each county in California on its internet website. However, it does not appear that the data has been updated on the PAB's website since 2010. Regional workforce data may be helpful when assessing workforce trends and determining areas where critical shortages may be present in California.

Further noted in a September 2018 report from the California Health Care Foundation, while California is home to [now 16] nationally approved schools providing the required education; however, those school are found to be situated predominately in the Greater Bay Area and the Los Angeles Area. If PA educational programs are not regionally accessible, it could pose a challenge in efforts to train for a profession that is necessary to assist in providing critical primary care services.

Staff Recommendation: *The PAB should inform the Committees about its efforts to monitor PA workforce issues in California. Should the PAB attempt to capture data about PA practice and services areas to help inform if, and where, potential workforce needs may be greatest? Is there anything the PAB can do to help ensure educational opportunities are accessible?*

PAB Response: The education and workforce committee of the PAB closely monitors PA program growth in CA, which has doubled in the last six years. Currently about 880 PAs graduate from CA PA programs and the PAB licenses about the same number from out of state programs each year. Within the next 5 years, if the currently developing programs progress as anticipated, about 1160 PAs will graduate from CA PA programs annually. The major limiting factor for PA Program growth is the availability of clinical training sites, which have been severely impacted by the COVID pandemic. Any legislation that would make it easier for clinical preceptors to take PA students would aid in the growth of the PA workforce in CA. Although most of the PA programs in CA are located in the LA or SF Bay Area, these programs send students all over CA for clinical rotations, so the geographic maldistribution of the programs is not a significant factor preventing PA workforce supply in CA. The PAB tracks education and workforce issues to ensure that its processes are not a hindrance to supply, and to staff appropriately for the growing number of PAs in CA. Tracking the location, workplace setting, practice type and other data in order to project and meet workforce needs for consumers is beyond the scope of the PAB's public protection mission and is addressed by other agencies such as OSHPD. The PAB works closely with stakeholders to ensure that its policies and procedures are consistent with PA workforce efficiencies and growth to enhance CA consumer access to quality healthcare.

ISSUE #9: (AB 2138). What is the status of the Board's implementation of Assembly Bill 2138 (Chiu/Low) and are any statutory changes needed to enable the Board to better carry out the intent of the Fair Chance Licensing Act?

Background: In 2018, Assembly Bill 2138 (Chiu/Low, Chapter 995, Statutes of 2018) was signed into law, making substantial reforms to the license application process for individuals with criminal records. Under AB 2138, an application may only be denied based on prior misconduct if the applicant was formally convicted of a substantially related crime or was subject to formal discipline by a licensing board. Further, prior conviction and discipline histories are ineligible for disqualification of applications

after seven years, with the exception of serious and registerable felonies, as well as financial crimes for certain boards. Among other provisions, the bill additionally requires each board to report data on license denials, publish its criteria on determining if a prior offense is substantially related to licensure, and provide denied applicants with information about how to appeal the decision and how to request a copy of their conviction history. These provisions are scheduled to go into effect on July 1, 2020.

Because AB 2138 significantly modifies current practice for boards in their review of applications for licensure, it was presumed that its implementation will require changes to current regulations for every board impacted by the bill. Currently, the PAB is in the process of finalizing its regulations to revise its denial criteria to incorporate the changes from the bill. It is also likely that the PAB may identify potential changes to the law that it believes may be advisable to better enable it to protect consumers from license applicants who pose a substantial risk to the public.

Staff Recommendation: *PAB should provide an update in regards to its implementation of the Fair Chance Licensing Act, as well as relay any recommendations it has for statutory changes.*

PAB Response: Effective July 1, 2020, PAB staff was instructed to follow the statutes amended by AB 2138 when processing applications, suspensions, or revocations of an applicant or licensee with a criminal conviction. To implement AB 2138, the PAB prepared a rulemaking that amends title 16 California Code of Regulations (CCR) sections 1399.525 (Substantial Relationship Criteria) 1399.526 (Rehabilitation Criteria for Denials and Reinstatements), 1399.527 (Rehabilitation Criteria for Denials and Reinstatements), and 1399.523.5 (Required Actions Against Registered Sex Offenders). This rulemaking was submitted to DCA Legal on February 21, 2019 and resubmitted with revisions on March 29, 2019.

While undergoing review at DCA Legal, the rulemaking was divided into two parts, the first part amending 16 CCR 1399.525 (Substantial Relationship Criteria) 1399.526 (Rehabilitation Criteria for Denials and Reinstatements), and 1399.527 (Rehabilitation Criteria for Denials and Reinstatements). This rulemaking was published on January 13, 2020. During the 45-day comment period the PAB received one public comment letter praising the PAB's rulemaking and requesting amendments that were duplicative of statute, which the PAB rejected. On August 17, 2020, the final rulemaking was submitted to OAL. OAL requested modifications to the regulation text to standardize the language across all the AB 2138 DCA program rulemakings. The requested modifications to the text went out for 15-day public comment from October 21 to November 5. No public comments were received. The PAB approved the OAL-requested modifications to the text on November 9, and the completed rulemaking is at OAL awaiting the DOF's signature on the STD.399. Once that signature is obtained, the rulemaking record will be complete and submitted to OAL. Upon OAL's final approval, the rulemaking will become effective upon filing with the Secretary of State.

The second half of the PAB's initial rulemaking implements AB 2138 by amending 16 CCR 1399.523.5 (Required Actions Against Registered Sex Offenders). The initial public notice documents for that rulemaking were submitted to the Business, Consumer Services and Housing Agency (Agency) for review on October 8, 2020. As soon as Agency approves the initial public notice documents, the rulemaking will be published for a 45-day public comment period.

ISSUE #10: (CE AUDITS) Can the PAB improve upon its efforts to ensure that licensees actually complete required continuing education?

Background: BPC § 3524.5 authorizes the PAB to require a licensee to complete continuing medical education (CE or CME) as a condition of licensure renewal. CCR 16 § 1399.615 specifies that a physician assistant who renews his or her license on or after January 1, 2011, is required to complete 50 hours of approved CME during each two year renewal period, unless they are certified by the National Commission on Certification of Physician Assistants. If they have met that certification, they are deemed to have met the CE requirements. The Board only started conducting audits of its licensing population in 2016 to determine compliance with CE completion. CE has been viewed as an important tool in the healthcare workforce arena as it helps practitioners continue to learn and evolve with the fast-paced and continuously changing medical field, however, if healthcare practitioners are simply self-certifying CE completion and no formal compliance occurs, it is difficult to justify the requirement as a condition of license renewal.

The PAB noted in its 2019 Sunset Review Report, that it has only conducted audits of 1,675 licensees. Of those audited, 19% failed the audit (approximately 1.13% of its licensing population). However, since May 2016, when the Board started auditing its licensees for compliance, it has only conducted audits on approximately 13% of its total licensing population.

According to the Board, if a PA is found in violation of the CE requirements, they are simply required to make up any deficiencies during the next biennial renewal cycle. If they fail to complete CE at that time, then the licensee is ineligible for renewal, placed in inactive status, and is not authorized to practice until such time the deficient hours are completed. It would be helpful to understand the implications for this, including projected workload and cost for the PAB to actually verify CE, as well as what methods may be available for streamlined verification like receiving evidence of completion directly from CE providers.

Staff Recommendation: *The PAB should advise the Committees on its CE program and audits to determine compliance.*

PAB Response: To clarify a point above, of the 1,675 licensees audited, only 19 licensees failed the audit, not 19% licensees. This equates to approximately 1.13% of audited licensees. The PAB is authorized by 16 CCR section 1399.617 to audit a random sample of physician assistants who have reported compliance with CME. In the PAB's 2012 Sunset Review response to issues raised by legislative staff in the background paper, it was reported that the PAB planned to conduct CME audits on a scheduled basis to ensure compliance. The PAB has since randomly selected 5% licensees who self-certify under penalty of perjury that they have met the PAB's CME requirements. The CME requirement may met by completing 50 hours of Category 1 (preapproved) medical education or maintaining certification by the National Commission on Certification of Physician Assistants (NCCPA) at the time of renewal.

ENFORCEMENT ISSUES

ISSUE #11: (MANDATORY REPORTING). PAB receives reports related to PAs from a variety of sources. These reports are critical tools that ensure PAB maintains awareness about its licensees and provide important information about licensee activity that may warrant further investigation. Is PAB receiving necessary information?

Background: There are a number of mandatory reporting requirements designed to notify the PAB about possible violations. These reports provide the PAB with information that may warrant further investigation of a PA.

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

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

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

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

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

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

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

- Sexual misconduct with one or more patients during a course of treatment or an examination.

The PAB reported it has not experienced any problems receiving the required reports within the statutory timeframes; however, there isn't a mechanism in place to verify if the PAB receives every report. During the last FY, the PAB reported that it only received five settlement reports.

Staff Recommendation: *The PAB should advise the Committees on steps it takes to ensure timely compliance with BPC Section 805 reporting requirements.*

PAB Response: The PAB now has a dedicated enforcement staff who tracks and is responsible for ensuring timely compliance with Section 805 reporting requirements. The PAB believes it is receiving those reports where the facility feels a report should be issued. In addition, the PAB compares information with the National Practitioners Databank (NPDB) to ensure it has received the same reports provided to the NPDB.

COVID-19 ISSUES & RESPONSE

ISSUE #12: (COVID-19). Since March of 2020, there have been a number of executive issued waivers, which affect licensees and future licensees alike. Do any of these waivers warrant an extension or statutory changes?

In response to the COVID-19 pandemic, the Governor instituted a number of actions and issued numerous executive orders in order to address the immediate crisis, including impacts on the state's healthcare workforce stemming from the virus. On, March 4, 2020, the Governor issued a State of Emergency declaration, as defined in Government Code § 8558, which immediately authorized the Director of the Emergency Medical Services Authority (EMSA) to allow licensed healthcare professionals from outside of California to practice in California without a California license. Under BPC § 900, licensed professionals are authorized to practice in California during a state of emergency declaration as long as they are licensed and have been deployed by the Director of EMSA.

Following that executive order, on March 30, 2020, the Governor issued Executive Order N-39-20 authorizing the Director of DCA 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. Three examples of waivers affecting the PAB and its licensing population include.

DCA-20-69 waives for individuals whose active licenses expire between March 31, 2020, and December 31, 2020, any statutory or regulatory requirement that individuals renewing a license take and pass an examination in order to renew a license; and, any statutory or regulatory requirement that an individual renewing a license complete continuing education requirements in order to renew a license. These do not apply to any continuing education, training, or examination required pursuant to a disciplinary order against a license.

DCA-20-67 waives BPC § 3516, subdivision (b), which prohibits a physician and surgeon from supervising more than four physician assistants at any one time, and waives statutory and regulatory requirements that a practice agreement or written delegation of services agreement exist for a physician assistant to perform medical services, as specified.

DCA-20-57 waives any statutory or regulatory requirement that an individual seeking to reactivate or restore a license meet CE requirements in order to reactivate or restore a retired, inactive, or canceled license; and pay any fees in order to reactivate or restore a retired, inactive, or canceled license (including renewal, delinquency, penalty, or late fees, or any other statutory or regulatory fees). This is only applicable to an individual's license that is in a retired, inactive, or canceled status for no longer than five years.

Many of the above-mentioned waivers are extended, while some are set to expire in December 2020. The question remains as to whether or not any of these waivers are still relevant during the pandemic or necessary. Should any waivers be a permanent change?

Staff Recommendation: *The Board should advise the Committees on its COVID-19 waiver requests and whether or not any of the waivers be permanent or for a set time, or if any waivers are no longer necessary.*

PAB Response: On November 13, 2020, PAB provided the Committees with responses to supplemental questions related to COVID-19. The PAB worked on waiver requests in connection with Executive Order N-39-20. The PAB believes that waivers that are currently in place are necessary but does not see a need for any of these waivers to be permanent.

TECHNICAL CHANGES

ISSUE #13: (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.

Since the PAB's last review in 2015, the PAB has sponsored or been impacted by approximately 13 legislative actions which impact many of the PAB's duties, oversight authority, enforcement and licensee operations. As a result, there may be a number of non-substantive and technical changes to the practice act that should be made to correct deficiencies or other inconsistencies in the law.

Because of numerous statutory changes and implementation delays, code sections can become confusing, contain provisions that are no longer applicable, make references to outdated report requirements, and cross-reference code sections that are no longer relevant. The PAB's sunset review is an appropriate time to review, recommend and make necessary statutory changes.

For example, the current licensure examination for PAs is administered by a national organization, not the PAB. However, BPC § 3517 requires the PAB to establish a passing score for the examination, and set the time and place of the examination. Given that the PAB no longer administers a licensing examination, these provisions are outdated and should be removed.

BPC § 3505 specifies the Board-membership for the PAB; however, it appears that some of the statutory requirements specified in this code section are out-of-date and may need statutory clean-up. Specifically, BPC § 3505 states that: the members of the board shall include four physician assistants, one physician and surgeon who is also a member of the Medical Board of California, and four public members. Upon the expiration of the term of the member who is a member of the Medical Board of California, that position shall be filled by a physician assistant. This transition has already occurred and

the PAB currently has five physician assistants, four public members and one non-voting member. Code clean-up may be necessary to correctly reference the current Board membership.

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

PAB Response: The PAB supports this recommendation and is happy to work with committee staff to enact any technical changes to the Business and Professions Code needed to add clarity and remove unnecessary language.

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

ISSUE #14: (CONTINUED REGULATION BY THE PAB.) Should the licensing and regulation of PAs be continued and be regulated by the current PAB?

Background: The PAB needs to continue with its efforts to reduce enforcement backlogs, collect cost recovery fees, ensure a robust enforcement program, and continue to focus on those issues that affect the PAB and its licensees.

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

PAB Response: The PAB supports this recommendation and greatly appreciates the opportunity of the sunset review process. The PAB members and staff look forward to working with the Committees' and their staff on issues that have been identified in order to protect the interest of the public.

Section 10 – New Issues

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

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

- **New issues identified by the board in this report.**
- **New issues not previously discussed in this report.**
- **New issues raised by the Committees.**

Issue #1: Initial License Fee Increase and Proposed Statutory Cap Adjustments

The Board is requesting legislative approval to increase the initial licensing fee from \$200 to its statutory cap of \$250. Additionally, the Board seeks to raise the statutory caps for the application fee from \$25 to \$60 and the initial licensing fee from \$250 to \$600. These changes are necessary to ensure the Board's financial sustainability and to continue providing high-quality services to applicants and licensees.

The Board has maintained its current fee structure for several years. During this period, operational costs have steadily increased due to inflation, rising administrative expenses, and enhanced regulatory responsibilities. Despite prudent fiscal management, the Board faces challenges in meeting its financial obligations and maintaining service levels with the current fee structure.

The increase in the initial licensing fee to \$250 is critical for the Board to cover operational costs, including processing applications, maintaining licensing systems, and ensuring compliance with regulatory standards.

Additionally, adjusting the fees and statutory caps aligns with inflation rates and ensures that the Board can continue to operate effectively without compromising service quality.

Increasing the statutory caps allows the Board to adjust the fees in response to future financial needs without requiring immediate legislative action.

It also provides the Board with the flexibility to incrementally adjust the fees as necessary, ensuring long-term financial stability.

The proposed fee adjustments will have a minimal financial impact on applicants and licensees while significantly enhancing the Board's ability to serve them. The increases are designed to be reasonable and align with fees charged by comparable regulatory boards. The additional revenue will be utilized to improve service delivery, ensuring that licensees receive timely and efficient support.

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.

The proposed increases in the initial licensing fee and statutory caps are essential for the Board to maintain financial health and continue providing high-quality services to physician assistants in California. The Board respectfully requests legislative approval for these adjustments to ensure that it can meet its operational needs and regulatory responsibilities effectively.

Proposed Language Business and Professions Code Section 3521.1

The fees to be paid by physician assistants are to be set by the board as follows:

- (a) An application fee not to exceed sixty dollars (\$60) shall be charged to each physician assistant applicant.
- (b) An initial license fee not to exceed six hundred dollars (\$600) ~~two hundred fifty dollars (\$250)~~ shall be charged to each physician assistant to whom a license is issued.
- (c) A biennial license renewal fee not to exceed three hundred dollars (\$300).
- (d) The delinquency fee is twenty-five dollars (\$25).
- (e) The duplicate license fee is ten dollars (\$10).
- (f) The fee for a letter of endorsement, letter of good standing, or letter of verification of licensure shall be ten dollars (\$10).

Proposed Language Title 16 California Code of Regulations Section 1399.550

The following fees for physician assistants are established:

- (a) The processing fee for an initial licensing application shall be \$60.00.
- (b) The fee for an initial license shall be \$200~~250~~.00.
- (c) The fee for renewal of a license shall be \$300.00.

Section 11 – Attachments

Please provide the following attachments:

- A. Board's administrative manual.
- B. Current organizational chart showing relationship of committees to the board and membership of each committee (cf., Section 1, Question 1).
- C. Major studies, if any (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).