BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • PHYSICIAN ASSISTANT BOARD
2005 Evergreen Street, Suite 2250, Sacramento, CA 95815
P (916) 561-8780 | F (916) 263-2671 | paboard@dca.ca.gov | www.pab.ca.gov

MEMORANDUM

DATE	November 8, 2024
TO	Physician Assistant Board (Board)
FROM	Rozana Khan, Executive Officer
SUBJECT	**Agenda Item 14. Update, Discussion, and Possible Action on 2025 Sunset Review 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. At its August 9, 2024, meeting, the Board was presented with the draft Sunset Review Report for review and feedback. Since then, staff have continued to expand and update the responses. Additionally, staff have identified two new issues and are requesting legislative proposals for consideration:

Issue #1: Fee Increase and Proposed Statutory Cap Adjustments
The Board is seeking legislative approval to increase statutory caps for several fees to support financial stability and continued services to both applicants and licensees. It also provides the Board with the flexibility to incrementally adjust the fees as necessary, ensuring long-term financial stability while minimizing the financial impact on applicants and licensees. If the statutory caps are approved, future fee increases necessary to sustain ongoing operations will be implemented through the regulatory process, which includes stakeholder engagement, public comment periods, and thorough review to ensure transparency and fairness.

Issue #2: Electronic Submission of License Renewal
To address concerns from the Office of Administrative Law regarding the Board's authority to allow electronic license renewals, the Board's Regulations Counsel has proposed a legislative amendment. Currently, Business and Professions Code section 3523 specifies that license renewals must be submitted on a form provided by the Board, originally intended as a paper form. The proposed amendment would expand the Board's authority to permit electronic renewal forms, aligning with the Medical Board's provisions and allowing for a modernized renewal process that includes online submissions.

Attached is the completed Sunset Review Report, presented for the Board's final comments and possible approval before submission to the Legislature.

Action Requested
Please review the attached Sunset Review Report and provide any final comments or feedback. If the Board agrees, please entertain a motion to:

Adopt the draft 2025 Sunset Review Report [as revised per today's discussion] and direct the Executive Officer to correct any factual inconsistencies, make any technical or non-substantive changes, and submit the final report to the Legislature.

Attachment

1. DRAFT Sunset Review Report

PHYSICIAN ASSISTANT BOARD
BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM
DRAFT
As of November 8, 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 misdistribution 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), which became the Board in 2013.

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 (BPC), and through the Physician Assistant Regulations (Title 16, Division 13.8) of the California Code of Regulations (CCR). Under the Department of Consumer Affairs (DCA), the Board promotes safe practice of physician assistants by:

[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.

- Licensing of physician assistants.
- 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, BPC 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 BPC 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, 2018			
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	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	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	Yes

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, M.D. – 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	WebEx	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 DCA, 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 Advisory 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	8/17/2020	1/1/2024*	Governor	Public
Juan Armenta, Esq.	7/23/2018	3/4/2021	1/1/2025	Assembly	Public
Sonya Earley, PA-C	2/5/2013	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	7/28/2023	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 timeframes, but also significantly increased processing efficiency. While the Board strongly encourages electronic submissions for license verification

requests, it is cognizant of the need to maintain a paper option to ensure ease of access for all stakeholders.

The Board modified BreEZe to allow licensees to print their own pocket license from their online BreEZe account. This change offers convenience, cost efficiency, immediate access, and benefits to the environment as the Board seeks ways to reduce its environmental footprint.

Additionally, the Board has transitioned from receiving 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 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 (HQIU) sworn investigator. Redirecting such cases to non-sworn personnel will streamline processes and reduce costs. Many tasks associated with investigations can be effectively performed by non-sworn investigators, such as detecting and verifying violations, interviewing witnesses, gathering information, analyzing testimony, serving legal documents, and serving as expert witness, among other duties. The Board will continue to utilize HQIU for criminal investigations that require the expertise of a sworn peace officer.

Communications and Outreach

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

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

licensees, and consumers, while bringing more awareness to online services offered by the Board.

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

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

Website Enhancements
In August 2022, the Board launched its redesigned website. With a focus on user experience and accessibility, the redesigned website offers an improved functionality that aims to better serve visitors. One of the key enhancements is the introduction of a more user-friendly interface. The Board has carefully crafted the website's layout, navigation, and design elements to ensure that users can easily find the information they need. The redesigned website reflects the Board's commitment to providing valuable resources and staying responsive to 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 DCA to 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 DCA 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 allowed 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 DCA, 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 extended the sunset date for the Medical Board of California, the Osteopathic Medical Board of California, the Podiatric Medical Board of California, and the Board and makes additional technical changes, statutory improvements, and policy reforms stemming from the joint sunset review oversight of the programs. This bill extended the Board's operations until January 1, 2026. It also made various technical changes requested by the 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 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.

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 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 DCA, 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 DCA 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.

AB 1991 (Bonta, Chapter 369, Statutes of 2024)
This bill requires a healing arts board, as defined, to require a licensee or registrant who electronically renews their license or registration to provide to that board the licensee's or registrant's individual National Provider Identifier, if they have one. The bill provides that a violation of the bill's requirements is not a crime.

AB 2270 (Maienschein, Chapter 636, Statutes of 2024)
The Medical Practice Act establishes the Medical Board of California and sets forth its powers and duties relating to the licensure and regulation of physicians and surgeons, including osteopathic physicians and surgeons. The Nursing Practice Act establishes the Board of Registered Nursing and sets forth its powers and duties relating to the licensure and regulation of the practice of nursing. The Psychology Licensing Law establishes the Board of Psychology and sets forth its powers and duties relating to the licensure and regulation of psychologists. The Physician Assistant Practice Act establishes the Board and sets forth its powers and duties relating to the licensure and regulation of physician assistants. The Licensed Marriage and Family Therapist Act, the Clinical Social Worker Practice Act, the Licensed Professional Clinical Counselor Act, and the Educational Psychologist Practice Act provides for the licensure and regulation of the practices of marriage and family therapy, clinical social work, professional clinical counseling, and education psychology, respectively, by the Board of Behavioral Sciences. This bill requires the above-specified boards, in determining their continuing education requirements, to consider including a course in menopausal mental or physical health.

AB 2581 (Maienschein, Chapter 836, Statutes of 2024)
The Nursing Practice Act establishes the Board of Registered Nursing and sets forth its powers and duties relating to the licensure and regulation of the practice of nursing. The Psychology Licensing Law establishes the Board of Psychology and sets forth its powers and duties relating to the licensure and regulation of psychologists. The Physician Assistant Practice Act establishes the Board and sets forth its powers and duties relating to the licensure and regulation of physician assistants. The Licensed Marriage and Family Therapist Act, the Clinical Social Worker Practice Act, the Licensed Professional Clinical Counselor Act, and the Educational Psychologist Practice Act, provides for the licensure and regulation of the practices of marriage and family therapy, clinical social work, professional clinical counseling, and education psychology, respectively, by the Board of Behavioral Sciences. This bill requires the above-specified boards, in determining their continuing education requirements, to consider including a course in maternal mental health.

AB 3119 (Low, Chapter 433, Statutes of 2024)
The Medical Practice Act establishes the Medical Board of California for the licensure and regulation of physicians and surgeons. The Osteopathic Act establishes the Osteopathic Medical Board of California for the licensure and regulation of osteopathic physicians and surgeons. Those boards are required to adopt and administer standards for the continuing education of those licensees, and each licensee is required to demonstrate satisfaction of the continuing education requirements at specified intervals. The Nursing Practice Act provides for the certification and regulation of nurse practitioners by the Board of Registered Nursing, and requires the board to establish standards for continuing education, as specified. The Physician Assistant Practice Act establishes the Board to license and regulate physician assistants and authorizes the Board to require a licensed physician assistant to complete continuing education as a condition of license renewal. This bill requires the Medical Board of California, the Osteopathic Medical Board of California, the Board of Registered Nursing, and the Board to consider including in their continuing education requirements for the licensees specified above a course in infection-associated chronic conditions, including long COVID.

SB 607 (Portantino, Chapter 862, Statutes of 2024)
Prior law required a prescriber, with certain exceptions, before directly dispensing or issuing for a minor the first prescription for a controlled substance containing an opioid in a single course of treatment, to discuss specified information with the minor, the minor's parent or guardian, or another adult authorized to consent to the minor's medical treatment. This bill extends that requirement for the prescriber by applying it to any patient, not only a minor, under those circumstances.

SB 639 (Limón, Chapter 336, Statutes of 2024)
This bill requires a physician assistant who provides primary care to a patient population of which over 25% are 65 years of age or older to complete at least 20% of all mandatory continuing education hours in a course in the field of geriatric medicine, the special care needs of patients with dementia, or the care of older patients.

SB 1451 (Ashby, Chapter 481, Statutes of 2024)
Existing law establishes the DCA, which is composed of boards that license and regulate various professions. The law imposes certain requirements on those boards to expedite licensure processes, waive specified licensing fees, or issue temporary licenses, depending on the criteria that the applicant satisfies. One of those provisions requires, among other things, the applicant to be, or to have been, an active duty member of the Armed Forces of the United States, as specified. Another provision requires that the applicant hold an out-of-state license in that profession or vocation and be married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces, as specified. Under a third provision's criteria, the applicant must have been admitted to the United States as a refugee, have been granted asylum, or have a special immigrant visa, as specified. This bill specifies that the term "applicant," for purposes of the above-described provisions, refers to an applicant for an individual license and does not refer to applicants for business or entity licenses. The bill prohibits a board from charging a fee for the issuance of a temporary license for an applicant who holds an out-of-state license in that profession or vocation and who is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces, as specified.

SB 1468 (Ochoa Bogh, Chapter 488, Statutes of 2024)
Federal regulations, known as the "Three Day Rule," authorize a practitioner who is not specifically registered to conduct a narcotic treatment program to dispense not more than a 3-day supply of narcotic drugs, in accordance with applicable federal, state, and local laws, to one person or for one person's use at one time for the purpose of initiating maintenance treatment or detoxification treatment while arrangements are being made for referral for treatment, as specified. This bill, with certain exceptions, requires each board that licenses a prescriber, as defined, to develop and annually disseminate to each licensee informational and educational material regarding the "Three Day Rule," and to post that material on their internet website.

- **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 – 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 physicians 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, meeting, the Board approved the proposed regulatory language to reinitiate 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, 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, 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.**
   No, the Board's fund is not continuously appropriated.

7. **Using *Table 2. Fund Condition,* describe the board's current reserve level, spending, and if a statutory reserve level exists.**
   The Board is required to maintain a statutory reserve level of no more than 24 months, as specified in BPC section 128.5. The current reserve of 13.2 months is within this limit, but the table shows a trend of decreasing reserves, projected to drop to 9.5 months by FY 2025/26.

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	$4,228	$3,921	$3,521
Revenues and Transfers	$2,364	$2428*	$2,794	$3,013	$3,041	$3,033
Total Resources	$7,176	$7,421	$7,344	$7,241	$6,962	$6,554
Budget Authority[2]	$2,837	$2,963	$3,072	$3,325	$3,261	$3,359

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**
Expenditures[3]	$2,380	$2,922	$3,101	$3,320	$3,441	$3,532
Loans to General Fund	$0	$0	$0	$0	$0	$0
Accrued Interest, Loans to General Fund	$0	$0	$0	$0	$0	$0
Loans Repaid From General Fund	$0	$0	$0	$0	$0	$0
Fund Balance	$4,796	$4,499	$4,243	$3,921	$3,521	$3,022
Months in Reserve	19.7	17.4	15.3	13.7	12.0	10.0

[1]*Actuals include prior year adjustments*

[2]*Includes Reimbursement*

[3]*Expenditures include reimbursements and direct draws to the fund*

**Includes EO transfer to GF (AB 84)*

***Estimate*

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.**
The Board is experiencing a steady decline in its fund balance, from $4,243,000 in FY 2022/23 to a projected $3,022,000 by FY 2025/26. To prevent a future deficit and maintain stability, the Board is actively seeking fee increases to generate additional revenue and cover rising operational expenses. The Board is also seeking adjustments to the statutory fee caps, which limit how much it can charge for licensure and renewals. Adjusting these caps would provide the Board with more flexibility to raise fees as necessary to keep up with financial demands and ensure long-term solvency.

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?**
The Board received their general fund loan repayment of $1.5 million in 2019-20. The loan was made from the Budget Act of 2011 and the interest paid was $92,000.

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	$281	$1,298	$309	$1,02
Examination	$0	$145	$0	$8	$0	$7	$0	$58
Licensing	$116	$27	$177	$30	$187	$24	$206	$28

Administration *	$447	$81	$650	$91	$688	$74	$744	$85
DCA Pro Rata	$0	$346	$0	$393	$0	$272	$0	$365
Diversion (if applicable)	$0	$0	$0	$0	$0	$0	$0	$0
TOTALS	$737	$1,529	$1,093	$1,621	$1,156	$1,675	$1,259	$1,838
* Administration includes costs for executive staff, board, administrative support, and fiscal services.								

11. **Describe the amount the board has spent on business modernization, including contributions to the BreEZe program, which should be described separately.**
Over the past four fiscal years, the Board has contributed a total of $198,687 to the BreEZe program. This includes $57,398 in FY 2020/21, $54,289 in FY 2021/22, $45,000 in FY 2022/23, and $42,000 in FY 2023/24.

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**.
BPC section 3523 establishes a biennial renewal cycle for physician assistant licenses, which expire at midnight on the last day of the licensee's birth month every two years. The application, initial license, renewal, delinquency, and duplicate license fees are all set at their statutory limits as defined in BPC Section 3521.1.

The last time physician assistant fees were adjusted was during the 2001/02 fiscal year. Prior to this, the initial license fee was $100, which increased to $200 as of July 1, 2000. The biennial renewal fee also rose from $150 to $250 for licenses expiring after July 1, 2000, and further to $300 for licenses expiring after July 1, 2002.

Since the last fee increase occurred over two decades ago, the Board has not implemented any further adjustments to account for rising administrative, enforcement, and operational costs. Given these increasing expenses, the Board now finds it necessary to pursue a fee increase to ensure it can continue to fulfill its regulatory obligations and maintain public safety effectively. The increase would align fees with the actual cost of operations, keeping pace with inflation and the growing demands on the board's resources.

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%

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
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

13. **Describe Budget Change Proposals (BCPs) submitted by the board in the past four fiscal years.**
The Board requested permanent augmentation of $535,000 expenditure authority in 2020/21 and $461,000 ongoing, to fund 4.0 positions (1 SSM I, 2 AGPA, 1 OT) to better control enforcement investigations that were handled by the Medical Board of California through a shared service agreement. As the Board transitioned, it had an internal redirection of $42,000 in 2020/21 and $84,000 in 2021/22.

Table 5. Budget Change Proposals (BCPs)								
			Personnel Services				OE&E	
BCP ID #	Fiscal Year	Description of Purpose of BCP	# 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.**
As the number of licensed professionals continues to rise, the Board faces the need to expand its staff. To establish a strong management foundation and facilitate succession planning, the Board may need to seek approval to elevate the Executive Officer (EO) position to an exempt level equivalent to a manager III, reflecting the increased responsibilities due to program growth. This would allow for the hiring of subordinate management staff, creating a more stable structure to oversee rank-and-file employees as the Board's operations expand.

At present, the EO's exempt level is comparable to a manager II, while the Assistant Executive Officer (AEO) holds a position equivalent to a manager I. However, with current program staff already at the manager I (specialist) level and the special investigator I, being at a similar level, the AEO is unable to supervise these roles or any future manager I positions. According to human resources regulations, this supervisory responsibility falls solely on the EO, adding to their workload and limiting time for other essential duties. The proposed elevation of the EO to manager III would enable the AEO position to be upgraded to manager II, providing the necessary oversight for subordinate managers and staff positions as the Board's programs grow.

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

15. **Describe the board's staff development efforts and total spent annually on staff development (cf., Section 12, Attachment D).**
The Board is committed to the continuous development of its staff and invests $6,000 annually in training and professional growth. Staff development efforts are primarily supported through internal programs, particularly those offered by the DCA' Strategic Organization, Leadership, and Individual Development (SOLID) Training Solutions. SOLID provides a range of resources and courses designed to enhance skills and knowledge in leadership, management, and operational efficiency. These training opportunities are offered through various platforms, including in-person workshops, webinars, and online courses, ensuring that employees have access to the tools they need to succeed. The cost of these training services is incorporated into the Board's Pro Rata share, which helps cover the expenses related to essential shared services across the department.

Additionally, specialized staff like the Board's Special Investigator participates in more targeted training, such as the Health Quality Investigation Unit Mini Academy, which enhances investigative competencies. Moreover, the Board also supports staff participation in external training programs when needed. For example, the Board's Legislative and Regulatory Specialist attended the Office of Administrative Law's comprehensive 3-day Rulemaking Training class, gaining crucial insights into the rulemaking process. These diverse training initiatives ensure that the Board's staff remains well-equipped to fulfill their roles effectively while staying updated on regulatory and operational best practices.

By continuously supporting professional development through a combination of internal and external resources, the Board ensures that its team is equipped with the knowledge and competencies required to fulfill its mission and enhance overall operational efficiency.

Section 3 – Licensing Program

16. **What are the board's performance targets/expectations for its licensing[2] program? Is the board meeting those expectations? If not, what is the board doing to improve performance?**
The Board 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 has consistently met this target with only two licensing staff. However, as physician assistant programs continue to grow in California, the number of license applications is also increasing. To continue meeting this target, the Board will need additional staff.

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?**
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

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

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 FBI for this applicant included three (3) counts of Driving While Intoxicated.

The grounds for denial of this application were 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 conduct, 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 the 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: August 2021
Applicants are required to complete a criminal history background check as a condition of licensure. The applicant submitted 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 CCR section 1399.525. Denial of licensure reported to the NPDB.

Case #4: October 2021
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 conduct, 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 completes 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]	14,806	15,885	16,841	17,970
	Out of State	3,761	4,161	3,683	4,055
	Out of Country	11	12	7	7
	Delinquent/Expired	2,165	2,331	2,536	2,747
	Retired Status *if applicable*	89	116	164	191
	Inactive	31	32	32	30
	Other[4]	275	288	300	309
	Active	N/A	N/A	N/A	5
	Out of State	N/A	N/A	N/A	3
	Out of Country	N/A	N/A	N/A	0
	Delinquent/Expired	N/A	N/A	N/A	0
	Retired Status *if applicable*	N/A	N/A	N/A	0
	Inactive	N/A	N/A	N/A	0
	Other	N/A	N/A	N/A	0

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

					Pending Applications			Application Process Times		
		Received	Approved /Issued	Closed	Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps*	Incomplete Apps*	Total (Close of FY))
FY 2021/22	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(License)	1,717	1,613	119	363	N/A	N/A	29	66	57
	(Renewal)	7,513	6,906	344	3,902	N/A	N/A	1	0	1
FY 2022/23	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(License)	1,852	1,656	145	415	N/A	N/A	29	68	59
	(Renewal)	8,306	7,605	443	4,138	N/A	N/A	1	0	1
FY 2023/24	(Exam)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(License)	1,954	1,755	183	419	N/A	N/A	29	68	59
	(Renewal)	8.974	8,104	402	4,301	N/A	N/A	1	0	1

* Optional. List if tracked by the board.

[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.

Table 7b. License Denial			
	FY 2021/22	FY 2022/23	FY 2023/24
License Applications Denied (no hearing requested)	1	1	1
SOIs Filed	0	1	1
Average Days to File SOI (from request for hearing to SOI filed)	0	683	42
SOIs Declined	0	0	0
SOIs Withdrawn	0	0	2
SOIs Dismissed (license granted)	0	0	0
License Issued with Probation / Probationary License Issued	0	0	3
Average Days to Complete (from SOI filing to outcome)	0	0	119

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 (ARC-PA) 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), tile 16, section 1399.530(b) states that educational programs accredited by the 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 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?**
  The Board has waived renewal requirements, including fees associated with the renewal of license for a total of eight licensees, resulting in no significant revenue impact.

- **How many applications has the board expedited pursuant to BPC § 115.5?**
  The Board has expedited 27 initial applications for licensure.

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 one point for every correct answer and zero 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	Physician Assistant		
	Exam Title	PANCE		
*FY 2020/21	Number of Candidates	10,687		
	Overall Pass %	93		
	Overall Fail %	7		
*FY 2021/22	Number of Candidates	11,997		
	Overall Pass %	91		
	Overall Fail %	9		
*FY 2022/23	Number of Candidates	12,460		
	Overall Pass %	89		
	Overall Fail %	11		
*FY 2023/24	Number of Candidates	13,158		
	Overall Pass %	89		
	Overall Fail %	11		
	Date of Last OA	2022		
	Name of OA Developer	To be determined		
	Target OA Date	2027		

*Figures based on calendar year supplied by the NCCPA

[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.

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 United States. 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 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?**
The Board does not administer its own examination. It is administered by the NCCPA, which last conducted an occupational analysis in 2023.

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?**
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, the PA 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?**
  The Board audited a total of 931 licensing records during the fiscal years 2022/23 and 2023/24. No audits were conducted during fiscal years 2020/21 or 2021/22 pursuant to the Governor's Executive order N-39-20, giving the Director of DCA the authority to waive any statutory or regulatory renewal requirements pertaining to individuals licensed pursuant to Division 1 of the BPC. Of the 931 licensing records audited, 12 licensees failed to provide evidence of having met the Board's CME requirement: total of 1.28% rate of 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 a 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 BPC 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 DCA has developed an easy-to-understand, transparent system of accountability – performance measures for all boards. 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

BreEZe 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

BPC section 129 states the Board shall notify the complainant of the initial administrative action taken on their complaint within 10 days of receipt. The Board's average over the past three years is six 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 the 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 for a limited term of 24 months to collect workload data. The Board has identified several case types that can be investigated and referred for prosecution by a non-sworn special investigator. Many tasks associated with investigations can be performed by non-sworn investigators such as detecting and verifying violations, interviewing witnesses, gathering information, analyzing testimony, serving legal documents, or serving as an expert witness, among other duties. The 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 CCR 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 CCR 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 complaint 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	425	437	488
Closed without Referral for Investigation	0	0	0
Referred to INV	429	432	502
Pending (close of FY)	2	7	12
Conviction / Arrest			
CONV Received	61	33	19
CONV Closed Without Referral for Investigation	0	0	0
CONV Referred to INV	602	33	1
CONV Pending (close of FY)	1	1	0
Source of Complaint[6]			
Public	311	300	284
Licensee/Professional Groups	17	16	6
Governmental Agencies	46	54	125
Internal	32	16	18

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

Other	10	10	8
Anonymous	71	74	66
Average Time to Refer for Investigation (from receipt of complaint / conviction to referral for investigation)	8	8	7
Average Time to Closure (from receipt of complaint / conviction to closure at intake)	6	7	6
Average Time at Intake (from receipt of complaint / conviction to closure or referral for investigation)	6	7	6
INVESTIGATION			
Desk Investigations			
Opened	489	465	507
Closed	385	446	502
Average days to close (from assignment to investigation closure)	189	222	215
Pending (close of FY)	331	350	337
Non-Sworn Investigation			
Opened	5	22	9
Closed	5	7	6
Average days to close (from assignment to investigation closure)	418	283	628
Pending (close of FY)	0	0	1
Sworn Investigation			
Opened	51	42	29
Closed	52	59	43
Average days to close (from assignment to investigation closure)	597	523	592
Pending (close of FY)	77	53	41
All investigations[7]			
Opened	545	529	545
Closed	442	512	551
Average days for all investigation outcomes (from start investigation to investigation closure or referral for prosecution)	190	221	207
Average days for investigation closures (from start investigation to investigation closure)	104	119	217
Average days for investigation when referring for prosecution (from start investigation to referral for prosecution)	713	497	695
Average days from receipt of complaint to investigation closure	197	227	211
Pending (close of FY)	408	403	379
CITATION AND FINE			
Citations Issued	6	2	46
Average Days to Complete (from complaint receipt / inspection conducted to citation issued)	728	473	38
Amount of Fines Assessed	$10,500.00	$1,000.00	$12,750.00
Amount of Fines Reduced, Withdrawn, Dismissed	0	0	$2,000.00
Amount Collected	$4,750.00	$6,000.00	$7,000.00
CRIMINAL ACTION			
Referred for Criminal Prosecution	0	0	0
ACCUSATION			
Accusations Filed	14	19	24

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

Accusations Declined	3	3	1
Accusations Withdrawn	2	0	2
Accusations Dismissed	0	0	1
Average Days from Referral to Accusations Filed (from AG referral to Accusation filed)	432	523	541
INTERIM ACTION			
ISO & TRO Issued	1	0	0
PC 23 Orders Issued	1	1	0
Other Suspension/Restriction Orders Issued	3	0	0
Referred for Diversion	0	0	0
Petition to Compel Examination Ordered	0	0	0
DISCIPLINE			
AG Cases Initiated (cases referred to the AG in that year)	41	38	28
AG Cases Pending Pre-Accusation (close of FY)	33	42	44
AG Cases Pending Post-Accusation (close of FY)	18	21	13
DISCIPLINARY OUTCOMES			
Revocation	2	4	2
Surrender	5	6	4
Suspension only	0	0	0
Probation with Suspension	0	0	1
Probation only	7	10	6
Public Reprimand / Public Reproval / Public Letter of Reprimand	1	0	2
Other	0	0	0
DISCIPLINARY ACTIONS			
Proposed Decision	2	5	3
Default Decision	2	2	1
Stipulations	11	15	11
Average Days to Complete After Accusation (from Accusation filed to imposing formal discipline)	302	383	338
Average Days from Closure of Investigation to Imposing Formal Discipline	446	540	539
Average Days to Impose Discipline (from complaint receipt to imposing formal discipline)	872	1288	1136
PROBATION			
Probations Completed	10	8	12
Probationers Pending (close of FY)	45	44	43
Probationers Tolled *	8	9	8
Petitions to Revoke Probation / Accusation and Petition to Revoke Probation Filed	0	4	2
SUBSEQUENT DISCIPLINE[8]			
Probations Revoked	0	0	0
Probationers License Surrendered	4	0	2
Additional Probation Only	0	0	2
Suspension Only Added	0	0	0
Other Conditions Added Only	0	0	0
Other Probation Outcome	0	0	0
SUBSTANCE ABUSING LICENSEES **			
Probationers Subject to Drug Testing	19	13	12
Drug Tests Ordered	528	319	251

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

Positive Drug Tests	1	0	0
PETITIONS			
Petition for Termination or Modification Granted	5	3	1
Petition for Termination or Modification Denied	0	1	1
Petition for Reinstatement Granted	3	0	0
Petition for Reinstatement Denied	2	0	0
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	212	230	254	274	970	58%
91 - 180 Days	30	32	35	55	152	9%
181 - 1 Year	39	39	46	55	179	11%
1 - 2 Years	50	62	80	60	252	15%
2 - 3 Years	24	16	32	32	104	6%
Over 3 Years	5	3	5	14	27	1%
Total Investigation Cases Closed	271	155	154	335	1684	100%
Attorney General Cases (Average %)						
Closed Within:						
0 - 1 Year	9	3	3	1	16	15%
1 - 2 Years	3	4	6	4	17	15%
2 - 3 Years	3	5	5	7	20	18%
3 - 4 Years	4	10	16	10	40	36%
Over 4 Years	8	2	7	1	18	16%
Total Attorney General Cases Closed	27	24	37	22	110	100%

34. **What do overall statistics show as to increases or decreases in disciplinary action since last review?**
Since the last review, the overall statistics show a decrease of 31% in disciplinary actions. The most recent sunset data reports 50 disciplinary actions, compared to 72 in previous sunset review.

35. **How are cases prioritized? What is the board's compliant prioritization policy?**
The Board cases are prioritized pursuant to BPC 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 Board receives reports of arrest and convictions independently reported to the Board by the Department of Justice (DOJ) through subsequent arrest notifications.

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 licentiate, or any other person, or the public, or to the extent that such use impairs the ability of the licentiate to practice safely.
- Repeated acts of clearly excessive prescribing, furnishing or administering of controlled substances or repeated acts of prescribing, dispensing, or furnishing of controlled substances without a good faith effort prior examination of the patient and medical reason 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 BPC 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?**
  The average dollar amount of settlements is $456,955.47 over the past three fiscal years.

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

Fiscal Year	2020/21	2021/22	2022/23	2023/24
Percentage of Cases resulting in a Settlement	78%	73%	63%	69%
Percentage of Cases resulting in a Hearing	11%	13%	29%	25%
***Percentage of Cases resulting in a Default Decision**	11%	13%	8%	4%

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

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?**
While the board does not operate under a statute of limitations, it is committed to prioritizing public protection by ensuring that all complaints are investigated as swiftly as possible. The Board uses performance measures to track the efficiency and timeliness of these investigations. However, case aging—the length of time a case remains unresolved—can impact the ability to successfully prosecute. As cases age, gathering sufficient evidence or meeting the burden of proof becomes more challenging, which could affect the outcome of a case or the decision to proceed with disciplinary action.

39. **Describe the board's efforts to address unlicensed activity and the underground economy**.
As a consumer protection agency, the Board remains committed to thoroughly investigate unlicensed activity. In 2018, the Board strengthened its ability to combat unlicensed practice by amending CCR section 1399.573, granting the executive officer expanded authority to issue citations and fines to individuals falsely presenting themselves as physician assistants without ever having been licensed. When investigations confirm instances of unlicensed practice, the Board may issue citations or refer cases to the District Attorney's office for criminal prosecution. Additionally, the Board continuously educates consumers and employers about the importance of using the DCA's license search tool to verify the license status of individuals claiming to be physician assistants, ensuring public safety and accountability in the profession.

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?**
The Board may issue an administrative citation and fine pursuant to BPC sections 125.9, 148 and 3510. This is further described by regulation under CCR sections 1399.570 and 1399.571, where the executive officer of the Board is authorized to determine when and against whom a citation will be issued and to issue citations containing orders of abatement and fines for violations by a licensed physician assistant of the statutes and regulations. The citation is in writing and describes the nature of the violation, including specific references to the sections of law that have been violated. The amount of the fine is determined by the type of violation. Pursuant to CCR section 1399.571, fines imposed may range from $100 to $5,000. Citations are posted on the Board's website upon issuance and will remain there for five years from the date of resolution. A citation is not considered discipline against a PA's license and is not reported to the Federation of State Medical Boards or the National Practitioner Data Bank. Since the Board's last Sunset Report, the citation and fine regulations have not been amended.

41. **How is cite and fine used? What types of violations are the basis for citation and fine?**
The Board issues citations primarily for minor violations of the law that do not warrant formal disciplinary action. These violations include infractions such as failure to maintain adequate and accurate medical records, failure to report criminal conviction, and failure to complete the required continuing medical education as part of the license renewal process. The Board also has authority to issue citations for the unlicensed practice of medicine.

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?**

Fiscal Year	2020/21	2021/22	2022/23	2023/24
Informal Conferences	0	1	0	4
Administrative Appeals Hearings	0	0	0	0

43. **What are the five most common violations for which citations are issued?**
The five most common violations for which the Board issues citations are:
    - Failure to Maintain Continuing Medical Education (CME) Compliance
    - Failure to Maintain Adequate and Accurate Medical Records
    - Failure to Report Criminal Convictions
    - Unlicensed Practice of Medicine
    - Aiding and Abetting Unlicensed Practice of Medicine

44. **What is average fine pre- and post- appeal?**
The data during FYs 2020/21 to 2023/24 indicates the average fine amount for all citations issued prior to appeal is $1,389.25 and the average fine amount post appeal is $1,390.75. During the same time frame approximately three citations were withdrawn following an appeal process. The majority of these citations were based upon CME audits, which after providing proof of CME compliance were withdrawn.

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

The Board has not used the Franchise Tax Board intercept to collect outstanding fines. However, under BPC section 125.9, the Board is authorized to add the unpaid fine to the licensee's renewal fee. If the licensee fails to pay the fine, the Board can place a hold on the license renewal, requiring the fine to be paid in full before the license can be renewed.

Cost Recovery and Restitution

46. **Describe the board's efforts to obtain cost recovery. Discuss any changes from the last review.**
BPC 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's 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 their 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 the license. 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 to collect cost recovery.

Table 11. Cost Recovery[9]				(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 – Public Information Policies

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 YouTube and remain accessible there as long as YouTube continues to support this service.

[9] Cost recovery may include information from prior fiscal years.

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 BreEZe online verification tool 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

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 a 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 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?**
Online practice has become increasingly prevalent, especially with the rise of telehealth, which facilitates remote patient interactions. However, physician assistant practice is traditionally centered around in-person consultations, as PAs work under the supervision of a licensed physician. Consequently, any online presence often reflects the practice of the supervising physician rather than the PA independently.

Telehealth is a valuable tool that enhances medical practice rather than being a distinct form of medicine. There are no legal restrictions against using technology in healthcare delivery, provided that the services are rendered by licensed professionals in California. The standard of care remains consistent, whether care is provided in-person or via telehealth. Physicians and PAs are required to adhere to the same responsibilities, including informed consent and the protection of patient privacy, regardless of the mode of interaction.

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

Section 7 – Workforce Development and Job Creation

58. **What actions has the board taken in terms of workforce development?**
Since the 2020 sunset review, there have been several positive developments in physician assistant (PA) education and workforce trends, which the Board monitors. According to California PA licensing data for FY 2023/24, there are now 17,970 PAs in California, marking a 27.6% increase from FY 2020/21. Additionally, the number of PA education programs in the state has grown from 16 to 21 accredited programs over the last five years, representing a 31% increase. California State University, San Bernardino (CSUSB) has also developed a 27-month Master of Science in Physician Assistant (MSPA) program and plans to enroll its first cohort in August 2025, pending approval from the accreditor. Furthermore, California Baptist University (CBU) has received approval to expand its PA program from 30 to 60 students per cohort, starting in Fall 2025. If all PA programs in California remain operational, nearly 1,100 PA graduates will enter the workforce annually. The Board views this as a positive development, especially given California's ongoing health workforce crisis.

Lastly, the ARC-PA accreditation of PA programs remains an ongoing concern for the Board, especially in light of the closure of California State University Monterey Bay's PA program in May 2024 and the impending closure of the University of La Verne's PA program, which voluntarily withdrew its accreditation in 2024. The Board will continue to monitor the accreditation status of all California PA programs on a quarterly basis.

59. **Describe any assessment the board has conducted on the impact of licensing delays.**
The Board has not experienced major backlogs or delays in issuing physician assistant licenses. The turnaround time for issuing a license is 30 days or less. The Board has not received any complaints related to the time it takes to process licenses. Therefore, the Board does not believe that an assessment of the impact of licensing delays is warranted.

60. **Describe the board's efforts to work with schools to inform potential licensees of the licensing requirements and licensing process.**
It remains a tradition at the Board to provide presentations to California physician assistant training programs on licensing, regulations, and enforcement. On occasions, Board members have also given presentations. These sessions allow students to meet licensing staff and learn about the application process. This also provides an opportunity for Board staff to engage with students and answer any questions about physician assistant laws and regulations.

Lastly, Board staff also conduct outreach at the annual California Academy of Physician Associates (CAPA) conference. Board staff provide booklets regarding the physician assistant laws and regulations to students and licensees.

61. **Describe any barriers to licensure and/or employment the board believes exist.**
Acquiring clinical sites and securing preceptors are ongoing challenges faced by many PA programs and serve as a rate-limiting step in expanding class size.

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

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

    b. **Successful training programs**
    Since the last sunset review, six new PA entry-level education programs have been accredited in California.

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?**
The Board has not received any data from external groups, third parties, or licensing bodies indicating a need to take action to eliminate inequalities faced by licensees or applicants from vulnerable, low socioeconomic communities. However, should any issues arise, the Board is prepared to take immediate and decisive action to ensure that licensees or applicants from these communities are protected from harm.

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?**
  Yes, the Board was in the first release. The status of the Board's change requests depends on their priority level. Changes deemed critical, assigned a priority of 1 or 2, are addressed promptly, usually by the next scheduled update from the Department. In contrast, low-priority changes are implemented in updates only when there is available space to accommodate them.

- **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?**
  N/A

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?

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, is 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.

Update: The Board continues to maintain an ex officio, non-voting member from the MBC, and this arrangement remains beneficial for several reasons. First, the collaborative relationship between PAs and physicians is foundational, as PAs practice under the authority granted by written practice agreement with physicians. Having a physician's input on the Board helps ensure that the decisions made by the PAB reflect the practical and regulatory realities of this partnership. Additionally, the involvement of a physician provides valuable expertise, particularly in matters concerning scope of practice and patient care, ensuring that the Board's decisions align with medical standards and best practices.

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?

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.

Update: As of January 1, 2025, the Board will face a total of five board member vacancies. Without timely appointments to these vacant positions, the Board risks encountering quorum issues, which could impede its ability to conduct official business. According to BPC § 3511, five members are required to meet quorum, and with the increased number of vacancies, the Board's ability to make decisions regarding licensing, disciplinary actions, budget matters, and regulatory changes could be severely affected.

A fully appointed board is critical to ensuring the Board can function effectively and continue its mandate to protect California consumers. Having a diverse and fully staffed board allows for more comprehensive deliberation on complex issues, with varied perspectives contributing to well-informed decisions. The Board plays a vital role in regulating the PA profession, and any delays or disruptions in its decision-making processes could negatively impact licensing timelines, enforcement actions, and overall operational efficiency. If appointments are not made, the Board may be forced to cancel meetings, delaying critical actions and impacting its ability to fulfill its consumer protection responsibilities.

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

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 BPC 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 CCR sections 1399.530, 1399.610, and 1399.612 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.

Update: Effective October 1, 2024, the Board approved a proposed rulemaking to clarify and interpret the changes made to the PA practice act through the passage of SB 697. While the Board continues to implement the changes brought by SB 697, the recent approval of the proposed rulemaking demonstrates its commitment to providing clear guidelines and addressing any potential regulatory challenges.

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?

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.

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

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?

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.

Update: There is still no known impact on licensees in the PA profession, and the issue remains outside the jurisdiction of the Board.

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?

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.

Update: The Board is experiencing a steady decline in its fund balance, from $4,243,000 in FY 2022/23 to a projected $3,022,000 by FY 2025/26. To prevent a future deficit, the Board is actively pursuing fee increases to generate additional revenue and cover rising operational costs. Additionally, the Board seeks to adjust the statutory fee caps, providing more flexibility to raise fees as needed. Since the last

fee increase occurred over two decades ago, the Board finds it necessary to address these financial challenges to ensure it can continue fulfilling its regulatory responsibilities and maintain public safety effectively.

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

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.

Update: The Board is actively working to improve cost recovery efforts, particularly in cases of probation, where recovery is more feasible. However, challenges remain in cases involving license revocation or surrender, where the ability to collect is limited. The Board continues to prioritize public protection while balancing cost recovery efforts, and is exploring ways to enhance the process to ensure a higher percentage of recovered costs aligns with the increased enforcement workload.

LICENSING ISSUES

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

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.

Update: The Board is closely monitoring the growth of PA programs in California, with the number of graduates expected to rise significantly over the next five years. While the Board is working to ensure its licensing process supports workforce expansion, it recognizes that addressing workforce shortages, especially in underserved regions, falls outside its direct jurisdiction. The Board continues to collaborate with stakeholders to align its policies with the evolving needs of the healthcare workforce.

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?

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 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.

Update: On January 29, 2021, to implement the provisions of AB 2138 (Chiu, Chapter 995, Statutes of 2018), the Office of Administrative Law approved the Board's rulemaking file that amends CCR sections 1399.525, 1399.526, and 1399.527—Substantial Relationship Criteria and Rehabilitation Criteria for Denials, Reinstatements, Suspensions, and Revocations. Additionally, the Board revised its initial application form and licensing processes consistent with the statutory changes.

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 be 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.

Update: The Board continues to audit 5% of its licensees annually to verify compliance with CME requirements, ensuring licensees meet the 50-hour requirement or maintain certification with the NCCPA. Additionally, the Board can verify NCCPA certification directly through the NCCPA website and is exploring methods to further improve audit efficiency.

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?

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.

Update: The Board's dedicated enforcement staff continue to do a wonderful job in ensuring compliance with mandatory reporting requirements, including those under Section 805. The team diligently tracks reports and compares data with the NPDB to verify that all necessary reports are received in a timely manner. This process helps the Board maintain awareness of potential violations and supports further investigation when needed. The Board remains confident in the efficiency of its reporting mechanisms and the efforts of its enforcement staff.

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?

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.

Update: The waivers allowed an adequate and timely response to the challenges posed by COVID-19 while maintaining the necessary public protection. These temporary waivers served their purpose effectively, ensuring that the healthcare workforce could meet urgent demands without compromising safety or quality of care. We sincerely thank all parties involved, especially the DCA Director and her executive team, for their exceptional leadership and collaboration in navigating this unprecedented time.

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.

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.

Update: The Board's last sunset bill, SB 806, addressed the majority of its technical changes. It eliminated the requirement for the Board to establish a passing score, as well as the time and place for each examination. It also made various amendments to clarify that the Board is an independent board, and not a committee within the Medical Board. Additional amendments are proposed in Section 10. The Board is committed to continuing improvements in its operations and will work closely with committee staff to identify and implement necessary technical clarifications.

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?

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.

Update: The Board appreciates the opportunity to continue its regulatory role in overseeing PAs. We remain committed to meeting our public protection mandates.

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: Fee Increase and Proposed Statutory Cap Adjustments

The Board is currently seeking legislative approval to raise the statutory caps for several fees. The proposed increases include raising the application fee from $25 to $60 and may be increased to not more than $80, the initial licensing fee from $250 and may be increased to not more than $500, the biennial license renewal fee from $300 and may be increased to not more than $500, the delinquency fee from $25 to $75, and the fee for a letter of endorsement, letter of good standing, or letter of verification of licensure from $10 to $50. These adjustments are crucial to maintaining the Board's financial stability and ensuring the continued provision of high-quality services to both applicants and licensees.

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

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 requested fee increases are critical for the Board to cover operational costs, including processing applications, maintaining licensing systems, and ensuring compliance with regulatory standards. Additionally, adjusting these 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 protect the public and to efficiently perform its licensing duties. The increases are designed to be reasonable and align with fees charged by comparable regulatory boards. The additional revenue will be utilized to improve essential services such as licensing, monitoring compliance, and investigating complaints efficiently. As operational costs have steadily increased due to inflation and expanded regulatory responsibilities, these adjustments will ensure that service delivery to applicants and licensees remains timely and effective.

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

The proposed increases in the 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 Amending 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 twenty-five dollars ($25) shall be~~ charged to each physician assistant applicant shall be sixty dollars ($60) and may be increased to not more than eighty dollars ($80).

(b) An initial license fee ~~not to exceed two hundred fifty dollars ($250) shall be~~ charged to each physician assistant to whom a license is issued shall be two hundred fifty dollars ($250) and may be increased to not more than five hundred dollars ($500).

(c) A biennial license renewal fee ~~not to exceed~~ of three hundred dollars ($300) and may be increased to not more than five hundred dollars ($500).

(d) The delinquency fee is ~~twenty five($25)~~ seventy five dollars ($75).

(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~~fifty dollars ($~~10~~50).

Proposed Language Amending Title 16 California Code of Regulations Section 1399.550 for November 8, 2024, Board meeting anticipated to become effective in 2025

§ 1399.550. Physician Assistant Fees.

The following fees for physician assistants are established:

(a) The application fee shall be $25.00.

(b) The fee for an initial license shall be $~~200.00~~250.00.

(c) The fee for renewal of a license shall be $300.00.

NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: Section~~s 3513, 3521 and~~ 3521.1, Business and Professions Code.

Issue #2: Electronic Submission of License Renewal

To prevent potential issues when updating the license renewal procedures in regulation for this Board, the Board's Regulations Counsel has proposed a legislative amendment to address concerns raised by the Office of Administrative Law (OAL) regarding the Board's authority to permit an electronic license renewal option for licensees. Currently, BPC section 3523 states in pertinent part:

> "To renew an unexpired license, the licensee shall, on or before the date of expiration of the license, apply for renewal **on a form provided by the board**, accompanied by the prescribed renewal fee." (Emphasis added.)

The aforementiond provision was enacted in 1983 (Stats. 1983, ch. 1026) and OAL has raised concerns about whether the Board has implied authority to provide electronic forms for renewal when such a method was not available at the time of enactment. To avoid this issue when updating and modernizing its renewal procedures in regulations, this proposal seeks to expand the Board's authority to utilize any future "electronc online form" or other form for license renewals, rather than restricting the regulated community to a paper application process.

The proposed language mirrors the statutory provisions for the Medical Board as outlined in BPC section 2081. It aims to resolve recent OAL concerns about the specific authority for the form of submission for this Board.

Proposed Language Amending Business and Professions Code section 3523

All physician assistant licenses shall expire at 12 midnight of the last day of the birth month of the licensee during the second year of a two-year term if not renewed.

The board shall establish by regulation procedures for the administration of a birthdate renewal program, including, but not limited to, the establishment of a system of staggered license expiration dates and a pro rata formula for the payment of renewal fees by physician assistants affected by the implementation of the program.

To renew an unexpired license, the licensee shall, on or before the date of expiration of the license, apply for renewal on an electronic form or another form provided by the board, accompanied by the prescribed renewal fee and each application form shall contain a legal verification by the applicant certifying under penalty of perjury that the information provided by the applicant is true and correct.

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).