BACKGROUND PAPER FOR THE BOARD OF PODIATRIC MEDICINE

Joint Oversight Hearing, March 9, 2016

Senate Committee on Business, Professions and Economic Development and Assembly Committee on Business and Professions

BRIEF OVERVIEW OF THE BOARD OF PODIATRIC MEDICINE

Function of the Board

The Board of Podiatric Medicine (BPM) is a licensing board under the Department of Consumer Affairs (DCA).[1] The BPM licenses and regulates doctors of podiatric medicine (DPMs). In the Medical Practice Act, a license to practice podiatric medicine is called a "certificate," but it is indistinguishable from other professional licenses. It is a misdemeanor to practice podiatric medicine or use the title DPM, podiatrist, or similar designation without a license.

The Practice Act defines "podiatric medicine" as all medical treatment of the foot, ankle, and tendons that insert into the foot, including diagnosis, surgery, and the nonsurgical treatment of the muscles and tendons of the leg governing the functions of the foot. Therefore, a DPM's scope of practice is similar to that of a physician and surgeon who specializes in the foot and ankle. However, unlike a physician and surgeon, whose scope is only limited by the licensee's own area of competence, a DPM's scope is limited by the license to the foot and ankle.

Historically, the BPM was a committee within the Medical Board of California (MBC). Currently, however, the BPM functions as an independent board, similar to other licensing boards under the DCA. Still, the Practice Act continues to describe the BPM as "within the jurisdiction of" the MBC. As a result, the BPM makes recommendations for DPM licensure to the MBC, while the MBC officially issues the licenses.

The BPM licenses approximately 2,000 DPMs. On average, it issues 106 licenses each year and renews on average 1,106 licenses each year.

The BPM's mandates include:

- Make recommendations to the MBC for certificates to practice podiatric medicine.
- Require applicants for a license to pass an examination to ensure minimum competence.
- Adopt and administer regulations requiring continuing education of licensees.
- Review the quality of licensee podiatric medical practice.

[1] Business and Professions Code (BPC) §§ 2000-2525.5.

- Approve podiatric residency programs in the field of podiatric medicine.

The current BPM mission statement, as stated in its *2015–2018 Strategic Plan*, is as follows:

> *To protect and educate consumers of California through licensing, enforcement, and regulation of Doctors of Podiatric Medicine.*

Board Membership

The BPM is composed of seven members. It has a professional majority with three public members, and four professional members. The Governor appoints five members in total, the four professional members and one of the public members. The Senate Rules Committee and the Assembly Speaker appoint one public member each. Members receive $100 per diem for each day spent performing official duties and are reimbursed for related travel and other expenses.

The BPM is required to meet at least three times each calendar year and it meets at various locations throughout the state. The BPM meetings are subject to the Bagley-Keene Open Meeting Act, which requires public notice and an opportunity to testify.[2]

The following table lists the current members of the BPM, including their background, when they were first appointed, their term expiration date, and their appointing authority:

Board Members	Appointment	Term Expiration	Appointing Authority
John Y. Cha, DPM, President, Professional Member has been a DPM at Affiliated Podiatry Group since 2001. He was senior podiatric surgical resident at Hawthorne Hospital and chief podiatric surgical resident with Baja Project for Crippled Children from 1992 to 1994. Cha earned a DPM degree from the California College of Podiatric Medicine.	12/21/12	06/01/16*	Governor
Michael A. Zapf, DPM, Vice President, Professional Member holds a BS degree in Microbiology from California State University, Long Beach, a Master of Public Health degree from UCLA, and a DPM degree in 1984 from the California College of Podiatric Medicine. He is the founding member of the Agoura-Los Robles Podiatry Centers with offices in Agoura Hills and Thousand Oaks. In addition to his podiatric medicine and surgery career, he has been a board member of the Conejo Free Clinic which serves 5000 poor and uninsured patients annually and he helped his Rotary Club launch Operation Footprint where more than 500 Honduran children have received life changing foot and ankle surgeries. He personally attended seven of these international missions.	12/21/12	06/01/17	Governor
Kristina M. Dixon, MBA, Public Member currently works as a Staff Accountant for First 5 LA. Ms. Dixon holds a BA in Sociology from UC Berkeley and a dual MBA in Finance and Management & Leadership from the University of La Verne. She is a graduate of the Los Angeles African American Women in Public Policy Institute (LAAAWPPI) and Project B.U.I.L.D. (Blacks United In Leadership Development). She is the Co-Chair/Co-Founder of the Southern Cal Alumni Coalition, the Riverside County Scholarship Chair for UC Berkeley's Alumni Leadership Award, an Alumni Liaison to UC Berkeley's Office of Undergraduate Admissions,	11/15/10	06/01/18	Speaker of the Assembly

[2] Article 9 (commencing with § 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code (GOV).

a delegate to the California Democratic party, a Library Commissioner to the City of Moreno Valley, and the Chair of the Los Angeles Urban League Young Professionals, Civic Engagement and Political Action Committee.			
Neil B. Mansdorf, DPM, Professional Member has been a sole practitioner since 2000. Previously, he was a DPM with Cupertino Podiatry Group from 1999 to 2000. Dr. Mansdorf is a member of the Radiologic Technology Certification Committee's Board of Directors and California Podiatric Medical Association. He is a fellow with the American College of Foot and Ankle Surgeons, an associate with the American Academy of Podiatric Sports Medicine and immediate past President of the Orange County Podiatric Medical Association.	12/21/12	06/01/16	Governor
Melodi Masaniai, Public Member has been appointed to the California Board of Podiatric Medicine. Masaniai was a volunteer coordinator at Jerry Hill for State Senate in 2012 and campaign manager at Shawn K Bagley for DNC from 2011 to 2012, field coordinator at Jaime De La Cruz for Supervisor in 2012 and a consultant at Castillo Consulting LLC in 2011. She was a community organizer with Organizing for America in 2010, executive assistant at the Stanford Linear Accelerator Center from 2002 to 2010, and executive assistant at Sun Microsystems Inc. from 1992 to 2002.	04/24/13	06/01/18	Governor
Judith Manzi, DPM, Professional Member has been a DPM at Kaiser Permanente Santa Clara Medical Center since 2001. Prior, she was a DPM in private practice at the Sunnyvale Foot and Ankle Center from 1984 to 1998 and chairman of the Ohio College of Podiatric Medicine Department of Surgery from 1982 to 1984. Manzi earned a DPM degree from the Temple University School of Podiatric Medicine.	09/03/14	06/01/18	Governor
Darlene C. Elliot, Public Member is a community volunteer in the City of Riverside. She is Cofounder of Spanish Town Heritage Foundation, a board member for TruEvolution, and current President for the Riverside Latino Network. Her public service career has also included responsibility for the City of Riverside's Human Relations Commission, Transportation Accountability Performance Task Force, and the Mayor's Multicultural Forum. She has also spearheaded a LGBT Ad Hoc Committee for LGBT programs and services in the Riverside area. Ms. Trujillo-Elliot holds a BA in Organizational Leadership from Chapman University.	01/27/16	06/01/19	Senate Rules
*California law provides for an extension of up to one year until the member is reappointed or replaced with a new appointee.			

Committees

The BPM uses committees to research issues, develop preliminary policy plans, and to report the information during public BPM meetings. The BPM also uses committees to address succession planning. To train new members, the BPM president will typically appoint newer members to serve on committees that are chaired by senior members.

All of the BPM's committees are advisory except the executive committee, which may exercise authority delegated from the full BPM. Further, none are statutorily mandated and each is generally composed of two members each. While two-member, non-statutory committees are not subject to the Bagley-Keene Open Meeting Act, the BPM still applies all notice requirements to its two member committees and advisory bodies. The BPM currently has five standing committees, as follows:

1) Executive Committee. The executive committee is composed of the BPM president and vice-president, and may include a ranking member of the BPM or other member appointed by the BPM president. Because it is composed of elected officers, the committee may make decisions

between meetings of the BPM. The committee also provides guidance to administrative staff for the budgeting and organizational components of the BPM and executes recommendations made by legislative oversight committees.

2) Enforcement Committee. The enforcement committee is responsible for development and review of BPM policies, positions, and disciplinary guidelines. However, it does not review individual cases.

3) Licensing Committee. The licensing committee is responsible for review and development of regulations regarding educational and course requirements for initial licensure and continuing medical education programs (CME). It monitors new developments in technology, podiatric medicine, and the health care industry and uses them to develop education criteria and requirements for licensure.

4) Legislative Committee. The legislative committee is responsible for monitoring legislation impacting the BPM's mandates and makes relevant recommendations to the full BPM. It also recommends specific legislation or proposes amendments to existing law to advance the mandates of the BPM.

5) Public Education/Outreach Committee. The public education/outreach committee is responsible for developing consumer outreach projects, including the BPM's newsletter, website, e-government initiatives, and stakeholder presentations on public positions of the BPM. The committee members may act as ambassadors and represent the BPM at the invitation of outside organizations and programs.

Fiscal and Fund Analysis

As a special fund agency, the BPM receives no general funds. Instead, it relies on fees set by statute and collected from licensing and renewal. While the BPM has no statutorily mandated reserve level, the BPM maintains a reserve of operating funds to cover unexpected costs, such as litigation. The BPM currently estimates a reserve of 12.6 months. The BPM has not made a loan to the general fund since fiscal year (FY) 91/92. The loan was fully satisfied including in FY 00/01.

In addition, the BPM does not anticipate deficits for at least the next two FYs. However, based on the BPM's most recent fee audit, it expects that costs may begin to outweigh revenues beginning in FY 16/17. Reasons for the change include: 1) the loss of renewal fees due an increase in licensee retirements projected over the next 5 years; 2) increased costs from pro rata expenditures; 3) increased costs due to the DCA BreEZe project; and 4) increased costs expected from Attorney General (AG) enforcement services due to workload increases for the reporting requirements of SB 467 (Hill), Chapter 656, Statutes of 2015, and Consumer Protection Enforcement Initiative (CPEI) responsibilities. For further discussion, see Issue #1 under the "Current Sunset Review Issues for the Board of Podiatric Medicine" section.

Fund Condition						
(dollars in thousands)	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	FY 2016/17
Beginning Balance	857	863	908	945	993	1039
Revenues and Transfers	921	895	996	909	**943	**942
Total Revenue	**$1778**	**$1758**	**$1904**	**$1854**	**$1936**	**$1981**
Budget Authority	1367	1393	1438	1446	1466	**1466
Expenditures***	919	865	957	861	**894	**894
Fund Balance	$859	$893	$947	$993	$1039	$1090
Months in Reserve	**11.9**	**10.8**	**12.6**	**12.6**	**13.3**	**13.9**
*Fund Balance and Beginning Balance do not tie due to prior year adjustments. **Some of the figures for FYs 2015/16 and 2016/17 are estimated. ***Expenditures are calculated after reimbursements.						

**Note: This table was taken from the BPM 2015 Sunset Review Report*

The BPM's total program component expenditures for the last four FYs totaled an annual average of $968,000. The averages broken out by each individual component are as follows:

- Licensing averaged $95,000, which was approximately 10.2% of the total expenditures.
- Enforcement averaged $332,000, which was approximately 34.2% of the total expenditures.
- Administration averaged $386,000, which was approximately 39.6% of the total expenditures.
- DCA Pro Rata averaged $155,000, which was approximately 16% of the total expenditures.

Expenditures by Program Component								
(dollars in thousands)	FY 2011/12		FY 2012/13		FY 2013/14		FY 2014/15	
Program	**PS**	**OE&E**	**PS**	**OE&E**	**PS**	**OE&E**	**PS**	**OE&E**
Licensing	65	27	63	32	80	27	58	28
Enforcement	65	327	63	258	80	210	58	266
Administration*	290	85	279	101	341	86	269	91
DCA Pro Rata	-	135	-	127	-	203	-	156
TOTALS	$420	$574	$405	$518	$501	$526	$385	$541
*Administration includes costs for executive staff, board, administrative support, and fiscal services.								

**Note: This table was taken from the BPM 2015 Sunset Review Report*

Fees

The Practice Act provides that the BPM renews DPM licenses on a two-year (biennial) cycle.[3] The Practice Act also sets the majority of the BPM's fees. However, the BPM may not collect a service fee

[3] BPC § 2423.

that exceeds the actual costs of providing the service. Therefore, the BPM has the authority to establish lower fees by regulation. The Practice Act lists the fees as follows:[4]

- Application Fee: $20
- Wall Certificate Issuance Fee: $5 - $100
- Oral Exam Fee: $700
- Initial License Fee: $800
- Biennial Renewal Fee: $900
- Delinquency Fee: $150
- Duplicate Wall Certificate Fee: $40
- Duplicate Renewal Receipt: $40
- Endorsement Fee: $30
- Letter of Good Standing Fee: $30
- Resident's License Fee: $60
- Ankle License Application Fee: $50
- Ankle License Exam Fee: $700
- Exam Appeal Fee: $25
- Continuing Medical Education Approval Fee: $100
- Penalty Fee: $450

The BPM's last statutory fee increase was in 2005, which increased the license renewal fee by $100 to the current $900.[5] The BPM has also not submitted a Budget Change Proposal (BCP) in the last four FYs. As shown in the following table, about 90% of the BPM's total revenues come from renewal fees, while the next highest source is the 5% from initial license fees.

Fee Schedule and Revenue (revenue dollars in thousands)

Fee	Current Fee Amount	Statutory Limit	FY 2011/12 Revenue	FY 2012/13 Revenue	FY 2013/14 Revenue	FY 2014/15 Revenue	% of Total Revenue
CURES	12	12	0	0	3	12	0.40%
Limited License Fee	60	60	2	2	3	3	0.27%
Duplicate License	40	40	0	0	1	1	0.05%
Duplicate Renewal Receipt	40	40	1	1	0	0	0.05%
Letter of Good Standing	30	30	2	2	1	1	0.16%
Citation Fee - Variable	Var	5000	1			4	0.13%
Application Fee	20	20	2	2	2	2	0.22%
Fictitious Name Permit	50	50	1	1	2	2	0.16%
National Board Certificate	100	100	6	7	7	7	0.73%
Initial License	800	800	49	52	56	54	5.70%
Fictitious Name Renewal	40	40	7	7	7	6	0.73%
Biennial Renewal	900	900	844	813	906	806	90.93%
DPM Delinquent Fee	150	150	1	2	2	2	0.19%
Penalty Fee	450	450	2	3	2	3	0.27%

**Note: This table was taken from the BPM 2015 Sunset Review Report*

[4] BPC § 2499.5.
[5] SB 1549 (Figueroa), Statutes of 2004, Chapter 691.

Board Staff

For FY 2014/15, the BPM had 5.2 authorized positions, which included an executive officer (EO), an administration analyst, an enforcement coordinator, a licensing coordinator, and a program technician. The BPM's current EO, Jason S. Campbell, J.D., was hired on May 22, 2014 and serves as the BPM's chief administrator.

Although the BPM does not report any current vacancies, there were two staff vacancies in 2014. From May to August 2014, there was one vacancy and from August to October 2014, there were two. The BPM staff reported that the period of time in which there were two vacancies presented significant challenges, but remaining staff was able to maintain all critical functions, with the exception of the FY 2013/14 Continuing Medical Education audit.

The BPM reports that it values its staff and promotes staff development. Therefore, the BPM the training opportunities provided through the DCA Strategic Organization, Leadership and Individual Development program (SOLID).

Licensing

The purpose of the BPM's licensing program is to protect the public and consumers by ensuring minimum competency in practitioners. Applicants for a DPM license must complete the following:[6]

- Graduate from a college of podiatric medicine that has been approved by the BPM.
- Pass Part I, II and III of the national exam.
- Successfully complete two years of postgraduate training.

In addition, the BPM reviews the criminal records of all applicants through the Department of Justice (DOJ) and the Federal Bureau of Investigations (FBI). It also reviews the national disciplinary databank reports from the Federation of Podiatric Medical Boards, which contain information regarding any existing malpractice suits filed or other adverse actions taken against an applicant.

The BPM issues an average of 106 licenses per year, totaling 425 new licenses in the past four years. The BPM also issues an average of 1106 renewals each year.

The BPM's internal performance target for license processing is to issue licenses as soon as an applicant has submitted all required documents. The staff noted that they often personally guide applicants through the process and sometimes immediately provide the new license number over the phone. As a result, the BPM staff report that the performance target is being satisfactorily met, and that the BPM has not experienced a delay or backlog in almost 25 years.

However, the BPM still has an average license processing cycle time of 64 days for the last 4 FYs. The BPM reports that this is because it requires original, primary-source verification of credentials and often must wait for documents from source institutions by mail. Still, the BPM notes that there has not been an appreciable backlog of pending applications. The 13 pending applications handled by BPM in the last 4 FYs were the result of factors outside of the BPM's control. To further decrease cycle times, the BPM is beginning to use electronic source verification. The BPM expects that as more and more

[6] BPC § 2486.

institutions begin to implement electronic source documents for verification, the average licensing cycle times will continue to decline.

Further, for criminal background, applicants residing within California may use the DOJ's Live Scan Program, the electronic fingerprinting system with automated background check and response. Out-of-state applicants must contact the BPM to request traditional ink fingerprint cards to be completed with a local law enforcement office and submitted with the license application. While either option is available to applicants, the BPM strongly encourages applicants in California to use the Live Scan option as it costs the same but provides quicker processing times, usually 48 to 72 hours as opposed to 60 days for traditional fingerprint cards.

School Approvals

The Practice Act authorizes the BPM to approve and develop equivalency standards for extending approval to any schools or colleges offering an adequate medical curriculum related to podiatric medicine extended over a period of 4 years or 32 actual months of instruction representing a minimum of 4,000 course hours of study.[7]

As a result, the BPM requires teaching institutions to be accredited by the Council of Podiatric Medical Education (CPME), an accrediting organization approved by the U.S. Department of Education.[8] The CPME requires a four-year didactic and clinical curriculum nearly identical to that of medical schools with the exception of focused emphasis on the foot and ankle. Still, the BPM retains the final authority to deny school approvals if the school or college does not meet statutory or regulatory requirements.

There are only a total of nine CPME accredited and BPM approved podiatric medical schools and colleges in existence within the United States. Periods of accreditation may extend no longer than a maximum of eight years based upon comprehensive on-site visits and continued demonstration of compliance with CPME standards.

There are currently no CPME accredited teaching institutions located abroad in other countries. While there are international training programs for podiatrists available they do not generally award DPM degrees.

Examination

The BPM uses a national examination called the American Podiatric Medical Licensing Examination ("APMLE").[9] APMLE is administered by the National Board of Podiatric Medical Examiners ("NBPME"). The APMLE is a computer based test and test center locations for each examination are located and reserved within a fifty mile radius of the nine schools of podiatric medicine. The BPM is not directly involved in current development, scoring, analysis, or administration efforts for the APMLE.

[7] BPC §§ 2470 and 2483.
[8] Title 16 California Code of Regulations (CCR) § 1399.662.
[9] B&P § 2486.

Passage rates for the examination are relatively high. First time examinee passage rates range from a low of 91% in FY 14/15 to a high of 98% in FYs 12/13 & 13/14 for an average pass rate of 95% during the past 4 FYs.

Continuing Medical Education

DPM's are required to complete 50 hours of continuing medical education (CME) every two years.[10] In addition, DPM's must also demonstrate completion of one of the following continuing competency requirements at the time of license renewal:

- Completion of an approved residency or fellowship program within the past 10 years.
- Passage of a BPM administered exam within the past 10 years.
- Passage of an examination administered by an approved specialty certifying board within the past 10 years.
- Current diplomate, board-eligible, or qualified status granted by an approved specialty certifying board within the past 10 years.
- Recertification of current status by an approved specialty certifying board within the past 10 years.
- Passage of Part III of the national board examination with the past 10 years.
- Grant or renewal of staff privileges within the past 5 years by a health care facility recognized by the federal/state government or organization approved by the BPM.
- Completion of an extended course of study within the past 5 years approved by the board.

The BPM verifies CME and mandated continuing competency requirements through self-reporting. Licensees submit a signed declaration of compliance to BPM under penalty of perjury during each two-year renewal period.

In addition, the BPM conducts CME and continuing competency audits of licensees once each year through a sample of doctors of podiatric medicine who have reported compliance with the requirements pursuant to 16 CCR §§1399.669 and 1399.676. DPMs selected for audit through a random sample are required submit verifying documents. Licensees are not required to submit to an audit more than once every two years.

A DPM found out of compliance with CME and continuing competency requirements will be ineligible for renewal unless granted a discretionary waiver by the BPM. Non-compliant DPMs granted a waiver are required to satisfy the deficiencies and demonstrate compliance by the next renewal period. Those that continue to fail to demonstrate compliance prior to the next biennial renewal are not permitted to practice until all CME and continuing competency requirements are met.

The BPM has conducted 3 CME audits in the past four FYs. Out of 114 licensees randomly selected for CME in the past four fiscal years, 9 have not successfully passed, averaging a 7.8% failure rate overall.

The BPM only approves CME courses that are scientific and directly related to patient care.[11] With the exception of podiatric residency programs and clinical fellowships, all approved institutions,

[10] BPC § 2496; 16 CCR § 1399.669.
[11] 16 CCR §§ 1399.670 and 1399.671.

organizations and other CME providers must utilize surveys and participant assessment evaluations to observe areas of clinical practice that have the greatest need for instruction, developments in the field of podiatric medicine, and whether course program objectives have been met.

Military Applicants

BPC § 35 requires the BPM to consider counting military experience and education towards the requirements for licensure. While the BPM is not aware of any existing military medical schools that offer a podiatric medical curriculum or equivalent medical training leading to a DPM degree, existing law and regulation currently provide for recognition if the military educational program were to be accredited by the Council on Podiatric Medical Education (CPME). This is also true of post-graduate podiatric medical education training, which includes military podiatric residencies, such as those offered by the Department of Veteran's Affairs.

However, if a prospective California DPM applicant with experience gained in the U.S. Armed Services as a DPM in a non-CPME accredited residency, there would be no currently feasible process in place for evaluating equivalency under existing regulations. Therefore, the BPM has recently undertaken efforts to investigate ways to meet the BPC § 35 mandate. The BPM's preliminary findings show that basic qualification requirements for Active Duty employment as a DPM in the armed services medical corps requires, among other things, a DPM degree, current licensure in one of the fifty states or the District of Columbia, and successful completion of a surgical residency or an equivalent formal surgical training program.

The BPM notes two issues. First, not all states require two years of podiatric residency and podiatric surgical training. Second, not all podiatric and surgical training residencies are CPME-accredited. However, the BPM requires both.

For those applicants, the BPM finds that it is possible that it may be able to determine some number of years of military medical experience as a DPM that might serve as possible basis for equivalency licensure. The BPM continues to investigate these and other possibilities.

Enforcement

As noted above, the MBC is the entity that issues DPM licenses. According to the BPM, the MBC also handles the BPM's complaint and enforcement cases through an affiliated Healing Arts Shared Services allocation, funded partly through the BPM's budget. For example, the MBC performs the following complaint, consumer information, and discipline coordination services:

- Receives, processes, coordinates and tracks DPM complaints in its Central Complaint Unit
- Sends cases to DPM consultants, in coordination with the BPM's Enforcement Coordinator, in quality/standard of care cases
- Sends cases to MBC investigators, as appropriate
- Sends cases to the BPM's DPM expert reviewers/witnesses when DPM consultants determine in-depth review is indicated
- Refers cases to the Attorney General, as appropriate
- Processes and manages proposed decisions, stipulated agreements, mails ballots to the BPM Members, and final decisions, and coordinates petitions and court appeal documents
- Reports data to the BPM in the Enforcement Matrix Report

- Reports the BPM Accusations, Statements of Issue, and final decisions in its MBC Action Report

The BPM's Enforcement Coordinator assists, facilitates, and expedites the process. Central to the BPM's mission is an emphasis on the quality and appropriateness of case handling, in addition to moving cases quickly. The Enforcement Coordinator monitors cases to ensure adherence to the minimum disciplinary standards in the BPM's adopted Regulations (Manual of Disciplinary Guidelines).

DCA's CPEI authorizes the MBC to hire non-sworn investigators to help expedite investigations. The BPM reports that it regularly works with 4 to 5 MBC enforcement staff, and .5 of one of the non-sworn positions is specifically dedicated to DPM cases and funded by the BPM's budget. The BPM's own Enforcement Coordinator monitors and assists the MBC's non-sworn investigators with DPM cases.

The overall statistics show that the BPM has maintained a steady program of enforcement with no meaningful statistical increases or decreases in disciplinary action since last review. Complaint volumes, Attorney General case referrals, revocations, surrenders and probation all reflect relatively constant levels that may be considered to be within normative operative ranges for the BPM.

The BPM's enforcement statistics for the last three FYs currently available continue through BreEZe show an annual sub-130 complaint intake average. As in years past, this reflects a more than 50% longitudinal decline in complaints received since implementation of the BPM's continuing competency program in 1999 that continues to hold.

Of cases resulting in disciplinary action, the board enforcement statistics reflect an average 797 day cycle for case completion. After referral to the Attorney General, following conclusion of an investigation, the board's enforcement coordinator shifts focus to working with deputy attorneys general and accompanying support staff.

Of cases referred in the last four FYs, nearly 25% closed in two years or less. Nearly half or 43% were closed in 3 years with the remaining 33% closing in 4 or more years. Also, the total number of cases with the Attorney General in the last four fiscal years represents a 32% decrease in the total number of cases over the last review. The last four years saw 21 case closures as opposed to 31 cases closed as reported in the 2011 Sunset Review.

Case aging data shows improvement in overall case investigation closures in the last four FYs, with 71% of all investigations closed in 180 days or less, whereas only 19% closed in this timeframe as reported in 2011. This period also saw 26.5% or 123 cases closed in two years or less and the remaining 11 cases taking 3 years or longer to complete. In comparison to the last Sunset Review period, the overall average discipline completion time of 797 days represents a 45 day average improvement since last reported in 2011.

BPC § 2319 provides that the MBC must set a performance target not exceeding 180 days for the completion of an investigation beginning from the time of receipt of a complaint. Complex fraud, business or financial arrangement investigations or those that involve a measure of medical complexity are permitted to extend the target investigation completion time by an additional 6 months.

Based on BreEZe data from the last three FYs, the BPM's performance measures are as follows:

- Target time to complete the complaint intake process - 9 days. The BPM's current average is a 9-day cycle.
- Target time to complete the complaint investigation process - 125 days. The BPM's current average is a 140 day cycle.
- Target time to complete the complaint enforcement process - 540 days. The BPM's current average is a 797 day cycle.

To improve on its times, the BPM continues to strengthen the intra-agency collaboration between it and the MBC in order to ensure that DPM cases are promptly and efficiently processed. However, the BPM notes that the current measures do not capture all timelines involved in case investigations. For example, those that are sent to the Attorney General or the Office of Administrative Hearing are not appropriately accounted. Given that cases meriting formal discipline will by nature take longer to resolve than those that do not, in addition to the fact that these subjects are entitled to due process, there is no current mechanism in place for sorting out legitimate reasons for case delays, such as continuance requests by respondent parties, from those that may be staff and/or casework related.

Further, the BPM is told that the DCA is currently reassessing whether or not current performance expectations are realistic and achievable. Through identification of universal processes that form part of all case life cycles, it is hoped that an improved framework of measurement may be achieved for enhanced reporting processes that will uncover reasonable expectations that serve consumer interests. The BPM believes that any revision to performance targets will necessarily have to be program driven to account for operational differences, but BPM very much looks forward to constructive discussion and collaboration with DCA for improving the metric reporting processes overall.

Cite and Fine

The BPM's statutory citation and fine authority is used to address conduct or omissions identified in the course of investigations that do not necessarily rise to the level to support disciplinary action but which nevertheless warrant redress.[12] These issues have included failure to maintain adequate and accurate medical records, failure to produce requested medical records, and unprofessional conduct. Most recently the BPM has begun opting to use citation and fine authority as an effective tool for gaining compliance with those owing probation monitoring costs.

In 2008, the BPM updated its regulations to increase its citation fine amounts to utilize the maximum statutory limit of $5000. There have not been any additional changes to the regulatory framework since the last sunset review.

The average fine amount for all citations issued prior to appeal is $2,190. The following table lists the top five violations the BPM has cited for in the last four FYs.

[12] BPC § 125.9; 16 CCR §§ 1399.696, 1399.697.

Top Five Violations		
Rank	**Number of Citations**	**Violation**
1	4	2266 – Failure to maintain medical records
2	3	2225 – Failure to produce medical records
3	3	2234 – Unprofessional Conduct
4	2	802.1 – Failure to report conviction of crime
5	Tie between 7 different violations	Miscellaneous violations

**Note: This table was taken from the BPM 2015 Sunset Review Report*

Cost Recovery

The BPM seeks the recovery of actual and reasonable costs to avoid using licensing fee revenues. In the last four FYs, the BPM has ordered a total of $170,976 in total cost recovery stemming from 17 disciplinary cases involving final Decisions and Orders or Stipulated Agreements. Of this amount, the BPM has collected $143,082, reflecting an 83% recovery rate. The BPM has not experienced any outstanding amounts that were uncollectable.

Until very recently, the BPM had not officially employed Franchise Tax Board (FTB) intercepts as an agency program for cost recovery collection efforts. At this time, the BPM does not need FTB intercepts for cost recovery collection attempts, as the ordinary consequences for failure to pay costs is sufficient for the current licensee population. Accordingly, there are rarely large sums of unrecovered costs. Still, the FTB intercept program has nevertheless now been employed in those few circumstances where funds remain uncollected.

To date the program has been employed as an attempt to collect outstanding amounts totaling $19,101.32 for three separate accounts in the last four FYs.

Consumer Outreach

The BPM provides the public with the following information disclosures regarding current and past licensees:

- Name of Licensee as appearing in Board records
- Address of record
- Podiatric Medical School name
- Year graduated
- License number and type
- License issue date and expiration
- License status
- Public record actions or disciplinary information

The BPM's approach to consumer education and outreach consists of the following:

1) The BPM website. The BPM relies heavily on its website, which it finds to be an informative venue for both consumers and the practice community. It provides electronic access to licensing, enforcement, and application information. It also provides information on laws and regulations governing podiatric medicine and information for consumers on health and well-being.

2) Licensing education. The BPM staff personally works one-on-one with applicants, advising them of document requirements and answering questions on the process.

3) Pamphlets and brochures. The BPM distributes DCA consumer pamphlets on various subjects touching on diabetes, orthotics and how doctors of podiatric medicine promote health and well-being.

4) Personal Appearances. Where travel is permitted under current guidelines, the BPM occasionally performs outreach at events, such as the annual Western Foot and Ankle Conference sponsored the California Podiatric Medical Association.

In addition, the BPM reports that it uses the internet as an integral tool for enhancing the values of increased public agency openness and transparency. Accordingly, the BPM routinely updates its website to notify the public of upcoming BPM activities and changes to law, regulations or guidelines or other information relevant to agency stakeholders and other interested parties. These efforts include posting an annual schedule and meeting agendas online in accordance with the requirements of the Bagley-Keene Act, meaning documents are available at least 10-days prior to a meeting with additional post-agenda documents added immediately upon availability.

The BPM also utilizes the DCA's webcast services through the Office of Information Services ("OIS"). While the BPM's stated intention and desire is to webcast all open and noticed meetings of the BPM, given limited DCA resources, BPM committee meetings are webcast according to DCA resource availability.

Additional Background Information

For more detailed information regarding the responsibilities, operation and functions of the BPM, please refer to the BPM's *2015 Sunset Review Report*. The report is available on the Assembly Committee on Business and Profession's website at: http://abp.assembly.ca.gov/reports.

PRIOR SUNSET REVIEWS: CHANGES AND IMPROVEMENTS

The BPM was last reviewed in 2011. A total of 12 issues were raised by the Committees at that time. Below, are actions which have been taken over the last 4 years to address these issues. For those which were not addressed and which may still be of concern, they are addressed and more fully discussed under the *Current Sunset Review Issues for the Board of Podiatric Medicine* section.

Recommendation 1: The Committee should consider amending BPC § 2472(d)(1) to remove reference to "ankle certification by the BPM on and after January 1, 1984" thereby confirming a single scope of licensure for doctors of podiatric medicine.

BPM Response: *While reference to "ankle certification on and after January 1, 1984" was not removed from B&P § 2472(d)(1) following the last Sunset Review, BPM has continued to intently review the issue. Most recently an informal internal study to obtain in depth data regarding the agency's non-ankle certified licensee population that includes both a detailed OIS data extraction in addition to a targeted research survey was undertaken. BPM recommends that B&P § 2472(d)(1) be*

amended to remove reference to "ankle certification by BPM on and after January 1, 1984" thus confirming a single scope of podiatric medical licensure.

Recommendation 2: BPC § 2472 should be amended to repeal paragraph (f), thereby removing an obsolete provision prohibiting a DPM from performing an admitting history and physical exam at an acute care hospital.

BPM Response: *BPC § 2472 was successfully amended to remove the obsolete statutory provision.*

Recommendation 3: The BPM should provide more information regarding the proposal to amend BPC § 2475 to remove the four-year cap on DPM postgraduate resident's license.

Board Response: *The four year cap on post-graduate medical education was successfully raised to eight years. Notwithstanding having successfully raised the post-graduate medical education cap to eight years, it is the board's position—borrowing from a well-known contemporary axiom of education—that there is no such thing as too much medical education and training. BPM therefore recommends that the current limitation on post-graduate education should be removed in its entirety. This issue is also more fully discussed below in Section 11.*

Recommendation 4: The BPM should more thoroughly discuss with the Committee the need to amend BPC 2477 to clarify that a medical license is required to diagnose and prescribe corrective shoes and appliances. The BPM should document the necessity for this change and further explain the reasons behind its proposal.

BPM Response: *While the proposed amendment was solely intended to underscore that the referenced provision did not authorize the unlicensed practice of medicine, BPM's recommended amendment to BPC § 2477 was not incorporated into law. BPM believes that BPC § 1399.707 of its Podiatric Medicine Regulations is sufficiently instructive to underscore that unlicensed persons may not diagnose and prescribe corrective shoes, appliances or other devices nor diagnose or treat podiatric medical conditions as defined by BPC § 2472. Therefore, BPM recommends that no further action need be taken in this area.*

Recommendation 5: As recommended by the BPM, BPC § 2493 should be amended to repeal subdivision (b).

BPM Response: *BPC § 2493 was successfully amended to eliminate the requirement for a specific examination score equaling one standard deviation of measurement higher than the national passing scale score.*

Recommendation 6: The BPM should provide more information regarding the proposal to amend BPC § 2335 to remove the two-vote requirement for a disciplinary decision to be discussed by the BPM as a whole.

Board Response: *BPC § 2335 was successfully amended to permit one vote of the board to defer a final disciplinary decision until consideration and discussion by the full body.*

Recommendation 7: BPC § 2497.5 should be amended to authorize the BPM to increase costs assessed when a proposed decision is not adopted by the BPM and the BPM finds grounds for increasing the assessed costs.

Board Response: *BPC § 2497.5 was successfully amended to permit assessment of additional costs when a proposed decision was not adopted by BPM and BPM found grounds for increasing.*

Recommendation 8: The BPM should update the Committee about the current status of its implementation of BreEZe.

Board Response: *BPM successfully participated in and implemented Release 1of DCA's BreEZe online database for the board's licensing and enforcement functions in 2013. Other than current issues related to significant cost increases to BreEZE maintenance expenses to BPM as a result of contractual cost overruns with DCA's technology project, there are no negative implementation impacts to report. The board's successful adoption and migration to the new BreEZe system has offered both consumers and licensees improved data quality, technology, customer service and enhanced board licensing and enforcement efficiencies.*

Recommendation 9: The BPM should discuss with the Committee its authority to charge additional fees such as the convenience fees contemplated by the BPM. Does the BPM currently have sufficient authority to charge such a fee? Is any legislative change needed to clarify the authority of the BPM to charge an additional fee to cover the cost of a credit card convenience fee? Should or can the fee be reduced?

Board Response: *While some discussion regarding online credit card transaction fees were initiated with DCA following the 2012 Sunset Hearing, online renewal transactions have not yet been implemented by BPM. The board, however, has previously voted unanimously to pass the 2% assessment for online renewals to licensees. DCA Legal has also previously opined that Government Code § 6159(g) provides the board the legal authorization to do so. Implementation of online renewals remains a priority. A goal for implementation has been newly adopted by the board on March 6, 2015 as an objective to complete in its 2015-2018 Strategic Plan.*

Recommendation 10: The BPM should discuss its fund projections, and whether the current fee structure will generate sufficient revenues to cover its administrative, licensing and enforcement costs and to provide for adequate staffing levels for critical program areas into the foreseeable future. The BPM should demonstrate the level of need for the proposed fee increase by completing the Committee's "Fee Bill Worksheet."

Board Response: *BPM solvency has been extended for decades through shrewd fiscal management. By all indications there is no reason to believe that the careful, "lean and mean" fiscal management history of BPM will not be carried into the future under the leadership of its new executive officer. Now into the second year of the new administration, BPM has managed to return $48,000 to its special fund or the equivalent of a 23% increase in monies returned year over last. While current financial analysis projects maintenance of a fund balance years to come, a number of factors caution that while continued cost control is critical, the keys to continued sustainability is revenue growth.*

A number of contemporary issues lend support to the fiscal wisdom of adjusting user based service fees to recover actual and reasonable costs for services provided. This includes recent DCA planning, development and implementation issues with BreEZe—the information technology system—which has contributed to thousands in increased project costs across all boards DCA wide and lead to significant increases in expenses for BPM in addition to anticipated increased expenses for BPM when online renewals are implemented as planned if transaction costs are not passed on to licensees. These issues are also more fully discussed under Section 11.

Recommendation 11: It is recommended that doctors of podiatric medicine continue to be regulated by the current BPM members under the jurisdiction of the MBC in order to protect the interests of the public and be reviewed once again in four years.

Board Response: *BPM concurred with continued regulation of doctors of podiatric medicine by the board. BPM persists in its belief that regulation of the profession by the board continues to be in the best interests of the citizens and residents of the State of California and it therefore warrants an extension of its grant of consumer protection.*

Recommendation 12: Amendments should be made to make the technical cleanup changes identified by the BPM and recommended by Committee staff.

Board Response: *Technical cleanup of several provisions of the Podiatric Medical Act, including BPC §§ 2465, 2484, 3496, and 2470 were successfully accepted and implemented.*

Major Changes Since the Board's Last Sunset Review:

- BreEZe implementation. The BPM reports that it successfully participated in and implemented Release 1of DCA's BreEZe online database for the licensing and enforcement functions in 2013. However, the BPM still notes issues related to significant cost increases for BreEZE maintenance expenses.

- Amendment to BPC § 2475. The four-year cap on post-graduate medical education was successfully raised to eight years. However, the BPM would like to remove the current limitation on post-graduate education entirely. This is discussed more fully under Issue # 3, below.

- New Executive Officer. The BPM hired a new EO on May 22, 2014

- Strategic Plan. The BPM adopted a *2016-2018 Strategic Plan*

CURRENT SUNSET REVIEW ISSUES FOR THE BOARD OF PODIATRIC MEDICINE

The following are unresolved issues pertaining to the BPM, or those which were not previously addressed by the Committees, and other areas of concern for the Committees to consider along with background information concerning the particular issue. There are also recommendations the Committee staff have made regarding particular issues or problem areas which need to be addressed. The BPM and other interested parties, including the professions, have been provided with this Background Paper and can respond to the issues presented and the recommendations of staff.

BUDGET ISSUES

ISSUE #1: ***Should the BPM's statutory service fees be increased to match the costs of providing the services?***

Background: The BPM's fees have been at their statutory maximum for over 20 years. [13] As a result, the current fee schedule has not been adjusted for inflation. The BPM reports that its fees have needed an increase to sustain a long-term positive fund balance since 2001. While the BPM received a statutory increase to its renewal fees in 2004, the DCA's Budget Office had also recommended that the BPM's schedule of service fees be adjusted to appropriately recover actual and reasonable costs for services provided.

Currently, the existing user-based schedule of service fees represents a built-in structural operating deficit. For example, the BPM estimates that it loses up to $70 each time it issues a letter of good standing at the current fee maximum which is $30.

Further, the BPM anticipates that revenue growth will become revenue neutral or slightly negative in the foreseeable future when accounting for: 1) the effects of anticipated retirements in the next five years as projected in its fee study; 2) the significant cost related to development and implementation issues with BreEZe, which has contributed to thousands in increased project costs across all DCA entities; 3) increased DCA pro rata costs; and 4) increased costs from the AG. Taken together, the BPM believes that its long-term fund condition is uncertain.

As a result, the BPM recommends the following increases to offset expected decreases to future revenue. According to the BPM, the proposed changes represent a modest increase in annual BPM revenue (approximately $11,000) and are only meant to recover actual and reasonable costs for providing service.

Proposed Fees		
	Current	Proposed
Application Fee	$20	$100
Duplicate License	$40	$100
Duplicate Renewal Receipt	$40	$50
Letter of Good Standing/Endorsement	$30	$100
Resident's License	$60	$100
Ankle License Application and Exam fees	$50, $700	$0
Exam Appeal Fee	$25	$100
CME Course Approval	$100	$250

**Note: This table was taken from the BPM 2015 Sunset Review Report*

Staff Recommendation: ***The BPM should discuss its fund projections, and whether the current fee structure will generate sufficient revenues to cover its costs. The BPM should demonstrate the level of need for the proposed fee increase by completing the Committee's "Fee Bill Worksheet."***

[13] BPC § 2499.5.

LICENSING ISSUES

ISSUE #2: ***Should the reference to ankle certification after January 1, 1984 be removed from the Practice Act, thereby confirming a single scope of licensure for doctors of podiatric medicine?***

Background: Existing law provides for a two-tier license system, depending on whether a DPM was ankle certified "on or after January 1, 1984." Historically, ankle certifications were not standard, and DPMs were required to take a separate ankle examination. However, current education and training standards includes the ankle.

During the BPM's last review, committee staff recommended removing reference to ankle certification on and after January 1, 1984 from the BPC in order to reflect a single scope of licensure. At the time, over 80% of the podiatric licensee population was ankle certified. Since 2010, the BPM has not noted any further interest for ankle examinations. As a result, the BPM commissioned an informal executive study on March 6, 2015, to analyze the current state of the podiatric licensee population and determine whether reference to ankle certification in the Practice Act is necessary.

The study concluded that less than 3% of the active licensee population lacks ankle certification, representing only 71 physicians (5 out of state) who are an average age of 67 years. The BPM expects that 75% of them will retire in the next five years. As a result, the BPM finds that removing the reference to ankle certification by BPM on and after January 1, 1984 will not result in danger to the public.

Staff Recommendation: ***The BPM should amend BPC § 2472(d)(1) to remove reference to "ankle certification by the BPM on and after January 1, 1984."***

ISSUE #3: ***Should the limitation on post-graduate medical education be eliminated for doctors of podiatric medicine?***

Background: Existing law provides that a graduate of an approved school of podiatric medicine may apply for and obtain a resident's license, authorizing them to practice podiatric medicine.[14] A resident's license may be renewed annually for up to eight years.

The BPM believes that the eight-year cap is arbitrary and creates two problems. First, some fully-licensed DPMs can complete their continuing competency requirements through post-graduate residency programs, but the eight-year cap prohibits them from doing so. Second, it limits interdisciplinary training of podiatrists, as a resident's license permits full training rotations normally outside the scope of podiatric medicine under the supervision of physician and surgeons.

During the BPM's last review, the BPM proposed removing the renewal cap, which at the time was four years. Committee staff was unclear whether the recommendation would instead authorize a person to simply practice as a resident and not progress into full licensure. However, the BPM notes that the language of the statute requires all post-graduates in California podiatric residencies or fellowships to obtain full podiatric medical licensure within three years of starting their medical

[14] BPC § 2475.

training programs, or else they will be legally prohibited from continuing their studies. The provision is meant to ensure that all post-graduates progress into full licensure.

Staff Recommendation: ***The BPM should discuss the frequency with which DPMs might utilize post-graduate training programs and consider increasing or removing the limit.***

ISSUE #4: ***Should the BPM begin to issue its own licenses and perform other functions currently performed by the MBC?***

Background: At a January 22, 2016 MBC meeting, MBC staff proposed amending the BPM's statutory language to remove the BPM from within the jurisdiction of the MBC and to authorize the BPM to issue its own licenses. The MBC believes that this is a technical change meant to align the law with current practices.

At a recent BPM executive committee meeting, staff raised the issue. Staff believes that the amendment is more than technical, and that there are historical and scope of practice reasons for having the BPM within the jurisdiction of the MBC. In addition, the California Medical Association (CMA), the California Orthopaedic Association (COA), and the California Podiatric Medical Association (CPMA) have convened an ongoing joint task force to review podiatric training, which may eventually lead to a "podiatric physicians and surgeons" pathway. However, the executive committee was unable to come to a decision on the MBC proposal, so the issue will be raised before the full BPM on March 4, 2016.

Staff Recommendation: ***The BPM should update the Committees on the outcome of the discussion that took place, at the March 4, 2016 BPM meeting, regarding the separation from the MBC.***

ISSUE #5: ***What is the status of the BPM's research into military experience?***

Background: As discussed above under "Military Applicants," the BPM is currently looking into possibilities for using equivalent military experience to meet licensing requirements.

Staff Recommendation: ***The BPM should update the Committees on its progress with this issue.***

ISSUE #6: ***Is the BPM concerned about the current workforce trends?***

Background: Since 2013, the BPM has known that the pipeline of future practitioners is smaller than in years past, even though there are more training programs. Further, the BPM notes that there is a shortage of residency positions in podiatric medicine nationally. The number of active first year residency positions does not equal those approved, and each year there are programs that do not fill the full complement of positions due to funding concerns, among other things. The 2013 American Association of Colleges of Podiatric Medicine residency placement statistics show that 16% (99 students) were reportedly unable to find residency placements for the 2013/2014 training year out of a total of 631 residency applicants.

The BPM acknowledges that the future of the profession rests on a long term solution to this issue.

Staff Recommendation: ***The BPM should update the Committees on the possible effects of the workforce shortage.***

TECHNOLOGY ISSUES

ISSUE #7: ***Is the BPM concerned about ongoing costs for BReEZe implementation?***

Background: The BPM's noted some difficulty during the BreEZe transition period given the significant diversion of staff time (one staff member out of five devoted almost exclusively full-time to the project) required for system testing and to conform system requirements to the BPM's needs. However, the BPM reports that it has successfully adopted and migrated to the new BreEZe system.

Still, the BPM reports that it is being burdened by recent DCA/vendor contract escalation costs, which are necessary to fund the continuance of the BreEZe project. The BPM notes that contract costs have resulted in nearly 100% cost increases.

Staff Recommendation: ***The BPM should update the Committee about the costs of implementing this system? Is the cost of BreEZe consistent with what the BPM was told the project would cost?***

ISSUE #8: ***Should the BPM utilize social media?***

Background: As noted under "Consumer Outreach" above, the BPM acknowledges the Internet is an integral tool for enhancing the values of increased public agency openness and transparency. Given the rise and general use of social media, the BPM may want to consider utilizing social media to expand its outreach capabilities. As an example, the Board of Chiropractic Examiners has recently started using Twitter and Facebook.[15]

Staff Recommendation: ***The BPM should advise the Committees on whether it has considered the use of social media to promote outreach to licensees and the public.***

ISSUE #9: ***What are the impediments that impact the BPM's ability to webcast its meetings?***

Background: As noted above under "Functions of the Board" and "Consumer Outreach," the BPM is one of the few DCA boards that proactively attempts to webcasts all of its meetings, even its committee meetings not subject to the Bagley-Keene Open Meetings Act. However, sometimes it is unable to because the DCA is unable to provide webcasting service to the BPM.

Staff Recommendation: ***The BPM should advise the Committees on how often it is prevented from webcasting its committee meetings and discuss possible solutions.***

EDITS TO THE PRACTICE ACT

ISSUE #10: ***Are there technical changes to the Practice Act that may improve the BPM's operations?***

Background: The BPM has indicated in its *2015 Sunset Review Report* that there are a number of non-substantive and technical changes to its Practice Act that may need to be made. The appropriate

[15] *See* https://www.facebook.com/pages/BoardofChiropracticExaminers/119628211455666; https://twitter.com/BCE_news.

place for these types of changes to be made is in the Senate Committee on Business, Professions and Economic Development's (BP&ED) annual committee omnibus bills.

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

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

CONTINUED REGULATION OF THE PROFESSION BY THE BPM

ISSUE #11: ***Should the licensing and regulation of BPM be continued and be regulated by the current BPM membership?***

Background: The health, safety and welfare of consumers are protected by the presence of a strong licensing and regulatory board with oversight over DPMs. The BPM has shown a commitment to its mission and a willingness to work with the legislature to improve consumer protection. Therefore, the BPM should be continued with a 4-year extension of its sunset date so that the Legislature may once again review whether the issues and recommendations in this Background Paper have been addressed.

Staff Recommendation: ***It is recommended that DPMs continue to be regulated by the current the BPM members in order to protect the interests of the public and be reviewed again in four years.***