



## MEETING NOTICE

February 11, 2013

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

### AGENDA

(Please see below for Webcast information)

#### ALL TIMES ARE APPROXIMATE AND SUBJECT TO CHANGE

1. Call to Order by President (Sachs)
2. Roll Call (Forsyth)
3. Approval of December 10, 2012 Meeting Minutes (Sachs)
4. Public Comment on Items not on the Agenda (Sachs)
5. Reports
  - a. President Report (Sachs)
  - b. Executive Officer Report (Mitchell)
  - c. Licensing Program Activity Report (Caldwell)
  - d. Diversion Program Activity Report (Mitchell)
  - e. Enforcement Program Activity Report (Tincher)
6. Department of Consumer Affairs Director's Update (Reichel Everhart)
7. Report from Educational Subcommittee (Stumpf)
  - 7a. Report on Collection of Workplace Data
  - 7b. Discussion of possible Physician Assistant Survey (Sachs)
8. **CLOSED SESSION:** Pursuant to Section 11126(c) (3) of the Government Code, the Board will move into closed session to deliberate on disciplinary matters

#### RETURN TO OPEN SESSION

9. Discussion and Consideration of Changes in Accreditation Requirements Affecting Two Year Programs (Sachs)

11. Discussion on Proposed Personal Presence regulations (Freedman/Mitchell)
12. NCCPA Exam Development and Scoring (Mitchell/Stumpf)
13. Update on Current Budget (Tincher)
14. Fluoroscopy Permit Requirements for PAs: Proposed Department of Public Health Regulations: Status (Mitchell)
15. Update on BreEZe Implementation (Mitchell)
16. Discussion and Consideration of New Logos (Mitchell)
17. Consideration of Legislation of Interest to the Physician Assistant Board (Sachs)  
AB 1588 (Chaptered)  
AB 1904 ( Chaptered)
18. Review of and Discussion of Updating the Board's Strategic Plan (Sachs)
19. Schedule of 2013 Meeting Dates and Locations (Sachs)
20. Agenda Items for Next Meeting (Sachs)
21. Adjournment (Sachs)

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

While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources. The webcast can be located at [www.dca.ca.gov](http://www.dca.ca.gov). If you would like to ensure participation, please plan to attend at the physical location.

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](mailto:Lynn.Forsyth@mbc.ca.gov) or send a written request to the Physician Assistant Board, 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

December 10, 2012

**PHYSICIAN ASSISTANT COMMITTEE**  
2005 Evergreen Street – Hearing Room #1150  
Sacramento, CA 95815  
9:00 A.M. – 2:00 P.M.

1. **Call to Order by Chairman**

Chairman Sachs called the meeting to order at 9:00 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 October 29, 2012 Meeting Minutes**

Chairman Sachs requested a change to Item #13, Report from Educational Subcommittee, to change Mr. Stumpf to Dr. Stumpf.

A motion was made to accept the minutes with the requested changes.  
(m/Schasa, s/Diaz, motion passes)

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

Linda Whitney, Executive Director of the Medical Board of California, congratulated the Committee on becoming a Board effective January 1, 2013.

## 5. Reports

### a. Chairman Report

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

Chairman Sachs presented Ms. Portman with a plaque from the members thanking her for her dedication.

Chairman Sachs also presented Ms. Portman with a proclamation from Governor Brown congratulating her on her years of service to the citizens of California.

### b. Executive Officer Report

Ms. Portman reported that the new rate adjustment for Medical Board of California investigators is now \$124.00 per hour.

Ms. Portman indicated the new CME requirements are in effect with the January 2013 renewals. Ms. Portman also indicated that if licensees have not completed the required 50 CME upon renewal, they may submit a waiver.

Ms. Portman reported that Glenn Mitchell is working on updating the county licensee information on the website.

Ms. Portman indicated that Julie Caldwell is working on obtaining articles from staff and the Committee Chairman for the first edition.

## 6. Report on Budget – Fund Condition

Ms. Portman provided the members with an updated budget fund condition report for the current fiscal year. Ms. Portman indicated that there were enough monies to sustain the Committee until the end of this fiscal year.

## 7. Department of Consumer Affairs Director's Update

Jeannie Wong from the Director's Office reported that there were no new updates from the Department since the prior meeting.

Ms. Wong did indicate that the Director's office was working with the Governor's office on appointments for the Committee.

Ms. Wong also congratulated Ms. Portman on her retirement from state service on behalf of Director Denise Brown.

## 8. Discussion and Consideration of Changes to Present Physician Assistant Logos

Mr. Mitchell reported that a meeting had been held with the Manager of Publication Design and Editing at the Department of Consumer Affairs (DCA)

Samples of new logos for the Board were presented to the members for consideration. The members requested that more professional and less commercial logos be prepared and presented at the next meeting.

9. **CLOSED SESSION:** Pursuant to Section 11126(a)(1) of the Government Code, the Committee moved into closed session to consider the appointment or employment of an Executive Officer, including the appointment or employment of an Interim Executive Officer.

### **RETURN TO OPEN SESSION**

Following closed session, it was announced that Glenn Mitchell had been appointed to assume the position of Executive Officer.

10. **Report from Educational Subcommittee**

Dr. Stumpf reported that the subcommittee would propose that the Committee sponsor an on-line discussion platform that would include invited participants that would represent stakeholders.

Following further discussion, it was determined that staff and legal counsel would do further research and determine if this is a viable option.

11. **Schedule of 2013 Meeting Dates and Locations**

Following a brief discussion, the members agreed to leave the following dates and tentative meeting locations for 2013 as listed:

February 11<sup>th</sup> (Monday) in Sacramento  
May 20<sup>th</sup> (Monday) in Sacramento  
August 26<sup>th</sup> (Monday) in Sacramento  
December 9<sup>th</sup> (Monday) in Sacramento

12. **Agenda Items for Next Meeting**

- a. Report from the Educational Subcommittee
- b. Update on new logos
- c. Report on collection of workplace data
- d. Personal presence
- e. How NCCPA arrives at passing scores
- f. Strategic Plan update
- g. Legislation
- h. Budget

13. **Adjournment**

The meeting adjourned at 2:00 P.M.



**PHYSICIAN ASSISTANT BOARD**  
**LICENSING PROGRAM ACTIVITY REPORT**

**INITIAL LICENSES ISSUED**

	<b>1 October 2012 – 1 January 2013</b>	<b>1 October 2011 – 1 January 2012</b>
Initial Licenses	157	147

**SUMMARY OF RENEWED/CURRENT LICENSES**

	<b>As of 1 January 2013</b>	<b>As of 1 January 2012</b>
Physician Assistant	8,901	8,352



**PHYSICIAN ASSISTANT BOARD  
DIVERSION PROGRAM**

**ACTIVITY REPORT**

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

	As of 1 January 2013	As of 1 January 2012	As of 1 January 2011
Voluntary referrals	03	06	05
Committee referrals	15	20	20
Total number of participants	18	26	25

**HISTORICAL STATISTICS**

(Since program inception: 1990)

Total intakes into program as of 1 January 2013.....	107
Closed Cases as of 1 January 2013	
• Participant expired.....	1
• Successful completion.....	31
• Dismissed for failure to receive benefit.....	4
• Dismissed for non-compliance.....	23
• Voluntary withdrawal.....	19
• Not eligible.....	8
Total closed cases.....	86

**OTHER DCA BOARD DIVERSION PROGRAM PARTICIPANTS**

(As of 30 September 2012)

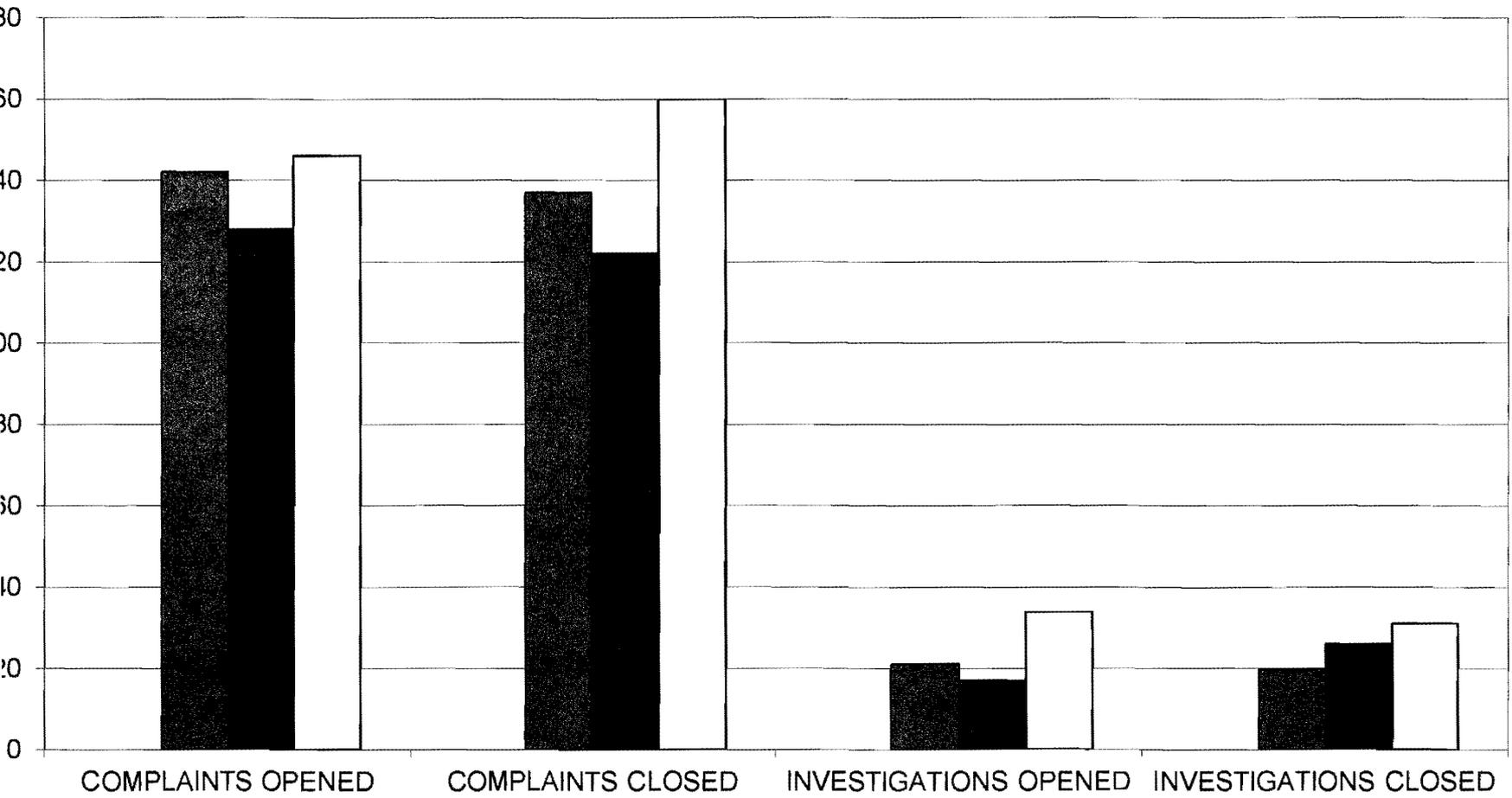
Dental Board of California.....	35
Osteopathic Medical Board of California.....	11
Board of Pharmacy.....	70





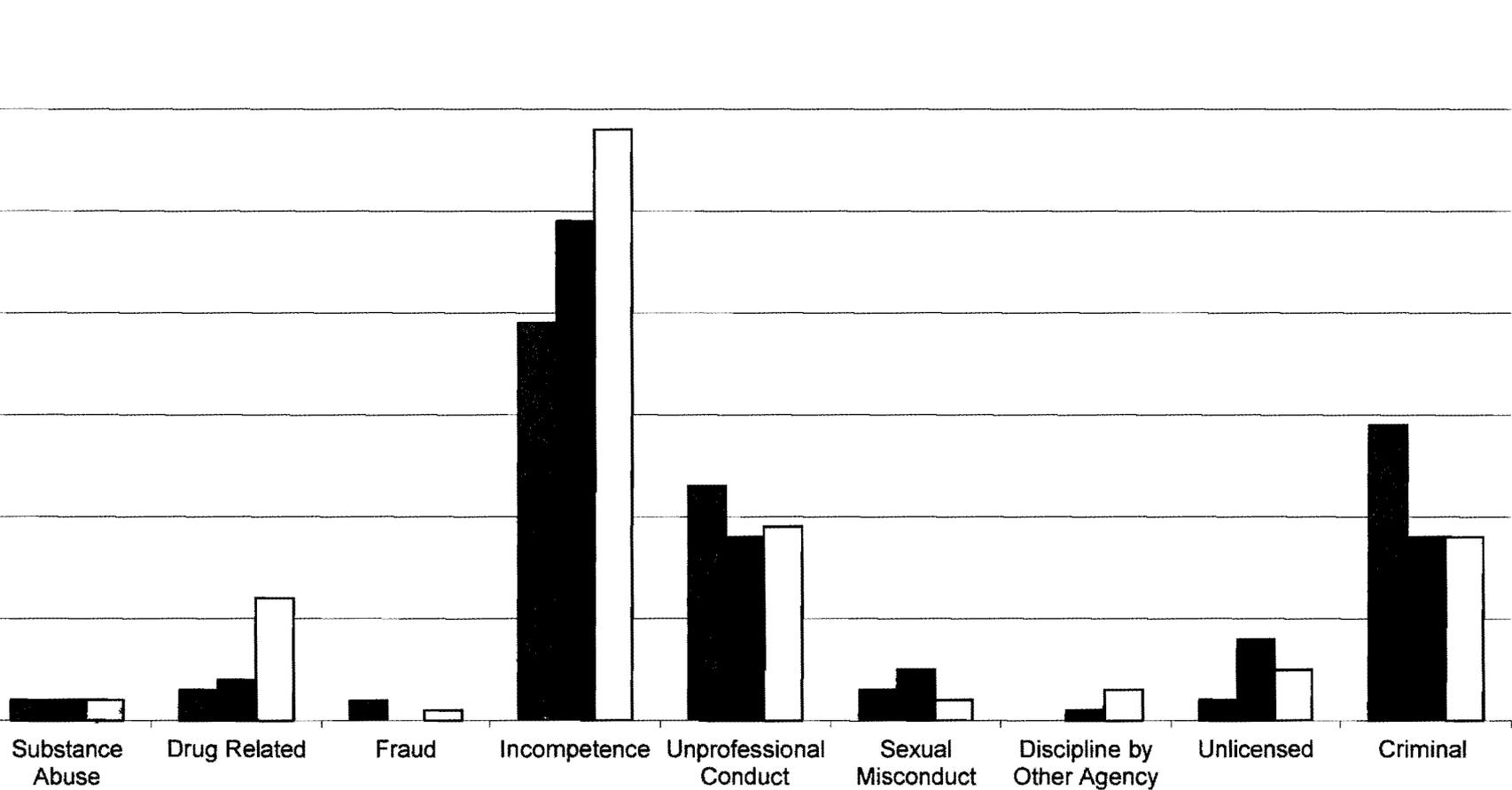
**PHYSICIAN ASSISTANT COMMITTEE  
COMPLAINTS AND INVESTIGATIONS  
JULY 1 THROUGH DECEMBER 31**

■ FY/10/11 ■ FY 11/12 □ FY 12/13



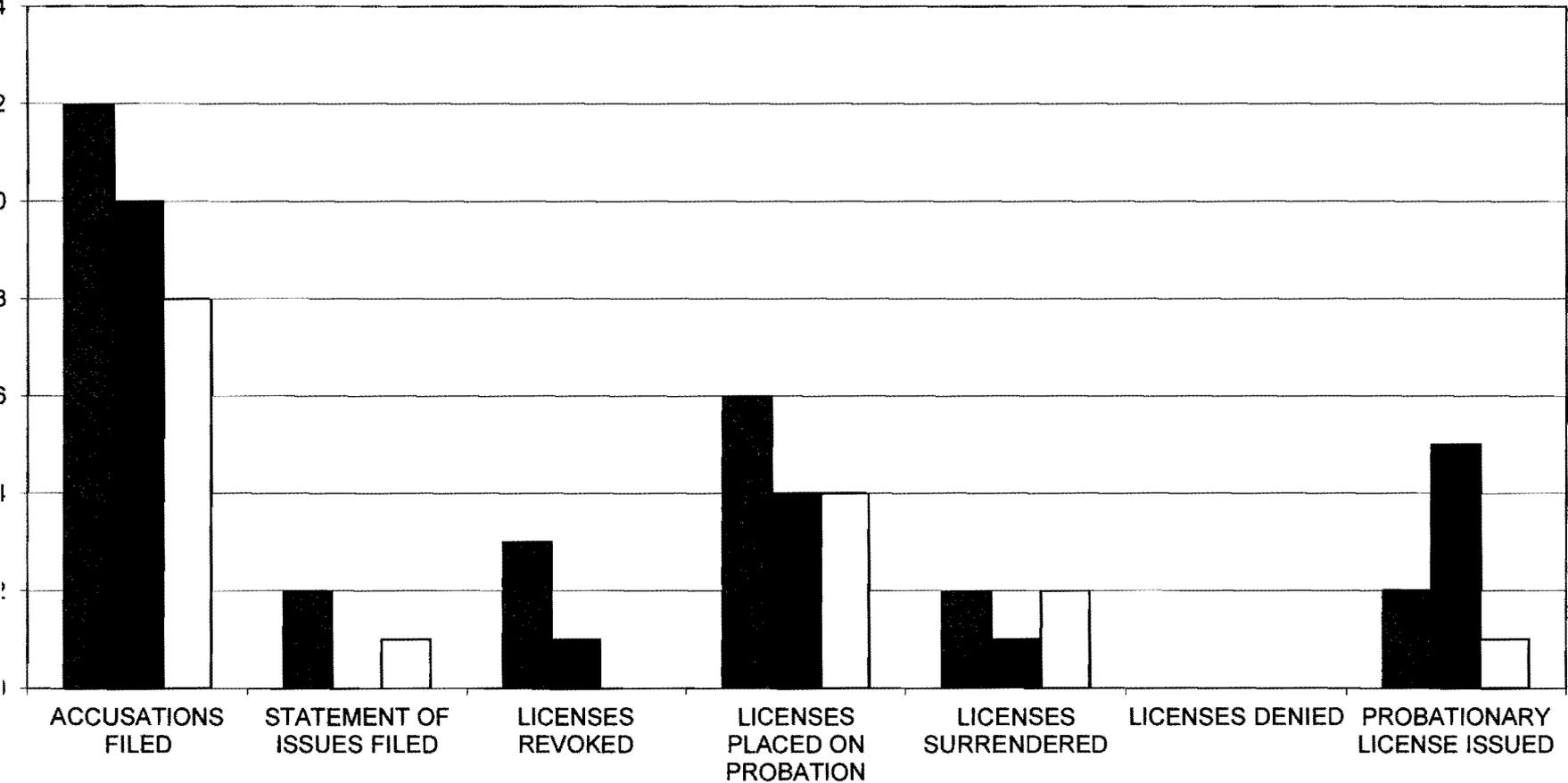
**PHYSICIAN ASSISTANT COMMITTEE  
CATEGORY OF COMPLAINTS RECEIVED  
JULY 1 THROUGH DECEMBER 31**

■ FY 10/11 ■ FY 11/12 □ FY 12/13



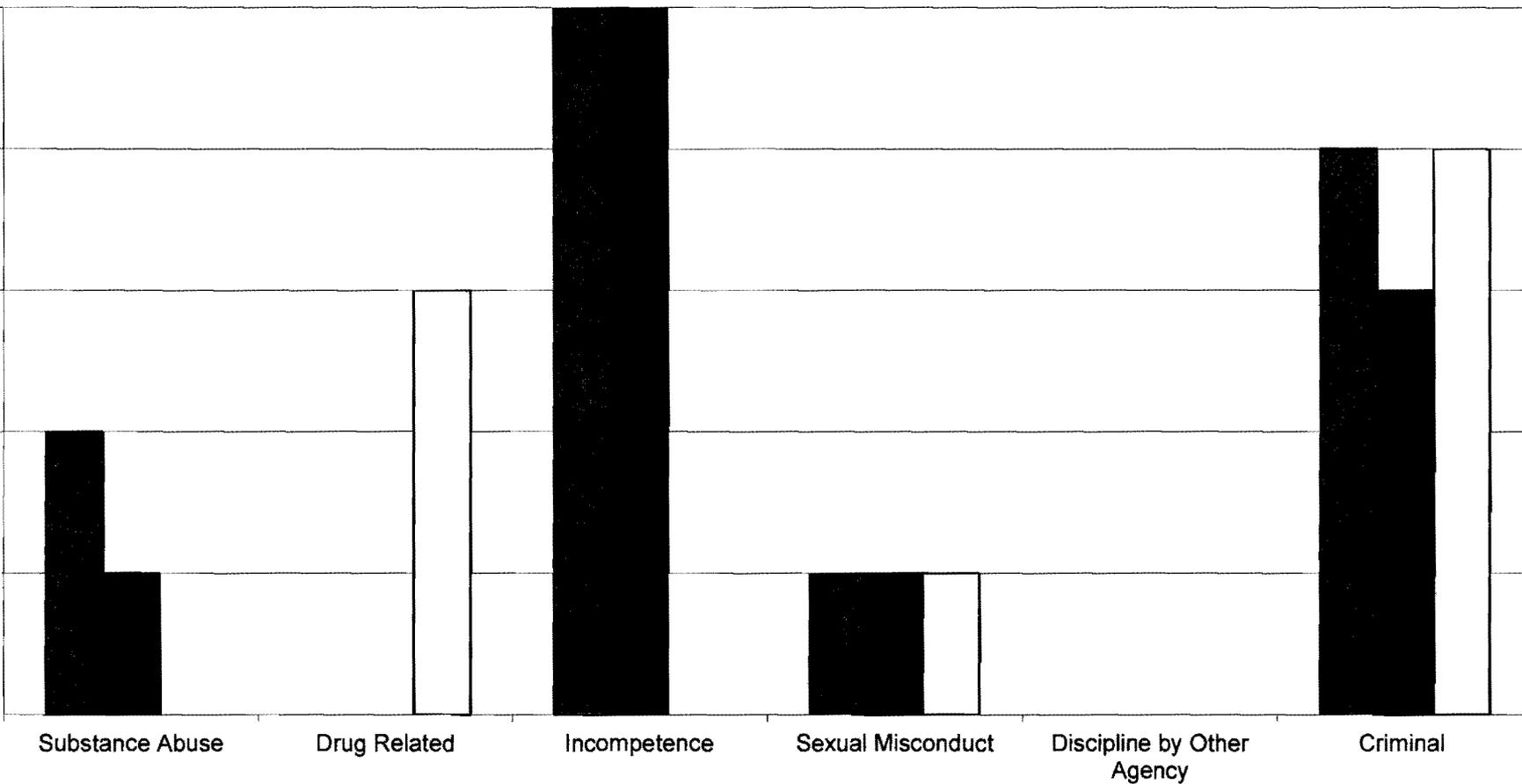
**PHYSICIAN ASSISTANT COMMITTEE  
DISCIPLINARY ACTIONS  
JULY 1 THROUGH DECEMBER 31**

■ FY 10/11 ■ FY 11/12 □ FY 12/13



**PHYSICIAN ASSISTANT COMMITTEE  
CATEGORY OF ACCUSATIONS FILED  
JULY 1 THROUGH DECEMBER 31**

■ FY 10/11 ■ FY 11/12 □ FY 12/13





# PHYSICIAN ASSISTANT COMMITTEE EDUCATION SUBCOMMITTEE

November 5, 2012

## NEXT STEPS FOR PAC RE MASTER DEGREE MANDATE STANDARD

1. PAC will send letter to ARC-PA
  - 1.1. What is the intent or objective? Should we advise ARC-PA that we are considering/investigating/making plans to approve our own schools and administer our own licensing exam?
  - 1.2. What are counsel's concerns?
2. Collect data – should we initiate this activity independent of sending the letter?
  - 2.1. Graduates and workforce survey of schools are a common activity among health professions programs.
  - 2.2. Workforce survey - draft a brief, e.g., 10 item, workforce survey to be approved by PAC(B) with items to be attached to license renewals.
  - 2.3. Graduates survey – request CA schools provide data that cannot be reduced from existing PAC database. I need to ask Glenn which of the following items he has:
    - 2.3.1. DOB
    - 2.3.2. ethnicity
    - 2.3.3. program
    - 2.3.4. home and work addresses collected on workforce survey
    - 2.3.5. year licensed
    - 2.3.6. specialty - PC plus relevant others
  - 2.4. Should PAC encourage a Program Directors meeting to discuss data collection thoughts and to introduce CA only licensing and new programs?
3. What does the PA Law say about “promoting the profession”?
  - 3.1. Legislative Intent 3500 PA Act: *This chapter is established to encourage the utilization of physician assistants by physicians, and by physicians and podiatrists practicing in the same medical group, and to provide that existing legal constraints should not be an unnecessary hindrance to the more effective provision of health care services. It is also the purpose of this chapter to allow for innovative development of programs for the education, training, and utilization of physician assistants.*
4. Future PAC tasks
  - 4.1. Draft step-by-step plan how to address accreditation and licensing exam
  - 4.2. Draft step-step plan to establish new programs and priorities for determining campus sites
  - 4.3. Considerations might include:
    - 4.3.1. Geographic distant from other programs
    - 4.3.2. Located in MUAs and MUPs
    - 4.3.3. Low costs
    - 4.3.4. Campuses in two groups - those which can offer BS, MS – CSUs; and AA/certificate only – CCs
  - 4.4. Coordination with legislature, OSHPD

# PHYSICIAN ASSISTANT COMMITTEE EDUCATION SUBCOMMITTEE

November 5, 2012

## IMPORTANT PAC ITEMS IN STATUTE AND B&P REGS

1. Does the PA Act empower the PAC(B) to promote the profession?

1.1. *Statute - 3500. Legislative Intent*

*In its concern with the growing shortage and geographic maldistribution of health care services in California, the Legislature intends to establish in this chapter a framework for development of a new category of health manpower—the physician assistant.*

*The purpose of this chapter is to encourage the more effective utilization of the skills of physicians, and physicians and podiatrists practicing in the same medical group practice, by enabling them to delegate health care tasks to qualified physician assistants where this delegation is consistent with the patient's health and welfare and with the laws and regulations relating to physician assistants. This chapter is established to encourage the utilization of physician assistants by physicians, and by physicians and podiatrists practicing in the same medical group, and to provide that existing legal constraints should not be an unnecessary hindrance to the more effective provision of health care services. It is also the purpose of this chapter to allow for innovative development of programs for the education, training, and utilization of physician assistants.*

1.2. The clause "encourage the utilization" is probably what PAC counsel Laura is referring to as the PAC's obligation the "promotion of the profession."

1.3. What about the last clause in this section about innovative development of ed programs? We need to clarify the authority of the entire section 3500 which is titled legislative intent.

2. Does the PAC have the authority to separate from ARC-PA and create its own certificates for approval of education programs?

2.1. The law appears to leave plenty of room for the PAC to decide how programs get approved. The programs do not have to necessarily be approved by a national accrediting agency in order for graduates to sit for the new California PA Licensing Exam (C-PALE).

2.1.1. Becoming an approved accreditation body is a matter of meeting standards set out by the DOE. Can take at least one year to manage. Final step is to actually approve a program in order to receive DOE approval. We can expect the ARC-PA to protest. May will need legislative support at state and federal level.

2.2. *Statute - 3513. Duties of Committee*

*The committee 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 committee shall be deemed approved by the committee under this section. If no national accrediting organization is approved by the committee, the committee 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 committee standards.*

2.3. *Regs – B&P 1399.507. Examination Required. The written examination for licensure as a physician assistant is that administered by the National Commission on Certification of Physician Assistants. Successful completion requires that the applicant have achieved the passing score established by the committee for that examination. It is the responsibility of the applicant to ensure that certification of his or her examination score is received by the committee.*

- 2.3.1. This is the regulation that interprets section 3513 in the law. This reg would have to be rewritten. Options might include adding text in the first sentence to the effect "or any other examination designated by the PAC..." Makes "two pathways" instead of one.
- 2.4. The regs for program approval have 8 sections. This is the only section that mentions ARC-PA. The highlighted section IMO points out the PAC can disapprove a program independent of ARC-PA.
- 2.5. *Regs ??? (b) –Program Approval. Those educational programs accredited by the Accreditation Review Commission on Education for the Physician Assistant ("ARC-PA") shall be deemed approved by the committee. Nothing in this section shall be construed to prohibit the committee from disapproving an educational program which does not comply with the requirements of this article. Approval under this section terminates automatically upon termination of an educational program's accreditation of ARC-PA.*



## NCCPA Exam Development and Scoring

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

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

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

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

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



**PHYSICIAN ASSISTANT BOARD - 0280  
BUDGET REPORT  
FY 2012-13 EXPENDITURE PROJECTION**

December 31, 2012

OBJECT DESCRIPTION	FY 2011-12		FY 2012-13				
	ACTUAL EXPENDITURES (MONTH 13)	PRIOR YEAR EXPENDITURES 12/31/2011	BUDGET STONE 2012-13	CURRENT YEAR EXPENDITURES 12/31/2012	PERCENT SPENT	PROJECTIONS TO YEAR END	UNENCUMBERED BALANCE
<b>PERSONNEL SERVICES</b>							
Civil Service-Perm	178,909	88,055	188,848	86,655	46%	173,309	15,539
Statutory Exempt (EO)	80,473	39,607	81,732	72,029	88%	89,038	(7,306)
Temp Help - Expert Examiner (903)							0
Temp Help Reg (907)	34,855	9,872		21,513		102,104	(102,104)
Bd / Commsn (901, 920)							0
Comm Member (911)	2,800	1,600	1,530	1,600	105%	3,000	(1,470)
Overtime				0		0	0
Staff Benefits	101,204	48,325	114,098	56,537	50%	113,073	1,025
Salary Savings						0	0
<b>TOTALS, PERSONNEL SVC</b>	<b>398,241</b>	<b>187,459</b>	<b>386,208</b>	<b>238,334</b>	<b>62%</b>	<b>480,524</b>	<b>(94,316)</b>
<b>OPERATING EXPENSE AND EQUIPMENT</b>							
General Expense	6,389	1,769	14,030	11,335	81%	15,000	(970)
Fingerprint Reports	10,038	4,131	24,890	4,459	18%	13,500	11,390
Minor Equipment	721	0	5,350	2,024	38%	2,024	3,326
Printing	11,774	9,305	3,442	1,563	45%	12,000	(8,558)
Communication	7,944	2,153	7,838	1,187	15%	8,000	(162)
Postage	6,168	2,286	8,281	2,623	32%	6,500	1,781
Insurance			0			0	0
Travel In State	11,405	4,936	28,299	3,763	13%	11,500	16,799
Travel, Out-of-State			0			0	0
Training	50	0	1,096	0	0%	100	996
Facilities Operations	43,585	21,602	55,958	37,243	67%	44,564	11,394
Utilities			0				0
C & P Services - Interdept.	0	0	1,899	0	0%	0	1,899
C & P Services - External	76,180	76,180	45,129	60,585	134%	77,000	(31,871)
<b>DEPARTMENTAL SERVICES:</b>							
OIS Pro Rata	53,692	25,865	72,509	36,910	51%	72,509	0
Indirect Distributed Cost	39,994	20,109	38,631	19,896	52%	38,631	0
Interagency Services	0	0	7,717	0	0%	30,360	(22,643)
Shared Svcs - MBC Only	79,802	79,802	79,802	111,054	139%	79,802	0
DOI - Pro Rata	1,345	827	1,570	798	51%	1,570	0
Public Affairs Pro Rata	2,688	1,405	2,202	1,120	51%	2,202	0
CCED Pro Rata	2,802	1,450	2,763	1,400	51%	2,763	0
<b>INTERAGENCY SERVICES:</b>							
Consolidated Data Center	2,294	1,565	4,810	996	21%	2,300	2,510
DP Maintenance & Supply	1,455	12	3,086	160	5%	1,500	1,586
Statewide - Pro Rata	56,134	28,067	68,655	34,328	50%	68,655	0
<b>EXAMS EXPENSES:</b>							
Exam Supplies			0			0	0
<b>OTHER ITEMS OF EXPENSE:</b>							
<b>ENFORCEMENT:</b>							
Attorney General	199,376	107,103	271,418	77,491	29%	200,000	71,418
Office Admin. Hearings	48,386	28,436	75,251	24,782	33%	50,000	25,251
Court Reporters	2,390	800		570		2,500	(2,500)
Evidence/Witness Fees	15,901	7,658	492	16,255	3304%	16,000	(15,508)
Investigative Svcs - MBC Only	92,468	43,174	250,122	49,264	20%	93,000	157,122
Vehicle Operations							0
Major Equipment							0
<b>TOTALS, OE&amp;E</b>	<b>772,981</b>	<b>468,635</b>	<b>1,075,240</b>	<b>499,806</b>	<b>46%</b>	<b>851,980</b>	<b>223,260</b>
<b>TOTAL EXPENSE</b>	<b>1,171,222</b>	<b>656,094</b>	<b>1,461,448</b>	<b>738,140</b>	<b>108%</b>	<b>1,332,504</b>	<b>128,944</b>
Sched. Reimb. - Fingerprints	(9,928)	(4,743)	(25,000)	(4,655)	19%	(25,000)	0
Sched. Reimb. - Other	(22,946)	(10,997)	(25,000)	(12,212)	49%	(25,000)	0
Unsched. Reimb. - ICR	(52,707)	(12,941)		(16,677)			0
<b>NET APPROPRIATION</b>	<b>1,085,641</b>	<b>627,414</b>	<b>1,411,448</b>	<b>704,596</b>	<b>50%</b>	<b>1,282,504</b>	<b>128,944</b>

**SURPLUS/(DEFICIT): 9.1%**

# 0280 - Physician Assistant Board Analysis of Fund Condition

Prepared 12/6/12

(Dollars in Thousands)

NOTE: \$1.5 Million General Fund Repayment Outstanding

Governor's Budget 13-14	Governor's Budget				
	Actual 2011-12	CY 2012-13	BY 2013-14	BY + 1 2014-15	BY + 2 2015-16
<b>BEGINNING BALANCE</b>	\$ 2,174	\$ 973	\$ 991	\$ 1,108	\$ 1,198
Prior Year Adjustment	\$ 24	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 2,198	\$ 973	\$ 991	\$ 1,108	\$ 1,198
<b>REVENUES AND TRANSFERS</b>					
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	\$ 4	\$ 4
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	\$ 1,509	\$ 1,509
Transfers from Other Funds					
Proposed GF Loan Repay	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers to Other Funds					
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers to other Funds					
GF Loan per item 1110-011-0280, Budget Act of 2011	\$ -1,500	\$ -	\$ -	\$ -	\$ -
Proposed GF Loan Repayment					
Totals, Revenues and Transfers	\$ -133	\$ 1,438	\$ 1,508	\$ 1,509	\$ 1,509
Totals, Resources	\$ 2,065	\$ 2,411	\$ 2,499	\$ 2,617	\$ 2,707
<b>EXPENDITURES</b>					
Disbursements:					
0840 State Controllers	\$ 1	\$ 1	\$ -	\$ -	\$ -
8880 FISCAL (State Operations)	\$ 5	\$ 8	\$ -	\$ -	\$ -
1110 Program Expenditures (State Operations)	\$ 1,086	\$ 1,411	\$ 1,391	\$ 1,419	\$ 1,447
Total Disbursements	\$ 1,092	\$ 1,420	\$ 1,391	\$ 1,419	\$ 1,447
<b>FUND BALANCE</b>					
Reserve for economic uncertainties	\$ 973	\$ 991	\$ 1,108	\$ 1,198	\$ 1,260
<b>Months in Reserve</b>	8.2	8.5	9.4	9.9	10.2

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



# DPH-10-006 Fluoroscopy Permit Requirements for Physician Assistants

## Sections Affected

California Code of Regulations: Title 17

Sections: 30456, 30456.1, 30456.2, 30456.4, 30456.6, 30456.8, 30456.10, 30456.12

## History of Rulemaking Proceeding

Notice of Proposed Rulemaking Published: November 30, 2012

California Regulatory Notice Register 2012, No. 48-Z

Close of the 45-Day Public Comment Period: January 14, 2013

Public Hearing Date: None scheduled

## Status of the Proposal

This rulemaking is in the 45-day Public Comment Period.

### **NOTE: DPH-10-006 Fluoroscopy Permit Requirements for Physician Assistants**

The Subject line on the Public Notice for DPH-10-006 omitted the word "Requirements" from the physical mailings.

The online version of the Public Notice has been changed to reflect the correction in the Subject line.

Inquiries regarding the contents of these regulations may be directed to:

Phillip Scott, California Department of Public Health, Radiation Health Branch

Phone: 916-440-7978

Email: [Phillip.Scott@cdph.ca.gov](mailto:Phillip.Scott@cdph.ca.gov)

## Rulemaking Documents

### **45-Day Public Comment Period Documentation**

Notice of Proposed Rulemaking (Public Notice)

Initial Statement of Reasons

Proposed Regulation Text

Documents Relied Upon



State of California—Health and Human Services Agency  
California Department of Public Health



EDMUND G. BROWN JR.  
Governor

CHAPMAN, MD, MPH  
Director & State Health Officer

**ACTION:** Notice of Proposed Rulemaking  
Title 17, California Code of Regulations

**SUBJECT:** Fluoroscopy Permit Requirements for Physician Assistants, DPH-10-006

**PUBLIC PROCEEDINGS:** Notice is hereby given that the California Department of Public Health will conduct written proceedings during which time any interested person or such person's duly authorized representative may present statements, arguments or contentions (all of which are hereinafter referred to as comments) relevant to the action described in this notice.

**HEARING:** No hearing has been scheduled; however, any interested person or his or her duly authorized representative may request in writing, no later than 15 days prior to the close of the written comment period, a public hearing pursuant to Government Code Section 11346.8. For individuals with disabilities, should a public hearing be scheduled, the Department will provide assistive services such as sign-language interpretation, real-time captioning, note takers, reading or writing assistance, and conversion of written public hearing materials into Braille, large print, audiocassette, or computer disk. Note: The range of assistive services available may be limited if requests are received less than ten business days prior to a public hearing.

To request such services or copies of materials in an alternate format, please write to Rosalie Dvorak-Remis, Office of Regulations, MS 0507, P.O. Box 997377, Sacramento, CA 95899-7377, or call (916) 440-7683, or use the California Relay Service by dialing 711.

**WRITTEN COMMENT PERIOD:** Any written comments pertaining to these regulations, regardless of the method of transmittal, must be received by the Office of Regulations by 5 p.m. on January 14, 2013, which is hereby designated as the close of the written comment period. Comments received after this date will not be considered timely. Persons wishing to use the California Relay Service may do so at no cost by dialing 711.

Fluoroscopy Permit Requirements for Physician Assistants  
DPH-10-006

Written comments may be submitted as follows:

1. By email to: [regulations@cdph.ca.gov](mailto:regulations@cdph.ca.gov). It is requested that email transmission of comments, particularly those with attachments, contain the regulation package identifier "DPH -10-006" in the subject line to facilitate timely identification and review of the comment; or
2. By fax transmission: (916) 440-5747; or
3. By mail to: Office of Regulations, California Department of Public Health, MS 0507, P.O. Box 997377, Sacramento, CA 95899-7377; or hand-delivered to: 1616 Capitol Avenue, Sacramento, CA 95814. It is requested but not required that written comments sent by mail or hand-delivered be submitted in triplicate.

All comments, including email or fax transmissions, should include the author's name and U.S. Postal Service mailing address in order for the Department to provide copies of any notices for proposed changes to the regulation text on which additional comments may be solicited.

INFORMATIVE DIGEST/POLICY STATEMENT OVERVIEW:

**Summary of the Proposed Regulations**

For purposes of implementing Assembly Bill (AB) 356 (Statutes of 2009, chapter 434), the proposed regulations would establish the requirements for an individual, who is licensed as a Physicians Assistant (PA) in California, to obtain a permit to operate fluoroscopy X-Ray equipment on a human being. The proposed regulations would establish the requirements for obtaining and renewing the permit, would set forth the work scope limitations under the permit, would establish standards for revoking or suspending the permit, and would establish the fees for obtaining and renewing the permit.

**Policy Statement Overview**

*Problem Statement:* Because AB 356 requires the California Department of Public Health (Department) to implement, interpret, or make specific enacted provisions, regulations are required. Existing Department regulations do not address the provisions specified in AB 356.

*Objectives:* Broad objectives of this proposed regulatory action are to:

- Implement AB 356.
- Provide well-defined procedures that allow a PA to obtain the permit.
- Specify the expanded scope-of-work for a PA who obtains the permit.

*Benefits:* Anticipated benefits, including nonmonetary benefits, from this proposed regulatory action are:

Fluoroscopy Permit Requirements for Physician Assistants  
DPH-10-006

- Protect the public's health and welfare by ensuring that PAs can safely and competently use fluoroscopic X-ray equipment, thereby reducing unnecessary radiation exposure to the public during X-ray procedures.
- Protect worker safety by ensuring users of fluoroscopy X-ray equipment can safely and competently keep radiation exposures to themselves and other workers to a minimum.
- Provide specific guidance as to the procedures necessary for a PA to obtain the permit.
- Clarify the expanded scope-of-work for a PA who obtains the new permit.
- Specify the new permit application and renewal processes.

*Evaluation as to whether the proposed regulations are inconsistent or incompatible with existing state regulations:*

The Department evaluated this proposal and determined that it, if adopted, will not be inconsistent or incompatible with existing state regulations. This evaluation included a review of the Department's existing general regulations and those regulations specific to the implementation of the Radiologic Technology Act (RT Act). That review found that some existing RT Act regulations could be construed to be inconsistent with some provisions of AB 356. This proposal, if adopted, would clarify and remove those inconsistencies. An Internet search of other state agency regulations, including regulations of the Physician Assistant Committee, determined that no other state regulation addresses the same subject matter.

**Purpose and Authority**

Previous to the enactment of AB 356, the Radiologic Technology Act (RT Act), codified at Health and Safety Code (H&S Code), sections 106965 through 107120 and sections 114840 through 114896, was enacted into California law in order to protect the public from excessive or improper exposure to ionizing radiation. The RT Act required that any individual who uses X-ray equipment on human beings meet certain standards of education, training, and experience. The California Department of Public Health (CDPH or Department) (successor to the Department of Health Services) was authorized under the RT Act to promulgate regulations to implement the Act's provisions. (H&S Code 131055 & 131200.<sup>1</sup>)

Under the RT Act, it is unlawful for any individual to administer diagnostic or therapeutic X-ray, including X-ray associated with fluoroscopy, on human beings unless an individual is certified or permitted to do so after having met certain requirements relating to education, clinical training, and experience. (H&S Code 106965, 106975, & 107110.) Currently, there are essentially two categories of certified/permitted individuals; namely, licentiates of the healing arts (hereinafter called "licentiates") and non-licentiates. Licentiates are licensed medical, osteopathic, chiropractic, and podiatric doctors (e.g. MD, DO, DC, DPM). (H&S Code 114850(h)(1).) Individuals not so licensed are

---

<sup>1</sup> This short format "H&S Code 131055" for a given Health and Safety Code section will be used throughout this document for brevity.

Fluoroscopy Permit Requirements for Physician Assistants  
DPH-10-006

categorized as non-licentiates and include radiologic technologists (RT) and limited permit X-ray technicians. (H&S Code 114850(d) & (e), respectively; title 17, California Code of Regulations (17 CCR 30446<sup>2</sup>).)

Previous to the enactment of AB 356, in order to operate fluoroscopy equipment in a medical setting, individuals, including Physicians Assistants (PAs), who were not licentiates, were required, under the RT Act and regulations implementing the Act, to successfully complete two years of coursework and training, and pass an examination, to obtain a CDPH-issued radiologic technologist certificate, and then complete an additional 55 hours of course work and training to obtain a radiologic technologist fluoroscopy permit.

Effective January 1, 2010, AB 356, amendments to the RT Act provided for an alternative permit, the Physician Assistant Fluoroscopy Permit, under which PAs could operate fluoroscopic equipment in a medical setting. To obtain the PA fluoroscopy permit, the PA was not required to complete the two years of coursework for, and obtain, a radiologic technologist certificate, but rather could complete a more compact set of educational and clinical training requirements, and pass an examination, specific to the knowledge and skills needed to operate fluoroscopy equipment in medical settings.

Therefore, this proposal establishes the regulations necessary to implement AB 356 and administer this new permitting program. AB 356 requires a PA's supervising physician to also have a fluoroscopy permit. However, the regulatory requirements for a physician to obtain the proper authorization are already established. (17 CCR 30460 – 30468.)

Because an individual can be both licensed as a PA and as a certified radiologic technologist (CRT) with an RT fluoroscopy (F) permit (hereinafter called a "PA-CRT-F"), this proposal provides two pathways for authorization; namely, the PA-F permit pathway, or the PA-CRT-F pathway. If the PA is also a CRT but does not hold the RT-F permit, the individual would have to decide which pathway to follow; namely, the PA-CRT-F pathway or the PA-F pathway.

- For those following the PA-F permit pathway, all proposed sections are applicable because it establishes how a PA obtains the PA-F permit and complies with other administrative requirements applicable only to the PA-F permit. Under this pathway, the PA license establishes the legal authorization for obtaining this new permit, making the permit inextricably tied to the PA license: if the PA license becomes invalid, the permit automatically becomes invalid. In essence, this pathway expands the PA's scope of practice via the PA fluoroscopy permit only into the performance of fluoroscopy procedures that have been indicated on the PA's delegated services agreement in accordance with the Physician Assistant Practice Act (PAP Act).

---

<sup>2</sup> This short format "17 CCR 30446" for a given regulation section in title 17, California Code of

Fluoroscopy Permit Requirements for Physician Assistants  
DPH-10-006

- For those following the PA-CRT-F pathway, only proposed section 30456 applies and, as needed for clarity, other sections, as discussed below, that may refer to those following the PA-CRT-F pathway. Under this pathway, the PA license is not the underlying establishing authorization because these individuals' authorizations were established under the RT Act. Under this pathway, a person's RT Act authorization as a CRT and possession of the RT fluoroscopy permit are not tied to the PA license. This pathway expands the PA's scope of practice much more broadly into the use of both radiographic and fluoroscopic procedures because of the individual's CRT and CRT-F authorization. Thus, the individual can perform functions for which they are authorized under both the RT Act and the PAP Act.

**AUTHORITY & REFERENCE CITATIONS:**

The Department is proposing to adopt, amend, or repeal, as applicable, the following regulation sections under the authority provided in sections 114872 and 131200 of the Health and Safety Code. This proposal implements, interprets and makes specific sections 100305, 100425, 106995, 107080, 107085, 114872, 131050, 131051 and 131052 of the Health and Safety Code. The proposed changes are:

Adopt **GROUP 4.6, Use of Fluoroscopy Equipment by Physician Assistants**, for structural purposes.

Adopt **Article 1, Authorization to Physician Assistants to Use Fluoroscopy Equipment**, for structural purposes.

Adopt **section 30456** to both address the problems and realize the benefits as stated regarding this regulatory action and to inform PAs of existing applicable provisions and that certain proposed provisions do not apply if the PA holds a radiologic technologist fluoroscopy permit.

Adopt **section 30456.1** to both address the problems and realize the benefits as stated regarding this regulatory action and to identify the conditions a PA must meet to lawfully use fluoroscopy X-ray equipment.

Adopt **Article 2, Application Process and Administration of Physician Assistant Fluoroscopy Permits**, for structural purposes.

Adopt **section 30456.2** to both address the problems and realize the benefits as stated regarding this regulatory action and to identify the eligibility requirements for a PA fluoroscopy permit as specified in H&S Code 114872. This proposed section would not apply to individuals following the PA-CRT-F pathway.

Adopt **section 30456.4** to both address the problems and realize the benefits as stated regarding this regulatory action and to specify the Department's approved coursework in fluoroscopy for PAs. This would not apply to individuals following the PA-CRT-F pathway. The didactic component of the "Fluoroscopy Educational Framework for the

Fluoroscopy Permit Requirements for Physician Assistants  
DPH-10-006

Physician Assistant<sup>3</sup>” created through the collaboration of the American Academy of Physician Assistants (AAPA) and the American Society of Radiologic Technologists (ASRT), dated December 2009, is incorporated by reference. Coursework consists of 40 hours didactic instruction and 40 hours of supervised clinical training. Acceptable coursework providers are specified.

Adopt **section 30456.6** to both address the problems and realize the benefits as stated regarding this regulatory action and to specify the continuing education requirements for renewal. This proposed section would not apply to a PA-CRT-F except that the section clarifies that such persons must meet section 30403.

Adopt **section 30456.8** to both address the problems and realize the benefits as stated regarding this regulatory action and to specify fees. This proposed section would not apply to a PA-CRT-F because such persons are subject to fees specified in existing section 30408.

Adopt **Article 3, Unauthorized Activities and Validity**, for structural purposes.

Adopt **Section 30456.10** to both address the problems and realize the benefits as stated regarding this regulatory action and to specify restrictions placed on the PA fluoroscopy permit. This proposed section would not apply to a PA-CRT-F because such persons are subject to other certifying requirements and restrictions under the RT Act and its regulations.

Adopt **Article 4, Grounds for Suspension, Revocation, Amendment, or Restriction of Physician Assistant Fluoroscopy Permits**, for structural purposes.

Adopt **Section 30456.12** to both address the problems and realize the benefits as stated regarding this regulatory action and to specify the reasons for taking certain actions and to inform holders of permits that such authorizations are subject to revocation, suspension, amendment or restricting. This proposed section would not apply to a PA-CRT-F because such persons are subject to other certifying requirements and restrictions under the RT Act and its regulations.

FORMS INCORPORATED BY REFERENCE: N/A

MANDATED BY FEDERAL LAW OR REGULATIONS: N/A

OTHER STATUTORY REQUIREMENTS: N/A

---

<sup>3</sup> Available at:  
[http://www.aapa.org/uploadedFiles/content/Common/Files/fluoroscopy\\_educational\\_framework\\_ASRT\\_AAPA\\_12-09.pdf](http://www.aapa.org/uploadedFiles/content/Common/Files/fluoroscopy_educational_framework_ASRT_AAPA_12-09.pdf) (accessed on October 11, 2012).

Fluoroscopy Permit Requirements for Physician Assistants  
DPH-10-006

LOCAL MANDATE: The Department has determined that the regulations would not impose a mandate on local agencies or school districts, nor are there any costs for which reimbursement is required by Part 7 (commencing with Section 17500) of Division 4 of the Government Code.

FISCAL IMPACT ESTIMATE:

**A. FISCAL IMPACT ON LOCAL GOVERNMENT:** There will be an impact as described in item B.1 below.

**B. FISCAL IMPACT ON STATE GOVERNMENT:**

1. State agencies that hire Physician Assistants (PA) and pay for the PA's licensure and require and pay for the PA to obtain and maintain the proposed PA fluoroscopy permit would be subject to the proposal. However, such payment is within the agencies' discretion and an estimated total cost cannot be made. Cost per PA is a one-time application fee of \$98 and annual renewal fee of \$52.

2. Based on the CAPA survey results and the PA Committee information, total applicant pool is estimated at 70% of the total number of licensed PA's or approximately 5,553 applicants. However, because this proposal addresses PA's who may not need to obtain the new PA fluoroscopy permit and obtaining the new permit is discretionary, the actual number cannot be accurately estimated. For purposes of this fiscal estimate, 5,553 applicants are assumed.

CAPA survey information (Dec. 22, 2010):

- Members were asked if they would be interested in obtaining the new permit.
- Number (#) of CAPA membership as of March 1, 2011 = 3,978
- # of responding members = 1,593: 40% of total members
- # of yes responses = 1,132: 28% of total members
- % of respondents expected to apply = 71 %

Physician Assistant Committee information:

- 7,933= Current/renewed licenses (December 2010) (Reference 5) from website: [http://www.pac.ca.gov/licensees/license\\_123110.pdf](http://www.pac.ca.gov/licensees/license_123110.pdf)

Estimated percentage of applicant pool:

- 70% of total licensed PAs or approximately 5,553 applicants. 70% is used for purposes of this fiscal estimate. Actual numbers will vary.

This proposal would charge an application fee of \$98 and an annual renewal fee of \$52. Assuming there are 5,553 applicants for the permit the first year, the Radiation Control Fund (RCF) would receive a one-time increase of \$544,194 (\$98 times 5,553) due to application fees and, annually thereafter, \$288,756 (\$52 times 5,553) due to renewal fees.

- C. FISCAL IMPACTS ON FEDERAL FUNDING OF STATE PROGRAMS:** None.
- D. FISCAL IMPACT ON PRIVATE PERSONS OR BUSINESSES DIRECTLY AFFECTED:** There will be a fiscal impact on private persons who wish to obtain the new permit. This proposal would charge an application fee of \$98 and an annual fee of \$52.
- E. MANDATE ON LOCAL AGENCIES OR SCHOOL DISTRICTS:** None.
- F. OTHER NON-DISCRETIONARY COST OR SAVINGS IMPOSED UPON LOCAL AGENCIES:** None.
- G. EFFECT ON SMALL BUSINESSES:** These proposed regulations will not affect small businesses because Physician Assistants are not small businesses.

HOUSING COSTS: The Department has determined that the regulations will have no impact on housing costs.

SIGNIFICANT STATEWIDE ADVERSE ECONOMIC IMPACT DIRECTLY AFFECTING BUSINESS, INCLUDING ABILITY TO COMPETE: The Department has made an initial determination that the regulations would have no significant statewide adverse economic impact directly affecting business, including the ability of California businesses to compete with businesses in other states.

RESULTS OF THE ECONOMIC IMPACT ANALYSIS: CDPH analyzed whether and to what extent this proposal affects the following:

- 1. The creation or elimination of jobs within the State of California.** This proposal may create new jobs to address the establishment of a new permit. Creation of new jobs is likely to be not significant because this proposal only expands the scope of practice of a PA, applies to a limited pool of individuals, and obtaining the new permit is discretionary.
- 2. The creation of new businesses or the elimination of existing businesses within the State of California.** This proposal may create new businesses to address the establishment of a new permit. Creation of new businesses is likely to be not significant because the proposal only expands the scope of practice of a PA, applies to a limited pool of individuals, and obtaining the new permit is discretionary.
- 3. The expansion of businesses currently doing business within the State of California.** Businesses may expand somewhat to meet the training needs of new clientele. Expansion is likely to be not significant because the proposal only expands the scope of practice of a PA, applies to a limited pool of individuals, and obtaining the new permit is discretionary.
- 4. The benefits of the regulation to the health and welfare of California residents, and increases worker safety.** This proposal significantly increases the benefits to the health and welfare of California residents and worker safety.

Fluoroscopy Permit Requirements for Physician Assistants  
DPH-10-006

because it ensures users of fluoroscopy X-ray equipment can safely and competently keep a patient's radiation exposure to a minimum and protect themselves, and other workers, from receiving unnecessary radiation exposure. This proposal would not affect the state's environment because the radiation energy emitted from the use of fluoroscopy X-ray equipment dissipates to normal atomic structures without environmental contamination.

COST IMPACTS ON REPRESENTATIVE PERSON OR BUSINESS: There will be a fiscal impact on private persons who wish to obtain the new permit. This proposal would charge an application fee of \$98 and an annual fee of \$52.

BUSINESS REPORT: None

ALTERNATIVES STATEMENT: In accordance with Government Code Section 11346.5(a)(13), the Department must determine that no reasonable alternative considered by the Department or that has otherwise been identified and brought to the attention of the Department would be more effective in carrying out the purpose for which the action is proposed or would be as effective and less burdensome to affected private persons than the proposed action or would be more cost-effective to affected private persons and equally effective in implementing the statutory policy or other provision of law.

CONTACT PERSON: Inquiries regarding the substance of the proposed regulations described in this notice may be directed to Phillip Scott of the Center for Environmental Health, at (916) 440-7978 or Rosalie Dvorak-Remis at (916) 327-4310.

All other inquiries concerning the action described in this notice may be directed to Rosalie Dvorak-Remis, Office of Regulations, at (916) 327-4310, or to the designated backup contact person, Alana McKinzie at (916) 440-7689.

**In any inquiries or written comments, please identify the action by using the Department regulation package identifier, DPH-10-006: Fluoroscopy Permit Requirements for Physician Assistants.**

AVAILABILITY OF STATEMENT OF REASONS, TEXT OF PROPOSED REGULATIONS, AND RULEMAKING FILE: The Department has prepared and has available for public review an initial statement of reasons for the proposed regulations, all the information upon which the proposed regulations are based, and the text of the proposed regulations. The Office of Regulations, 1616 Capitol Avenue, Sacramento, CA 95814, will be the location of public records, including reports, documentation, and other material related to the proposed regulations (rulemaking file).

In order to request that a copy of this public notice, the regulation text, and the initial statement of reasons or alternate formats for these documents be mailed to you, please call (916) 327-4310 (or the California Relay Service at 711), send an email to [regulations@cdph.ca.gov](mailto:regulations@cdph.ca.gov), or write to the Office of Regulations at the address previously

Fluoroscopy Permit Requirements for Physician Assistants  
DPH-10-006

noted. Upon specific request, these documents will be made available in Braille, large print, audiocassette, or computer disk.

AVAILABILITY OF CHANGED OR MODIFIED TEXT: The full text of any regulation which is changed or modified from the express terms of the proposed action will be made available by the Department's Office of Regulations at least 15 days prior to the date on which the Department adopts, amends, or repeals the resulting regulation.

AVAILABILITY OF FINAL STATEMENT OF REASONS: A copy of the final statement of reasons (when prepared) will be available upon request from the Office of Regulations.

AVAILABILITY OF DOCUMENTS ON THE INTERNET: Materials regarding the action described in this notice (including this public notice, the regulation text, and the initial statement of reasons) that are available via the Internet may be accessed at [www.cdph.ca.gov](http://www.cdph.ca.gov) by clicking on these links, in the following order: Decisions Pending and Opportunity for Public Participation > Regulations > Proposed.

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

Date: Ron Chapman, MD, MPH  
Director

## **Initial Statement of Reasons**

### **Summary of the Proposed Regulations**

For purposes of implementing Assembly Bill (AB) 356 (Statutes of 2009, chapter 434), the proposed regulations would establish the requirements for an individual, who is licensed as a Physicians Assistant (PA) in California, to obtain a permit to operate fluoroscopy X-Ray equipment on a human being. The proposed regulations would establish the requirements for obtaining and renewing the permit, would set forth the work scope limitations under the permit, would establish standards for revoking or suspending the permit, and would establish the fees for obtaining and renewing the permit.

### **Policy Statement Overview**

*Problem Statement:* Because AB 356 requires the California Department of Public Health (Department) to implement, interpret, or make specific enacted provisions, regulations are required. Existing Department regulations do not address the provisions specified in AB 356.

*Objectives:* Broad objectives of this proposed regulatory action are to:

- Implement AB 356.
- Provide well-defined procedures that allow a PA to obtain the permit.
- Specify the expanded scope-of-work for a PA who obtains the permit.

*Benefits:* Anticipated benefits, including nonmonetary benefits, from this proposed regulatory action are:

- Protect the public's health and welfare by ensuring that PAs can safely and competently use fluoroscopic X-ray equipment, thereby reducing unnecessary radiation exposure to the public during X-ray procedures.
- Protect worker safety by ensuring users of fluoroscopy X-ray equipment can safely and competently keep radiation exposures to themselves and other workers to a minimum.
- Provide specific guidance as to the procedures necessary for a PA to obtain the permit.
- Clarify the expanded scope-of-work for a PA who obtains the new permit.
- Specify the new permit application and renewal processes.

*Evaluation as to whether the proposed regulations are inconsistent or incompatible with existing state regulations:*

The Department evaluated this proposal and determined that it, if adopted, will not be inconsistent or incompatible with existing state regulations. This evaluation included a review of the Department's existing general regulations and those regulations specific to the implementation of the Radiologic Technology Act (RT Act). That review found that some existing RT Act regulations could be construed to be inconsistent with some provisions of AB 356. This proposal, if adopted, would clarify and remove those

inconsistencies. An Internet search of other state agency regulations, including regulations of the Physician Assistant Committee, determined that no other state regulation addresses the same subject matter.

### **Purpose and Authority**

Previous to the enactment of AB 356, the Radiologic Technology Act (RT Act), codified at Health and Safety Code (H&S Code), sections 106965 through 107120 and sections 114840 through 114896, was enacted into California law in order to protect the public from excessive or improper exposure to ionizing radiation. The RT Act required that any individual who uses X-ray equipment on human beings meet certain standards of education, training, and experience. The California Department of Public Health (CDPH or Department) (successor to the Department of Health Services) was authorized under the RT Act to promulgate regulations to implement the Act's provisions. (H&S Code 131055 & 131200.<sup>1</sup>)

Under the RT Act, it is unlawful for any individual to administer diagnostic or therapeutic X-ray, including X-ray associated with fluoroscopy, on human beings unless an individual is certified or permitted to do so after having met certain requirements relating to education, clinical training, and experience. (H&S Code 106965, 106975, & 107110.) Currently, there are essentially two categories of certified/permitted individuals; namely, licentiates of the healing arts (hereinafter called "licentiates") and non-licentiates. Licentiates are licensed medical, osteopathic, chiropractic, and podiatric doctors (e.g. MD, DO, DC, DPM). (H&S Code 114850(h)(1).) Individuals not so licensed are categorized as non-licentiates and include radiologic technologists (RT) and limited permit X-ray technicians. (H&S Code 114850(d) & (e), respectively; title 17, California Code of Regulations (17 CCR 30446<sup>2</sup>).)

Previous to the enactment of AB 356, in order to operate fluoroscopy equipment in a medical setting, individuals, including Physicians Assistants (PAs), who were not licentiates, were required, under the RT Act and regulations implementing the Act, to successfully complete two years of coursework and training, and pass an examination, to obtain a CDPH-issued radiologic technologist certificate, and then complete an additional 55 hours of course work and training to obtain a radiologic technologist fluoroscopy permit.

Effective January 1, 2010, AB 356, amendments to the RT Act provided for an alternative permit, the Physician Assistant Fluoroscopy Permit, under which PAs could operate fluoroscopic equipment in a medical setting. To obtain the PA fluoroscopy permit, the PA was not required to complete the two years of coursework for, and

---

<sup>1</sup> This short format "H&S Code 131055" for a given Health and Safety Code section will be used throughout this document for brevity.

<sup>2</sup> This short format "17 CCR 30446" for a given regulation section in title 17, California Code of

obtain, a radiologic technologist certificate, but rather could complete a more compact set of educational and clinical training requirements, and pass an examination, specific to the knowledge and skills needed to operate fluoroscopy equipment in medical settings.

Therefore, this proposal establishes the regulations necessary to implement AB 356 and administer this new permitting program. AB 356 requires a PA's supervising physician to also have a fluoroscopy permit. However, the regulatory requirements for a physician to obtain the proper authorization are already established. (17 CCR 30460 – 30468.)

Because an individual can be both licensed as a PA and as a certified radiologic technologist (CRT) with an RT fluoroscopy (F) permit (hereinafter called a "PA-CRT-F"), this proposal provides two pathways for authorization; namely, the PA-F permit pathway, or the PA-CRT-F pathway. If the PA is also a CRT but does not hold the RT-F permit, the individual would have to decide which pathway to follow; namely, the PA-CRT-F pathway or the PA-F pathway.

- o For those following the PA-F permit pathway, all proposed sections are applicable because it establishes how a PA obtains the PA-F permit and complies with other administrative requirements applicable only to the PA-F permit. Under this pathway, the PA license establishes the legal authorization for obtaining this new permit, making the permit inextricably tied to the PA license: if the PA license becomes invalid, the permit automatically becomes invalid. In essence, this pathway expands the PA's scope of practice via the PA fluoroscopy permit only into the performance of fluoroscopy procedures that have been indicated on the PA's delegated services agreement in accordance with the Physician Assistant Practice Act (PAP Act).
- o For those following the PA-CRT-F pathway, only proposed section 30456 applies and, as needed for clarity, other sections, as discussed below, that may refer to those following the PA-CRT-F pathway. Under this pathway, the PA license is not the underlying establishing authorization because these individuals' authorizations were established under the RT Act. Under this pathway, a person's RT Act authorization as a CRT and possession of the RT fluoroscopy permit are not tied to the PA license. This pathway expands the PA's scope of practice much more broadly into the use of both radiographic and fluoroscopic procedures because of the individual's CRT and CRT-F authorization. Thus, the individual can perform functions for which they are authorized under both the RT Act and the PAP Act.

## **AUTHORITY & REFERENCE**

The Department is proposing to adopt, amend, or repeal, as applicable, the following regulation sections under the authority provided in sections 114872 and 131200 of the Health and Safety Code. This proposal implements, interprets and makes specific sections 100305, 100425, 106995, 107080, 107085, 114872, 131050, 131051 and

131052 of the Health and Safety Code. The proposed changes are explained as follows:

**GROUP 4.6, Use of Fluoroscopy Equipment by Physician Assistants**, is proposed to be added for structural purposes and is nonsubstantial.

**Article 1, Authorization for Physician Assistants to Use Fluoroscopy Equipment**, is proposed to be added for structural purposes and is nonsubstantial.

**Section 30456** is proposed to be adopted to both address the problems and realize the benefits as stated regarding this regulatory action and to inform PAs of existing applicable provisions and that certain proposed provisions do not apply if the PA holds a radiologic technologist fluoroscopy permit. Subsection (a) is necessary to ensure the PA is aware that they are subject to other requirements of the subchapter unless otherwise specified in the article, as indicated in H&S Code 114872(g). Subsections (b) and (c) are necessary to clarify that holders of the identified permit are not subject to the cited provisions as it could be construed to subject such persons to duplicative requirements.

**Section 30456.1** is proposed to be adopted to both address the problems and realize the benefits as stated regarding this regulatory action and to inform the community what conditions a PA must meet to lawfully use fluoroscopy X-ray equipment.

Subsection (a) clarifies to whom the authorization applies. Subsection (a)(1) requires the PA to hold one of the identified authorizations. Subsection (a)(1)(A) is necessary to implement AB 356 and identify the required authorization. However, because AB 356 amended the RT Act, which already provides certifying and permitting processes, by regulation, for use of fluoroscopy X-ray equipment by CRTs, subsection (a)(1)(B) addresses the situation where a PA may already possess an existing authorization to use fluoroscopy equipment. A PA who possesses the RT-F permit need not obtain the proposed PA-F permit. It is unreasonable to require such a person who has already completed the training requirements for becoming a CRT (17 CCR 30421: about two years of training and education) and completed the additional fluoroscopy education requirements for obtaining the RT fluoroscopy permit (17 CCR 30423: 55 hours of education) to complete the requirements again. Thus, a PA possessing the RT fluoroscopy permit has already completed more than two years of training, education, and supervised use of radiation equipment including fluoroscopy equipment. A PA who does not possess the RT fluoroscopy permit would have to obtain the PA fluoroscopy permit.

Subsection (a)(2) is necessary to ensure the PA is performing procedures in

accordance with the PA's Delegation of Services Agreement<sup>3</sup> (DSA), the PAP Act regulations and the RT Act. This helps clarify that the PA must be in compliance with both the PAP Act and the RT Act. It also ensures that the PA and the community are aware that the PA must be supervised in accordance with both the PAP Act and the RT Act. It further clarifies how supervision works as it relates to licensed podiatrists. These provisions are based on Business and Professions Code (BPC) section 3502, 16 CCR 1399.540, the PA Committee's publications relating to BPC 3502 and 16 CCR 1399.540 (Reference 3), and H&S Code 114872(b).

Subsection (a)(3) is necessary for ensuring individuals using and supervising the use of fluoroscopy equipment are properly certified or permitted. Subsection (a)(3)(A) is necessary for determining compliance and for consistency with the PA Committee's recommendation (Reference 1) that the PA provide a copy of their DSA to each practice site, and provides the practice site the ability to determine the PA's scope of authorized activities. AB 356 requires certain documents to be available at the practice site and available for Department inspection upon request. (H&S Code 114872(c).) Further, the RT Act regulations require certified and permitted persons to maintain certain documents for inspection (17 CCR 30404). Subsection (a)(3)(B) is necessary to determine if the PA is supervised in accordance with H&S Code 114872(b). Thus, this subsection provides clarity by identifying those documents that are required to be available for inspection by the Department.

**Article 2, Application Process and Administration of Physician Assistant Fluoroscopy Permits**, is proposed to be added for structural purposes and is nonsubstantial.

**Section 30456.2** is proposed to be adopted to both address the problems and realize the benefits as stated regarding this regulatory action and to inform the PA community how to become eligible for a PA fluoroscopy permit. This proposed section would not apply to individuals following the PA-CRT-F pathway pursuant to proposed section 30456.1(a)(1)(B). This section establishes the eligibility criteria the PA must meet for the Department to consider the PA qualified for issuance of the permit. Once the PA meets the criteria and the Department determines there is no basis to deny permit issuance, the permit will be issued.

Subsection (a)(1) is necessary to inform the PA applicant what documentation must be submitted to be eligible for the permit. Subsection (a)(1)(A) is necessary to identify the applicant, allow contact with the applicant and identify where to mail any documents. Subsection (a)(1)(B) is needed to uniquely identify the applicant and to comply with Family Code section 17520, which addresses child support enforcement. Subsection

---

<sup>3</sup> "Delegation of Services Agreements – Change in Regulations" published by the Physician Assistant Committee. (Reference 1.) Available at:  
[http://www.pac.ca.gov/forms\\_pubs/delegation.pdf](http://www.pac.ca.gov/forms_pubs/delegation.pdf).

Fluoroscopy Permit Requirements for Physician Assistants  
DPH-10-006  
May 2012

(a)(1)(C) is necessary to ensure the applicant is a properly licensed PA as required by H&S Code 114872. Subsection (a)(1)(D) is necessary to ensure the applicant has completed the required coursework from acceptable instruction providers. Subsection (a)(1)(E) is necessary to cover costs and is further discussed in proposed section 30456.8.

Subsection (a)(2) is necessary to inform the applicant that he or she must pass a Department-approved examination. Passage of an examination is needed to ensure the applicant has knowledge and skills to competently and safely use fluoroscopy equipment.

Subsection (b) is necessary to inform the PA they must renew the fluoroscopy permit. The phrase "notwithstanding section 30403.5" is necessary to clarify that that section does not apply to this new permit. Section 30403.5 addresses the renewal procedure for currently issued authorizations. Subsection (b)(1) informs the PA what to submit to the Department in order to renew the permit, and when to submit it. The items listed are necessary to ensure that the renewal application can be matched to Department records. The 30-day requirement is proposed for consistency with the renewal procedure found in section 30403.5. Subsection (b)(2) is necessary to identify what information must be submitted regarding continuing education credit, and how often it must be submitted. Subsection (b)(3) is necessary to cover costs and is further discussed in section 30456.8. These provisions are based on the current process specified in section 30403.5, so that administration of this new permitting process is consistent with existing permitting processes.

Subsection (c) is necessary to clarify that holders of the identified permit are not subject to proposed subsection (b) as it could be construed to require such persons to be subject to duplicative requirements. Though this proposal could be placed into proposed section 30456, it is placed in this section to clearly address the renewal requirement for PAs following the PA-CRT-F pathway.

Subsection (d) is necessary to inform applicants of the Department's authority under the RT Act to deny certificates or permits.

**Section 30456.4** is proposed to be adopted to both address the problems and realized the benefits as stated regarding this regulatory action and to specify the Department's approved coursework and clinical training for PAs. This proposed section would not apply to individuals following the PA-CRT-F pathway pursuant to section 30456.1(a)(1)(B). In determining necessary coursework and clinical training for a PA, the following documents were reviewed, or searches for relevant documents related to the following were conducted:

- Physician Assistant Practice Act and its accompanying regulations;
- Physician Assistant Committee publications;
- California and other states' approved PA school curriculum;

- Any standards referenced by the American Academy of Physician Assistants (AAPA) and the California Academy of Physician Assistants (CAPA); and
- American Society of Radiologic Technologists (ASRT).

Of relevance to use of fluoroscopy and radiation protection, the AAPA and ASRT collaborated in developing the "Fluoroscopy Educational Framework for the Physician Assistant" (Framework) published December 2009 (Reference 2), that directly focused on providing education to and ensuring clinical competence of PA's who use fluoroscopy in their practice. In evaluating that framework, it was noted that it addressed those areas currently found in CDPH regulations (17 CCR 30423) for training radiologic technologists in fluoroscopy use. Further, the framework supports the need for a PA to perform procedures so as to become competent to use fluoroscopy equipment and protect themselves, third parties, and above all, the patient. Therefore, this proposal is based on that framework.

Completion of this coursework and clinical training provides the individual the necessary skills, abilities, and knowledge to use the equipment and should adequately prepare the individual for taking the required examination, crucial for ensuring some level of confidence in the applicant's ability to safely use the equipment. The fluoroscopy examination individuals will take was developed by the ARRT, a national organization that recognizes, through a certification process, individuals who are qualified in the use of ionizing radiation for the purposes of diagnostic medical imaging, interventional procedures, and therapeutic treatment. ARRT developed this examination by conducting a practice analysis, which measures the tasks performed in the workplace. Through that analysis, ARRT developed the examination's content specifications<sup>4</sup>, each one tied to specific tasks performed in the workplace, and developed examination questions that presume the exam taker has performed tasks or procedures using fluoroscopy equipment. The department believes that a person completing the AAPA/ASRT's Fluoroscopy Educational Framework coursework will be well prepared to take and be successful on the examination.

Subsection (a) is needed to clarify what coursework and clinical training must be completed and from whom provided.

Subsection (b)(1) is needed to identify the didactic component of the coursework. This proposal incorporates by reference the didactic component of the "Fluoroscopy Educational Framework for the Physician Assistant" created through the collaboration of the AAPA and the ASRT dated December 2009. This document is available at: [http://www.aapa.org/uploadedFiles/content/Common/Files/fluoroscopy\\_educational\\_fra](http://www.aapa.org/uploadedFiles/content/Common/Files/fluoroscopy_educational_fra)

---

<sup>4</sup> "Content Specifications for the Fluoroscopy Examination", ARRT, publication date: November 2010 (Reference 4). Available at: <https://www.arrt.org> >>Quick Links>>Exam Content Specifications>>Fluoroscopy (accessed on October 11, 2012).

Fluoroscopy Permit Requirements for Physician Assistants  
DPH-10-006  
May 2012

[mework\\_ASRT\\_AAPA\\_12-09.pdf \(Reference 2.\)](#)

The Department believes that the specified didactic content will provide the PA a strong understanding of equipment, contrast media that is used for increasing visualization of tissues, organs, etc., and operation of fluoroscopy equipment. Further, the content is substantially consistent with section 30423, regarding fluoroscopy training required of RTs.

The requirement that the coursework be no less than 40 hours in length is needed to ensure the student understands the subject matter. It is based on the hours of instruction specified in 17 CCR 30423(b), H&S Code 114872(c), and the AAPA/ASRT framework.

Subsection (b)(2) is needed to ensure the PA can become familiar with fluoroscopy equipment use and radiation protection issues. Completion of at least 40 hours of supervised clinical training is based on the AAPA/ASRT framework. Equipment from different vendors is generally standardized but each machine may be configured differently, and have fewer or more capabilities than other machines. This proposal further requires the PA, when performing procedures, to be personally observed by certain qualified individuals since the PA has no experience performing fluoroscopy procedures. The requirement that only specific qualified individuals may observe the PA's performance is based on the H&S Code 106965, 106975, 107110, and 114872 because the RT Act specifies who may lawfully administer X-ray to human beings for diagnostic or therapeutic purposes. The need to define "performance" as used in this subsection is to clarify what activity is being evaluated; namely, effective and safe use of the fluoroscopy equipment and not the PA's performance of the actual procedure because one of the qualified individuals is not a physician and surgeon. Competent performance of the procedure may only be determined by the physician and surgeon.

Subsection (c) is necessary to ensure the PA knows how to use the fluoroscopy unit before use on a patient so as to reduce unnecessary radiation exposures due to not being familiar with the equipment. Documentation of performance is necessary to ensure the PA has actually performed procedures and that the procedures were observed by qualified individuals. The specific items that must be documented are based on the AAPA/ASRT framework.

Subsection (d) is needed to specify those entities through which the training must be completed. To ensure applicants obtain instruction from entities whose instructors have knowledge and skills pertaining to X-ray use, and fluoroscopy in particular, it is necessary to limit such entities. Under the RT Act, the Department approves schools (H&S Code 114870(d)) that provide the required training in the use of radiography and fluoroscopic X-ray equipment. Therefore, because the Department has already approved the school and has confidence the schools can provide adequate training these schools are proposed to be acceptable providers.

continuing education (CE) credits through organizations deemed by ARRT to be a Recognized Continuing Education Evaluation Mechanism (RCEEM). Acceptance of such credits by ARRT is structured such that the provider of the CE activity must be approved by an RCEEM. However, this alternative was rejected because CE providers develop educational material assuming that the recipient of the CE activity has already completed training and education in the use of ionizing radiation, radiation protection, and has actual work experience with radiation. A review of both state and national education standards for licensure as a PA indicated that training, education, and experience in radiation use is not addressed. Thus, it is highly likely that this pathway would not provide the necessary knowledge, skills, and abilities for a PA to either pass a written examination on the material covered in proposed section 30456.4, or to competently and safely use fluoroscopy X-ray equipment.

**Section 30456.6** is proposed to be adopted to both address the problems and realize the benefits as stated regarding this regulatory action and to specify the continuing education requirements for PAs holding the PA fluoroscopy permit. This proposed section would not apply to a PA-CRT-F, except that proposed subsection (c) clarifies that such persons must meet section 30403 to maintain their authorizations under the RT Act.

Subsection (a) is necessary to inform the PA of the timeframe in which to obtain the amount and type of continuing education credits (CEC) for renewal. The timeframe and the amount of CECs are as specified in H&S Code 114872(e). However, the proposal requires that four of the 10 CECs be specific to radiation safety for the clinical uses of fluoroscopy. This is based on the Radiologic Technology Certification Committee's (RTCC) September 23, 2009 recommendation (Reference 3) (available at: <http://www.cdph.ca.gov/services/boards/Documents/RTCC-Minutes-2009-09-23.pdf>) for licentiates and non-licentiates authorized to use fluoroscopy X-ray equipment. The RT Act created the RTCC to assist, advise, and make recommendations for the establishment of rules and regulations necessary to insure the proper administration and enforcement of the RT Act. (H&S Code 114855.) Training on fluoroscopy X-ray equipment is important since the equipment emits a much higher radiation dose for purposes of viewing dynamic X-ray studies. Because of the higher radiation doses present during such studies, operators must be highly vigilant to protect themselves and others from radiation exposures. Thus, the Department believes that PAs, under AB 356, should be subject to the RTCC's recommendation to carry out RTCC's intent to improve radiation protection, radiation safety, and the quality of medical care for the people of California.

Subsection (b) is necessary to clarify what "approved continuing education credits" means and is based on existing section 30400.5. Because a PA does not work within the dental industry, the Board of Dental Examiners, as found in section 30400.5, is not included in this proposal.

Fluoroscopy Permit Requirements for Physician Assistants  
DPH-10-006  
May 2012

**Section 30456.8** is proposed to be adopted to both address the problems and realize the benefits as stated regarding this regulatory action and to specify certain fees. This proposed section would not apply to a PA-CRT-F because such persons are subject to fees specified in section 30408.

Proposed subsection (a)(1) is needed to cover the costs of the following administrative functions:

1. Processing applications including verification and entering of information into computer database, cashiering of payment, and correspondence with applicant as necessary;
2. Develop and provide training to staff on regulatory and program policy changes, research and respond to internal and external stakeholders, including preparing written correspondence;
3. Develop and provide training to program technician II (PT II) on regulatory and policy changes associated with the certification program area, and researching and responding to inquires from internal and external stakeholders, including preparing written correspondence. Analyze laws, regulations and policy changes to determine program impact regarding changes to the existing certification application process or develop new application processes;
4. Evaluating training documentation, conducting quality assurance of technical evaluations and compliance actions;
5. Notifying applicants of exam dates, locations and times;
6. Reporting scores to applicants, including additional follow up correspondence;
7. Issuing documents; and
8. Maintaining records.

The proposed application fee of \$98 covers the cost of the above functions as follows:

<b>Estimate for Application Fee</b>					
<b>Staff Classification performing task</b>	<b>Task #</b>	<b>Total Program Cost* (A)</b>	<b>Hourly Rate (A/1800**)</b>	<b>Estimated time to complete tasks</b>	<b>Staff Cost per application (time X rate)</b>
Program Technician II	1, 4, 5, & 6	\$ 79,542	\$ 44.19	0.6 hour	\$ 26.51
Associate Governmental Program Analyst	2	\$120,031	\$ 66.68	0.6 hour	\$ 40.01
Associate Health Physician	3	\$143,313	\$ 79.62	0.4 hour	\$ 31.85
<b>Estimated Application Fee*</b>					<b>\$ 98.00</b>
*Rounded					
**1800 hours used to account for staff-leave time.					

Fluoroscopy Permit Requirements for Physician Assistants  
DPH-10-006  
May 2012

Proposed subsection (a)(2) is needed to clarify that examination and reexamination fees are as established by entities or organizations approved by the Department to administer Department-approved examinations. From enactment of the RT Act in 1969, written examinations were conducted on specific days at specific locations by the Department. In 2000, the Department reviewed and accepted the certification examinations of the ARRT in lieu of the Department's own diagnostic radiography and radiation therapy examinations, as authorized by H&S Code 107010. ARRT also administers the Department-developed fluoroscopy examination (Reference 4) for purposes of issuing a fluoroscopy permit to radiologic technologists (17 CCR 30451) and licentiates of the healing arts (17 CCR 30466). Because the ARRT offers continuous computer-based testing throughout the United States and territories and allows the individual to schedule an examination within a 90-day window for convenience, the Department no longer performs the examination function. To provide such ubiquitous business services, the ARRT charges its own fee for services related to the availability and convenience of the tests. Since individuals are given the flexibility to decide when and where they take the required examination, it is necessary that the Department be non-specific regarding the fee charged.

Proposed subsection (a)(3) is needed to cover the costs of the following administrative functions for renewing authorizations:

1. Compiling, printing and mailing renewal billing notice;
2. Receiving and processing fee submittal;
3. Verifying submitted information is consistent with existing database information, and make changes as needed;
4. Developing and providing training to PT II on regulatory and policy changes associated with the certification program, and researching and responding to inquires from internal and external stakeholders, including preparing written correspondence. Analyze laws, regulations and policy changes to determine program impact regarding changes to the existing certification application process or develop new application processes;
5. Verifying completion of required CE credits;
6. Contacting and corresponding with applicant as needed;
7. Issuing and mailing new authorization; and
8. Auditing validity of CEC, assisting in developing needed legislative/regulatory changes, compliance actions such as permit revocation/suspension, tracking compliance history, assisting legal staff on technical issues, and conducting quality assurance of program.

The proposed annual renewal fee of \$52 covers the cost of the above functions as follows:

<b>Estimate for Annual Renewal Fee</b>					
<b>Staff Classification</b>	<b>Task #</b>	<b>Total Program</b>	<b>Hourly Rate</b>	<b>Estimated Time to</b>	<b>Staff Cost</b>

Fluoroscopy Permit Requirements for Physician Assistants  
DPH-10-006  
May 2012

		<b>Cost* (A)</b>	<b>(A/1800**)</b>	<b>complete tasks</b>	<b>application (time X rate)</b>
Program Technician II	1, 2, 3, 5 & 6	\$ 79,542	\$ 44.19	0.35 hour	\$ 15.47
Associate Governmental Program Analyst	4	\$120,031	\$ 66.68	0.25 hour	\$ 16.67
Associate Health Physicist	8	\$143,313	\$ 79.62	0.25 hour	\$ 19.90
<b>Estimated Annual Renewal Fee*</b>					<b>\$ 52.00</b>
*Rounded					
**1800 hours used to account for staff-leave time.					

Subsection (a)(3) also informs the PA that the annual fee will be collected biennially and be twice the annual fee. Pursuant to H&S Code 107080 the renewal process is annual. However, H&S Code 100305 allows the Department, by regulation, to establish a biennial process. Current Department permitting and certifying processes are on a two-year renewal cycle. This proposal is necessary to make the proposed renewal process consistent with the existing renewal processes.

Subsections (a)(4) and (a)(5) are necessary to inform the PA of fees specified in H&S Code 107080(d) and (e). The penalty fee of \$5.44 and duplicate permit fee of \$1.09 are determined as follows:

- Duplicate Permit Fee: \$1.09:
  - H&S Code 107080(e) fee: \$1.00
  - 9 cents: determined in the same manner as the penalty fee.
- Penalty Fee: \$5.44:
  - H&S Code 107080(d) fee: \$5.00;
  - 44 cents: Determined as follows:
    - H&S Code 100425 includes fees charged pursuant to section 107080. The 44 cents accounts for the Legislative authorized increases under the following Budget Acts:
      - 1994 (Stats. 1994, ch. 139, § 2.00, p. 833.)
      - 1995 (Stats. 1995, ch. 303, § 2.00, pp. 1096 – 1097.)
      - 1996 (Stats. 1996, ch. 162, § 2.00, pp. 877 – 878.)

Subsection (a)(6) is necessary to inform the PA what happens if the renewal fee is not paid as specified in H&S Code 107085. Though this proposal is duplicative of the law, it provides clarity as to what the actual fees are.

Subsection (b) is necessary to inform the PA community that the fees are subject to adjustment by the Legislature and are not refundable. Making the fees nonrefundable is

necessary because the cost of processing the application is incurred regardless of the applicant passing the review process.

**Article 3, Unauthorized Activities and Validity**, is proposed to be added for structural purposes and is nonsubstantial.

**Section 30456.10** is proposed to be adopted to both address the problems and realize the benefits as stated regarding this regulatory action and to specify restrictions placed on the PA fluoroscopy permit. This proposed section would not apply to a PA-CRT-F because such persons are subject to other certifying requirements and restrictions under the RT Act and its regulations.

Subsection (a)(1) is needed to clarify that the PA may not act in the capacity of a certified supervisor or operator because the law does not identify a PA as such. (H&S Code 114850(i).) Subsection (a)(2) is needed to inform the PA that H&S Code 114872(f) limits the authorization of the PA fluoroscopy permit. Subsections (a)(3) and (a)(4) are needed to clarify that the performance of mammography and radiography are prohibited. Fluoroscopy X-ray equipment possess the technical functional ability to take single X-ray images of the body, including the breast. However, use of such equipment for mammography is prohibited under the federal Mammography Quality Standards Act (Public Law 102-539, reauthorized at Public Law 105-248 and 108-365) and its regulations (title 21, Code of Federal Regulations, Part 900). Department regulations also exclude such equipment for mammography purposes pursuant to 17 CCR 30316. Radiography and fluoroscopy are defined in sections 30400.40 and 30400.85, respectively, and provide the basic equipment parameters of types of X-ray equipment. Thus, subsections (a)(3) and (a)(4) clarify that the fluoroscopy permit authorizes the performance of fluoroscopy but not radiography or mammography.

Subsection (b) is needed to inform the PA that the issued authorization is valid only if the PA's license is valid because the PA license establishes the minimum qualification needed to obtain and hold the PA fluoroscopy permit. If that license is invalid, then the underlying authorization for the PA fluoroscopy permit is lost, making the permit invalid. This proposal provides further clarification to the healthcare industry that the PA fluoroscopy permit is inextricably tied to the PA's license.

**Article 4, Grounds for Suspension, Revocation, Amendment, or Restriction of Physician Assistant Fluoroscopy Permits**, is proposed to be added for structural purposes and is nonsubstantial.

**Section 30456.12** is proposed to be adopted to both address the problems and realize the benefits as stated regarding this regulatory action, to specify reasons for taking certain actions, and is needed to inform holders of permits that such authorizations are subject to revocation, suspension, amendment or restriction. This proposed section would not apply to a PA-CRT-F because such persons are subject to other certifying requirements and restrictions under the RT Act and its regulations.

Fluoroscopy Permit Requirements for Physician Assistants  
DPH-10-006  
May 2012

Subsection (a)(1) is needed to inform the permit holder that the RT Act specifies certain reasons authorizations and applications may be denied, revoked or suspended.

Subsection (a)(2) is needed because the specified authorization is based on the ability of the individual to competently perform the authorized activities and to comply with Department standards. Further, violation of an order, which is issued when an emergency is identified, is included because such violation can put the public health and safety at risk.

Subsection (a)(3) is needed to inform permit holders that they are subject to the Radiation Control Law and its regulations. The cited laws and regulations are applicable to the use of any radiation source, including fluoroscopy X-ray equipment.

Subsection (a)(4) is needed because the PA's license establishes the minimum qualification for the PA fluoroscopy permit. If the individual's PA license is revoked, suspended, or limited by the authorizing state agency (i.e., the PA Committee), the individual may no longer meet this minimum qualification. The PA fluoroscopy permit is valid only if the PA license is valid.

## **STATEMENTS OF DETERMINATIONS**

CDPH has determined that the proposed regulatory action would have no significant adverse economic impact on California business enterprises and individuals, including the ability of California businesses to compete with businesses in other states.

CDPH has determined that the regulation would not impose a mandate on local agencies or school districts, nor are there any costs for which reimbursement is required by part 7 (commencing with Section 17500) of division 4 of the Government Code.

CDPH has determined that there would not be an effect on small business because PAs are not small businesses.

CDPH has determined that the regulations will have no impact on housing costs.

CDPH has determined that no reasonable alternative considered by CDPH or that has otherwise been identified and brought to the attention of CDPH would be more effective in carrying out the purpose for which the action is proposed or would be as effective and less burdensome to affected private persons than the proposed regulatory action, or would be more cost-effective to affected private persons and equally effective in implementing AB 356.

## **ECONOMIC IMPACT ASSESSMENT**

CDPH analyzed whether and to what extent this proposal affects the following:

1. **The creation or elimination of jobs within the State of California.** This proposal may create new jobs to address the establishment of a new permit. Creation of new jobs is likely to be not significant because this proposal only expands the scope of practice of a PA, applies to a limited pool of individuals, and obtaining the new permit is discretionary.
2. **The creation of new businesses or the elimination of existing businesses within the State of California.** This proposal may create new businesses to address the establishment of a new permit. Creation of new businesses is likely to be not significant because the proposal only expands the scope of practice of a PA, applies to a limited pool of individuals, and obtaining the new permit is discretionary.
3. **The expansion of businesses currently doing business within the State of California.** Businesses may expand somewhat to meet the training needs of new clientele. Expansion is likely to be not significant because the proposal only expands the scope of practice of a PA, applies to a limited pool of individuals, and obtaining the new permit is discretionary.
4. **The benefits of the regulation to the health and welfare of California residents, and increases worker safety.** This proposal significantly increases the benefits to the health and welfare of California residents and worker safety because it ensures users of fluoroscopy X-ray equipment can safely and competently keep a patient's radiation exposure to a minimum and protect themselves, and other workers, from receiving unnecessary radiation exposure. This proposal would not affect the state's environment because the radiation energy emitted from the use of fluoroscopy X-ray equipment dissipates to normal atomic structures without environmental contamination.

## DOCUMENTS RELIED UPON

### Reference 1:

"Delegation of Services Agreements – Change in Regulations" published by the Physician Assistant Committee. Available at:  
[http://www.pac.ca.gov/forms\\_pubs/delegation.pdf](http://www.pac.ca.gov/forms_pubs/delegation.pdf). (accessed on October 11, 2012).

### Reference 2:

"Fluoroscopy Educational Framework for the Physician Assistant" created by American Academy of Physician Assistants and the American Society of Radiologic Technologists, published December 2009. Available at:  
[http://www.aapa.org/uploadedFiles/content/Common/Files/fluoroscopy\\_educational\\_framework\\_ASRT\\_AAPA\\_12-09.pdf](http://www.aapa.org/uploadedFiles/content/Common/Files/fluoroscopy_educational_framework_ASRT_AAPA_12-09.pdf) (accessed on October 11, 2012).

### Reference 3:

"Radiologic Technology Certification Committee (RTCC), September 23, 2009 meeting minutes. Available at: <http://www.cdph.ca.gov/services/boards/Documents/RTCC-Minutes-2009-09-23.pdf> (accessed on October 11, 2012).

### Reference 4:

"Content Specifications for the Fluoroscopy Examination", ARRT, publication date: November 2010. Available at: <https://www.rrt.org >> Links>>Exam Content Specifications>>Fluoroscopy> (accessed on October 11, 2012).

### Reference 5:

"County Count Summary for Physician Assistant Licenses," October, November, December 2010, Physician Assistant Committee. Available at:  
[http://www.pac.ca.gov/licensees/license\\_123110.pdf](http://www.pac.ca.gov/licensees/license_123110.pdf) (accessed on October 11, 2012).

**TITLE 17. PUBLIC HEALTH**  
**DIVISION 1. STATE DEPARTMENT OF HEALTH SERVICES**  
**CHAPTER 5. SANITATION (ENVIRONMENTAL)**  
**SUBCHAPTER 4.5. Radiologic Technology**

Designate new Group 4.6 to read as follows:

**GROUP 4.6. Use of Fluoroscopy Equipment by Physician Assistants.**

Designate new Article 1 to read as follows:

**Article 1. Authorization for Physician Assistants to Use Fluoroscopy Equipment.**

Adopt Section 30456 to read as follows:

**§ 30456. General Provisions.**

(a) Provisions found in Group 1 of this subchapter apply to this article unless otherwise specified in this article.

(b) Sections 30456.1 and 30456.10 shall not be construed to restrict an individual who holds, pursuant to section 30451, a current and valid radiologic technologist fluoroscopy (RTF) permit from performing a procedure otherwise authorized by the RTF permit.

(c) Section 30456.4 does not apply to individuals who possess a current and valid RTF permit issued pursuant to section 30451.

Note: Authority cited: Sections 114872 and 131200, Health and Safety Code. Reference: Sections 106995, 114872, 131050, 131051 and 131052, Health and Safety Code.

Adopt Section 30456.1 to read as follows:

**§ 30456.1 Authorization for Physician Assistants to Use Fluoroscopy Equipment.**

(a) Any individual holding a current and valid physician assistant (PA) license issued under the Physician Assistant Practice Act (PAP Act) (Business and Professions Code, section 3500 et seq.) may use fluoroscopy on people only if, and only for so long as, the individual:

(1) Holds a current and valid:

(A) Physician Assistant fluoroscopy permit issued pursuant to section 30456.2; or

(B) Radiologic Technologist fluoroscopy permit issued pursuant to section 30451;

(2) Is performing only those fluoroscopy procedures:

(A) That the PA's supervising physician has previously determined the PA can competently perform and for which written guidelines have been established pursuant to the PAP Act and its accompanying regulations;

(B) That are identified on the PA's Delegation of Services Agreement (DSA) in accordance with applicable provisions of the PAP Act and its accompanying regulations;

(C) That have been delegated by, and that are performed under the supervision of, the PA's supervising physician who is identified on the PA's DSA and who holds, pursuant to section 30466, a current and valid radiology supervisor and operator certificate or a fluoroscopy supervisor and operator permit. A PA may use fluoroscopy X-ray equipment while assisting a licensed podiatrist only if the PA is in compliance with the PAP Act and its accompanying regulations and the licensed podiatrist holds, pursuant to section 30466, a current and valid fluoroscopy supervisor and operator permit; and

(3) Keeps on file at each practice site, and makes available to the Department upon request, copies of:

(A) Each DSA under which the PA provides services, with the DSA to include documentation of competency determination as well as the written guidelines specified in subsection (a)(2)(A) for each procedure listed on the DSA; and

(B) For each supervising physician identified on the PA's DSA, a copy of the physician and surgeon's current and valid radiology supervisor and operator certificate or fluoroscopy

podiatrist as specified in subsection (a)(2)(C), a copy of the podiatrist's fluoroscopy supervisor and operator permit shall also be maintained and made available upon Department request.

Note: Authority cited: Sections 114872 and 131200, Health and Safety Code. Reference: Sections 106995, 114872, 131050, 131051 and 131052, Health and Safety Code.

Adopt Article 2 to read as follows:

**Article 2. Application Process and Administration of Physician Assistant  
Fluoroscopy Permits.**

Adopt Section 30456.2 to read as follows:

**§ 30456.2. Eligibility for and Renewal of a Physician Assistant Fluoroscopy Permit.**

(a) To be eligible for a Physician Assistant (PA) fluoroscopy permit, an applicant shall:

(1) Submit all of the following to the Department:

(A) The legal name, mailing address, and telephone number of the applicant;

(B) The applicant's social security number. (Pursuant to the authority found in sections 114872, 131055 and 131200 of the Health and Safety Code and as required by section 17520 of the Family Code, providing the social security number is mandatory. The social security number will be used for purposes of identification);

(C) A copy of the applicant's PA license, as issued by the Department of Consumer Affairs, Physician Assistant Committee;

(D) Documentation that the applicant has completed the coursework and clinical training specified in section 30456.4 through a provider specified in section 30456.4(d). This documentation shall include the name of the provider and its Department-issued identification number, and the signature of the school's official attesting that the student satisfactorily completed both the coursework and clinical training, with the date that coursework and clinical training was completed; and

(E) The application fee specified in section 30456.8; and

(2) Pass a Department-approved examination in fluoroscopy radiation protection and safety, and the use of fluoroscopy and ancillary equipment.

(b) Notwithstanding section 30403.5, to renew a PA fluoroscopy permit issued pursuant to this section, the holder shall:

(1) At least 30 calendar days prior to the permit's expiration date, submit to the Department the applicant's name, mailing address, telephone number, fluoroscopy permit number, and PA license number and expiration date;

(2) Every two years, submit to the Department the following information regarding approved continuing education credit as required by section 30456.6:

(A) The identity of the group(s) listed in section 30456.6(b) that accepted the instruction;

(B) The provider of the instruction and the provider's contact information;

(C) A description of the instruction; and

(D) The date(s) of the instruction; and

(3) Pay the renewal fee as specified in section 30456.8.

(c) Subsection (b) does not apply to PAs authorized to use fluoroscopy equipment under this Article by holding the radiologic technology fluoroscopy (RTF) permit as specified in section 30456.1(a)(1)(B). For purposes of renewing the RTF permit, the PA shall comply with section 30403.5.

(d) The Department may deny a PA fluoroscopy permit, or deny permit renewal, on the basis of any the reasons set forth in section 107070 of the Health and Safety Code which pertain to denial of certificates and permits, notwithstanding the fact that the individual has otherwise satisfied the requirements of this section.

Note: Authority cited: Sections 114872 and 131200, Health and Safety Code. Reference: Sections 106995, 114872, 131050, 131051 and 131052, Health and Safety Code.

Adopt Section 30456.4 to read as follows:

**§ 30456.4. Fluoroscopy Coursework, Clinical Training, and Providers.**

(a) For purposes of section 30456.2(a)(1)(D), the fluoroscopy coursework and clinical training specified in subsection (b) shall be completed through a provider specified in subsection (d).

(b) Fluoroscopy coursework and clinical training shall include:

(1) Coursework comprising no less than 40 hours of instruction that fully covers the subject matter in the didactic content section of the "Fluoroscopy Educational Framework for the Physician Assistant" published by the American Society of Radiologic Technologists and dated December 2009\*, which is hereby incorporated by reference; and

(2) Supervised clinical training of at least 40 hours in duration during which fluoroscopic procedures are performed. Procedures may be performed only if a holder of a current and valid radiology supervisor and operator certificate issued pursuant to section 30466, a fluoroscopy supervisor and operator permit issued pursuant to section 30466, or a radiologic technologist fluoroscopy permit issued pursuant to section 30451 is physically present to observe, verify, and correct as needed the performance of the individual operating the fluoroscopy equipment during the procedures. Performance, for purposes of this subsection, means, and is limited to, the individual's competence to effectively and safely use fluoroscopy equipment; and

(c) Documentation of clinical training as specified in subsection (b)(2) shall include an orientation check-off of each fluoroscopic room or portable fluoroscopy device prior to initial use. The document "Fluoroscopic Device Orientation Check-off" as found in the publication identified in subsection (a)(1) shall be used. Documentation of procedures performed shall include the name of the procedure, the date and time of day the procedure was performed, the facility, including location, where performed, and the name and certificate or permit number of the person observing and verifying performance.

(d) The coursework and clinical training specified in subsection (b) shall be obtained through a Department-approved:

(1) Diagnostic radiologic technology school; or

(2) Radiologic technologist fluoroscopy permit school

Note: Authority cited: Sections 114872 and 131200, Health and Safety Code. Reference: Sections 114872, 131050, 131051 and 131052, Health and Safety Code.

\*Copies of this document are available at: (1) [http://www.aapa.org/images/stories/Advocacy-state-summaries/fluoroscopy\\_educational\\_framework\\_ASRT\\_AAPA\\_12-09.pdf](http://www.aapa.org/images/stories/Advocacy-state-summaries/fluoroscopy_educational_framework_ASRT_AAPA_12-09.pdf) or (2) [https://www.asrt.org/media/pdf/educators/ed\\_fluoroscopy\\_framework\\_ASRT\\_AAPA\\_12-09.pdf](https://www.asrt.org/media/pdf/educators/ed_fluoroscopy_framework_ASRT_AAPA_12-09.pdf).

Adopt Section 30456.6 to read as follows:

**§30456.6. Requirements for Continuing Education in Fluoroscopy for Physician Assistants.**

(a) Notwithstanding section 30403, physician assistants permitted pursuant to section 30456.2 shall, in the two years immediately preceding the expiration date of the permit, earn no less than ten approved continuing education credits as defined in subsection (b), with at least four of the credits addressing radiation safety for the clinical uses of fluoroscopy.

(b) Notwithstanding section 30400.5, for purposes of subsection (a), "approved continuing education credits" means one hour increments of instruction received in subjects related to the application of X-ray to the human body, which have been accepted for purposes of licensing, credentialing, assigning professional status, or certification, by any of the following entities:

- (1) American Registry of Radiologic Technologists;
- (2) California Physician Assistant Committee;
- (3) Medical Board of California;
- (4) Osteopathic Medical Board of California;
- (5) California Board of Chiropractic Examiners; or
- (6) Board of Podiatric Medicine.

Note: Authority cited: Sections 114872 and 131200, Health and Safety Code. Reference: Sections 106995, 114872, 131050, 131051 and 131052, Health and Safety Code.

Adopt Section 30456.8 to read as follows:

**§30456.8. Fees.**

(a) Notwithstanding section 30408:

(1) The initial application fee, payable to the Department, for a physician assistant (PA) fluoroscopy permit shall be \$98;

(2) The examination fee, or reexamination fee if retaking an examination due to failure to pass the examination, shall be as specified by, and paid to, the entities or organizations designated by the Department to administer Department-approved examinations;

(3) For purposes of section 30456.2(b), the annual renewal fee, payable to the Department, shall be \$52. The renewal fee shall be collected biennially and such fee shall be twice the annual renewal fee;

(4) The fee for a duplicate permit shall be \$1.09, payable to the Department;

(5) Subject to subsection (a)(6), the penalty fee for renewal of an expired permit shall be \$5.44 and shall be in addition to the fee for renewal and payable to the Department; and

(6) Failure to pay the annual fee for renewal on or before the expiration date of the permit shall automatically suspend the permit. If the annual renewal fee is not paid within six months following such date, the permit shall be revoked. A permit revoked for nonpayment of the renewal fee may be reinstated within five years from the time of revocation upon payment of the penalty fee specified in subsection (a)(5) plus twice the annual renewal fee specified in subsection (a)(3). If the application for reinstatement is not made within five years from the date of suspension of the permit, the permit shall be canceled and shall not be subject to reinstatement.

(b) Fees required by this section are:

(1) Subject to adjustment pursuant to section 100425 of the Health and Safety Code; and

(2) Nonrefundable.

Adopt Article 3 to read as follows:

**Article 3. Unauthorized Activities and Validity.**

Adopt Section 30456.10 to read as follows:

**§ 30456.10. Physician Assistant Fluoroscopy Permits: Unauthorized Activities and Validity.**

(a) A physician assistant (PA) fluoroscopy permit issued pursuant to section 30456.2 does not authorize the holder of the permit to:

(1) Act as a certified supervisor or operator as defined in section 114850(i) of the Health and Safety Code;

(2) Perform any procedure utilizing ionizing radiation except as authorized pursuant to section 30456.1;

(3) Perform mammography as defined in section 114850(l) of the Health and Safety Code;  
and

(4) Perform radiography as defined in this subchapter.

(b) A PA fluoroscopy permit is valid up to and including the expiration date stated on the permit, provided that the permit holder's PA license issued under the Physician Assistant Practice Act (Business and Professions Code, section 3500 et seq.) is current and valid. If the holder's PA license expires prior to the expiration date on the PA fluoroscopy permit, the PA fluoroscopy permit shall be invalid and the permit holder may not perform fluoroscopy procedures pending renewal or reinstatement of the holder's PA license.

Note: Authority cited: Sections 114872 and 131200, Health and Safety Code. Reference: Sections 106995, 114872, 131050, 131051 and 131052, Health and Safety Code.

Adopt Article 4 to read as follows:

**Article 4. Grounds for Suspension, Revocation, Amendment, or Restriction of Physician Assistant Fluoroscopy Permits.**

Adopt Section 30456.12 to read as follows:

**§ 30456.12. Grounds for Suspension, Revocation, Amendment, or Restriction of Physician Assistant Fluoroscopy Permits.**

(a) Physician assistant fluoroscopy permits may be revoked, suspended, amended, or restricted for any of the following reasons:

(1) Those reasons as specified in sections 107070 and 107085 of the Health and Safety Code.

(2) Violation of any provision of the Radiologic Technology Act (Health and Safety Code, section 27), any regulation promulgated pursuant to that Act, or any order of the Department.

(3) Violation of any provision of the Radiation Control Law (Health and Safety Code, section 114960 et seq.), any regulation promulgated pursuant to that Law, or any order of the Department.

(4) Loss of licensure as a physician assistant (PA), or suspension or restriction of a PA license by the California Physician Assistant Committee.

Note: Authority cited: Sections 114872 and 131200, Health and Safety Code. Reference: Sections 114872, 131050, 131051 and 131052, Health and Safety Code.

## DOCUMENTS RELIED UPON

### Reference 1:

“Delegation of Services Agreements – Change in Regulations” published by the Physician Assistant Committee. Available at:  
[http://www.pac.ca.gov/forms\\_pubs/delegation.pdf](http://www.pac.ca.gov/forms_pubs/delegation.pdf). (accessed on October 11, 2012).

### Reference 2:

“Fluoroscopy Educational Framework for the Physician Assistant” created by American Academy of Physician Assistants and the American Society of Radiologic Technologists, published December 2009. Available at:  
[http://www.aapa.org/uploadedFiles/content/Common/Files/fluoroscopy\\_educational\\_framework\\_ASRT\\_AAPA\\_12-09.pdf](http://www.aapa.org/uploadedFiles/content/Common/Files/fluoroscopy_educational_framework_ASRT_AAPA_12-09.pdf) (accessed on October 11, 2012).

### Reference 3:

“Radiologic Technology Certification Committee (RTCC), September 23, 2009 meeting minutes. Available at:  
<http://www.cdph.ca.gov/services/boards/Documents/RTCC-Minutes-2009-09-23.pdf> (accessed on October 11, 2012).

### Reference 4:

“Content Specifications for the Fluoroscopy Examination”, ARRT, publication date: November 2010. Available at: <https://www.artt.org >> Links>>Exam Content Specifications>>Fluoroscopy> (accessed on October 11, 2012).

### Reference 5:

“County Count Summary for Physician Assistant Licenses,” October, November, December 2010, Physician Assistant Committee. Available at:  
[http://www.pac.ca.gov/licensees/license\\_123110.pdf](http://www.pac.ca.gov/licensees/license_123110.pdf) (accessed on October 11, 2012).



## CURRENT BILL STATUS

MEASURE : A.B. No. 1588  
AUTHOR(S) : Atkins (Principal coauthors: Cook and Nielsen)  
(Coauthors: Allen, Bill Berryhill, Block, Butler, Beth  
Gaines, Pan, V. Manuel Pérez, Williams, and Yamada).  
TOPIC : Professions and vocations: reservist licensees: fees and  
continuing education.  
+LAST AMENDED DATE : 08/22/2012

## TYPE OF BILL :

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

LAST HIST. ACT. DATE: 09/29/2012  
LAST HIST. ACTION : Chaptered by Secretary of State - Chapter 742, 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 114.3 to the Business and  
Professions Code, relating to professions and vocations.

BILL NUMBER: AB 1588 CHAPTERED  
BILL TEXT

CHAPTER 742

FILED WITH SECRETARY OF STATE SEPTEMBER 29, 2012

APPROVED BY GOVERNOR SEPTEMBER 29, 2012

PASSED THE SENATE AUGUST 28, 2012

PASSED THE ASSEMBLY AUGUST 29, 2012

AMENDED IN SENATE AUGUST 22, 2012

AMENDED IN SENATE JUNE 25, 2012

AMENDED IN ASSEMBLY MARCH 5, 2012

INTRODUCED BY Assembly Member Atkins  
(Principal coauthors: Assembly Members Cook and Nielsen)  
(Coauthors: Assembly Members Allen, Bill Berryhill, Block,  
Butler, Beth Gaines, Pan, V. Manuel Pérez, Williams, and Yamada)

FEBRUARY 6, 2012

An act to add Section 114.3 to the Business and Professions Code,  
relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 1588, Atkins. Professions and vocations: reservist licensees:  
fees and continuing education.

Existing law provides for the regulation of various professions  
and vocations by boards within the Department of Consumer Affairs and  
for the licensure or registration of individuals in that regard.  
Existing law authorizes any licensee whose license expired while he  
or she was on active duty as a member of the California National  
Guard or the United States Armed Forces to reinstate his or her  
license without examination or penalty if certain requirements are  
met.

This bill would require the boards described above, with certain  
exceptions, to waive the renewal fees, continuing education  
requirements, and other renewal requirements as determined by the  
board, if any are applicable, of any licensee or registrant who is  
called to active duty as a member of the United States Armed Forces  
or the California National Guard if certain requirements are met. The  
bill would, except as specified, prohibit a licensee or registrant  
from engaging in any activities requiring a license while a waiver is  
in effect. The bill would require a licensee or registrant to meet  
certain renewal requirements within a specified time period after  
being discharged from active duty service prior to engaging in any  
activity requiring a license. The bill would require a licensee or  
registrant to notify the board of his or her discharge from active  
duty within a specified time period.

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

SECTION 1. Section 114.3 is added to the Business and Professions  
Code, to read:

114.3. (a) Notwithstanding any other provision of law, every  
board, as defined in Section 22, within the department shall waive  
the renewal fees, continuing education requirements, and

applicable, for any licensee or registrant called to active duty as a member of the United States Armed Forces or the California National Guard if all of the following requirements are met:

- (1) The licensee or registrant possessed a current and valid license with the board at the time he or she was called to active duty.
  - (2) The renewal requirements are waived only for the period during which the licensee or registrant is on active duty service.
  - (3) Written documentation that substantiates the licensee or registrant's active duty service is provided to the board.
- (b) (1) Except as specified in paragraph (2), the licensee or registrant shall not engage in any activities requiring a license during the period that the waivers provided by this section are in effect.
- (2) If the licensee or registrant will provide services for which he or she is licensed while on active duty, the board shall convert the license status to military active and no private practice of any type shall be permitted.
- (c) In order to engage in any activities for which he or she is licensed once discharged from active duty, the licensee or registrant shall meet all necessary renewal requirements as determined by the board within six months from the licensee's or registrant's date of discharge from active duty service.
- (d) After a licensee or registrant receives notice of his or her discharge date, the licensee or registrant shall notify the board of his or her discharge from active duty within 60 days of receiving his or her notice of discharge.
- (e) A board may adopt regulations to carry out the provisions of this section.
- (f) This section shall not apply to any board that has a similar license renewal waiver process statutorily authorized for that board.

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.

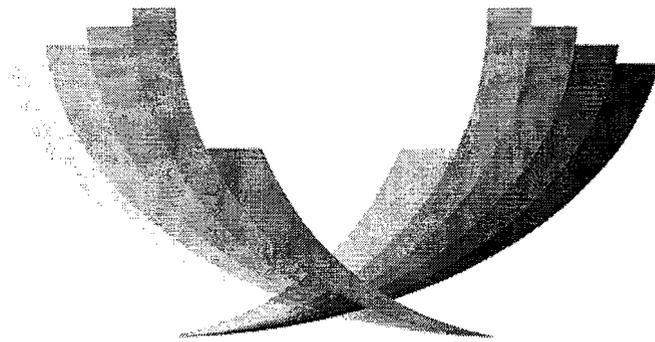
(b) A board may adopt regulations necessary to administer this section.



---

# California Department of Consumer Affairs

2010 – 2012 Strategic Plan



**dca**

CALIFORNIA DEPARTMENT OF  
CONSUMER AFFAIRS

## Preface

To All Stakeholders:

I am pleased to present the Department of Consumer Affairs *2010 – 2012 Strategic Plan*. The Department and the State of California face enormous challenges in the years ahead, and I am proud of our staff's commitment to excellence in consumer protection. We are steadfast in our belief that the interests of consumers must be the guiding principle in all that we do. Our mission, vision, values goals and objectives clearly reflect that belief.

While many important themes and goals from our *2008-10 Strategic Plan* remain in this updated version – process improvement, customer service, efficient and timely licensing and regulation – some of the content is new. For example, the department has embarked on a Consumer Protection Enforcement Initiative, aimed at reducing the cycle time for our investigations. We have also taken steps to quickly reduce our licensing backlogs, in support of the Administration's job creation efforts.

We are committed to transparency and accountability. To that end, this version of the Strategic Plan contains a description of how we plan to measure our progress and success. Progress on most of the measures will be reported quarterly on the Department's website beginning in July 2010. In addition, we describe significant completed objectives from the previous plan.

We recognize the ambitiousness of many of the *2010 - 2012 Strategic Plan's* goals and objectives. We challenge ourselves to reach for them because we believe they will result in the level and quality of service that our customers – California consumers and licensees – want and deserve.

Sincerely,

BRIAN J. STIGER  
Director  
California Department of Consumer Affairs

## **Our Mission**

To protect and serve the interests of California consumers.

## **Our Vision**

California consumers make informed choices and have access to competent and ethical service providers.

## **Our Values**

As a government agency dedicated to serving the interests of California consumers, the Department of Consumer Affairs (DCA) values:

**Accountability** – We are accountable to the people of California and each other as stakeholders. We operate transparently and encourage public participation in our decision-making whenever possible.

**Efficiency** – We diligently identify the best ways to deliver high-quality services with the most efficient use of our resources.

**Effectiveness** – We make informed decisions that make a difference and have a positive, measurable impact.

**Integrity** – We are honest, fair, and respectful in our treatment of everyone.

**Customer Service** -- We acknowledge all stakeholders as our customers, listen to them, and take their needs into account.

**Employees** – We are an employer of choice and strategically recruit, train, and retain employees. We value and recognize employee contributions and talent.

**Unity** – We draw strength from our organizational diversity as well as California's ever-changing cultural and economic diversity.

# How Will We Achieve It?

## Goals and Objectives

### Goal 1

California is the recognized national leader in enforcement.

### Objective 1.1

Set and maintain model professional standards in enforcement by December 31, 2012.

### Major Activities for Objective 1.1

- Establish and track monthly Enforcement Improvement Plans for each board, bureau and program.
- Institute a mandatory Enforcement Academy for all sworn and non-sworn enforcement staff members.
- Reduce Division of Investigation case cycle time to six months.
- Institute a Best Practices Committee to research and identify internal and external best enforcement practices.
- Implement efficient department-wide uniform guidelines for: intake and complaint handling, anonymous complaint handling, electronic mail ballots for board members, and complaint prioritization.
- Facilitate a data exchange procedure with the Attorney General's office.
- Introduce an enforcement audit program.
- Create an Unlicensed Activity Initiative to address unlicensed activity violations.
- Develop standard procedures for contracting with subject matter experts.
- Hire health care consultants.
- Enable parallel investigations for the Division of Investigation.

- Establish an Enforcement Managers Roundtable to improve communications and exchange best practices.
- Establish a contract with a collection agency to collect outstanding licensee fees.

## **Objective 1.2**

Update and optimize enforcement related operating systems, equipment, and software by December 31, 2012.

### **Major Activities for Objective 1.2**

- Implement the Enforcement Activity Report.
- Redesign the department's computer coding system for intake, complaint resolution, investigations, and discipline.
- Utilize webcasting to broadcast the Director's enforcement message at Board, Bureau, and Program meetings.
- Implement enforcement fingerprinting regulations for new and retro-active licensees.
- Research, design, and apply a superior IT system.

## **Objective 1.3**

Update current and introduce new legislation and regulations to more effectively conduct enforcement activities by December 31, 2010.

### **Major Activities for Objective 1.3**

- Delegate subpoena authority to board executive officers to expedite investigation cycles.
- Develop new legislation for all healing arts programs to adopt more effective enforcement capabilities.
- Implement uniform standards for substance-abusing healing arts licensees within all healing arts programs.
- Develop new legislation for all non-healing arts programs to adopt more effective enforcement capabilities.

## **Objective 1.4**

Identify and obtain the resources needed to implement objectives 1.1 – 1.3 by June 30, 2010.

### **Major Activities for Objective 1.4**

- Generate a Budget Change Proposal for additional non-sworn investigators, training for non-sworn investigators, and hiring and training additional complaint intake staff.
- Generate a Budget Change Proposal to increase enforcement resources for non-healing arts boards.

## **Goal 2**

Support the Administration's job-creation initiative by enabling individuals and/or businesses to expeditiously enter California's workforce and contribute to California's job growth.

## **Objective 2.1**

Reduce our pending applications for licensure by fifty percent by July 1, 2010, allowing approximately 36,300 individuals and/or businesses to enter the workforce.

### **Major Activities for Objective 2.1**

- Identify resources needed (overtime, temporary help).
- Obtain Department of Finance approval to utilize needed resources.
- Hire temporary staff to work on reducing the backlog.

## **Goal 3**

California is the recognized national leader in professional licensing, and contributes effectively to job growth in California.

## **Objective 3.1**

Evaluate the licensing process for efficiency by September 30, 2010.

### **Major Activities for Objective 3.1**

- Evaluate the process for issuing licenses; identify process improvements and identify and eliminate redundancies and bottlenecks in the process.
- Evaluate the process for issuing renewal applications; identify process improvement, and identify and eliminate redundancies and bottlenecks in the process.

- Ensure that all Boards and Bureaus have current licensing procedures and desk manuals available to licensing staff.
- Research, design, and apply a superior IT system.

### **Objective 3.2**

Evaluate the computer-based licensure examination process for efficiency by May 30, 2011.

#### **Major Activities for Objective 3.2**

Evaluate the computer-based licensure examination process, to identify process improvements.

Evaluate the effectiveness of the on-line occupational analyses for updating licensure examinations.

### **Objective 3.3**

Evaluate and modify the minimum qualifications for licensure for efficiency, defensibility, and accessibility by June 30, 2012.

#### **Major Activities for Objective 3.3**

- Evaluate the minimum qualifications for licensure to ensure that they remain relevant and consistent with the standard of practice.
- Seek legislative amendments, if necessary, to modify minimum qualifications.

### **Goal 4**

DCA's effective communication and outreach efforts provide consumers and licensees with relevant, timely, up-to-date information.

### **Objective 4.1**

Measure the effectiveness of existing consumer education campaigns by February 28, 2011.

#### **Major Activities for Objective 4.1**

- Develop and implement consumer surveys for evaluating the effectiveness of the department's consumer education campaigns (Take Charge California; Drive Healthy; and Inquire Before You Hire).
- Analyze survey results and modify the campaigns as necessary.

## **Objective 4.2**

Ensure that Consumer Information Call Center and staff are optimally equipped to respond effectively to consumer and licensee inquiries. Continuous, beginning April 2010.

### **Major Activities for Objective 4.2:**

- Update the Consumer Information Center's Interactive Voice Recording system.
- Provide Consumer Information Center staff (Call Center and Correspondence Unit staff) with continuous team-building, and customer service and subject matter training, to ensure the information they provide to consumers and licensees is accurate and conveyed courteously and professionally.

## **Objective 4.3**

Continuously provide information to licensees about current laws, regulations, and standards, beginning July 1, 2010.

### **Major Activities for Objective 4.3:**

- Distribute information described above to all DCA licensees.
- Facilitate a roundtable discussion with professional associations no less than annually.

## **Objective 4.4**

Develop partnerships with licensees to promote general consumer education by December 31, 2010.

### **Major Activities for 4.4:**

- Partner with professional associations to disseminate consumer protection information to their members.

## **Objective 4.5**

Provide opportunities for board members to learn and share best practices with each other by July 31, 2010.

### **Major Activities for Objective 4.5:**

- Conduct at least one training day each year for board members.

## **Goal 5**

DCA is "THE" state employer of choice in California.

### **Objective 5.1**

Develop programs and tools by November 30, 2010 that will enhance employee's professional development and help ensure a workforce that meets the Department's strategic objectives and succession needs.

#### **Major Activities for Objective 5.1**

- Develop and implement an internal job rotation program on a pilot basis to enhance employee training opportunities and development.
- Evaluate the success of the supervisors'/managers' pilot mentoring program.
- If pilot is successful, expand the program to include mentoring for Executive Officers and line staff.
- Complete the Knowledge Management Center and ensure that all boards, bureaus, and programs have plans to continuously update their procedures and desk manuals.

### **Objective 5.2**

Provide opportunities for all employees to learn and share with one another and with management. (Internal communication program to begin July 1, 2010.)

#### **Major Activities for Objective 5.2**

- DCA Director will hold town hall meetings no less than quarterly for employees to share their opinions and suggestions.
- Develop a formal departmental internal communications program, which includes the internal *Did You Know* newsletter.

## **Goal 6**

DCA provides excellent customer service to its external and internal stakeholders by adhering to the 7Cs of Customer Service – Complete, Concise, Correct, Concerned, Committed, Courteous, and Clear.

## **Objective 6.1**

Evaluate customer service levels to external stakeholders and make improvements where necessary by July 30, 2011.

### **Major Activities for Objective 6.1**

- Design and implement methods (e.g., surveys) and performance measures to continuously measure satisfaction of DCA's external customers (primarily, licensees and consumers).
- Evaluate feedback to determine the feasibility and viability of changing work practices to better meet licensees' and consumers' needs.
- Implement major recommendations.

## **Objective 6.2**

Evaluate customer service levels to DCA's client boards, bureaus, and programs by July 31, 2010.

### **Major Activities for Objective 6.2**

- Conduct internal client customer service surveys to ensure that DCA's divisions are providing good customer service to boards, bureaus, and programs.
- Evaluate feedback to determine the feasibility and viability of changing work practices to better meet employees' needs.
- Implement major recommendations.

## **Objective 6.3**

SOLID staff will conduct three process improvement projects by January 30, 2011, to ensure that internal business processes are as efficient as possible.

### **Major Activities for Objective 6.3**

- Complete the Human Resources Process Improvement Project, which includes an interactive Intranet tool and electronic versions of all human resource forms.
- Conduct process improvement for the DCA's licensing process.
- Conduct process improvement for the Correspondence Unit.

## **Goal 7**

DCA will keep abreast of and utilize the latest technological advances to better serve its stakeholders.

### **Objective 7.1**

Implement technology to enhance customer service for external and internal customers by December 31, 2012.

#### **Major Activities for Objective 7.1**

- Implement BreEZe, the Customer Service Center Web portal, ad-hoc reporting tool, and improved imaging capability.
- Promote the use of social media tools (Facebook, Twitter, and YouTube) as supported by the office of the State Chief Information Officer, to enhance customer service and communication with external stakeholders.
- Replace the department's Lotus Notes e-mail system with Outlook.

## What Have We Accomplished?

This section describes the objectives DCA accomplished since our last Strategic Plan was issued in 2008.

**Enforcement Enhancement and Improvement.** DCA embarked on an ambitious Consumer Protection Enforcement Initiative. The initiative takes a three-pronged approach at improving the department's enforcement function through legislation, internal process improvement, and enhanced resources. Program objectives are listed under Goal 1 of this plan. Some of the objectives have already been completed: the development of an internal tracking system for enforcement case monitoring; a first-time Enforcement Academy for middle managers; and the development of performance measures, discussed below.

**Job Creation.** We recognize that DCA's licensing business function plays a critical role in the creation of jobs in California. To that end, in early 2010 we began another ambitious project, the Job Creation Initiative, aimed at quickly reducing our pending license application workload. Program objectives are listed under Goal 2 of this plan.

**Process Improvement.** We created the Strategic Organization, Leadership, and Individual Development (SOLID) unit in 2008. This unit is responsible for organizational development and strategic planning. Unit staff began implementing a process improvement project for the Office of Human Resources, which will be completed in April 2010. SOLID will perform process improvement work for DCA's contracting and correspondence functions as well in 2010.

The Process Improvement Team (PIT) was formed in November 2008 to serve as DCA's governing team for planning, developing, evaluating, and prioritizing process improvement initiatives with Department-wide impact. Under the mantra "Growing the Future of DCA," PIT members have completed a centralized database of DCA process improvement projects; identified quick solutions to the top three timesheet reporting errors; created two new department-wide mail routing slips; researched the most cost-effective courier service; assisted SOLID with developing enforcement performance measures; and continue to provide support for process improvement initiatives.

**Performance Measures.** In 2009, SOLID staff, working with executives, middle managers, and line staff, developed a set of nine performance measures for enforcement (pages 13 – 14), and is leading the effort to streamline and modernize DCA's thirty-year old data base coding system for reporting progress on cycle times, cost, and volume. SOLID has since proposed performance measures for DCA's licensing and education business functions, as well as

employee satisfaction (pages 14 – 18). These performance measures will be used to assess the progress of each board, bureau, and program toward meeting targets. DCA will begin publicly reporting on the measures in October 2010, through the use of a balanced scorecard reporting method and report-card like displays on each board/bureau/program website.

**Best Practices.** SOLID Training Solutions formed an Enforcement Best Practices committee, which researched best practices for complaint intake, investigations, and probation monitoring. The committee presented its findings to executive leadership in February 2010.

**Consumer and Board Member Education.** DCA developed a department-wide consumer education campaign titled *Take Charge California*. The goals of the campaign are to educate Californians about the importance of protecting themselves in the marketplace; provide information, resources, and assistance needed to make informed and appropriate choices; and compel consumers to improve their marketplace skills. DCA is partnering with local, state, and federal level agencies, community based organizations, and public libraries in this campaign to spread the word.

To spread the word about the perils of unlicensed activity, we created a consumer and licensee education campaign titled *Inquire Before You Hire*. The campaign urges consumers to check that practitioners are licensed before hiring them and potential licensees to obtain licensure. DCA partners with other state agencies and businesses in this effort. For example, we partnered with the Board of Equalization to conduct regional sweeps for unlicensed activity

We held the 2008 PACT (Professionals Achieving Consumer Trust) Summit in November 2008, as a learning and networking event for our 300 regulatory board members. Board members were provided with training on ethics, board governance, demographic and regulatory trends, and consumer protection issues. Conference participants rated their experience very highly.

We also held a Healing Arts Roundtable in 2009 with the Office of Statewide Health Planning Development. The Roundtable served as a forum for healing arts board chairpersons and their executive officers to discuss workforce shortage issues

**Organizational and Employee Development.** To help DCA evolve into THE employer of choice (Goal 3 in the previous plan), SOLID created and/or facilitates the following successful internal employee and leadership programs.

- Executive Leadership Forum – held bi-monthly, this forum is an opportunity for board and bureau leadership to meet with the department's Director and other executive staff to hear updates, raise issues, and share accomplishments.

- Managers' Roundtables – held quarterly, the roundtables are an opportunity for the department's middle management to meet with the Director and other executive staff to hear updates, raise issues, and share accomplishments.
- Mentor Program – a pilot for supervisors and managers was implemented in 2009, and will be evaluated for expansion in 2010.
- Customer Service Program – this program consists of a customer service model for DCA, titled the 7Cs of Customer Service; new and improved customer service training, and a quarterly Customer Service Newsletter. Managers are encouraged to use the 7Cs in employee evaluations and considerations for promotion.
- New Employee Welcome and Orientation sessions.
- Employee Suggestion Box – SOLID staff respond to anonymous suggestions and complaints through this mechanism.
- Employee of the Year Award.
- Employee Appreciation Days (held annually in both Northern and Southern California).
- New Employee Survey and Employee Exit Survey. The data from these surveys are shared with executive leadership and middle management to help them understand the demographics of employees who are attracted to DCA, as well as the reasons they seek other employment.
- SOLID Training Solutions offers a competency-based training program for rank and file employees as well as workgroup learning modules designed specifically for the business needs of individual units and workgroups. Attendance in training classes has increased from 549 per calendar year to over 3,000 employees per calendar year since 2008.
- Management Academy - SOLID Training Solutions coordinates an HR Mod Leadership Competency based program available to managers and supervisors on an annual basis.
- Enforcement Academy - SOLID Training Solutions has coordinated and developed the first ever eight-day Academy to be launched in April 2010. The Academy is available to all enforcement personnel and will be offered four times per year.

**Technology.** We created a Technology Governance Committee. In addition, we began work on the BreEZe IT system. The DCA plans to acquire a new, integrated, enterprise-wide enforcement and licensing system (BreEZe) that will support the DCA's needs for applicant tracking, licensing, renewal, enforcement, monitoring, cashiering, and data management. BreEZe will replace the existing CAS, ATS, and multiple "workaround" systems with an integrated system for use by all DCA organizations. The BreEZe project was approved by the Office of the State Chief Information Officer (OCIO) in November 2009, and the Request For Proposal (RFP) for a solution vendor is currently under development. The system implementation date is anticipated in December 2012.





# Physician Assistant Committee

## Mission Statement

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

## Vision Statement:

As a result of our efforts the health care needs of California consumers are met by Physician Assistants in a compassionate, competent, ethical and culturally-sensitive manner.

## Values:

- **Accountability:** We are accountable to the people of California and each other as stakeholders. We operate transparently and encourage public participation in our decision-making whenever possible.
- **Efficiency:** We diligently identify the best ways to deliver high-quality services with the most efficient use of our resources.
- **Effectiveness:** We make informed decisions that make a difference and have a positive, measurable impact.
- **Integrity:** We are honest, fair and respectful in our treatment of everyone, which is demonstrated through our decision-making process.
- **Customer Service:** We acknowledge all stakeholders as our customers, listen to them, and take their needs into account.
- **Employees:** We are an employer of choice and strategically recruit, train, and retain employees. We value and recognize employee contributions and talent.
- **Unity:** We draw strength from our organizational diversity as well as California's ever-changing cultural and economic diversity.



# Physician Assistant Committee

## Goals:

### **GOAL 1 - Licensing**

Protect consumers by licensing qualified applicants using a timely, accurate and cost effective process.

### **GOAL 2 - Enforcement**

To protect consumers through an enforcement process that is timely, fair, and consistent with the applicable laws and regulations.

### **GOAL 3 – Education & Outreach**

Provide education and outreach to consumers, healthcare providers, physician assistant training programs and applicants in an accurate accessible manner, including presentations to diverse, underserved populations.

### **GOAL 4 – Administrative Efficiency**

Utilizing the latest management tools and technology, provide cost-effective, quality administrative services to consumers, applicants and licensees.

### **GOAL 5 – Legislative & Regulatory**

Support legislation; pursue laws and regulations that would better meet the needs of consumers in an ever-changing health care environment.

### **GOAL 6 - Workforce**

Address Physician Assistant workforce needs.



# Physician Assistant Committee

## Objectives:

### **GOAL 1 - Licensing**

Protect consumers by licensing qualified applicants using a timely, accurate and cost effective process.

#### **Objectives (*not prioritized*):**

- Streamline the regulatory language in regards to licensing schools.
- Improve the Committee's information technology system and support.
- Acquire and maintain adequate staff.
- Consider increasing the length of time between renewals.
- Review application, license, and renewal fees to ensure they are current.
- Develop and transition to an all-electronic processing method for licensing.

### **GOAL 2 - Enforcement**

To protect consumers through an enforcement process that is timely, fair, and consistent with the applicable laws and regulations.

#### **Objectives (*not prioritized*):**

- Identify and use expert witnesses who understand the legal requirements for enforcement.
- Create an enforcement process tree and post it on the Committee's web site.
- Clarify enforcement regulations and statutes.
- Post disciplinary guidelines conspicuously on the web site.
- Reduce the time required to conduct investigations.
- Add requirement for licensees to report any convictions that occur prior to renewal of their license.
- Establish a faster Interim Suspension Order process and use it consistently.
- Increase the number of investigators on staff.



# Physician Assistant Committee

## Objectives (continued):

### **GOAL 3 – Education & Outreach**

Provide education and outreach to consumers, healthcare providers, physician assistant training programs and applicants in an accurate accessible manner, including presentations to diverse, underserved populations.

#### **Objectives (not prioritized):**

- Arrange for a Twitter account for the Committee executive officer.
- Explore the creation of a blog or other form of “chat” site for Physician’s Assistants on the Committee’s web site.
- Ensure the views of the profession are represented on national health care issues.
- Create a calendar on the web site that allows PAs and the public to post outreach events.
- Create a newsletter and post it on the Committee’s web site.
- Schedule and conduct seminars to increase community/public awareness of the profession.
- Promote the PA career path in high schools and junior colleges.
- Send representatives to present at 4-5 PA schools each year.
- Use electronic venues, such as the Web, Twitter and Facebook to educate stakeholders about new laws.

### **GOAL 4 – Administrative Efficiency**

Utilizing the latest management tools and technology, provide cost-effective, quality administrative services to consumers, applicants and licensees.

#### **Objectives (not prioritized):**

- Explore setting up a VPN for the Committee.
- Increase the use of electronic, on-line communication to reduce the use of hard-copy.
- Provide electronic access to all electronic data.
- Provide internship opportunities for staff at the Committee.

# Physician Assistant Committee

## Objectives (continued):

### **GOAL 5 – Legislative & Regulatory**

Support legislation; pursue laws and regulations that would better meet the needs of consumers in an ever-changing health care environment.

#### **Objectives (not prioritized):**

- Stay abreast of updated, changed, and newly enforced laws to make sure we stay compliant.
- Ensure that new legislation and regulations reflect the current needs of Physician Assistant practice.
- Keep regulations current.
- Develop and maintain relationships with legislators.
- Sponsor new legislation to speed up the enforcement process.
- Review the PA school accreditation process.
- Pursue mandatory reporting from hospitals and clinics of disciplinary actions taken against PAs.

### **GOAL 6 - Workforce**

Address Physician Assistant workforce needs.

#### **Objectives (not prioritized):**

- Collect workforce data every three years and post it on the Committee's web site.
- Inform and educate legislators and the public about the need for more Physician Assistant schools.
- Provide information about the PA career to health sectors of the military branches.



# **Physician Assistant Committee**

## **Meetings – 2013**

February 11, 2013 – Sacramento

May 20, 2013 – Sacramento

August 26, 2013 – Sacramento

December 9, 2013 - Sacramento

# State Pay Period Calendar for 2013

## JANUARY 2013

22 Days 176 Hours

SU	M	TU	W	TH	F	SA
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

## FEBRUARY 2013

21 Days 168 Hours

SU	M	TU	W	TH	F	SA
				31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

## MARCH 2013

21 Days 168 Hours

SU	M	TU	W	TH	F	SA
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

## APRIL 2013

22 Days

SU	M	TU	W	TH
	1	2	3	4
5	6	7	8	9
10	11	12	13	14
15	16	17	18	19
20	21	22	23	24
25	26	27	28	29
30				

## MAY 2013

22 Days 176 Hours

SU	M	TU	W	TH	F	SA
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

## JUNE 2013

21 Days 168 Hours

SU	M	TU	W	TH	F	SA
					31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

## JULY 2013

22 Days 176 Hours

SU	M	TU	W	TH	F	SA
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

## AUGUST 2013

22 Days

SU	M	TU	W	TH
				31
1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25
26	27	28	29	30

## SEPTEMBER 2013

22 Days 176 Hours

SU	M	TU	W	TH	F	SA
					30	31
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

## OCTOBER 2013

22 Days 176 Hours

SU	M	TU	W	TH	F	SA
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

## NOVEMBER 2013

22 Days 176 Hours

SU	M	TU	W	TH	F	SA
				31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

## DECEMBER 2013

22 Days

SU	M	TU	W	TH
1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25
26	27	28	29	30
31				



**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.)