



MEETING NOTICE

October 29, 2012

PHYSICIAN ASSISTANT COMMITTEE
2005 Evergreen Street – Hearing Room #1150
Sacramento, CA 95815
8:15 A.M. – 3:00 P.M.

AGENDA

ALL TIMES ARE APPROXIMATE AND SUBJECT TO CHANGE

1. Call to Order by Chairman (Sachs)
2. Roll Call (Forsyth)
3. Approval of August 6, 2012 Meeting Minutes (Sachs)
4. Public Comment on Items not on the Agenda (Sachs)
5. Nomination and Election of Physician Assistant Committee Officers (Portman)
6. Schedule of 2013 Meeting Dates and Locations (Sachs)
7. Regulations
 - a. Consideration of Regulatory Proposal Title 16 CCR §1399.545 - Personal Presence (Sachs/Freedman)
 - b. Consideration of Uniform Standards for Substance Abusing Licensees and Disciplinary Guidelines Update (Tincher)
 - c. Consideration of Section 1399.536 of Title 16 of California Code of Regulations Relating to the Requirements for Preceptors in Physician Assistant Training Programs (Mitchell)
- Special Order of Business
8. **9:00 AM – Regulatory Hearing**
Proposal to Implement Assembly Bill 2699 Health Care Events – Requirements for Exemption, as required by Business and Professions Code Section 901 (Sachs)
9. **9:15 AM – Oral Argument on Non-adopted Proposed Decision**
Williams, Tommie L.

10:00 AM- CLOSED SESSION- Pursuant to Section 11126(c) (3) of the Government Code, the Committee will move into closed session to deliberate on disciplinary matters

Non-adopted Proposed Decision - Williams, Tommie L.

10:15 AM RETURN TO OPEN SESSION

10. **10:15 AM** – Oral Argument on Non-adopted Proposed Decision Hearing
Baldwin, Melbourne Ray

11:00 AM CLOSED SESSION- Pursuant to Section 11126(c) (3) of the Government Code, the Committee will move into closed session to deliberate on disciplinary matters

Non-adopted Proposed Decision - Baldwin, Melbourne Ray

11. **CLOSED SESSION:** Pursuant to Section 11126(c) (3) of the Government Code, the Committee will move into closed session to deliberate on disciplinary matters
12. **CLOSED SESSION:** Pursuant to Section 11126(a) (1) of the Government Code, the Committee will move into closed session to evaluate the Executive Officer

RETURN TO OPEN SESSION

13. Report from Educational Subcommittee (Stumpf)
14. Approval of Passing Score for PA Initial Licensing Examinations and 2012 Dates and Locations for PA Initial Licensing Examination (Sachs)
15. Consideration of Legislation of Interest to the Physician Assistant Committee (Sachs) - SB 1236 (Sunset), AB 137, AB 1904
16. Reports
- a. Chairman Report (Sachs)
 - b. Executive Officer Report (Portman)
 - c. Licensing Program Activity Report (Caldwell)
 - d. Diversion Program Activity Report (Mitchell)
 - e. Enforcement Program Activity Report (Tincher)
17. Department of Consumer Affairs Director's Update (Reichel Everhart)
18. Report on Sunset Bill SB 1236 - Report on Discussion and Consideration of Promoting Workforce Development (Presentation by Teresa Anderson, California Academy of Physician Assistants)
19. Agenda Items for Next Meeting (Sachs)
20. Adjournment (Sachs)

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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. While the Committee intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources.

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 Lynn.Forsyth@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 request.



Meeting Minutes

August 6, 2012

PHYSICIAN ASSISTANT COMMITTEE
2005 Evergreen Street – Hearing Room #1150
Sacramento, CA 95815
9:00 A.M. – 3:00 P.M.

1. **Call to Order by Chairman**

Chairman Sachs called the meeting to order at 9:05 a.m.

2. **Roll Call**

Staff called the roll. A quorum was present.

Committee Members Present: Robert Sachs, PA-C
Cristina Gomez-Vidal Diaz
Steve Klompus, PA
Shaquawn D. Schasa
Steven Stumpf, Ed.D.

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

3. **Approval of May 7, 2012 Meeting Minutes**

Ms. Portman recommended that the following changes be made to the minutes of the May 7, 2012 meeting:

Item #10 – Sunset Review Update.

First paragraph, the second sentence should read, "some of the recommendations from the Sunset Committee for SB 1236 are to change...."

Third paragraph, second sentence add the wording, "for SB 1236" following additional hearing:

Item #12 - Consideration of Legislation of Interest to the Physician Assistant Committee

Delete the second sentence in the paragraph and replace it with as noted above –"the PAC voted to support SB 1236".

The May 7, 2012 minutes were approved with changes.

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

4. **Public Comment on Items not on the Agenda**

There was no public comment at this time.

5. **Reports**

a. **Chairman Report**

Chairman Sachs introduced the members of the Committee as well as staff. Chairman Sachs indicated that a quorum was present.

Chairman Sachs reported that he has been invited to give a lecture at the California Academy of Physician Assistant (CAPA) annual conference held in October, 2012.

b. **Executive Officer Report**

Ms. Portman reported that licensing is receiving more applications due to this being licensing's busy time of year. Ms. Portman indicated that Julie Caldwell is current with processing new applications. Ms. Portman reported that currently we have 8,646 active licenses.

Ms. Portman reported that the meeting packet contains the latest month 12 fund condition report and the Committee has 7.8 months in reserve. Ms. Portman also reported that as of the end of the fiscal year 2011/2012, the Committee had 39.99% of the budget remaining that allowed the Committee to revert \$240,857 to the reserves.

Ms. Portman reported that three outdated computers and one printer were replaced in the last fiscal year. The old computers were unable to support current software applications and, therefore, were replaced. Ms. Portman also reported that in the 2012/2013 fiscal year, the remaining three outdated computers are scheduled to be replaced. These new computers will be compatible with the Medical Board of California computers since they provide the support for our data processing systems. Ms. Portman also acknowledged thanks to the Medical Board of California for temporarily loaning the office three computers to use until the replacement computers were received.

Ms. Portman provided the members with an update on the BreZE project. Currently testing on the new system is being performed on sample licensing files and testing for enforcement records should begin shortly. The testing will determine if BreZE has captured data from the current CAS and ATS systems. BreZE will replace both CAS and ATS database systems.

Ms. Portman reported that we are currently on track with our enforcement processing.

Ms. Portman reported that in July, she and Beth Grivitt of CAPA, gave a presentation to the Medical Board of California on the PAC and the PA profession. Ms. Portman indicated that the Medical Board was receptive and offered their support to the Committee.

Ms. Portman also reported that the Medical Board of California voted to support our Sunrise bill, SB 1236.

c. Licensing Program Activity Report

Between April 1, 2012 and July 1, 2012, 139 licenses were issued. As of July 1, 2012, 8,646 licenses are renewed and current.

d. Diversion Program Activity Report

As of July 1, 2012, the Diversion Program had 22 total participants; 6 self-referred participants and 16 Committee referrals, for a total of 102 participants since program implementation in 1990.

e. Enforcement Program Activity Report

Between July 1, 2011 and June 30, 2012, 267 complaints were received; 87 complaints are pending; 37 investigations are pending; 48 probationers, and 21 cases awaiting administrative adjudication at the Office of the Attorney General.

6. **Department of Consumer Affairs Director's Update**

Reichel Everhart, Deputy Director for Board/Bureau Relations for the Department of Consumer Affairs (DCA), informed the Committee that Denise Brown was officially confirmed by the Senate as the Director of DCA on July 2, 2012.

Ms. Everhart also reported that the Governor has issued an order to reorganize various state agencies. As part of this reorganization, the Department of Real Estate, Real Estate Examiners and Structural Pest Control Board will join DCA by July 2013.

Ms. Everhart also reported that office hours for the Director will be scheduled shortly at the Evergreen facility. The Director will be available to staff at the Evergreen facility during those hours

7. **Regulations**

- a. Consideration of Regulatory Proposal Title 16 CCR §1399.545 - Personal Presence

Chairman Sachs provided the Committee with a brief update on his regulation presentation to the Medical Board of California at its March meeting. Following a brief discussion, Laura Freedman, Senior Staff Counsel, requested that she be able to review the Medical Board of California meeting minutes and report back to the Committee at the October 2012 PAC meeting .

- b. Consideration of Regulatory Proposal Title 16 CCR §1399.536 - Preceptors in Physician Assistant Training Programs

Glenn Mitchell reported that the second 15-day comment period has ended and that no negative comments were received. Mr. Mitchell indicated that the regulation package would be finalized and sent to the Department of Consumer Affairs and Office of Administrative Law within the next month for review and approval.

- c. Consideration of Regulatory Proposal to Implement Assembly Bill 2699 Health Care Events – Requirements for Exemption, as required by Business and Professions Code Section 901

Mr. Mitchell indicated that changes from the last meeting were incorporated into the language. Ms. Freedman recommended that the Committee take action on the proposed regulation and prepare the notice to set it for hearing.

A motion was made to proceed with the notice for hearing to implement this regulatory proposal.

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

- d. Consideration of Uniform Standards for Substance Abusing Licensees and Disciplinary Guidelines Update

Ms. Tincher reported that the Committee was directed to incorporate SB 1441 Uniform Standards Regarding Substance Abusing Healing Arts Licensees into the Committee's Model Disciplinary Guidelines and into the Diversion Program requirements and contract.

Ms. Tincher stated that an interested party work shop was held on May 15, 2012 and staff discussed the uniform standards and process for implementation into the disciplinary guidelines and into the diversion program contract.

Ms. Tincher also indicated that the revisions to the Disciplinary Guidelines to add the uniform standards have been started. She stated that staff would work with Laura Freedman on the changes and anticipates the revised guidelines would be presented at the October 2012, meeting.

8. **CLOSED SESSION:** Pursuant to Section 11126(c) (3) of the Government Code, the Committee will moved into closed session to deliberate on disciplinary matters
9. **CLOSED SESSION:** Pursuant to Section 11126(a) (1) of the Government Code, the Committee will moved into closed session to evaluate the Executive Officer

RETURN TO OPEN SESSION

10. **Discussion and Consideration of Changes in Accreditation Requirements Affecting Two Year Programs**

The Committee was informed that a California two-year PA training program has been placed on probation by the Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA), the national PA training accreditation organization. The Committee was advised that staff had requested that ARC-PA provide the Committee with the information regarding the reasons why ARC-PA placed the program on probation. ARC-PA responded that they are not under any obligation to notify the Committee of any program being placed on probation and to contact the program directly to obtain information regarding the probation. Laura Freedman, Senior Staff Counsel, explained that the Committee has approved ARC-PA approved programs by regulation. Because that regulation is not a contract, ARC-PA is not required to provide any information to the Committee.

The Committee discussed the possibility of inviting the two-year programs to participate in a meeting regarding accreditation as well as inviting ARC-PA to provide a presentation on their accreditation process and policies.

During public comment, Tracy DeNaro, Clinical Coordinator Physician Assistant Program for Touro University, stated that once a program is placed on probation by ARC-PA, the program must correct and conform with accreditation standards. Once corrective action is taken, full accreditation status is granted.

Following further discussion a motion was made to create an Education Subcommittee consisting of two members to address the relationship between ARC-PA, the Committee and the accreditation process.

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

Following the motion passing, Steven Stumpf and Shaquawn Schasa were appointed to the Subcommittee and asked to report back to the Committee.

11. **Sunset Review Update**

a. **Proposal to Change from Physician Assistant Committee to Physician Assistant Board**

It was briefly discussed that the Sunset Bill (SB1236) was moving forward. The following items will be included in SB 1236 and will be effective January 1, 2013 upon signature by the Governor:

- a. The bill will change the Medical Board PAC physician member from a voting to a non-voting member of the Committee;
- b. The Committee will be included in the Business and Professions Code section 800 series for reporting;
- c. The Committee's name will be changed from Physician Assistant Committee to Physician Assistant Board;
- d. The Committee will have a retired status for licensees.

The Committee was informed that the Sunset bill hearing is scheduled for August 8, 2012 and that the Medical Board of California voted to support SB1236.

b. **Update on BreEZe Implementation**

The Committee was informed that the BreEZE project is currently scheduled to be implemented in November 2012. DCA is developing a training schedule for employees involved in the first of three board/committee roll-outs. The Committee is in the first rollout. BreEZE will offer on-line renewal availability and other online enhancements for licensees and consumers.

c. **Discussion and Consideration of Promoting Workforce Development**

The Committee was informed that a career page has been added to the website. It was also discussed that under the Committee's Strategic Plan,

goal number 3 addresses the Committee's desire to provide education and outreach to consumers, healthcare providers, PA training programs and applicants in an accurate accessible manner. It was suggested, if travel is permitted, that a physician assistant practice presentation given on career day at local high schools might be helpful to encourage students to consider careers as PAs.

12. **Consideration of Legislation of Interest to the Physician Assistant Committee** SB 1236 (Sunset), SB 1483, SB 1501, SB 1575, AB 1548, AB 137, AB 1894, AB 1904

The Committee briefly discussed current legislation of interest. No action was taken at this time related to any of the bills.

13. **Review of and Discussion of Updating the Strategic Plan**

The Committee briefly discussed the Committee's current Strategic Plan that was last reviewed and updated in 2009. The Committee determined that since DCA has a new Director, the Committee would wait to see if DCA develops a new Strategic Plan and will place this item on the agenda for discussion for the first 2013 meeting. At that time the Committee will review its goals and objectives and determine if changes need to be made to the Committee's Strategic Plan.

14. **Schedule of 2012 Meeting Dates and Locations**

After a brief discussion regarding the October 29, 2012 meeting, it was decided that the meeting will start early and that all action items requiring a vote will be scheduled first on the agenda to prevent a possible quorum issue.

15. **Agenda Items for Next Meeting**

- a. Update on the Sunset Bill
- b. Current legislation of interest to the Committee
- c. Report from Education Subcommittee
- d. Report from California Academy of Physician Assistant (CAPA) on workforce workshop development
- e. Report from Robert Sachs on his attendance at the CAPA conference
- f. Update on the personal presence issue
- g. Health care event regulatory proposal
- h. Uniform Standards revisions to the Disciplinary Guidelines
- i. Nomination and election of Physician Assistant Committee Officers

- j. Approval of passing score for PA initial licensing examinations and 2012 dates and locations for PA initial licensing examination
- k. Schedule of 2013 Meeting Dates and Locations
- l. Department of Consumer Affairs update

16. **Adjournment**

The meeting adjourned at 1:00 P.M.



PROPOSED BOARD MEETING DATES AND LOCATIONS FOR 2013

Monday, February 11, 2013

Sacramento/Los Angeles

Monday, May 20, 2013

Sacramento/ Los Angeles

Monday, August 26, 2013

Sacramento/Los Angeles

Monday, December 9, 2013

Sacramento/Los Angeles



MEDICAL BOARD OF CALIFORNIA
Executive Office



**PROPOSED BOARD MEETING DATES AND
LOCATIONS
FOR 2013**

January 31-February 1 San Francisco Bay Area

April 25-26 Los Angeles or Ontario Area

July 18-19* Sacramento Area
August 1-2**

October 24-25 San Diego Area

***Due to holiday on 7/4/13 and licensing deadline of 7/1/13, Board materials will be late, posting of meeting notice will be done on 7/5/13.**

****After 60 day grace period ends, could result in loss of quorum. (Term expires 6/1/13 for Dr. Bishop, Dr. Low, and Dr. Salomonson.)**

ORDER OF ADOPTION

The Physician Assistant Committee hereby amends its regulations in Division 13.8 of Title 16 of the California Code of Regulations to read as follows:

Add 1399.536 to Division 13.8 of Title 16 of the California Code of Regulations, as follows:

§ 1399.536. Requirements for Preceptors.

(a) Preceptorship shall mean the supervised clinical practice phase of a physician assistant student's training. A preceptorship shall include licensed physicians as preceptors. Other licensed health care providers approved by a program may serve as preceptors to supplement physician supervised clinical practice experiences. Preceptors participating in the preceptorship of an approved program shall:

(1) Be a licensed health care provider who is engaged in the practice of the profession for which he or she is validly licensed and whose 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.

(A) For the purposes of this section, a "licensed health care provider" includes, but is not limited to, a physician and surgeon, a physician assistant, a registered nurse who has been certified in advanced practices, a certified nurse midwife, a licensed clinical social worker, a marriage and family therapist, a licensed educational psychologist, or a licensed psychologist.

(2) Not have had the privilege to practice the profession for which he or she is licensed terminated, suspended, or otherwise restricted as a result of a final disciplinary action (excluding judicial review of that action) by any state healing arts licensing 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 his or her professional education, specialty and nature of practice be sufficiently qualified to teach and supervise preceptees within the scope of his or her license.

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

(5) 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 3510, Business and Professions Code.
Reference: Sections 3509 and 3513, Business and Professions Code.

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 96815, at 9:00 a.m., on 29 October 2012. 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 not later than 5:00 p.m. on 29 October 2012 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 144, 901 and 3510 of the Business and Professions Code, and to implement, interpret or make specific Sections 901 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

A. Informative Digest

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 Sections: 1399.620, 1399.621, 1399.622, and 1399.623 of Article 9, Sponsored Health Care Events – Requirements for Exemption.

Sponsored Free Health Care Events is not addressed in current regulation.

This proposal requires the Physician Assistant Committee to implement legislation, AB 2699, (Bass, Chapter 270, Statutes of 2010) enacting Business and Professions Code Section 901, which took effect January 1, 2011.

This statute provides a regulatory framework for certain health care events at which free care is offered to uninsured or under-insured individuals by volunteer health care practitioners where those practitioners may include individuals who may be licensed in one or more states but are not licensed in California.

These proposed regulations will implement, interpret, and make specific the provisions of Section 901, including application requirements, recordkeeping procedures, forms used, and denial and appeal procedures to be used by sponsoring entities and out-of-state practitioners who wish to participate in sponsored events.

B. Policy Statement Overview/Anticipated Benefits of Proposal

The committee's highest priority is the protection of the public and the proposed regulations will implement the provisions of Business and Professions Code Section 901 in a manner that will provide the greatest protection of the people of California.

C. Consistency and Compatibility with Existing State Regulations

This Physician Assistant Committee has evaluated this regulatory proposal and it is not inconsistent nor incompatible with existing state regulations.

INCORPORATION BY REFERENCE

The following documents are to be incorporated by reference:

1. "Registration of Sponsoring Entity under Business & Professions Code Section 901" Form 901-A (DCA/2011)
2. "Request for Authorization to Practice without a California License at a Registered Free Health Care Event" Form 901-B (PAC/2012),

FISCAL IMPACT ESTIMATES

Fiscal Impact on Public Agencies Including Costs or Savings to State Agencies or Costs/Savings in Federal Funding to the State: None.

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 Physician Assistant 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.

The proposed regulations impact out-of-state health care practitioners applying to the Physician Assistant Committee to participate in

community-based organizations that provide sponsored free health care events in California.

The proposed regulation may provide an opportunity for out-of-state licensed volunteers to participate in community sponsored free health care events.

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 Physician Assistant Committee are minor costs associated with the application and fingerprinting process. There may also be minor costs associated with maintenance of records.

Effect on Housing Costs: None

EFFECT ON SMALL BUSINESS

There is no significant cost impact on small business. Minor costs associated with maintenance of records and filing applications may be incurred.

RESULTS OF ECONOMIC IMPACT ASSESSMENT/ANALYSIS:

Impact on Jobs/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.

Benefits of Regulation:

The Physician Assistant Committee has determined that this regulatory proposal will have the following benefits to health and welfare of California residents, worker safety, and state's environment:

The proposed regulation would provide an opportunity for out-of-state licensed health care volunteers to participate in community sponsored free health care events. Uninsured or underinsured individuals would have an opportunity to receive health care.

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 be more effective in carrying out the purpose for which the action is proposed, would be as effective and less burdensome to affected private persons than the proposal described in this Notice, or would be more cost-effective to affected private persons and equally effective in implementing the statutory policy or other provision of law.

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.

TEXT OF PROPOSAL

Copies of the exact language of the proposed regulations, and any document incorporated by reference, 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 95825.

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

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
Sponsored Free Health Care Events

Adopt Article 9, Sponsored Free Health Care Events to Division 13.8 of Title 16 of the California Code of Regulations as follows:

Article 9
Sponsored Free Health Care Events – Requirements for Exemption

Section 1399.620 of Title 16 of the California Code of Regulations to read:

1399.620. Definitions.

For the purposes of section 901 of the code and this article:

(a) "Community-based organization" means a public or private nonprofit organization that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.

(b) "Out-of-state practitioner" means a person who is not licensed in California to engage in the practice as a physician assistant but who holds a current valid license or certificate in good standing in another state, district, or territory of the United States as a physician assistant.

NOTE: Authority cited: Business and Professions Code Sections 901, 3510.
Reference: Business and Professions Code Section 901.

Section 1399.621 of Title 16 of the California Code of Regulations to read:

1399.621. Sponsoring Entity Registration and Recordkeeping Requirements.

(a) Registration. A sponsoring entity that wishes to provide, or arrange for the provision of, health care services at a sponsored event under section 901 of the code shall register with the committee not later than 90 calendar days prior to the date on which the sponsored event is scheduled to begin. A sponsoring entity shall register with the committee by submitting to the committee a completed "Registration of Sponsoring Entity under Business & Professions Code Section 901" Form 901-A (DCA/2011), which is hereby incorporated by reference.

(b) Determination of Completeness of Form. The committee may, by resolution, delegate to the Department of Consumer Affairs the authority to receive and process the "Registration of Sponsoring Entity under Business & Professions Code Section 901" Form 901-A (DCA/2011) on behalf of the committee. The

committee or its delegatee shall inform the sponsoring entity in writing within 15 calendar days of receipt of the form that the form is either complete and the sponsoring entity is registered or that the form is deficient and what specific information or documentation is required to complete the form and be registered. The committee or its delegatee shall reject the registration if all of the identified deficiencies have not been corrected at least 30 days prior to the commencement of the sponsored event.

(c) Recordkeeping Requirements. Regardless of where it is located, a sponsoring entity shall maintain at a physical location in California a copy of all records required by section 901 as well as a copy of the authorization for participation issued by the committee to an out-of-state practitioner. The sponsoring entity shall maintain these records for a period of at least five years after the date on which a sponsored event ended. The records may be maintained in either paper or electronic form. The sponsoring entity shall notify the committee at the time of registration as to the form in which it will maintain the records. In addition, the sponsoring entity shall keep a copy of all records required by section 901(g) of the code at the physical location of the sponsored event until that event has ended. These records shall be available for inspection and copying during the operating hours of the sponsored event upon request of any representative of the committee. In addition, the sponsoring entity shall provide copies of any record required to be maintained by section 901 of the Code to any representative of the committee within 15 calendar days of the request.

(d) Notice. A sponsoring entity shall place a notice visible to patients at every station where patients are being seen by a physician assistant. The notice shall be in at least 48-point type in Arial font and shall include the following statement and information:

NOTICE

Physician Assistants providing health care services at this health fair are either licensed and regulated by the Physician Assistant Committee or hold a current valid license from another state and have been authorized to provide health care services in California only at this specified event.

For questions or complaints, please contact:

Physician Assistant Committee

(916) 561-8780

www.pac.ca.gov

(e) Requirement for Prior Committee Approval of Out-of-State Practitioner. A sponsoring entity shall not permit an out-of-state practitioner to participate in a sponsored event unless and until the sponsoring entity has received written approval of such practitioner from the committee.

(f) Report. Within 15 calendar days after a sponsored event has concluded, the sponsoring entity shall file a report with the committee summarizing the details of

the sponsored event. This report may be in a form of the sponsoring entity's choosing, but shall include, at a minimum, the following information:

(1) The date(s) of the sponsored event;

(2) The location(s) of the sponsored event;

(3) The type(s) and general description of all health care services provided at the sponsored event; and

(4) A list of each out-of-state practitioner granted authorization pursuant to this article who participated in the sponsored event, along with the license number of that practitioner and the state in which that license is held.

NOTE: Authority cited: Business and Professions Code Sections 901, 3510. Reference: Business and Professions Code Section 901.

Section 1399.622 of Title 16 of the California Code of Regulations to read:

Section 1399.622. Out-of-State Practitioner Authorization to Participate in Sponsored Event

(a) Request for Authorization to Participate. An out-of-state practitioner ("applicant") may request authorization from the committee to participate in a sponsored event and provide such health care services at the sponsored event as would be permitted if the applicant were licensed by the committee to provide those services. Authorization must be obtained for each sponsored event in which the applicant seeks to participate. To act pursuant to any authorization, a physician supervising the physician assistant must be licensed in California or hold an authorization to provide health care services at the same health care event by the licensing entity with jurisdiction over the supervising physician.

(1) An applicant shall request authorization by submitting to the committee a completed "Request for Authorization to Practice without a California License at a Registered Free Health Care Event" Form 901-B (PAC/2012), which is hereby incorporated by reference, accompanied by a non-refundable, non-transferrable processing fee of \$25.

(2) The applicant shall also furnish a completed Delegation of Services Agreement signed and dated by the applicant and each supervising physician.

(3) The applicant also shall furnish either a full set of fingerprints or submit a Live Scan inquiry to establish the identity of the applicant and to permit the committee to conduct a criminal history record check. The applicant shall pay any costs for furnishing the fingerprints and conducting the criminal history record check. This

requirement shall apply only to the first application for authorization that is submitted by the applicant.

(b) Response to Request for Authorization to Participate. Within 20 calendar days of receiving a completed request for authorization, the committee shall notify the sponsoring entity or local government entity whether that request is approved or denied.

(c) Denial of Request for Authorization to Participate.

(1) The committee shall deny a request for authorization to participate if:

(A) The submitted form is incomplete and the applicant has not responded within 7 calendar days to the committee's request for additional information; or

(B) The applicant has not graduated from a physician assistant training program approved or recognized by the committee;

(C) The applicant has not passed any examination administered by the National Commission on Certification of Physician Assistants required under Section 3517 of the code; or

(D) The applicant has failed to comply with a requirement of this article or has committed any act that would constitute grounds for denial of an application for licensure by the committee; or

(E) The applicant does not possess a current valid active license in good standing. The term "good standing" means the applicant:

(i) Has not been charged with an offense for any act substantially related to the practice for which the applicant is licensed by any public agency;

(ii) Has not entered into any consent agreement or been subject to an administrative decision that contains conditions placed upon the applicant's professional conduct or practice, including any voluntary surrender of license;

(iii) Has not been the subject of an adverse judgment resulting from the practice for which the applicant is licensed that the committee determines constitutes evidence of a pattern or negligence or incompetence.

(F) The committee has been unable to obtain a timely report of the results of the criminal history check.

(2) The committee may deny a request for authorization to participate if:

(A) The request is received less than 20 calendars days before the date on which the sponsored event will begin; or

(B) The applicant has been previously denied a request for authorization by the committee to participate in a sponsored event; or

(C) The applicant has previously had an authorization to participate in a sponsored event terminated by the committee.

(D) The applicant has participated in six or more sponsored events during the 12-month period immediately preceding the current application.

(d) Appeal of Denial. An applicant requesting authorization to participate in a sponsored event may appeal the denial of such request by following the procedures set forth in subdivision (d) of section 1399.623(d).

(e) An out-of-state practitioner who receives authorization to practice as a physician assistant at an event sponsored by a local government entity shall place a notice visible to patients at every station at which that person will be seeing patients. The notice shall be in at least 48-point type in Arial font and shall include the following statement and information:

NOTICE

I hold a current valid license to practice as a physician assistant in a state other than California. I have been authorized by the Physician Assistant Committee to provide health care services in California only at this specific event.

For questions or complaints, please contact:

Physician Assistant Committee

(916) 561-8780

www.pac.ca.gov

NOTE: Authority cited: Business and Professions Code Sections 144, 901, 3510.
Reference: Business and Professions Code Section 901

Section 1399.623 of Title 16 of the California Code of Regulations to read:

1399.623. Termination of Authorization and Appeal.

(a) Grounds for Termination. The committee may terminate an out-of-state practitioner's authorization to participate in a sponsored event for any of the following reasons:

(1) The out-of-state practitioner has failed to comply with any applicable provision of this article, or any applicable practice requirement or regulation of the committee.

(2) The out-of-state practitioner has committed an act that would constitute grounds for discipline if done by a licensee of the committee.

(3) The committee has received a credible complaint indicating that the out-of-state practitioner is unfit to practice at the sponsored event or has otherwise endangered consumers of the practitioner's services.

(b) Notice of Termination. The committee shall provide both the sponsoring entity or local government entity and the out-of-state practitioner with a written notice of the termination, including the basis for the termination. If the written notice is provided during a sponsored event, the committee may provide the notice to any representative of the sponsored event on the premises of the event.

(c) Consequences of Termination. An out-of-state practitioner shall immediately cease his or her participation in a sponsored event upon receipt of the written notice of termination.

Termination of authority to participate in a sponsored event shall be deemed a disciplinary measure reportable to the national practitioner data banks. In addition, the committee shall provide a copy of the written notice of termination to the licensing authority of each jurisdiction in which the out-of-state practitioner is licensed.

(d) Appeal of Termination. An out-of-state practitioner may appeal the committee's decision to terminate an authorization in the manner provided by section 901(j)(2) of the code. The request for an appeal shall be considered a request for an informal hearing under the Administrative Procedure Act.

(e) Informal Conference Option. In addition to requesting a hearing, the out-of-state practitioner may request an informal conference with the executive officer regarding the reasons for the termination of authorization to participate. The executive officer shall, within 30 days from receipt of the request, hold an informal conference with the out-of-state practitioner. At the conclusion of the informal conference, the executive officer or his/her designee may affirm or dismiss the termination of authorization to participate. The executive officer shall state in writing the reasons for his or her action and mail a copy of his or her findings and decision to the out-of-state practitioner within ten days from the date of the informal conference. The out-of-state practitioner does not waive his or her request for a hearing to contest a termination of authorization by requesting an informal conference. If the termination is dismissed after the informal conference, the request for a hearing shall be deemed to be withdrawn.

NOTE: Authority cited: Business and Professions Code Sections 901, 3510.
Reference: Business and Professions Code Section 901.

HOW SHALL THE PAC ADDRESS THE CALIFORNIA PHYSICIAN ASSISTANT WORKFORCE SHORTAGE?

HIGHLIGHTS FROM THIS REPORT

- The ARC-PA 2020 Master degree mandate policy will close 3 of 9 California PA training programs that typically admit students from under-represented backgrounds.
- The need for many more PAs and PCPs in general is already tremendous. The Affordable Care Act will overwhelm the California healthcare system which is already on the brink of breaking.
- There are ~8,000 PAs in California today. Six million newly insured in California will require ~4,000 new PAs.
- The Committee should consider a viable strategic plan that would foster opening 12 new programs by 2017 to address this need. Several options are; open six in 2014, followed by three new programs each year for the next three years. Gradually increase the median enrollment from 35 to 50 students over six years. Twelve new programs will have been added in four years for a total of 21 programs, graduating approximately 1,000 new PAs annually.

Prepared by the Physician Assistant Committee Education Subcommittee

Chair: Steven H. Stumpf, EdD

Member: Shaquawn D. Schasa

Public Volunteer: Tracy DeINero, PA-C, Tuoro College Physician Assistant Program

October 19, 2012

HISTORICAL OVERVIEW

1. The Physician Assistant Committee (PAC) was created by the Legislature in 1975. At the time, the California Legislature was concerned about the **existing shortage and geographic maldistribution of health care services in California**.
2. Mandates for the Physician Assistant Committee included (i) approving the educational and training requirements of Physician Assistants; and (ii) licensing of Physician Assistants.
3. The Committee does not administer its own examination. We utilize the Physician Assistant National Certifying Examination (NCCPA) administered by the National Commission on Certification for Physician Assistants (NCCPA). Therefore, there is no fiscal impact to the Committee.
4. The Committee has the authority to approve training programs however the Committee has elected to defer this task to the current accrediting body. At this time that body is the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). Historically, the ARC-PA ensures programs meet national accreditation standards. Committee regulations specify that if an educational program has been approved by the ARC-PA, that program shall be deemed approved by the Committee. These educational programs are not reviewed periodically by the Committee. Instead, if ARC-PA terminates accreditation, the Committee's approval of the school automatically terminates. Thus, as the regulations currently state, if the PA training program is ARC-PA approved, it is thereby approved by the Committee.
5. The PAC created a Program Accreditation Task Force (PATF) in November 5, 2009 to provide input and develop regulatory language regarding program accreditation. The PATF reviewed new ARC-PA standards which would require that all programs be offered at the master's degree level. A survey was conducted by the Committee for the four affected California PA training programs to determine how the new standards would impact the programs. The PATF concluded that three of the four programs did not have the capacity to transition to a master level due to legislative barriers. Because this issue continues to evolve at the national level, the task force determined that the Committee should continue to keep abreast of the latest development and take possible appropriate action as new developments occur.

NEW DEVELOPMENTS

6. The Accreditation Standards for Physician Assistant, 4th edition, mandates that all currently accredited programs confer graduate degrees to those students who matriculate (register; enroll) into the program after 2020. Programs accredited prior to 2013 that do not currently offer a graduate degree *must* transition to conferring a graduate degree, which *should* be awarded by the sponsoring institution, upon all PA students who matriculate into the program after 2020. The contiguity of the terms *must* and *should* is confusing; one term communicates a mandate while the other term suggests an option. The impact will be that every PA program not located in an institution that offers a master level degree will assume *must* is the operative

standard to which they are held. If the “elect-to-complete” option is being eliminated (see below) then the ARC PA should and must clarify their intentions as well as any ideas about exceptions.

The Introduction section of the *Standards, 4th edition*, argues the increased educational standards are necessary because “The PA profession has evolved over time to one requiring a high level of academic rigor.”¹ Institutions that sponsor PA programs are expected to incorporate this higher level of academic rigor into their programs and award an appropriate master’s degree.“ Furthermore, the 4th edition of the ARC-PA Accreditation Standards states “Sponsoring institutions applying for provisional accreditation of a new PA program must be accredited by, and in good standing with, a recognized regional accrediting agency and must be authorized by that agency to confer upon graduates of the PA program a graduate degree.”²

The effective meaning of the section and placement of the footnote is that all programs accredited prior to 2013 (and programs post- 2013), including those that are sponsored by community/two year institutions or the military, must transition to offering a graduate degree.”³

The ARC-PA describes two options for current training programs: (1) the existing program can affiliate with a degree-granting program that will enable the PA students at the community college to complete the master degree. The current “elect to complete” option will end. (2) The other option is to move the program to a new advanced-degree-granting institution.

This policy will eliminate all two year certificate programs located in community colleges. Admissions standards will be elevated so as to exclude students who might have qualified for a certificate program. PA programs in California will be reduced from nine to six programs. Program graduates will be reduced from 314 to 194 annually (non-degree programs are underlined in the footnote below; note that UCD is in transition to becoming a Master degree program and has admitted the first such class).⁴ The majority of the diversity in the California workforce is within these three non-degree programs. The demographics of the three programs that will be eliminated fulfill the intent of the profession to serve the underserved and reinforce diversity among the workforce. The proposed policy will effectively eliminate that intention.

EMERGING PROVIDER NEEDS IN CALIFORNIA

7. Estimating the need for primary care providers is a daunting task based upon numerous assumptions. The following formulation was used in calculating estimations:

¹ An argument defending the statement about the “evolution that requires a high level of academic rigor” is not provided.

² ARC-PA *Standards*, fourth edition Page 2 September, 2012. <http://www.arc-pa.org/documents/Standards4theditionwithclarifyingchanges9.2012fml.pdf>

³ ARC-PA *Standards* Degree Deadline Issue <http://www.arc-pa.org/documents/Degree%20issue10.2011fml.pdf>

⁴ USC MPAP ~40; Loma Linda MPA 24; RCC cert 25; SM MPA 25; SJCC AS ~20; Stanford/FC cert ~45; UCD ~30; Western MSPA ~90; Tuoro MSPAS ~35.

- 7.1. The number of Primary Care Providers (PCPs) currently working in California that provide a certain number of clinical services (patient visits) to a certain number of patients.
 - 7.2. Divide the services by the patients and arrive at an estimate of services per patient per year (actually, there are figures for this ratio expressed as services per 1,000 patients).
 - 7.3. Divide the total services by PCPs and arrive at a ratio of visits per PCP.
 - 7.4. Estimate the total number of patients in 2014 after the Affordable Care Act (ACA) enrolls new patients into insurance products in California, including Medi-Cal.
 - 7.5. Multiply the total post-ACA enrollees (patients in 2014) by the ratio of services per patient per year to arrive at the expected number of services in 2014.
 - 7.6. Apply percentage of PAs working in primary care.
 - 7.7. Multiply the expected number of services times the ratio of visits per PCP to arrive at the required number of PCPs.
8. Common metrics for estimating workforce needs: One metric tracks number of patients that are assigned to any given provider. For example, the panel size used by teaching hospitals and the VA is 1,500 patients per physician and 1,200 per nurse practitioner.⁵ PCPs include PAs, NPs and physicians. Approximately 50% of all Nurse Practitioners 40% of all PAs⁶ (and 20% of all MDs⁷) are in primary care. In 2011 there were, in California, approximately 12,403 primary care physicians; 8,857 primary care Nurse Practitioners; and 2,689 primary care PAs in California (adjusted proportionally).⁸ The California patient population includes insured and uninsured. Projections for presently uninsured who will become insured apply.

The total insured population of CA in 2010 was 29,737,000. The current combined primary care workforce in California is approximately 55,000 physicians, PAs and NPs. However, estimating the PCP need based upon patients (the unduplicated count) or newly insured is insufficient. What we need to know is the duplicated count; that is, the number of ambulatory care visits that require coverage by the various primary care providers, including physicians, PAs and NPs.

We have used data collected under the 2010 National Ambulatory Medical Care Survey (NAMCS) to calculate a reliable estimate of visits per PCP. NAMCS is a national probability sample survey of visits to office-based physicians conducted by the National Center for Health Statistics, Centers for Disease Control and Prevention. It is a component of the National Health Care Surveys which measure health care utilization across a variety of health care providers.⁹ Here is what we found.

⁵ LADHS Primary Care Capacity Update, March 2012; <http://itup.org/blog/2012/03/15/ladhs-primary-care-capacity-update/>

⁶ Ibid

⁷ Primary Care Workforce Facts and Stats No. 2. The Number of Nurse Practitioners and Physician Assistants Practicing Primary Care in the United States. <http://www.ahrq.gov/research/pcwork2.htm>

⁸ Kaiser Family Foundation Statehealthfacts.org
<http://www.statehealthfacts.org/comparemaptable.jsp?cat=8&ind=440>

⁹ NAMCS Micro-Data File Documentation 2010
ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2010.pdf

Table 1: Visits per PCP, 2010 NAMCS

total Services	MD/PCP type	total MDs	visits/MD	per wk
213,770,403	Fam Prx	6,237	34274.56	659.13
139,843,147	Int Med	2,217	63077.65	1213.03
132,247,267	Peds	3,501	37774.14	726.43
80,076,190	Ob/Gyn	2,461	32538.07	625.73
565,937,007	all PCPs	14,416	39257.56	754.95

PCPs are separated into primary care physician specialties (e.g., family practice, internal medicine) then summed across all groups. These are national data. NAMCS does not break out data by states. The mean visits per week for a PCP physician is 754.95, or **755**. NAMCS does not collect data for NPs and PAs. Each record is for visits in a given physician practice group. The physicians are counted individually, i.e., if there are three physicians in a group then the count is 3. Services conducted by a PA or NP are “rolled into” the total.

9. How many new patients in California will result from enrollment in the Affordable Care Act in 2014? In 2010, there were 7.4 million beneficiaries, which constituted a fifth of all Californians.¹⁰ A UCLA study estimates that three million Californians ages 0-64 will become eligible for Medi-Cal coverage and three million will be eligible for the Exchange.¹¹ Sum these two figures and we can estimate there will be 13.4 million beneficiaries seeking healthcare in 2014. If we apply the Kaiser and LADHS assignment metrics we can roughly project the following PCPs are needed to meet the need.

10. What is the calculated number of expected services/visits in 2014? This figure is extrapolated from 2007 data from the National Health Care surveys and California Kaiser Family Foundation provider use data. In 2007, the number of ambulatory care visits (to physician offices, hospital outpatient and emergency departments) was 1.2 billion. The number of ambulatory care visits per 100 persons was 405.¹² The number of total physician office visits in 2007 was estimated at 1 billion. The number of visits to physician offices per 100 persons was 344. The percent of visits made to primary care physicians was 56.6%. The most frequent reason for a visit was general medical examination and the most commonly diagnosed condition was “essential hypertension.”¹³

In 2011 there were 23,608 PCP providers in California including physicians, nurse practitioners and physician assistants, and \$7.4 million insured beneficiaries in all insurance programs. In 2014 there will be 13.4 million insured. Calculating with an average of 405 visits per one hundred patients in 2007 we can forecast a 55.2% increase in the number of

¹⁰ Yoo K. The Affordable Care Act and the Residually Uninsured. Insure the Uninsured Project, 1-27-2012

¹¹ UCLA Center for Health Policy Research, Lavarreda SA and Cabezas L. “Two-Thirds of California’s Seven Million Uninsured May Obtain Coverage Under Health Care Reform,” February 2011, at <http://www.healthpolicy.ucla.edu/pubs/files/twothirdspb-2-16-2011.pdf>.

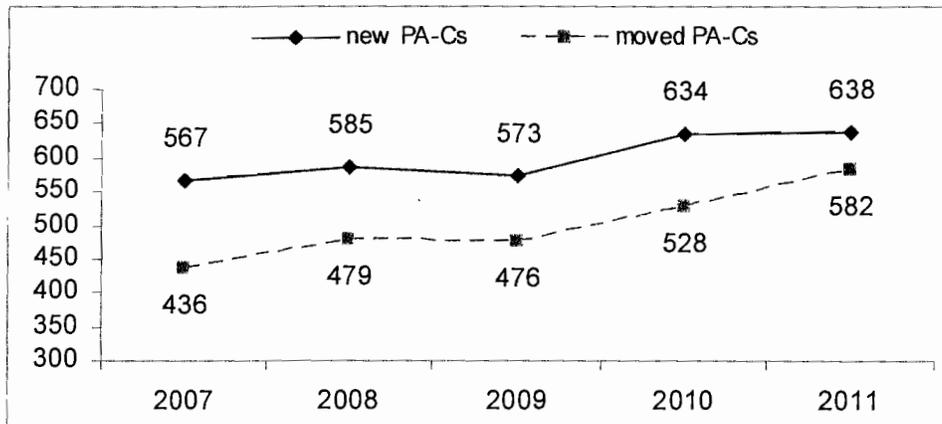
¹² Ambulatory Medical Care Utilization Estimates for 2007: tables 1, 3, http://www.cdc.gov/nchs/data/series/sr_13/sr13_169.pdf

¹³ National Ambulatory Medical Care Survey: 2009 Summary Tables, http://www.cdc.gov/nchs/data/ahcd/namcs_summary/2009_namcs_web_tables.pdf

visits for 13.4 million beneficiaries. The subsequent number of additional PCPs is estimated to be 36,645, or an increase of 13,307 new PCP providers.

The Physician Assistant Committee reported 8,372 licensees in 2011 which included 638 newly licensed PA-Cs; a 5.3% growth rate from 2010. This is offset by a “loss rate” of 8.8% which is the number of PA-Cs no longer reporting a California address. In 2011 this total was 582. The number of PA-Cs moving out of state has steadily increased since 2007. We are losing almost as many PAs as are being newly licensed in the state. In order to meet the coverage needs of the currently and newly insured, the number of California PAs must be increased by approximately 55% to meet the need for PCP PAs by 2014. This figure – which is approximately 4,000 - is obviously out of reach for 2014 and almost certainly by 2020. It should be equally obvious that reducing the numbers of PA training programs will undermine an already poor foundation for treating patients in California thereby conflicting with the PAC mission that includes “Promoting the health and safety of California health care consumers by enhancing PA competence.”

Figure 1: newly licensed PA-Cs Compared to Those Moving Out of State: 2007 through 2011



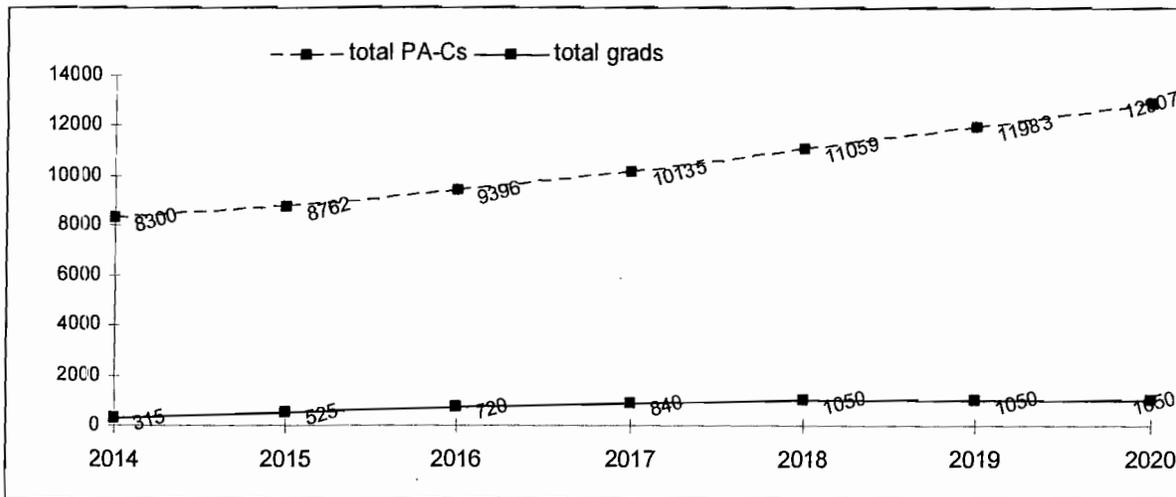
Consequences of eliminating three of nine existing PA programs: The ARC-PA proposes to eliminate three of nine programs in 2020. If the goal is to fill the PCP gap then this plan is obviously moving in the WRONG direction. Nine California programs graduate approximately 600 new PAs each year of which 40% (~250) will work in primary care. At present levels, i.e., with no program growth and a “loss rate” we estimate to be 12%, a net 160 new PAs will have been added to the PCP workforce by 2020. ARC-PA is implementing the new graduate degree requirement with no documentation of need or how it will improve patient safety or the quality of practicing PAs.

We need to add 12 new programs soon as possible. If the goal is to add another 4,000 PCP PAs by 2020, how many new programs would need to be created? If the median class size is 35, we could achieve our goal in four years by adding twelve new programs over that period with a median class size starting at 35 and escalating to 50 by 2018.¹⁴

¹⁴ Among the 9 current programs the median class size is 30; the mean is 37.

Proposals for increasing the numbers of PCPs (primary care providers) include (i) increasing the number of training programs, (ii) increasing the size of existing programs, (iii) creating fast track programs for international medical graduates, and (iv) shifting the burden of direct care for patients with chronic illness to entry-level providers such as Registered Nurses, Licensed Vocational Nurses and Medical Assistants. We are suggesting we can do a better job in helping fill the PCP gap with an additional 4,000 new PAs in four years.

Figure 2: Total PAs Increase as Total Programs Increase to 21 Over Four Years



Signals the Healthcare System Will Be Overwhelmed: Healthy Way LA (HWLA) is a Los Angeles County program that has enrolled more than 200,000 new eligible participants in Medi-Cal since 2011. The program enrolls and assigns new patients formerly not enrolled in Medi-Cal who will become eligible under the Affordable Care Act in 2013. In the first ten months the HWLA program assigned 22,000 of these new patients to “Community Partners”, i.e., clinics and practice groups, which immediately overwhelmed the CPs. Assignment of the new patients to medical homes was suspended in January 2012.¹⁵ The “success” of the Los Angeles model has resulted in implementation of the pre-enrollment approach throughout the state.

A large proportion of the newly insured persons in California will be enrolled in a medical home that is most likely to be a Federally Qualified Health Center. The Healthy Way LA (HWLA) program was implemented in mid-2011 as a strategy for Los Angeles County to get a head start enrolling uninsured patients in a medical home. Hospitals and clinics that enroll uninsured patients in HWLA will be able to convert those patients to Medi-Cal in 2014. These sites will see greatly increased revenues from new enrollments that will result in the creation of new positions for new primary care clinicians.

¹⁵ Status Report on the Healthy Way Los Angeles Enrollment and the 1115 Medicaid Waiver. Health Service LAC memo from Mitchell H. Katz, MD to LAC Board of Supervisors, January 13 2010. http://lahealthaction.org/library/cms1_173216.pdf Los Angeles County Health Services “Status Report on Healthy Way Los Angeles Enrollment.” January 13, 2012. http://file.lacounty.gov/bc/q1_2012/cms1_173216.pdf

IS TAKING ACTION TO INCREASE THE NUMBER OF PHYSICIAN ASSISTANTS WITHIN THE SCOPE OF THE PAC?

11. One can argue that it is beyond the scope of the PAC to change regulations by utilizing its authority to create a licensing exam and program accreditation process. Regulatory boards are in principle reactive and not proactive. Therefore, a strong case must be made for the importance of the PAC to react in order to protect California consumers. The PAC must, therefore, frame any action as a response to the need to fill the gap in primary care providers.

A board operating under the DCA can approve training programs. The board has the option of outsourcing the process or hiring its own staff. There is no requirement the DCA board affiliate with a DOE or other accreditation body, although the board may elect to do so.

The mission of all DCA boards is to protect consumers by disciplining licensees who have broken the law, and ensuring education/training occurs at the level of highest quality. Each board writes its own regulations to ensure these goals are met. The process for writing regulations can take at least two years given time required for drafting, soliciting public comments, review by the Office of Legislative Analysis for conflicts with existing statute, and the PAC voting on final language. In the least, regulatory language must be written to guide the process. The PAC must determine if legislation is also required. Legislation might quicken the timeline because regulations would derive directly from statute requiring PAC administration of program approval along with an in-state licensing process.

- 11.1 **How DCA boards create exams:** DCA boards contract with the Office of Professional Educational Services (OPES) or other identified agencies which is a unit under the DCA. The OPES will either do the work themselves to construct an exam or suggest sources for contracting out the work. There is no requirement that any board use the DCA OPES, however, it is probably the preferred route. Costs are involved for developing, administering and scoring a licensing exam. An estimate of exam construction costs is essential prior to undertaking the task.
- 11.2 **How DCA boards administer exams:** The board may also contract with OPES to conduct and score the exam. Releasing scores to examinees should originate with the licensing board. Test-taking formats include manual completion, local computer station, or online. All scoring formats are machine operated.
- 11.3 **Costs for administering a licensing exam:** The cost of developing a new licensing exam can be broken out by the two principal functions: (1) creation and maintenance of the item bank, and (2) administering and scoring the exam. Costs vary depending on the modality for administration; e.g., hand completed and scored, local computer station, or online. The current PANCE exam must be taken when the program graduate seeks initial licensure. Licensing must be renewed at regular intervals. The cost for the PANCE is \$475 for the initial license and \$350 for subsequent renewals.
- 11.3 **Constraints of accrediting training programs and administering a licensing exam:** The goal for the PA Committee undertaking the two tasks of approving schools along with creating and administering a licensing exam is to create an expanded PA workforce for California consumers. The undertaking is complicated however it is hardly impossible. There are plenty of precedents of other DCA boards undertaking this

process. However, there will be one very significant constraint. PAs licensed in California will need to graduate from an ARC-PA school in order to become certified by PANCE if they wish to practice outside CA. This could reduce the number of PAs willing to enroll in a PAC approved PA program. Of course, this disadvantage might be offset by (1) a rapid increase in the number of PA programs in California (the nine current programs could double within a few years); (2) the availability of lower cost PA programs located in community colleges that offer a certificate slated for extinction by the ARC-PA; and (3) the availability of new clinical positions in a state where the numbers of newly enrolled Medi-Cal is expected to triple. Other constraints include locating new clinical training sites for students of 12 new PA programs.

11.4 **Recent PAC regulatory activity:** The PAC recently approved regulatory language that requires licensed PAs to earn a minimum of 50 category 1 CMEs every two years in order to maintain certification. These hours must be logged (\$80 fee) and recorded with the NCCPA. This component of quality assurance/consumer protection has already been addressed and managed by the PAC.

12. Next steps??

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USC MPAP ~40; Loma Linda MPA 24; RCC cert 25; SM MPA 25; SJCC AS ~20; Stanford/FC cert ~45; UCD cert ~30; Western MSPA ~90; Tuoro MSPAS ~35.

Yoo K. The Affordable Care Act and the Residually Uninsured. Insure the Uninsured Project, 1-27-2012



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 2013 as established by the National Commission on Certification of Physician Assistants.

DATES AND LOCATIONS

Business and Professions Code section 3517 provides in pertinent part:

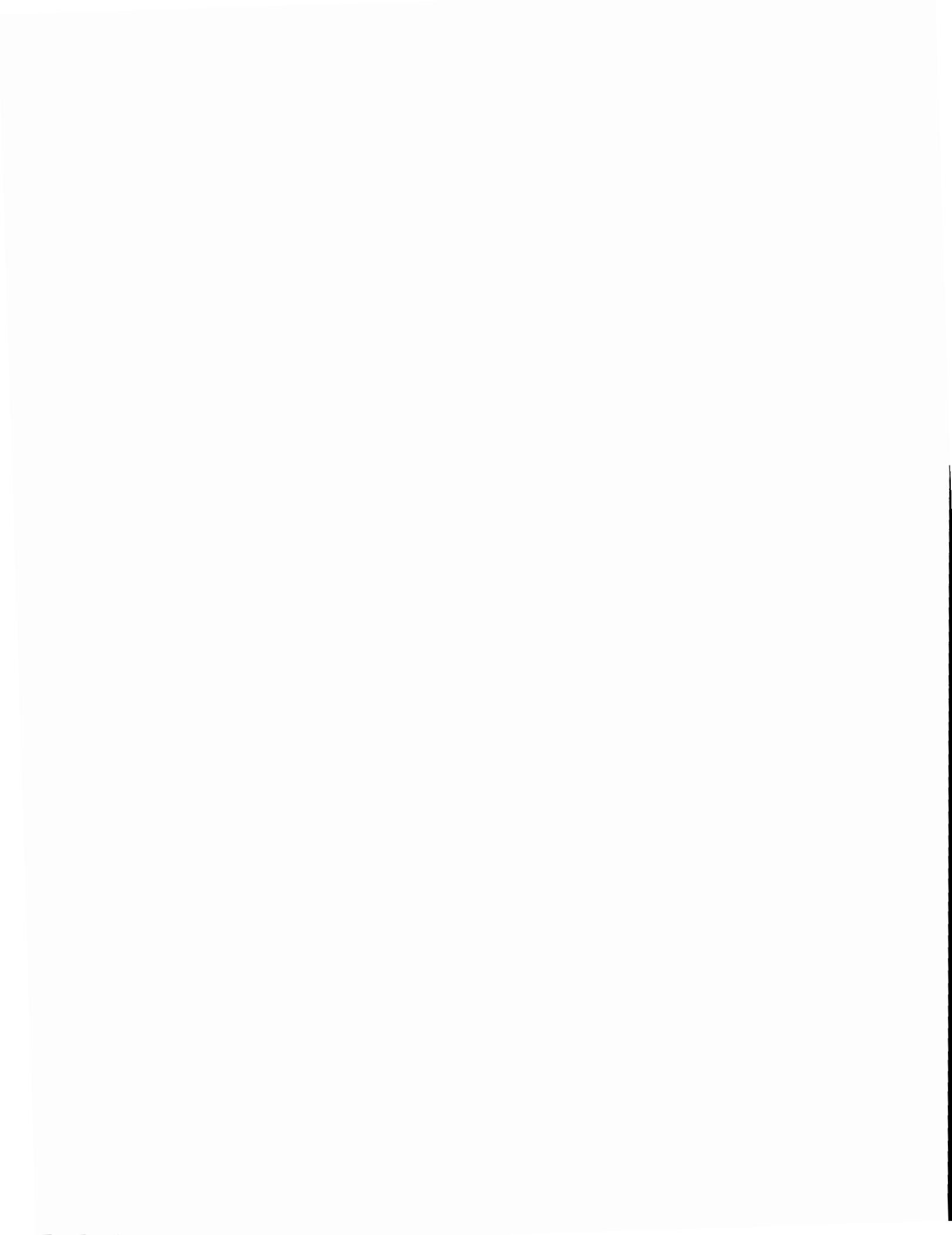
“The time and place of examination shall be fixed by the committee.”

Motion to approve the dates and locations for the physician assistant initial licensing examination for year 2013.

Dates: The examination is given on a year-round basis. There will be no testing between December 21 – 31, 2013.

Locations: Pearson VUE Professional Centers.

**



Update on Legislation of Interest to the Physician Assistant Committee
October 29, 2012

**AB 137 – Chaptered by Secretary of State – Chapter 436, Statutes of 2012
(Portantino)**

This bill determines that health care plans issued, amended, delivered or renewed after 7/1/2013 are deemed to provide coverage for mammograms upon referrals by health care professionals which include PAs

**AB 1904 - Chaptered by Secretary of State – Chapter 399, Statutes of 2012
(Block, Butler and Cook)**

This bill requires boards to expedite processes for issuing temporary licenses for someone who holds an equivalent license in another jurisdiction and is married to an active duty member of the armed forces assigned to active duty in California.

SB 1236 (Sunset) - Chaptered by Secretary of State – Chapter 332, Statutes of 2012 (Price)

This bill recommended that the PAC be extended until 2017, that the name be changed from Committee to Board, adds the PAC to Section 800 series reporting, adds military and retired status.

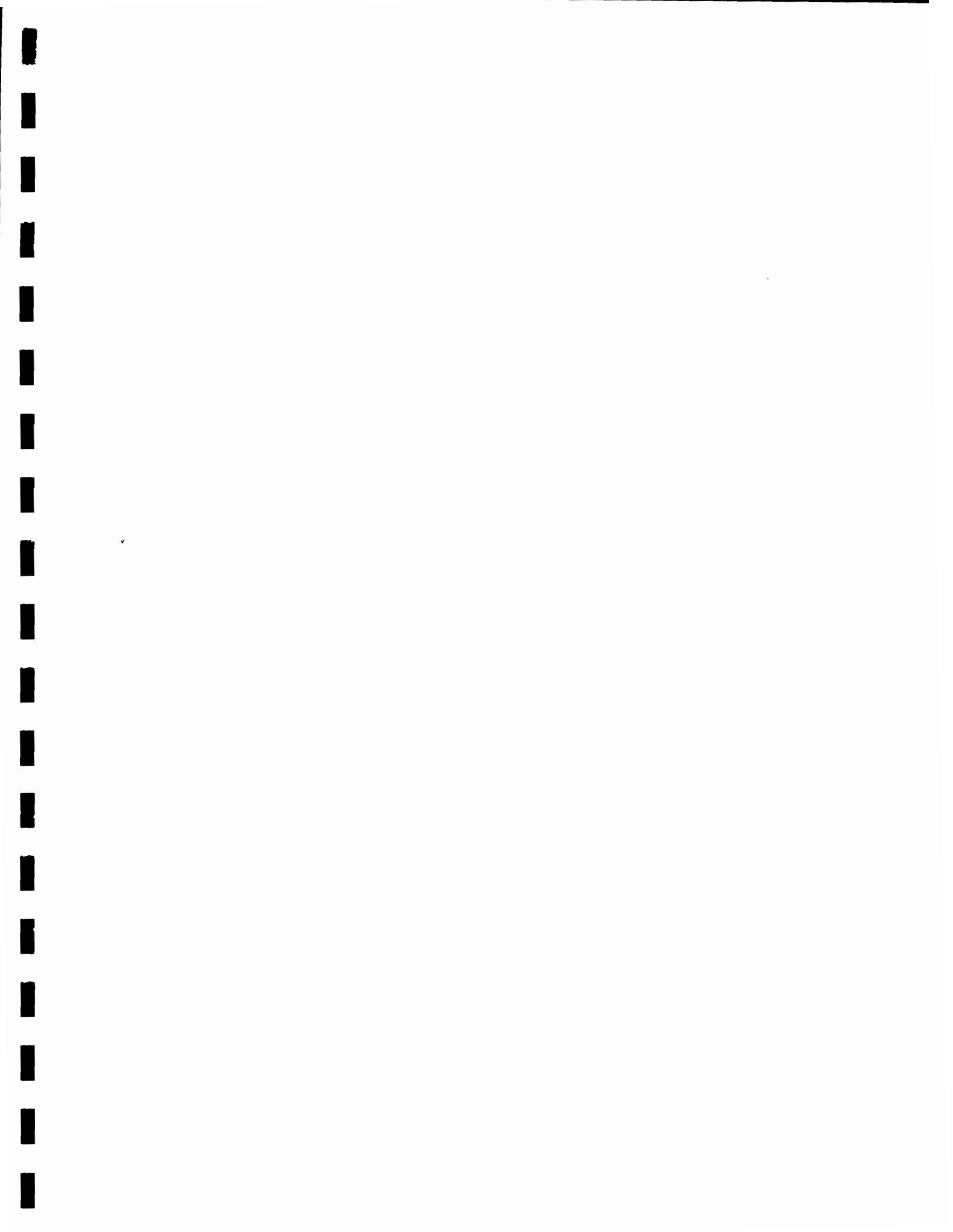
SB 616 – Suspended (DeSaulnier)

This bill would establish the CURES Fund within the State Treasury to receive funds to be allocated, upon appropriation by the Legislature, to the Department of Justice for the purposes of funding CURES, and would make related findings and declarations.

This bill would, if insufficient funds exist to cover operational costs of CURES or a permanent and ongoing funding source is not identified for CURES, require the Medical Board of California, the Dental Board of California, the California State Board of Pharmacy, the Veterinary Medical Board, the Board of Registered Nursing, the Physician Assistant Committee of the Medical Board of California, the Osteopathic Medical Board of California, the State Board of Optometry, and the California Board of Podiatric Medicine to increase the licensure, certification, and renewal fees charged to practitioners under their supervision who are authorized to prescribe or dispense controlled substances by up to \$10 annually.

**SB 1483 – Ordered to inactive file on request of Assembly Member
(Steinberg)**

This bill would create the Physician Health Program, administered by the Physician Health, Recovery and Monitoring Oversight Committee within the department with 14 members to be appointed as specified.



CURRENT BILL STATUS

MEASURE : S.B. No. 1236
AUTHOR(S) : Price.
TOPIC : Professions and vocations.
+LAST AMENDED DATE : 08/24/2012

TYPE OF BILL :

Inactive
Non-Urgency
Appropriations
Majority Vote Required
State-Mandated Local Program
Fiscal
Non-Tax Levy

LAST HIST. ACT. DATE: 09/14/2012
LAST HIST. ACTION : Chaptered by Secretary of State. Chapter 332, Statutes
of 2012.
COMM. LOCATION : ASM APPROPRIATIONS
COMM. ACTION DATE : 08/16/2012
COMM. ACTION : Do pass as amended.
COMM. VOTE SUMMARY : Ayes: 17 Noes: 00PASS

TITLE : An act to amend Sections 800, 801.01, 802.1, 802.5, 803,
803.1, 803.5, 803.6, 805, 2006, 2335, 2450.3, 2460,
2465, 2470, 2472, 2475, 2484, 2493, 2496, 2497.5, 2602,
2607.5, 2920, 2933, 3501, 3502, 3502.1, 3502.3, 3502.5,
3504, 3504.1, 3505, 3506, 3507, 3508, 3509, 3509.5,
3510, 3511, 3512, 3513, 3514.1, 3516, 3516.5, 3517,
3518, 3519, 3519.5, 3520, 3521, 3521.1, 3521.2, 3521.5,
3522, 3523, 3524, 3524.5, 3526, 3527, 3529, 3530, 3531,
3533, 3534, 3534.1, 3534.2, 3534.3, 3534.4, 3534.5,
3534.6, 3534.7, 3534.9, 3534.10, 3535, 3537.10, 3537.20,
3537.30, 3537.50, 3540, 3546, 4001, 4003, 4928, 4934,
4939, 4990, 4990.04, 8000, 8005, 8027, 8030.2, 8030.5,
9812.5, 9830.5, 9832.5, 9847.5, 9849, 9851, 9853, 9860,
9862.5, 9863, and 9873 of, and to add Section 3521.3 to,
the Business and Professions Code, and to amend Sections
12529, 12529.5, and 12529.6 of the Government Code,
relating to professions and vocations, and making an
appropriation therefor.

BILL NUMBER: SB 1236 CHAPTERED
BILL TEXT

CHAPTER 332
FILED WITH SECRETARY OF STATE SEPTEMBER 14, 2012
APPROVED BY GOVERNOR SEPTEMBER 14, 2012
PASSED THE SENATE AUGUST 29, 2012
PASSED THE ASSEMBLY AUGUST 28, 2012
AMENDED IN ASSEMBLY AUGUST 24, 2012
AMENDED IN ASSEMBLY AUGUST 20, 2012
AMENDED IN ASSEMBLY JUNE 18, 2012
AMENDED IN SENATE APRIL 17, 2012

INTRODUCED BY Senator Price

FEBRUARY 23, 2012

An act to amend Sections 800, 801.01, 802.1, 802.5, 803, 803.1, 803.5, 803.6, 805, 2006, 2335, 2450.3, 2460, 2465, 2470, 2472, 2475, 2484, 2493, 2496, 2497.5, 2602, 2607.5, 2920, 2933, 3501, 3502, 3502.1, 3502.3, 3502.5, 3504, 3504.1, 3505, 3506, 3507, 3508, 3509, 3509.5, 3510, 3511, 3512, 3513, 3514.1, 3516, 3516.5, 3517, 3518, 3519, 3519.5, 3520, 3521, 3521.1, 3521.2, 3521.5, 3522, 3523, 3524, 3524.5, 3526, 3527, 3529, 3530, 3531, 3533, 3534, 3534.1, 3534.2, 3534.3, 3534.4, 3534.5, 3534.6, 3534.7, 3534.9, 3534.10, 3535, 3537.10, 3537.20, 3537.30, 3537.50, 3540, 3546, 4001, 4003, 4928, 4934, 4939, 4990, 4990.04, 8000, 8005, 8027, 8030.2, 8030.5, 9812.5, 9830.5, 9832.5, 9847.5, 9849, 9851, 9853, 9860, 9862.5, 9863, and 9873 of, and to add Section 3521.3 to, the Business and Professions Code, and to amend Sections 12529, 12529.5, and 12529.6 of the Government Code, relating to professions and vocations, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

SB 1236, Price. Professions and vocations.

(1) Existing law, until January 1, 2013, declares that using a vertical enforcement and prosecution model for the Medical Board of California's investigations is in the best interests of the people of California. Under existing law, a vertical enforcement and prosecution model is described as the joint assignment of a complaint to a board investigator and to a deputy attorney general responsible for prosecuting the case if the investigation results in the filing of an accusation. Existing law requires the board to, among other things, establish and implement a plan to locate specified staff in the same offices in order to carry out the intent of the vertical enforcement and prosecution model.

This bill would extend the operation of these provisions to January 1, 2014, and would also make a conforming change in that regard.

(2) Existing law provides for the certification and regulation of podiatrists by the California Board of Podiatric Medicine within the jurisdiction of the Medical Board of California. Under existing law, the California Board of Podiatric Medicine will be repealed on January 1, 2013. Existing law requires that boards scheduled for repeal be reviewed by the Joint Sunset Review Committee of the Legislature.

This bill would extend the operation of the California Board of Podiatric Medicine until January 1, 2017. The bill would specify that the board is subject to review by the appropriate policy committees of the Legislature. The bill would revise provisions regarding the examination of applicants for certification to practice podiatric medicine.

(3) Existing law establishes the Physician Assistant Committee within the jurisdiction of the Medical Board of California and provides for its membership, operation, duties, and powers with respect to licensure and regulation of physician assistants, including requirements for the payment of license renewal fees. Under existing law, the committee will be repealed on January 1, 2013.

This bill would rename the committee as the Physician Assistant Board, make various conforming changes relative to this change in designation, and extend the operation of the board until January 1, 2017. The bill would revise the composition of the board and would specify that the board is subject to review by the appropriate policy committees of the Legislature. The bill would allow the board to establish, by regulation, a system for placement of a licensee on retired status, as specified.

(4) Existing law specifies reports to be made and procedures to be followed when a coroner receives information, as specified, that a death may be the result of a physician and surgeon's, or podiatrist's gross negligence or incompetence, and in connection with disciplinary actions against those licensees.

This bill would expand those provisions to include conduct of a physician assistant.

(5) Existing law requires a physician and surgeon, osteopathic physician and surgeon, and a doctor of podiatric medicine to report to his or her licensing board the occurrence of an indictment or information charging a felony against the licensee or the conviction of the licensee of a felony or misdemeanor. Under existing law the failure of those licensees to submit the required report is a crime.

This bill would impose that requirement on a physician assistant. Because a violation of this requirement by a physician assistant would be a crime, this bill would impose a state-mandated local program.

(6) Existing law, the Physical Therapy Practice Act, provides for the licensure and regulation of physical therapists by the Physical Therapy Board of California. Existing law authorizes the board to appoint an executive officer. Existing law makes these provisions inoperative on July 1, 2013, and repealed on January 1, 2014. Under existing law, boards scheduled for repeal are required to be evaluated by the Joint Sunset Review Committee.

This bill would delete the inoperative date and would instead repeal these provisions on January 1, 2014. The bill would also specify that this board would be subject to review by the appropriate policy committees of the Legislature.

(7) Existing law, the Naturopathic Doctors Act, provides for the licensure and regulation of naturopathic doctors by the Naturopathic Medicine Committee within the Osteopathic Medical Board of California. Existing law repeals these provisions on January 1, 2014. Under existing law, boards scheduled for repeal are required to be evaluated by the Joint Sunset Review Committee.

This bill would make a conforming change with regard to the operation of these provisions until January 1, 2014, and the bill would also specify that this board would be subject to review by the appropriate policy committees of the Legislature.

(8) Existing law, the Pharmacy Law, provides for the licensure and regulation of pharmacies, pharmacists, pharmacy technicians,

wholesalers of dangerous drugs or devices, and others by the California State Board of Pharmacy. Existing law authorizes the board to appoint an executive officer. Under existing law, the board and its authority to appoint an executive officer will be repealed on January 1, 2013. Under existing law, boards scheduled for repeal are required to be evaluated by the Joint Sunset Review Committee.

This bill would extend the operation of the California State Board of Pharmacy and its authority to appoint an executive officer until January 1, 2017, and would specify that the board is subject to review by the appropriate policy committees of the Legislature.

(9) Existing law provides for the licensure and regulation of psychologists by the Board of Psychology. Existing law provides for the licensure and regulation of licensed educational psychologists, clinical social workers, marriage and family therapists, and licensed professional clinical counselors by the Board of Behavioral Sciences within the Department of Consumer Affairs. Existing law specifies the composition of each board and requires or authorizes each board to employ an executive officer. Existing law repeals these provisions on January 1, 2013. Under existing law, boards scheduled for repeal are required to be evaluated by the Joint Sunset Review Committee.

This bill would extend the operation of these provisions until January 1, 2017. This bill would specify that each board is subject to review by the appropriate policy committees of the Legislature.

(10) Existing law, the Acupuncture Licensure Act, provides for the licensure and regulation of the practice of acupuncture by the Acupuncture Board. Existing law authorizes the board to appoint an executive officer. Existing law repeals these provisions on January 1, 2013. Under existing law, boards scheduled for repeal are required to be evaluated by the Joint Sunset Review Committee.

This bill would extend the operation of these provisions until January 1, 2015. The bill would instead specify that the board would be subject to review by the appropriate policy committees of the Legislature.

Existing law requires the board, on or before January 1, 2004, to establish standards for the approval of schools and colleges offering education and training in the practice of an acupuncturist. Under existing law, within 3 years of initial approval by the board, each program approved by the board is required to receive full institutional approval by the Bureau for Private Postsecondary Education, which is responsible for, among other things, providing approval to operate private postsecondary institutions according to specified minimum operating standards.

This bill would provide the board with ongoing authority to establish those standards. The bill would also update references to provisions providing for the approval by the bureau to operate private postsecondary institutions.

(11) Existing law provides for the licensure and regulation of court reporters by the Court Reporters Board of California within the Department of Consumer Affairs. Existing law authorizes this board to appoint an executive officer and committees as necessary. Existing law repeals these provisions on January 1, 2013.

This bill would extend the operation of these provisions until January 1, 2017, and would specify that the board is subject to review by the appropriate policy committees of the Legislature.

Existing law requires, until January 1, 2013, certain fees and revenues collected by the board to be deposited into the Transcript Reimbursement Fund to be available to provide reimbursement for the cost of providing shorthand reporting services to low-income litigants in civil cases. Existing law authorizes, until January 1, 2013, low-income persons appearing pro se to apply for funds from the

Transcript Reimbursement Fund, subject to specified requirements and limitations. Existing law requires the board, until January 1, 2013, to publicize the availability of the fund to prospective applicants. Existing law requires the unencumbered funds remaining in the Transcript Reimbursement Fund as of January 1, 2013, to be transferred to the Court Reporters' Fund.

This bill would extend the operation of these provisions until January 1, 2017, and would make a technical change to these provisions. By extending the operation of the Transcript Reimbursement Fund, which is a continuously appropriated fund, the bill would make an appropriation.

(12) Existing law, the Electronic and Appliance Repair Dealer Registration Law, provides for the registration and regulation of electronic and appliance service dealers and service contractors by the Bureau of Electronic and Appliance Repair, Home Furnishings, and Thermal Insulation within the Department of Consumer Affairs and makes a failure to comply with its provisions a crime. Existing law, until January 1, 2013, requires a service contractor to pay specified fees to the bureau, including a registration fee and a registration renewal fee. Existing law, until January 1, 2013, requires the Director of Consumer Affairs to gather evidence of violations of the Electronic and Appliance Repair Dealer Registration Law, and any of its regulations, by a service contractor or by any employee, partner, officer, or member of any service contractor. Existing law, until January 1, 2013, requires a service contractor to maintain specified records to be open for inspection by the director and other law enforcement officials. Existing law, until January 1, 2013, also provides for the revocation of the registration of a service contractor by the director and for the superior court to issue a restraining order or injunction against a service contractor who violates these provisions.

This bill would extend the operation of these and other related provisions to January 1, 2015. By extending the operation of certain of these provisions, the violation of which is a crime, this bill would impose a state-mandated local program.

(13) Existing law, until January 1, 2013, establishes the Health Quality Enforcement Section within the Department of Justice for the purpose of investigating and prosecuting proceedings against licensees and applicants within the jurisdiction of the Medical Board of California, the California Board of Podiatric Medicine, the Board of Psychology, or any committee under the jurisdiction of the Medical Board of California. Existing law, until January 1, 2013, requires all complaints against licensees of these boards to be made available to the Health Quality Enforcement Section.

This bill would extend the operation of these provisions until January 1, 2014.

(14) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Appropriation: yes.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 800 of the Business and Professions Code is amended to read:

800. (a) The Medical Board of California, the Board of

Psychology, the Dental Board of California, the Osteopathic Medical Board of California, the State Board of Chiropractic Examiners, the Board of Registered Nursing, the Board of Vocational Nursing and Psychiatric Technicians, the State Board of Optometry, the Veterinary Medical Board, the Board of Behavioral Sciences, the Physical Therapy Board of California, the California State Board of Pharmacy, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board, the California Board of Occupational Therapy, the Acupuncture Board, and the Physician Assistant Board shall each separately create and maintain a central file of the names of all persons who hold a license, certificate, or similar authority from that board. Each central file shall be created and maintained to provide an individual historical record for each licensee with respect to the following information:

(1) Any conviction of a crime in this or any other state that constitutes unprofessional conduct pursuant to the reporting requirements of Section 803.

(2) Any judgment or settlement requiring the licensee or his or her insurer to pay any amount of damages in excess of three thousand dollars (\$3,000) for any claim that injury or death was proximately caused by the licensee's negligence, error or omission in practice, or by rendering unauthorized professional services, pursuant to the reporting requirements of Section 801 or 802.

(3) Any public complaints for which provision is made pursuant to subdivision (b).

(4) Disciplinary information reported pursuant to Section 805, including any additional exculpatory or explanatory statements submitted by the licensee pursuant to subdivision (f) of Section 805. If a court finds, in a final judgment, that the peer review resulting in the 805 report was conducted in bad faith and the licensee who is the subject of the report notifies the board of that finding, the board shall include that finding in the central file. For purposes of this paragraph, "peer review" has the same meaning as defined in Section 805.

(5) Information reported pursuant to Section 805.01, including any explanatory or exculpatory information submitted by the licensee pursuant to subdivision (b) of that section.

(b) Each board shall prescribe and promulgate forms on which members of the public and other licensees or certificate holders may file written complaints to the board alleging any act of misconduct in, or connected with, the performance of professional services by the licensee.

If a board, or division thereof, a committee, or a panel has failed to act upon a complaint or report within five years, or has found that the complaint or report is without merit, the central file shall be purged of information relating to the complaint or report.

Notwithstanding this subdivision, the Board of Psychology, the Board of Behavioral Sciences, and the Respiratory Care Board of California shall maintain complaints or reports as long as each board deems necessary.

(c) The contents of any central file that are not public records under any other provision of law shall be confidential except that the licensee involved, or his or her counsel or representative, shall have the right to inspect and have copies made of his or her complete file except for the provision that may disclose the identity of an information source. For the purposes of this section, a board may protect an information source by providing a copy of the material with only those deletions necessary to protect the identity of the source or by providing a comprehensive summary of the substance of the material. Whichever method is used, the board shall ensure that

full disclosure is made to the subject of any personal information that could reasonably in any way reflect or convey anything detrimental, disparaging, or threatening to a licensee's reputation, rights, benefits, privileges, or qualifications, or be used by a board to make a determination that would affect a licensee's rights, benefits, privileges, or qualifications. The information required to be disclosed pursuant to Section 803.1 shall not be considered among the contents of a central file for the purposes of this subdivision.

The licensee may, but is not required to, submit any additional exculpatory or explanatory statement or other information that the board shall include in the central file.

Each board may permit any law enforcement or regulatory agency when required for an investigation of unlawful activity or for licensing, certification, or regulatory purposes to inspect and have copies made of that licensee's file, unless the disclosure is otherwise prohibited by law.

These disclosures shall effect no change in the confidential status of these records.

SEC. 2. Section 801.01 of the Business and Professions Code is amended to read:

801.01. The Legislature finds and declares that the filing of reports with the applicable state agencies required under this section is essential for the protection of the public. It is the intent of the Legislature that the reporting requirements set forth in this section be interpreted broadly in order to expand reporting obligations.

(a) A complete report shall be sent to the Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, or the Physician Assistant Board with respect to a licensee of the board as to the following:

(1) A settlement over thirty thousand dollars (\$30,000) or arbitration award of any amount or a civil judgment of any amount, whether or not vacated by a settlement after entry of the judgment, that was not reversed on appeal, of a claim or action for damages for death or personal injury caused by the licensee's alleged negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services.

(2) A settlement over thirty thousand dollars (\$30,000), if the settlement is based on the licensee's alleged negligence, error, or omission in practice, or on the licensee's rendering of unauthorized professional services, and a party to the settlement is a corporation, medical group, partnership, or other corporate entity in which the licensee has an ownership interest or that employs or contracts with the licensee.

(b) The report shall be sent by the following:

(1) The insurer providing professional liability insurance to the licensee.

(2) The licensee, or his or her counsel, if the licensee does not possess professional liability insurance.

(3) A state or local governmental agency that self-insures the licensee. For purposes of this section, "state governmental agency" includes, but is not limited to, the University of California.

(c) The entity, person, or licensee obligated to report pursuant to subdivision (b) shall send the complete report if the judgment, settlement agreement, or arbitration award is entered against or paid by the employer of the licensee and not entered against or paid by the licensee. "Employer," as used in this paragraph, means a professional corporation, a group practice, a health care facility or clinic licensed or exempt from licensure under the Health and Safety Code, a licensed health care service plan, a medical care

foundation, an educational institution, a professional institution, a professional school or college, a general law corporation, a public entity, or a nonprofit organization that employs, retains, or contracts with a licensee referred to in this section. Nothing in this paragraph shall be construed to authorize the employment of, or contracting with, any licensee in violation of Section 2400.

(d) The report shall be sent to the Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, or the Physician Assistant Board as appropriate, within 30 days after the written settlement agreement has been reduced to writing and signed by all parties thereto, within 30 days after service of the arbitration award on the parties, or within 30 days after the date of entry of the civil judgment.

(e) The entity, person, or licensee required to report under subdivision (b) shall notify the claimant or his or her counsel, if he or she is represented by counsel, that the report has been sent to the Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, or the Physician Assistant Board. If the claimant or his or her counsel has not received this notice within 45 days after the settlement was reduced to writing and signed by all of the parties or the arbitration award was served on the parties or the date of entry of the civil judgment, the claimant or the claimant's counsel shall make the report to the appropriate board.

(f) Failure to substantially comply with this section is a public offense punishable by a fine of not less than five hundred dollars (\$500) and not more than five thousand dollars (\$5,000).

(g) (1) The Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, and the Physician Assistant Board may develop a prescribed form for the report.

(2) The report shall be deemed complete only if it includes the following information:

(A) The name and last known business and residential addresses of every plaintiff or claimant involved in the matter, whether or not the person received an award under the settlement, arbitration, or judgment.

(B) The name and last known business and residential addresses of every licensee who was alleged to have acted improperly, whether or not that person was a named defendant in the action and whether or not that person was required to pay any damages pursuant to the settlement, arbitration award, or judgment.

(C) The name, address, and principal place of business of every insurer providing professional liability insurance to any person described in subparagraph (B), and the insured's policy number.

(D) The name of the court in which the action or any part of the action was filed, and the date of filing and case number of each action.

(E) A description or summary of the facts of each claim, charge, or allegation, including the date of occurrence and the licensee's role in the care or professional services provided to the patient with respect to those services at issue in the claim or action.

(F) The name and last known business address of each attorney who represented a party in the settlement, arbitration, or civil action, including the name of the client he or she represented.

(G) The amount of the judgment, the date of its entry, and a copy of the judgment; the amount of the arbitration award, the date of its service on the parties, and a copy of the award document; or the amount of the settlement and the date it was reduced to writing and signed by all parties. If an otherwise reportable settlement is

entered into after a reportable judgment or arbitration award is issued, the report shall include both the settlement and a copy of the judgment or award.

(H) The specialty or subspecialty of the licensee who was the subject of the claim or action.

(I) Any other information the Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, or the Physician Assistant Board may, by regulation, require.

(3) Every professional liability insurer, self-insured governmental agency, or licensee or his or her counsel that makes a report under this section and has received a copy of any written or electronic patient medical or hospital records prepared by the treating physician and surgeon, podiatrist, or physician assistant, or the staff of the treating physician and surgeon, podiatrist, or hospital, describing the medical condition, history, care, or treatment of the person whose death or injury is the subject of the report, or a copy of any deposition in the matter that discusses the care, treatment, or medical condition of the person, shall include with the report, copies of the records and depositions, subject to reasonable costs to be paid by the Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, or the Physician Assistant Board. If confidentiality is required by court order and, as a result, the reporter is unable to provide the records and depositions, documentation to that effect shall accompany the original report. The applicable board may, upon prior notification of the parties to the action, petition the appropriate court for modification of any protective order to permit disclosure to the board. A professional liability insurer, self-insured governmental agency, or licensee or his or her counsel shall maintain the records and depositions referred to in this paragraph for at least one year from the date of filing of the report required by this section.

(h) If the board, within 60 days of its receipt of a report filed under this section, notifies a person named in the report, that person shall maintain for the period of three years from the date of filing of the report any records he or she has as to the matter in question and shall make those records available upon request to the board to which the report was sent.

(i) Notwithstanding any other provision of law, no insurer shall enter into a settlement without the written consent of the insured, except that this prohibition shall not void any settlement entered into without that written consent. The requirement of written consent shall only be waived by both the insured and the insurer.

(j) (1) A state or local governmental agency that self-insures licensees shall, prior to sending a report pursuant to this section, do all of the following with respect to each licensee who will be identified in the report:

(A) Before deciding that a licensee will be identified, provide written notice to the licensee that the agency intends to submit a report in which the licensee may be identified, based on his or her role in the care or professional services provided to the patient that were at issue in the claim or action. This notice shall describe the reasons for notifying the licensee. The agency shall include with this notice a reasonable opportunity for the licensee to review a copy of records to be used by the agency in deciding whether to identify the licensee in the report.

(B) Provide the licensee with a reasonable opportunity to provide a written response to the agency and written materials in support of the licensee's position. If the licensee is identified in the report,

the agency shall include this response and materials in the report submitted to a board under this section if requested by the licensee.

(C) At least 10 days prior to the expiration of the 30-day reporting requirement under subdivision (d), provide the licensee with the opportunity to present arguments to the body that will make the final decision or to that body's designee. The body shall review the care or professional services provided to the patient with respect to those services at issue in the claim or action and determine the licensee or licensees to be identified in the report and the amount of the settlement to be apportioned to the licensee.

(2) Nothing in this subdivision shall be construed to modify either the content of a report required under this section or the timeframe for filing that report.

(k) For purposes of this section, "licensee" means a licensee of the Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, or the Physician Assistant Board.

SEC. 3. Section 802.1 of the Business and Professions Code is amended to read:

802.1. (a) (1) A physician and surgeon, osteopathic physician and surgeon, a doctor of podiatric medicine, and a physician assistant shall report either of the following to the entity that issued his or her license:

(A) The bringing of an indictment or information charging a felony against the licensee.

(B) The conviction of the licensee, including any verdict of guilty, or plea of guilty or no contest, of any felony or misdemeanor.

(2) The report required by this subdivision shall be made in writing within 30 days of the date of the bringing of the indictment or information or of the conviction.

(b) Failure to make a report required by this section shall be a public offense punishable by a fine not to exceed five thousand dollars (\$5,000).

SEC. 4. Section 802.5 of the Business and Professions Code is amended to read:

802.5. (a) When a coroner receives information that is based on findings that were reached by, or documented and approved by a board-certified or board-eligible pathologist indicating that a death may be the result of a physician and surgeon's, podiatrist's, or physician assistant's gross negligence or incompetence, a report shall be filed with the Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, or the Physician Assistant Board. The initial report shall include the name of the decedent, date and place of death, attending physicians or podiatrists, and all other relevant information available. The initial report shall be followed, within 90 days, by copies of the coroner's report, autopsy protocol, and all other relevant information.

(b) The report required by this section shall be confidential. No coroner, physician and surgeon, or medical examiner, nor any authorized agent, shall be liable for damages in any civil action as a result of his or her acting in compliance with this section. No board-certified or board-eligible pathologist, nor any authorized agent, shall be liable for damages in any civil action as a result of his or her providing information under subdivision (a).

SEC. 5. Section 803 of the Business and Professions Code is amended to read:

803. (a) Except as provided in subdivision (b), within 10 days

after a judgment by a court of this state that a person who holds a license, certificate, or other similar authority from the Board of Behavioral Sciences or from an agency mentioned in subdivision (a) of Section 800 (except a person licensed pursuant to Chapter 3 (commencing with Section 1200)) has committed a crime, or is liable for any death or personal injury resulting in a judgment for an amount in excess of thirty thousand dollars (\$30,000) caused by his or her negligence, error or omission in practice, or his or her rendering unauthorized professional services, the clerk of the court that rendered the judgment shall report that fact to the agency that issued the license, certificate, or other similar authority.

(b) For purposes of a physician and surgeon, osteopathic physician and surgeon, doctor of podiatric medicine, or physician assistant, who is liable for any death or personal injury resulting in a judgment of any amount caused by his or her negligence, error or omission in practice, or his or her rendering unauthorized professional services, the clerk of the court that rendered the judgment shall report that fact to the agency that issued the license.

SEC. 6. Section 803.1 of the Business and Professions Code is amended to read:

803.1. (a) Notwithstanding any other provision of law, the Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, and the Physician Assistant Board shall disclose to an inquiring member of the public information regarding any enforcement actions taken against a licensee, including a former licensee, by the board or by another state or jurisdiction, including all of the following:

- (1) Temporary restraining orders issued.
- (2) Interim suspension orders issued.
- (3) Revocations, suspensions, probations, or limitations on practice ordered by the board, including those made part of a probationary order or stipulated agreement.
- (4) Public letters of reprimand issued.
- (5) Infractions, citations, or fines imposed.

(b) Notwithstanding any other provision of law, in addition to the information provided in subdivision (a), the Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, and the Physician Assistant Board shall disclose to an inquiring member of the public all of the following:

- (1) Civil judgments in any amount, whether or not vacated by a settlement after entry of the judgment, that were not reversed on appeal and arbitration awards in any amount of a claim or action for damages for death or personal injury caused by the physician and surgeon's negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services.
- (2) (A) All settlements in the possession, custody, or control of the board shall be disclosed for a licensee in the low-risk category if there are three or more settlements for that licensee within the last 10 years, except for settlements by a licensee regardless of the amount paid where (i) the settlement is made as a part of the settlement of a class claim, (ii) the licensee paid in settlement of the class claim the same amount as the other licensees in the same class or similarly situated licensees in the same class, and (iii) the settlement was paid in the context of a case where the complaint that alleged class liability on behalf of the licensee also alleged a products liability class action cause of action. All settlements in the possession, custody, or control of the board shall be disclosed for a licensee in the high-risk category if there are four or more

settlements for that licensee within the last 10 years except for settlements by a licensee regardless of the amount paid where (i) the settlement is made as a part of the settlement of a class claim, (ii) the licensee paid in settlement of the class claim the same amount as the other licensees in the same class or similarly situated licensees in the same class, and (iii) the settlement was paid in the context of a case where the complaint that alleged class liability on behalf of the licensee also alleged a products liability class action cause of action. Classification of a licensee in either a "high-risk category" or a "low-risk category" depends upon the specialty or subspecialty practiced by the licensee and the designation assigned to that specialty or subspecialty by the Medical Board of California, as described in subdivision (f). For the purposes of this paragraph, "settlement" means a settlement of an action described in paragraph (1) entered into by the licensee on or after January 1, 2003, in an amount of thirty thousand dollars (\$30,000) or more.

(B) The board shall not disclose the actual dollar amount of a settlement but shall put the number and amount of the settlement in context by doing the following:

(i) Comparing the settlement amount to the experience of other licensees within the same specialty or subspecialty, indicating if it is below average, average, or above average for the most recent 10-year period.

(ii) Reporting the number of years the licensee has been in practice.

(iii) Reporting the total number of licensees in that specialty or subspecialty, the number of those who have entered into a settlement agreement, and the percentage that number represents of the total number of licensees in the specialty or subspecialty.

(3) Current American Board of Medical Specialties certification or board equivalent as certified by the Medical Board of California, the Osteopathic Medical Board of California, or the California Board of Podiatric Medicine.

(4) Approved postgraduate training.

(5) Status of the license of a licensee. By January 1, 2004, the Medical Board of California, the Osteopathic Medical Board of California, and the California Board of Podiatric Medicine shall adopt regulations defining the status of a licensee. The board shall employ this definition when disclosing the status of a licensee pursuant to Section 2027.

(6) Any summaries of hospital disciplinary actions that result in the termination or revocation of a licensee's staff privileges for medical disciplinary cause or reason, unless a court finds, in a final judgment, that the peer review resulting in the disciplinary action was conducted in bad faith and the licensee notifies the board of that finding. In addition, any exculpatory or explanatory statements submitted by the licensee electronically pursuant to subdivision (f) of that section shall be disclosed. For purposes of this paragraph, "peer review" has the same meaning as defined in Section 805.

(c) Notwithstanding any other provision of law, the Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, and the Physician Assistant Board shall disclose to an inquiring member of the public information received regarding felony convictions of a physician and surgeon or doctor of podiatric medicine.

(d) The Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, and the Physician Assistant Board may formulate appropriate disclaimers or

explanatory statements to be included with any information released, and may by regulation establish categories of information that need not be disclosed to an inquiring member of the public because that information is unreliable or not sufficiently related to the licensee's professional practice. The Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, and the Physician Assistant Board shall include the following statement when disclosing information concerning a settlement:

"Some studies have shown that there is no significant correlation between malpractice history and a doctor's competence. At the same time, the State of California believes that consumers should have access to malpractice information. In these profiles, the State of California has given you information about both the malpractice settlement history for the doctor's specialty and the doctor's history of settlement payments only if in the last 10 years, the doctor, if in a low-risk specialty, has three or more settlements or the doctor, if in a high-risk specialty, has four or more settlements. The State of California has excluded some class action lawsuits because those cases are commonly related to systems issues such as product liability, rather than questions of individual professional competence and

because they are brought on a class basis where the economic incentive for settlement is great. The State of California has placed payment amounts into three statistical categories: below average, average, and above average compared to others in the doctor's specialty. To make the best health care decisions, you should view this information in perspective. You could miss an opportunity for high-quality care by selecting a doctor based solely on malpractice history.

When considering malpractice data, please keep in mind:

Malpractice histories tend to vary by specialty. Some specialties are more likely than others to be the subject of litigation. This report compares doctors only to the members of their specialty, not to all doctors, in order to make an individual doctor's history more meaningful.

This report reflects data only for settlements made on or after January 1, 2003. Moreover, it includes information concerning those settlements for a 10-year period only. Therefore, you should know that a doctor may have made settlements in the 10 years immediately preceding January 1, 2003, that are not included in this report. After January 1, 2013, for doctors practicing less than 10 years, the data covers their total years of practice. You should take into account the effective date of settlement disclosure as well as how long the doctor has been in practice when considering malpractice averages.

The incident causing the malpractice claim may have happened years before a payment is finally made. Sometimes, it takes a long time for a malpractice lawsuit to settle. Some doctors work primarily with high-risk patients. These doctors may have malpractice settlement histories that are higher than average because they specialize in cases or patients who are at very high risk for problems.

Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the doctor. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

You may wish to discuss information in this report and the general

issue of malpractice with your doctor."

(e) The Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, and the Physician Assistant Board shall, by regulation, develop standard terminology that accurately describes the different types of disciplinary filings and actions to take against a licensee as described in paragraphs (1) to (5), inclusive, of subdivision (a). In providing the public with information about a licensee via the Internet pursuant to Section 2027, the Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, and the Physician Assistant Board shall not use the terms "enforcement," "discipline," or similar language implying a sanction unless the physician and surgeon has been the subject of one of the actions described in paragraphs (1) to (5), inclusive, of subdivision (a).

(f) The Medical Board of California shall adopt regulations no later than July 1, 2003, designating each specialty and subspecialty practice area as either high risk or low risk. In promulgating these regulations, the board shall consult with commercial underwriters of medical malpractice insurance companies, health care systems that self-insure physicians and surgeons, and representatives of the California medical specialty societies. The board shall utilize the carriers' statewide data to establish the two risk categories and the averages required by subparagraph (B) of paragraph (2) of subdivision (b). Prior to issuing regulations, the board shall convene public meetings with the medical malpractice carriers, self-insurers, and specialty representatives.

(g) The Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, the Physician Assistant Board shall provide each licensee, including a former licensee under subdivision (a), with a copy of the text of any proposed public disclosure authorized by this section prior to release of the disclosure to the public. The licensee shall have 10 working days from the date the board provides the copy of the proposed public disclosure to propose corrections of factual inaccuracies. Nothing in this section shall prevent the board from disclosing information to the public prior to the expiration of the 10-day period.

(h) Pursuant to subparagraph (A) of paragraph (2) of subdivision (b), the specialty or subspecialty information required by this section shall group physicians by specialty board recognized pursuant to paragraph (5) of subdivision (h) of Section 651 unless a different grouping would be more valid and the board, in its statement of reasons for its regulations, explains why the validity of the grouping would be more valid.

SEC. 7. Section 803.5 of the Business and Professions Code is amended to read:

803.5. (a) The district attorney, city attorney, or other prosecuting agency shall notify the Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, the State Board of Chiropractic Examiners, the Physician Assistant Board, or other appropriate allied health board, and the clerk of the court in which the charges have been filed, of any filings against a licensee of that board charging a felony immediately upon obtaining information that the defendant is a licensee of the board. The notice shall identify the licensee and describe the crimes charged and the facts alleged. The prosecuting agency shall also notify the clerk of the court in which the action

is pending that the defendant is a licensee, and the clerk shall record prominently in the file that the defendant holds a license from one of the boards described above.

(b) The clerk of the court in which a licensee of one of the boards is convicted of a crime shall, within 48 hours after the conviction, transmit a certified copy of the record of conviction to the applicable board.

SEC. 8. Section 803.6 of the Business and Professions Code is amended to read:

803.6. (a) The clerk of the court shall transmit any felony preliminary hearing transcript concerning a defendant licensee to the Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, the Physician Assistant Board, or other appropriate allied health board, as applicable, where the total length of the transcript is under 800 pages and shall notify the appropriate board of any proceeding where the transcript exceeds that length.

(b) In any case where a probation report on a licensee is prepared for a court pursuant to Section 1203 of the Penal Code, a copy of that report shall be transmitted by the probation officer to the board.

SEC. 9. Section 805 of the Business and Professions Code is amended to read:

805. (a) As used in this section, the following terms have the following definitions:

(1) (A) "Peer review" means both of the following:

(i) A process in which a peer review body reviews the basic qualifications, staff privileges, employment, medical outcomes, or professional conduct of licentiates to make recommendations for quality improvement and education, if necessary, in order to do either or both of the following:

(I) Determine whether a licentiate may practice or continue to practice in a health care facility, clinic, or other setting providing medical services, and, if so, to determine the parameters of that practice.

(II) Assess and improve the quality of care rendered in a health care facility, clinic, or other setting providing medical services.

(ii) Any other activities of a peer review body as specified in subparagraph (B).

(B) "Peer review body" includes:

(i) A medical or professional staff of any health care facility or clinic licensed under Division 2 (commencing with Section 1200) of the Health and Safety Code or of a facility certified to participate in the federal Medicare program as an ambulatory surgical center.

(ii) A health care service plan licensed under Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code or a disability insurer that contracts with licentiates to provide services at alternative rates of payment pursuant to Section 10133 of the Insurance Code.

(iii) Any medical, psychological, marriage and family therapy, social work, professional clinical counselor, dental, or podiatric professional society having as members at least 25 percent of the eligible licentiates in the area in which it functions (which must include at least one county), which is not organized for profit and which has been determined to be exempt from taxes pursuant to Section 23701 of the Revenue and Taxation Code.

(iv) A committee organized by any entity consisting of or employing more than 25 licentiates of the same class that functions for the purpose of reviewing the quality of professional care provided by members or employees of that entity.

(2) "Licentiate" means a physician and surgeon, doctor of podiatric medicine, clinical psychologist, marriage and family therapist, clinical social worker, professional clinical counselor, dentist, or physician assistant. "Licentiate" also includes a person authorized to practice medicine pursuant to Section 2113 or 2168.

(3) "Agency" means the relevant state licensing agency having regulatory jurisdiction over the licentiates listed in paragraph (2).

(4) "Staff privileges" means any arrangement under which a licentiate is allowed to practice in or provide care for patients in a health facility. Those arrangements shall include, but are not limited to, full staff privileges, active staff privileges, limited staff privileges, auxiliary staff privileges, provisional staff privileges, temporary staff privileges, courtesy staff privileges, locum tenens arrangements, and contractual arrangements to provide professional services, including, but not limited to, arrangements to provide outpatient services.

(5) "Denial or termination of staff privileges, membership, or employment" includes failure or refusal to renew a contract or to renew, extend, or reestablish any staff privileges, if the action is based on medical disciplinary cause or reason.

(6) "Medical disciplinary cause or reason" means that aspect of a licentiate's competence or professional conduct that is reasonably likely to be detrimental to patient safety or to the delivery of patient care.

(7) "805 report" means the written report required under subdivision (b).

(b) The chief of staff of a medical or professional staff or other chief executive officer, medical director, or administrator of any peer review body and the chief executive officer or administrator of any licensed health care facility or clinic shall file an 805 report with the relevant agency within 15 days after the effective date on which any of the following occur as a result of an action of a peer review body:

(1) A licentiate's application for staff privileges or membership is denied or rejected for a medical disciplinary cause or reason.

(2) A licentiate's membership, staff privileges, or employment is terminated or revoked for a medical disciplinary cause or reason.

(3) Restrictions are imposed, or voluntarily accepted, on staff privileges, membership, or employment for a cumulative total of 30 days or more for any 12-month period, for a medical disciplinary cause or reason.

(c) If a licentiate takes any action listed in paragraph (1), (2), or (3) after receiving notice of a pending investigation initiated for a medical disciplinary cause or reason or after receiving notice that his or her application for membership or staff privileges is denied or will be denied for a medical disciplinary cause or reason, the chief of staff of a medical or professional staff or other chief executive officer, medical director, or administrator of any peer review body and the chief executive officer or administrator of any licensed health care facility or clinic where the licentiate is employed or has staff privileges or membership or where the licentiate applied for staff privileges or membership, or sought the renewal thereof, shall file an 805 report with the relevant agency within 15 days after the licentiate takes the action.

(1) Resigns or takes a leave of absence from membership, staff privileges, or employment.

(2) Withdraws or abandons his or her application for staff privileges or membership.

(3) Withdraws or abandons his or her request for renewal of staff

privileges or membership.

(d) For purposes of filing an 805 report, the signature of at least one of the individuals indicated in subdivision (b) or (c) on the completed form shall constitute compliance with the requirement to file the report.

(e) An 805 report shall also be filed within 15 days following the imposition of summary suspension of staff privileges, membership, or employment, if the summary suspension remains in effect for a period in excess of 14 days.

(f) A copy of the 805 report, and a notice advising the licentiate of his or her right to submit additional statements or other information, electronically or otherwise, pursuant to Section 800, shall be sent by the peer review body to the licentiate named in the report. The notice shall also advise the licentiate that information submitted electronically will be publicly disclosed to those who request the information.

The information to be reported in an 805 report shall include the name and license number of the licentiate involved, a description of the facts and circumstances of the medical disciplinary cause or reason, and any other relevant information deemed appropriate by the reporter.

A supplemental report shall also be made within 30 days following the date the licentiate is deemed to have satisfied any terms, conditions, or sanctions imposed as disciplinary action by the reporting peer review body. In performing its dissemination functions required by Section 805.5, the agency shall include a copy of a supplemental report, if any, whenever it furnishes a copy of the original 805 report.

If another peer review body is required to file an 805 report, a health care service plan is not required to file a separate report with respect to action attributable to the same medical disciplinary cause or reason. If the Medical Board of California or a licensing agency of another state revokes or suspends, without a stay, the license of a physician and surgeon, a peer review body is not required to file an 805 report when it takes an action as a result of the revocation or suspension.

(g) The reporting required by this section shall not act as a waiver of confidentiality of medical records and committee reports. The information reported or disclosed shall be kept confidential except as provided in subdivision (c) of Section 800 and Sections 803.1 and 2027, provided that a copy of the report containing the information required by this section may be disclosed as required by Section 805.5 with respect to reports received on or after January 1, 1976.

(h) The Medical Board of California, the Osteopathic Medical Board of California, and the Dental Board of California shall disclose reports as required by Section 805.5.

(i) An 805 report shall be maintained electronically by an agency for dissemination purposes for a period of three years after receipt.

(j) No person shall incur any civil or criminal liability as the result of making any report required by this section.

(k) A willful failure to file an 805 report by any person who is designated or otherwise required by law to file an 805 report is punishable by a fine not to exceed one hundred thousand dollars (\$100,000) per violation. The fine may be imposed in any civil or administrative action or proceeding brought by or on behalf of any agency having regulatory jurisdiction over the person regarding whom the report was or should have been filed. If the person who is designated or otherwise required to file an 805 report is a licensed

physician and surgeon, the action or proceeding shall be brought by the Medical Board of California. The fine shall be paid to that agency but not expended until appropriated by the Legislature. A violation of this subdivision may constitute unprofessional conduct by the licentiate. A person who is alleged to have violated this subdivision may assert any defense available at law. As used in this subdivision, "willful" means a voluntary and intentional violation of a known legal duty.

(l) Except as otherwise provided in subdivision (k), any failure by the administrator of any peer review body, the chief executive officer or administrator of any health care facility, or any person who is designated or otherwise required by law to file an 805 report, shall be punishable by a fine that under no circumstances shall exceed fifty thousand dollars (\$50,000) per violation. The fine may be imposed in any civil or administrative action or proceeding brought by or on behalf of any agency having regulatory jurisdiction over the person regarding whom the report was or should have been filed. If the person who is designated or otherwise required to file an 805 report is a licensed physician and surgeon, the action or proceeding shall be brought by the Medical Board of California. The fine shall be paid to that agency but not expended until appropriated by the Legislature. The amount of the fine imposed, not exceeding fifty thousand dollars (\$50,000) per violation, shall be proportional to the severity of the failure to report and shall differ based upon written findings, including whether the failure to file caused harm to a patient or created a risk to patient safety; whether the administrator of any peer review body, the chief executive officer or administrator of any health care facility, or any person who is designated or otherwise required by law to file an 805 report exercised due diligence despite the failure to file or whether they knew or should have known that an 805 report would not be filed; and whether there has been a prior failure to file an 805 report. The amount of the fine imposed may also differ based on whether a health care facility is a small or rural hospital as defined in Section 124840 of the Health and Safety Code.

(m) A health care service plan licensed under Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code or a disability insurer that negotiates and enters into a contract with licentiates to provide services at alternative rates of payment pursuant to Section 10133 of the Insurance Code, when determining participation with the plan or insurer, shall evaluate, on a case-by-case basis, licentiates who are the subject of an 805 report, and not automatically exclude or deselect these licentiates.

SEC. 10. Section 2006 of the Business and Professions Code is amended to read:

2006. (a) Any reference in this chapter to an investigation by the board shall be deemed to refer to a joint investigation conducted by employees of the Department of Justice and the board under the vertical enforcement and prosecution model, as specified in Section 12529.6 of the Government Code.

(b) This section shall remain in effect only until January 1, 2014, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2014, deletes or extends that date.

SEC. 11. Section 2335 of the Business and Professions Code is amended to read:

2335. (a) All proposed decisions and interim orders of the Medical Quality Hearing Panel designated in Section 11371 of the Government Code shall be transmitted to the executive director of the board, or the executive director of the California Board of

Podiatric Medicine as to the licensees of that board, within 48 hours of filing.

(b) All interim orders shall be final when filed.

(c) A proposed decision shall be acted upon by the board or by any panel appointed pursuant to Section 2008 or by the California Board of Podiatric Medicine, as the case may be, in accordance with Section 11517 of the Government Code, except that all of the following shall apply to proceedings against licensees under this chapter:

(1) When considering a proposed decision, the board or panel and the California Board of Podiatric Medicine shall give great weight to the findings of fact of the administrative law judge, except to the extent those findings of fact are controverted by new evidence.

(2) The board's staff or the staff of the California Board of Podiatric Medicine shall poll the members of the board or panel or of the California Board of Podiatric Medicine by written mail ballot concerning the proposed decision. The mail ballot shall be sent within 10 calendar days of receipt of the proposed decision, and shall poll each member on whether the member votes to approve the decision, to approve the decision with an altered penalty, to refer the case back to the administrative law judge for the taking of additional evidence, to defer final decision pending discussion of the case by the panel or board as a whole, or to nonadopt the decision. No party to the proceeding, including employees of the agency that filed the accusation, and no person who has a direct or indirect interest in the outcome of the proceeding or who presided at a previous stage of the decision, may communicate directly or indirectly, upon the merits of a contested matter while the proceeding is pending, with any member of the panel or board, without notice and opportunity for all parties to participate in the communication. The votes of a majority of the board or of the panel, and a majority of the California Board of Podiatric Medicine, are required to approve the decision with an altered penalty, to refer the case back to the administrative law judge for the taking of further evidence, or to nonadopt the decision. The votes of two members of the panel or board are required to defer final decision pending discussion of the case by the panel or board as a whole; except that, in the case of the California Board of Podiatric Medicine, the vote of only one member of that board is required to defer final decision pending discussion of the case by the board as a whole. If there is a vote by the specified number to defer final decision pending discussion of the case by the panel or board as a whole, provision shall be made for that discussion before the 100-day period specified in paragraph (3) expires, but in no event shall that 100-day period be extended.

(3) If a majority of the board or of the panel, or a majority of the California Board of Podiatric Medicine vote to do so, the board or the panel or the California Board of Podiatric Medicine shall issue an order of nonadoption of a proposed decision within 100 calendar days of the date it is received by the board. If the board or the panel or the California Board of Podiatric Medicine does not refer the case back to the administrative law judge for the taking of additional evidence or issue an order of nonadoption within 100 calendar days, the decision shall be final and subject to review under Section 2337. Members of the board or of any panel or of the California Board of Podiatric Medicine who review a proposed decision or other matter and vote by mail as provided in paragraph (2) shall return their votes by mail to the board within 30 days from receipt of the proposed decision or other matter.

(4) The board or the panel or the California Board of Podiatric Medicine shall afford the parties the opportunity to present oral

argument before deciding a case after nonadoption of the administrative law judge's decision.

(5) A vote of a majority of the board or of a panel, or a majority of the California Board of Podiatric Medicine, are required to increase the penalty from that contained in the proposed administrative law judge's decision. No member of the board or panel or of the California Board of Podiatric Medicine may vote to increase the penalty except after reading the entire record and personally hearing any additional oral argument and evidence presented to the panel or board.

SEC. 12. Section 2450.3 of the Business and Professions Code is amended to read:

2450.3. There is within the jurisdiction of the Osteopathic Medical Board of California a Naturopathic Medicine Committee authorized under the Naturopathic Doctors Act (Chapter 8.2 (commencing with Section 3610)). This section shall become inoperative on January 1, 2014, and, as of that date is repealed, unless a later enacted statute that is enacted before January 1, 2014, deletes or extends that date. Notwithstanding any other provision of law, the repeal of this section renders the Naturopathic Medicine Committee subject to review by the appropriate policy committees of the Legislature.

SEC. 13. Section 2460 of the Business and Professions Code is amended to read:

2460. (a) There is created within the jurisdiction of the Medical Board of California the California Board of Podiatric Medicine.

(b) This section shall remain in effect only until January 1, 2017, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2017, deletes or extends that date. Notwithstanding any other provision of law, the repeal of this section renders the California Board of Podiatric Medicine subject to review by the appropriate policy committees of the Legislature.

SEC. 14. Section 2465 of the Business and Professions Code is amended to read:

2465. No person who directly or indirectly owns any interest in any college, school, or other institution engaged in podiatric medical instruction shall be appointed to the board nor shall any incumbent member of the board have or acquire any interest, direct or indirect, in any such college, school, or institution.

SEC. 15. Section 2470 of the Business and Professions Code is amended to read:

2470. The board may adopt, amend, or repeal, in accordance with the provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 1 of Title 2 of the Government Code), regulations necessary to enable the board to carry into effect the provisions of law relating to the practice of podiatric medicine.

SEC. 16. Section 2472 of the Business and Professions Code is amended to read:

2472. (a) The certificate to practice podiatric medicine authorizes the holder to practice podiatric medicine.

(b) As used in this chapter, "podiatric medicine" means the diagnosis, medical, surgical, mechanical, manipulative, and electrical treatment of the human foot, including the ankle and tendons that insert into the foot and the nonsurgical treatment of the muscles and tendons of the leg governing the functions of the foot.

(c) A doctor of podiatric medicine may not administer an anesthetic other than local. If an anesthetic other than local is

required for any procedure, the anesthetic shall be administered by another licensed health care practitioner who is authorized to administer the required anesthetic within the scope of his or her practice.

(d) (1) A doctor of podiatric medicine who is ankle certified by the board on and after January 1, 1984, may do the following:

(A) Perform surgical treatment of the ankle and tendons at the level of the ankle pursuant to subdivision (e).

(B) Perform services under the direct supervision of a physician and surgeon, as an assistant at surgery, in surgical procedures that are otherwise beyond the scope of practice of a doctor of podiatric medicine.

(C) Perform a partial amputation of the foot no further proximal than the Chopart's joint.

(2) Nothing in this subdivision shall be construed to permit a doctor of podiatric medicine to function as a primary surgeon for any procedure beyond his or her scope of practice.

(e) A doctor of podiatric medicine may perform surgical treatment of the ankle and tendons at the level of the ankle only in the following locations:

(1) A licensed general acute care hospital, as defined in Section 1250 of the Health and Safety Code.

(2) A licensed surgical clinic, as defined in Section 1204 of the Health and Safety Code, if the doctor of podiatric medicine has surgical privileges, including the privilege to perform surgery on the ankle, in a general acute care hospital described in paragraph (1) and meets all the protocols of the surgical clinic.

(3) An ambulatory surgical center that is certified to participate in the Medicare program under Title XVIII (42 U.S.C. Sec. 1395 et seq.) of the federal Social Security Act, if the doctor of podiatric medicine has surgical privileges, including the privilege to perform surgery on the ankle, in a general acute care hospital described in paragraph (1) and meets all the protocols of the surgical center.

(4) A freestanding physical plant housing outpatient services of a licensed general acute care hospital, as defined in Section 1250 of the Health and Safety Code, if the doctor of podiatric medicine has surgical privileges, including the privilege to perform surgery on the ankle, in a general acute care hospital described in paragraph (1). For purposes of this section, a "freestanding physical plant" means any building that is not physically attached to a building where inpatient services are provided.

(5) An outpatient setting accredited pursuant to subdivision (g) of Section 1248.1 of the Health and Safety Code.

SEC. 17. Section 2475 of the Business and Professions Code is amended to read:

2475. Unless otherwise provided by law, no postgraduate trainee, intern, resident postdoctoral fellow, or instructor may engage in the practice of podiatric medicine, or receive compensation therefor, or offer to engage in the practice of podiatric medicine unless he or she holds a valid, unrevoked, and unsuspended certificate to practice podiatric medicine issued by the division. However, a graduate of an approved college or school of podiatric medicine upon whom the degree doctor of podiatric medicine has been conferred, who is issued a resident's license, which may be renewed annually for up to eight years for this purpose by the division upon recommendation of the board, and who is enrolled in a postgraduate training program approved by the board, may engage in the practice of podiatric medicine whenever and wherever required as a part of that program and may receive compensation for that practice under the following conditions:

(a) A graduate with a resident's license in an approved internship, residency, or fellowship program may participate in training rotations outside the scope of podiatric medicine, under the supervision of a physician and surgeon who holds a medical doctor or doctor of osteopathy degree wherever and whenever required as a part of the training program, and may receive compensation for that practice. If the graduate fails to receive a license to practice podiatric medicine under this chapter within three years from the commencement of the postgraduate training, all privileges and exemptions under this section shall automatically cease.

(b) Hospitals functioning as a part of the teaching program of an approved college or school of podiatric medicine in this state may exchange instructors or resident or assistant resident doctors of podiatric medicine with another approved college or school of podiatric medicine not located in this state, or those hospitals may appoint a graduate of an approved school as such a resident for purposes of postgraduate training. Those instructors and residents may practice and be compensated as provided in this section, but that practice and compensation shall be for a period not to exceed two years.

SEC. 18. Section 2484 of the Business and Professions Code is amended to read:

2484. In addition to any other requirements of this chapter, before a certificate to practice podiatric medicine may be issued, each applicant shall show by evidence satisfactory to the board, submitted directly to the board by the sponsoring institution, that he or she has satisfactorily completed at least two years of postgraduate podiatric medical and podiatric surgical training in a general acute care hospital approved by the Council on Podiatric Medical Education.

SEC. 19. Section 2493 of the Business and Professions Code is amended to read:

2493. An applicant for a certificate to practice podiatric medicine shall pass an examination in the subjects required by Section 2483 in order to ensure a minimum of entry-level competence.

SEC. 20. Section 2496 of the Business and Professions Code is amended to read:

2496. In order to ensure the continuing competence of persons licensed to practice podiatric medicine, the board shall adopt and administer regulations requiring continuing education of those licensees. The board shall require those licensees to demonstrate satisfaction of the continuing education requirements and one of the following requirements at each license renewal:

(a) Passage of an examination administered by the board within the past 10 years.

(b) Passage of an examination administered by an approved specialty certifying board within the past 10 years.

(c) Current diplomate, board-eligible, or board-qualified status granted by an approved specialty certifying board within the past 10 years.

(d) Recertification of current status by an approved specialty certifying board within the past 10 years.

(e) Successful completion of an approved residency or fellowship program within the past 10 years.

(f) Granting or renewal of current staff privileges within the past five years by a health care facility that is licensed, certified, accredited, conducted, maintained, operated, or otherwise approved by an agency of the federal or state government or an organization approved by the Medical Board of California.

(g) Successful completion within the past five years of an

extended course of study approved by the board.

(h) Passage within the past 10 years of Part III of the examination administered by the National Board of Podiatric Medical Examiners.

SEC. 21. Section 2497.5 of the Business and Professions Code is amended to read:

2497.5. (a) The board may request the administrative law judge, under his or her proposed decision in resolution of a disciplinary proceeding before the board, to direct any licensee found guilty of unprofessional conduct to pay to the board a sum not to exceed the actual and reasonable costs of the investigation and prosecution of the case.

(b) The costs to be assessed shall be fixed by the administrative law judge and shall not be increased by the board unless the board does not adopt a proposed decision and in making its own decision finds grounds for increasing the costs to be assessed, not to exceed the actual and reasonable costs of the investigation and prosecution of the case.

(c) When the payment directed in the board's order for payment of costs is not made by the licensee, the board may enforce the order for payment by bringing an action in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee directed to pay costs.

(d) In any judicial action for the recovery of costs, proof of the board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment.

(e) (1) Except as provided in paragraph (2), the board shall not renew or reinstate the license of any licensee who has failed to pay all of the costs ordered under this section.

(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or reinstate for a maximum of one year the license of any licensee who demonstrates financial hardship and who enters into a formal agreement with the board to reimburse the board within that one-year period for those unpaid costs.

(f) All costs recovered under this section shall be deposited in the Board of Podiatric Medicine Fund as a reimbursement in either the fiscal year in which the costs are actually recovered or the previous fiscal year, as the board may direct.

SEC. 22. Section 2602 of the Business and Professions Code is amended to read:

2602. The Physical Therapy Board of California, hereafter referred to as the board, shall enforce and administer this chapter.

This section shall remain in effect only until January 1, 2014, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2014, deletes or extends that date.

Notwithstanding any other provision of law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature.

SEC. 23. Section 2607.5 of the Business and Professions Code is amended to read:

2607.5. (a) The board may appoint a person exempt from civil service who shall be designated as an executive officer and who shall exercise the powers and perform the duties delegated by the board and vested in him or her by this chapter.

(b) This section shall remain in effect only until January 1, 2014, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2014, deletes or extends that date.

SEC. 24. Section 2920 of the Business and Professions Code is amended to read:

2920. (a) The Board of Psychology shall enforce and administer this chapter. The board shall consist of nine members, four of whom shall be public members.

(b) This section shall remain in effect only until January 1, 2017, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2017, deletes or extends that date.

(c) Notwithstanding any other provision of law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature.

SEC. 25. Section 2933 of the Business and Professions Code is amended to read:

2933. Except as provided by Section 159.5, the board shall employ and shall make available to the board within the limits of the funds received by the board all personnel necessary to carry out this chapter. The board may employ, exempt from the State Civil Service Act, an executive officer to the Board of Psychology. The board shall make all expenditures to carry out this chapter. The board may accept contributions to effectuate the purposes of this chapter.

This section shall remain in effect only until January 1, 2017, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2017, deletes or extends that date.

SEC. 26. Section 3501 of the Business and Professions Code is amended to read:

3501. (a) As used in this chapter:

(1) "Board" means the Physician Assistant Board.

(2) "Approved program" means a program for the education of physician assistants that has been formally approved by the board.

(3) "Trainee" means a person who is currently enrolled in an approved program.

(4) "Physician assistant" means a person who meets the requirements of this chapter and is licensed by the board.

(5) "Supervising physician" means a physician and surgeon licensed by the Medical Board of California or by the Osteopathic Medical Board of California who supervises one or more physician assistants, who possesses a current valid license to practice medicine, and who is not currently on disciplinary probation for improper use of a physician assistant.

(6) "Supervision" means that a licensed physician and surgeon oversees the activities of, and accepts responsibility for, the medical services rendered by a physician assistant.

(7) "Regulations" means the rules and regulations as set forth in Chapter 13.8 (commencing with Section 1399.500) of Title 16 of the California Code of Regulations.

(8) "Routine visual screening" means uninvasive nonpharmacological simple testing for visual acuity, visual field defects, color blindness, and depth perception.

(9) "Program manager" means the staff manager of the diversion program, as designated by the executive officer of the board. The program manager shall have background experience in dealing with substance abuse issues.

(10) "Delegation of services agreement" means the writing that delegates to a physician assistant from a supervising physician the medical services the physician assistant is authorized to perform consistent with subdivision (a) of Section 1399.540 of Title 16 of the California Code of Regulations.

(11) "Other specified medical services" means tests or examinations performed or ordered by a physician assistant practicing in compliance with this chapter or regulations of the Medical Board of California promulgated under this chapter.

(b) A physician assistant acts as an agent of the supervising physician when performing any activity authorized by this chapter or regulations adopted under this chapter.

SEC. 27. Section 3502 of the Business and Professions Code is amended to read:

3502. (a) Notwithstanding any other provision of law, a physician assistant may perform those medical services as set forth by the regulations adopted under this chapter when the services are rendered under the supervision of a licensed physician and surgeon who is not subject to a disciplinary condition imposed by the Medical Board of California prohibiting that supervision or prohibiting the employment of a physician assistant.

(b) Notwithstanding any other provision of law, a physician assistant performing medical services under the supervision of a physician and surgeon may assist a doctor of podiatric medicine who is a partner, shareholder, or employee in the same medical group as the supervising physician and surgeon. A physician assistant who assists a doctor of podiatric medicine pursuant to this subdivision shall do so only according to patient-specific orders from the supervising physician and surgeon.

The supervising physician and surgeon shall be physically available to the physician assistant for consultation when such assistance is rendered. A physician assistant assisting a doctor of podiatric medicine shall be limited to performing those duties included within the scope of practice of a doctor of podiatric medicine.

(c) (1) A physician assistant and his or her supervising physician and surgeon shall establish written guidelines for the adequate supervision of the physician assistant. This requirement may be satisfied by the supervising physician and surgeon adopting protocols for some or all of the tasks performed by the physician assistant. The protocols adopted pursuant to this subdivision shall comply with the following requirements:

(A) A protocol governing diagnosis and management shall, at a minimum, include the presence or absence of symptoms, signs, and other data necessary to establish a diagnosis or assessment, any appropriate tests or studies to order, drugs to recommend to the patient, and education to be provided to the patient.

(B) A protocol governing procedures shall set forth the information to be provided to the patient, the nature of the consent to be obtained from the patient, the preparation and technique of the procedure, and the followup care.

(C) Protocols shall be developed by the supervising physician and surgeon or adopted from, or referenced to, texts or other sources.

(D) Protocols shall be signed and dated by the supervising physician and surgeon and the physician assistant.

(2) The supervising physician and surgeon shall review, countersign, and date a sample consisting of, at a minimum, 5 percent of the medical records of patients treated by the physician assistant functioning under the protocols within 30 days of the date of treatment by the physician assistant. The physician and surgeon shall select for review those cases that by diagnosis, problem, treatment, or procedure represent, in his or her judgment, the most significant risk to the patient.

(3) Notwithstanding any other provision of law, the Medical Board of California or board may establish other alternative mechanisms for the adequate supervision of the physician assistant.

(d) No medical services may be performed under this chapter in any of the following areas:

(1) The determination of the refractive states of the human eye,

or the fitting or adaptation of lenses or frames for the aid thereof.

(2) The prescribing or directing the use of, or using, any optical device in connection with ocular exercises, visual training, or orthoptics.

(3) The prescribing of contact lenses for, or the fitting or adaptation of contact lenses to, the human eye.

(4) The practice of dentistry or dental hygiene or the work of a dental auxiliary as defined in Chapter 4 (commencing with Section 1600).

(e) This section shall not be construed in a manner that shall preclude the performance of routine visual screening as defined in Section 3501.

SEC. 28. Section 3502.1 of the Business and Professions Code is amended to read:

3502.1. (a) In addition to the services authorized in the regulations adopted by the Medical Board of California, and except as prohibited by Section 3502, while under the supervision of a licensed physician and surgeon or physicians and surgeons authorized by law to supervise a physician assistant, a physician assistant may administer or provide medication to a patient, or transmit orally, or in writing on a patient's record or in a drug order, an order to a person who may lawfully furnish the medication or medical device pursuant to subdivisions (c) and (d).

(1) A supervising physician and surgeon who delegates authority to issue a drug order to a physician assistant may limit this authority by specifying the manner in which the physician assistant may issue delegated prescriptions.

(2) Each supervising physician and surgeon who delegates the authority to issue a drug order to a physician assistant shall first prepare and adopt, or adopt, a written, practice specific, formulary and protocols that specify all criteria for the use of a particular drug or device, and any contraindications for the selection. Protocols for Schedule II controlled substances shall address the diagnosis of illness, injury, or condition for which the Schedule II controlled substance is being administered, provided, or issued. The drugs listed in the protocols shall constitute the formulary and shall include only drugs that are appropriate for use in the type of practice engaged in by the supervising physician and surgeon. When issuing a drug order, the physician assistant is acting on behalf of and as an agent for a supervising physician and surgeon.

(b) "Drug order," for purposes of this section, means an order for medication that is dispensed to or for a patient, issued and signed by a physician assistant acting as an individual practitioner within the meaning of Section 1306.02 of Title 21 of the Code of Federal Regulations. Notwithstanding any other provision of law, (1) a drug order issued pursuant to this section shall be treated in the same manner as a prescription or order of the supervising physician, (2) all references to "prescription" in this code and the Health and Safety Code shall include drug orders issued by physician assistants pursuant to authority granted by their supervising physicians and surgeons, and (3) the signature of a physician assistant on a drug order shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.

(c) A drug order for any patient cared for by the physician assistant that is issued by the physician assistant shall either be based on the protocols described in subdivision (a) or shall be approved by the supervising physician and surgeon before it is filled or carried out.

(1) A physician assistant shall not administer or provide a drug

or issue a drug order for a drug other than for a drug listed in the formulary without advance approval from a supervising physician and surgeon for the particular patient. At the direction and under the supervision of a physician and surgeon, a physician assistant may hand to a patient of the supervising physician and surgeon a properly labeled prescription drug prepackaged by a physician and surgeon, manufacturer as defined in the Pharmacy Law, or a pharmacist.

(2) A physician assistant may not administer, provide, or issue a drug order to a patient for Schedule II through Schedule V controlled substances without advance approval by a supervising physician and surgeon for that particular patient unless the physician assistant has completed an education course that covers controlled substances and that meets standards, including pharmacological content, approved by the board. The education course shall be provided either by an accredited continuing education provider or by an approved physician assistant training program. If the physician assistant will administer, provide, or issue a drug order for Schedule II controlled substances, the course shall contain a minimum of three hours exclusively on Schedule II controlled substances. Completion of the requirements set forth in this paragraph shall be verified and documented in the manner established by the board prior to the physician assistant's use of a registration number issued by the United States Drug Enforcement Administration to the physician assistant to administer, provide, or issue a drug order to a patient for a controlled substance without advance approval by a supervising physician and surgeon for that particular patient.

(3) Any drug order issued by a physician assistant shall be subject to a reasonable quantitative limitation consistent with customary medical practice in the supervising physician and surgeon's practice.

(d) A written drug order issued pursuant to subdivision (a), except a written drug order in a patient's medical record in a health facility or medical practice, shall contain the printed name, address, and telephone number of the supervising physician and surgeon, the printed or stamped name and license number of the physician assistant, and the signature of the physician assistant. Further, a written drug order for a controlled substance, except a written drug order in a patient's medical record in a health facility or a medical practice, shall include the federal controlled substances registration number of the physician assistant and shall otherwise comply with the provisions of Section 11162.1 of the Health and Safety Code. Except as otherwise required for written drug orders for controlled substances under Section 11162.1 of the Health and Safety Code, the requirements of this subdivision may be met through stamping or otherwise imprinting on the supervising physician and surgeon's prescription blank to show the name, license number, and if applicable, the federal controlled substances registration number of the physician assistant, and shall be signed by the physician assistant. When using a drug order, the physician assistant is acting on behalf of and as the agent of a supervising physician and surgeon.

(e) The medical record of any patient cared for by a physician assistant for whom the physician assistant's Schedule II drug order has been issued or carried out shall be reviewed and countersigned and dated by a supervising physician and surgeon within seven days.

(f) All physician assistants who are authorized by their supervising physicians to issue drug orders for controlled substances shall register with the United States Drug Enforcement Administration (DEA).

(g) The board shall consult with the Medical Board of California

and report during its sunset review required by Division 1.2 (commencing with Section 473) the impacts of exempting Schedule III and Schedule IV drug orders from the requirement for a physician and surgeon to review and countersign the affected medical record of a patient.

SEC. 29. Section 3502.3 of the Business and Professions Code is amended to read:

3502.3. (a) Notwithstanding any other provision of law, in addition to any other practices that meet the general criteria set forth in this chapter or the Medical Board of California's regulations for inclusion in a delegation of services agreement, a delegation of services agreement may authorize a physician assistant to do any of the following:

(1) Order durable medical equipment, subject to any limitations set forth in Section 3502 or the delegation of services agreement. Notwithstanding that authority, nothing in this paragraph shall operate to limit the ability of a third-party payer to require prior approval.

(2) For individuals receiving home health services or personal care services, after consultation with the supervising physician, approve, sign, modify, or add to a plan of treatment or plan of care.

(b) Nothing in this section shall be construed to affect the validity of any delegation of services agreement in effect prior to the enactment of this section or those adopted subsequent to enactment.

SEC. 30. Section 3502.5 of the Business and Professions Code is amended to read:

3502.5. Notwithstanding any other provision of law, a physician assistant may perform those medical services permitted pursuant to Section 3502 during any state of war emergency, state of emergency, or state of local emergency, as defined in Section 8558 of the Government Code, and at the request of a responsible federal, state, or local official or agency, or pursuant to the terms of a mutual aid operation plan established and approved pursuant to the California Emergency Services Act (Chapter 7 (commencing with Section 8550) of Division 1 of Title 2 of the Government Code), regardless of whether the physician assistant's approved supervising physician is available to supervise the physician assistant, so long as a licensed physician is available to render the appropriate supervision. "Appropriate supervision" shall not require the personal or electronic availability of a supervising physician if that availability is not possible or practical due to the emergency. The local health officers and their designees may act as supervising physicians during emergencies without being subject to approval by the Medical Board of California. At all times, the local health officers or their designees supervising the physician assistants shall be licensed physicians and surgeons. Supervising physicians acting pursuant to this section shall not be subject to the limitation on the number of physician assistants supervised under Section 3516.

No responsible official or mutual aid operation plan shall invoke this section except in the case of an emergency that endangers the health of individuals. Under no circumstances shall this section be invoked as the result of a labor dispute or other dispute concerning collective bargaining.

SEC. 31. Section 3504 of the Business and Professions Code is amended to read:

3504. There is established a Physician Assistant Board within the jurisdiction of the Medical Board of California. The board consists

of nine members. This section shall remain in effect only until January 1, 2017, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2017, deletes or extends that date. Notwithstanding any other provision of law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature..

SEC. 32. Section 3504.1 of the Business and Professions Code is amended to read:

3504.1. Protection of the public shall be the highest priority for the Physician Assistant Board 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.

SEC. 33. Section 3505 of the Business and Professions Code is amended to read:

3505. The members of the board shall include four physician assistants, one physician and surgeon who is also a member of the Medical Board of California, and four public members. Upon the expiration of the term of the member who is a member of the Medical Board of California, that position shall be filled by a physician assistant. Upon the expiration of the term of the member who is a member of the Medical Board of California, above, there shall be appointed to the board a physician and surgeon who is also a member of the Medical Board of California who shall serve as an ex officio, nonvoting member and whose functions shall include reporting to the Medical Board of California on the actions or discussions of the board. Following the expiration of the term of the member described above, the board shall include five physician assistants, one physician and surgeon, and four public members.

Each member of the board shall hold office for a term of four years expiring on January 1st, and shall serve until the appointment and qualification of a successor or until one year shall have elapsed since the expiration of the term for which the member was appointed, whichever first occurs. No member shall serve for more than two consecutive terms. Vacancies shall be filled by appointment for the unexpired terms.

The Governor shall appoint the licensed members qualified as provided in this section and two public members. The Senate Rules Committee and the Speaker of the Assembly shall each appoint a public member.

SEC. 34. Section 3506 of the Business and Professions Code is amended to read:

3506. Each member of the board shall receive a per diem and expenses as provided in Section 103.

SEC. 35. Section 3507 of the Business and Professions Code is amended to read:

3507. The appointing power has power to remove from office any member of the board, as provided in Section 106.

SEC. 36. Section 3508 of the Business and Professions Code is amended to read:

3508. (a) The board may convene from time to time as deemed necessary by the board.

(b) Notice of each meeting of the board shall be given at least two weeks in advance to those persons and organizations who express an interest in receiving notification.

(c) The board shall receive permission of the director to meet more than six times annually. The director shall approve meetings that are necessary for the board to fulfill its legal responsibilities.

SEC. 37. Section 3509 of the Business and Professions Code is

amended to read:

3509. It shall be the duty of the board to:

(a) Establish standards and issue licenses of approval for programs for the education and training of physician assistants.

(b) Make recommendations to the Medical Board of California concerning the scope of practice for physician assistants.

(c) Make recommendations to the Medical Board of California concerning the formulation of guidelines for the consideration of applications by licensed physicians to supervise physician assistants and approval of such applications.

(d) Require the examination of applicants for licensure as a physician assistant who meet the requirements of this chapter.

SEC. 38. Section 3509.5 of the Business and Professions Code is amended to read:

3509.5. The board shall elect annually a chairperson and a vice chairperson from among its members.

SEC. 39. Section 3510 of the Business and Professions Code is amended to read:

3510. The board may adopt, amend, and repeal regulations as may be necessary to enable it to carry into effect the provisions of this chapter; provided, however, that the Medical Board of California shall adopt, amend, and repeal such regulations as may be necessary to enable the board to implement the provisions of this chapter under its jurisdiction. All regulations shall be in accordance with, and not inconsistent with, the provisions of this chapter. Such regulations shall be adopted, amended, or repealed in accordance with the provisions of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

SEC. 40. Section 3511 of the Business and Professions Code is amended to read:

3511. Five members shall constitute a quorum for transacting any business. The affirmative vote of a majority of those present at a meeting of the board shall be required to carry any motion. The physician and surgeon who serves as an ex officio member shall not be counted for purposes of a quorum.

SEC. 41. Section 3512 of the Business and Professions Code is amended to read:

3512. (a) Except as provided in Sections 159.5 and 2020, the board shall employ within the limits of the Physician Assistant Fund all personnel necessary to carry out the provisions of this chapter including an executive officer who shall be exempt from civil service. The Medical Board of California and board shall make all necessary expenditures to carry out the provisions of this chapter from the funds established by Section 3520. The board may accept contributions to effect the purposes of this chapter.

(b) This section shall remain in effect only until January 1, 2017, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2017, deletes or extends that date.

SEC. 42. Section 3513 of the Business and Professions Code is amended to read:

3513. The board shall recognize the approval of training programs for physician assistants approved by a national accrediting organization. Physician assistant training programs accredited by a national accrediting agency approved by the board shall be deemed approved by the board under this section. If no national accrediting organization is approved by the board, the board may examine and pass upon the qualification of, and may issue certificates of approval for, programs for the education and training of physician assistants that meet board standards.

SEC. 43. Section 3514.1 of the Business and Professions Code is amended to read:

3514.1. (a) The board shall formulate by regulation guidelines for the consideration of applications for licensure as a physician assistant.

(b) The board shall formulate by regulation guidelines for the approval of physician assistant training programs.

SEC. 44. Section 3516 of the Business and Professions Code is amended to read:

3516. (a) Notwithstanding any other provision of law, a physician assistant licensed by the board shall be eligible for employment or supervision by any physician and surgeon who is not subject to a disciplinary condition imposed by the Medical Board of California prohibiting that employment or supervision.

(b) No physician and surgeon shall supervise more than four physician assistants at any one time, except as provided in Section 3502.5.

(c) The Medical Board of California may restrict a physician and surgeon to supervising specific types of physician assistants including, but not limited to, restricting a physician and surgeon from supervising physician assistants outside of the field of specialty of the physician and surgeon.

SEC. 45. Section 3516.5 of the Business and Professions Code is amended to read:

3516.5. (a) Notwithstanding any other provision of law and in accordance with regulations established by the Medical Board of California, the director of emergency care services in a hospital with an approved program for the training of emergency care physician assistants, may apply to the Medical Board of California for authorization under which the director may grant approval for emergency care physicians on the staff of the hospital to supervise emergency care physician assistants.

(b) The application shall encompass all supervising physicians employed in that service.

(c) Nothing in this section shall be construed to authorize any one emergency care physician while on duty to supervise more than four physician assistants at any one time.

(d) A violation of this section by the director of emergency care services in a hospital with an approved program for the training of emergency care physician assistants constitutes unprofessional conduct within the meaning of Chapter 5 (commencing with Section 2000).

(e) A violation of this section shall be grounds for suspension of the approval of the director or disciplinary action against the director or suspension of the approved program under Section 3527.

SEC. 46. Section 3517 of the Business and Professions Code is amended to read:

3517. The board shall require a written examination of physician assistants in the manner and under the rules and regulations as it shall prescribe, but the examination shall be conducted in that manner as to ensure that the identity of each applicant taking the examination will be unknown to all of the examiners until all examination papers have been graded. Except as otherwise provided in this chapter, or by regulation, no physician assistant applicant shall receive approval under this chapter without first successfully passing an examination given under the direction of the board.

Examinations for licensure as a physician assistant may be required by the board under a uniform examination system, and for that purpose the board may make those arrangements with organizations furnishing examination material as may, in its discretion, be

desirable. The board shall, however, establish a passing score for each examination. The licensure examination for physician assistants shall be held by the board at least once a year with such additional examinations as the board deems necessary. The time and place of examination shall be fixed by the board.

SEC. 47. Section 3518 of the Business and Professions Code is amended to read:

3518. The board shall keep current, two separate registers, one for approved supervising physicians and one for licensed physician assistants, by specialty if applicable. These registers shall show the name of each licensee, his or her last known address of record, and the date of his or her licensure or approval. Any interested person is entitled to obtain a copy of the register in accordance with the Information Practices Act of 1977 (Chapter 1 (commencing with Section 1798) of Title 1.8 of Part 4 of Division 3 of the Civil Code) upon application to the board together with a sum as may be fixed by the board, which amount shall not exceed the cost of this list so furnished.

SEC. 48. Section 3519 of the Business and Professions Code is amended to read:

3519. The board shall issue under the name of the Medical Board of California a license to all physician assistant applicants who meet all of the following requirements:

(a) Provide evidence of successful completion of an approved program.

(b) Pass any examination required under Section 3517.

(c) Not be subject to denial of licensure under Division 1.5 (commencing with Section 475) or Section 3527.

(d) Pay all fees required under Section 3521.1.

SEC. 49. Section 3519.5 of the Business and Professions Code is amended to read:

3519.5. (a) The board may issue under the name of the Medical Board of California a probationary license to an applicant subject to terms and conditions, including, but not limited to, any of the following conditions of probation:

(1) Practice limited to a supervised, structured environment where the applicant's activities shall be supervised by another physician assistant.

(2) Total or partial restrictions on issuing a drug order for controlled substances.

(3) Continuing medical or psychiatric treatment.

(4) Ongoing participation in a specified rehabilitation program.

(5) Enrollment and successful completion of a clinical training program.

(6) Abstention from the use of alcohol or drugs.

(7) Restrictions against engaging in certain types of medical services.

(8) Compliance with all provisions of this chapter.

(b) The board and the Medical Board of California may modify or terminate the terms and conditions imposed on the probationary license upon receipt of a petition from the licensee.

(c) Enforcement and monitoring of the probationary conditions shall be under the jurisdiction of the board and the Medical Board of California. These proceedings 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.

SEC. 50. Section 3520 of the Business and Professions Code is amended to read:

3520. Within 10 days after the beginning of each calendar month the Medical Board of California shall report to the Controller the

amount and source of all collections made under this chapter and at the same time pay all those sums into the State Treasury, where they shall be credited to the Physician Assistant Fund, which fund is hereby created. All money in the fund shall be used to carry out the purpose of this chapter.

SEC. 51. Section 3521 of the Business and Professions Code is amended to read:

3521. The fees to be paid for approval to supervise physician assistants are to be set by the board as follows:

- (a) An application fee not to exceed fifty dollars (\$50) shall be charged to each physician and surgeon applicant.
- (b) An approval fee not to exceed two hundred fifty dollars (\$250) shall be charged to each physician and surgeon upon approval of an application to supervise physician assistants.
- (c) A biennial renewal fee not to exceed three hundred dollars (\$300) shall be paid for the renewal of an approval.
- (d) The delinquency fee is twenty-five dollars (\$25).
- (e) The duplicate approval fee is ten dollars (\$10).
- (f) The fee for a letter of endorsement, letter of good standing, or letter of verification of approval shall be ten dollars (\$10).

SEC. 52. Section 3521.1 of the Business and Professions Code is amended to read:

3521.1. The fees to be paid by physician assistants are to be set by the board as follows:

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

SEC. 53. Section 3521.2 of the Business and Professions Code is amended to read:

3521.2. The fees to be paid by physician assistant training programs are to be set by the board as follows:

- (a) An application fee not to exceed five hundred dollars (\$500) shall be charged to each applicant seeking program approval by the board.
- (b) An approval fee not to exceed one hundred dollars (\$100) shall be charged to each program upon its approval by the board.

SEC. 54. Section 3521.3 is added to the Business and Professions Code, to read:

3521.3. (a) The board may establish, by regulation, a system for the placement of a license on a retired status, upon application, for a physician assistant who is not actively engaged in practice as a physician assistant or any activity that requires them to be licensed by the board.

(b) No licensee with a license on a retired status shall engage in any activity for which a license is required.

(c) The board shall deny an applicant's application for a retired status license if the license is canceled or if the license is suspended, revoked, or otherwise punitively restricted by the board or subject to disciplinary action under this chapter.

(d) Beginning one year from the effective date of the regulations adopted pursuant to subdivision (a), if an applicant's license is delinquent, the board shall deny an applicant's application for a

retired status license.

(e) The board shall establish minimum qualifications for a retired status license.

(f) The board may exempt the holder of a retired status license from the renewal requirements described in Section 3524.5.

(g) The board shall establish minimum qualifications for the restoration of a license in a retired status to an active status. These minimum qualifications shall include, but are not limited to, continuing education and payment of a fee as provided in subdivision (c) of Section 3521.1.

SEC. 55. Section 3521.5 of the Business and Professions Code is amended to read:

3521.5. The board shall report to the appropriate policy and fiscal committees of each house of the Legislature whenever the Medical Board of California approves a fee increase pursuant to Sections 3521 and 3521.1. The board shall specify the reasons for each increase in the report. Reports prepared pursuant to this section shall identify the percentage of funds derived from an increase in fees pursuant to Senate Bill 1077 of the 1991-92 Regular Session (Chapter 917, Statutes of 1991) that will be used for investigational and enforcement activities by the Medical Board of California and board.

SEC. 56. Section 3522 of the Business and Professions Code is amended to read:

3522. An approval to supervise physician assistants shall expire at 12 midnight on the last day of the birth month of the physician and surgeon during the second year of a two-year term if not renewed.

The Medical Board of California shall establish a cyclical renewal program, including, but not limited to, the establishment of a system of staggered expiration dates for approvals and a pro rata formula for the payment of renewal fees by physician and surgeon supervisors.

To renew an unexpired approval, the approved supervising physician and surgeon, on or before the date of expiration, shall apply for renewal on a form prescribed by the Medical Board of California and pay the prescribed renewal fee.

SEC. 57. Section 3523 of the Business and Professions Code is amended to read:

3523. All physician assistant licenses shall expire at 12 midnight of the last day of the birth month of the licensee during the second year of a two-year term if not renewed.

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

To renew an unexpired license, the licensee shall, on or before the date of expiration of the license, apply for renewal on a form provided by the board, accompanied by the prescribed renewal fee.

SEC. 58. Section 3524 of the Business and Professions Code is amended to read:

3524. A license or approval that has expired may be renewed at any time within five years after its expiration by filing an application for renewal on a form prescribed by the board or Medical Board of California, as the case may be, and payment of all accrued and unpaid renewal fees. If the license or approval is not renewed within 30 days after its expiration, the licensed physician assistant and approved supervising physician, as a condition precedent to

renewal, shall also pay the prescribed delinquency fee, if any. Renewal under this section shall be effective on the date on which the application is filed, on the date on which all renewal fees are paid, or on the date on which the delinquency fee, if any, is paid, whichever occurs last. If so renewed, the license shall continue in effect through the expiration date provided in Section 3522 or 3523 which next occurs after the effective date of the renewal, when it shall expire, if it is not again renewed.

SEC. 59. Section 3524.5 of the Business and Professions Code is amended to read:

3524.5. The board may require a licensee to complete continuing education as a condition of license renewal under Section 3523 or 3524. The board shall not require more than 50 hours of continuing education every two years. The board shall, as it deems appropriate, accept certification by the National Commission on Certification of Physician Assistants (NCCPA), or another qualified certifying body, as determined by the board, as evidence of compliance with continuing education requirements.

SEC. 60. Section 3526 of the Business and Professions Code is amended to read:

3526. A person who fails to renew his or her license or approval within five years after its expiration may not renew it, and it may not be reissued, reinstated, or restored thereafter, but that person may apply for and obtain a new license or approval if he or she:

(a) Has not committed any acts or crimes constituting grounds for denial of licensure under Division 1.5 (commencing with Section 475).

(b) Takes and passes the examination, if any, which would be required of him or her if application for licensure was being made for the first time, or otherwise establishes to the satisfaction of the board that, with due regard for the public interest, he or she is qualified to practice as a physician assistant.

(c) Pays all of the fees that would be required as if application for licensure was being made for the first time.

SEC. 61. Section 3527 of the Business and Professions Code is amended to read:

3527. (a) The board may order the denial of an application for, or the issuance subject to terms and conditions of, or the suspension or revocation of, or the imposition of probationary conditions upon a physician assistant license after a hearing as required in Section 3528 for unprofessional conduct that includes, but is not limited to, a violation of this chapter, a violation of the Medical Practice Act, or a violation of the regulations adopted by the board or the Medical Board of California.

(b) The board may order the denial of an application for, or the suspension or revocation of, or the imposition of probationary conditions upon, an approved program after a hearing as required in Section 3528 for a violation of this chapter or the regulations adopted pursuant thereto.

(c) The Medical Board of California may order the denial of an application for, or the issuance subject to terms and conditions of, or the suspension or revocation of, or the imposition of probationary conditions upon, an approval to supervise a physician assistant, after a hearing as required in Section 3528, for unprofessional conduct, which includes, but is not limited to, a violation of this chapter, a violation of the Medical Practice Act, or a violation of the regulations adopted by the board or the Medical Board of California.

(d) Notwithstanding subdivision (c), the Division of Medical Quality of the Medical Board of California, in conjunction with an

action it has commenced against a physician and surgeon, may, in its own discretion and without the concurrence of the Medical Board of California, order the suspension or revocation of, or the imposition of probationary conditions upon, an approval to supervise a physician assistant, after a hearing as required in Section 3528, for unprofessional conduct, which includes, but is not limited to, a violation of this chapter, a violation of the Medical Practice Act, or a violation of the regulations adopted by the board or the Medical Board of California.

(e) The board may order the denial of an application for, or the suspension or revocation of, or the imposition of probationary conditions upon, a physician assistant license, after a hearing as required in Section 3528 for unprofessional conduct that includes, except for good cause, the knowing failure of a licensee to protect patients by failing to follow infection control guidelines of the board, thereby risking transmission of bloodborne infectious diseases from licensee to patient, from patient to

patient, and from patient to licensee. In administering this subdivision, the board shall consider referencing the standards, regulations, and guidelines of the State Department of Public Health developed pursuant to Section 1250.11 of the Health and Safety Code and the standards, regulations, and guidelines pursuant to the California Occupational Safety and Health Act of 1973 (Part 1 (commencing with Section 6300) of Division 5 of the Labor Code) for preventing the transmission of HIV, hepatitis B, and other bloodborne pathogens in health care settings. As necessary, the board shall consult with the Medical Board of California, the Board of Podiatric Medicine, the Board of Dental Examiners, the Board of Registered Nursing, and the Board of Vocational Nursing and Psychiatric Technicians, to encourage appropriate consistency in the implementation of this subdivision.

The board shall seek to ensure that licensees are informed of the responsibility of licensees and others to follow infection control guidelines, and of the most recent scientifically recognized safeguards for minimizing the risk of transmission of blood-borne infectious diseases.

(f) The board may order the licensee to pay the costs of monitoring the probationary conditions imposed on the license.

(g) The expiration, cancellation, forfeiture, or suspension of a physician assistant license by operation of law or by order or decision of the board or a court of law, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee shall not deprive the board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.

SEC. 62. Section 3529 of the Business and Professions Code is amended to read:

3529. The board may hear any matters filed pursuant to subdivisions (a) and (b) of Section 3527, or may assign the matter to a hearing officer. The Medical Board of California may hear any matters filed pursuant to subdivision (c) of Section 3527, or may assign the matter to a hearing officer. If a matter is heard by the board or the Medical Board of California, the hearing officer who presided at the hearing shall be present during the board's or the Medical Board of California's consideration of the case, and, if requested, assist and advise the board or the Medical Board of California.

SEC. 63. Section 3530 of the Business and Professions Code is amended to read:

3530. (a) A person whose license or approval has been revoked or suspended, or who has been placed on probation, may petition the board for reinstatement or modification of penalty, including modification or termination of probation, after a period of not less than the following minimum periods has elapsed from the effective date of the decision ordering that disciplinary action:

(1) At least three years for reinstatement of a license or approval revoked for unprofessional conduct, except that the board may, for good cause shown, specify in a revocation order that a petition for reinstatement may be filed after two years.

(2) At least two years for early termination of probation of three years or more.

(3) At least one year for modification of a condition, or reinstatement of a license or approval revoked for mental or physical illness, or termination of probation of less than three years.

(b) The petition shall state any facts as may be required by the Medical Board of California. The petition shall be accompanied by at least two verified recommendations from physicians licensed either by the Medical Board of California or the Osteopathic Medical Board who have personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed.

(c) The petition may be heard by the board. The board may assign the petition to an administrative law judge designated in Section 11371 of the Government Code. After a hearing on the petition, the administrative law judge shall provide a proposed decision to the board that shall be acted upon in accordance with the Administrative Procedure Act.

(d) The board or the administrative law judge hearing the petition, may consider all activities of the petitioner since the disciplinary action was taken, the offense for which the petitioner was disciplined, the petitioner's activities during the time the license was in good standing, and the petitioner's rehabilitative efforts, general reputation for truth, and professional ability. The hearing may be continued, as the board or administrative law judge finds necessary.

(e) The board or administrative law judge, when hearing a petition for reinstating a license or approval or modifying a penalty, may recommend the imposition of any terms and conditions deemed necessary.

(f) No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole. No petition shall be considered while there is an accusation or petition to revoke probation pending against the person. The board may deny, without a hearing or argument, any petition filed pursuant to this section within a period of two years from the effective date of the prior decision following a hearing under this section.

(g) Nothing in this section shall be deemed to alter Sections 822 and 823.

SEC. 64. Section 3531 of the Business and Professions Code is amended to read:

3531. A plea or verdict of guilty or a conviction following a plea of nolo contendere made to a charge of a felony or of any offense which is substantially related to the qualifications, functions, or duties of the business or profession to which the license was issued is deemed to be a conviction within the meaning of this chapter. The board may order the license suspended or revoked, or shall decline to issue a license when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending the imposition

of sentence, irrespective of a subsequent order under the provisions of Section 1203.4 of the Penal Code allowing such person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or indictment.

SEC. 65. Section 3533 of the Business and Professions Code is amended to read:

3533. Whenever any person has engaged in any act or practice which constitutes an offense against this chapter, the superior court of any county, on application of the Medical Board of California, may issue an injunction or other appropriate order restraining such conduct. Proceedings under this section shall be governed by Chapter 3 (commencing with Section 525) of Title 7 of Part 2 of the Code of Civil Procedure. The Medical Board of California or the board may commence action in the superior court under the provisions of this section.

SEC. 66. Section 3534 of the Business and Professions Code is amended to read:

3534. It is the intent of the Legislature that the board shall seek ways and means to identify and rehabilitate physician assistants whose competency is impaired due to abuse of dangerous drugs or alcohol so that they may be treated and returned to the practice of medicine in a manner which will not endanger the public health and safety.

SEC. 67. Section 3534.1 of the Business and Professions Code is amended to read:

3534.1. The board shall establish and administer a diversion program for the rehabilitation of physician assistants whose competency is impaired due to the abuse of drugs or alcohol. The board may contract with any other state agency or a private organization to perform its duties under this article. The board may establish one or more diversion evaluation committees to assist it in carrying out its duties under this article. As used in this article, "committee" means a diversion evaluation committee. A committee created under this article operates under the direction of the diversion program manager, as designated by the executive officer of the board. The program manager has the primary responsibility to review and evaluate recommendations of the committee.

SEC. 68. Section 3534.2 of the Business and Professions Code is amended to read:

3534.2. (a) Any committee established by the board shall have at least three members. In making appointments to a committee the board shall consider the appointments of persons who are either recovering of substance abuse and have been free from abuse for at least three years immediately prior to their appointment or who are knowledgeable in the treatment and recovery of substance abuse. The board also shall consider the appointment of a physician and surgeon who is board certified in psychiatry.

(b) Appointments to a committee shall be by the affirmative vote of a majority of members appointed to the board. Each appointment shall be at the pleasure of the board for a term not to exceed four years. In its discretion, the board may stagger the terms of the initial members so appointed.

(c) A majority of the members of a committee shall constitute a quorum for the transaction of business. Any action requires an affirmative vote of a majority of those members present at a meeting constituting at least a quorum. Each committee shall elect from its membership a chairperson and a vice chairperson. Notwithstanding Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code, relating to public

meetings, a committee may convene in closed session to consider matters relating to any physician assistant applying for or participating in a diversion program, and a meeting which will be convened entirely in closed session need not comply with Section 11125 of the Government Code. A committee shall only convene in closed session to the extent it is necessary to protect the privacy of an applicant or participant. Each member of a committee shall receive a per diem and shall be reimbursed for expenses as provided in Section 103.

SEC. 69. Section 3534.3 of the Business and Professions Code is amended to read:

3534.3. Each committee has the following duties and responsibilities:

(a) To evaluate physician assistants who request participation in the program and to make recommendations to the program manager. In making recommendations, a committee shall consider any recommendations from professional consultants on the admission of applicants to the diversion program.

(b) To review and designate treatment facilities to which physician assistants in the diversion program may be referred, and to make recommendations to the program manager.

(c) The receipt and review of information concerning physician assistants participating in the program.

(d) To call meetings as necessary to consider the requests of physician assistants to participate in the diversion program, to consider reports regarding participants in the program, and to consider any other matters referred to it by the board.

(e) To consider whether each participant in the diversion program may with safety continue or resume the practice of medicine.

(f) To set forth in writing the terms and conditions of the diversion agreement that is approved by the program manager for each physician assistant participating in the program, including treatment, supervision, and monitoring requirements.

(g) To hold a general meeting at least twice a year, which shall be open and public, to evaluate the diversion program's progress, to prepare reports to be submitted to the board, and to suggest proposals for changes in the diversion program.

(h) For the purposes of Division 3.6 (commencing with Section 810) of Title 1 of the Government Code, any member of a committee shall be considered a public employee. No board or committee member, contractor, or agent thereof, shall be liable for any civil damage because of acts or omissions which may occur while acting in good faith in a program established pursuant to this article.

SEC. 70. Section 3534.4 of the Business and Professions Code is amended to read:

3534.4. Criteria for acceptance into the diversion program shall include all of the following: (a) the applicant shall be licensed as a physician assistant by the board and shall be a resident of California; (b) the applicant shall be found to abuse dangerous drugs or alcoholic beverages in a manner which may affect his or her ability to practice medicine safely or competently; (c) the applicant shall have voluntarily requested admission to the program or shall be accepted into the program in accordance with terms and conditions resulting from a disciplinary action; (d) the applicant shall agree to undertake any medical or psychiatric examination ordered to evaluate the applicant for participation in the program; (e) the applicant shall cooperate with the program by providing medical information, disclosure authorizations, and releases of liability as may be necessary for participation in the program; and (f) the applicant shall agree in writing to cooperate with all elements of

the treatment program designed for him or her.

An applicant may be denied participation in the program if the board, the program manager, or a committee determines that the applicant will not substantially benefit from participation in the program or that the applicant's participation in the program creates too great a risk to the public health, safety, or welfare.

SEC. 71. Section 3534.5 of the Business and Professions Code is amended to read:

3534.5. A participant may be terminated from the program for any of the following reasons: (a) the participant has successfully completed the treatment program; (b) the participant has failed to comply with the treatment program designated for him or her; (c) the participant fails to meet any of the criteria set forth in subdivision (d); or (d) it is determined that the participant has not substantially benefited from participation in the program or that his or her continued participation in the program creates too great a risk to the public health, safety, or welfare. Whenever an applicant is denied participation in the program or a participant is terminated from the program for any reason other than the successful completion of the program, and it is determined that the continued practice of medicine by that individual creates too great a risk to the public health and safety, that fact shall be reported to the executive officer of the board and all documents and information pertaining to and supporting that conclusion shall be provided to the executive officer. The matter may be referred for investigation and disciplinary action by the board. Each physician assistant who requests participation in a diversion program shall agree to cooperate with the recovery program designed for him or her. Any failure to comply with that program may result in termination of participation in the program.

The board shall inform each participant in the program of the procedures followed in the program, of the rights and responsibilities of a physician assistant in the program, and the possible results of noncompliance with the program.

SEC. 72. Section 3534.6 of the Business and Professions Code is amended to read:

3534.6. In addition to the criteria and causes set forth in Section 3534.4, the board may set forth in its regulations additional criteria for admission to the program or causes for termination from the program.

SEC. 73. Section 3534.7 of the Business and Professions Code is amended to read:

3534.7. All board and committee records and records of proceedings and participation of a physician assistant in a program shall be confidential and are not subject to discovery or subpoena.

SEC. 74. Section 3534.9 of the Business and Professions Code is amended to read:

3534.9. If the board contracts with any other entity to carry out this section, the executive officer of the board or the program manager shall review the activities and performance of the contractor on a biennial basis. As part of this review, the board shall review files of participants in the program. However, the names of participants who entered the program voluntarily shall remain confidential, except when the review reveals misdiagnosis, case mismanagement, or noncompliance by the participant.

SEC. 75. Section 3534.10 of the Business and Professions Code is amended to read:

3534.10. Participation in a diversion program shall not be a defense to any disciplinary action which may be taken by the board. This section does not preclude the board from commencing disciplinary

action against a physician assistant who is terminated unsuccessfully from the program under this section. That disciplinary action may not include as evidence any confidential information.

SEC. 76. Section 3535 of the Business and Professions Code is amended to read:

3535. (a) Notwithstanding any other provision of law, physicians and surgeons licensed by the Osteopathic Medical Board of California may use or employ physician assistants provided (1) each physician assistant so used or employed is a graduate of an approved program and is licensed by the board, and (2) the scope of practice of the physician assistant is the same as that which is approved by the Division of Licensing of the Medical Board of California for physicians and surgeons supervising physician assistants in the same or similar specialty.

(b) Any person who violates subdivision (a) shall be guilty of a misdemeanor punishable by imprisonment in a county jail not exceeding six months, or by a fine not exceeding one thousand dollars (\$1,000), or by both that imprisonment and fine.

(c) This section shall become operative on July 1, 2001.

SEC. 77. Section 3537.10 of the Business and Professions Code is amended to read:

3537.10. (a) Subject to the other provisions of this article, the Office of Statewide Health Planning and Development, hereafter in this article referred to as the office, shall coordinate the establishment of an international medical graduate physician assistant training program, to be conducted at an appropriate educational institution or institutions. The goal of the program shall be to place as many international medical graduate physician assistants in medically underserved areas as possible in order to provide greater access to care for the growing population of medically indigent and underserved. The method for accomplishing this goal shall be to train foreign medical graduates to become licensed as physician assistants at no cost to the participants in return for a commitment from the participants to serve full time in underserved areas for a four-year period.

(b) By February 1, 1994, or one month after federal funds to implement this article become available, whichever occurs later, the office shall establish a training program advisory task force. The task force shall be comprised of representatives from all of the following groups:

- (1) Physician assistant program directors.
- (2) Foreign medical graduates.
- (3) The California Academy of Physician Assistants.
- (4) Nonprofit community health center directors.
- (5) Physicians.
- (6) The board, at the board's option.

The office may, instead, serve solely as a consultant to the task force.

(c) The task force shall do all of the following:

(1) Develop a recommended curriculum for the training program that shall be from 12 to 15 months in duration and shall, at a minimum, meet curriculum standards consistent with the board's regulations. The program shall be subject to the board's approval. By April 1, 1994, or three months after federal funds to implement this article become available, whichever occurs later, the curriculum shall be presented by the office to the Committee on Allied Health Education and Accreditation of the American Medical Association, or its successor organization, for approval.

(2) Develop recommended admission criteria for participation in the pilot and ongoing program.

(3) Assist in development of linkages with academic institutions for the purpose of monitoring and evaluating the pilot program.

SEC. 78. Section 3537.20 of the Business and Professions Code is amended to read:

3537.20. Any person who has satisfactorily completed the program established by this article shall be eligible for licensure by the board as a "physician assistant" if the person has complied with all of the following requirements:

(a) Has successfully completed the written examination required under Section 3517.

(b) Has successfully completed the Test of English as a Foreign Language (TOEFL).

SEC. 79. Section 3537.30 of the Business and Professions Code is amended to read:

3537.30. (a) The Legislature recognizes that the goal of this program would be compromised if participants do not observe their commitments under this program to provide the required service in a medically underserved area. The goal of this program would not be met if all that it accomplished was merely to license physician assistants that served populations that are not medically underserved.

(b) Since damages would be difficult or impossible to ascertain in the event of default by the participant, this section shall set forth the extent of liquidated damages that shall be recoverable by the program in the case of default.

(c) In the case of default by a participant who has successfully completed the program and has obtained licensure under this article, the program shall collect the following damages from the participant:

(1) The total cost expended by the program for the training of the applicant, and interest thereon from the date of default.

(2) The total amount needed for the program to seek cover as set forth in subdivision (b) of Section 3537.35.

(3) The costs of enforcement, including, but not limited to, the costs of collecting the liquidated damages, the costs of litigation, and attorney's fees.

(d) The Attorney General may represent the office, or the board, or both in any litigation necessitated by this article, or, if the Attorney General declines, the office, or the board, or both may hire other counsel for this purpose.

(e) Funds collected pursuant to subdivision (c) shall be allocated as follows:

(1) Costs of training recovered pursuant to paragraph (1) of subdivision (c) shall be allocated to the office to be used upon appropriation for the continuing training program pursuant to this article.

(2) Costs of seeking cover recovered pursuant to paragraph (2) of subdivision (c) shall be deposited in the Physician Assistant Training Fund established pursuant to Section 3537.40 for the purposes of providing grants pursuant to subdivision (c) of Section 3537.35.

(3) Costs of enforcement recovered pursuant to paragraph (3) of subdivision (c) shall be allocated between the office, and the Attorney General, or other counsel, according to actual costs.

SEC. 80. Section 3537.50 of the Business and Professions Code is amended to read:

3537.50. No General Fund revenues shall be expended to carry out this article. The implementation of the pilot program and, if applicable, the permanent program established by this article shall be contingent upon the availability of federal funds, which do not

divert or detract from funds currently utilized to underwrite existing physician assistant training programs or to fund existing functions of the board. The new funding shall be sufficient to cover the full additional cost to the educational institution or institutions that establish the program or programs, the cost of tuition and attendance for the students in the program or programs, and any additional costs, including enforcement costs, that the office or the board incurs as a result of implementing this article. Nothing in this article shall be construed as imposing any obligations upon the office, the board, or any physician assistant training program in the absence of adequate funding as described in this section. Nothing in this article shall be construed either as precluding applicants for the program established by this article from seeking state or federal scholarship funds, or state and federal loan repayment funds available to physician assistant students, or as requiring that any applicants be granted preference in the award of those funds. Nothing in this article shall be construed as impairing the autonomy of any institution that offers a physician assistant training program.

SEC. 81. Section 3540 of the Business and Professions Code is amended to read:

3540. A physician assistants corporation is a corporation which is authorized to render professional services, as defined in Section 13401 of the Corporations Code, so long as that corporation and its shareholders, officers, directors, and employees rendering professional services who are certified physician assistants are in compliance with the Moscone-Knox Professional Corporation Act, the provisions of this article, and all other statutes and regulations now or hereafter enacted or adopted pertaining to the corporation and the conduct of its affairs.

With respect to a physician assistants corporation, the governmental agency referred to in the Moscone-Knox Professional Corporation Act (commencing with Section 13400) of Division 3 of Title 1 of the Corporations Code is the board.

SEC. 82. Section 3546 of the Business and Professions Code is amended to read:

3546. The Medical Board of California may adopt and enforce regulations to carry out the purposes and objectives of this article, including regulations requiring (a) that the bylaws of a physician assistant corporation shall include a provision whereby the capital stock of the corporation owned by a disqualified person (as defined in Section 13401 of the Corporations Code), or a deceased person, shall be sold to the corporation or to the remaining shareholders of the corporation within the time as the regulations may provide, and (b) that a physician assistant corporation shall provide adequate security by insurance or otherwise for claims against it by its patients arising out of the rendering of professional services.

SEC. 83. Section 4001 of the Business and Professions Code is amended to read:

4001. (a) There is in the Department of Consumer Affairs a California State Board of Pharmacy in which the administration and enforcement of this chapter is vested. The board consists of 13 members.

(b) The Governor shall appoint seven competent pharmacists who reside in different parts of the state to serve as members of the board. The Governor shall appoint four public members, and the Senate Committee on Rules and the Speaker of the Assembly shall each appoint a public member who shall not be a licensee of the board, any other board under this division, or any board referred to in Section 1000 or 3600.

(c) At least five of the seven pharmacist appointees to the board shall be pharmacists who are actively engaged in the practice of pharmacy. Additionally, the membership of the board shall include at least one pharmacist representative from each of the following practice settings: an acute care hospital, an independent community pharmacy, a chain community pharmacy, and a long-term health care or skilled nursing facility. The pharmacist appointees shall also include a pharmacist who is a member of a labor union that represents pharmacists. For the purposes of this subdivision, a "chain community pharmacy" means a chain of 75 or more stores in California under the same ownership, and an "independent community pharmacy" means a pharmacy owned by a person or entity who owns no more than four pharmacies in California.

(d) Members of the board shall be appointed for a term of four years. No person shall serve as a member of the board for more than two consecutive terms. Each member shall hold office until the appointment and qualification of his or her successor or until one year shall have elapsed since the expiration of the term for which the member was appointed, whichever first occurs. Vacancies occurring shall be filled by appointment for the unexpired term.

(e) Each member of the board shall receive a per diem and expenses as provided in Section 103.

(f) This section shall remain in effect only until January 1, 2017, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2017, deletes or extends that date. Notwithstanding any other provision of law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature.

SEC. 84. Section 4003 of the Business and Professions Code is amended to read:

4003. (a) The board, with the approval of the director, may appoint a person exempt from civil service who shall be designated as an executive officer and who shall exercise the powers and perform the duties delegated by the board and vested in him or her by this chapter. The executive officer may or may not be a member of the board as the board may determine.

(b) The executive officer shall receive the compensation as established by the board with the approval of the Director of Finance. The executive officer shall also be entitled to travel and other expenses necessary in the performance of his or her duties.

(c) The executive officer shall maintain and update in a timely fashion records containing the names, titles, qualifications, and places of business of all persons subject to this chapter.

(d) The executive officer shall give receipts for all money received by him or her and pay it to the department, taking its receipt therefor. Besides the duties required by this chapter, the executive officer shall perform other duties pertaining to the office as may be required of him or her by the board.

(e) This section shall remain in effect only until January 1, 2017, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2017, deletes or extends that date.

SEC. 85. Section 4928 of the Business and Professions Code is amended to read:

4928. The Acupuncture Board, which consists of seven members, shall enforce and administer this chapter.

This section shall remain in effect only until January 1, 2015, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2015, deletes or extends that date.

Notwithstanding any other provision of law, the repeal of this

section renders the board subject to review by the appropriate policy committees of the Legislature.

SEC. 86. Section 4934 of the Business and Professions Code is amended to read:

4934. (a) The board, by and with the approval of the director, may employ personnel necessary for the administration of this chapter, and the board, by and with the approval of the director, may appoint an executive officer who is exempt from the provisions of the State Civil Service Act (Part 2 (commencing with Section 18500) of Division 5 of Title 2 of the Government Code).

(b) This section shall remain in effect only until January 1, 2015, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2015, deletes or extends that date.

SEC. 87. Section 4939 of the Business and Professions Code is amended to read:

4939. (a) The board shall establish standards for the approval of schools and colleges offering education and training in the practice of an acupuncturist, including standards for the faculty in those schools and colleges and tutorial programs, completion of which will satisfy the requirements of Section 4938.

(b) Standards for the approval of training programs shall include a minimum of 3,000 hours of study in curriculum pertaining to the practice of an acupuncturist. This subdivision shall apply to all students entering programs on or after January 1, 2005.

(c) Within three years of initial approval by the board, each program so approved by the board shall receive full institutional approval under Article 6 (commencing with Section 94885) of Chapter 8 of Part 59 of Division 10 of Title 3 of the Education Code in the field of traditional Asian medicine, or in the case of institutions located outside of this state, approval by the appropriate governmental educational authority using standards equivalent to those of Article 6 (commencing with Section 94885) of Chapter 8 of Part 59 of Division 10 of Title 3 of the Education Code, or the board's approval of the program shall automatically lapse.

SEC. 88. Section 4990 of the Business and Professions Code is amended to read:

4990. (a) There is in the Department of Consumer Affairs, a Board of Behavioral Sciences that consists of the following members:

- (1) Two state licensed clinical social workers.
- (2) One state licensed educational psychologist.
- (3) Two state licensed marriage and family therapists.
- (4) One state licensed professional clinical counselor.
- (5) Seven public members.

(b) Each member, except the seven public members, shall have at least two years of experience in his or her profession.

(c) Each member shall reside in the State of California.

(d) The Governor shall appoint five of the public members and the six licensed members with the advice and consent of the Senate. The Senate Committee on Rules and the Speaker of the Assembly shall each appoint a public member.

(e) Each member of the board shall be appointed for a term of four years. A member appointed by the Speaker of the Assembly or the Senate Committee on Rules shall hold office until the appointment and qualification of his or her successor or until one year from the expiration date of the term for which he or she was appointed, whichever first occurs. Pursuant to Section 1774 of the Government Code, a member appointed by the Governor shall hold office until the appointment and qualification of his or her successor or until 60 days from the expiration date of the term for which he or she was

appointed, whichever first occurs.

(f) A vacancy on the board shall be filled by appointment for the unexpired term by the authority who appointed the member whose membership was vacated.

(g) Not later than the first of June of each calendar year, the board shall elect a chairperson and a vice chairperson from its membership.

(h) Each member of the board shall receive a per diem and reimbursement of expenses as provided in Section 103.

(i) This section shall remain in effect only until January 1, 2017, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2017, deletes or extends that date.

(j) Notwithstanding any other provision of law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature.

SEC. 89. Section 4990.04 of the Business and Professions Code is amended to read:

4990.04. (a) The board shall appoint an executive officer. This position is designated as a confidential position and is exempt from civil service under subdivision (e) of Section 4 of Article VII of the California Constitution.

(b) The executive officer serves at the pleasure of the board.

(c) The executive officer shall exercise the powers and perform the duties delegated by the board and vested in him or her by this chapter.

(d) With the approval of the director, the board shall fix the salary of the executive officer.

(e) The chairperson and executive officer may call meetings of the board and any duly appointed committee at a specified time and place. For purposes of this section, "call meetings" means setting the agenda, time, date, or place for any meeting of the board or any committee.

(f) This section shall remain in effect only until January 1, 2017, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2017, deletes or extends that date.

SEC. 90. Section 8000 of the Business and Professions Code is amended to read:

8000. (a) There is in the Department of Consumer Affairs a Court Reporters Board of California, which consists of five members, three of whom shall be public members and two of whom shall be holders of certificates issued under this chapter who have been actively engaged as shorthand reporters within this state for at least five years immediately preceding their appointment.

(b) This section shall remain in effect only until January 1, 2017, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2017, deletes or extends that date.

(c) Notwithstanding any other provision of law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature.

SEC. 91. Section 8005 of the Business and Professions Code is amended to read:

8005. The Court Reporters Board of California is charged with the executive functions necessary for effectuating the purposes of this chapter. It may appoint committees as it deems necessary or proper. The board may appoint, prescribe the duties, and fix the salary of an executive officer. Except as provided by Section 159.5, the board may also employ other employees as may be necessary, subject to civil

service and other provisions of law.

This section shall remain in effect only until January 1, 2017, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2017, deletes or extends that date.

SEC. 92. Section 8027 of the Business and Professions Code is amended to read:

8027. (a) As used in this section, "school" means a court reporter training program or an institution that provides a course of instruction approved by the board and the Bureau for Private Postsecondary Education, is a public school in this state, or is accredited by the Western Association of Schools and Colleges.

(b) A court reporting school shall be primarily organized to train students for the practice of shorthand reporting, as defined in Sections 8016 and 8017. Its educational program shall be on the postsecondary or collegiate level. It shall be legally organized and authorized to conduct its program under all applicable laws of the state, and shall conform to and offer all components of the minimum prescribed course of study established by the board. Its records shall be kept and shall be maintained in a manner to render them safe from theft, fire, or other loss. The records shall indicate positive daily and clock-hour attendance of each student for all classes, apprenticeship and graduation reports, high school transcripts or the equivalent or self-certification of high school graduation or the equivalent, transcripts of other education, and student progress to date, including all progress and counseling reports.

(c) Any school intending to offer a program in court reporting shall notify the board within 30 days of the date on which it provides notice to, or seeks approval from, the State Department of Education, the Bureau for Private Postsecondary Education, the Office of the Chancellor of the California Community Colleges, or the Western Association of Schools and Colleges, whichever is applicable. The board shall review the proposed curriculum and provide the school tentative approval, or notice of denial, within 60 days of receipt of the notice. The school shall apply for provisional recognition pursuant to subdivision (d) within no more than one year from the date it begins offering court reporting classes.

(d) The board may grant provisional recognition to a new court reporting school upon satisfactory evidence that it has met all of the provisions of subdivision (b) and this subdivision. Recognition may be granted by the board to a provisionally recognized school after it has been in continuous operation for a period of no less than three consecutive years from the date provisional recognition was granted, during which period the school shall provide satisfactory evidence that at least one person has successfully completed the entire course of study established by the board and complied with the provisions of Section 8020, and has been issued a certificate to practice shorthand reporting as defined in Sections 8016 and 8017. The board may, for good cause shown, extend the three-year provisional recognition period for not more than one year. Failure to meet the provisions and terms of this section shall require the board to deny recognition. Once granted, recognition may be withdrawn by the board for failure to comply with all applicable laws and regulations.

(e) Application for recognition of a court reporting school shall be made upon a form prescribed by the board and shall be accompanied by all evidence, statements, or documents requested. Each branch, extension center, or off-campus facility requires separate application.

(f) All recognized and provisionally recognized court reporting schools shall notify the board of any change in school name, address,

telephone number, responsible court reporting program manager, owner of private schools, and the effective date thereof, within 30 days of the change. All of these notifications shall be made in writing.

(g) A school shall notify the board in writing immediately of the discontinuance or pending discontinuance of its court reporting program or any of the program's components. Within two years of the date this notice is sent to the board, the school shall discontinue its court reporting program in its entirety. The board may, for good cause shown, grant not more than two one-year extensions of this period to a school. If a student is to be enrolled after this notice is sent to the board, a school shall disclose to the student the fact of the discontinuance or pending discontinuance of its court reporting program or any of its program components.

(h) The board shall maintain a roster of currently recognized and provisionally recognized court reporting schools, including, but not limited to, the name, address, telephone number, and the name of the responsible court reporting program manager of each school.

(i) The board shall maintain statistics that display the number and passing percentage of all first-time examinees, including, but not limited to, those qualified by each recognized or provisionally recognized school and those first-time examinees qualified by other methods as defined in Section 8020.

(j) Inspections and investigations shall be conducted by the board as necessary to carry out this section, including, but not limited to, unannounced site visits.

(k) All recognized and provisionally recognized schools shall print in their school or course catalog the name, address, and telephone number of the board. At a minimum, the information shall be in 8-point bold type and include the following statement:

"IN ORDER FOR A PERSON TO QUALIFY FROM A SCHOOL TO TAKE THE STATE LICENSING EXAMINATION, THE PERSON SHALL COMPLETE A PROGRAM AT A RECOGNIZED SCHOOL. FOR INFORMATION CONCERNING THE MINIMUM REQUIREMENTS THAT A COURT REPORTING PROGRAM MUST MEET IN ORDER TO BE RECOGNIZED, CONTACT: THE COURT REPORTERS BOARD OF CALIFORNIA; (ADDRESS); (TELEPHONE NUMBER)."

(l) Each court reporting school shall file with the board, not later than June 30 of each year, a current school catalog that shows all course offerings and staff, and for private schools, the owner, except that where there have been no changes to the catalog within the previous year, no catalog need be sent. In addition, each school shall also file with the board a statement certifying whether the school is in compliance with all statutes and the rules and regulations of the board, signed by the responsible court reporting program manager.

(m) A school offering court reporting shall not make any written or verbal claims of employment opportunities or potential earnings unless those claims are based on verified data and reflect current employment conditions.

(n) If a school offers a course of instruction that exceeds the board's minimum requirements, the school shall disclose orally and in writing the board's minimum requirements and how the course of instruction differs from those criteria. The school shall make this disclosure before a prospective student executes an agreement obligating that person to pay any money to the school for the course

of instruction. The school shall also make this disclosure to all students enrolled on January 1, 2002.

(o) Private and public schools shall provide each prospective student with all of the following and have the prospective student sign a document that shall become part of that individual's permanent record, acknowledging receipt of each item:

(1) A student consumer information brochure published by the board.

(2) A list of the school's graduation requirements, including the number of tests, the pass point of each test, the speed of each test, and the type of test, such as jury charge or literary.

(3) A list of requirements to qualify for the state-certified shorthand reporter licensing examination, including the number of tests, the pass point of each test, the speed of each test, and the type of test, such as jury charge or literary, if different than those requirements listed in paragraph (2).

(4) A copy of the school's board-approved benchmarks for satisfactory progress as identified in subdivision (u).

(5) A report showing the number of students from the school who qualified for each of the certified shorthand reporter licensing examinations within the preceding two years, the number of those students that passed each examination, the time, as of the date of qualification, that each student was enrolled in court reporting school, and the placement rate for all students that passed each examination.

(6) On and after January 1, 2005, the school shall also provide to prospective students the number of hours each currently enrolled student who has qualified to take the next licensing test, exclusive of transfer students, has attended court reporting classes.

(p) All enrolled students shall have the information in subdivisions (n) and (o) on file no later than June 30, 2005.

(q) Public schools shall provide the information in subdivisions (n) and (o) to each new student the first day he or she attends theory or machine speed class, if it was not provided previously.

(r) Each enrolled student shall be provided written notification of any change in qualification or graduation requirements that is being implemented due to the requirements of any one of the school's oversight agencies. This notice shall be provided to each affected student at least 30 days before the effective date of the change and shall state the new requirement and the name, address, and telephone number of the agency that is requiring it of the school. Each student shall initial and date a document acknowledging receipt of that information and that document, or a copy thereof, shall be made part of the student's permanent file.

(s) Schools shall make available a comprehensive final examination in each academic subject to any student desiring to challenge an academic class in order to obtain credit towards certification for the state licensing examination. The points required to pass a challenge examination shall not be higher than the minimum points required of other students completing the academic class.

(t) An individual serving as a teacher, instructor, or reader shall meet the qualifications specified by regulation for his or her position.

(u) Each school shall provide a substitute teacher or instructor for any class for which the teacher or instructor is absent for two consecutive days or more.

(v) The board has the authority to approve or disapprove benchmarks for satisfactory progress which each school shall develop for its court reporting program. Schools shall use only board-approved benchmarks to comply with the provisions of paragraph

(4) of subdivision (o) and subdivision (u).

(w) Each school shall counsel each student a minimum of one time within each 12-month period to identify the level of attendance and progress, and the prognosis for completing the requirements to become eligible to sit for the state licensing examination. If the student has not progressed in accordance with the board-approved benchmarks for that school, the student shall be counseled a minimum of one additional time within that same 12-month period.

(x) The school shall provide to the board, for each student qualifying through the school as eligible to sit for the state licensing examination, the number of hours the student attended court reporting classes, both academic and machine speed classes, including theory.

(y) The pass rate of first-time examination takers for each school offering court reporting shall meet or exceed the average pass rate of all first-time test takers for a majority of examinations given for the preceding three years. Failure to do so shall require the board to conduct a review of the program. In addition, the board may place the school on probation and may withdraw recognition if the school continues to place below the above-described standard on the two examinations that follow the three-year period.

(z) A school shall not require more than one 10-minute qualifying examination, as defined in the regulations of the board, for a student to be eligible to sit for the state certification examination.

(aa) A school shall provide the board the actual number of hours of attendance for each applicant the school qualifies for the state licensing examination.

(ab) The board shall, by December 1, 2001, do the following by regulation as necessary:

(1) Establish the format that shall be used by schools to report tracking of all attendance hours and actual timeframes for completed coursework.

(2) Require schools to provide a minimum of 10 hours of live dictation class each school week for every full-time student.

(3) Require schools to provide students with the opportunity to read back from their stenographic notes a minimum of one time each day to his or her instructor.

(4) Require schools to provide students with the opportunity to practice with a school-approved speed-building audio recording, or other assigned material, a minimum of one hour per day after school hours as a homework assignment and provide the notes from this audio recording to their instructor the following day for review.

(5) Develop standardization of policies on the use and administration of qualifier examinations by schools.

(6) Define qualifier examination as follows: the qualifier examination shall consist of 4-voice testimony of 10-minute duration at 200 words per minute, graded at 97.5 percent accuracy, and in accordance with the guidelines followed by the board. Schools shall be required to date and number each qualifier and announce the date and number to the students at the time of administering the qualifier. All qualifiers shall indicate the actual dictation time of the test and the school shall catalog and maintain the qualifier for a period of not less than three years for the purpose of inspection by the board.

(7) Require schools to develop a program to provide students with the opportunity to interact with professional court reporters to provide skill support, mentoring, or counseling that they can document at least quarterly.

(8) Define qualifications and educational requirements required of

instructors and readers that read test material and qualifiers.

(ac) The board shall adopt regulations to implement the requirements of this section not later than September 1, 2002.

(ad) The board may recover costs for any additional expenses incurred under the enactment amending this section in the 2001-02 Regular Session of the Legislature pursuant to its fee authority in Section 8031.

SEC. 93. Section 8030.2 of the Business and Professions Code is amended to read:

8030.2. (a) To provide shorthand reporting services to low-income litigants in civil cases, who are unable to otherwise afford those services, funds generated by fees received by the board pursuant to subdivision (c) of Section 8031 in excess of funds needed to support the board's operating budget for the fiscal year in which a transfer described below is made shall be used by the board for the purpose of establishing and maintaining a Transcript Reimbursement Fund. The Transcript Reimbursement Fund shall be established by a transfer of funds from the Court Reporters' Fund in the amount of three hundred thousand dollars (\$300,000) at the beginning of each fiscal year. Notwithstanding any other provision of this article, a transfer to the Transcript Reimbursement Fund in excess of the fund balance established at the beginning of each fiscal year shall not be made by the board if the transfer will result in the reduction of the balance of the Court Reporters' Fund to an amount less than six months' operating budget.

(b) All moneys held in the Court Reporters' Fund on the effective date of this section in excess of the board's operating budget for the 1996-97 fiscal year shall be used as provided in subdivision (a).

(c) Refunds and unexpended funds that are anticipated to remain in the Transcript Reimbursement Fund at the end of the fiscal year shall be considered by the board in establishing the fee assessment pursuant to Section 8031 so that the assessment shall maintain the level of funding for the Transcript Reimbursement Fund, as specified in subdivision (a), in the following fiscal year.

(d) The Transcript Reimbursement Fund is hereby created in the State Treasury. Notwithstanding Section 13340 of the Government Code, moneys in the Transcript Reimbursement Fund are continuously appropriated for the purposes of this chapter.

(e) (1) Applicants, including applicants pursuant to Section 8030.5, who have been reimbursed pursuant to this chapter for services provided to litigants and who are awarded court costs or attorney's fees by judgment or by settlement agreement shall refund the full amount of that reimbursement to the fund within 90 days of receipt of the award or settlement.

(2) An applicant pursuant to Section 8030.5 who has been reimbursed for services provided to litigants under this chapter shall refund the full amount reimbursed if a court orders the applicant's fee waiver withdrawn or denied retroactively pursuant to Section 68636 of the Government Code, within 90 days of the court's order withdrawing or denying the fee waiver.

(f) Subject to the limitations of this chapter, the board shall maintain the fund at a level that is sufficient to pay all qualified claims. To accomplish this objective, the board shall utilize all refunds, unexpended funds, fees, and any other moneys received by the board.

(g) Notwithstanding Section 16346 of the Government Code, all unencumbered funds remaining in the Transcript Reimbursement Fund as of January 1, 2017, shall be transferred to the Court Reporters' Fund.

(h) This section shall remain in effect only until January 1, 2017, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2017, deletes or extends that date.

SEC. 94. Section 8030.5 of the Business and Professions Code is amended to read:

8030.5. (a) Notwithstanding subdivision (e) of Section 8030.4, as used in this chapter the term "applicant" also means an indigent person, as defined in subdivision (f) of Section 8030.4, appearing pro se to represent himself or herself at any stage of the case and applying to receive funds from the Transcript Reimbursement Fund established by this chapter.

(b) Notwithstanding Section 8030.6, total disbursements to cover the cost of providing transcripts to all applicants pursuant to this section shall not exceed thirty thousand dollars (\$30,000) annually and shall not exceed one thousand five hundred dollars (\$1,500) per case.

(c) The board shall provide a report to the Senate and Assembly Committees on Judiciary by March 1, 2012, that includes a summary of the expenditures and claims relating to this article, including the initial fund balance as of January 1, 2011; all funds received, including the amount of, and reason for, any refunds pursuant to subdivision (e) of Section 8030.2; all claims received, including the type of case, court involved, service for which reimbursement was sought, amount paid, and amount denied, if any, and the reason for denial; and all administrative fees. This report shall be provided using existing resources.

(d) The Legislature finds and declares that there are funds available for indigent pro se parties under this article only because the Transcript Reimbursement Fund has not been fully utilized in recent years by the eligible applicants for whom its use has been intended, despite the evident financial need among legal services organizations and pro bono attorneys. Accordingly, the board shall, using existing resources, undertake further efforts to publicize the availability of the Transcript Reimbursement Fund to prospective applicants, as defined in subdivision (e) of Section 8030.4, through appropriate entities serving these applicants, including the State Bar of California, the California Commission on Access to Justice, and the Legal Aid Association of California. These efforts shall be described in the report required by subdivision (c).

(e) This section shall remain in effect only until January 1, 2017, and as of that date is repealed, unless a later enacted statute that is enacted before January 1, 2017, deletes or extends that date.

SEC. 95. Section 9812.5 of the Business and Professions Code is amended to read:

9812.5. The director shall gather evidence of violations of this chapter and of any regulation established hereunder by any service contractor, whether registered or not, and by any employee, partner, officer, or member of any service contractor. The director shall, on his or her own initiative, conduct spot check investigations of service contractors throughout the state on a continuous basis. This section shall remain in effect only until January 1, 2015, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2015, deletes or extends that date.

SEC. 96. Section 9830.5 of the Business and Professions Code is amended to read:

9830.5. Each service contractor shall pay the fee required by this chapter for each place of business operated by him or her in this state and shall register with the bureau upon forms prescribed

by the director. The forms shall contain sufficient information to identify the service contractor, including name, address, retail seller's permit number, if a permit is required under the Sales and Use Tax Law (Part 1 (commencing with Section 6001) of Division 2 of the Revenue and Taxation Code), a copy of the certificate of qualification as filed with the Secretary of State if the service contractor is a foreign corporation, and other identifying data to be prescribed by the bureau. If the business is to be carried on under a fictitious name, that fictitious name shall be stated. If the service contractor is a partnership, identifying data shall be stated for each partner. If the service contractor is a private company that does not file an annual report on Form 10-K with the Securities and Exchange Commission, data shall be included for each of the officers and directors of the company as well as for the individual in charge of each place of the service contractor's business in the State of California, subject to any regulations the director may adopt. If the service contractor is a publicly held corporation or a private company that files an annual report on Form 10-K with the Securities and Exchange Commission, it shall be sufficient for purposes of providing data for each of the officers and directors of the corporation or company to file with the director the most recent annual report on Form 10-K that is filed with the Securities and Exchange Commission.

A service contractor who does not operate a place of business in this state but who sells, issues, or administers service contracts in this state, shall hold a valid registration issued by the bureau and shall pay the registration fee required by this chapter as if he or she had a place of business in this state.

This section shall remain in effect only until January 1, 2015, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2015, deletes or extends that date.

SEC. 97. Section 9832.5 of the Business and Professions Code is amended to read:

9832.5. (a) Registrations issued under this chapter shall expire no more than 12 months after the issue date. The expiration date of registrations shall be set by the director in a manner to best distribute renewal procedures throughout the year.

(b) To renew an unexpired registration, the service contractor shall, on or before the expiration date of the registration, apply for renewal on a form prescribed by the director, and pay the renewal fee prescribed by this chapter.

(c) To renew an expired registration, the service contractor shall apply for renewal on a form prescribed by the director, pay the renewal fee in effect on the last regular renewal date, and pay all accrued and unpaid delinquency and renewal fees.

(d) Renewal is effective on the date that the application is filed, the renewal fee is paid, and all delinquency fees are paid.

(e) For purposes of implementing the distribution of the renewal of registrations throughout the year, the director may extend, by not more than six months, the date fixed by law for renewal of a registration, except that, in that event, any renewal fee that may be involved shall be prorated in such a manner that no person shall be required to pay a greater or lesser fee than would have been required had the change in renewal dates not occurred.

(f) This section shall remain in effect only until January 1, 2015, and as of that date is repealed, unless a later enacted statute, which is enacted before January 1, 2015, deletes or extends that date.

SEC. 98. Section 9847.5 of the Business and Professions Code is amended to read:

9847.5. Each service contractor shall maintain those records as are required by the regulations adopted to carry out the provisions of this chapter for a period of at least three years. These records shall be open for reasonable inspection by the director or other law enforcement officials.

This section shall remain in effect only until January 1, 2015, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2015, deletes or extends that date.

SEC. 99. Section 9849 of the Business and Professions Code, as amended by Section 49 of Chapter 354 of the Statutes of 2007, is amended to read:

9849. The expiration of a valid registration shall not deprive the director of jurisdiction to proceed with any investigation or hearing on a cease and desist order against a service dealer or service contractor or to render a decision to suspend, revoke, or place on probation a registration.

This section shall remain in effect only until January 1, 2015, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2015, deletes or extends that date.

SEC. 100. Section 9849 of the Business and Professions Code, as amended by Section 50 of Chapter 354 of the Statutes of 2007, is amended to read:

9849. The expiration of a valid registration shall not deprive the director of jurisdiction to proceed with any investigation or hearing on a cease and desist order against a service dealer or to render a decision to suspend, revoke, or place on probation a registration.

This section shall become operative on January 1, 2015.

SEC. 101. Section 9851 of the Business and Professions Code, as amended by Section 51 of Chapter 354 of the Statutes of 2007, is amended to read:

9851. The superior court in and for the county wherein any person carries on, or attempts to carry on, business as a service dealer or service contractor in violation of the provisions of this chapter, or any regulation thereunder, shall, on application of the director, issue an injunction or other appropriate order restraining that conduct.

The proceedings under this section shall be governed by Chapter 3 (commencing with Section 525) of Title 7 of Part 2 of the Code of Civil Procedure, except that the director shall not be required to allege facts necessary to show or tending to show lack of an adequate remedy at law or irreparable injury.

This section shall remain in effect only until January 1, 2015, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2015, deletes or extends that date.

SEC. 102. Section 9851 of the Business and Professions Code, as amended by Section 52 of Chapter 354 of the Statutes of 2007, is amended to read:

9851. The superior court in and for the county wherein any person carries on, or attempts to carry on, business as a service dealer in violation of the provisions of this chapter, or any regulation thereunder, shall, on application of the director, issue an injunction or other appropriate order restraining that conduct.

The proceedings under this section shall be governed by Chapter 3 (commencing with Section 525) of Title 7 of Part 2 of the Code of Civil Procedure, except that the director shall not be required to allege facts necessary to show or tending to show lack of an adequate remedy at law or irreparable injury.

This section shall become operative on January 1, 2015.

SEC. 103. Section 9853 of the Business and Professions Code, as

amended by Section 53 of Chapter 354 of the Statutes of 2007, is amended to read:

9853. A plea or verdict of guilty or a conviction following a plea of nolo contendere made to a charge substantially related to the qualifications, functions, and duties of a service dealer or service contractor is deemed to be a conviction within the meaning of this article. The director may suspend, revoke, or place on probation a registration, or may deny registration, when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4 of the Penal Code, allowing that person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or indictment.

This section shall remain in effect only until January 1, 2015, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2015, deletes or extends that date.

SEC. 104. Section 9853 of the Business and Professions Code, as amended by Section 54 of Chapter 354 of the Statutes of 2007, is amended to read:

9853. A plea or verdict of guilty or a conviction following a plea of nolo contendere made to a charge substantially related to the qualifications, functions, and duties of a service dealer is deemed to be a conviction within the meaning of this article. The director may suspend, revoke, or place on probation a registration, or may deny registration, when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4 of the Penal Code allowing that person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or indictment.

This section shall become operative on January 1, 2015.

SEC. 105. Section 9860 of the Business and Professions Code, as amended by Section 58 of Chapter 354 of the Statutes of 2007, is amended to read:

9860. The director shall establish procedures for accepting complaints from the public against any service dealer or service contractor.

This section shall remain in effect only until January 1, 2015, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2015, deletes or extends that date.

SEC. 106. Section 9860 of the Business and Professions Code, as amended by Section 59 of Chapter 354 of the Statutes of 2007, is amended to read:

9860. The director shall establish procedures for accepting complaints from the public against any service dealer.

This section shall become operative on January 1, 2015.

SEC. 107. Section 9862.5 of the Business and Professions Code is amended to read:

9862.5. If a complaint indicates a possible violation of this chapter or of the regulations adopted pursuant to this chapter, the director may advise the service contractor of the contents of the complaint and, if the service contractor is so advised, the director shall make a summary investigation of the facts after the service contractor has had reasonable opportunity to reply thereto.

This section shall remain in effect only until January 1, 2015, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2015, deletes or extends that date.

SEC. 108. Section 9863 of the Business and Professions Code, as amended by Section 61 of Chapter 354 of the Statutes of 2007, is amended to read:

9863. If, upon summary investigation, it appears probable to the director that a violation of this chapter, or the regulations thereunder, has occurred, the director, in his or her discretion, may suggest measures that in the director's judgment would compensate the complainant for the damages he or she has suffered as a result of the alleged violation. If the service dealer or service contractor accepts the director's suggestions and performs accordingly, the director shall give that fact due consideration in any subsequent disciplinary proceeding. If the service dealer or service contractor declines to abide by the suggestions of the director, the director may investigate further and may institute disciplinary proceedings in accordance with the provisions of this chapter.

This section shall remain in effect only until January 1, 2015, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2015, deletes or extends that date.

SEC. 109. Section 9863 of the Business and Professions Code, as amended by Section 62 of Chapter 354 of the Statutes of 2007, is amended to read:

9863. If, upon summary investigation, it appears probable to the director that a violation of this chapter, or the regulations thereunder, has occurred, the director, in his or her discretion, may suggest measures that in the director's judgment would compensate the complainant for the damages he or she has suffered as a result of the alleged violation. If the service dealer accepts the director's suggestions and performs accordingly, the director shall give that fact due consideration in any subsequent disciplinary proceeding. If the service dealer declines to abide by the suggestions of the director, the director may investigate further and may institute disciplinary proceedings in accordance with the provisions of this chapter.

This section shall become operative on January 1, 2015.

SEC. 110. Section 9873 of the Business and Professions Code, as amended by Section 63 of Chapter 354 of the Statutes of 2007, is amended to read:

9873. The fees prescribed by this chapter shall be set by the director by regulation, according to the following schedule:

(a) (1) The initial registration fee for an electronic repair industry service dealer or for an appliance repair industry service dealer is not more than one hundred sixty-five dollars (\$165) for each place of business in this state. The initial registration fee for a service contractor is not more than seventy-five dollars (\$75) for each place of business in this state.

(2) The initial registration fee for a person who engages in business as both an electronic repair industry service dealer and an appliance repair industry service dealer is not more than three hundred twenty-five dollars (\$325) for each place of business in this state. The initial registration fee for a person who is a service contractor and engages in business as either an electronic repair industry service dealer or an appliance repair industry service dealer is not more than two hundred forty dollars (\$240) for each place of business in this state.

(3) The initial registration fee for a person who engages in both the electronic repair industry and the appliance repair industry as a service dealer and is a service contractor is not more than four hundred dollars (\$400) for each place of business in this state.

(4) On or after January 1, 2000, the initial registration fee for a service contractor described in subdivision (e) of Section 12741 of

the Insurance Code shall be set by the director in an amount not to exceed the actual and direct costs associated with the regulation of those service contractors, but in no event more than fifty thousand dollars (\$50,000).

A service dealer or service contractor who does not operate a place of business in this state, but engages in the electronic repair industry, the appliance repair industry, or sells, issues, or administers service contracts in this state shall pay the registration fee specified herein as if he or she had a place of business in this state.

(b) (1) The annual registration renewal fee for an electronic repair industry service dealer or for an appliance repair industry service dealer is not more than one hundred sixty-five dollars (\$165) for each place of business in this state, if renewed prior to its expiration date. The annual registration renewal fee for a service contractor is seventy-five dollars (\$75) for each place of business in this state, if renewed prior to its expiration date.

(2) The annual renewal fee for a service dealer who engages in the business as both an electronic repair industry service dealer and an appliance repair industry service dealer is not more than three hundred dollars (\$300) for each place of business in this state.

(3) The annual renewal fee for a service dealer who engages in the electronic repair industry and the appliance repair industry and is a service contractor is not more than three hundred seventy-five dollars (\$375) for each place of business in this state.

(4) It is the intent of the Legislature that the amount of the annual registration renewal fee for a service contractor described in subdivision (e) of Section 12741 of the Insurance Code shall be evaluated and set by the Legislature.

A service dealer or service contractor who does not operate a place of business in this state, but who engages in the electronic repair industry, the appliance repair industry, or sells or issues service contracts in this state shall pay the registration fee specified herein as if he or she had a place of business in this state.

(c) The delinquency fee is an amount equal to 50 percent of the renewal fee for a license in effect on the date of renewal of the license, except as otherwise provided in Section 163.5.

This section shall remain in effect only until January 1, 2015, and as of that date is repealed, unless a later enacted statute, which is enacted before January 1, 2015, deletes or extends that date.

SEC. 111. Section 9873 of the Business and Professions Code, as amended by Section 64 of Chapter 354 of the Statutes of 2007, is amended to read:

9873. The fees prescribed by this chapter shall be set by the director by regulation, according to the following schedule:

(a) The initial registration fee for an electronic repair industry service dealer or for an appliance repair industry service dealer is not more than one hundred sixty-five dollars (\$165) for each place of business in this state. The initial registration fee for a person who engages in business as both an electronic repair industry service dealer and an appliance repair industry service dealer is not more than three hundred twenty-five dollars (\$325).

(b) The annual registration renewal fee for an electronic repair industry service dealer or for an appliance repair industry service dealer is not more than one hundred sixty-five dollars (\$165) for each place of business in this state, if renewed prior to its expiration date. The annual renewal fee for a service dealer who engages in the business as both an electronic repair industry service

dealer and an appliance repair industry service dealer is not more than three hundred dollars (\$300).

(c) The delinquency fee is an amount equal to 50 percent of the renewal fee for a license in effect on the date of renewal of the license, except as otherwise provided in Section 163.5.

This section shall become operative on January 1, 2015.

SEC. 112. Section 12529 of the Government Code, as amended by Section 8 of Chapter 505 of the Statutes of 2009, is amended to read:

12529. (a) There is in the Department of Justice the Health Quality Enforcement Section. The primary responsibility of the section is to investigate and prosecute proceedings against licensees and applicants within the jurisdiction of the Medical Board of California, the California Board of Podiatric Medicine, the Board of Psychology, or any committee under the jurisdiction of the Medical Board of California.

(b) The Attorney General shall appoint a Senior Assistant Attorney General of the Health Quality Enforcement Section. The Senior Assistant Attorney General of the Health Quality Enforcement Section shall be an attorney in good standing licensed to practice in the State of California, experienced in prosecutorial or administrative disciplinary proceedings and competent in the management and supervision of attorneys performing those functions.

(c) The Attorney General shall ensure that the Health Quality Enforcement Section is staffed with a sufficient number of experienced and able employees that are capable of handling the most complex and varied types of disciplinary actions against the licensees of the board.

(d) Funding for the Health Quality Enforcement Section shall be budgeted in consultation with the Attorney General from the special funds financing the operations of the Medical Board of California, the California Board of Podiatric Medicine, the Board of Psychology, and the committees under the jurisdiction of the Medical Board of California, with the intent that the expenses be proportionally shared as to services rendered.

(e) This section shall remain in effect only until January 1, 2014, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2014, deletes or extends that date.

SEC. 113. Section 12529 of the Government Code, as amended by Section 9 of Chapter 505 of the Statutes of 2009, is amended to read:

12529. (a) There is in the Department of Justice the Health Quality Enforcement Section. The primary responsibility of the section is to prosecute proceedings against licensees and applicants within the jurisdiction of the Medical Board of California, the California Board of Podiatric Medicine, the Board of Psychology, or any committee under the jurisdiction of the Medical Board of California, and to provide ongoing review of the investigative activities conducted in support of those prosecutions, as provided in subdivision (b) of Section 12529.5.

(b) The Attorney General shall appoint a Senior Assistant Attorney General of the Health Quality Enforcement Section. The Senior Assistant Attorney General of the Health Quality Enforcement Section shall be an attorney in good

standing licensed to practice in the State of California, experienced in prosecutorial or administrative disciplinary proceedings and competent in the management and supervision of attorneys performing those functions.

(c) The Attorney General shall ensure that the Health Quality

Enforcement Section is staffed with a sufficient number of experienced and able employees that are capable of handling the most complex and varied types of disciplinary actions against the licensees of the board.

(d) Funding for the Health Quality Enforcement Section shall be budgeted in consultation with the Attorney General from the special funds financing the operations of the Medical Board of California, the California Board of Podiatric Medicine, the Board of Psychology, and the committees under the jurisdiction of the Medical Board of California, with the intent that the expenses be proportionally shared as to services rendered.

(e) This section shall become operative January 1, 2014.

SEC. 114. Section 12529.5 of the Government Code, as amended by Section 10 of Chapter 505 of the Statutes of 2009, is amended to read:

12529.5. (a) All complaints or relevant information concerning licensees that are within the jurisdiction of the Medical Board of California, the California Board of Podiatric Medicine, or the Board of Psychology shall be made available to the Health Quality Enforcement Section.

(b) The Senior Assistant Attorney General of the Health Quality Enforcement Section shall assign attorneys to work on location at the intake unit of the boards described in subdivision (d) of Section 12529 to assist in evaluating and screening complaints and to assist in developing uniform standards and procedures for processing complaints.

(c) The Senior Assistant Attorney General or his or her deputy attorneys general shall assist the boards or committees in designing and providing initial and in-service training programs for staff of the boards or committees, including, but not limited to, information collection and investigation.

(d) The determination to bring a disciplinary proceeding against a licensee of the boards shall be made by the executive officer of the boards or committees as appropriate in consultation with the senior assistant.

(e) This section shall remain in effect only until January 1, 2014, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2014, deletes or extends that date.

SEC. 115. Section 12529.5 of the Government Code, as amended by Section 11 of Chapter 505 of the Statutes of 2009, is amended to read:

12529.5. (a) All complaints or relevant information concerning licensees that are within the jurisdiction of the Medical Board of California, the California Board of Podiatric Medicine, or the Board of Psychology shall be made available to the Health Quality Enforcement Section.

(b) The Senior Assistant Attorney General of the Health Quality Enforcement Section shall assign attorneys to assist the boards in intake and investigations and to direct discipline-related prosecutions. Attorneys shall be assigned to work closely with each major intake and investigatory unit of the boards, to assist in the evaluation and screening of complaints from receipt through disposition and to assist in developing uniform standards and procedures for the handling of complaints and investigations.

A deputy attorney general of the Health Quality Enforcement Section shall frequently be available on location at each of the working offices at the major investigation centers of the boards, to provide consultation and related services and engage in case review with the boards' investigative, medical advisory, and intake staff.

The Senior Assistant Attorney General and deputy attorneys general working at his or her direction shall consult as appropriate with the investigators of the boards, medical advisors, and executive staff in the investigation and prosecution of disciplinary cases.

(c) The Senior Assistant Attorney General or his or her deputy attorneys general shall assist the boards or committees in designing and providing initial and in-service training programs for staff of the boards or committees, including, but not limited to, information collection and investigation.

(d) The determination to bring a disciplinary proceeding against a licensee of the boards shall be made by the executive officer of the boards or committees as appropriate in consultation with the senior assistant.

(e) This section shall become operative January 1, 2014.

SEC. 116. Section 12529.6 of the Government Code is amended to read:

12529.6. (a) The Legislature finds and declares that the Medical Board of California, by ensuring the quality and safety of medical care, performs one of the most critical functions of state government. Because of the critical importance of the board's public health and safety function, the complexity of cases involving alleged misconduct by physicians and surgeons, and the evidentiary burden in the board's disciplinary cases, the Legislature finds and declares that using a vertical enforcement and prosecution model for those investigations is in the best interests of the people of California.

(b) Notwithstanding any other provision of law, as of January 1, 2006, each complaint that is referred to a district office of the board for investigation shall be simultaneously and jointly assigned to an investigator and to the deputy attorney general in the Health Quality Enforcement Section responsible for prosecuting the case if the investigation results in the filing of an accusation. The joint assignment of the investigator and the deputy attorney general shall exist for the duration of the disciplinary matter. During the assignment, the investigator so assigned shall, under the direction but not the supervision of the deputy attorney general, be responsible for obtaining the evidence required to permit the Attorney General to advise the board on legal matters such as whether the board should file a formal accusation, dismiss the complaint for a lack of evidence required to meet the applicable burden of proof, or take other appropriate legal action.

(c) The Medical Board of California, the Department of Consumer Affairs, and the Office of the Attorney General shall, if necessary, enter into an interagency agreement to implement this section.

(d) This section does not affect the requirements of Section 12529.5 as applied to the Medical Board of California where complaints that have not been assigned to a field office for investigation are concerned.

(e) It is the intent of the Legislature to enhance the vertical enforcement and prosecution model as set forth in subdivision (a). The Medical Board of California shall do all of the following:

(1) Increase its computer capabilities and compatibilities with the Health Quality Enforcement Section in order to share case information.

(2) Establish and implement a plan to locate its enforcement staff and the staff of the Health Quality Enforcement Section in the same offices, as appropriate, in order to carry out the intent of the vertical enforcement and prosecution model.

(3) Establish and implement a plan to assist in team building between its enforcement staff and the staff of the Health Quality Enforcement Section in order to ensure a common and consistent

knowledge base.

(f) This section shall remain in effect only until January 1, 2014, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2014, deletes or extends that date.

SEC. 117. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.



CURRENT BILL STATUS

MEASURE : A.B. No. 137
AUTHOR(S) : Portantino.
TOPIC : Health care coverage: mammographies.
+LAST AMENDED DATE : 08/22/2012

TYPE OF BILL :
Inactive
Non-Urgency
Non-Appropriations
Majority Vote Required
State-Mandated Local Program
Fiscal
Non-Tax Levy

LAST HIST. ACT. DATE: 09/22/2012
LAST HIST. ACTION : Chaptered by Secretary of State - Chapter 436, Statutes
of 2012.

TITLE : An act to amend Section 1367.65 of the Health and Safety
Code, and to amend Section 10123.81 of the Insurance
Code, relating to health care coverage.

act for a specified reason.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 1367.65 of the Health and Safety Code is amended to read:

1367.65. (a) On or after January 1, 2000, every health care service plan contract, except a specialized health care service plan contract, that is issued, amended, delivered, or renewed shall be deemed to provide coverage for mammography for screening or diagnostic purposes upon referral by a participating nurse practitioner, participating certified nurse-midwife, participating physician assistant, or participating physician, providing care to the patient and operating within the scope of practice provided under existing law.

(b) Nothing in this section shall be construed to prevent application of copayment or deductible provisions in a plan, nor shall this section be construed to require that a plan be extended to cover any other procedures under an individual or a group health care service plan contract. Nothing in this section shall be construed to authorize a plan enrollee to receive the services required to be covered by this section if those services are furnished by a nonparticipating provider, unless the plan enrollee is referred to that provider by a participating physician, nurse practitioner, or certified nurse midwife providing care.

SEC. 2. Section 10123.81 of the Insurance Code is amended to read:

10123.81. (a) Every individual or group policy of disability insurance or self-insured employee welfare benefit plan shall be deemed to provide coverage for mammography for screening or diagnostic purposes upon the referral of a participating nurse practitioner, participating certified nurse-midwife, participating physician assistant, or participating physician, providing care to the patient and operating within the scope of practice provided under existing law.

(b) Nothing in this section shall be construed to prevent the application of copayment or deductible provisions in a policy, nor shall this section be construed to require that a policy be extended to cover any other procedures under an individual or a group policy. Nothing in this section shall be construed to authorize a policyholder to receive the services required to be covered by this section if those services are furnished by a nonparticipating provider, unless the policyholder is referred to that provider by a participating physician, nurse practitioner, or certified nurse-midwife providing care.

(c) This section shall not apply to specialized health insurance, Medicare supplement insurance, short-term limited duration health insurance, CHAMPUS supplement insurance, or TRI-CARE supplement insurance, or to hospital indemnity, accident-only, or specified disease insurance.

SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

BILL NUMBER: AB 137 CHAPTERED
BILL TEXT

CHAPTER 436
FILED WITH SECRETARY OF STATE SEPTEMBER 22, 2012
APPROVED BY GOVERNOR SEPTEMBER 22, 2012
PASSED THE SENATE AUGUST 28, 2012
PASSED THE ASSEMBLY AUGUST 29, 2012
AMENDED IN SENATE AUGUST 22, 2012
AMENDED IN SENATE AUGUST 6, 2012
AMENDED IN ASSEMBLY JANUARY 23, 2012

INTRODUCED BY Assembly Member Portantino

JANUARY 12, 2011

An act to amend Section 1367.65 of the Health and Safety Code, and to amend Section 10123.81 of the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 137, Portantino. Health care coverage: mammographies.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Under existing law, a health care service plan contract, except a specialized health care service plan contract, that is issued, amended, delivered, or renewed on or after January 1, 2000, is deemed to provide coverage for mammography for screening or diagnostic purposes upon referral by a participating nurse practitioner, participating certified nurse-midwife, or participating physician, providing care to the patient and operating within the scope of practice provided under existing law.

Existing law provides for the regulation of health insurers by the Department of Insurance. Under existing law, an individual or group policy of disability insurance that is issued, amended, delivered, or renewed on or after January 1, 2000, is deemed to provide specified coverage based upon age for mammography for screening or diagnostic purposes upon referral by a nurse practitioner, certified nurse-midwife, or physician, providing care to the patient and operating within the scope of practice provided under existing law.

This bill would provide that specified health care service plan contracts, except specialized health care service plan contracts, and individual or group policies of health insurance shall be deemed to provide coverage for mammographies for screening or diagnostic purposes upon referral of a participating nurse practitioner, participating certified nurse-midwife, participating physician assistant, or participating physician, as specified. Because this bill would specify additional requirements for health care service plans, the willful violation of which would be a crime, it would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this



CURRENT BILL STATUS

MEASURE : A.B. No. 1904
AUTHOR(S) : Block, Butler, and Cook.
TOPIC : Professions and vocations: military spouses: expedited
licensure.
+LAST AMENDED DATE : 06/12/2012

TYPE OF BILL :
Inactive
Non-Urgency
Non-Appropriations
Majority Vote Required
Non-State-Mandated Local Program
Fiscal
Non-Tax Levy

LAST HIST. ACT. DATE: 09/20/2012
LAST HIST. ACTION : Chaptered by Secretary of State - Chapter 399, Statutes
of 2012.
COMM. LOCATION : SEN APPROPRIATIONS
COMM. ACTION DATE : 08/06/2012
COMM. ACTION : Senate Rule 28.8.

TITLE : An act to add Section 115.5 to the Business and
Professions Code, relating to professions and vocations.

BILL NUMBER: AB 1904 CHAPTERED
BILL TEXT

CHAPTER 399
FILED WITH SECRETARY OF STATE SEPTEMBER 20, 2012
APPROVED BY GOVERNOR SEPTEMBER 20, 2012
PASSED THE SENATE AUGUST 23, 2012
PASSED THE ASSEMBLY AUGUST 27, 2012
AMENDED IN SENATE JUNE 12, 2012

INTRODUCED BY Assembly Members Block, Butler, and Cook

FEBRUARY 22, 2012

An act to add Section 115.5 to the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 1904, Block. Professions and vocations: military spouses: expedited licensure.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law provides for the issuance of reciprocal licenses in certain fields where the applicant, among other requirements, has a license to practice within that field in another jurisdiction, as specified. Existing law authorizes a licensee to reinstate an expired license without examination or penalty if, among other requirements, the license expired while the licensee was on active duty as a member of the California National Guard or the United States Armed Forces.

This bill would require a board within the department to expedite the licensure process for an applicant who holds a license in the same profession or vocation in another jurisdiction and is married to, or in a legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

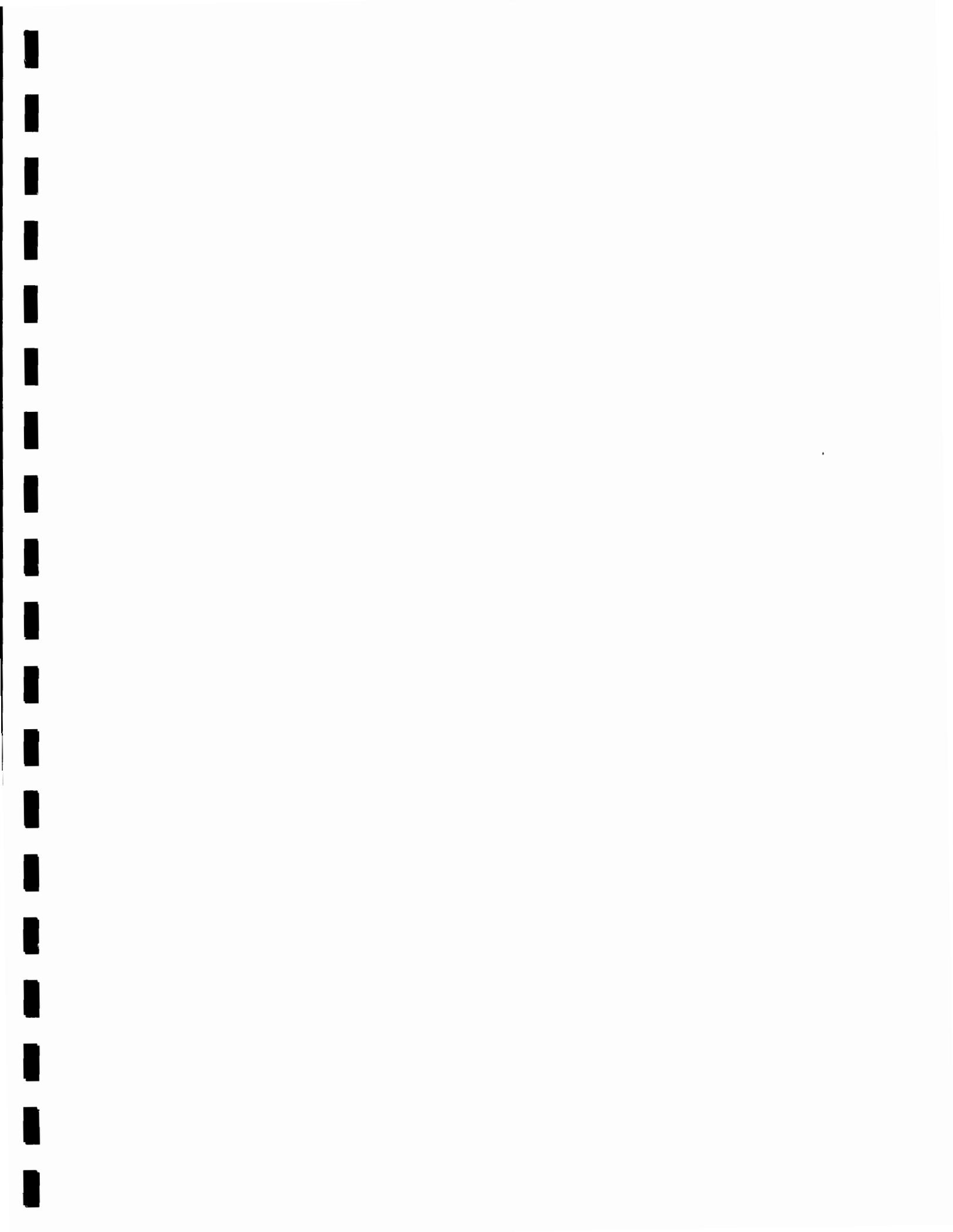
SECTION 1. Section 115.5 is added to the Business and Professions Code, to read:

115.5. (a) A board within the department shall expedite the licensure process for an applicant who meets both of the following requirements:

(1) Supplies evidence satisfactory to the board that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders.

(2) Holds a current license in another state, district, or territory of the United States in the profession or vocation for which he or she seeks a license from the board.

(b) A board may adopt regulations necessary to administer this section.



CURRENT BILL STATUS

MEASURE : S.B. No. 616
AUTHOR(S) : DeSaulnier.
TOPIC : Controlled substances: reporting.
+LAST AMENDED DATE : 08/27/2012

TYPE OF BILL :

Inactive
Non-Urgency
Non-Appropriations
Majority Vote Required
Non-State-Mandated Local Program
Fiscal
Non-Tax Levy

LAST HIST. ACT. DATE: 08/29/2012

LAST HIST. ACTION : Joint Rule 62(a) file notice (Com. on APPR.) suspended.
(Ayes 49. Noes 27. Page 6486.) Set, first hearing.
Failed passage in committee.

COMM. LOCATION : ASM BUSINESS, PROFESSIONS AND CONSUMER PROTECTION

TITLE : An act to add Section 805.8 to the Business and Professions Code, and to amend Section 11165 of the Health and Safety Code, relating to controlled substances.

BILL NUMBER: SB 616 AMENDED
BILL TEXT

AMENDED IN ASSEMBLY AUGUST 27, 2012
AMENDED IN ASSEMBLY AUGUST 24, 2012
AMENDED IN ASSEMBLY JUNE 27, 2012
AMENDED IN ASSEMBLY JUNE 26, 2012
AMENDED IN SENATE JANUARY 4, 2012
AMENDED IN SENATE APRIL 26, 2011
AMENDED IN SENATE MARCH 22, 2011

INTRODUCED BY Senator DeSaulnier

FEBRUARY 18, 2011

An act to add Section 805.8 to the Business and Professions Code, and to amend Section 11165 of the Health and Safety Code, relating to controlled substances.

LEGISLATIVE COUNSEL'S DIGEST

SB 616, as amended, DeSaulnier. Controlled substances: reporting.

Existing law classifies certain controlled substances into designated schedules. Existing law requires the Department of Justice to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by all practitioners authorized to prescribe or dispense these controlled substances.

Existing law requires dispensing pharmacies and clinics to report, on a weekly basis, specified information for each prescription of Schedule II, Schedule III, or Schedule IV controlled substances, to the department, as specified.

This bill would establish the CURES Fund within the State Treasury to receive funds to be allocated , upon appropriation by the Legislature, to the Department of Justice for the purposes of funding CURES, and would make related findings and declarations.

This bill would, if insufficient funds exist to cover operational costs of CURES or a permanent and ongoing funding source is not identified for CURES, require the Medical Board of California, the Dental Board of California, the California State Board of Pharmacy, the Veterinary Medical Board, the Board of Registered Nursing, the Physician Assistant Committee of the Medical Board of California, the Osteopathic Medical Board of California, the State Board of Optometry, and the California Board of Podiatric Medicine to increase the licensure, certification, and renewal fees charged to practitioners under their supervision who are authorized to prescribe or dispense controlled substances by up to \$10 annually, the proceeds of which would be ~~continuously appropriated to the Department of Justice,~~ deposited into the CURES Fund for support of CURES, as specified.

Vote: majority. Appropriation: ~~yes~~ no

. Fiscal committee: yes. State-mandated local program: no.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. The Legislature finds and declares all of the following:

(a) The Controlled Substance Utilization Review and Evaluation System (CURES) is a valuable investigative, preventive, and educational tool for law enforcement, regulatory boards, educational researchers, and the health care community. Recent budget cuts to the Attorney General's Division of Law Enforcement have resulted in insufficient funding to support the CURES Prescription Drug Monitoring Program (PDMP). The PDMP is necessary to ensure health care professionals have the necessary data to make informed treatment decisions and to allow law enforcement to investigate diversion of prescription drugs. Without a dedicated funding source, the CURES PDMP is not sustainable.

(b) Each year CURES responds to more than 60,000 requests from practitioners and pharmacists regarding all of the following:

(1) Helping identify and deter drug abuse and diversion of prescription drugs through accurate and rapid tracking of Schedule II, Schedule III, and Schedule IV controlled substances.

(2) Helping practitioners make better prescribing decisions.

(3) Helping reduce misuse, abuse, and trafficking of those drugs.

(c) Schedule II, Schedule III, and Schedule IV controlled substances have had deleterious effects on private and public interests, including the misuse, abuse, and trafficking in dangerous prescription medications resulting in injury and death. It is the intent of the Legislature to work with stakeholders to fully fund the operation of CURES which seeks to mitigate those deleterious effects, and which has proven to be a cost-effective tool to help reduce the misuse, abuse, and trafficking of those drugs.

SEC. 2. Section 805.8 is added to the Business and Professions Code, to read:

805.8. (a) If the Attorney General determines that the ability of regulatory agencies to adequately monitor prescribers and dispensers of Schedule II, Schedule III, and Schedule IV controlled substances has been compromised because insufficient funds exist to cover the operational costs of the Controlled Substance Utilization Review and Evaluation System (CURES) established by Section 11165 of the Health and Safety Code, or because a permanent and ongoing funding source sufficient to cover the operational costs of CURES has not been implemented by July 1, 2014, the Medical Board of California, the Dental Board of California, the California State Board of Pharmacy, the Veterinary Medical Board, the Board of Registered Nursing, the Physician Assistant Committee of the Medical Board of California, the Osteopathic Medical Board of California, the State Board of Optometry, and the California Board of Podiatric Medicine shall increase the licensure, certification, and renewal fees charged to practitioners under their supervision who are authorized pursuant to Section 11150 of the Health and Safety Code to prescribe or dispense Schedule II, Schedule III, or Schedule IV controlled substances by up to ten dollars (\$10) annually, but in no case shall the fee increase exceed the reasonable costs associated with maintaining CURES for the purpose of regulating prescribers and dispensers of controlled substances licensed or certificated by these boards.

(b) The funds collected pursuant to subdivision (a) shall be deposited in the CURES accounts, which are hereby created, within the Contingent Fund of the Medical Board of California, the State Dentistry Fund, the Pharmacy Board ~~Contingency~~ Contingent Fund, the Veterinary Medical Board Contingent Fund, the Board of Registered Nursing Fund, the ~~Contingent~~

~~Fund of the~~ Osteopathic Medical Board of California Contingent Fund, the Optometry Fund, and the Board of Podiatric Medicine Fund. Moneys in the CURES accounts of each of those funds ~~are, notwithstanding Section 13340 of the Government Code, continuously appropriated without regard to fiscal year~~ shall, upon appropriation by the Legislature, be available to the Department of Justice solely for maintaining CURES for the purposes of regulating prescribers and dispensers of controlled substances. All moneys received by the Department of Justice pursuant to this section shall be deposited in the CURES Fund described in Section 11165 of the Health and Safety Code.

SEC. 3. Section 11165 of the Health and Safety Code is amended to read:

11165. (a) To assist law enforcement and regulatory agencies in their efforts to control the diversion and resultant abuse of Schedule II, Schedule III, and Schedule IV controlled substances, and for statistical analysis, education, and research, the Department of Justice shall, contingent upon the availability of adequate funds in the CURES accounts of the Contingent Fund of the Medical Board of California, the Pharmacy Board Contingent Fund, the State Dentistry Fund, the Board of Registered Nursing Fund, the Osteopathic Medical Board of California Contingent Fund, the Veterinary Medical Board ~~Contingency~~ Contingent Fund, the Optometry Fund, the Board of Podiatric Medicine Fund, and the CURES Fund, maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of, and Internet access to information regarding, the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by all practitioners authorized to prescribe or dispense these controlled substances.

(b) The reporting of Schedule III and Schedule IV controlled substance prescriptions to CURES shall be contingent upon the availability of adequate funds for the Department of Justice. The department may seek and use grant funds to pay the costs incurred from the reporting of controlled substance prescriptions to CURES. The department shall make information about the amount and the source of all private grant funds it receives for support of CURES available to the public. ~~Funds~~ Grant funds

shall not be appropriated from the Contingent Fund of the Medical Board of California, the Pharmacy Board Contingent Fund, the State Dentistry Fund, the Board of Registered Nursing Fund, the Naturopathic Doctor's Fund, or the Osteopathic Medical Board of California Contingent Fund to pay the costs of reporting Schedule III and Schedule IV controlled substance prescriptions to CURES.

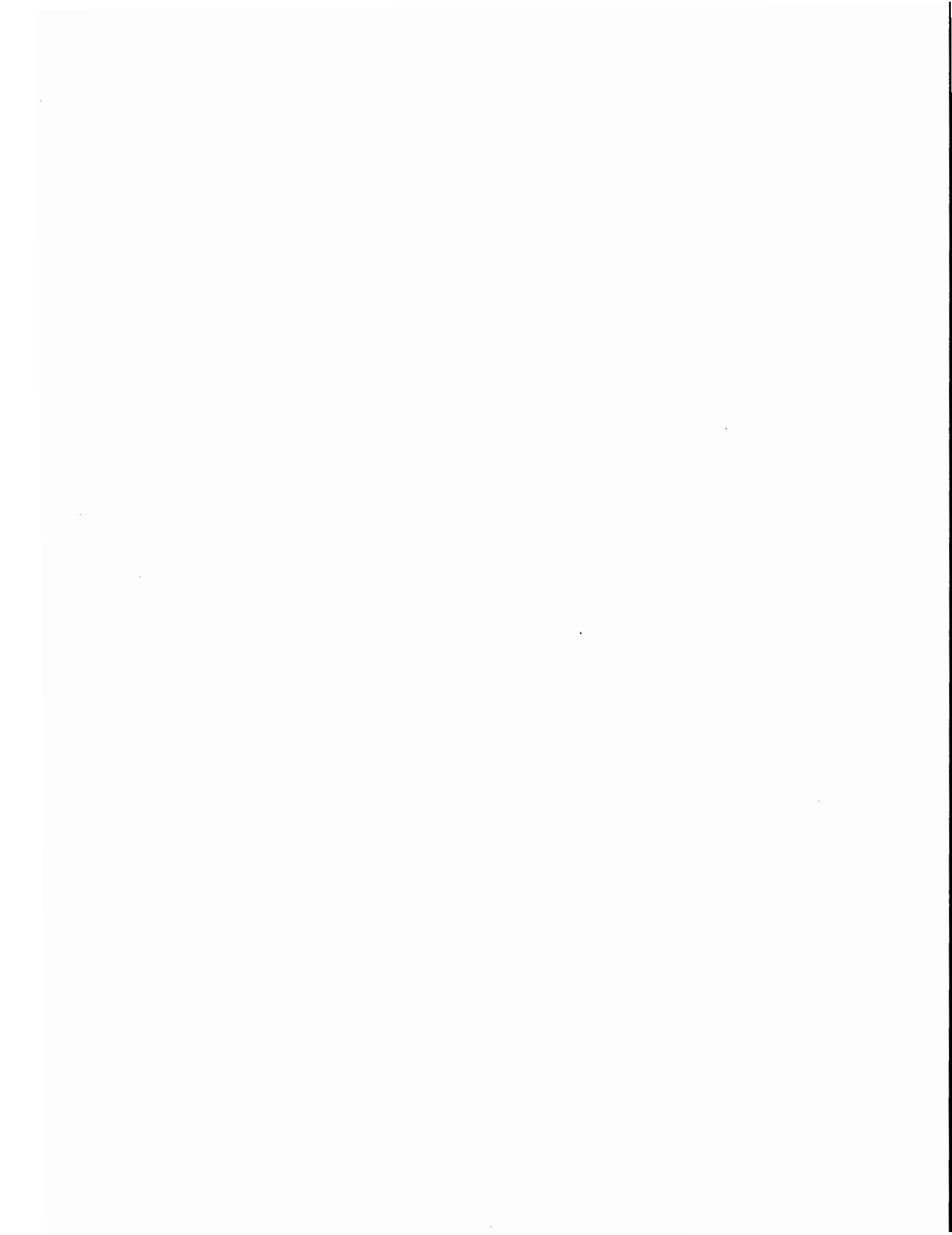
(c) CURES shall operate under existing provisions of law to safeguard the privacy and confidentiality of patients. Data obtained from CURES shall only be provided to appropriate state, local, and federal persons or public agencies for disciplinary, civil, or criminal purposes and to other agencies or entities, as determined by the Department of Justice, for the purpose of educating practitioners and others in lieu of disciplinary, civil, or criminal actions. Data may be provided to public or private entities, as approved by the Department of Justice, for educational, peer review, statistical, or research purposes, provided that patient information, including any information that may identify the patient, is not compromised. Further, data disclosed to any individual or agency, as described in this subdivision, shall not be disclosed, sold, or transferred to any third party.

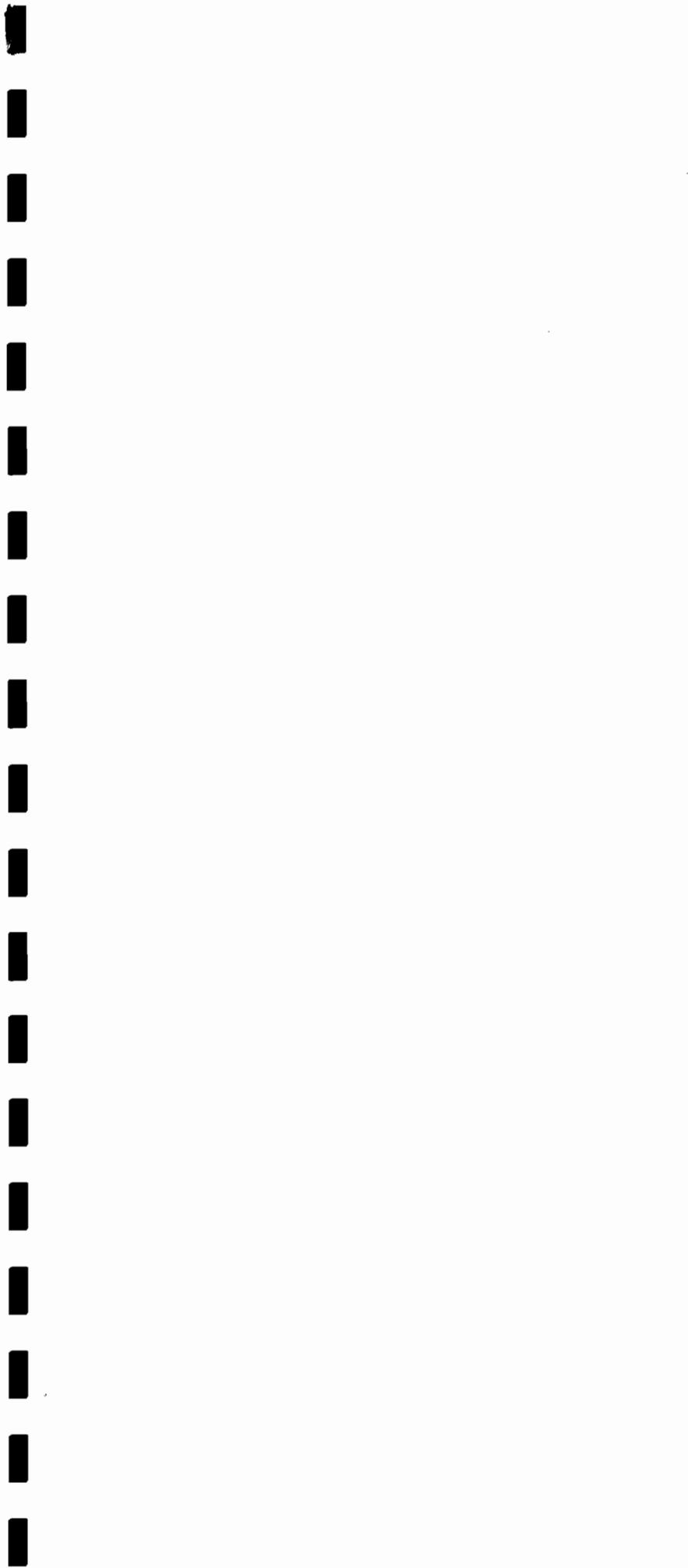
(d) For each prescription for a Schedule II, Schedule III, or Schedule IV controlled substance, as defined in the controlled

substances schedules in federal law and regulations, specifically Sections 1308.12, 1308.13, and 1308.14, respectively, of Title 21 of the Code of Federal Regulations, the dispensing pharmacy or clinic shall provide the following information to the Department of Justice on a weekly basis and in a format specified by the Department of Justice:

- (1) Full name, address, and telephone number of the ultimate user or research subject, or contact information as determined by the Secretary of the United States Department of Health and Human Services, and the gender, and date of birth of the ultimate user.
- (2) The prescriber's category of licensure and license number, the federal controlled substance registration number, and the state medical license number of any prescriber using the federal controlled substance registration number of a government-exempt facility.
- (3) Pharmacy prescription number, license number, and federal controlled substance registration number.
- (4) National Drug Code (NDC) number of the controlled substance dispensed.
- (5) Quantity of the controlled substance dispensed.
- (6) International Statistical Classification of Diseases, 9th revision (ICD-9) Code, if available.
- (7) Number of refills ordered.
- (8) Whether the drug was dispensed as a refill of a prescription or as a first-time request.
- (9) Date of origin of the prescription.
- (10) Date of dispensing of the prescription.

(e) The CURES Fund is hereby established within the State Treasury. The CURES Fund shall consist of all funds made available to the Department of Justice for the purposes of funding CURES. Money in the CURES Fund ~~shall, notwithstanding Section 13340 of the Government Code, be continuously appropriated without regard to fiscal year~~ shall, upon appropriation by the Legislature, be available for allocation to the Department of Justice for the purposes of funding CURES.





CURRENT BILL STATUS

MEASURE : S.B. No. 1483
AUTHOR(S) : Steinberg (Principal coauthor: Assembly Member Allen).
TOPIC : Physicians and surgeons.
HOUSE LOCATION : ASM
+LAST AMENDED DATE : 08/20/2012

TYPE OF BILL :
Active
Non-Urgency
Non-Appropriations
Majority Vote Required
Non-State-Mandated Local Program
Fiscal
Non-Tax Levy

LAST HIST. ACT. DATE: 08/28/2012
LAST HIST. ACTION : Ordered to inactive file on request of Assembly Member
Allen.
COMM. LOCATION : ASM APPROPRIATIONS
COMM. ACTION DATE : 08/16/2012
COMM. ACTION : Do pass as amended.
COMM. VOTE SUMMARY : Ayes: 16 Noes: 00PASS

TITLE : An act to add Article 12.7 (commencing with Section 830)
to Chapter 1 of Division 2 of the Business and
Professions Code, relating to healing arts.

BILL NUMBER: SB 1483 AMENDED
BILL TEXT

AMENDED IN ASSEMBLY AUGUST 20, 2012
AMENDED IN ASSEMBLY JULY 2, 2012
AMENDED IN SENATE MAY 29, 2012
AMENDED IN SENATE APRIL 30, 2012
AMENDED IN SENATE APRIL 17, 2012

INTRODUCED BY Senator Steinberg
 (*Principal coauthor:* *Assembly Member*
 Allen)

FEBRUARY 24, 2012

An act to add Article 12.7 (commencing with Section 830) to Chapter 1 of Division 2 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 1483, as amended, Steinberg. Physicians and surgeons.

Existing law provides for the licensure and regulation of physicians and surgeons by the Medical Board of California (board) within the Department of Consumer Affairs (department). Under existing law, the biennial license renewal fee for physicians and surgeons is required to be fixed by the board and may not exceed \$790.

This bill would create the Physician Health Program, administered by the Physician Health, Recovery, and Monitoring Oversight Committee within the department, with 14 members to be appointed as specified. The purpose of the program would be, among other things, to promote awareness and education relative to physician and surgeon health issues, including impairment due to alcohol or substance abuse, mental disorders, or other health conditions that could affect the safe practice of medicine, and to make treatment available to all physicians and surgeons subject to a written agreement with the program that includes agreement by the physician and surgeon to pay for expenses associated with the treatment. The bill would also provide for referral by the program of physicians and surgeons, as defined, to certified monitoring programs on a voluntary basis, governed by a written agreement between the participant and the program. The bill would require the department to select a contractor to implement the program, with the committee serving as the evaluation body for submitted proposals. The bill would require the program to report the name of a participant to the board and the committee when it learns of the participant's failure to meet the requirements of the program. The bill would require the committee to report to the department certain statistics received from the program, would require the department to report to the Legislature on the outcomes of the program, and would require regular audits of the program.

This bill would , *beginning July 1, 2013*, increase the biennial license renewal fee by \$39.50 for purposes of these provisions, except as specified. The bill would direct the board to transfer this revenue on a monthly basis to the Physician Health, Awareness, and Monitoring Quality Trust Fund, which the bill would

create, and would specify that the use of these funds is subject to appropriation by the Legislature. *The bill would provide that the trust fund be the only source of public funding and that the trust fund may receive private donations. The bill would require that the committee manage the program within the amount of resources provided.*

The bill would enact other related provisions and make other conforming changes.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. The Legislature finds and declares all of the following:

(a) (1) It is in every patient's interest to have physicians and surgeons who are healthy and well.

(2) Physicians and surgeons may have health conditions that interfere with their ability to practice medicine safely.

(3) In such cases, the most effective long-term protection for patients is early intervention to address health issues that have the potential to interfere with the safe practice of physicians and surgeons.

(b) While the Legislature recognizes that physicians and surgeons have a number of options for obtaining treatment, it is the intent of the Legislature in enacting this act to promote awareness among members of the medical community about health issues that could interfere with safe practice, to promote awareness that private early intervention options are available, to provide resources and referrals to ensure physicians and surgeons are better able to choose high-quality private interventions that meet their specific needs, and to provide a separate mechanism for monitoring treatment.

SEC. 2. Article 12.7 (commencing with Section 830) is added to Chapter 1 of Division 2 of the Business and Professions Code, to read:

Article 12.7. Physician Health, Awareness, and Monitoring Quality

830. This article shall be known and may be cited as the Physician Health, Awareness, and Monitoring Quality Act of 2012.

830.2. For purposes of this article, the following terms shall have the following meanings:

(a) "Board" means the Medical Board of California.

(b) "Committee" means the Physician Health, Awareness, and Monitoring Quality Oversight Committee established pursuant to Section 830.6.

(c) "Department" means the Department of Consumer Affairs.

(d) "Impairment" means the inability to practice medicine with reasonable skill and safety to patients by reason of alcohol or substance abuse, a mental disorder, or another health condition as determined by a clinical evaluation in individual circumstances.

(e) "Participant" means a physician and surgeon enrolled in the program pursuant to an agreement entered into as provided in Section 830.10.

(f) "Physician Health Program" or "program" means the program defined in Section 830.4 and includes vendors, providers, or entities that contract with the committee pursuant to this article. The

program itself shall not offer or provide treatment services to physicians and surgeons.

(g) "Physician and surgeon" means a holder of a valid physician and surgeon's certificate. For the purposes of participating in the program under this article, "physician and surgeon" shall also mean a student enrolled in a medical school approved or recognized by the board, a graduate of a medical school enrolled in a medical specialty residency training program approved or recognized by the board, or a physician and surgeon seeking reinstatement of a license from the board.

(h) "Qualifying illness" means alcohol or substance abuse, a mental disorder, or another health condition that a clinical evaluation determines can be monitored and treated with private clinical and monitoring programs.

830.4. The Physician Health Program shall do all of the following:

(a) Subject to the requirements of Section 830.10, be available to all physicians and surgeons, as defined in subdivision (g) of Section 830.2.

(b) Promote awareness among members of the medical community on the recognition of health issues that could interfere with safe practice.

(c) Educate the medical community on the benefits of and options available for early intervention to address those health issues.

(d) Refer physicians and surgeons to monitoring programs certified by the program by executing a written agreement with the participant and monitoring the compliance of the participant with that agreement.

(e) Provide for the confidential participation by physicians and surgeons who have a qualifying illness and who are not on probation with the board.

830.6. (a) (1) There is hereby established within the Department of Consumer Affairs the Physician Health, Awareness, and Monitoring Quality Oversight Committee that shall have the duties and responsibilities set forth in this article. The committee may take any reasonable administrative actions to carry out the responsibilities and duties set forth in this article, including, but not limited to, hiring staff and entering into contracts.

(2) The committee shall be formed no later than April 1, 2013.

(3) The committee composition shall be as follows:

(A) All of the members under this subparagraph shall be appointed by the Governor and licensed in this state as physicians and surgeons with education, training, and experience in the identification and treatment of substance use or mental disorders, or both.

(i) Two members recommended by a statewide association representing psychiatrists with at least 3,000 members.

(ii) Two members recommended by a statewide association representing addiction medicine specialists with at least 300 members.

(iii) Three members recommended by a statewide association representing physicians and surgeons from all specialties, modes of practice, and practice settings with at least 25,000 members.

(iv) One member recommended by a statewide hospital association representing at least 400 hospitals.

(v) For the purpose of the initial composition of the committee, one member appointed under clause (i) shall be appointed for a two-year term and the other member for a three-year term; one member appointed under clause (ii) shall be appointed for a two-year term and the other member for a three-year term; one member appointed under clause (iii) shall be appointed for a two-year term, one member

shall be appointed for a three-year term, and one member shall be appointed for a four-year term; and the member appointed under clause (iv) shall be appointed for a four-year term.

(B) All members appointed under this subparagraph shall have experience in a field related to mental illness, or alcohol or substance abuse, or both.

(i) Four members of the public appointed by the Governor. For the initial appointment to the committee, two members shall be appointed to serve for two-year terms and two members shall be appointed to serve for four-year terms.

(ii) One member of the public appointed by the Speaker of the Assembly. The initial appointment shall be for a three-year term.

(iii) One member of the public appointed by the Senate Committee on Rules. The initial appointment shall be for a three-year term.

(4) For the purposes of this section, a public member may not be any of the following:

(A) A current or former physician and surgeon or an immediate family member of a physician and surgeon.

(B) A current or former employee of a physician and surgeon, or a business providing or arranging for physician and surgeon services, or having any financial interest in the business of a physician and surgeon.

(C) An employee or agent or representative of any organization representing physicians and surgeons.

(D) An individual or an affiliate of an organization who has conducted business with or regularly appeared before the board.

(5) A public member shall meet all of the requirements for public members on a board as set forth in Chapter 6 (commencing with Section 450) of Division 1.

(b) Members of the committee shall serve without compensation.

(c) Except as provided for in subdivision (a), committee members shall serve terms of four years and may be reappointed.

(d) The committee shall be subject to the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code), the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), and the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code).

(e) The rules adopted by the committee shall be consistent with the Uniform Standards Regarding Substance-Abusing Healing Arts Licensees as adopted by the Substance Abuse Coordination Committee of the Department of Consumer Affairs pursuant to Section 315, the guidelines of the Federation of State Physician Health Programs, Inc., as well as community standards of practice, including, but not limited to, criteria for acceptance of participants into the program and the refusal to accept a person as a participant into the program and the assigning of costs of participation and associated financial responsibilities of participants. In the event of any conflicts between the Uniform Standards Regarding Substance-Abusing Healing Arts Licensees as adopted by the Substance Abuse Coordination Committee of the Department of Consumer Affairs pursuant to Section 315 and the guidelines of the Federation of State Physician Health Programs, Inc., and community standards of practice, the Uniform Standards Regarding Substance-Abusing Healing Arts Licensees as adopted by the Substance Abuse Coordination Committee of the Department of Consumer Affairs pursuant to Section 315 shall prevail.

830.8. (a) The department shall select a contractor for the Physician Health Program pursuant to a request for proposals, and the

committee shall contract for a five-year term with that entity. The process for procuring the services for the program shall be administered by the department pursuant to Article 4 (commencing with Section 10335) of Chapter 2 of Part 2 of Division 2 of the Public Contract Code. However, the committee shall serve as the evaluation body for the procurement.

(b) The program vendor shall have expertise in the areas of substance or alcohol abuse, and mental disorders in health care professionals.

(c) The program vendor shall oversee clinical aspects of the program's operations. The program vendor shall have expertise in the diagnosis and treatment of alcohol and substance abuse and mental disorders in health care professionals.

(d) The program vendor shall monitor the monitoring entities that participating physicians and surgeons have retained for monitoring a participant's treatment and shall provide ongoing services to physicians and surgeons that resume practice.

(e) The program vendor shall have a system for immediately reporting physicians and surgeons who fail to meet the requirements of the program as provided in subdivision (e) of Section 830.10. This system shall ensure absolute confidentiality in the communication to the enforcement division of the board, and shall not provide this information to any other individual or entity unless authorized by the enrolled physician and surgeon.

(f) The contract entered into pursuant to this article shall also require the program vendor to do both of the following:

(1) Report annually to the committee statistics related to the program, including, but not limited to, the number of participants currently in the program, the number of participants referred by the board as a condition of probation, the number of participants who have successfully completed their agreement period, the number of participants terminated from the program, and the number of participants reported by the program pursuant to subdivision (e) of Section 830.10. However, in making that report, the program shall not disclose any personally identifiable information relating to any participant.

(2) Submit to periodic audits and inspections of all operations, records, and management related to the program to ensure compliance with the requirements of this article and its implementing rules and regulations.

(g) In addition to the requirements of Section 830.16, the committee shall monitor compliance of the program with the requirements of this article. The committee or its designee may make periodic inspections and onsite visits with the vendor contracted to provide Physician Health Program services.

(h) Copies of the audits referenced in paragraph (2) of subdivision (f) shall be published and provided to the appropriate policy committees of the Legislature within 10 business days of publication. A copy shall also be made available to the public by posting a link on the committee's Internet Web site homepage no more than 10 business days after publication.

830.10. (a) A physician and surgeon shall, as a condition of participation in the Physician Health Program, enter into an individual agreement with the program and agree to pay expenses related to treatment, monitoring, laboratory tests, and other activities specified in the participant's written agreement with the program.

(b) The written agreement between the physician and surgeon and the program shall be consistent with the standards adopted by the committee pursuant to subdivision (e) of Section 830.6, and shall

include all of the following:

(1) A jointly agreed-upon plan and mandatory conditions and procedures to monitor compliance with the program, including, but not limited to, an agreement to cease practice.

(2) Compliance with terms and conditions of treatment and monitoring.

(3) Limitations on practice.

(4) Conditions and terms for return to practice.

(5) Criteria for program completion.

(6) Criteria for termination of the participant from the program.

(7) A stipulation that expenses related to treatment, monitoring, laboratory tests, and other activities specified in the participant's written agreement with the program will be paid by the participant.

(c) In addition, if the physician and surgeon retains the services of a private monitoring entity, he or she shall agree to authorize the program vendor to receive reports from the private monitoring entity and to request information from the private monitoring entity regarding his or her treatment status. Except as provided in subdivisions (b), (d), and (e), and subdivision (e) of Section 830.8, a physician and surgeon's participation in the program pursuant to an agreement shall be confidential unless waived by the physician and surgeon.

(d) Any agreement entered into pursuant to this section shall not be considered a disciplinary action or order by the board, and shall not be disclosed to the committee or the board if both of the following apply:

(1) The physician and surgeon did not enroll in the program as a condition of probation or as a result of an action of the board.

(2) The physician and surgeon is in compliance with the conditions and procedures in the agreement.

(e) (1) The program shall immediately report the name of a participant to the board and the committee when it learns of the participant's failure to meet the requirements of the program, including failure to cease practice when required, failure to submit to evaluation, treatment, or biological testing when required, or a violation of the rules adopted by the committee pursuant to subdivision (e) of Section 830.6. The program shall also immediately report the name of a participant to the committee when it learns that the participant's impairment is not substantially alleviated through treatment, or if the participant withdraws or is terminated from the program prior to completion, or if, in the opinion of the program after a risk assessment is conducted, the participant is unable to practice medicine with reasonable skill and safety.

(2) Notwithstanding subdivision (e) of Section 830.8, the report shall provide sufficient information to permit the board to assess whether discipline or other action is required to protect the public.

(f) Except as otherwise provided in subdivisions (b), (c), (d), and (e) of Section 830.8, subdivision (e) of this section, and this subdivision, any oral or written information reported to the board pursuant to this section, including, but not limited to, any physician and surgeon's participation in the program and any agreement entered into pursuant to this article, shall remain confidential as provided in subdivision (c) of Section 800, and shall not constitute a waiver of any existing evidentiary privileges under any other provision or rule of law. However, confidentiality regarding the physician and surgeon's participation in the program and of all information and records created by the program related to that participation shall not apply if the board has referred a participant as a condition of probation.

(g) Nothing in this section prohibits, requires, or otherwise affects the discovery or admissibility of evidence in an action by the board against a physician and surgeon based on acts or omissions within the course and scope of his or her practice.

(h) Any information received, developed, or maintained by the committee regarding a physician and surgeon in the program shall not be used for any other purposes.

830.12. (a) ~~The~~ *Beginning July 1, 2013,* the biennial license renewal fee established in subdivision (d) of Section 2435 shall increase by thirty-nine dollars and fifty cents (\$39.50) for purposes of this article, except those purposes specified in Section 830.10. The board shall, on a monthly basis, transfer the revenue generated from this increase to the trust fund described in subdivision (b).

(b) There is hereby established in the State Treasury the Physician Health, Awareness, and Monitoring Quality Trust Fund into which all revenue generated pursuant to subdivision (a) shall be deposited *and which shall be the sole source of funding for the program*. These funds shall be used, upon appropriation by the Legislature, exclusively for the purposes of this article, except those purposes specified in Section 830.10.

(c) Nothing in this section shall be construed to prohibit additional funding from private ~~sources~~ *contributions* to the trust fund from being used to support operations of the program or to support the establishment of the committee and the program.

(d) *The committee shall manage the program so as not to exceed the amount of funding and resources provided.*

830.13. *An applicant for a physician's and surgeon's certificate pursuant to Section 2080 shall be required to list on the application form whether he or she has participated or is participating in the program or in a program for alcohol or substance abuse in another state or jurisdiction.*

830.14. (a) The committee shall report to the department statistics received from the program pursuant to Section 830.8, and the department shall, thereafter, report to the appropriate policy committees of the Legislature on or before October 1, 2014, and annually thereafter, the outcomes of the program, including, but not limited to, the number of individuals served, the number of participants currently in the program, the number of participants referred by the board as a condition of probation, the number of individuals who have successfully completed their agreement period, the number of participants terminated from the program, and the number of individuals reported to the board for noncompliance pursuant to subdivision (e) of Section 830.10. However, in making those reports, the committee and the department shall not disclose any personally identifiable information relating to any physician and surgeon participating in the program pursuant to an agreement entered into pursuant to Section 830.10.

(b) This section shall become inoperative on October 1, 2018, pursuant to Section 10231.5 of the Government Code.

830.16. (a) The committee shall biennially contract to perform an audit of the Physician Health Program and its vendors. This section is not intended to reduce the number of audits the committee may otherwise conduct. The initial audit shall commence two years after the award of an initial five-year contract. Under no circumstances shall General Fund revenue be used for this purpose.

(b) Any person or entity conducting the audit required by this section shall maintain the confidentiality of all records reviewed and information obtained in the course of conducting the audit and

DEPARTMENT OF CONSUMER AFFAIRS

BUDGET REPORT AS OF 9/30/2012

PHYSICIAN ASSISTANT COMMITTEE

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DESCRIPTION	BUDGET	CURR. MONTH	YR-TO-DATE	ENCUMBRANCE	YTD + ENCUMBRANCE	BALANCE	PCNT REMAIN
PHYSICIAN ASSISTANT COMMITTEE							
PERSONAL SERVICES							
SALARIES AND WAGES							
003 00 CIVIL SERVICE-PERM	0	14,442	43,327	0	43,327	(43,327)	
033 04 TEMP HELP (907)	0	4,073	10,853	0	10,853	(10,853)	
063 00 STATUTORY-EXEMPT	0	6,496	19,489	0	19,489	(19,489)	
063 03 COMM MEMBER (911)	0	500	500	0	500	(500)	
TOTAL SALARIES AND WAGES	0	25,511	74,169	0	74,169	(74,169)	0.00%
STAFF BENEFITS							
103 00 OASDI	0	1,366	4,097	0	4,097	(4,097)	
104 00 DENTAL INSURANCE	0	131	392	0	392	(392)	
105 00 HEALTH/WELFARE INS	0	1,363	4,089	0	4,089	(4,089)	
106 01 RETIREMENT	0	4,597	13,790	0	13,790	(13,790)	
125 15 SCIF ALLOCATION CO	0	126	331	0	331	(331)	
134 00 OTHER-STAFF BENEFIT	0	1,184	3,531	0	3,531	(3,531)	
135 00 LIFE INSURANCE	0	7	21	0	21	(21)	
136 00 VISION CARE	0	35	104	0	104	(104)	
137 00 MEDICARE TAXATION	0	364	1,058	0	1,058	(1,058)	
TOTAL STAFF BENEFITS	0	9,171	27,413	0	27,413	(27,413)	0.00%
TOTAL PERSONAL SERVICES	0	34,683	101,582	0	101,582	(101,582)	0.00%
OPERATING EXPENSES & EQUIPMENT							
FINGERPRINTS							
213 04 FINGERPRINT REPORT	0	1,372	1,862	0	1,862	(1,862)	
TOTAL FINGERPRINTS	0	1,372	1,862	0	1,862	(1,862)	0.00%
GENERAL EXPENSE							
206 00 MISC OFFICE SUPPLI	0	188	256	0	256	(256)	
207 00 FREIGHT & DRAYAGE	0	74	508	0	508	(508)	
213 02 ADMIN OVERHEAD-OTH	0	704	704	0	704	(704)	
217 00 MTG/CONF/EXHIBIT/S	0	525	832	7,387	8,219	(8,219)	
TOTAL GENERAL EXPENSE	0	1,491	2,300	7,387	9,687	(9,687)	0.00%
PRINTING							
242 02 REPRODUCTION SVS	0	1	1	0	1	(1)	
242 04 EDD PRODUCTIONS	0	57	57	0	57	(57)	
244 00 OFFICE COPIER EXP	0	0	0	1,320	1,320	(1,320)	

PHYSICIAN ASSISTANT COMMITTEE

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PHYSICIAN ASSISTANT COMMITTEE

DESCRIPTION	BUDGET	CURR. MONTH	YR-TO-DATE	ENCUMBRANCE	YTD + ENCUMBRANCE	BALANCE	PCNT REMAIN
TOTAL PRINTING	0	58	58	1,320	1,378	(1,378)	0.00%
COMMUNICATIONS							
252 00 CELL PHONES,PDA,PA	0	0	137	0	137	(137)	
257 01 TELEPHONE EXCHANGE	0	156	304	0	304	(304)	
TOTAL COMMUNICATIONS	0	156	441	0	441	(441)	0.00%
POSTAGE							
262 00 STAMPS, STAMP ENVE	0	3	3	0	3	(3)	
263 05 DCA POSTAGE ALLO	0	312	922	0	922	(922)	
263 06 EDD POSTAGE ALLO	0	174	510	0	510	(510)	
TOTAL POSTAGE	0	490	1,436	0	1,436	(1,436)	0.00%
TRAVEL: IN-STATE							
294 00 COMMERCIAL AIR-I/S	0	714	1,327	0	1,327	(1,327)	
296 00 PRIVATE CAR-I/S	0	78	78	0	78	(78)	
297 00 RENTAL CAR-I/S	0	210	210	0	210	(210)	
TOTAL TRAVEL: IN-STATE	0	1,001	1,614	0	1,614	(1,614)	0.00%
FACILITIES OPERATIONS							
343 00 RENT-BLDG/GRND(NON	0	3,906	11,069	25,832	36,901	(36,901)	
TOTAL FACILITIES OPERATIONS	0	3,906	11,069	25,832	36,901	(36,901)	0.00%
C/P SVS - EXTERNAL							
404 05 C&P EXT ADMIN CR C	0	0	0	21,000	21,000	(21,000)	
409 00 INFO TECHNOLOGY-EX	0	352	352	0	352	(352)	
418 02 CONS/PROF SVS-EXTR	0	4,438	8,219	31,014	39,233	(39,233)	
TOTAL C/P SVS - EXTERNAL	0	4,790	8,571	52,014	60,585	(60,585)	0.00%
DEPARTMENTAL SERVICES							
424 03 OIS PRO RATA	0	0	18,455	0	18,455	(18,455)	
427 00 INDIRECT DISTRB CO	0	0	9,949	0	9,949	(9,949)	
427 30 DOI - PRO RATA	0	0	399	0	399	(399)	
427 34 PUBLIC AFFAIRS PRO	0	0	560	0	560	(560)	
427 35 CCED PRO RATA	0	0	700	0	700	(700)	
TOTAL DEPARTMENTAL SERVICES	0	0	30,063	0	30,063	(30,063)	0.00%
CONSOLIDATED DATA CENTERS							
428 00 CONSOLIDATED DATA	0	294	294	0	294	(294)	
TOTAL CONSOLIDATED DATA CENTERS	0	294	294	0	294	(294)	0.00%

PHYSICIAN ASSISTANT COMMITTEE

DEPARTMENT OF CONSUMER AFFAIRS

BUDGET REPORT
AS OF 9/30/2012

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PHYSICIAN ASSISTANT COMMITTEE

DESCRIPTION	BUDGET	CURR. MONTH	YR-TO-DATE	ENCUMBRANCE	ENCUMBRANCE	YTD +	BALANCE	PCNT
						ENCUMBRANCE		REMAIN
DATA PROCESSING								
435 00 NOC-SERV-IT (SECUR	0	0	0	92	92		(92)	
436 00 SUPPLIES-IT (PAPER	0	13	13	0	13		(13)	
TOTAL DATA PROCESSING	0	13	13	92	106		(106)	0.00%
CENTRAL ADMINISTRATIVE SERVICES								
438 00 PRO RATA	0	0	17,164	0	17,164		(17,164)	
TOTAL CENTRAL ADMINISTRATIVE SERVICES	0	0	17,164	0	17,164		(17,164)	0.00%
ENFORCEMENT								
396 00 ATTORNEY GENL-INTE	0	9,568	25,689	0	25,689		(25,689)	
397 00 OFC ADMIN HEARNG-I	0	2,162	2,162	0	2,162		(2,162)	
414 31 EVIDENCE/WITNESS F	0	1,707	3,928	0	3,928		(3,928)	
418 97 COURT REPORTER SER	0	240	490	0	490		(490)	
427 32 INVEST SVS-MBC ONL	0	10,057	16,844	0	16,844		(16,844)	
TOTAL ENFORCEMENT	0	23,734	49,112	0	49,112		(49,112)	0.00%
MINOR EQUIPMENT								
226 45 MIN EQPMT-DP-REPL	0	0	0	2,000	2,000		(2,000)	
TOTAL MINOR EQUIPMENT	0	0	0	2,000	2,000		(2,000)	0.00%
TOTAL OPERATING EXPENSES & EQUIPMEN	0	37,306	123,997	88,645	212,642		(212,642)	0.00%
PHYSICIAN ASSISTANT COMMITTEE								
	0	71,989	225,579	88,645	314,224		(314,224)	0.00%
PHYSICIAN ASSISTANT COMMITTEE								
	0	71,989	225,579	88,645	314,224		(314,224)	0.00%

0280 - Physician Assistant Committee Analysis of Fund Condition

Updated 10/18/12

(Dollars in Thousands)

NOTE: \$1.5 Million General Fund Repayment Outstanding

	Actual 2011-12	CY 2012-13	Governor's Budget BY 2013-14	BY + 1 2014-15	BY + 2 2015-16
BEGINNING BALANCE	\$ 2,174	\$ 973	\$ 948	\$ 1,031	\$ 1,085
Prior Year Adjustment	\$ 24	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 2,198	\$ 973	\$ 948	\$ 1,031	\$ 1,085
REVENUES AND TRANSFERS					
Revenues:					
125600 Other regulatory fees	\$ 9	\$ 9	\$ 8	\$ 8	\$ 8
125700 Other regulatory licenses and permits	\$ 156	\$ 160	\$ 162	\$ 162	\$ 162
125800 Renewal fees	\$ 1,193	\$ 1,263	\$ 1,332	\$ 1,332	\$ 1,332
125900 Delinquent fees	\$ 3	\$ 3	\$ 3	\$ 3	\$ 3
141200 Sales of documents	\$ -	\$ -	\$ -	\$ -	\$ -
142500 Miscellaneous services to the public	\$ -	\$ -	\$ -	\$ -	\$ -
150300 Income from surplus money investments	\$ 5	\$ 3	\$ 3	\$ 3	\$ 3
160400 Sale of fixed assets	\$ -	\$ -	\$ -	\$ -	\$ -
161000 Escheat of unclaimed checks and warrants	\$ 1	\$ -	\$ -	\$ -	\$ -
161400 Miscellaneous revenues	\$ -	\$ -	\$ -	\$ -	\$ -
164300 Penalty Assessments	\$ -	\$ -	\$ -	\$ -	\$ -
Totals, Revenues	\$ 1,367	\$ 1,438	\$ 1,508	\$ 1,508	\$ 1,508
Transfers from other Funds					
Proposed GF Loan Repay	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers to other Funds					
GF Loan per item 1110-011-0280, Budget Act of 2011	\$ -1,500	\$ -	\$ -	\$ -	\$ -
Totals, Revenues and Transfers	\$ -133	\$ 1,438	\$ 1,508	\$ 1,508	\$ 1,508
Totals, Resources	\$ 2,065	\$ 2,411	\$ 2,456	\$ 2,539	\$ 2,593
EXPENDITURES					
Disbursements:					
0840 State Controllers	\$ 1	\$ 1	\$ -	\$ -	\$ -
8880 FISCAL (State Operations)	\$ 5	\$ 1	\$ -	\$ -	\$ -
1110 Program Expenditures (State Operations)	\$ 1,086	\$ 1,461	\$ 1,425	\$ 1,454	\$ 1,483
Total Disbursements	\$ 1,092	\$ 1,463	\$ 1,425	\$ 1,454	\$ 1,483
FUND BALANCE					
Reserve for economic uncertainties	\$ 973	\$ 948	\$ 1,031	\$ 1,085	\$ 1,110
Months in Reserve	8.0	8.0	8.5	8.8	8.8

NOTES:

- A. ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED FOR 2012-13 AND ON-GOING.
- B. ASSUMES INTEREST RATE AT .30%
- C. ASSUMES APPROPRIATION GROWTH OF 2% PER YEAR



PHYSICIAN ASSISTANT COMMITTEE
LICENSING PROGRAM ACTIVITY REPORT

INITIAL LICENSES ISSUED

	1 July 2012 – 1 October 2012	1 July 2011 – 1 October 2011
Initial Licenses	256	230

SUMMARY OF RENEWED/CURRENT LICENSES

	As of 1 October 2012	As of 1 October 2011
Physician Assistant	8,816	8,299



**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 2012	As of 1 October 2011	As of 1 October 2010
Voluntary referrals	04	06	05
Committee referrals	18	19	19
Total number of participants	22	25	24

HISTORICAL STATISTICS

(Since program inception: 1990)

Total intakes into program as of 1 October 2012.....	106
Closed Cases as of 1 October 2012	
• Participant expired.....	1
• Successful completion.....	27
• Dismissed for failure to receive benefit.....	4
• Dismissed for non-compliance.....	23
• Voluntary withdrawal.....	19
• Not eligible.....	7
Total closed cases.....	81

OTHER DCA BOARD DIVERSION PROGRAM PARTICIPANTS

(As of 30 June 2012)

Dental Board of California.....	37
Osteopathic Medical Board of California.....	10
Board of Pharmacy.....	72
Physical Therapy Board of California.....	15
Board of Registered Nursing.....	472
Veterinary Board of California.....	3



PHYSICIAN ASSISTANT COMMITTEE
ENFORCEMENT ACTIVITY REPORT

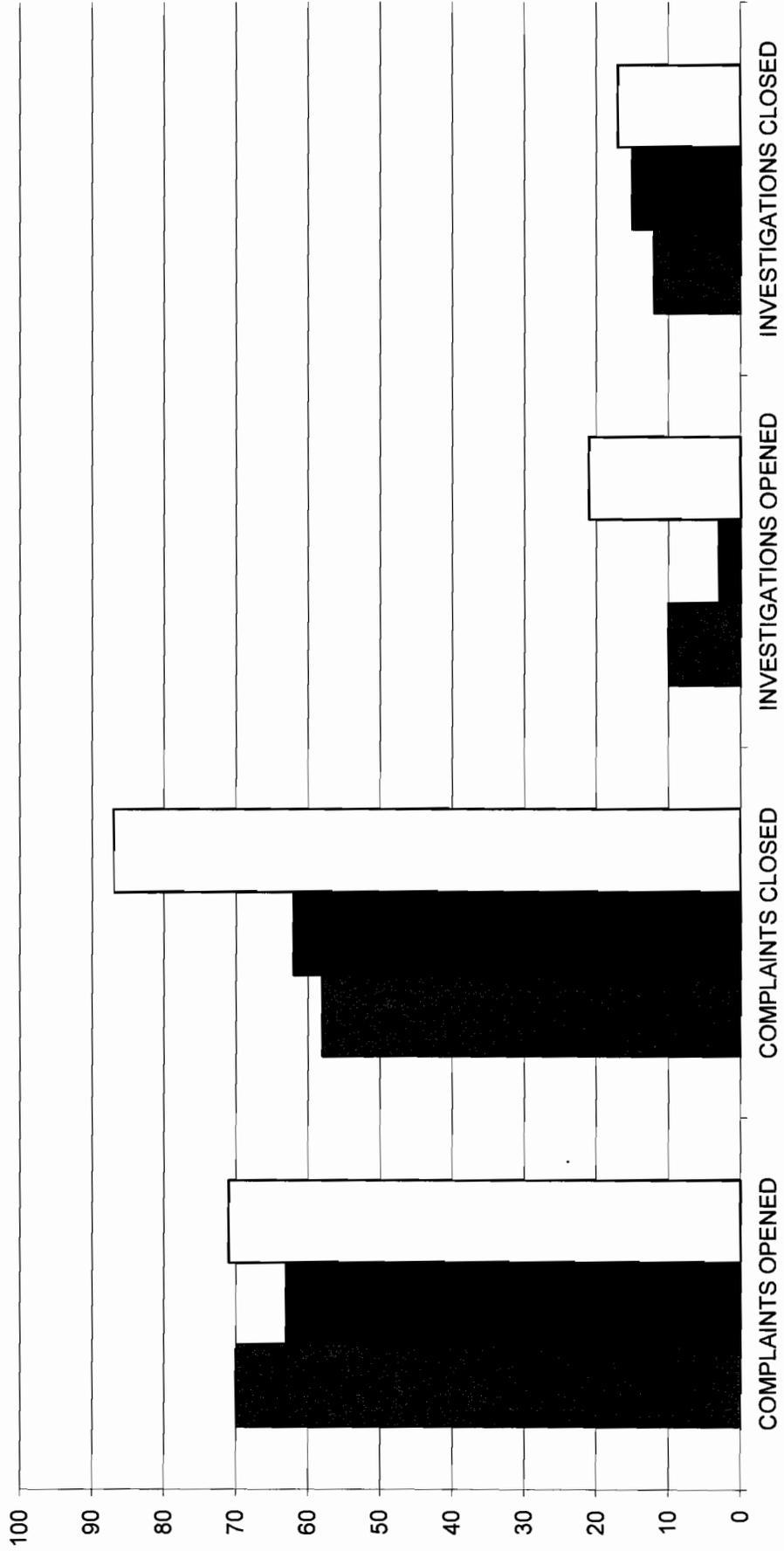
July 1 through September 30, 2012

Submitted by: Dianne Tincher

<u>Complaint Statistics</u>		<u>Disciplinary Decisions</u>	
Pending From Previous FY	102	License Denied	0
Received	71	Nonadopted	2
Closed	87	Probation	2
Pending	86	Public Reprimand/Reproval	0
At Expert Consultant	2	Revocation	0
<u>Violation Category of Complaints Received</u>		Voluntary Surrender	2
Substance Abuse	2	Probationary Licenses Issued	1
Drug Related	2	Petition for Reinstatement Denied	0
Fraud	1	Petition for Reinstatement Granted	0
Non Jurisdictional	12	Petition for Termination of Probation Denied	0
Incompetence/Negligence	30	Petition for Termination of Probation Granted	0
Other	0	Other	0
Unprofessional Conduct	11	Out for Vote	1
Sexual Misconduct	1	<u>Accusation/Statement of Issues</u>	
Discipline by Another State	0	Accusation Filed	1
Unlicensed	3	Accusation Withdrawn	0
Criminal	9	Statement of Issues Filed	1
<u>Investigations</u>		Statement of Issues Withdrawn	0
Pending from Previous FY	39	Petition to Revoke Probation Filed	0
Opened	21	Petition to Compel Psychiatric Exam	0
Closed	17	Interim Suspension Orders (ISO)/PC23	0
Pending	43	<u>Pending Cases</u>	
<u>Disposition of Closed Complaint</u>		Attorney General	22
Closed with merit	45	<u>Citation and Fines</u>	
Closed/Insufficient Evidence	42	Pending from previous FY	0
<u>Criminal Complaint</u>		Issued	5
Referred to District Attorney	0	Closed	1
<u>Current Probationers</u>		Withdrawn	0
Active	45	Sent to AG/noncompliance	0
Tolled	10	Pending	4
Cost Recovery Ordered	\$10,000	Initial Fines Issued	\$4350
Cost Recovery Received	\$8756	Modified Amount Due	\$0
		Fines Received	\$1000

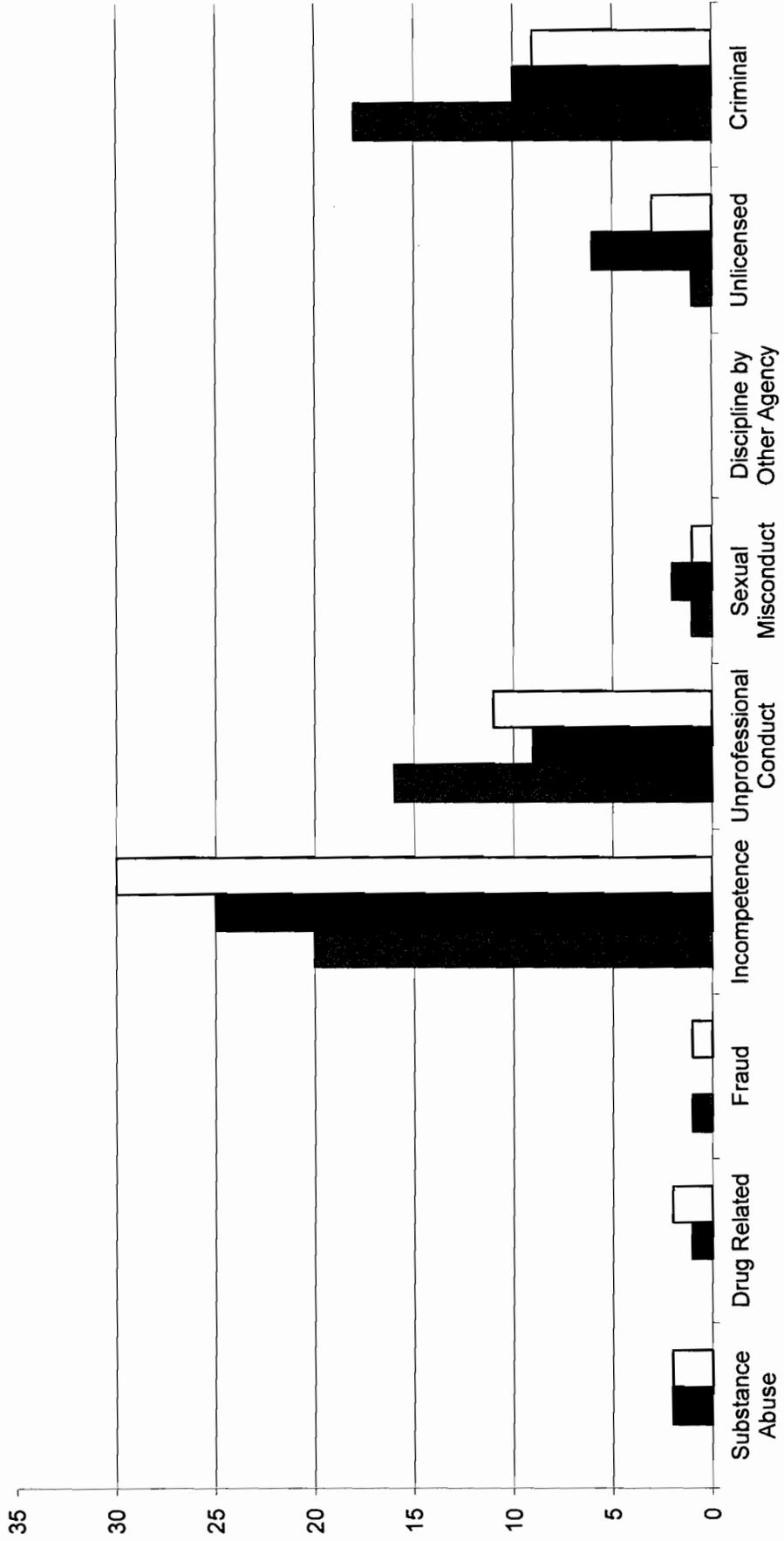
PHYSICIAN ASSISTANT COMMITTEE
 COMPLAINTS AND INVESTIGATION
 JULY 1 THROUGH SEPTEMBER 30

■ FY 10/11 ■ FY 11/12 □ FY 12/13



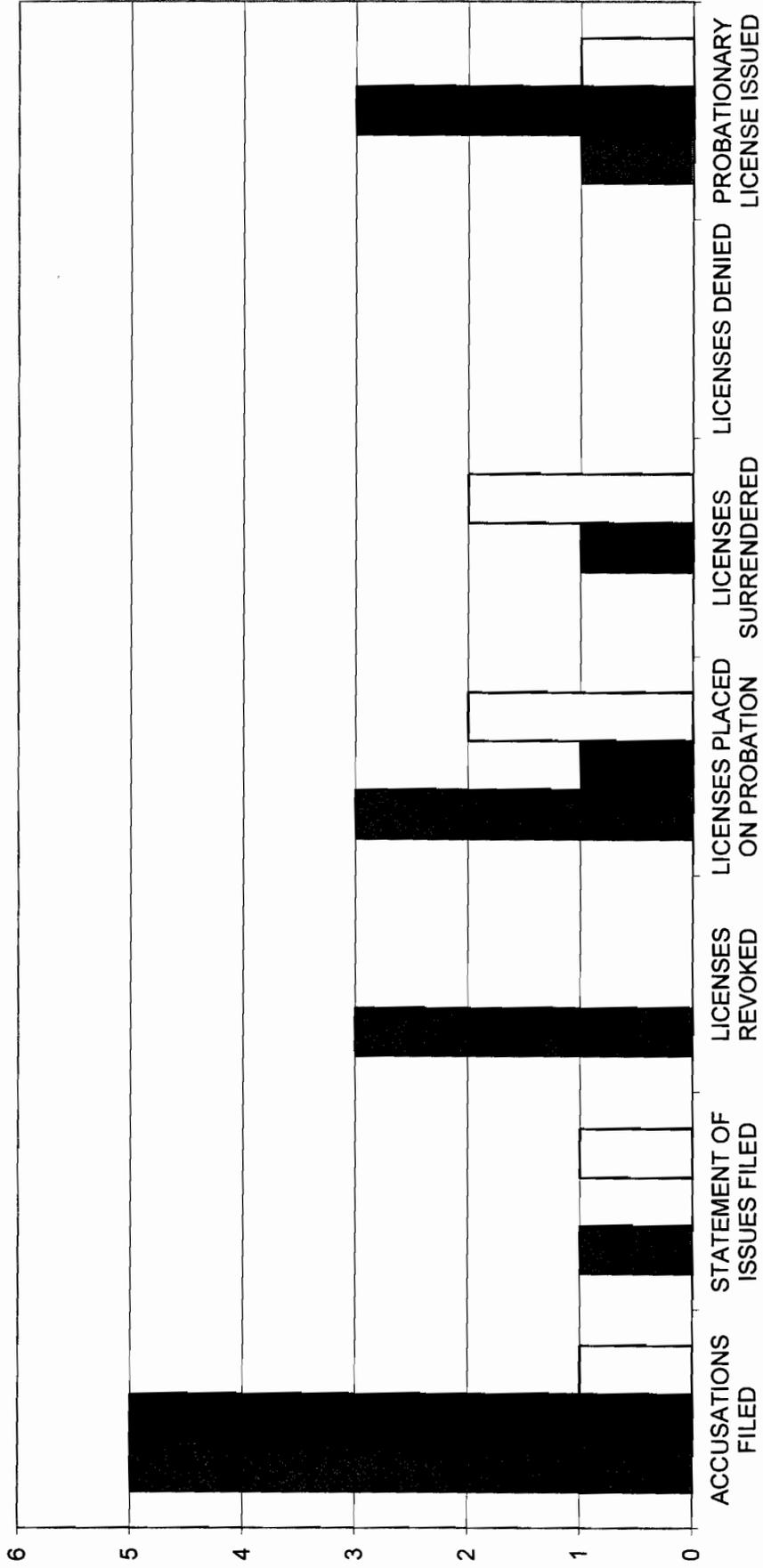
**PHYSICIAN ASSISTANT COMMITTEE
CATEGORY OF COMPLAINTS RECEIVED
JULY 1 THROUGH SEPTEMBER 30**

■ FY 10/11 ■ FY 11/12 □ FY 12/13



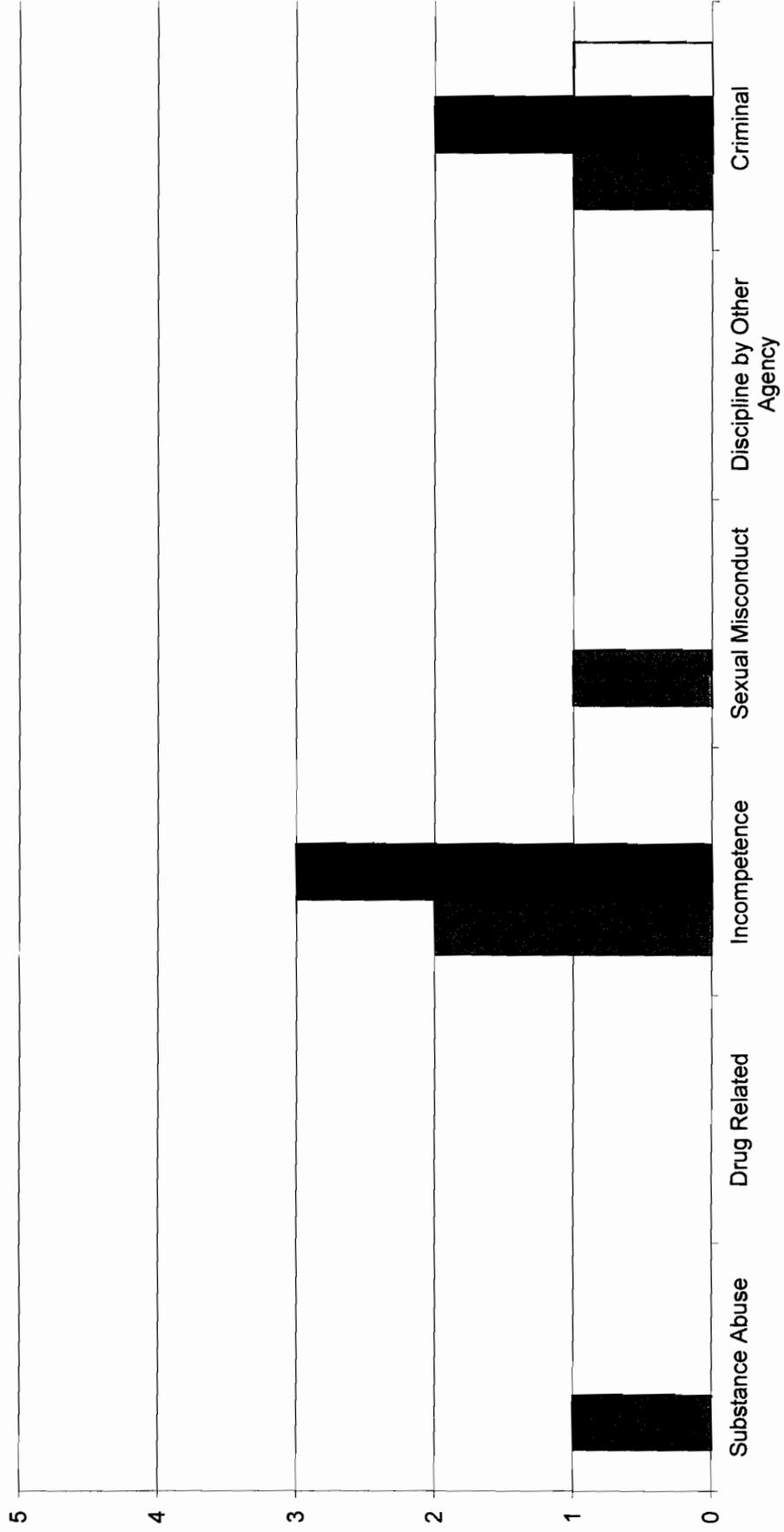
**PHYSICIAN ASSISTANT COMMITTEE
DISCIPLINARY ACTIONS
JUNE 1 THROUGH SEPTEMBER 30**

■ FY 10/11 ■ FY 11/12 □ FY 12/13



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

■ FY 10/11 ■ FY 11/12 □ FY 12/13



**Physician Assistant Committee
Cases Over 8 Months Old
As of September 30, 2012**

Formal Investigations

Total Number of Formal Investigations pending: 43

Number of Investigations over 8 months old: 8

Status of Cases over 8 months old:

<u># of cases</u>	<u>Status</u>
3	Scheduling/subpoena for interview/records
2	At Expert
2	Finishing final report
1	Working with other law enforcement agencies

Disciplinary Actions

Total Number of Disciplinary Cases pending: 22

Number of Disciplinary Cases over 8 months old: 12

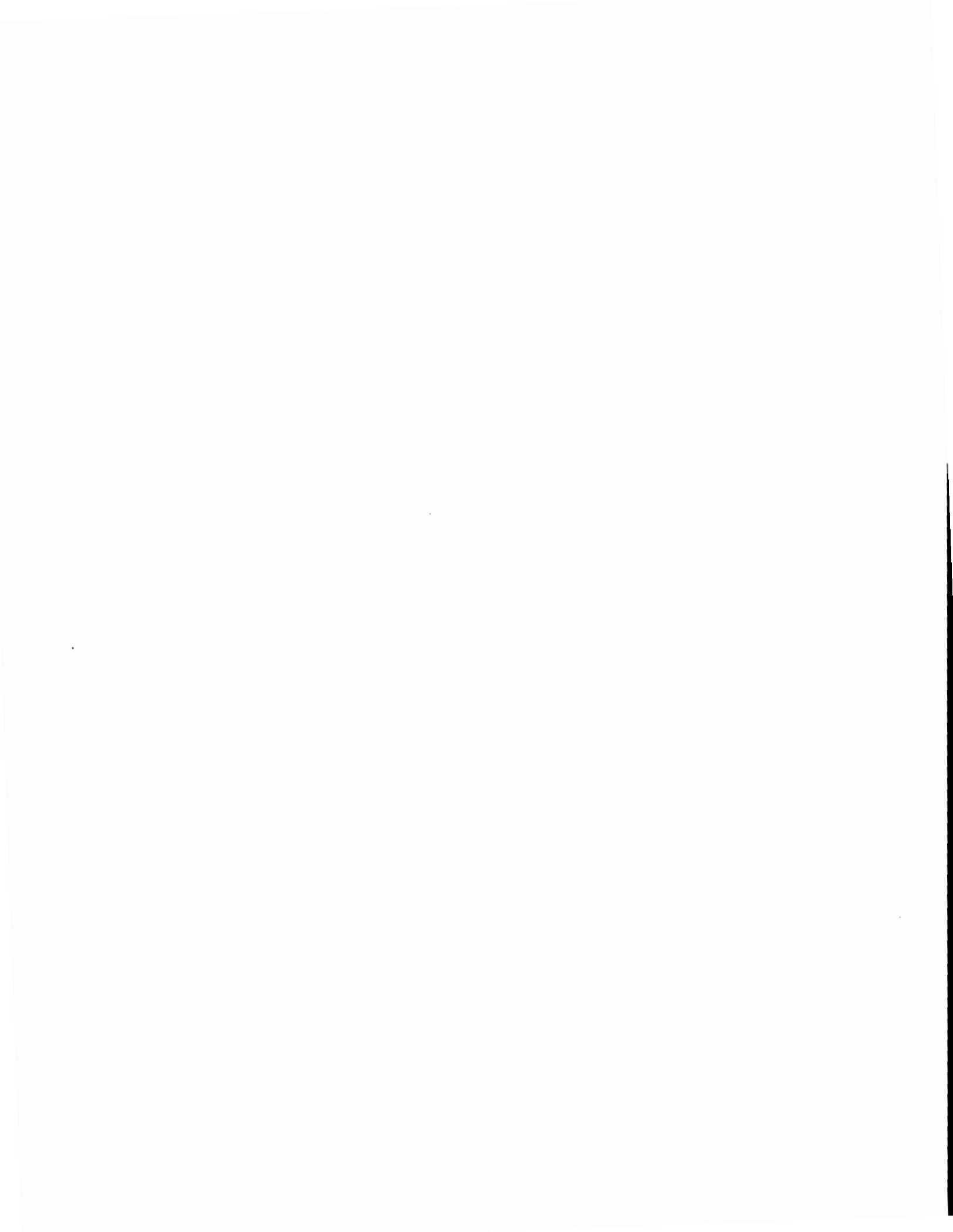
Status of Cases over 8 months old:

<u># of cases</u>	<u>Status</u>
4	Waiting for hearing
1	Waiting for criminal case – PC 23 in place
2	Non adopts/hearing
1	Working on stip
1	Held for meeting
1	Waiting for effective date of decision
2	Additional investigation

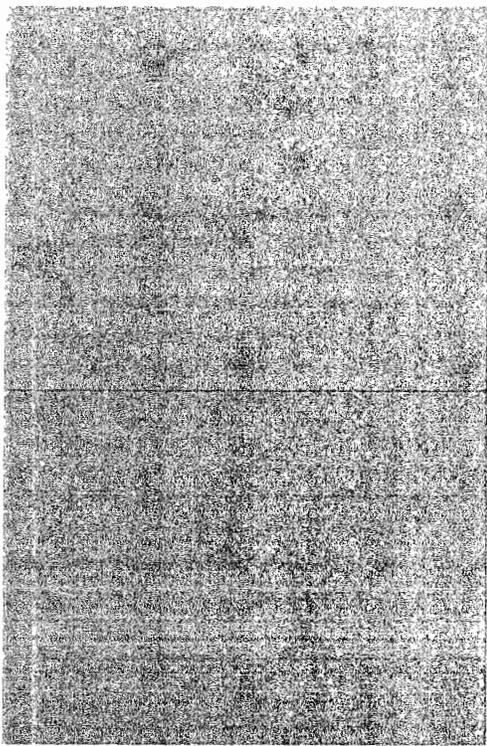
**Physician Assistant Committee
Cost Recovery
As of September 30, 2012**

<u>Cost Recovery</u>	<u>Amount</u>	<u># of Licensee</u>
Ordered over last 5 years	\$446,118	52
Received over last 5 years	\$ 119,242	40
Outstanding balance (Current Probationers)	\$ 127,346	22
Uncollectable amount*	\$203,845	19

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



CA Health Workforce and the Physician Assistant Profession

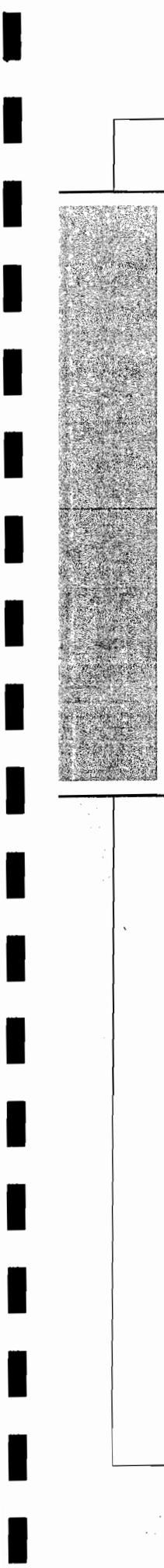


The PA Profession in CA

- Approximately 8,600 PAs in practice (2012 Physician Assistant Committee Data)
- County distribution based on address of record (www.pac.ca.gov/licenses)
- Projected need for PAs in CA by 2020 is nearly double current supply¹
- Shortage of primary care providers in most regions and geographic mal-distribution of specialist²

1) Fenton Communications, Will California Miss Out On Billion Dollar Growth Industry (2010) Table B.6 New Demand By Occupation, Funded by California Wellness Foundation

2) Center for Health Professions, UCSF California's Health Care Workforce: Readiness for the ACA Era (2011)

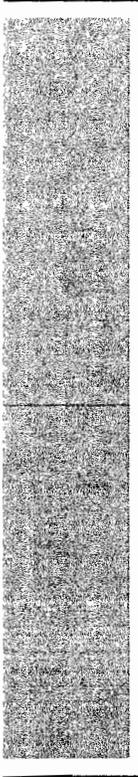


The PA Profession in CA

- Significant variance in projected need based on geographic location and type of provider

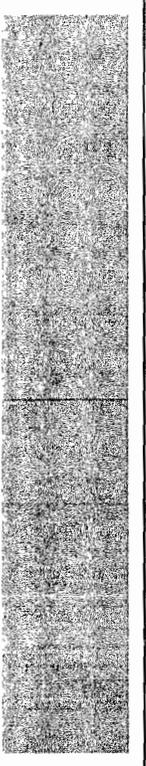
2007 Specialty Care Access Survey of CA identified dermatology, gastroenterology, neurology and orthopedics as difficult –to-access services for primary care safety-net providers

Geographic practice patterns show an inverse relationship with physicians



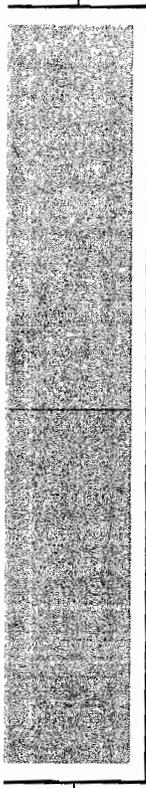
Increase Number of People Seeking Care in CA

- Estimates range from 4 – 6 million non-elderly uninsured people will become eligible for coverage in 2014
- Medi-Cal is expected to expand by approximately 2 million additional beneficiaries¹
- Areas with highest Medi-Cal population – Inland Empire, San Joaquin Valley, Central Coast – struggle to recruit and retain providers
- ¹) California Endowment: Fact Sheet, California Continues with Full Implementation of the Affordable Care Act (2012)



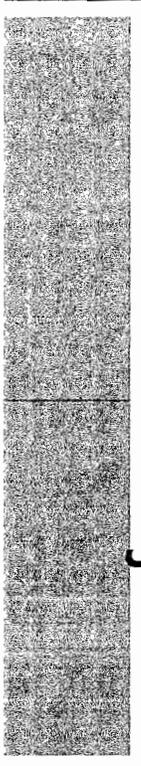
Collaborative Efforts to Increase the PA Workforce

- California Workforce Investment Board
- Health Workforce Development Council – Action Plan
- California Health Workforce Alliance/
California Health Professions Consortium
 - Primary Care Initiative
 - California Program on Access to Care
 - Song-Brown Commission
 - Senate Health Workforce Stakeholder Group



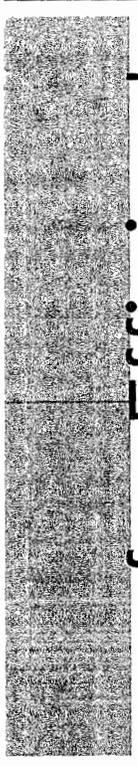
Barriers to Increasing PA Workforce

- Rotation Sites
- ARC-PA Expansion Limits (15%)
- ARC-PA Accreditation Language Change
- State Budget Constraints



Recommendations for Increasing the PA Workforce in CA

- Statewide Needs Assessment to determine an estimated need for type of services needed – primary care, orthopedics, endocrinology, etc.
- Leverage existing resources to expand programs into areas of unmet need – distance programs
- Develop partnerships with public and private hospitals to facilitate team-based training opportunities in clinical rotations/residencies



Recommendations for Efficient Use of the Current PA Workforce

- Allow PAs to supervise MAs across all medical settings
- Increase use of Tele-Health Services in medical and academic settings (UC Davis)
- Align State and Federal definitions of primary care provider

Resources

- Public Policy Institute of California

http://www.ppic.org/content/other/Affordable_Care_Act_Research.pdf

- California Endowment

<http://calendow.org>

- UCSF Center for Health Professions

<http://futurehealth.ucsf.edu>

California Health Care Foundation

www.chcf.org

Office of Statewide Health Planning and Development

<http://www.oshpd.ca.gov/HWDD/CalPCO.html#>