BACKGROUND PAPER FOR THE PHYSICIAN ASSISTANT BOARD

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 PHYSICIAN ASSISTANT BOARD

History of the Board

The Physician Assistant Board (PAB) is a licensing board under the Department of Consumer Affairs (DCA).[1] The PAB licenses and regulates physician assistants (PAs). PAs provide health care services under the supervision of a physician and surgeon.[2] PA functions include performing diagnostic, therapeutic, preventive, and health maintenance services. Currently, the PAB has over 10,000 licensed PAs. The PAB was last reviewed by the Senate Committee on Business, Professions and Economic Development and the Assembly Committee on Business and Professions (Committees) in 2012.

Historically, the PAB was a committee within the Medical Board of California (MBC).[3] However, the current PAB is an independent board with regulatory authority to enforce the Physician Assistant Practice Act. As a result, it is different from the other independent boards under the DCA in that it is still within the jurisdiction of the MBC. For instance, the PAB still utilizes many of the MBC's services, including enforcement, information technology (IT), and fund management.

The PAB's mandates include:

- Approval of the educational and training requirements of PAs.
- Licensing of PAs.
- Promoting the health and safety of California health care consumers by enhancing the competence of PAs.
- Coordinating investigation and disciplinary processes.
- Providing information and education regarding the PAB or PA professionals to California consumers.
- Managing a diversion/monitoring program for PAs with alcohol/substance abuse problems.

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[1] Physician Assistant Practice Act, Business and Professions Code (BPC) § 3500-3546.

[2] National Institutes of Health, "Physician Assistant Profession (PA)," *MedlinePlus Medical Encyclopedia*, August 14, 2015, https://www.nlm.nih.gov/medlineplus/ency/article/001935.htm.

[3] For historical information, see AB 2109 (Duffy), Chapter 1327, Statutes of 1970 (establishing the Advisory Committee on Physician's Assistant Programs (ACPAP) under the Medical Board of Examiners of California), AB 392 (Duffy) Chapter 634, Statutes of 1975 (establishing the Physician's Assistant Examining Committee), and SB 1236 (Price) Chapter 332, Statutes of 2012 (renaming the Physician Assistant Committee to the PAB).

The current mission statement of the PAB, as stated in its *2014-2018 Strategic Plan*, is:

> *The mission of the Physician Assistant Board is to protect and serve consumers through licensing, education, and objective enforcement of the Physician Assistant laws and regulations.*

Board Membership

The PAB is currently comprised of nine members who serve four-year terms and may serve up to two terms. The members include five licensed PAs, four public members, and one ex officio physician member who is also a member of the MBC. The Governor appoints the four PA members and two of the public members. The Speaker of the Assembly and the Senate Rules Committee each appoint one of the last two public members. The PAB members receive a $100-a-day per diem.

A provision of the PAB's prior sunset bill, which took effect January 6, 2016, converted the old physician and surgeon member position into another PA position and established a new ex officio position.[4] The ex officio member is a nonvoting member who is a physician and surgeon, a member of the MBC, and will report to the MBC on the actions or discussions of the PAB.

The PAB meets four times per year. All PAB board meetings are subject to the Bagley-Keene Open Meetings Act and must adhere to notice and public meeting requirements.[5] The PAB has not had any meetings that had to be canceled due to a lack of a quorum in the last four years.

The following is a list of current members of the PAB with a brief biography of each member, their current status, appointment and term expiration dates and the appointing authority:

Board Members	Appointment	Term Expiration	Appointing Authority
Robert Sachs, PA-C, President, Professional Member Mr. Sachs is a cardiothoracic physician assistant at Keck Medical Center of USC where he has worked for the past 20 years. He served as clinical instructor from 2002 to 2010. He is a Distinguished Fellow of the American Academy of Physician Assistants, an honorary founding member of the California Academy of Physician Assistants, and served as President of CAPA in 1988. He received their highest award the "Pride of the Professions Award" in 2008. He serves on several advisory committees of PA programs and was a founding member of the Marshall Ketchum University PA Program. He is a Navy veteran serving at the Naval Hospital San Diego, and did a tour in Vietnam from 1968-1969 as a Special Forces surgical team member. He has served as President of the new PAB since 2013.	03/09/2015	01/01/19	Governor
Jed Grant, PA-C, Vice-President, Professional Member Mr. Grant is currently an assistant professor and admissions coordinator for the PA Program at the University of the Pacific, working in emergency departments in the Sacramento area, and serving in the California Army National Guard where he works as an aeromedical PA. For the last 16 years Mr. Grant has been working in Emergency Medicine in both clinical and management roles. He has served as	01/06/15	01/01/19	Governor

[4] SB 1236 (Price), Chapter 332, Statutes of 2012.
[5] Government Code (GOV) §§ 11120-11132.

clinical and didactic faculty for the last 14 years, and is a prior PA program director. Mr. Grant began his medical career as a US Army medic and attended the Inter-Service (US Armed Forces) PA Program. He received his Bachelors and Masters Degrees from the University of Nebraska and has practiced in primary care, urgent care, military, occupational, and emergency medicine.			
Charles Alexander, Ph.D., Public Member Dr. Alexander has been associate vice provost for student diversity and director of the academic advancement program at the University of California, Los Angeles since 2006. He was associate dean for student affairs and admissions at the University of California, San Francisco School of Dentistry from 1996 to 2006 and director of multicultural concerns and assistant to the dean of the School of Dentistry at Marquette University from 1990 to 1996. Alexander was associate dean at the college for Brandeis University from 1989 to 1990 and director of multicultural affairs at the Milwaukee Area Technical College from 1988 to 1989.	01/06/16	01/01/20	Governor
Javier Esquivel-Acosta, PA-C, Professional Member Mr. Esquivel-Acosta has held several positions at the Foothill Community Health Center since 2011, including director of the Health Education and Nutrition Department and the Innovation Department, associate medical director, and clinic supervisor. Before that, he was a PA and certified aesthetic consultant at Med Spa, a case manager at La Familia Counseling Services, a physician in Zacatecas, Mexico, a health educator at Tiburcio Vasquez Health Center Inc., and chief of emergency care services and chief of outside consultation at the Hospital General De Jerez in Zacatecas, Mexico. Mr. Esquivel-Acosta earned a Foreign Medical degree from the Autonomous University of Zacatecas School of Medicine, a Master of Science degree in medical science from Saint Francis University, and a PA degree from the Stanford University School of Medicine.	01/06/16	01/01/20	Governor
Michael Bishop, M.D., Professional Member Dr. Bishop has served as an attending anesthesiologist and clinical professor of anesthesiology at the University of California, San Diego since 2006. He was staff anesthesiologist at the Commonwealth Orthopedics Surgery Centers from 2004 to 2006, at Henrico Doctors Hospital from 2003 to 2004, at Fauquier Hospital from 1993 to 2003, at Smyth County Community Hospital in 1993 and at Fredericksburg Anesthesia Associates from 1992 to 1993. Bishop earned a Doctor of Medicine degree from the University of California, San Francisco School of Medicine.	01/06/16	01/01/20	Governor
Sonya Earley, PA-C, MA, CDE, Professional Member Ms. Earley has been a certified insulin pump trainer and consultant for the Animas Corporation since 2013, PA and diabetes educator at the Southern California Kaiser Permanente Medical Group since 2007 and instructor of clinical medicine at the University of Southern California Keck School of Medicine since 2004. Earley was a pediatric PA at Los Angeles County Medical Center and the University of Southern California Medical Center from 1996 to 2005, where she was a pediatric resident from 1994 to 1995. Earley earned a Master of Arts degree in biology from California State University, Dominguez Hills.	01/06/16	01/01/20	Governor
Catherine Hazelton, Public Member Ms. Hazelton has served as a Senior Program Officer at The James Irvine Foundation since 2009. Before joining Irvine, Ms. Hazelton worked with California law enforcement leaders to advocate for public investments in early education, worked with Assembly Member Carol Liu and Assembly Member Jack Scott. Ms. Hazelton completed her	01/15/2013	01/01/17	Assembly

Master's Degree in Public Policy at the University of California, Berkeley, and earned her Bachelor's Degree in History at Scripps College. She also attended Pasadena City College.			
Xavier Martinez, Public Member Mr. Martinez has been owner of Martinez and Associates Inc. since 1995, and was a temporary tax preparer at Jassoy Graff and Douglas from 1993 to 1994. Mr. Martinez was tax manager at McDonnell Douglas Computer Systems from 1989 to 1991 and at USA Petroleum from 1987 to 1988. He was director of taxes at the Wickes Corporation from 1973 to 1987. Mr. Martinez earned a Master of Science degree in taxation from Golden Gate University.	01/06/16	01/01/19	Governor
Mariam Z. Valencia, JD, Public Member Ms. Valencia, from Tujunga, is Regional Government Affairs Manager for OUTFRONT Media (formerly CBS Outdoor). She is a member of the Valley Industry and Commerce Association, Los Angeles County Business Federation, and Los Angeles World Affairs Council.	02/03/16	01/01/20	Senate
Vacant, Professional Member			Governor

Committees

The PAB has created committees and task forces to address specific issues referred by the public, the Legislature, the DCA, or recommended by staff. The PAB uses committees to gather public input, explore alternatives to issues, and make recommendations to the full PAB. The PAB currently has two committees:

1) The Legislative Committee: Established on May 20, 2013, the purpose of this committee is to review legislation that would impact the PAB, licensees, and consumers and make recommendations to the PAB regarding possible positions on proposed legislation. The committee is comprised of two PAB members.

2) Education/Workforce Development Committee: Established on May 4, 2015, the purpose of this committee is to examine education and workforce issues regarding PAs and the need to address health care needs of California consumers. The committee is comprised of two PAB members.

Board Staff

The PAB is staffed by an executive officer (EO), two full-time associate governmental program analysts (AGPA), one full-time staff services analyst (SSA), and one half-time office technician (OT). The EO is appointed by the PAB and manages the PAB's staff. The current EO, Glenn L. Mitchell, Jr., was appointed on December 17, 2012, and has worked with the PAB for almost thirty years.

As for the other staff, one AGPA serves as the PAB's enforcement analyst, the other AGPA serves as the PAB's lead licensing analyst. The PAB's SSA functions as the PAB's administrative analyst. The OT functions as the PAB's licensing technician.

The PAB reports no significant staffing issues, but its limited number of authorized positions presents challenges with succession planning and knowledge transfer. As a result, the PAB has taken steps to remedy the issues. For instance, staff is encouraged to become cross-trained, be aware of PAB functions outside their area of knowledge and training, and apply for vacancies within the PAB. This

ensures that when existing staff are on vacation, ill, or when positions become vacant, the remaining staff is able to fill the gaps.

The fact that the OT position is only half time also impacts application processing during busy periods. This is discussed below under "Licensing."

Fiscal and Fund Analysis

The PAB is a special fund agency, which means it receives no funding from the general fund. Its funding comes solely from the regulation of PAs.[6] In addition, the MBC handles the PAB's fund.[7] The PAB typically spends approximately 92% of its budget authority and reverts approximately 8% each year. The PAB made a $1.5 million General Fund (GF) loan during Fiscal Year (FY) 2011/12. While, no repayments have been made, the PAB accrues interest on the loan.

The PAB's fund is currently estimated to have a 14-month reserve. While there is no statutory requirement for a reserve, the PAB maintains the reserve to cover unexpected expenses. Because current projections do not indicate a deficit will occur in the next four FYs, the PAB does not anticipate a fee increase. Further, the PAB has not submitted a board-sponsored budget change proposal (BCP) in the past four FYs. The PAB notes that approximately 12% of its revenues come from initial licenses and applications, and approximately 87% come from its renewal fees. Currently, the initial application fee is $25, the initial license fee is $200, and the renewal fee is $300. Licenses are renewed on a biennial basis, meaning they expire at midnight on the last day of the birth month every two years. The last PA application and renewal fee change took place in FY 01/02.

Other fees include:

- Diversion Program fees. PAB-referred participants pay the full monthly participation fee charged by the program contractor.[8] Self-referral participants pay 75% of the participation fee. The current program participation fee is $338.15.

- Controlled Substance Utilization Review and Evaluation System (CURES) fee. Starting April 2014, license renewals will be assessed $12 to cover the operation and maintenance of the CURES.[9]

As discussed below under "licensing," the licensee population and number of initial applications for licensure have steadily increased in recent years. This appears to have provided the PAB with a significant increase in revenues from application fees, as well as a steady increase in renewal fees.

Expenditures by Program Component

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

[6] BPC § 3512.
[7] BPC § 3520.
[8] Title 16 California Code of Regulations (CCR) § 1399.557.
[9] BPC § 208; SB 809 (DeSaulnier), Chapter 400, Statutes of 2013.

personnel expenditures are broken down as 17% on enforcement, 25% on licensing, 42% on administration, and 16% on diversion. As seen in the table below, the PAB's enforcement costs have risen significantly since FY 2011/12. The cause of the increase again appears to be the rise in the PAB's licensee population. The table lists the program expenditures split between personnel services (PS) and operating expenses and equipment (OE&E).

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

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

Licensing

The purpose of the PAB's licensing program is to protect consumers by ensuring minimum competency. The PAB's internal goal is to initially review applications and respond to the applicants within two weeks of receiving their application. Generally, if there are no issues with convictions or disciplinary actions, applications are processed and licenses are issued within two to four weeks of receipt of the application.

Applicants are required to meet the following requirements for an initial license:[10]

1) Provide evidence of successful completion of an approved PA training program.
2) Take and pass the National Commission on Certification of PA's (NCCPA), Physician Assistant National Certifying Examination (PANCE).
3) Not be subject to denial of licensure under the Practice Act[11] or the BPC general licensing provisions.[12] Fingerprints are used to obtain criminal history records from the Department of Justice (DOJ) and the Federal Bureau of Investigation for convictions of crimes substantially related to the practice of a PA.
4) Pay all required fees.

The PAB also utilizes the National Practitioner Data Bank (NPDB) as part of the initial application process to determine disciplinary actions that may have been taken against applicants who have been licensed in other health care categories in and out of California. The PAB also reports disciplinary actions to the NPDB.

[10] BPC § 3519.
[11] BPC § 3527.
[12] Division 1.5 of the BPC (commencing with § 475).

The PAB currently licenses approximately 10,000 PAs, and the number of received applications has steadily increased since 2012. As a result, the number of licensed PAs has also increased.

The PAB has an internal application processing goal of four weeks. The PAB reports that it has been meeting the processing expectations it has set. However, some applications can go beyond the four-week target time. Some of the reasons for the increased processing times include:

- Awaiting documentation from outside agencies.
- Delays in receiving fingerprint clearances.
- Initial application submitted is incomplete.
- Delays in cashiering application and initial license fees due to staffing and workload issues (the PAB does not perform its own cashiering).
- Additional time needed to review criminal convictions and disciplinary actions taken against other licenses.
- Periodic influxes of received applications (such as during graduation season).
- The fact that the OT/Licensing Technician is a half-time position.

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

- Implementing BreEZe in October 2013. The PAB reports that the use of BreEZe has decreased the processing time for PA applications. BreEZe generates deficiency and license issued notices to applicants, which results in consistent and standardized correspondence. As a result, it takes staff less time to prepare and address notices.
- Communicating with the applicants via email, which decreases the processing time for missing or incomplete documents.
- Encouraging applicants to utilize the live scan process while in California if staying in California.
- Since all staff is crossed trained in each area of the PAB's functions, other staff are able to cover the position in the absence of the Licensing Technician.

As a result, the PAB's average time to process applications has been fairly consistent over the last four FYs and appears to have dropped in the last year.

School and Training Program Approvals

The PAB has little discretion in approving PA training programs. The Practice Act states that the PAB shall recognize the approval of training programs for PAs accredited by a national accrediting agency approved by the PAB, shall be deemed approved by the PAB.[13]

If no national accrediting organization is approved, the PAB may examine and pass upon the qualifications of, and may issue certificates of approval for, programs for the education and training of PAs that meet PAB standards. However, the PAB retains the ability to deny approval a PA training program that does not comply with PAB education and training requirements.

[13] BPC § 3513.

The PAB's regulations designate the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) as the approved national accrediting agency. As of June 2015, there are 196 ARC-PA accredited PA training programs.

In addition, the practice act does not require that the Bureau of Private Postsecondary Education (BPPE) approve PA training programs. Therefore, the PAB does not work with the BPPE in the training program approval process.

The Practice Act does not authorize the PAB to approve international PA training programs, nor does the ARC-PA accredit educational programs leading to the PA credential in institutions that are chartered outside the United States or programs provided in foreign countries by ARC-PA accredited U.S. PA programs. Therefore, there are no approved international programs.

Examinations

The PAB utilizes a national examination called the Physician Assistant National Certifying Examination (PANCE).[14] The PANCE is owned and administered by the National Commission on Certification of Physician Assistants (NCCPA). To sit for the PANCE, applicants must have graduated from a training program accredited by the ARC-PA.[15] The PAB is not involved in the PANCE's examinations development, scoring, analysis, or administration.

The PANCE is a computer-based examination comprised of questions that assess basic medical and surgical knowledge. The PANCE is administered year-round at Pearson VUE testing centers located throughout the U.S. The application fee for the PANCE is $475. Applicants may take the PANCE seven days after training program completion and one time in any 90-day period or three times in a calendar year, whichever is fewer.

Continuing Medical Education

The Practice Act authorizes the PAB to require a licensee to complete continuing medical education (CME) as a condition of license renewal.[16] As a result, the PAB requires PAs who renew their license to either:[17]

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

    a) American Academy of Physician Assistants (AAPA);
    b) American Medical Association (AMA);
    c) American Osteopathic Association Council on Continuing Medical Education (AOACCME);
    d) American Academy of Family Physicians (AAFP);
    e) Accreditation Council for Continuing Medical Education (ACCME); or

[14] 16 CCR § 1399.507.
[15] http://www.nccpa.net/pance-eligibility.
[16] BPC § 3524.5.
[17] 16 CCR §1399.615.

f) A state medical society recognized by the ACCME; or

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

The PAB verifies compliance with CME requirements at the time of renewal. Renewing licensees must self-certify that they have met the PAB's CME requirement or have been granted an exemption. It is considered unprofessional conduct for a PA to misrepresent compliance with CME regulations.

The failure to complete the required number of hours of approved CME at the time of renewal are required to make up any deficiency during the next biennial renewal period. A PA who fails to make up the deficient hours during the following renewal period is ineligible for license renewal, placed on inactive status, and may not practice until completing the requirements.

CME Audits and BreEZe

As an additional verification measure, the PAB is also required to conduct CME audits. However, due to the implementation of BreEZe, the PAB's ability to properly conduct and manage an auditing program for CME has been delayed.

On July 1, 2012, the DCA's BreEZe project moved into a "hard freeze." The hard freeze impacted the ability of all DCA entities, including the PAB, to make any programming changes to the existing Applicant Tracking System (ATS) and Consumer Affairs System (CAS) legacy systems used prior to BreEZe. The DCA issued the hard freeze to avoid negative impacts on the roll out of BreEZe. As a result, the PAB was unable to perform the audits because the hard freeze prevented the CAS needed a programming update to perform the audits.

Further, the hard freeze also hampered the PAB's ability to verify CMEs because the CAS system could not be updated to "read" the responses to the CME compliance question on the renewal notices. Because the PAB is legally required to verify CME compliance, it submitted a "Hard Freeze Exemption" request to the DCA Change Control Board. The request asked for an exemption to allow the CAS system to be updated to "read" and verify CME compliance statement on the renewal application. The PAB's request for an exemption to update CAS was rejected.

As a result, the unmodified CAS system could not recognize the CME compliance question, but would still renew the license. The PAB staff then had to review and manually "unrenew" licensees who did not certify that they were in compliance with the CME requirements several weeks later. This practice continued until implementation of BreEZe in October 2013.

The PAB has recognized that during the implementation of BreEZe and the ongoing stabilization issues that it cannot expect to rely on the BreEZe system to be modified to conduct CME audits. Therefore, the PAB determined that the most effective alternative is to develop its own program to randomly select licensees and manage the PAB's CME program outside the BreEZe system. However, because PAB staff does not have the ability to develop computer programs, staff is currently working with another DCA board to assist in the development of the program.

Military Applicants

Because military applicants and their families often face unique issues relating the mobility and licensing, the state has enacted a number of measures to avoid compounding those issues. The following is a list of the steps the PAB has taken to implement those measures:

- Identify applicants who are veterans under BPC § 114.5.[18] The PAB initial applications and renewals ask applicants if they have served in the military. The information is added to their records.
- Waiver of fees or requirements for under BPC § 114.3.[19] So far, the PAB has received two requests for fee waivers and both requests were granted.
- Expedite applications for veterans and military spouses under BPC § 115.5.[20] So far, the PAB has expedited 15 applications for licensure.
- Accepting military education, training or experience for licensing or credentialing requirements under BPC § 35. PAs who were trained and serve in the military are educated and meet the same qualification standards as civilian PAs in California. Therefore, military PAs would not be seeking equivalency credit. Because the PAB approves schools that are accredited by ARC-PA, PA training programs review an applicant's background, including military or civilian experience, in determining their acceptance into the program.

Enforcement

The PAB has established internal performance targets for its enforcement program. The target to complete complaint intake is 10 days. The average over the past four years is 11 days slightly higher than the target.

The PAB's overall target for completing investigations is 150 days from the time the complaint is received until the investigation is completed. The average over the past four years is 110 days so the PAB is meeting its overall target for completing investigations.

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

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

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

[18] AB 1057 (Medina), Chapter 693, Statutes of 2013; AB 258 (Chavez), Chapter 227, Statutes of 2013.
[19] AB 1588 (Atkins), Chapter 742, Statutes of 2012.
[20] AB 1904 (Block), Chapter 399, Statutes of 2012.

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

The data provided suggests a slight increase in disciplinary actions in the past four fiscal years. The PAB reports that possible reasons include:

- The licensee population continues to increase and the PAB anticipates the number of complaints to increase at the same rate.
- As stated in the PAB's prior report, the number of criminal convictions/arrest notices increased over the past four years resulting in an increase in accusations filed for criminal convictions (primarily Driving Under the Influence) over the past four years: 37 in 2011/12, 41 in 2012/13, 46 in 2013/14, and 30 in 2014/15.
- The PAB fingerprints all applicants and receives subsequent arrest and convictions notifications from the Department of Justice. Many of these convictions result in seeking disciplinary action against the licensee.
- A regulation adopted in 2009 requiring all licensees to disclose convictions of any violation of law in California or any other state or country, omitting traffic infractions under $300 not involving alcohol, on the renewal notice.
- Licensees are also required to disclose if they have been denied a license, or been disciplined by another licensing authority.
- Increased consumer awareness. PAs must inform patients that they are licensed and regulated by the PAB, such as with a conspicuous sign or on an intake form.[21] Consumers are thus made aware of the appropriate licensing agency to contact regarding filing complaints or general information about PAs.
- PAs are now subject to the professional reporting, which has also led to an increase in disciplinary matter to be reviewed for possible action.[22]

Cite and Fine

The PAB's regulations authorize the EO to issue a citation which may include a fine and an order of abatement.[23] Since the PAB's last review, the citation and fine regulations have not been amended.

The PAB's regulations provide that the fine for a violation shall be from $100 to $5000.[24] The statutory maximum is $5000.[25] Over the last four fiscal years, the average citation fine pre-appeal is $523 and the average post-appeal is $488.

[21] 16 CCR § 1399.547.
[22] BPC § 800 – 809.9.
[23] 16 CCR § 1399.570; BPC §§ 125.9, 148, and 3510.
[24] 16 CCR § 1399.571(b)(3).
[25] BPC § 125.9.

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

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

The 5 most common violations for which citations are issued are:

- Conviction of a crime (such as a DUI, shoplifting, etc.).
- Failure to maintain adequate medical records/failure to order appropriate laboratory tests.
- Failure to obtain and/or review patient medical history.
- Writing drug orders for scheduled medication without patient specific authority.
- Practicing with an expired license.

Cost Recovery and Restitution

The PAB includes the full amount of the outstanding unpaid fine to the licensee's renewal. The PAB may place a hold on the license renewal if the licensee fails to pay the fine amount. The fine must be paid before the licensee may renew their license.

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

In most cases, the PAB seeks cost recovery for reimbursement of investigative, expert review, and Office of the Attorney General (AG) case prosecution costs. The PAB does not seek cost recovery for cost associated with hearings held before an Administrative Law Judge (ALJ). When the PAB revokes a license, it seeks cost recovery through the Franchise Tax Board (FTB).

However, when a licensee surrenders a license, the PAB does not actively seek collection of the cost recovery amount or submit them to the FTB for collection because the benefit of accepting the surrendered license thus removes the licensee from practice, ensuring consumer protection. Further, by accepting the surrender, the PAB does not incur additional costs associated with the hearing which are not subject to cost recovery. The cost of a hearing, which would include AG, ALJ, and court reporter costs are typically higher than the outstanding cost recovery.

If a case does result in a hearing, the PAB, typically, requests the full amount of cost recovery for the investigation and AG costs up to the hearing. The ALJ's proposed decision may reduce or dismiss cost recovery. With the implementation of BreEZe, licensees are now able to pay the cost recovery and probation monitoring costs online via the BreEZe system.

Consumer Outreach

The PAB, in recognizing its role as a consumer protection agency, utilizes the following methods for consumer outreach and education:

- PAB website: www.pac.ca.gov;
- Email subscription notifications via the website;
- Webcasts of board meetings;
- Articles printed in DCA and MBC newsletters;
- Telephonic responses to inquiries;
- Responses to written correspondence;
- Responses to email correspondence;
- Printing and distribution of PAB brochures; and
- Speaking engagements by PAB members and staff to consumer, student, and licensee groups.

In addition, the PAB requires that licensees must provide notification to patients the fact that the licensee is regulated by the PAB.[26] The notification must include the PAB's name, telephone number, and website address.

The PAB reports that the notice has increased consumer awareness of the PAB and its functions. In addition to complaints, consumers also inquire about PAs in general. According to the PAB, many consumers appear interested in learning more about the profession. As a result, the notice provides staff with the opportunity to interact with consumers and provided valuable educational information regarding consumer protection.

The public may also verify PA licenses by contacting the PAB by telephone, in writing, or by visiting the PAB's website. The PAB's online verification system uses the DCA BreEZe system.

In addition, the PAB's complaint disclosure policy is consistent with DCA's *Recommended Minimum Standards for Consumer Complaint Disclosure* policy. The PAB discloses the following information:

- Disciplinary actions including statement of issues, accusations, petitions to revoke probation, final decisions, interim suspension orders, PC-23s, dismissed accusations, and public letters of reprimand, and citations;
- Probationary 1icenses; and
- Citations issued.

Use of Technology

The PAB acknowledges that the internet has become an important method of keeping consumers, applicants, licensees, and interested others informed of the PAB's activities. Some of the ways the PAB uses its website include the following:

- The PAB posts meeting materials online. Generally, the meeting materials packet is placed on the website approximately one week before the meeting. These items remain on the website indefinitely. Draft meeting minutes are included in the meeting packet and posted at the same

[26] 16 CCR §1399.547; BPC § 138.

time as the meeting materials. Final meeting minutes are posted on the website after being approved by the PAB. Meeting minutes remain on the website indefinitely.
- The PAB also posts on agendas, notices of regulatory hearings, and disciplinary actions, per DCA's *Web Site Posting of Accusations and Disciplinary Actions* policy.
- Viewers of the PAB's website have the ability to join an email subscription service which allows subscribers to receive information about the PAB and its activities.
- The PAB webcasts its meetings. The PAB began webcasting the meetings in 2011. Webcasts of board meetings from 2011 to present remain on the PAB's website indefinitely.
- The PAB establishes an annual meeting calendar generally at the last meeting of the calendar year. The annual meeting calendar is then posted on the PAB's website.

Additional Background Information

For more detailed information regarding the responsibilities, operation and functions of the PAB, please refer to the PAB'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 PAB was last reviewed by the Committees in 2012. During the last review, the Committee staff raised six issues. Below are the actions taken over the last four years to address the issues. For issues that were not addressed, and which may still be of concern, they are discussed in the next section, *Current Sunset Review Issues for the Physician Assistant Board*.

Recommendation 1: The Committee should provide an update on the current status of its efforts to fully implement electronic payments of fees and online application and renewal processing, including anticipated timelines, existing impediments and current status of BreEZe. The Committee may wish to consider putting an interim plan in place to ease the collection of license renewal fees? The Committee should continue to explore ways to enhance its Internet Services to licensees and members of the public, including posting meeting materials, board policies, and legislative reports on the Internet and webcasting meetings.

Board Response: *As noted above, the PAB has made many improvements to its internet services. In addition, the PAB's renewal, verification, licensing, and enforcement processes were converted over to the BreEZe system. The PAB reports that its licensees are happy that they now can renew online and no longer need to send payments. The PAB also noted that it believes BreEze has decreased its application processing times. However, as discussed below under "Current Sunset Review Issues," BreEZe has also presented significant challenges. As a result, the PAB continues to work with the DCA BreEZe team to utilize the service.*

Recommendation 2: Consideration should be given to changing the name of the Committee to the Physician Assistant Board. Consideration should also be given to replacing the physician member of the Committee with a physician assistant to constitute a simple majority of professional members, in keeping with many other health boards.

Board Response: *As a result of the prior sunset recommendations, SB 1236 (Price), Chapter 332, Statutes of 2012 renamed the Physician Assistant Committee to the current name, extended the*

operation of the PAB until January 1, 2017, and revised the composition of the PAB. The PAB now consists of four PAs, four public members, and one physician and surgeon member of the MBC.

Recommendation 3: It should be made clear that the reporting requirements under the Section 800 series of the BPC also apply to PAs.

Board Response. *It was recommended during the PAB's last review that the professional reporting requirements under BPC § 800 apply to PAs. SB 1236 (Price) also mandated BPC § 800 reporting for PAs.*

Recommendation 4: The Committee should explain the lack of self-reporting audits and describe plans to implement audits.

Board Response: *AB 2482 (Maze/Bass Chapter 76, Statutes of 2008) authorized the PAB to require a licensee to complete continuing medical education (CME) as a condition of license renewal.*

In June 2010 regulations became effective to implement the provisions of AB 2482.

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

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

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

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

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

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

Therefore, the unmodified CAS system would not recognize the CE compliance question on the renewal notice and would renew the license. Board staff would receive the notices several weeks later and would be required to manually review every notice and "un-renew" those licensees who certified

that they were not in compliance with the PAB's CE requirements. This practice continued until implementation of BreEZe in October 2013.

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

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

Recommendation 5: The Committee should explain what additional efforts it can take or models it can follow to increase the PA workforce and ensure participation of its licensees in the state's health care delivery system. The Committee should look closely at the efforts and the collection of data by the Registered Nursing Board in determining workforce needs and in making future recommendations to policy makers, the Legislature and the Governor.

Board Response: *Promoting and understanding workforce development issues for PAs. It was recommended by the Business, Professions, and Economic Development Committee staff that the PAB make efforts to increase the PA workforce and ensure participation of its licensees in the state's health care delivery system. As a result, some of the steps the PAB has taken include:*

Creating a PA Education/Workforce Development Committee to look into education and workforce issues for PAs.

Supporting legislation that promotes the more efficient use of health care providers, including PAs. For example, SB 352 (Pavley), Chapter 286 Statutes of 2013, allows physicians to delegate medical assistant supervision to PAs and nurse practitioners.

Major Changes Since the PAB's Last Sunset Review

Leadership Change. Elberta Portman, who previously served as the PAB's EO retired in November 2012. Glenn L. Mitchell, Jr. was appointed as the PAB's EO on December 17, 2012. Mr. Mitchell has been with the PAB for almost thirty years.

Strategic Plan**.** The PAB updated and adopted a new Strategic Plan for 2014 to 2018 on February 24, 2014.

CURRENT SUNSET REVIEW ISSUES

The following are unresolved issues pertaining to the PAB, or those which were not previously addressed, 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 PAB 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: ***Is the PAB concerned about its long-term fund condition?***

Background: Although the PAB currently reports having an estimated 14-month reserve, its licensee population seems to be steadily rising at a relatively fast pace. In the past four years, the number of licensees has increased by almost 15%. As the number of licensees rise, the associated costs also appear to rise (such as enforcement, administration, and DCA pro rata). Although revenues from initial applications and renewals are also rising, they appear to be outpaced by enforcement costs.

Staff Recommendation: ***The PAB should advise the Committees on whether its current reserve will be sufficient to accommodate the number of licensees and whether it believes it needs a fee increase.***

STAFFING ISSUES

ISSUE #2: ***Does the PAB need more staff in order to meet its performance goals?***

Background: As noted above, the number of licensees is rising. The number of applications seems to be rising faster. The increase in licensees has also resulted in an increase in the number of enforcement actions. Although the PAB currently seems to be able to keep up with the work required, the workload may continue to increase along with the number of licensees.

Staff Recommendation: ***The PAB should advise the Committees on whether it anticipates it will need additional staff to handle the increased number of licensees, particularly since the Office/Licensing Technician position is only part-time.***

ENFORCEMENT ISSUES

ISSUE #3: ***Does the PAB need additional authority to take disciplinary action against PAs dually-licensed by another California health care licensing board?***

Background: Many PAs possess licenses in other healthcare fields, such as nursing or chiropractic medicine. For instance, UC Davis and Stanford have dual-track Nurse Practitioner (NP) and PA programs which allow the practitioner to sit for both license exams. The PAB notes that this presents a challenge to enforcement. While it can take action against a dually-licensed licensee who has been disciplined by another state, by the federal government, or by another country for any act substantially related to the practice of a PA, it is not authorized to take disciplinary action against a dually-licensed licensee who has been disciplined by another California healthcare licensing board.[27]

The authority to do so is not typical among DCA licensing entities when the act does not result in a conviction. This creates a unique disparity, because there are a few other DCA healing arts boards that do have the authority, such as the Board of Registered Nursing (BRN) and the Board of Occupational Therapy. As a result, there are situations where the PAB revokes the PA license of a dually-licensed NP/PA and the BRN may take action on the revocation, but where the BRN revokes the NP license of

[27] BPC § 141.

a dually-licensed NP/PA, the PAB is unable to initiate disciplinary proceedings based on the revocation itself. The reason is that the practice of medicine and the practice of nursing are distinct for the purposes of licensure. Although the licensee may have been providing healthcare services that could be performed under either license, the service provided will be classified as either nursing or medicine depending on the capacity the licensee was working at the time. If the licensee was working as a NP, it will be considered nursing, and the PAB is unable to use BRN decisions based on nursing.

As a result, the PAB would need to initiate its own proceedings from scratch, including a full investigation. The PAB reports that doing so can drain AG and PAB resources because of the added length of a second, full disciplinary proceeding and the degradation of evidence over time.

Therefore, the PAB requests that it be given authority to discipline a licensee based on a disciplinary action taken by another in-state healthcare licensing board, in addition to out-of-state agencies. The PAB proposes the following language, which is drawn from the Nursing Practice Act (BPC § 2761(a)(4)), to address its concern:

"The board may take disciplinary action against a physician assistant or deny an application for a license based on denial of licensure, revocation, suspension, restriction, surrender, or any other disciplinary action against a health care professional license or certificate by another state or territory of the United States, by any other government agency, or by another California health care professional licensing board."

Staff Recommendation: ***The PAB should advise the Committees on the frequency with which these types of violations are occurring in order that the Committees might determine if a statutory change is necessitated.***

TECHNOLOGY ISSUES

ISSUE #4: ***What can be done about the PAB's issues with BreEZe?***

Background: Although there have been some positive aspects to the PABs implementation of BreEZe, the PAB and its staff are experiencing some ongoing challenges. Some of the challenges presented by the PAB include:

1) Ongoing implementation costs. The PAB reported that the ultimate costs are unknown. While the PAB currently has sufficient reserves to cover the costs of BreEZe, it is still concerned about the unknown cost factor of the project. This problem is compounded by the rising licensee population discussed in issue #1 above.

2) Inflexibility. As noted above under "Continuing Education/Continuing Competence," due to constraints from the roll out of BreEZe and limitations within the program itself, the PAB was unable to verify CMEs for a period of time and is still unable to perform CME audits. As a result, the PAB has resorted to attempting to develop its own program.

3) Lack of functionality and reliability. As noted earlier, some of the data tables provided by the PAB are missing many of the basic functions in its licensing and enforcement reports that the PAB's legacy system had as a result of BreEZe. For instance, BreEZe cannot distinguish between in-state and out-of-state licensees.

4) Insufficient number of staff. BreEZe has required many hours for development and implementation, for which the PAB was understaffed. This issue may continue to impact the PAB if future upgrades or changes are made to the program.

5) Lack of knowledge and training needed to develop the system. The PAB reports that the BreEZe system was largely incomplete when first provided, and its staff did not have the technical expertise nor was it trained to finalize the program. However, the PAB was able to utilize MBC staff to mitigate the issues. Through a shared services agreement, the PAB utilizes the services of the MBC Information Systems Branch (ISB) for its IT needs. PAB staff believes the ISB has been essential to their utilization of BreEZe. The ISB staff also provides help desk services to PAB licensees who utilize BreEZe.

While the PAB notes that the DCA has been supportive and continues to work on BreEZe issues, there are still outstanding concerns.

Staff Recommendation: ***The PAB should update the Committees about the current status of its implementation of BreEZe, discuss the current and anticipated challenges, and recommend potential solutions that the DCA should utilize to assist in the PAB's use of BreEZe.***

ISSUE #5: ***Should the PAB utilize social media?***

Background: As noted under "Use of Technology" above, the PAB acknowledges that the Internet has become an important method of keeping consumers, applicants, licensees, and interested parties informed of the PAB's activities. Given the rise and general use of social media, the PAB may want to consider utilizing social media to expand its outreach capabilities. It may also provide an additional method for obtaining a larger survey sample size, as discussed below under issue #7. As an example, the Board of Chiropractic Examiners has recently started using Twitter and Facebook.[28]

Staff Recommendation: ***The PAB should advise the Committees on of its efforts to utilize social media in order to keep licensees and the public aware of the PAB's activities.***

ADMINISTRATIVE ISSUES

ISSUE #6: ***Should the PAB continue to have a voting physician and surgeon member who is also a member of the MBC?***

Background: During the PAB's 2012 sunset review, the Committee staff noted it did not appear to be necessary for the physician and surgeon board member representing the MBC, to be a voting member of the PAB. The rationale was that, because the PAB is now an independent board and the primary focus of the PAB is on the practice of PAs, the MBC member does not need to vote. As a result, the last sunset bill provided that, when the existing MBC member's term ended, the position would convert to a voting PA position. In addition, there would be a new MBC position that serves as an ex

[28] *See* https://www.facebook.com/pages/Board-of-Chiropractic-Examiners/119628211455666; https://twitter.com/BCE_news.

officio, nonvoting member whose functions include reporting to the MBC on the actions or discussions of the PAB.[29]

However, the PAB now reports that it would like the MBC member to remain a voting member for two reasons. First, although it is now an independent board, it believes its unique relationship with the MBC justifies having the member vote. The MBC still provides many services to the PAB, such as managing its fund and performing investigations. Further, PAs may not practice without the supervision of a physician and surgeon and their scope is directly tied to that supervision and subject to review by the MBC. Therefore, the MBC has authority to adopt regulations that govern PA actions involving the practice of medicine and physician and surgeons. While the PAB is authorized to make recommendations to the MBC, jurisdiction over the scope of practice for PAs is solely within the MBC. As a result, the PAB states that it has always valued the participation, guidance, and input of the MBC member.

Second, the PAB is concerned that not being permitted to vote will discourage MBC members from being appointed to the PAB. Without voting privileges, the MBC member's input may not be as authoritative as it once was. Further, ex officio members must leave during closed session and may not feel as connected to the process. The MBC member may also feel less inclined to travel, particularly with the ability to watch via webcast. The PAB feels that allowing the MBC member to vote will ensure that MBC members continue to accept appointments to the PAB and actively participate in PAB deliberations and actions.

While the PAB's concerns are important, they are also preemptive in that the change from the last sunset bill has not yet gone into effect. Still, possible solutions that can alleviate the PAB's concerns include the following:

1) Revert the law to its pre-2012 form. While this resolves the voting issue, it would remove the voting PA member majority and leave the MBC member as a tie-breaker. It also undoes the changes made during the PAB's last sunset review and does not address the fact that the PAB is an independent board.

2) Change the new MBC member into a voting member. While this resolves the voting issue and leaves the member majority issue, it still does not address the fact that the PAB is an independent board.

3) Remove the MBC member all together. While this addresses the fact that the PAB is an independent board, it ignores the fact that the PAB appreciates having the MBC member.

4) Remove the MBC member and disconnect the PAB from the MBC's services. While this addresses the fact that the PAB is an independent board, it only addresses the fact that the PAB appreciates having the MBC member for the MBC services provided to the PAB and ignores the fact that the MBC still has some regulatory control over PAs and the practice of medicine. It would also likely create cost and workload issues and problems with BreEZe implementation.

[29] BPC § 3505.

5) Revert the PAB to a committee within the MBC. While this would address many of the concerns above, it does not account for the PAB's desire to operate as an independent board and would undo the previous changes.

6) Create a new, statutory MBC advisory committee within the PAB with one or more voting MBC members and remove the ex officio MBC member. While this may address the issues above, it may not maintain the same kind of relationship with the MBC as the PAB has described.

Staff Recommendation: ***The PAB should provide additional information about this issue and discuss the feasibility of the alternatives that the Committee staff has raised.***

PRACTICE ISSUES

ISSUE #8: ***Should the PAB continue to explore ways to address the loss of the Associates Degree level PA programs?***

Background: The PAB points out that the PA practice act specifies that if an educational program has been approved by the ARC-PA, the program is also approved by the PAB. In addition, in order to take the national PANCE exam, applicants must graduate from an ARC-PA-accredited PA program.

The ARC-PA used to accredit several types of PA programs, including two-year associate's degree (AS) programs and four-year bachelor's degree (BS) programs. However, the ARC-PA has recently decided to only accredit master's degree (MS) programs. So far, the decision has resulted in the closure of two California-based AS-level PA programs because they were unable to retain their ARC-PA accreditation. There are now eight remaining accredited programs and seven new programs in the process of obtaining ARC-PA accreditation.

The ARC-PA's rationale for the change is that the PA profession requires, "a high level of academic rigor."[30] While ARC-PA continues to "practice and endorse experiential competency-based education as a fundamental tenet of PA education," it chose to accredit the single MS-level accreditation to ensure program curricula offer "sufficient depth and breadth to prepare all PA graduates for practice."[31] Essentially, it believes the other programs were insufficient to train PAs for practice.

The PAB is concerned with the ARC-PA's decision because the decision significantly changes the applicant pool for PA training in California. The PAB reports that the loss of the AS pathways to licensure may create a significant barrier for those interested in becoming a PA who do not have a BS. Further, those with a BS will need to continue on to an MS-level program.

The PAB's function is to protect consumers by establishing the minimum competency required to practice. However, it is important that the PAB ensure licensing requirements are not overly burdensome by distinguishing minimum competency from excellence in professional practice. Where industry regulation is sufficient, overly strict requirements can have an unnecessary negative impact on access to the profession.

[30] ARC-PA, "Accreditation Standards for Physician Assistant Education, Fourth edition," September 9, 2014, http://www.arc-pa.org/documents/Standards4theditionwithclarifyingchanges9.2014%20FNL.pdf.
[31] ARC-PA, 2014.

To that end, the PAB states that it has tried to reach out to ARC-PA in an attempt to address the PAB's concerns about the decision and the impact they have on California's health care needs and licensees. So far, the ARC-PA has not worked with the PAB to address the concerns.

Because the Practice Act basically establishes ARC-PA accreditation as approval, the PAB does not perform its own training program approvals. As a result, the PAB has explored whether it should begin to accredit training programs. However, accreditation by licensing boards is not the norm and presents significant challenges, including the following:

- Cost: The PAB would need to approve and adopt educational standards. Mechanisms for enforcement would need to be put in place. Additional staff would be required to verify compliance and administer an accreditation program.

- Examination: Graduates of a training program without ARC-PA accreditation would not be eligible to take the national exam, PANCE. The PAB would need to develop a California-only licensing exam. The PAB reports that it would be a costly process.

- Reciprocity and portability. Without the national certification, licensees could not be credentialed at most hospitals. Further, licensees would not be able to practice outside of the state, work for the federal government, or bill health plans if working in a federally qualified rural health clinic. Licensees who want to work in those settings would have to take both exams, if they qualify.

- Patient confusion: The PAB also notes that having two licenses would create a "two-tiered" system. Because California would recognize both California and ARC-PA certified PAs, a patient may notice both a California-only licensed PA and an ARC-PA certified PA, but could only see one or the other due to concerns such as health plan billing or network adequacy. This may cause patient confusion, bias, and create perceived differences in the level of care.

- Likely opposition: According to the PAB, many in the professions are opposed to state accreditation and would likely fight to stop it. It believes this may result in a negative reflection on PAs, and may cause regulatory problems as the Legislature and consumers may have difficulty understanding the differences between state- and nationally-certified licensees. As a result, the PAB foresees issues with consumers opting not to see a PA, passage of laws to restrict PA practice, and supervising physicians opting not to hire PAs, all of which it believes would reduce access to the quality health care PA are currently delivering in California.

The PAB states that it continues to explore ways to address this issue.

Staff Recommendation: ***The PAB should advise the Committees on its progress in exploring alternatives to using ARC-PA accreditation, and whether it has explored utilizing a study or cost-benefit analysis of the PA profession to determine whether requiring licensees to graduate from a MS-level program is the appropriate minimum standard to protect consumers.***

EDITS TO THE PAB PRACTICE ACT

ISSUE #9: ***Are there minor/non-substantive changes to the PAB's practice act that may improve the PAB's operations?***

Background: There may be a number of non-substantive and technical changes to the PA practice act which may need to be made. The appropriate 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. **Examples of technical clarifications are referenced below.**

- Obsolete references to chairperson and vice-chairperson throughout the Practice Act.[32]
- Obsolete reference to the Physician Assistant Committee and other outdated names of the PAB.

Staff Recommendation: ***The PAB 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

ISSUE #10: ***Should the licensing and regulation of PAs be continued and be regulated by the current PAB membership?***

Background: The health, safety and welfare of consumers are protected by the presence of a strong licensing and regulatory board with oversight over PAs. The PAB has shown a commitment to improve its overall efficiency and effectiveness and has worked cooperatively with the Legislature and the Committees to bring about necessary changes. Therefore, the PAB 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: ***The licensing and regulation of PAs should continue to be regulated by the current members of the PAB in order to protect the interests of the public and be reviewed once again in four years.***

[32] Effective January 1, 2016, BPC § 3509.5 was amended to refer to president and vice-president.