

Physician Assistant Committee

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Meeting Notice

November 18, 2010

**Physician Assistant Committee
2005 Evergreen Street – Hearing Room 1150
Sacramento, CA 95815
9:15 A.M. – 5:00 P.M.**

AGENDA

ALL TIMES ARE APPROXIMATE AND SUBJECT TO CHANGE

1. Call to Order by Chairman (Klompus)
2. Roll Call (Forsyth)
3. Approval of Minutes of February 18, 2010 Meeting (Klompus)
Approval of Minutes of July 26, 2010 Meeting (Klompus)
4. Public Comment on Items not on the Agenda (Klompus)
5. Reports
 - a. Chair's Report (Klompus)
 - b. Executive Officer's Report (Portman)
 - c. Licensing Program Activity Report (Bronson)
 - d. Diversion Program Activity Report (Mitchell)
 - e. Enforcement Program Activity Report (Tincher)
6. Department of Consumer Affairs' Report (Stiger)
7. Presentation Regarding Committee Member's Role in Regard to Representations Made to the Public and Scope of Department of Consumer Affairs Legal Representation of the Committee (Heppler)
8. Consideration of Proposal to Amend Regulations Regarding Physician Assistant Training Program Approval by the Physician Assistant Committee (Article 3 of Division 13.8 of the California Code of Regulations) (Heppler)
9. Consideration of Proposal to Amend Regulations Regarding Requirements for Preceptors in Training Programs. (California Code of Regulations 1399.536) (Heppler)
10. Nomination and Election of Physician Assistant Committee Officers (Portman)

11. Approval of Passing Score for PA Initial Licensing Examinations and 2011 Dates and Locations for PA Initial Licensing Examination (Klompus)
 12. Report of the Department of Consumer Affairs' July 27th Training Day (Schasa)
 13. Report on Committee's Strategic Plan Accomplishments (Portman)
 14. Legislation of Interest to the Physician Assistant Committee (Klompus)
SB 294, SB 389, SB 1069, AB 471, AB 1310, AB 2386, AB 2699
 15. **1:00 PM Regulations Public Hearing**
Regulation hearing on Title 16, Division 13.8 of the California Code of Regulations, Section 1399.547 – Notification to Consumers
 16. **1:15 PM Regulations Public Hearing**
Regulation hearing on Title 16, Division 13.8 of the California Code of Regulations, Sections 1399.503, 1399.507.5, 1399.523, 1399.523.5, 1399.527.5 - Consumer Protection Initiative and Enhancements to Enforcement Program
 17. Diversion Program update (Mitchell)
 18. Schedule of 2011 Meeting Dates and Locations (Klompus)
 19. Agenda Items for Next Meeting (Klompus)
 20. **CLOSED SESSION:** Pursuant to Section 11126(c) (3) of the Government Code, the Committee will move into closed session to deliberate on disciplinary matters
 21. **CLOSED SESSION:** Pursuant to Section 11126(a) (1) of the Government Code, the Committee will move into closed session to conduct the annual evaluation of the Executive Officer (Klompus)
- RETURN TO OPEN SESSION**
22. Adjournment (Klompus)

Note: Agenda discussion and report items are subject to action being taken on them during the meeting by the committee at its discretion. All times when stated are approximate and subject to change without prior notice at the discretion of the Committee. Agenda items may be taken out of order and total time allocated for public comment on particular issues may be limited.

Notice: The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Lynn Forsyth at (916) 561-8785 or email LForsyth@mbc.ca.gov or send a written request to the Physician Assistant Committee, 2005 Evergreen Street, Suite 1100, Sacramento, California 95815. Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation.



Meeting Minutes

July 26, 2010

Physician Assistant Committee
2005 Evergreen Street – Hearing Room 1150
Sacramento, CA 95815

1. Call to Order by Chairman

Chairman Klompus called the meeting to order at 9:26 a.m.

2. Roll Call

Staff called the roll. A quorum was present.

Committee Members Present: Steve Klompus, PA
Rosslynn Byous, PA
Cristina Gomez-Vidal Diaz
Reginald Low, M.D.
Shaquawn D. Schasa
Steven Stumpf, Ph.D.
Shelia Young

Staff Present: Elberta Portman, Executive Officer
Claire Yazigi, Staff Counsel, Dept. of Consumer Affairs (DCA)
Glenn Mitchell, Regulation and Lead Licensing Analyst
Dianne Tincher, Enforcement Analyst
Lynn Forsyth, Staff Services Analyst

Committee Member Dr. Low arrived at 9:40 a.m.

3. Approval of Minutes for February 18, 2010 Meeting

Approval of the draft February minutes will be placed on the agenda for the October 2010 meeting. The motion to approve the minutes was made and seconded; however, the Committee failed to vote on the motion.
(m/Schasa, s/Diaz, motion not voted upon)

4. Reports

a. Vice-Chair Shelia Young provided the committee members with a brief overview of procedures to be followed during the meeting, including encouraging the use of the microphones to ensure that discussion, motions and votes are heard.

Staff Counsel Claire Yazigi announced that she will be on maternity leave starting in November, 2010. Another DCA attorney will be assigned to the Committee in her absence.

b. Executive Officer's Report

Ms. Portman reported on the new Federal Healthcare reform, which may impact the licensing boards in California because previously uninsured patients will begin to receive health care. DCA Director Brian Stiger had asked that all boards place this topic on their agendas for discussion and appropriate action as necessary.

Ms. Portman reported on the scanning and indexing project of the physician assistant licensing files. Ms. Portman reported that the project is about 85% completed. Ms. Portman introduced Maudrie Fontenot, who joined the Committee staff as an AARP employee. Ms. Portman thanked Ms. Fontenot for all her work on this project.

Ms. Portman reported that during the 2009/2010 fiscal year, the enforcement budget was augmented by \$50,000. This increase resulted in the Committee not overspending in that area for this year. However, the Committee continues to overspend in the Diversion Program line item. Staff is working on promulgating regulations to require diversion program participants to pay for their participation costs. Staff is also submitting a budget change proposal to augment the diversion program line item.

Ms. Portman reported that the agenda packet for this meeting was scanned and placed on the website to provide greater transparency and accessibility to the public and licensees.

c. Licensing Program Activity Report

Between February 1, 2010 and July 1, 2010, 202 physician assistant licenses were issued. As of July 1, 2010, 7,694 physician assistant licenses are renewed and current, and there are a total of 157 California approved training programs.

d. Diversion Program Activity Report

As of July 1, 2010, the Diversion Program has 23 participants, 6 self-referred participants and 17 Committee referrals. There have been 95 participants since program implementation in 1990.

e. Enforcement Program Activity Report

Between July 1, 2009 and June 30, 2010 there were 54 pending complaints, 30 pending investigations, 44 current probationers and 25 pending cases at the Office of the Attorney General.

5. Director's Report

Director Stiger acknowledged Executive Officer Elberta Portman for her excellent work with the Committee and DCA.

Director Stiger provided an update on the Consumer Protection Enforcement Initiative. Director Stiger stated that the department received approval for 138 positions related to the initiative, with the Committee receiving approval for 1.5 positions. Additionally, Director Stiger reported that the Breeze Project is on schedule to replace the aging database currently used by DCA.

Director Stiger informed the Committee that DCA was disappointed that SB 1111 failed, but asked the Committee to implement as many of the bill's provisions as possible through the regulatory process.

Director Stiger reported that DCA is working on a licensing backlog project to eliminate licensing backlogs at boards that are experiencing backlogs. He asked all boards to take a look at their regulations governing the application process to determine if any regulatory changes are needed.

Director Stiger stated that SB1441 guidelines are in place. The guidelines were established to standardize department substance abuse procedures for health care agencies. Each board has been asked to move forward to implement the standards.

6. Report from the Physician Assistant Training Program Accreditation Task Force

Chairman Klompus reported that he established the Program Accreditation Task Force several months ago to review the new PA training program national accreditation standards which will soon require that all programs to be offered at the master's degree level. Committee Member Roslynn Byous provided an update on the task force findings. Ms. Byous stated that the task force consisted of Robert Sachs, Les Howard and herself. A survey was conducted with the five California PA training programs to determine how the new standards will impact the programs. The task force determined that the five programs affected by the new requirement did not report concerns, so she recommended that the Committee re-visit this issue within one or two years. Upon this recommendation, Chairman Klompus disbanded the Program Accreditation Task Force.

7. Status Report on the Consumer Protection Enforcement Initiative (CPEI) and Implementation of Uniform Standards of SB 1441

Ms. Portman reported that earlier this year DCA implemented the Consumer Protection Enforcement Initiative (CPEI) to assist boards in improving their enforcement processes. The Committee staff continually reviews enforcement procedures and policies to seek improvements which would enhance processing of complaints and disciplinary actions.

Ms. Portman stated that several improvements have been implemented including:

- Staff meetings with the enforcement analyst from the Medical Board of California (MBC) several times a week to review cases to ensure cases are processed in a timely manner.
- Cases involving criminal convictions are automatically transmitted to the Office of the Attorney General for action once all related certified documents are obtained.
- National Practitioner Data Bank - The Committee has been reporting all disciplinary actions to the databank for several years. However, over a year ago the Committee began to also report license denials. The Committee now also checks the databank for new applicants who hold any type of license in other states.

■ The Committee's Continuing Medical Education regulation was approved effective June 12, 2010. A notice was mailed to all licensees informing them of the change, and the information has also been placed on the website. The California Academy of Physician Assistants has notified the Committee that it intends to also publish information on this new requirement. The Medical Board of California also will place an article in the next *Newsletter*. Currently, staff is developing a CME page for the internet, which will include a question and answer section regarding this new requirement.

Licensing improvements – Staff is working with MBC to develop an on-line verification system on our website so that applicants can check on the status of their applications.

To reduce the licensing processing time, applicants now pay their licensee application fee at the same time they submit their application fee. This change saves an average of about two weeks in processing of an application. Staff has updated the enforcement, diversion and citation manuals, and is in the process of updating licensing and probation manuals.

SB 1441 - Ms. Portman stated that the 16 Uniform Standards have been compiled, and that the Committee has implemented the standards that can be implemented at this time, which includes increased drug tests and observed drug tests.

8. Consideration of Regulations Regarding Implementation of Consumer Protection Initiative and Enhancements to Enforcement Program (Formerly portions of SB 1111)

Staff Counsel Claire Yazigi provided the committee members with the five regulatory proposals which would further enhance the Committee's role of consumer protection. Each section was discussed and motions made as follows:

Motion was made to amend 1399.503 to include "accept default decisions".
(m/Diaz, s/Byous, motion passes)

Motion was made to modify language in Section 1399.523 "as defined in subdivision(c) of Section 729 of the Code, "with a patient, or any finding of fact that the licensee has committed a sex offense" (delete "an act") ...or been convicted of a sex offense as defined in Section 44010 of the Education Code..."
(m/Stumpf, s/Dr. Low, motion passes)

A motion was made to adopt language as written.
(m/Diaz, s/Dr. Low, motion passes)

A motion was made at the end of sentence number five to add "If after receiving the evaluation report the Committee determines that the applicant is unable to safely practice, the committee may deny the application".
(m/Dr. Low, s/Stumpf, motion passes)

A motion was made to accept section five of 1399.507.5 as clarified.
(m/Dr. Low, s/Stumpf, motion passes)

A motion was made to review the issue of payment of the psychological evaluations by amending 1399.507.5.

(m/Stumpf, s/Schasa, motion passes)

A discussion ensued regarding the Committee being able to require the applicant to be examined by one or more physicians and surgeons or psychologists designated by the Committee. The discussion involved who should be responsible for the payment of the evaluation.

A motion was made in regard to the second sentence in Section 1399.507.5 paragraph 5, remove the word "Committee" and replace it with "Applicant", so that the sentence reads The Applicant shall pay the full cost of such examination.

(m/Young, s/ Byous, Dr, Low opposed, motion passes)

After a lengthy discussion a motion was made to direct the staff to begin the rulemaking process to implement the proposed regulations.

(m/Schasa, s/Dr. Low, motion passes)

9. Discussion of Change from Physician Assistant Committee to Physician Assistant Board

Chairman Klompus stated that this Committee is the only remaining allied health committee that has not changed from a committee to a board. Discussion ensued about the change and the fact that it would no longer be under the auspices of MBC but would become a Board of its own. However, the Committee would still be able to contract to have MBC provide services such as investigation and legal filing work. Additionally, a close relationship with the MBC would continue to be maintained.

The motion was made to direct staff to first amend the Business and Professions Code to include the Physician Assistant Committee in the 800 series reporting requirement, and then to proceed in seeking legislation to change the Physician Assistant Committee to the Physician Assistant Board.

(m/Young, s/Diaz, motion passes)

10. Consideration of Regulations Regarding Licensee Consumer Notification, as required by Business and Professions Code 138

Mr. Mitchell briefly stated to the Committee members that Business and Professions Code section 138 requires every board in DCA adopt regulations requiring licensees to provide notice to their customers that the practitioner is licensed by the State. Mr. Mitchell also stated that this proposal would require physician assistants to notify their patients that they are licensed and regulated by the Physician Assistant Committee, in compliance with Business and Professions Code section 138.

After a brief discussion a motion was made to direct staff to begin the rule making process to notice this regulation for a hearing.

(m/Byous, s/Dr. Low, motion passes)

11. Consideration of Amending Requirements for Licensure as a Physician Assistant under Business and Professions Code section 3519(a)(2), and California Code of Regulations Section 1399.507 re: Licensing Requirements for Medical School Graduates

Mr. Mitchell provided the Committee with an overview of the various ways in which an applicant may meet the requirements for licensure. These methods include: 1) graduation from a PA training program; or 2) graduation from a US or Canadian medical school; and 3) take and pass the licensing examination. The Committee currently uses the NCCPA's PANCE examination as their licensing examination. The NCCPA only allows individuals who have attended a PA training program to take the examination. Since the Committee would not be able to allow US and Canadian medical school graduates to take the examination and obtain licensure, two solutions were discussed. The Committee could either change regulation Section 1399.507 to include Medical Board exams as an testing option for PA licensure or delete Business and Professions Code Section 3519(a)(2) to eliminate the graduation from medical school as an option for PA licensure.

After a lengthy discussion, a motion was made to pursue an author for legislation in order to eliminate subsection (a)(2) of Business and Professions Code section 3519.
(m/Diaz, s/Young, abstained/Stumpf, motion passes)

12. Consideration of Repeal of Business and Professions Code Article 7.5, International Medical Graduate Physician Assistants

AB 1065, Chapter 1042, Stats. 1993, added Article 7.5 (commencing with Section 3537.10 to Chapter 7.7 of Division of the Business and Professions Code), relating to licensure of international graduates as physician assistants. It was stated that the bill required the Office of Statewide Health Planning and Development (OSHPD) to coordinate the establishment of a pilot and ongoing international medical graduate physician assistant training program. Due to lack of funding, the provisions of AB 1065 were never implemented and an international medical graduate physician assistant training program was never established.

Following a brief discussion a motion was made to direct staff to contact the Department of Consumer Affairs on how to seek a legislative change to eliminate Article 7.5 of the Business and Professions code.
(m/Dr. Low, s/Byous, motion passes)

13. Regulatory Corrections to California Code of Regulations 1399.545(e) (3) to Conform with Business and Professions Code Section 3502(D) (2) re: Minimum Percentage of Sample Medical Records that must be Signed by a Supervising Physician

A brief overview of the regulatory corrections was provided to the members. The changes would be to California Code of Regulations 1399.545(e) (3) to conform with Business and Professions Code Section 3502(d) (2) regarding the minimum percentage of sample medical records that must be signed by a supervising physician. It was stated that two years ago the law changed lowering the percentage to 5% from 10%.

Following a brief discussion a motion was made to direct staff to start the rulemaking process to amend CCR Section 1399.545(e) (3) to reflect the lower minimum percent of sample medical records that must be signed by a supervising physician to 5% from 10%. (mByous, s/Dr. Low, motion passes)

14. Pending Legislation of Interest to the Physician Assistant Committee
SB 294, SB 389, SB 1069, AB 471, AB 1310, AB 2386, AB 2699

Chairman Klompus briefly discussed SB 1069, as not other bills were discussed. SB 1069 would permit a physician assistant to perform and sign off on physical examinations required by various laws and would place a statute of limitations for the Physician Assistant Committee. The Department of Consumer Affairs is opposed to this bill and Ms. Breyman of the California Association for Physician Assistants (CAPA) stated that the statute of limitation language mirrors that of other professions, including physicians.

15. Approval of Physician Assistant Training Programs by the Physician Assistant Committee
(Article 3 of Division 13.8 of the California Code of Regulations)

Discussion ensued about the two ways in which training programs may be approved by the Committee. Ms. Yazigi explained that if the Committee has delegated accreditation to a national accrediting organization, then programs accredited by that organization are automatically deemed approved by the Committee. Therefore, the inquiry is that if a school is accredited by ARC-PA then it is considered approved by the Committee.

Staff Counsel Claire Yazigi was directed to resubmit to the Committee the draft regulations at the next meeting that would clarify the current regulations to reflect this idea.

16. Report on PAC Licensee Occupational Survey Requirements of SB 139

Mr. Mitchell provided an overview of SB 139, which allows OSHPD to receive information from boards regarding the licensing population, serve as the central source of healthcare workforce and educational data, and create a database to monitor the state's healthcare workforce and assess workforce supply and demand to shape policy. The staff will continue to work with OSHPD to provide information as required by law.

17. Update on Changes to the Bagley Keene Open Meeting Act Government Code 11122.5

Staff Counsel Claire Yazigi provided an update on the recent changes to the Bagley Keene Open Meeting Act.

18. Agenda Items for Next Meeting

1. Clarification of Committee Member's Roll in Regards to Representations Made to the Public and Scope of Department of Consumer Affairs' Legal Representation of Committee Bagley Keene Open Meeting Act
2. Regulations to be re-introduced for Approval of Physician Assistant Training Programs by the Physician Assistant Committee (Article 3 of Division 13.8 of the California Code of Regulations)
3. Discussion of the Impact of the Federal health care reform on PAs
4. Report on the July 27th Board Governance Training Day

5. Meeting procedures
6. Report on Strategic Plan Accomplishments

19. Public Comment on Items Not on the Agenda

20. **CLOSED SESSION:** Pursuant to Section 11126(c) (3) of the Government Code, the Committee moved into closed session to deliberate on disciplinary matters

RETURN TO OPEN SESSION

21. Adjournment

The meeting adjourned at 2:10 p.m.



Meeting Minutes

February 18, 2010

Physician Assistant Committee
2005 Evergreen Street – Hearing Room 1150
Sacramento, CA 95815
9:30 A.M. – 5:00 P.M.

1. Call to Order by Chairman

Chairman Klompus called the meeting to order at 9:35 a.m.

2. Roll Call

Staff called the roll. A quorum was present.

Committee Members Present: Steve Klompus, PA
Roslynn Byous, PA
Cristina Gomez-Vidal Diaz
Reginald Low, M.D.
Shaquawn D. Schasa
Steven Stumpf, Ph.D.
Shelia Young

Staff Present: Elberta Portman, Executive Officer
Claire Yazigi, Staff Counsel, Dept. of Consumer Affairs
Glenn Mitchell, Regulation and Lead Licensing Analyst
Lynn Forsyth, Staff Services Analyst

Committee Member Shelia Young arrived at 10:15 a.m.

3. Approval of Minutes of November 5, 2009 Meeting

The November 5, 2009 minutes were approved with the following amendment:

“Staff called the roll. A full quorum was present at 9:50 a.m. with the arrival of Committee Member Steven Stumpf, Ph.D.
(m/Low, s/Stumpf, c/all)”

4. Reports

- a. Staff Counsel Claire Yazigi read a statement from Laura Freedman, Staff Counsel, regarding her departure as the Committee's counsel.

Chairman Klompus introduced Linda Whitney, Interim Executive Director of the Medical Board of California. Ms. Whitney was appointed as Interim Executive Director to replace Barbara Johnson who has accepted a position in the private sector. Ms. Whitney has worked for the Medical Board since 1994 in a variety of capacities, including administrative management, and most recently, as Chief of Legislation. Ms. Whitney spoke briefly and offered her support to the Committee.

- b. Executive Officer's Report

Ms. Portman reported that all boards/committees within the Department of Consumer Affairs (Department) were asked to revert 5% from the personnel services line item to offset the budget deficiencies. Ms. Portman stated that in this fiscal year the .5 MST Limited Term (LT) position was not filled, and in the 2010/2011 we are looking at alternatives to meet the reversion.

Ms. Portman reported that all Executive Officers within the Department are reviewing their enforcement procedures and policies to improve and enhance processing of complaints and actions. Ms. Portman reported that the PAC has already made several enforcement enhancements including checking applicants for prior unlicensed activity and clearing applicants through the National Practitioner Data Base to determine if disciplinary action has been taken against healing arts licenses in other states.

Ms. Portman also reported on several enhancements made to the PAC application forms. The changes include adding specific questions regarding prior criminal convictions and requiring the applicant to sign and initial a statement that all information is true. Additionally, the PA training program certificate page has been enhanced to require the training programs to disclose student disciplinary actions if taken.

Ms. Portman reported that SB 1441 required the creation of uniform standards to deal with substance-abusing licensees. Some of the standards will be implemented through additional legislation, and others will be implemented through the regulatory rulemaking process. Standards that do not require legislative or regulatory changes will be implemented immediately, such as an increase in the minimum random body fluid test threshold, and requiring all probation drug tests to be observed. Participants in the Committee's diversion program have always been subject to observed drug testing. Ms. Portman stated that staff will work with legal counsel to develop regulatory packages to fully implement the standards established by SB 1441.

- c. Licensing Program - activity report

Between October 1, 2009 and February 1, 2010, 228 licenses were issued. As of February 1, 2010, 7,495 licenses are renewed and current, and there are a total of 157 California approved training programs.

d. Diversion Program - activity report

As of January 1, 2010, the Diversion Program has 20 participants, 7 voluntary participants and 13 Committee referrals. There have been 90 participants since program implementation in 1990.

e. Enforcement Program - activity report

Between July 1, 2009 and December 31, 2009 there were 64 pending complaints, 34 pending investigations, 40 current probationers and 24 pending cases at the Office of the Attorney General

5a. **10:00 AM - Hearing**

Petition for reinstatement of physician assistant license - Harry Murray

5b. **11:00 AM - Hearing**

Petition for early termination of probation - Tuan Le

CLOSED SESSION: Pursuant to Section 11126(c)(3) of the Government Code, the Committee moved into closed session to deliberate the petition for reinstatement and petition for termination of probation.

CLOSED SESSION: Pursuant to Section 11126(c)(3) of the Government Code, the Committee moved into closed session to deliberate on disciplinary matters.

6. **1:00 PM Regulations Public Hearing**

Amend Section 1399.557 of Title 16 of the California Code of Regulations. This proposal would require that licensees mandated to participate in the Diversion Program as a condition of probation pay the full amount of the monthly participation fee charged by the contractor. Licensees voluntarily enrolled in the program would be required to pay 75% of the monthly participation fee charged by the contractor. Participation fees would be paid directly to the contractor.

The regulatory hearing was called to order at 2:10 p.m. by Chairman Klompus. A full quorum was present. There was no oral testimony received. The hearing was closed at 2:20 p.m.

A written comment was received via e-mail. A suggestion was made regarding Section 1399.557(c). The section currently reads, "this section shall apply to licensees who enter or re-enter diversion on or after its effective date". It was suggested that Section 1399.557(c) be modified to read, "this section shall apply to licensees who enter or re-enter diversion on or after the effective date of this section."

A brief discussion ensued.

A motion was made to modify the language in Section 1399.557 (c) to read, "This section shall apply to licensees who enter or re-enter diversion on or after the effective date of this section."

(m/Young, s/Schasa, motion not voted upon)

A second motion was made to amend and adopt the language in Section 1399.557(c) to read "This section shall apply to licensees who enter or re-enter diversion on or after the effective date of this section." In addition, if no adverse comments are received, staff is instructed to issue a fifteen day notice with the modified language and delegate authority to the Executive Officer to make non-substantive changes as maybe required by the Department of Consumer Affairs or Office of Administrative Law.

(m/Byous, s/Schasa, vote passed as follows: 4 ayes, 1 opposed, 1 abstained)

7. Presentation on the Diversion Program from Maximus

Ms. Portman introduced Anita M. Mireles, RN, CNOR, Maximus Clinical Case Manager. Maximus is the contractor providing diversion program services on behalf of the PAC. Ms. Mireles gave a brief presentation about the diversion program. She described the goals of the program, responsibilities of the program, monitoring of participants and components of addiction and drug dependency.

8. Report on Program Accreditation Task Force

Discussion of proposed language regarding program accreditation regulations and preceptor/preceptee ratios, currently Sections 1399.530 through 1399.536 of Title 16 of the California Code of Regulations.

Committee Member Roslynn Byous acknowledged both Robert Sachs and Les Howard for their participation and work on the Task Force. Ms. Byous briefly discussed the ARC-PA accreditation draft accreditation standards which basically state that all PA programs must be in institutions that grant Master's Degree by the year 2021. ARC-PA will discuss this topic at a meeting in April 2010. Ms. Byous also stated that currently in California there are ten PA programs, five of which in institutions that currently do not grant Master's Degrees. Ms. Byous also stated that the ARC-PA is the accrediting body.

Ms. Byous presented a draft questionnaire developed by members of the Task Force. It was proposed that the questionnaire be sent to the programs for their input regarding this topic.

Staff was instructed to send the proposed draft letter to the five schools for their response. Staff was also requested to schedule a Task Force teleconference meeting after April 15th to discuss the responses to the survey and to discuss the results of the April ARC-PA meeting.

Motion to accept the draft as written and send to the various PA Programs for their responses.

(m/Young, s/Diaz c/all)

Ms. Yazigi clarified Business and Professions Code Section 3513 of the Physician Assistant Practice Act that provides that the Committee shall recognize the approval of training programs for PAs approved by a national accreditation organization. PA training programs accredited by a national accreditation agency approved by the Committee shall be deemed approved under this section.

Staff was instructed to obtain sample regulatory language from other states regarding preceptor/preceptee ratios. The results are to be discussed at the next meeting of the PAC.

9. Report on Consumer Protection Enforcement Initiative and SB 1441

Ms. Portman briefly described the enforcement process under which all boards and committees are working toward improving the adjudication of cases. The Department of Consumer Affairs is working with all the boards and bureaus on its Consumer Protection Enforcement Initiative (CPEI). This initiative will ensure that cases are completed in a timelier manner, with an average of twelve to eighteen months.

Ms. Portman also briefly reported on the status of the SB 1441 working group.

10. Department of Consumer Affairs Update

Chairman Klompus introduced Kim Kirchmeyer, Deputy Director for Board Relations, from the Department of Consumer Affairs. Ms. Kirchmeyer spoke to the members about recent issues affecting the Department such as the recent legislation regarding the enforcement protection initiative. She encouraged the members to offer support for the legislation.

Ms. Kirchmeyer informed the Committee of the mandated restrictions on certain purchases and on travel costs. Ms. Kirchmeyer also stated that the Department is recommending that future meetings be webcast to ensure broader consumer participation.

11. Discussion and Possible action to Change the Name of the Physician Assistant Committee to Physician Assistant Board

Discussion ensued about a proposal to change the Committee's name to "Board". At one time, all allied health programs including physician assistants were regulated by the Medical Board of California, who established the allied health committees to regulate those professions. Through the years most of the allied health committees sought legislation to become boards. The PAC maintains a close, cooperative relationship with the MBC because physician assistants are unable to practice without physician supervision.

The name change would more correctly reflect the Committee's role in providing consumer protection through its licensure and enforcement roles. The PAC would continue to maintain a close relation with the MBC including a shared services agreement to provide investigation, legal desk, and data processing and cashiering functions.

A motion was made to direct staff to explore what it would take to change the name from the Physician Assistant Committee to Physician Assistant Board.
(m/Low, s/Schasa, c/all)

12. Discussion of Requirements for Licensure under Business & Professions Code 3519(a)(2)

Ms. Yazigi stated that this item was brought about following the interest of an individual who graduated from a U.S. medical school and is a California licensed MD. This individual has inquired about also becoming licensed as a PA. Section 3519 of the Business and Professions code states that the Committee shall issue under the name of the Medical Board of California a license to all PA applicants who meet all of the following requirements. Subsection (a) discusses evidence of either successful completion of a medical program or Subsection (2) successful completion of a medical school program. Ms. Yazigi also stated that the second requirement under 3519 is that he or she pass an examination under section 3517. It was also stated that per the regulations, the examination for licensure admission be administered by the National Commission on Certification of Physician Assistants, (PANCE) exam.

13. Pending Legislation of Interest to the Committee: SB 389, AB 1310

Ms. Portman reported on the pending legislation. The two legislative bills are SB 389 and AB 1310. SB 389 would require the applicants for licensure and petitioners for reinstatement to successfully complete the state and federal level criminal record information search. This bill would also require licensees that have not previously submitted fingerprints to complete the process necessary for the state and federal criminal offender search.

Ms Portman reported that AB 1310 would require certain boards, including the Committee, to collect specified information from licensees and would require the boards within DCA to work with the Office of Statewide Health Planning and Development (OSHPD) to transfer this data to OSHPD. This bill would also require OSHPD to submit a written report to the legislature.

14. Agenda Items for next meeting

1. Status of SB 1441
2. Discussion of malpractice insurance for PAs on probation
3. Proposed name change
4. Current Legislation
5. Sample language from other states regarding preceptor/preceptee for the next meeting.
6. Discussion of Requirements for Licensure under Business & Professions Code 3519(a)(2)
7. Status of SB 1111
8. Accreditation Task Force Update

15. Items Discussed not on the Agenda

1. Committee meeting to be held on May 20, 2010

A motion was made to cancel the May meeting to conserve the budget.
(m/Diaz, s/Byous, c/all)

16. Public Comment on Items not on the Agenda

Gaye Breyman of the California Association for Physician Assistant (CAPA) spoke about SB 1069 (Pavley), CAPA's new legislation. The bill would allow PAs to sign any and all forms for which a physician can sign if it is delegated to them in their Delegation of Services Agreement. The bill will also allow them to order durable medical equipment, to certify disability and to order home health care. The bill will also bring a statute of limitations for PAs that will be in line with all other medical professions.

17. Adjournment

The meeting adjourned at 4:10 p.m.

**State of California
Office of Administrative Law**

In re:

Physician Assistant Committee

Regulatory Action:

Title 16, California Code of Regulations

Adopt sections:

Amend sections: 1399.501, 1399.511,
1399.520, 1399.525,
1399.526, 1399.527,
1399.545, 1399.550,
1399.556, 1399.573,
1399.612

Repeal sections: 1399.508

NOTICE OF APPROVAL OF CHANGES
WITHOUT REGULATORY EFFECT

California Code of Regulations, Title 1,
Section 100

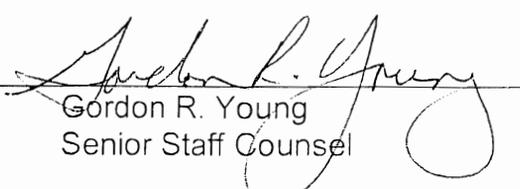
OAL File No. 2010-0831-02 N

This Section 100 change without regulatory effect rulemaking makes a variety of changes to the existing regulations of the Physician Assistant Committee including:

1. Correcting the committee's address.
2. Deleting references to interim approval of applicants for licensure as a Physician Assistant per statutory deletion of this option in SB 819 (Stats. 2009, Chap. 308).
3. Changing the minimum sample of medical records to be reviewed by a supervising physician from 10% to 5% of the medical records of the patients treated by a Physician Assistant within 30 days of treatment per statutory change of this percentage in AB 3 (Stats. 2007, Chap. 376).
4. Elimination of initial licensing and renewal fees and initial Physician Assistant training program application and renewal fees which have sunsetted under the terms of the existing regulations.
5. Correction of a numbering sequence error and spelling of "curriculum vitae".

OAL approves this change without regulatory effect as meeting the requirements of California Code of Regulations, Title 1, section 100.

Date: 10/12/2010


Gordon R. Young
Senior Staff Counsel

Notice to physician assistants regarding new continuing medical education requirements

Effective June 12, 2010, the Physician Assistant Committee enacted new regulations (Title 16, California Code of Regulations section 1399.615 et seq.), mandated by Business and Professions Code section 3524.5, requiring physician assistants to complete continuing medical education as a condition of license renewal. The requirement may be met by completing 50 hours of medical education every two years or by obtaining certification by the National Commission on Certification of Physician Assistants.

A physician assistant who renews his or her license in June 2010, and after, is responsible for complying with these new regulations for this renewal cycle and forward.

Please review and become familiar with the CME regulations, as shown below.

1399.615. Continuing Medical Education Required

- (a) A physician assistant who renews his or her license on or after January 1, 2011, is required to complete fifty (50) hours of approved continuing medical education during each two (2) year renewal period.
- (b) The requirements of subdivision (a) shall be deemed satisfied if the physician assistant, at the time of renewal, is certified by the National Commission on Certification of Physician Assistants.
- (c) Each physician assistant in order to renew his or her license at each renewal thereof shall report compliance with the provisions of this article by declaring upon application that he or she has complied with the continuing medical education requirements or that the provisions of subdivision (b) are applicable.
- (d) Any physician assistant who does not complete the required hours of approved continuing medical education during the two-year period immediately preceding the expiration date of the license shall be ineligible for renewal of his or her license under section 1399.617, unless such physician assistant applies for and obtains a waiver pursuant to Section 1399.618 below.
- (e) A physician assistant shall retain, for a period of four years after the acquisition of the necessary continuing medical education, records issued by an approved continuing medical education provider that indicate the title of the course or program attended, the dates of attendance and the hours assigned to the course or program, or if a physician assistant is certified by the National Commission on Certification of Physician Assistants at the time of license renewal, evidence of certification shall be retained for four (4) years after such certification is issued.

Note: Authority cited: Section 3510, Business and Professions Code. Reference: Section 3524.5, Business and Professions Code. HISTORY

1. New article 8 (sections 1399.615-1399.619) and section filed 5-13-2010; operative 6-12-2010 (Register 2010, No. 20).

For further information, please call the Physician Assistant Committee at (916) 561-8780, or go to www.pac.ca.gov/licensees/cmeregs.pdf.

The Medical Board of California continues to go green

This newsletter is being sent via email to all physicians who have provided an email address on the Board's physician survey or application form. If you receive this by mail, consider contacting us to update your email address so we may contact you immediately with updates about the Board and your profession. This assists the Board in keeping costs down and the environment healthy by reducing the use of paper.

See page 18 for information on joining our Subscriber's List.

DEPARTMENT OF CONSUMER AFFAIRS

PHYSICIAN ASSISTANT COMMITTEE

BUDGET REPORT
AS OF 9/30/2010

FM 03

RUN DATE 10/13/2010
PAGE 1

PHYSICIAN ASSISTANT COMMITTEE

DESCRIPTION	BUDGET	CURR. MONTH	YR-TO-DATE	ENCUMBRANCE	YTD + ENCUMBRANCE	BALANCE	PCNT REMAIN
PERSONAL SERVICES							
SALARIES AND WAGES							
003 00 CIVIL SERVICE-PERM	0	14,521	45,896	0	45,896	(45,896)	
033 04 TEMP HELP (907)	0	1,851	4,242	0	4,242	(4,242)	
063 00 STATUTORY-EXEMPT	0	5,868	18,546	0	18,546	(18,546)	
063 03 COMM MEMBER (911)	0	800	800	0	800	(800)	
083 00 OVERTIME	0	0	10	0	10	(10)	
TOTAL SALARIES AND WAGES	0	23,039	69,494	0	69,494	(69,494)	0.00%
STAFF BENEFITS							
103 00 OASDI	0	1,217	3,855	0	3,855	(3,855)	
104 00 DENTAL INSURANCE	0	222	667	0	667	(667)	
105 00 HEALTH/WELFARE INS	0	2,615	7,844	0	7,844	(7,844)	
106 01 RETIREMENT	0	3,449	10,902	0	10,902	(10,902)	
134 00 OTHER-STAFF BENEFITS	0	910	2,731	0	2,731	(2,731)	
134 01 TRANSIT DISCOUNT	0	56	56	0	56	(56)	
135 00 LIFE INSURANCE	0	8	25	0	25	(25)	
136 00 VISION CARE	0	37	110	0	110	(110)	
137 00 MEDICARE TAXATION	0	323	975	0	975	(975)	
TOTAL STAFF BENEFITS	0	8,838	27,164	0	27,164	(27,164)	0.00%
TOTAL PERSONAL SERVICES	0	31,877	96,659	0	96,659	(96,659)	0.00%
OPERATING EXPENSES & EQUIPMENT							
GENERAL EXPENSE							
217 00 MTG/CONF/EXHIBIT/SHO	0	0	0	7,625	7,625	(7,625)	
TOTAL GENERAL EXPENSE	0	0	0	7,625	7,625	(7,625)	0.00%
PRINTING							
244 00 OFFICE COPIER EXP	0	0	0	1,320	1,320	(1,320)	
TOTAL PRINTING	0	0	0	1,320	1,320	(1,320)	0.00%
POSTAGE							
263 05 ALLOCATED POSTAGE-DC	0	552	552	0	552	(552)	
263 06 ALLOCATED POSTAGE-ED	0	478	478	0	478	(478)	
TOTAL POSTAGE	0	1,029	1,029	0	1,029	(1,029)	0.00%
FACILITIES OPERATIONS							
343 00 RENT-BLDG/GRND(NON S	0	0	0	42,786	42,786	(42,786)	

DEPARTMENT OF CONSUMER AFFAIRS

PHYSICIAN ASSISTANT COMMITTEE

BUDGET REPORT
AS OF 9/30/2010

RUN DATE 10/13/2010
PAGE 2

FM 03

PHYSICIAN ASSISTANT COMMITTEE

DESCRIPTION	BUDGET	CURR. MONTH	YR-TO-DATE	ENCUMBRANCE	ENCUMBRANCE	YTD + ENCUMBRANCE	BALANCE	PCNT REMAIN
<u>TOTAL FACILITIES OPERATIONS</u>	0	0	0	42,786	42,786	42,786	(42,786)	0.00%
C/P SVS - EXTERNAL								
418 02 CONS/PROF SVS-EXTRNL	0	854	854	74,192	75,046	75,046	(75,046)	
<u>TOTAL C/P SVS - EXTERNAL</u>	0	854	854	74,192	75,046	75,046	(75,046)	0.00%
CONSOLIDATED DATA CENTERS								
428 00 CONSOLIDATED DATA CE	0	0	0	2,500	2,500	2,500	(2,500)	
<u>TOTAL CONSOLIDATED DATA CENTERS</u>	0	0	0	2,500	2,500	2,500	(2,500)	0.00%
<u>TOTAL OPERATING EXPENSES & EQUIPMEN</u>	0	1,884	1,884	128,423	130,307	130,307	(130,307)	0.00%

PHYSICIAN ASSISTANT COMMITTEE

	0	33,760	98,542	128,423	226,965	226,965	(226,965)	0.00%
	0	33,760	98,542	128,423	226,965	226,965	(226,965)	0.00%

**PHYSICIAN ASSISTANT COMMITTEE
LICENSING PROGRAM ACTIVITY**

Submitted by: Linda Bronson

INITIAL LICENSES / INTERIM APPROVALS ISSUED

	July 1, 2010- October 1, 2010	July 1, 2009- October 1, 2009
<i>Initial Licenses</i>	241	182

SUMMARY OF RENEWED/CURRENT LICENSES

	As of Oct 1, 2010	As of Oct 1, 2009
<i>Physician Assistant</i>	7,838	7,337

PHYSICIAN ASSISTANT TRAINING PROGRAMS

Pending Applications 0
Currently Approved 157

**PHYSICIAN ASSISTANT COMMITTEE
DIVERSION PROGRAM**

ACTIVITY REPORT

California licensed physician assistants participating in the Physician Assistant Committee drug and alcohol diversion program:

	As of 1 October 2010	As of 1 October 2009	As of 1 October 2008
Voluntary referrals	05	07	04
Committee referrals	19	15	12
Total number of participants	24	22	16

HISTORICAL STATISTICS

(Since program inception: 1990)

Total intakes into program as of 1 October 2010.....97

Closed Cases as of 1 October 2010

- Participant expired.....1
- Successful completion.....20
- Dismissed for failure to receive benefit.....4
- Dismissed for non-compliance.....23
- Voluntary withdrawal.....18
- Not eligible.....7

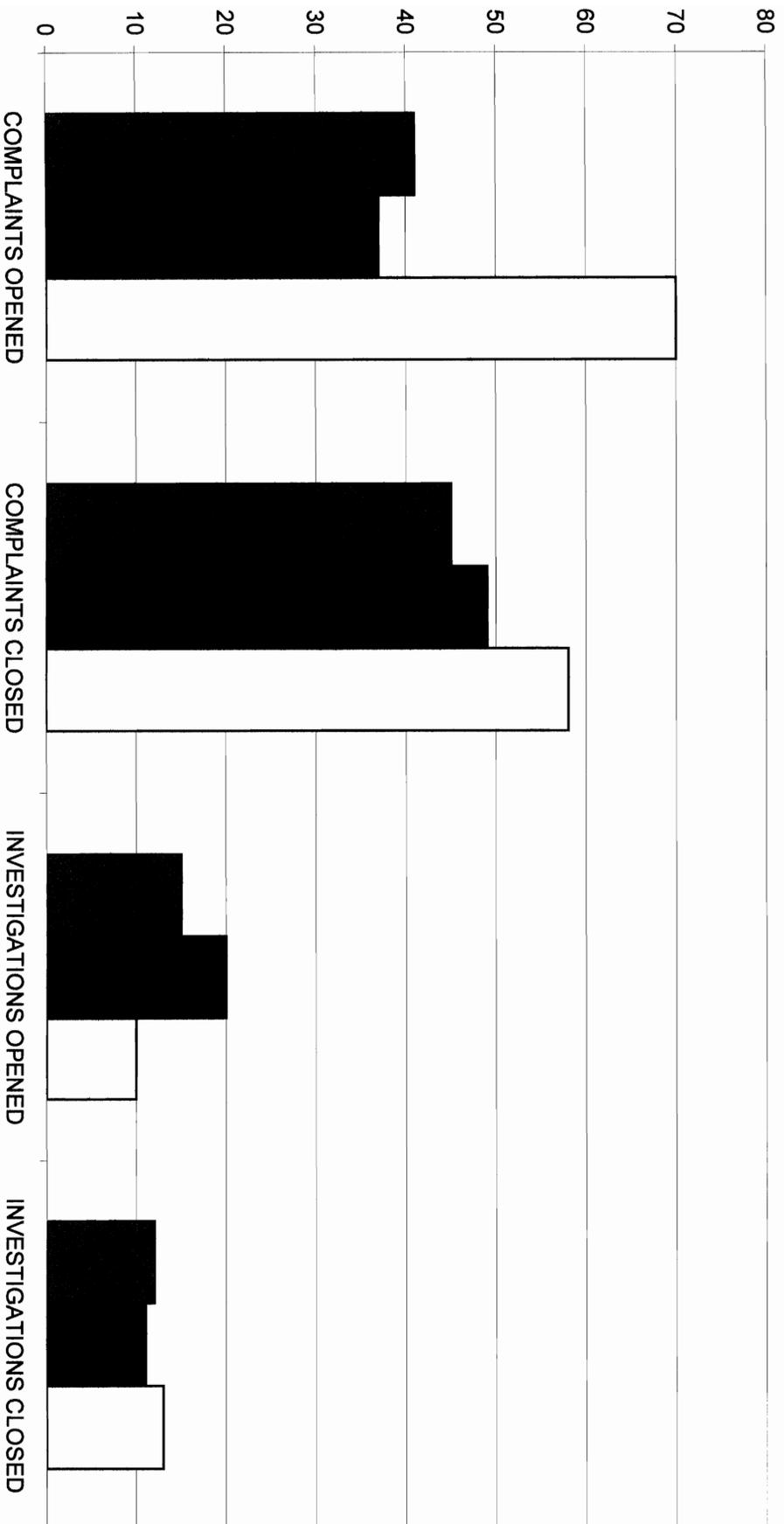
Total closed cases.....73

OTHER DCA BOARD DIVERSION PROGRAM PARTICIPANTS

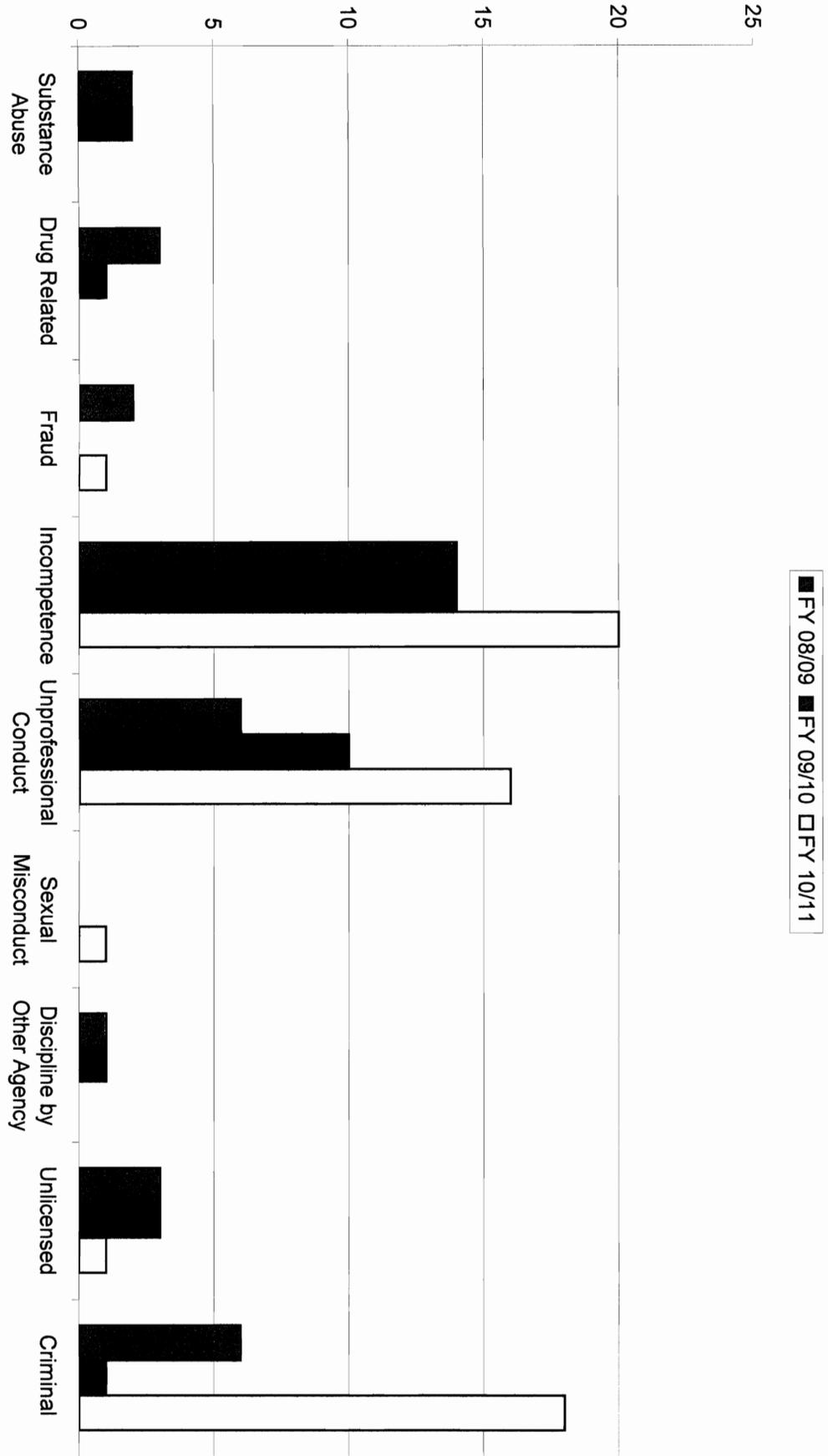
(As of 30 September 2010)

Dental Board of California.....42
 Osteopathic Medical Board of California.....11
 Board of Pharmacy.....78
 Physical Therapy Board of California.....18
 Board of Registered Nursing.....501
 Veterinary Board of California.....5

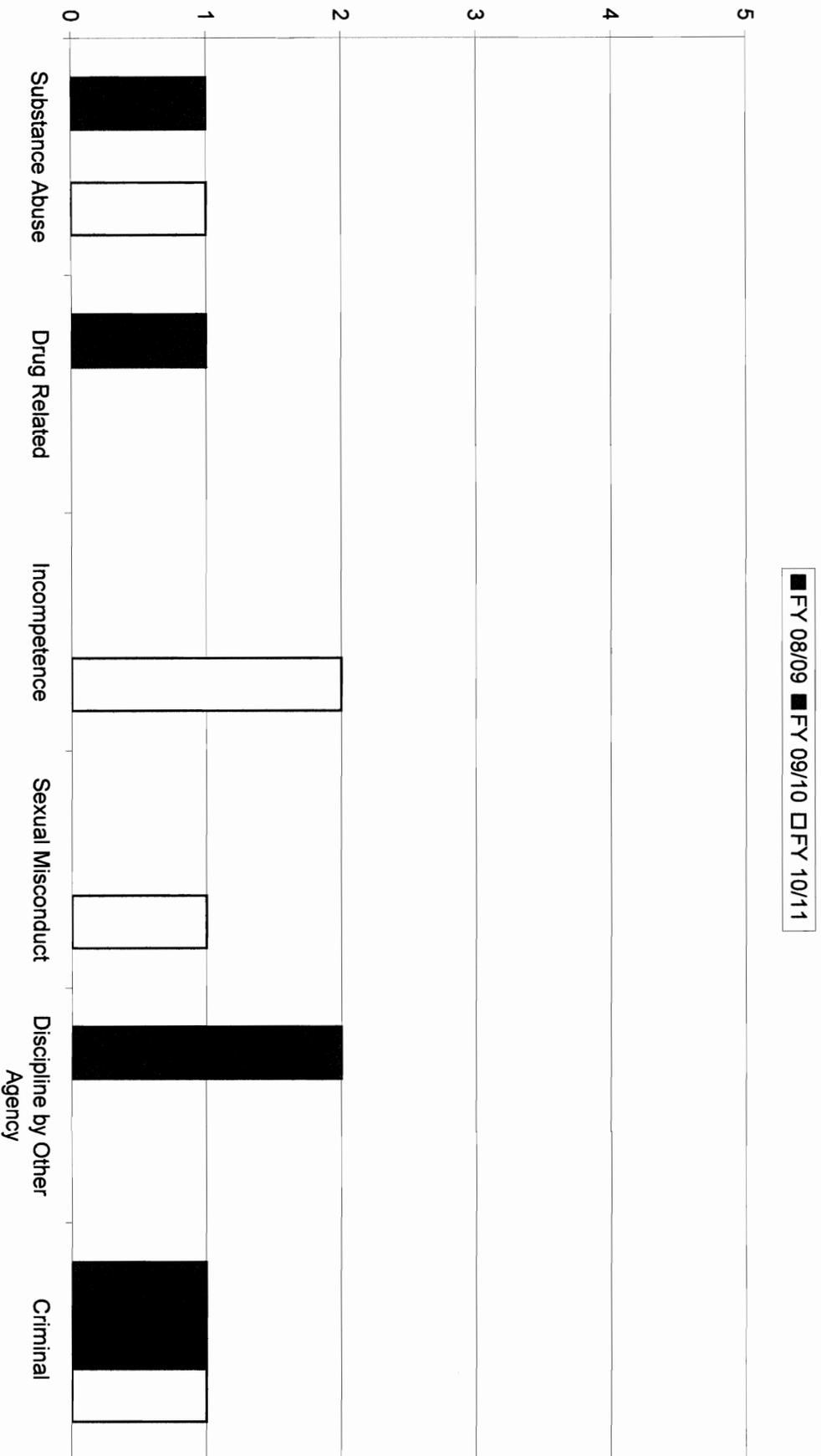
**PHYSICIAN ASSISTANT COMMITTEE
COMPLAINTS AND INVESTIGATION
JULY 1 THROUGH SEPTEMBER 30**



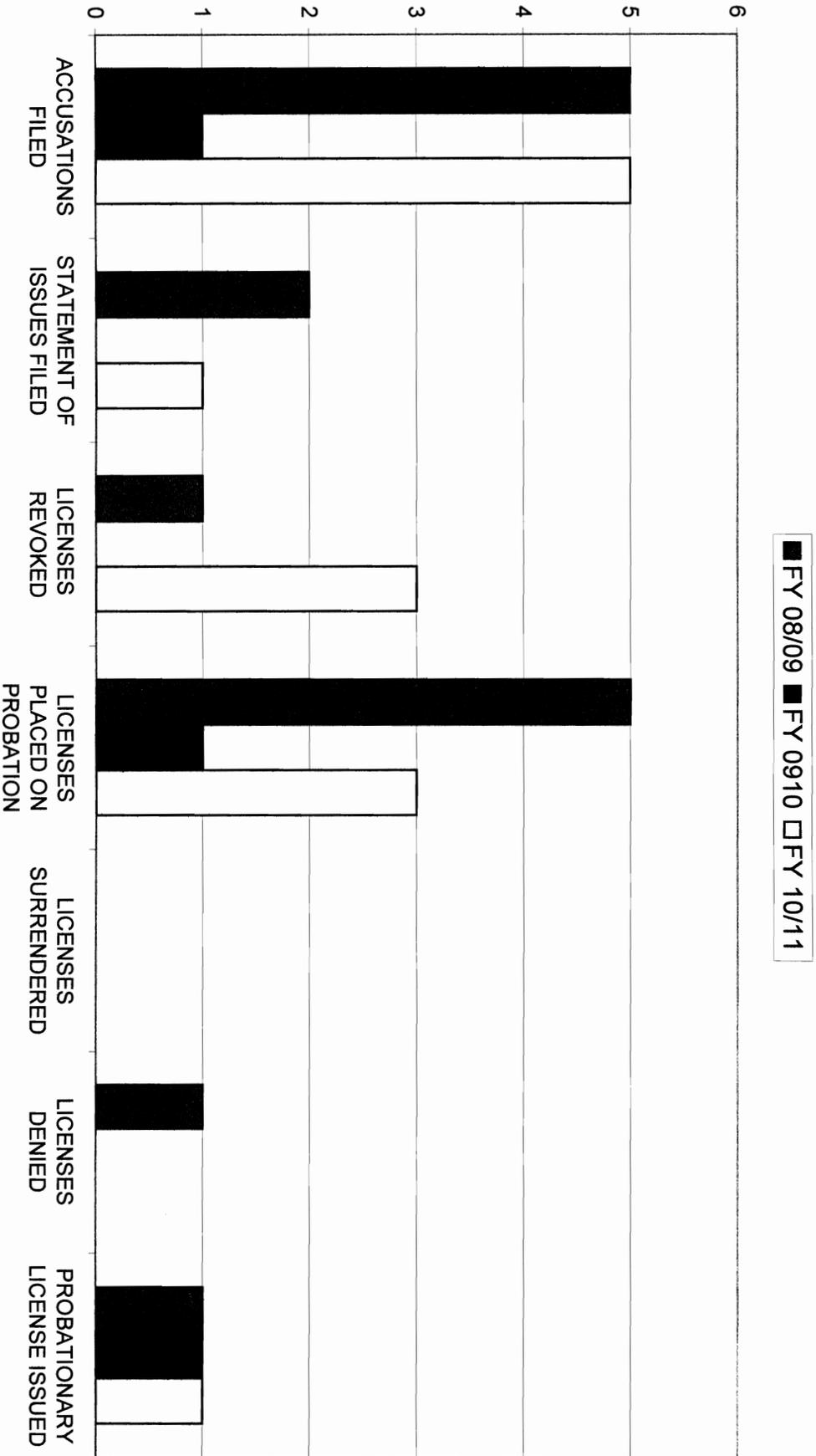
**PHYSICIAN ASSISTANT COMMITTEE
CATEGORY OF COMPLAINTS RECEIVED
JULY 1 THROUGH SEPTEMBER 30**



**PHYSICIAN ASSISTANT COMMITTEE
CATEGORY OF ACCUSATIONS FILED
JULY 1 THROUGH SEPTEMBER 30**



**PHYSICIAN ASSISTANT COMMITTEE
DISCIPLINARY ACTIONS
JUNE 1 THROUGH SEPTEMBER 30**



**Physician Assistant Committee
Cases Over 8 Months Old
As of September 30, 2010**

Investigations

Total Number of Investigations pending: 27

Number of Investigations over 8 months old: 14

Status of Cases over 8 months old:

<u># of cases</u>	<u>Status</u>
8	Scheduling/subpoena for Interview
1	At Medical consultant
2	Obtaining medical records
2	Working on final report
1	Working within MBC priorities/staffing

Disciplinary Actions

Total Number of Disciplinary Cases pending: 25

Number of Disciplinary Cases over 8 months old: 9

Status of Cases over 8 months old:

<u># of cases</u>	<u>Status</u>
3	Waiting for hearing date
1	Out for Vote
1	Working on Accusation
3	Working on Stipulation
1	Awaiting criminal outcome/ISO in place

**Physician Assistant Committee
Cost Recovery
As of September 30, 2010**

<u>Cost Recovery</u>	<u>Amount</u>	<u># of Probationers</u>
Ordered over last 5 years	\$ 169,265	30
Received over last 5 years	\$ 67,810	34
Outstanding balance	\$ 93,774	19
Uncollectable amount*	\$ 46,456	9

*The uncollectable amount is from licenses that were surrendered, revoked, or sent to FTB over the last 5 years. The cost recovery would be required to be paid in full if they applied for a reinstatement of the license.

Agenda Item #8

1399.530. Approval of Programs through ARC-PA.

Those educational programs accredited by the Accreditation Review Commission on Education for the Physician Assistant ("ARC-PA") shall be deemed approved by the committee. Nothing in this section shall be construed to prohibit the committee from disapproving an educational program which does not comply with the requirements of this article. Approval under this section terminates automatically upon termination of an educational program's accreditation of ARC-PA.

1399.530.5. General Requirements for an Approved Program.

If program accreditation by ARC-PA is no longer deemed approved by the Committee and no other national accrediting organization is approved by the Committee, the Committee may issue certificates of approval to programs for the instruction of physician assistants that meet the following requirements:

~~(a) A program for instruction of physician assistants shall meet the following requirements for approval:~~

- (1) The educational program shall be established in educational institutions accredited by an accrediting agency recognized by Council for Higher Education Accreditation ("CHEA") or its successor organization, or the U.S. Department of Education, Division of Accreditation, which are affiliated with clinical facilities that have been evaluated by the educational program.
- (2) The educational program shall develop an evaluation mechanism to determine the effectiveness of its theoretical and clinical program.
- (3) Course work shall carry academic credit; however, an educational program may enroll students who elect to complete such course work without academic credit.
- (4) The medical director of the educational program shall be a physician who holds a current license to practice medicine from any state or territory of the United States or, if the program is located in California, holds a current California license to practice medicine.
- (5) The educational program shall require a three-month preceptorship for each student in the outpatient practice of a physician or equivalent experience which may be integrated throughout the program or may occur as the final part of the educational program in accordance with Sections 1399.535 and 1399.536.
- (6) Each program shall submit an annual report regarding its compliance with this section on a form provided by the committee.

~~(b)~~

1399.531. Curriculum Requirements for an Approved Program for Primary Care Physician Assistants.

(a) For programs approved under Section 1399.530.5, the curriculum of a program for instruction of primary care physician assistants shall include adequate theoretical instruction in or shall require as prerequisites to entry into the program the following basic education core:

- (1) Chemistry
- (2) Mathematics, which includes coursework in algebra
- (3) English
- (4) Anatomy and Physiology
- (5) Microbiology
- (6) Sociology or cultural anthropology
- (7) Psychology

All instruction in the basic education core shall be at the junior college level or its equivalent with the exception of chemistry which may be at the junior college or high school level.

(b) For programs approved under Section 1399.530.5, the curriculum of an educational program shall also include or require as prerequisites adequate theoretical and clinical instruction which includes direct patient contact where appropriate, in the following clinical science core:

- (1) Community Health and Preventive Medicine
- (2) Mental Health
- (3) History taking and physical diagnosis

- (4) Management of common diseases (acute, chronic, and emergent) including first aid
- (5) Concepts in clinical medicine and surgery, such as:
 - growth and development
 - nutrition
 - aging
 - infection
 - allergy and sensitivity
 - tissue healing and repair
 - oncology
- (6) Common laboratory and screening techniques
- (7) Common medical and surgical procedures
- (8) Therapeutics, including pharmacology
- (9) Medical ethics and law
- (10) Medical socioeconomics
- (11) Counseling techniques and interpersonal dynamics

1399.532. Requirements for an Approved Program for the Specialty Training of Physician Assistants.

If program accreditation by ARC-PA is no longer deemed approved by the Committee and no other national accrediting organization is approved by the Committee to accredit programs, the Committee may issue certificates of approval to specialty programs for the instruction of physician assistants.—A program for the specialty training of physician assistants approved by the Committee under this section shall meet the general requirements of Section 1399.530.5, except that a specialty training program need not be located in an educational institution and need not provide academic credit for its coursework, and shall either

- (a) accept only trainees who have completed a primary care training program; or,
- (b) provide the curriculum set forth in Section 1399.531 in addition to any specialty instruction it may provide.

1399.535. Requirements for Preceptorship Training.

~~—An approved program~~ A program approved under Section 1399.530.5 shall have a preceptorship training program which meets the following criteria:

- (a) Continuous orientation of preceptors to the goals and purposes of the total educational program as well as the preceptorship training;
- (b) Establishment of a program whereby the preceptor shall not be the sole person responsible for the clinical instruction or evaluation of the preceptee.

1399.536. Requirements for Preceptors.

(a) Preceptors participating in the preceptorship of an program approved under Sections 1399.530.5 and 1399.535 ~~program~~ shall:

- (1) Be licensed health care professionals (enumerate) ~~physicians~~ who are engaged in the practice of medicine which practice is sufficient to adequately expose preceptees to a full range of experience. The practice need not be restricted to an office setting but may take place in licensed facilities, such as hospitals, clinics, etc.
- (2) Not have had the privilege to practice medicine terminated, suspended, or otherwise restricted as a result of a final disciplinary action (excluding judicial review of that action) by any state medical board or any agency of the federal government, including the military, within 5 years immediately preceding his or her participation in a preceptorship.
- (3) By reason of medical education, specialty and nature of practice be sufficiently qualified to teach and supervise preceptees.
- (4) Not be assigned to supervise more preceptees than reasonably manageable under that preceptor's particular circumstances, so that adequate instruction can be provided to the preceptees when taking into account workload of preceptor and duties and skill level of preceptees. ~~than one preceptee at a time.~~
- (5) Teach and supervise the preceptee in accordance with the provisions and limitations of sections 1399.540 and 1399.541.

(6) Shall in conjunction with his or her use of a preceptee, charge a fee for only those personal and identifiable services which he or she, the preceptor, renders. The services of the preceptee shall be considered as part of the global services provided and there shall be no separate billing for the services rendered by the preceptee.

(7) Obtain the necessary patient consent as required in section 1399.538.

(b) It shall be the responsibility of the approved program to assure that preceptors comply with the foregoing requirements.

1399.536.5 Approval of Programs Pre-Dating ARC-PA

A program for the instruction of physician assistants that pre-dates ARC-PA approval may be approved by the committee if the program substantially complied with the requirements of Section 1399.530.5 and Section 1399.531. Substantial compliance shall be determined on a case-by-case basis by the committee.

**The following draft regulations were submitted by the
California Academy of Physician Assistants (CAPA)**

ARC-PA Standards

July 2010

B3.06 *Supervised clinical practice experiences should occur with:*

- a) physicians who are specialty board certified in their area of instruction,
- b) PAs teamed with physicians who are specialty board certified in their area of instruction or
- c) other licensed health care providers experienced in their area of instruction.

ANNOTATION: It is expected that the program will provide *supervised clinical practice experiences with preceptors* who are prepared by advanced medical education or by experience. The ARC-PA will only consider *supervised clinical practice experiences* occurring with physician preceptors who are not board certified or with other licensed health care providers serving as *preceptors* when they are evaluated and determined by the program faculty to be appropriate for the specified area of instruction, under circumstances unique to the program.

**Laws and Regulations
Relating to the Practice of
Physician Assistants**

1399.536. Requirements for Preceptors.

(a) Preceptors participating in the preceptorship of an approved program shall:

(1) **Be licensed physicians** who are engaged in the practice of medicine which practice is sufficient to adequately expose preceptees to a full range of experience. The practice need not be restricted to an office setting but may take place in licensed facilities, such as hospitals, clinics, etc.

(2) Not have had the privilege to practice medicine terminated, suspended, or otherwise restricted as a result of a final disciplinary action (excluding judicial review of that action) by any state medical board or any agency of the federal government, including the military, within 5 years immediately preceding his or her participation in a preceptorship.

(3) By reason of medical education, specialty and nature of practice be sufficiently qualified to teach and supervise preceptees.

(4) Not be assigned to supervise more than one preceptee at a time.

(5) Teach and supervise the preceptee in accordance with the provisions and limitations of sections 1399.540 and 1399.541.

(6) Shall in conjunction with his or her use of a preceptee, charge a fee for only those personal and identifiable services which he or she, the preceptor, renders. The services of the preceptee shall be considered as part of the global services provided and there shall be no separate billing for the services rendered by the preceptee.

(7) Obtain the necessary patient consent as required in section 1399.538.

(b) It shall be the responsibility of the approved program to assure that preceptors comply with the foregoing requirements.

NOTE: Authority cited: Section

ARC-PA Standards

October 2010

B3.06 *Supervised clinical practice experiences should occur with:*

- a) physicians who are specialty board certified in their area of instruction,
- b) PAs teamed with physicians who are specialty board certified in their area of instruction or
- c) other licensed health care providers experienced in their area of instruction.

ANNOTATION: It is expected that the program will provide *supervised clinical practice experiences* with *preceptors* who are prepared by advanced medical education or by experience. The ARC-PA will only consider *supervised clinical practice experiences* occurring with physician preceptors who are not board certified or with other licensed health care providers serving as *preceptors* when they are evaluated and determined by the program faculty to be appropriate for the specified area of instruction, under circumstances unique to the program.

Proposed Change To Laws and Regulations Relating to the Practice of Physician Assistants

1399.536. Requirements for Preceptors.

(a) Preceptors participating in the preceptorship of an approved program shall be:

- (1) a) physicians who are specialty board certified in their area of instruction, b) PAs teamed with physicians who are specialty board certified in their area of instruction or c) other licensed health care providers experienced in their area of instruction.

~~Be licensed physicians~~ who are engaged in the practice of medicine which practice is sufficient to adequately expose preceptees to a full range of experience. The practice need not be restricted to an office setting but may take place in licensed facilities, such as hospitals, clinics, etc.

(2) Not have had the privilege to practice medicine terminated, suspended, or otherwise restricted as a result of a final disciplinary action (excluding judicial review of that action) by any state medical board or any agency of the federal government, including the military, within 5 years immediately preceding his or her participation in a preceptorship.

(3) By reason of medical education, specialty and nature of practice be sufficiently qualified to teach and supervise preceptees.

(4) Not be assigned to supervise more than one preceptee at a time.

(5) Teach and supervise the preceptee in accordance with the provisions and limitations of sections 1399.540 and 1399.541.

(6) Shall in conjunction with his or her use of a preceptee, charge a fee for only those personal and identifiable services which he or she, the preceptor, renders. The services of the preceptee shall be considered as part of the global services provided and there shall be no separate billing for the services rendered by the preceptee.

(7) Obtain the necessary patient consent as required in section 1399.538.

(b) It shall be the responsibility of the approved program to assure that preceptors comply with the foregoing requirements.

NOTE: Authority cited: Section

LICENSING INITIAL LICENSING EXAMINATION

PASSING SCORE

Business and Professions Code section 3517 provides in pertinent part:

“The committee shall, however, establish a passing score for each examination.”

Motion to approve the passing score for the physician assistant initial licensing examination for year 2011 as established by the National Commission on Certification of Physician Assistants.

DATES AND LOCATIONS

Business and Professions Code section 3517 provides in pertinent part:

“The time and place of examination shall be fixed by the committee.”

Motion to approve the dates and locations for the physician assistant initial licensing examination for year 2011.

Dates: The examination is given on a year-round basis. There will be no testing between December 21 – 31, 2011.

Locations: Pearson VUE Professional Centers.

**

Agenda Item 11

NCCPA Exam Development and Scoring

NCCPA's exam questions are developed by committees comprising PAs and physicians selected based on both their item writing skills, experience and references as well as demographic characteristics (i.e., practice specialty, geographic region, practice setting, etc.). The test committee members each independently write a certain number of test questions or items, referencing each to a recently published textbook (not journal articles). Each item then goes through an intense review by content experts and medical editors from which only some items emerge for pre-testing. Every NCCPA exam includes both scored and pre-test items, and examinees have no way of distinguishing between the two. This allows NCCPA to collect important statistics about how the pre-test items perform on the exam, which informs the final decision about whether a particular question meets the standards for inclusion as a scored item on future PANCE or PANRE exams.

Pathway II exams are developed in much the same way as PANCE and PANRE exams. However, Pathway II questions are not pre-tested due to the nature of that exam. Rather, after a preliminary analysis of each Pathway II administration's results, statistical analyses are used to identify items that appear to have been problematic or even flawed. Through this validation process, content experts review those items to determine whether the answers had been keyed incorrectly in the scoring system or whether the item itself was flawed in some way. Also, from time to time Pathway II examinees will contact NCCPA with questions or concerns about particular exam items, which are also reviewed during the validation process. When the content experts identify a flawed item, it is removed from the group of scored items and is not included in the scoring process.

When NCCPA exams are scored, candidates are initially awarded 1 point for every correct answer and 0 points for incorrect answers to produce a raw score. After examinees' raw scores have been computed by two independent computer systems to ensure accuracy, the scored response records for PANCE and PANRE examinees are entered into a maximum likelihood estimation procedure, a sophisticated, mathematically-based procedure that uses the difficulties of all the scored items in the form taken by an individual examinee as well as the number of correct responses to calculate that examinee's proficiency measure. This calculation is based on the *Rasch model* and equates the scores, compensating for minor differences in difficulty across different versions of the exam. Thus, in the end, all proficiency measures are calculated as if everyone took the same exam. (That step is not necessary for Pathway II since all examinees in a given administration take the same exam.)

Finally, the proficiency measure is converted to a scaled score so that results can be compared over time and among different groups of examinees. The scale is based on the performance of a reference group (some particular group of examinees who took the exam in the past) whose scores were scaled so that the average proficiency measure was assigned a scaled score of 500 and the standard deviation was established at 100. The vast majority of scores fall between 200 and 800. More details on the reference group for each exam and the calculation of scores will be provided in the form of *Performance Interpretation Guidelines* published with your exam results.

We do not publish the percent correct level necessary to pass our examinations any more. Given that we have multiple test forms this information would not be accurate since some test forms, while built to be exactly the same, are slightly different in their difficulty. Therefore we convert the percent correct to a scaled score and report scores and the passing standard on that scale.

Agenda Item 13

PHYSICIAN ASSISTANT COMMITTEE

STRATEGIC PLAN REPORT

2009/2010

GOAL 1 – LICENSING

Objective: Streamline the regulatory language in regard to licensing schools:

The regulatory language for physician assistant training programs is being reviewed by the PAC for any changes that may be required.

Objective: Review application, license, and renewal fees to ensure they are current.

Staff has reviewed current license fees with the budget office and determined that at this time there is no current need to request a fee change. However, a regulation is being processed to require that Diversion participants pay their Diversion monitoring costs.

The application was revised to request that the applicant submit both the application fee (\$25) and the initial license fee (\$200) at the time that the application is submitted. This change has resulted in a time savings for processing of our applications.

Objective: Develop and transition to an all-electronic processing method for licensing.

The Physician Assistant Committee (PAC) is working with the Medical Board of California (MBC) to provide on line application status. Additionally, the Department of Consumer Affairs (DCA) is in the process of developing an on-line all-electronic processing for renewals through the Breeze project.

Goal 2 – Enforcement

Objective: Identify and use expert witnesses who understand the legal requirements for enforcement.

Dianne Tincher maintains the PAC Expert List, and responds to any physician assistants who request to be considered as an expert.

Objective: Create an enforcement process tree and post on the internet.

The enforcement process tree has been posted on the website, along with posting of additional information related to enforcement.

Objective: Clarify enforcement regulations and statutes.

The PAC is working on several regulations to enhance enforcement processing, including requiring Diversion participants to pay the costs for monitoring.

Objective: Post disciplinary guidelines conspicuously on the web site.

The Disciplinary Guidelines are now posted on the web site under Quick Hits on the home page.

Objective: Reduce the time required to conduct investigations.

The PAC has received approval for one non-sworn investigator for the MBC through the Consumer Protection Enforcement Initiative.

Objective: Add requirement for licensees to report any convictions that occur prior to renewal of their license.

Licensees are now required to report any convictions at the time that they renew their license. The renewal notice now contains an area where the licensee reports whether or not he/she has received any conviction since the time of their last renewal.

Objective: Establish a faster Interim Suspension Order process and use it consistently.

The Interim Suspension Order process has improved because PAC staff work cooperatively with MBC investigators and Office of the Attorney General to obtain any information required for issuance of a suspension order when deemed appropriate to ensure public safety is not compromised.

Goal 3 – Education and Outreach

Staff is exploring the use of twitter and/or a blog for the PAC.

In 2010 the PAC has made three visits to physician assistant programs to provide and discuss licensing requirements, laws and regulations, and other information of interest to the students.

The subscription service, website and MBC's *Newsletter* are used to send out information on new laws and regulations.

The PAC plans on holding one 2011 PAC meeting at UC Davis in Sacramento.

Goal 4 – Administrative Efficiency

Objective: Provide electronic access to all electronic data. Increase the use of electronic, on-line communication to reduce the use of hard copy.

The PAC web site is constantly being enhanced and includes disciplinary information, enforcement reports, and annual reports.

Additionally, all forms are now available on-line. Address changes can now be completed and submitted on-line.

Goal 5 – Legislative and Regulatory

Objective: Stay abreast of updated, changed, and newly enforced laws to make sure the PAC is compliant.

Objective: Ensure that new legislation and regulations reflect the current needs of the PA practice.

Objective: Keep regulations current.

As part of recent legislation and regulations, licensees will be required in 2012 to report their continuing medical education as a condition for renewal. The licensee will either report that he/she is certified by the NCCPA, or certify that he/she has completed at least 50 CMEs.

PAC staff continues to monitor newly enacted laws and regulations to ensure that the PAC is compliant with any new requirements or changes to existing laws and regulations.

PAC staff is working on several enhancements to regulations and continues to review current regulations to ensure that they are aligned with laws governing the PA practice.

Pursue enhanced mandatory reporting from hospitals and clinics of disciplinary actions taken against PAs.

Staff will work with DCA Legislative staff to seek legislation to enhance reporting requirements.

Goal 6 – Workforce

Objective: Provide information about the PA career to health sectors of the military branches.

Staff has developed a web site career tab on the website homepage which provides information regarding a career as a PA. Staff will continue to develop methods to provide more information to the military.

**Legislation of Interest to the Physician Assistant Committee
SB 294, SB 389, SB 1069, AB 471, AB 1310, AB 2386, AB 2699**

SB 294, Authored by Negrete McLeod

Chaptered by Secretary of State. Chapter 695, Statutes of 2010

Among other things, this bill will make the Physician Assistant Committee inoperative on inoperative January 1, 2013 and repealed on January 1, 2014.

SB 389 Authored by Negrete McLeod. Failed passage in Committee.

This bill would require that new applicants and petitioners for reinstatement of a revoked, surrendered and canceled license, be required to complete a state and federal level criminal record information search.

SB 1069, Authored by Senator Pavley

Chaptered by Secretary of State. Chapter 512, Statutes of 2010

This law makes changes to the Physician Assistant Practice Act regarding supervision of PAs, and authorizes a PA to perform physician exams and other specified medical services, and sign and attest to any document evidencing those examinations or other services. It also makes changes to other codes regarding performance of examinations as well.

AB 471, Authored by Assembly Member Nava, Vetoed by Governor

Existing law requires the Attorney General to perform specified duties with regard to providing state agencies with legal services. This bill would make technical, nonsubstantive changes to these provisions.

AB 1310, Authored by Assembly Member Hernandez, In Senate Appropriations.

This bill would have provided a healing art database, under the direction of the Office of Statewide Health Planning and Development.

AB 2389, Authored by Assembly Member Gaines, Inactive

This bill was concerning health care coverage, health facilities and cost and quality information.

AB 2699, Authored by Assembly Member Bass,
Chaptered by Secretary of State. Chapter 270, Statutes of 2010

This bill provides until January 1, 2014, an exemption from the licensure and regulation requirements for a health care practitioner (including PAs), who offers or provides health care services through a sponsored event. The PAC staff is working with DCA and other interested parties to implement this bill.

TITLE 16. PHYSICIAN ASSISTANT COMMITTEE
NOTICE OF REGULATORY HEARING

NOTICE IS HEREBY GIVEN that the Physician Assistant Committee is canceling its regulatory hearing originally scheduled for 28 October 2010 regarding Notification to Consumers (Title 16, California Code of Regulations, Section 1399.547, pursuant to the Notice of Proposed Changes filed with the Office of Administrative Law and published on 10 September 2010, Register 2010, No. 37-Z, Notice File Number: No. Z-2010-0831-10).

NOTICE IS ALSO GIVEN that the Physician Assistant Committee has rescheduled the regulatory hearing.

The new date and location of the regulatory hearing is as follows:

Date of Hearing: 18 November 2010

Place: 2005 Evergreen Street
Hearing Room 1150
Sacramento, CA 95815

Time: 1:00 p.m.

Persons who have previously submitted written comments to the Committee regarding the proposed action need not submit comments again. Any comments previously submitted remain in the rulemaking file.

If you have any questions or comments, you may direct them to:

Glenn Mitchell
Physician Assistant Committee
2005 Evergreen Street, Suite 1100
Sacramento, CA 95815
(916) 561-8783

Email address: glenn.mitchell@mbc.ca.gov

DATED: 19 October 2010


Elberta Portman
Executive Officer
Physician Assistant Committee

TITLE 16. PHYSICIAN ASSISTANT COMMITTEE

NOTICE IS HEREBY GIVEN that the Physician Assistant Committee is proposing to take the action described in the Informative Digest. Any person interested may present statements or arguments orally or in writing relevant to the action proposed at a hearing to be held at 2005 Evergreen Street, Hearing Room 1150, Sacramento, California, at 1:00 p.m. on 28 October 2010. Written comments, including those sent by mail, facsimile, or e-mail to the addresses listed under Contact Person in this Notice, must be received by the Physician Assistant Committee at its office no later than 5:00 p.m. on 25 October 2010 or must be received by the Physician Assistant Committee at the hearing. The Physician Assistant Committee, upon its own motion or at the instance of any interested party, may thereafter adopt the proposals substantially as described below or may modify such proposals if such modifications are sufficiently related to the original text. With the exception of technical or grammatical changes, the full text of any modified proposal will be available for 15 days prior to its adoption from the person designated in this Notice as contact person and will be mailed to those persons who submit written or oral testimony related to this proposal or who have requested notification of any changes to the proposal.

Authority and Reference: Pursuant to the authority vested by Section 3510 of the Business and Professions Code, and to implement, interpret or make specific Section 138 of said Code, the Physician Assistant Committee is considering changes to Division 13.8 of Title 16 of the California Code of Regulations as follows:

INFORMATIVE DIGEST/POLICY STATEMENT OVERVIEW

Business and Professions Code Section 3510 authorizes the Committee to adopt, amend, or repeal regulations as may be necessary to enable it to carry into effect the provisions of the Physician Assistant Practice Act. The Committee is proposing the following changes:

Adopt Section 1399.547

Business and Professions Code Section 138 requires that every board within the Department of Consumer Affairs adopt regulations requiring its licensees to provide notification to their customers that the practitioner is licensed by the state.

This proposal implements Business and Professions Code Section 138 by requiring physician assistant licensees to notify consumers that they are licensed by the Physician Assistant Committee.

FISCAL IMPACT ESTIMATES

Fiscal Impact on Public Agencies Including Costs or Savings to State Agencies or Costs/Savings in Federal Funding to the State: Minor.

Nondiscretionary Costs/Savings to Local Agencies: None.

Local Mandate: None.

Cost to Any Local Agency or School District for Which Government Code Sections 17500 – 17630 Require Reimbursement: None.

Business Impact:

The board has made an initial determination that the proposed regulatory action would have no significant statewide adverse economic impact directly affecting business, including the ability of California businesses to compete with businesses in other states.

AND

The following studies/relevant data were relied upon in making the above Determination: None.

Impact on Jobs/New Businesses:

The Physician Assistant Committee has determined that this regulatory proposal will not have any impact on the creation of jobs or new businesses or the elimination of jobs or existing businesses or the expansion of businesses in the State of California.

Cost Impact on Representative Private Person or Business:

The Physician Assistant Committee is not aware of any cost impacts that a representative private person or business would necessarily incur in reasonable compliance with the proposed action.

Effect on Housing Costs: None.

EFFECT ON SMALL BUSINESS

The Physician Assistant Committee has determined that the proposed regulations would affect small businesses because some licensees may work in a small business practice setting.

This proposed regulation would require licensees to determine which of three notification methods would be the most appropriate for their practice setting. The three

(3) methods include: posting a sign where their patients may see it; include a written statement signed and dated by the patient and placed in their medical record; or include the notification language on another document just above the patient signature line.

The Committee believes that the impact would be minimal, since it is anticipated that most offices will post one (1) sign in an area where their patients may see it.

CONSIDERATION OF ALTERNATIVES

The Physician Assistant Committee must determine that no reasonable alternative it considered to the regulation or that has otherwise been identified and brought to its attention would either be more effective in carrying out the purpose for which the action is proposed or would be as effective and less burdensome to affected private persons than the proposal described in this Notice.

Any interested person may present statements or arguments orally or in writing relevant to the above determinations at the above-mentioned hearing.

INITIAL STATEMENT OF REASONS AND INFORMATION

The Physician Assistant Committee has prepared an initial statement of the reasons for the proposed action and has available all the information upon which the proposal is based. It may be obtained at the hearing or prior to the hearing upon request from the Physician Assistant Committee at 2005 Evergreen Street, Suite 1100, Sacramento, California 95815 or on the committee's website at: www.pac.ca.gov.

TEXT OF PROPOSAL

Copies of the exact language of the proposed regulations and of the initial statement of reasons, and all of the information upon which the proposal is based, may be obtained at the hearing or prior to the hearing upon request from the Physician Assistant Committee at 2005 Evergreen Street, Suite 1100, Sacramento, California 95815 or on the committee's website: www.pac.ca.gov.

AVAILABILITY AND LOCATION OF THE FINAL STATEMENT OF REASONS AND RULEMAKING FILE

All the information upon which the proposed regulations are based is contained in the rulemaking file which is available for public inspection by contacting the person named below.

You may obtain a copy of the final statement of reasons once it has been prepared, by making a written request to the contact person named below or by accessing the website listed below.

CONTACT PERSON

Any inquiries or comments concerning the proposed rulemaking action may be addressed to:

Name: Glenn Mitchell
Address: 2005 Evergreen Street, Suite 1100
Sacramento, CA 95815

Telephone No.: (916) 561-8783
Fax No.: (916) 263-2671
E-Mail Address: glenn.mitchell@mbc.ca.gov

The backup contact person is:

Name: Elberta Portman
Address: 2005 Evergreen Street, Suite 1100
Sacramento, CA 95815
Telephone No.: (916) 561-8782
Fax No.: (916) 263-2671
E-Mail Address: elberta.portman@mbc.ca.gov

Website Access : Materials regarding this proposal can be found at:

www.pac.ca.gov.

PHYSICIAN ASSISTANT COMMITTEE
Specific Language of Proposed Changes

Adopt section 1399.547 to Division 13.8 of Title 16 of the California Code of Regulations, as follows:

1399.547 Notification to Consumers.

(a) A licensee engaged in providing medical services shall provide notification to each patient of the fact that the licensee is licensed and regulated by the committee. The notification shall include the following statement and information:

NOTIFICATION TO CONSUMERS
Physician assistants are licensed and regulated
by the Physician Assistant Committee
(916) 561-8780
www.pac.ca.gov

(b) The notification required by this section shall be provided by one of the following methods:

(1) Prominently posting the notification in an area visible to patients on the premises where the licensee provides the licensed services, in which case the notice shall be in at least 48-point type in Arial font.

(2) Including the notification in a written statement, signed and dated by the patient or the patient's representative and retained in that patient's medical records, stating the patient understands the physician assistant is licensed and regulated by the committee.

(3) Including the notification in a statement on letterhead, discharge instructions, or other document given to a patient or the patient's representative, where the notice is placed immediately above the signature line for the patient in at least 14-point type.

NOTE: Authority cited: Section 3510, Business and Professions Code;
Reference: Section 138, Business and Professions Code.

TITLE 16. PHYSICIAN ASSISTANT COMMITTEE

NOTICE OF REGULATORY HEARING

NOTICE IS HEREBY GIVEN that the Physician Assistant Committee is canceling its regulatory hearing originally scheduled for 28 October 2010 regarding Enforcement Program Enhancements (Title 16, California Code of Regulations, Sections 1399.503, 1399.507.5, 1399.523, 1399.523.5, and 1399.527.5, pursuant to the Notice of Proposed Changes filed with the Office of Administrative Law and published on 10 September 2010, Register 2010, No. 37-Z, Notice File Number: No. Z-2010-0831-09).

NOTICE IS ALSO GIVEN that the Physician Assistant Committee has rescheduled the regulatory hearing.

The new date and location of the regulatory hearing is as follows:

Date of Hearing: 18 November 2010

Place: 2005 Evergreen Street
Hearing Room 1150
Sacramento, CA 95815

Time: 1:15 p.m.

Persons who have previously submitted written comments to the Committee regarding the proposed action need not submit comments again. Any comments previously submitted remain in the rulemaking file.

If you have any questions or comments, you may direct them to:

Glenn Mitchell
Physician Assistant Committee
2005 Evergreen Street, Suite 1100
Sacramento, CA 95815
(916) 561-8783

Email address: glenn.mitchell@mbc.ca.gov

DATED: 19 October 2010



Elberta Portman
Executive Officer
Physician Assistant Committee

TITLE 16. PHYSICIAN ASSISTANT COMMITTEE

NOTICE IS HEREBY GIVEN that the Physician Assistant Committee is proposing to take the action described in the Informative Digest. Any person interested may present statements or arguments orally or in writing relevant to the action proposed at a hearing to be held at 2005 Evergreen Street, Hearing Room 1150, Sacramento, California, at 1:15 p.m., on 28 October 2010. Written comments, including those sent by mail, facsimile, or e-mail to the addresses listed under Contact Person in this Notice, must be received by the Physician Assistant Committee at its office no later than 5:00 p.m. on 25 October 2010, or must be received by the Physician Assistant Committee at the hearing. The Physician Assistant Committee, upon its own motion or at the instance of any interested party, may thereafter adopt the proposals substantially as described below or may modify such proposals if such modifications are sufficiently related to the original text. With the exception of technical or grammatical changes, the full text of any modified proposal will be available for 15 days prior to its adoption from the person designated in this Notice as contact person and will be mailed to those persons who submit written or oral testimony related to this proposal or who have requested notification of any changes to the proposal.

Authority and Reference: Pursuant to the authority vested by Sections 2018, 3504.1, 3510, 3527, 3528, 3529, 3530, 3531, 3532, 3533 Business and Professions Code and Section 11400.20 Government Code, and to implement, interpret or make specific Sections 729, 3504.1, 3510, 3514.1, 3519.5, 3527, 3528, 3529, 3530, 3531, 3532, 3533 Business and Professions Code, Sections 11400.20, 11415.60, 11425.50(e), 11415.60 Government Code, and Section 44010 Education Code, the Physician Assistant Committee is considering changes to Division 13.8 of Title 16 of the California Code of Regulations as follows:

INFORMATIVE DIGEST/POLICY STATEMENT OVERVIEW

Business and Professions Code Section 3510 authorizes the Physician Assistant Committee (Committee) to adopt, amend, or repeal regulations as may be necessary to enable it to carry into effect the provisions of the Physician Assistant Practice Act. The Committee is proposing the following changes:

Business and Professions Code section 3504.1 mandates that protection of the public shall be the highest priority of the Committee in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

This proposal would make specific regulatory changes to enhance the Committee's mandate of consumer protection.

This proposal would delegate authority to the Executive Officer the ability to accept default decisions, to approve settlement agreements for revocation, surrender, default decisions, or interim suspension of a license.

This proposal would authorize the Committee to order an applicant for licensure to submit to a physical or mental examination if it appears that the applicant may be unable to safely perform the duties and functions of a physician assistant due to physical or mental illness affecting competency. Additionally, if after receiving the evaluation report the Committee determines that the applicant is unable to practice safely, the Committee may deny the application.

This proposal would also require that in specific cases of a licensee having sexual contact with a patient or any finding that a licensee has committed a sex offense, or been convicted of a sex offense, a proposed decision would contain an order revoking the license. The proposed order could not contain an order staying the revocation of the license.

Additionally, this proposal would define required disciplinary action to be taken by the Committee against registered sex offenders who are applicants or licensees.

The proposal would, in addition to conduct described in Business and Professions Code Section 3527, define "Unprofessional Conduct" as prohibiting the inclusion of provisions in civil dispute settlement agreements prohibiting a person from contacting, cooperating with, filing, or withdrawing a complaint with the Committee.

The definition of "Unprofessional Conduct" would also include failure of the licensee to provide lawfully requested documents; the commission of any act of sexual abuse or misconduct; failure to cooperate with an investigation pending against the licensee; failure to report an indictment, charging a felony, arrest, conviction of the licensee; failure to report any disciplinary action taken by another licensing entity or authority; or failure to comply with a court order issued in the enforcement of a subpoena mandating the release of records to the Committee.

FISCAL IMPACT ESTIMATES

Fiscal Impact on Public Agencies Including Costs or Savings to State Agencies or Costs/Savings in Federal Funding to the State: Minor.

Nondiscretionary Costs/Savings to Local Agencies: None.

Local Mandate: None.

Cost to Any Local Agency or School District for Which Government Code Sections 17500 – 17630 Require Reimbursement: None.

Business Impact:

The Committee has made an initial determination that the proposed regulatory action would have no significant statewide adverse economic impact directly affecting business, including the ability of California businesses to compete with businesses in other states because it only

affects individual licensees.

AND

The following studies/relevant data were relied upon in making the above determination: None.

Impact on Jobs/New Businesses:

The Committee has determined that this regulatory proposal will not have any impact on the creation of jobs or new businesses or the elimination of jobs or existing businesses or the expansion of businesses in the State of California because it only affects individual licensees.

Cost Impact on Representative Private Person or Business:

The cost impacts that a representative private person or business would necessarily incur in reasonable compliance with the proposed action and that are known to the Committee are costs associated with a disciplinary order. Costs only affect individuals who are applying for licensure or licensees being disciplined. These costs may include fees for a physical or mental examination and attorney fees associated with license denial or disciplinary action.

Effect on Housing Costs: None

EFFECT ON SMALL BUSINESS

The Committee has determined that the proposed regulations would not affect small businesses because the regulations are applicable only to applicants or physician assistants who are disciplined by the Committee.

CONSIDERATION OF ALTERNATIVES

The Committee must determine that no reasonable alternative it considered to the regulation or that has otherwise been identified and brought to its attention would either be more effective in carrying out the purpose for which the action is proposed or would be as effective and less burdensome to affected private persons than the proposal described in this Notice.

Any interested person may present statements or arguments orally or in writing relevant to the above determinations at the above-mentioned hearing.

INITIAL STATEMENT OF REASONS AND INFORMATION

The Committee has prepared an initial statement of the reasons for the proposed action and has available all the information upon which the proposal is based. It may be obtained at the hearing or prior to the hearing upon request from the Committee at 2005 Evergreen Street, Suite 1100, Sacramento, California 95815 or on the Committee's website at: www.pac.ca.gov.

TEXT OF PROPOSAL

Copies of the exact language of the proposed regulations and of the initial statement of reasons, and all of the information upon which the proposal is based, may be obtained at the hearing or prior to the hearing upon request from the Committee at 2005 Evergreen Street, Suite 1100, Sacramento, California 95815 or on the Committee's website: www.pac.ca.gov.

AVAILABILITY AND LOCATION OF THE FINAL STATEMENT OF REASONS AND RULEMAKING FILE

All the information upon which the proposed regulations are based is contained in the rulemaking file which is available for public inspection by contacting the person named below.

You may obtain a copy of the final statement of reasons once it has been prepared, by making a written request to the contact person named below or by accessing the website listed below.

CONTACT PERSON

Any inquiries or comments concerning the proposed rulemaking action may be addressed to:

Name: Glenn Mitchell
Address: 2005 Evergreen Street, Suite 1100
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Telephone No.: (916) 561-8783
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E-Mail Address: glenn.mitchell@mbc.ca.gov

The backup contact person is:

Name: Elberta Portman
Address: 2005 Evergreen Street, Suite 1100
Sacramento, CA 95815

Telephone No.: (916) 561-8782
Fax No.: (916) 263-2671

Physician Assistant Committee
Specific Language of Proposed Changes
To Division 13.8 of Title 16 of the California Code of Regulations

1. Amend section 1399.503 to read as follows:

1399.503. Delegation of Functions.

Except for those powers reserved exclusively to the "agency itself" under the Administrative Procedure Act, Section 11500, et seq. of the Government Code, the division or the committee, as the case may be, delegates and confers upon the executive officer of the Committee, or in his or her absence, ~~the executive director of the Board~~ designee of the executive officer, all functions necessary to the dispatch of business of the division and Committee in connection with investigative and administrative proceedings under their jurisdiction, including, but not limited to, the ability to accept default decisions and to approve settlement agreements for the revocation, surrender or interim suspension of a license.

NOTE: Authority cited: Sections 2018 and 3510, Business and Professions Code. Reference: Sections 3528 and 3529, Business and Professions Code; Section 11415.60, Government Code.

2. Add section 1399.507.5 to read as follows:

1399.507.5. Physical or Mental Examination of Applicants.

In addition to any other requirements for licensure, whenever it appears that an applicant for a license may be unable to perform as a physician assistant safely because the applicant's ability to perform may be impaired due to mental illness or physical illness affecting competency, the Committee may require the applicant to be examined by one or more physicians and surgeons or psychologists designated by the Committee. The applicant shall pay the full cost of such examination. An applicant's failure to comply with the requirement shall render his or her application incomplete. The report of the evaluation shall be made available to the applicant. If after receiving the evaluation report the Committee determines that the applicant is unable to safely practice, the Committee may deny the application.

NOTE: Authority cited: Section 3504.1, 3510, Business and Professions Code. Reference: 3514.1, 3519.5, Business and Professions Code.

3. Amend section 1399.523 to read as follows:

1399.523. Disciplinary Guidelines.

In reaching a decision on a disciplinary action under the Administrative Procedures Act (Government Code Section 11400 et seq.), the Physician Assistant Committee shall consider the disciplinary guidelines entitled "Physician Assistant Committee Manual of Model Disciplinary Guidelines and Model Disciplinary Orders" 3rd Edition (2007) which are hereby incorporated by reference. Deviation from these guidelines and orders, including the standard terms of probation, is appropriate where the Physician Assistant Committee in its sole discretion determines that the facts of the particular case warrant such a deviation—for example: the presence of mitigating factors; the age of the case; evidentiary problems.

Notwithstanding the disciplinary guidelines, any proposed decision issued in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code that contains any finding of fact that the licensee engaged in any act of sexual contact, as defined in subdivision (c) of Section 729 of the Code, with a patient, or any finding that the licensee has committed a sex offense or been convicted of a sex offense as defined in Section 44010 of the Education Code, shall contain an order revoking the license. The proposed decision shall not contain an order staying the revocation of the license.

NOTE: Authority cited: Sections 3510, 3527, 3528, 3529, 3530, 3531, 3532 and 3533, Business and Professions Code; and Section 11400.20, Government Code. Reference: Sections 11400.20, 11425.50(e), Government Code; and Sections 729, 3527, 3528, 3529, 3530, 3531, 3532 and 3533, Business and Professions Code; Section 44010, Education Code.

4. Section 1399.523.5 is added to Article 2 of Division 13.8 to read as follows:

1399.523.5. Required Actions Against Registered Sex Offenders.

(a) Except as otherwise provided, if an individual is required to register as a sex offender pursuant to Section 290 of the Penal Code, or the equivalent in another state or territory, or military or federal law, the Committee shall:

(1) Deny an application by the individual for licensure, in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(2) Promptly revoke the license of the individual, in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and shall not stay the revocation nor place the license on probation.

(3) Deny any petition to reinstate or reissue the individual's license.

(b) This section shall not apply to any of the following:

(1) An individual who has been relieved under Section 290.5 of the Penal Code of his or her duty to register as a sex offender, or whose duty to register has otherwise been formally terminated under California law or the law of the jurisdiction that required registration; provided, however, that nothing in this paragraph shall prohibit the Committee from exercising its discretion to deny or discipline a licensee under any other provision of state law.

(2) An individual who is required to register as a sex offender pursuant to Section 290 of the Penal Code solely because of a misdemeanor conviction under Section 314 of the Penal Code; provided, however, that nothing in this paragraph shall prohibit the Committee from exercising its discretion to deny or discipline a licensee under any other provision of state law based upon the licensee's conviction under section 314 of the Penal Code.

(3) Any administrative proceeding that is fully adjudicated prior to the effective date of this regulation. A petition for reinstatement of a revoked or surrendered license shall be considered a new proceeding for purposes of this paragraph, and the prohibition in subsection (a) against reinstating a license shall govern.

NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: 3504.1, 3510, 3527, 3528, 3530, and 3531, Business and Professions Code.

5. Section 1399.527.5 is added to Article 2 of Division 13.8 to read as follows:

1399.527.5. Unprofessional Conduct.

In addition to the conduct described in Section 3527 of the Code, "unprofessional conduct" also includes but is not limited to the following:

(a) Including or permitting to be included any of the following provisions in an agreement to settle a civil dispute arising from the licensee's practice to which the licensee is or expects to be named as a party, whether the agreement is made before or after the filing of an action:

(1) A provision that prohibits another party to the dispute from contacting, cooperating, or filing a complaint with the Committee.

(2) A provision that requires another party to the dispute to attempt to withdraw a complaint the party has filed with the Committee.

(b) Failure to provide to the Committee, as directed, lawfully requested copies of documents within 15 days of receipt of the request or within the time specified in the request, whichever is later, unless the licensee is unable to provide the documents within this time period for good cause, including but not limited to, physical inability to access the records in the time allowed due to illness or travel. This subsection shall not apply to a licensee who does not have access to, and control over, medical records.

(c) The commission of any act of sexual abuse or misconduct.

(d) Failure to cooperate and participate in any Committee investigation pending against the licensee. This subsection shall not be construed to deprive a licensee of any privilege guaranteed by the Fifth Amendment to the Constitution

PUBLIC COMMENT

JOEL S. MOSKOWITZ
ATTORNEY AT LAW
101 THE GROVE DRIVE
LOS ANGELES, CALIFORNIA 90036
(310) 373-9790
JOEL@MOSKOWITZHQ.COM

September 25, 2010

VIA FIRST CLASS AND E-MAIL: glenn.mitchell@mbc.ca.gov
elberta.portman@mbc.ca.gov

Physician Assistant Committee
2005 Evergreen Street, Suite 1100
Sacramento, California 95815
Attention: Glenn Mitchell and Elberta Portman

Re: Opposition to Proposed CCR § 1399.503

Dear Members of the Physician Assistant Committee:

I am writing in opposition to proposed amendment of CCR § 1399.503. The measure as drafted does not conform to the Administrative Procedure Act, the summary of the measure is misleading, and the effect of the measure is unwise, unfair and subject to abuse.

As an introduction, I am a former Deputy California Attorney General and Deputy Director of the California Department of Health Services. I have practiced law before California administrative agencies for almost 40 years. I do not at present represent any of your licensees.

Statutory Background

As the Office of Administrative Law reminded the Committee in its decision 07-0221-02 S, regulations of the Committee must be authorized by, and must not exceed, the Committee's statutory authority.

In the present case, any disciplinary action by the Committee must be "after a hearing as required in [Business & Professions Code] Section 3528." (Business & Professions Code § 3527(a).) Section 3528 provides: "Any proceedings involving the denial, suspension, or revocation of the application for licensure or the license of

a physician assistant, the application for approval or the approval of a supervising physician, or the application for approval or the approval of an approved program under this chapter shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code [The Administrative Procedure Act].”

The Administrative Adjudication Bill of Rights provides that the presiding officer in any hearing may not be a person involved in the investigative, prosecutorial, or advocacy functions of the agency or a person who has previously served in such capacities. (Government Code §§11425.10(a)(4), 11425.30.)

Formal hearings must be heard by an Administrative Law Judge from the Office of Administrative Hearings. (Government Code § 11502(a).) The Administrative Law Judge may hear the case alone, or “the agency itself” may hear the case, with the Administrative Law Judge presiding, ruling on evidentiary matters, and advising on legal matters. (Government Code §§ 11517(b), 11512(b).)

Proposed Section 1399.503

If the proposed revision is adopted, Section 1399.503 will read as follows:

Except for those powers reserved exclusively to the "agency itself" under the Administrative Procedure Act, Section 11500, et seq. of the Government Code, the division or the committee, as the case may be, delegates and confers upon the executive officer of the Committee, or in his or her absence, the executive director of the Board designee of the executive officer, all functions necessary to the dispatch of business of the division and Committee in connection with investigative and administrative proceedings under their jurisdiction, including, but not limited to, the ability to accept default decisions and to approve settlement agreements for the revocation, surrender or interim suspension of a license.

The Notice of the Proposed Rulemaking is Defective Because the Summary of the Proposal is Inaccurate and Misleading

The “Informative Digest” of this amendment summarizes the proposed change to Section 1399.503 as follows:

This proposal would delegate authority to the Executive Officer the ability to accept default decisions, to approve settlement agreements for revocation, surrender, default decisions, or interim suspension of a license.

The actual language, however, delegates to the Executive Officer *all* decisions not reserved to the “agency itself,” “**including, but not limited to**, the ability to accept default decisions and to approve settlement agreements for the revocation, surrender or interim suspension of a license.” (Emphasis supplied.) While this language attempts to convey the impression that the Executive Officer will be *limited to* accepting default decisions and settlement agreements, in fact the language says precisely the opposite.

Under the actual language, after the case is heard by an Administrative Law Judge, the decision would go to the Executive Officer, who then under the Administrative Procedure Act would have the power, among others, to reject the decision and decide the case alone based on his or her view of the record. (Government Code § 11517(c)(2)(E).) That is because the power to do this does not reside in the “agency itself” but in the “agency.”

The Notice and Summary not only fail to reveal that this sweeping power is being delegated to the Executive Officer, they actively *conceal* the effect of the change by slipping in “including but not limited to” before the mention of defaults and settlements.”

The Proposal Violates the Administrative Adjudication Bill of Rights

Informal Administrative Proceedings are not heard by the “agency itself” but rather by a “presiding officer.” (Government Code § 11445.40.) Likewise, emergency and declaratory hearings are heard by a “presiding officer.” (Government Code § 11445.80.) Under the proposal, the Executive Officer would be that “presiding officer.”

The Executive Officer, however, is delegated by the proposal all the agency’s powers “in connection with investigative and administrative proceedings.” But under the Administrative Adjudication Bill of Rights a “presiding officer” may not be a person involved in the investigative, prosecutorial, or advocacy functions of the agency or a person who has previously served in such capacities. (Government Code §§11425.10(a)(4), 11425.30.) For informal, emergency and declaratory proceedings, the proposal would be a clear violation of the statutes.

The Proposal Violates Due Process

In formal proceedings, the proposal grants to the Executive Officer both the investigative functions of the Committee and the power to ultimately decide the adequacy of the investigation, through the power to accept or reject the findings of the Administrative Law Judge and decide the case alone.

This is presumably not a power that the Committee intended to delegate, but by delegating every power not limited to cases where the phrase "agency itself" is used, that would be the effect of this proposal.

The Administrative Adjudication Bill of Rights does not encompass the entirety of the United States Constitution's Bill of Rights, including the due process right to fair play and substantial justice. Without lecturing the Committee on the California cases on point for the proposition that mixing the investigative and adjudicative functions in an administrative proceeding violates Due Process, it should be sufficient to point out that the proposal is radically contrary to these principles.

The Proposal is Unfair and Unwise

The sweeping omnibus delegation of the Committee's powers to its Executive Officer, without any direction or guidance or recourse, is clearly contrary to the intent of the Legislature in creating this Committee and providing qualifications and procedures for appointment to it. Had the Legislature intended the functions of the appointed members would except for severely circumscribed instances be exercised by a staff member, it could have saved itself time and expense by lodging your powers in a staff member of the Board of Medical Examiners.

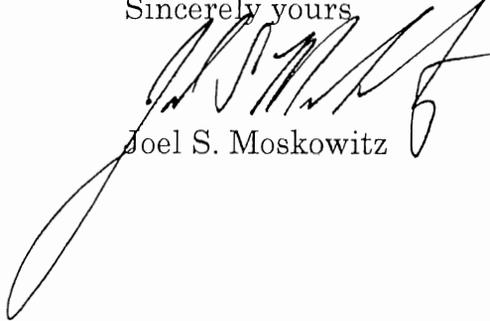
This Committee had the recent and unfortunate experience of making an unsupervised delegation of its authority to a private company which, not surprisingly, used that authority for its own financial advantage. This should have led the Committee to renewed zeal in overseeing the governmental functions entrusted to it, not to giving them away.

Of course Lord Acton did not have your Executive Officer in mind when he famously observed that "absolute power corrupts absolutely." But absolute power over the investigative functions of your agency coupled with absolute power over the

fate of those investigated will unerringly lead to unjust results, where personal zeal and emotional investment in a case places a thumb on the scales of justice.

As written, the proposal must be rejected by the Committee, else the Office of Administrative Law will perform that function for you. That is a delegation you should want to avoid.

Sincerely yours,



Joel S. Moskowitz



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California's protection and advocacy system

October 25, 2010

Glenn Mitchell
2005 Evergreen St, Ste 1100
Sacramento, CA 95815

RE: Proposed Changes to Physician Assistant Committee Regulations

Dear Mr. Mitchell:

I am writing to comment on the proposed changes to the regulations governing the Physician Assistant Committee.

Disability Rights California was founded in 1978 and has provided advocacy services for Californians with disabilities for thirty years. It now has five offices (Sacramento, Fresno, Oakland, Los Angeles, and San Diego) to serve its constituency. Disability Rights California provides legal counsel and direct representation in administrative and court proceedings to individuals with all categories of disability, including but not limited to physical/orthopedic, sensory, cognitive and psychiatric disabilities. It is designated as a Protection and Advocacy Agency under federal statutes establishing such agencies in every state to advocate for people with disabilities,¹ and has contracts with the State of California to serve people with developmental disabilities and people in state psychiatric hospitals.

¹ Disability Rights California provides services pursuant to the Developmental Disabilities Assistance and Bill of Rights Act, 42 U.S.C. §15001, PL 106-402; the Protection and Advocacy for Mentally Ill Individuals Act, 42 U.S.C. §10801, PL 106-310; the Rehabilitation Act, 29 U.S.C. §794e, PL 106-402; the Assistive Technology Act, 29 U.S.C. §3011,3012, PL 105-394; the Ticket to Work and Work Incentives Improvement Act, 42 U.S.C. §1320b-20, PL 106-170; the Children's Health Act of 2000, 42 U.S.C. §300d-53, PL 106-310; and the Help America Vote Act of 2002, 42 U.S.C. §15461-62, PL 107-252.

Disability Rights California feels that the language of Section 1399.507.5 concerning physical or mental examinations of applicants is overly broad, unnecessarily subjective, and likely to result in discrimination against persons with physical and mental disabilities.

As worded, the proposed changes allow the Committee to require an applicant to subject herself to a physical or medical examination conducted by clinicians of the Committee's choosing at her own expense, ". . . **whenever it appears that an applicant may be unable to perform as a physician assistant safely because the applicant's ability to perform may be impaired due to mental illness or physical illness affecting competency . . .**" Applicants who do not comply with the physical or mental examination requirements are deemed to have incomplete applications and cannot be licensed as physician's assistants.

The Committee's proposed language ignores the Americans with Disabilities Act's requirement that an employer's decision to subject an employee to physical or mental examinations must be based on objective evidence rather than the mere appearance of an issue that could affect the applicant's ability to perform. As the Equal Employment Opportunity Commission (EEOC) describes in its guidance on disability-related inquiries of employees, such inquiries must be job-related and consistent with business necessity and must only occur when an employer "**has a reasonable belief, based on objective evidence, that: (1) an employee's ability to perform essential job functions will be impaired by a medical condition; or (2) an employee will pose a direct threat due to a medical condition.**"

[See <http://www.eeoc.gov/policy/docs/guidance-inquiries.html>]

The proposed language leaves open the possibility that every applicant with a history of mental illness or the mere appearance of a disability will be subject to an intrusive medical or physical examination at his or her own expense. Even if it the Committee attempts to administer these requirements in a non-discriminatory way, the inclusion of this language will unnecessarily discourage persons with physical and mental disabilities from applying to be licensed, regardless of their qualifications or abilities.

Rather than including its own overly subjective standards, the Committee should incorporate the EEOC's objective standards for determining when an applicant should be subject to a physical or mental examination.

Thank you for the opportunity to comment. Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Stuart Seaborn", followed by a long horizontal line extending to the right.

Stuart Seaborn
Disability Rights California

Medical workers were allowed to keep practicing despite failing drug, alcohol tests

By Jessica Garrison
Los Angeles Times
October 08, 2010

More than 140 nurses, pharmacists and others in a program for substance-abusing medical professionals tested positive on drug or alcohol screenings, but the results were disregarded because a state subcontractor was using the wrong standard, officials said.

The problem continued for 10 months until the company that runs the program recently alerted the state. All the while, most of the medical workers were allowed to keep practicing, although state officials couldn't say how many were seeing patients.

Paul Riches, deputy director for enforcement and compliance for the state Department of Consumer Affairs, said his agency takes the problem seriously but knows of no patients who were harmed as a result.

Virginia-based Maximus Inc. receives \$2.5 million annually to run California's confidential "diversion programs" serving hundreds of licensed nurses, dentists, pharmacists, veterinarians, osteopaths and others. Participants generally have either admitted drug and alcohol abuse or been referred to the program after being caught.

Maximus subcontracted its drug testing to Pennsylvania-based First Lab, which in turn subcontracted to Kansas-based Clinical Reference Lab. From at least December 2009 until August, that company used the wrong standard in assessing results.

For healthcare professionals with known substance-abuse problems, strict abstinence from drug or alcohol is required, officials said. Instead, they said, the company used a lesser standard similar to that for the U.S. Department of Transportation, which allows workers such as truck drivers to indulge in alcohol or other substances when they are not working.

One consumer watchdog said that even if the amounts detected were small, the mistake was unacceptable.

"These are not just social drinkers; these are confirmed substance abusers who have a license to provide healthcare, and they were allowed to practice on potentially dozens of patients each day for 10 months with faulty drug testing," said Julianne D'Angelo Fellmeth, administrative director at the Center for Public Interest Law at the University of San Diego School of Law.

Maximus said 146 people had "unconfirmed positives" on their drug tests, meaning the person had some banned substance in his or her system. Some of them could have had valid explanations such as a medical condition that required a prescription painkiller. But the cases should have been flagged for further review.

To confirm whether the tests were valid, state officials briefly considered doing hair follicle tests but abandoned the idea because those tests detect only substances going back 90 days.

Instead, they have retested all 146 people and are reviewing all aspects of their cases. Maximus is paying for the tests.

They are also consulting workplace monitors who oversee practicing clinicians to be sure they haven't exhibited any unusual behavior suggesting substance abuse, officials said.

Lisa Miles, vice president of corporate communications for Maximus, which also administers parts of the state Healthy Families and Medi-Cal programs, said the company "instantly initiated" a plan to fix the problem during a routine review in August.

The lapse is the latest in a string of problems at California's diversion programs.

Last year, a Times investigation into the program for nurses found participants who practiced while intoxicated, stole drugs from the bedridden and falsified records to cover their tracks. In 2007, the Medical Board of California abolished its diversion program for doctors after five audits found it wasn't working.

A June audit by the Department of Consumer Affairs found that Maximus does not always report positive drug tests to the appropriate board in a timely manner, meaning healthcare professionals can keep working even after positive tests. The audit also found that in more than half the cases reviewed, Maximus did not keep enough records that established that substance-abusing healthcare professionals were complying with all terms of the program.

The department said that despite these issues, Maximus was generally in compliance with its contract. Miles said Maximus has already acted on all of the auditors' recommendations.

But State Sen. Gloria Negrete McLeod (D-Chino), who chairs the Senate's Business, Professions and Economic Development Committee, said she has questions about Maximus' performance. "My concern is the program is not providing the appropriate oversight or monitoring," she said. "We want to make sure that all the patients are safe from anybody who would abuse any substance."

Advocates for providers are concerned as well.

"The nurses want to comply and move on with their lives, and now, because of this, it makes it more difficult to satisfy the board that they are drug- and alcohol-free," said Tracy Green, a lawyer who represents professionals in the program. "The nurses relied on the drug test just as much as the nursing board did."

**PHYSICIAN ASSISTANT COMMITTEE
POSSIBLE DATES FOR 2011 MEETINGS**

February 3rd

May 19th

August 25th

November 3rd or 10th

Suggestions for possible meeting locations:

February in Sacramento (possibly at UC Davis)

August in Southern California or Central Valley (possibly at Drew)

The other two meetings will be in Sacramento at Evergreen

MEDICAL BOARD TENTATIVE MEETING DATES

January 27th and 28th (San Francisco)

May 5th and 6th (Los Angeles)

July 28th and 29th (Sacramento)

October 27th and 28th (San Diego)

