



MEETING NOTICE

February 24, 2014

PHYSICIAN ASSISTANT BOARD
2005 Evergreen Street – Hearing Room #1150
Sacramento, CA 95815
9:00 A.M. – 5:00 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 9, 2013 Meeting Minutes (Sachs)
4. Public Comment on Items not on the Agenda (Sachs) [Note: The Board may not discuss or take action on any matter raised during this public comment section that is not included on this agenda, except to decide whether to place the matter on the agenda for a future meeting. [Government Code Sections 11125, 11125.7(a).]
5. Reports
 - a. President's Report (Sachs)
 1. Presentation to USC PA Students
 - b. Executive Officer's Report (Mitchell)
 1. Update on BreEZe Implementation
 2. CURES Update
 3. Update on Regulations:
 - a. Title 16, California Code of Regulations, Section 1399.541 Medical Services Performable
 - c. Licensing Program Activity Report (Caldwell)
 - d. Diversion Program Activity Report (Mitchell)
 - e. Enforcement Program Activity Report (Tincher)
6. Department of Consumer Affairs
 - a. Director's Update (Christine Lally)
7. Schedule of Board Meeting Dates and Locations for the Remainder of 2014 (Sachs)
8. Budget Update (Tincher)
9. Discussion of National Commission on Certification of Physician Assistant Initial Licensing Examination: Exam Development and Scoring (Mitchell)
10. Presentation from the Department of Consumer Affairs, Division of Investigation Regarding SB 304 (Transition of Medical Board Investigators to the Division of Investigation) (Michael

11. Presentation on Services Provided By The Health Quality Enforcement Section of the Office of the Attorney General (Judith Alvarado)
 12. Discussion of Possible Legislation Regarding Physician Assistants Signing Disability Forms. (Sachs)
 13. The Legislative Committee (Hazelton/Earley)
 - a. Report from Adhoc Legislative Sub-Committee (Grant/Shorter)
 - b. Legislation of Interest to the Physician Assistant Board
SB 500 (Medical Practice: Pain Management) and other bills impacting the Board identified by staff after publication of the agenda
 14. A lunch break will be taken at some point during the day's meeting.
 15. **CLOSED SESSION:**
 - a. Pursuant to Section 11126(c)(3) of the Government Code, the Board will move into closed session to deliberate on disciplinary matters, including petitions
- RETURN TO OPEN SESSION**
16. Review and Discussion of the Board's Strategic Plan (Sachs/Terrie Meduri, Dennis Zanchi)
 17. Agenda Items for Next Meeting (Sachs)
 18. 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 unless listed as "time certain". 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 meeting due to limitations on resources. The webcast can be located at 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 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.

AGENDA

ITEM #

3



MEETING MINUTES

December 9, 2013

PHYSICIAN ASSISTANT BOARD
2005 Evergreen Street – Hearing Room #1150
Sacramento, CA 95815

1. Call to Order by President

President Sachs called the meeting to order at 8:00 a.m.

2. Roll Call

Staff called the roll. A quorum was present.

Board Members Present: Robert Sachs, PA-C
Charles Alexander, Ph.D.
Michael Bishop, M.D.
Sonya Earley, PA
Jed Grant, PA-C
Rosalee Shorter, PA-C

Board Members Absent: Cristina Gomez-Vidal Diaz
Catherine Hazelton

Staff Present: Glenn Mitchell, Executive Officer
Laura Freedman, Senior Staff Counsel,
Department of Consumer Affairs (DCA)
Kristy Shellans, Senior Staff Counsel,
Department of Consumer Affairs (DCA)
Dianne Tincher, Enforcement Analyst
Lynn Forsyth, Staff Services Analyst
Julie Caldwell, Licensing Technician

3. Approval of August 26, 2013 Meeting Minutes

The August 26, 2013 meeting minutes were approved as drafted.
(m/Grant s/Earley motion passes)

4. Public Comment on Items not on the Agenda

The board may not discuss or take action on any matter raised during this public comment section that is not included on this agenda, except to decide whether to place the matter on the agenda for a future meeting. (Government Code Sections 11125, 11125.7(a))

There was no public comment at this time.

5. Reports

a. President's Report

Mr. Sachs introduced Kristy Shellans, Attorney III with the Department of Consumer Affairs who has worked for the department since March 2000. Ms. Shellans has been assigned as legal counsel for the board. She will replace Laura Freedman.

She has represented the following agencies within the Department of Consumer Affairs (DCA): Bureau for Private Postsecondary and Vocational Education, Board of Behavioral Sciences, California State Board of Pharmacy, Dental Board of California, Bureau of Automotive Repair, Bureau of Electronic and Appliance Repair, Bureau of Home Furnishings and Thermal Insulation, the Cemetery and Funeral Bureau, the California Board of Accountancy, and the State Board of Chiropractic Examiners.

Prior to coming to DCA, she worked in the private sector as a corporate counsel for both a large national and small local insurance company, specializing in the health insurance line of business. She has also worked as a litigator in the private sector, practicing in the areas of construction defect, environmental law, land use planning, probate, bankruptcy, family law, and criminal defense.

Mr. Sachs introduced Judith Alvarado. Ms. Alvarado was recently appointed as the board's Liaison Deputy Attorney General.

Ms. Alvarado has been practicing law for over 21 years. She was in private practice for 16 years specializing in medical malpractice defense. She has been with the Department of Justice since 2007, in the Health Quality Enforcement Section. She was appointed to the position of Supervising Deputy Attorney General in October 2013.

Mr. Sachs informed the board that liaison duties include:

- Communicating board policies and procedures to other DAGs.
- Acting as an advisory role on licensing issues.
- Assisting assigned DAGs to ensure successful prosecution of assigned cases.
- Periodically reviewing case load to ensure cases are handled efficiently

- Keeping abreast of board legislative proposals, changes to laws and regulations.
- Interfacing with board legal counsel to assure coordinated and consistent legal advice.

Mr. Sachs stated that he attended the California Academy of Physician Assistants (CAPA) annual conference in October 2013. Mr. Sachs reported that he and board member Jed Grant, PA, staffed the Physician Assistant Board information booth at the conference. Both members provided assistance and answered questions concerning physician assistant licensure, physician assistant scope of practice and laws and regulations to conference attendees.

Mr. Sachs also stated that he attended a physician assistant advisory board meeting at Marshall B. Ketchum University. The School of Physician Assistant Studies Program at Marshall B. Ketchum University is currently in the accreditation process and is scheduled to begin classes during Fall 2014.

Mr. Sachs also stated that he and board member, Dr. Bishop, represented the board at the Medical Board of California's meeting in October 2013 to discuss the regulatory proposal concerning amendments to California Code of Regulations Section 1399.541 – Medical Services Performable. Mr. Sachs stated that the Medical Board approved the regulation change and will proceed with scheduling a hearing in this matter at their February 2014 board meeting.

Mr. Sachs also informed the board that he gave a presentation to the physician assistant students at San Joaquin Valley College Physician Assistant Program concerning physician assistant licensure and laws and regulations. Mr. Sachs learned that approximately 30% of the students at this program are veterans.

b. Executive Officer's Report

CURES Update

Mr. Mitchell explained that CURES (Controlled Substance Utilization Review and Evaluation System) is a data base that contains records of controlled substance drugs dispensed in California. He added that CURES is a useful tool when investigating complaints concerning dispensing or use of controlled substances by licensees.

Mr. Mitchell also indicated that budget cuts have resulted in insufficient funding to support CURES. He also indicated that Governor Brown signed SB 809 that will address the funding issue and allow for updates to the system.

One aspect of SB 809 is the creation of the CURES Fund which requires an annual fee of \$6 to be assessed to licensees, including physician assistants, to support an enhanced CURES system. These fees will assist in providing sufficient funds to enhance, operate, and maintain the system.

Physician Assistant Board Investigative Services

Governor Brown signed SB 304, which among other things will move Medical Board of California investigators to the Department of Consumer Affairs Division of Investigation and Enforcement effective July 1, 2014.

Since the Physician Assistant Board utilizes the services of the Medical Board of California investigators, the board will be impacted by the transfer. Board staff will be working with Division of Investigation and Enforcement staff to ensure a smooth transition.

c. Licensing Program Activity Report

Between August 1, 2013 and November 1, 2013, 264 physician assistant licenses were issued. As of November 1, 2013, 9,579 physician assistant licenses are renewed and current.

d. Diversion Program Activity Report

As of November 1, 2013, the board's Diversion Program has 14 participants, of which includes 2 self-referral participant and 12 Board-referral participants. A total of 112 participants have participated in the program since implementation in 1990.

e. Enforcement Program Activity Report

Between July 1, 2013 and September 30, 2013, 87 complaints were received; 120 complaints are pending; 64 investigations are pending; 46 probationers, and 33 cases awaiting administrative adjudication at the Office of the Attorney General.

6. Department of Consumer Affairs

a. Director's Update

Corrine Fishman, on behalf of Christine Lally, Deputy Director, Board and Bureau Relations, stated that there were no new updates from the Department of Consumer Affairs at this time.

7. Nomination and Election of Physician Assistant Board Officers

Business and Professions Code Section 3509.5 states that, "the board shall elect annually a chairperson and vice chairperson from among its members.

Mr. Grant nominated Robert Sachs as Physician Assistant Board President for 2014. No other nominations were received.

Motion was carried to elect Mr. Sachs as President for 2014.

Mr. Sachs nominated Charles Alexander as Physician Assistant Board Vice-President for 2014. No other nominations were received.

Motion was carried to elect Mr. Alexander as Vice-President for 2014.

8. **Approval of Passing Score for PA Initial Licensing Examinations and 2014 Dates and Locations for PA Initial Licensing Examination**

Business and Professions Code section 3517 provides in pertinent part:

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

A motion was made and seconded to approve the passing score for the physician assistant initial licensing examination for 2014 as established by the National Commission on Certification of Physician Assistants (NCCPA).
(m/Grant, s/Earley, motion passes)

Business and Professions Code section 3517 provides in pertinent part:

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

A motion was made and seconded to approve the dates and locations for the physician assistant initial licensing examination for 2014. The examination is given on a year-round basis at the Pearson VUE Professional Testing Centers.
(m/Bishop, s/Earley, motion passes)

9. **Schedule of 2014 Board Meeting Dates and Locations**

Board members discussed the following dates and meeting locations for 2014:

February 24, 2014 - Monday in Sacramento.
May 12 or 19, 2014 - Monday in Sacramento.
August 11 or 18, 2014 - Monday in Sacramento.
November 3 or 17, 2014 - Monday in Sacramento.

Following a brief discussion, a motion was made to only approve the February 2014 meeting date and location and to approve the remaining meeting dates at the February 2014 meeting when all board members would be present.
(m/Bishop, s/Grant, motion passes)

10. **Update on Current Budget**

Ms. Tincher reviewed the latest Calstars budget report with board members. Ms. Tincher stated that the report provided fiscal data through October 31, 2013. She added that the current budget and fund condition were fiscally sound and indicated that 63% of the budget remains for the current fiscal year.

Ms. Tincher also briefly discussed the five year budget projections. She added that the five million dollar loan to the state's general fund is still outstanding, but, if needed, funds would be made available to ensure that funding would be adequate for continued board operations.

11. **Update on BreEZe Implementation**

Mr. Mitchell indicated that BreEZe is a new Department-sponsored computer system designed to replace two legacy computer systems (ATS and CAS) which impacts our licensing, verification, and enforcement processes.

Mr. Mitchell stated that user acceptance testing has been completed and the system went live on October 8, 2014.

He indicated that currently we do not yet have online capability for applicants or for renewals. These features are being rolled out in BreEZe on a phased implementation basis. Mr. Mitchell stated that the board is scheduled for online applications in April 2014 and online renewals for August 2014.

Mr. Mitchell also thanked staff for their dedication and efforts during the BreEZe testing and roll out phases. He also thanked BreEZe staff in working with the board and providing guidance during the development and implementation on this important project.

12. **Mandatory Reporting Requirements for Physician Assistants**

Mr. Grant stated that there are various laws that require self and patient reporting. He added that often these reporting requirements are not known or understood by licensees.

Mr. Grant stated that some of the self-reporting requirements are for:

- a. Change of address
- b. Report of settlement of arbitration award
- c. Report of charge of felony or conviction of felony or misdemeanor

Mr. Grant also indicated that there are reporting requirements for patient conditions such as:

- a. Pesticide exposure and poisoning
- a. Child, elder, and dependent adults abuse
- b. Injuries by firearms

A motion was made to have staff to develop a fact sheet and update the board's website regarding mandatory self reporting and patient reporting requirements for physician assistants.

(m/Grant, s/Shorter, motion passes)

13. **Discussion regarding current voluntary exam about Physician Assistant Laws and Regulations available on Board's website**

Mr. Sachs reported that the current on-line voluntary regulation exam contains ten questions. He explained that these questions have not been changed since the exam was first placed on the website several years ago.

Mr. Sachs stated that board staff has spoken to representatives of the Department of Consumer Affairs Office of Professional Examination Services (OPE) and that they have identified approximately twenty additional questions that have been developed.

Mr. Sachs indicated that OPE has proposed that three new sets of test patterns be developed which would incorporate the new questions and also including the currently used questions within the three new exams.

Following a discussion, the board directed staff to review the questions and answers that have been developed to ensure that they are accurate. Additionally, it was requested that other physician assistant board members also review the questions and answers.

14. **Update on Regulations**

a. Title 16, California Code of Regulations, Section 1399.541 Medical Services Performable

Mr. Mitchell stated the Medical Board of California has regulatory authority over physician assistant scope of practice regulations. He further explained that at the Medical Board's October 24, 2013 meeting, the members reviewed, and considered the proposed language adopted by the Physician Assistant Board at the August 23, 2013 meeting and voted to begin the rulemaking process.

Mr. Mitchell added that he would be working with the Medical Board staff to develop the rulemaking file and that this matter would be heard at the Medical Board meeting on February 7, 2014.

b. Title 16, California Code of Regulations, Section 1399.523 Disciplinary Guidelines

Mr. Mitchell indicated that Title 16, California Code of Regulations, Section 1399.523 Disciplinary Guidelines continue to be work on developing a rulemaking file for this proposal.

c. Title 16, California Code of Regulations, Section 1399.620, 1399.621, 1399.622 and 1399.623 Regarding Sponsored Free Health Care Events

Mr. Mitchell stated that Title 16, California Code of Regulations, Section 1399.620, 1399.621, 1399.622 and 1399.623 regarding Sponsored Free Health Care Events was approved by the Office of Administrative Law on August 7, 2013 and became effective October 1, 2013.

The board's laws and regulations book and website will be updated to reflect this new regulatory requirement.

15. **The Legislative Committee**

a. Report from Adhoc Legislative Sub-Committee

There were no updates from the Adhoc Legislative Sub-Committee at this time.

b. Legislation of Interest to the Physician Assistant Board
AB 154, AB 186, SB 304, SB 352, SB 491, SB 492, SB 493, SB 494, SB 809,
and other bills impacting the board identified by staff after publication of the
agenda

Ms. Earley updated the board on the following legislative bills being tracked by
the board.

1. AB 154 (Atkins): Abortion. NO POSITION. Chaptered by Secretary of State:
Ch. 662, Stats of 2013.

2. AB 186 (Maienschein/Hagegman) SUPPORT. Temporary and expedited
license for military applications. In Senate Business, Professions and Economic
Development Committee. This is a two year bill.

3. SB 304 (Lieu): NO POSITION. Moves MBC investigators to DOI. Chaptered by
Secretary of State Ch. 286, Stats of 2013.

4. SB 352 (Pavley): SUPPORT. Medical Assistant Supervision. Chaptered by
Secretary of State, Ch. 286, Stats of 2013. A letter of support was sent to author
of the bill.

5. SB 494 (Monning) SUPPORT. Health care plan enrollees, Chaptered by
Secretary of State. Ch. 684 Stats of 2013.

6 SB 809 (DeSaulnier): NO POSITION. CURES Fund. Chaptered by Secretary of
State, Ch. 400, Stats of 2013

SB 491, SB 492, SB 493 are no longer being tracked by the board.

Ms. Earley stated that currently there is no new legislation of interest that impacts
physician assistant or the board.

16. **Review and Discussion of the Board's Strategic Plan**

Mr. Sachs stated that the board's current Strategic Plan was last updated in
November 2009. The department has encouraged boards that haven't updated
their plans recently to review and update them.

Mr. Sachs indicated that staff recently met with Terrie Meduri and Dennis Zanchi
from the DCA SOLID Training Solutions office to discuss the board's current plan
and to review the recently completed Environmental Scan and Trends Analysis.

Ms. Meduri and Mr. Zanchi presented and discussed the proposed draft plan with board members, staff, legal counsel, and other interested parties. Emphasis was placed on the board's future goals. The draft plan was updated to reflect input from discussion participants.

Ms. Meduri indicated that the proposed updates would be incorporated in the proposed plan and resubmitted to board members prior to the February 24, 2014 board meeting. At the February meeting, members, and interested others would again have an opportunity to review, discuss, and provide input for the proposed plan. Ms. Meduri added that at the February 2014 board meeting the emphasis would be placed on reviewing and possibly updating the board's vision, mission and values.

17. **1:00 PM – Hearings on Petitions**

A. Petition for Termination of Probation

1. Robert Lucas, PA 15947
2. Michele Burns, PA 16023

B. Petition for Reinstatement of Physician Assistant License

1. Jeffrey Hamlin, PA 16524, License Surrendered

18. **CLOSED SESSION:**

- a. Pursuant to Section 11126(c)(3) of the Government Code, the Board moved into closed session to deliberate on disciplinary matters, including petitions
- b. Pursuant to Section 11126(a) (1) of the Government Code, the Board moved into closed session to conduct the annual evaluation of the Executive Officer

RETURN TO OPEN SESSION

19. **Agenda Items for Next Meeting**

- a. Meeting dates and locations for calendar year 2014
- b. Continued discussion, review, and approval of the board's Strategic Plan
- c. Additional information concerning the National Commission on Certification of Physician Assistant Initial Licensing Examination: Exam Development and Scoring – Handout
- d. Presentation from the Department of Consumer Affairs, Division of Investigation regarding SB 304 (Transition of Medical Board Investigators to the Division of Investigation)
- e. Presentation on Services Provided By The Health Quality Enforcement Section of the Office of the Attorney General

20. **Adjournment**

The meeting adjourned at 4:50 P.M.
(m/Bishop, s/Earley, motion passes)

AGENDA

ITEM #

5

**MEDICAL BOARD OF CALIFORNIA
SPECIFIC LANGUAGE OF PROPOSED CHANGES
MEDICAL SERVICES PEFORMABLE**

MODIFIED TEXT

Legend

<u>Underlined</u>	Indicates proposed amendments or additions to the existing regulation
Strikeout	Indicates proposed deletions to the existing regulation.
Double-strikeout	Indicates additional deletions to the originally proposed language

Amend Section 1399.541 of Article 4 of Division 13.8 as follows:

§ 1399.541. Medical Services Performable.

Because physician assistant practice is directed by a supervising physician, and a physician assistant acts as an agent for that physician, the orders given and tasks performed by a physician assistant shall be considered the same as if they had been given and performed by the supervising physician. Unless otherwise specified in these regulations or in the delegation or protocols, these orders may be initiated without the prior patient specific order of the supervising physician.

In any setting, including for example, any licensed health facility, out-patient settings, patients' residences, residential facilities, and hospices, as applicable, a physician assistant may, pursuant to a delegation and protocols where present:

- (a) Take a patient history; perform a physical examination and make an assessment and diagnosis therefrom; initiate, review and revise treatment and therapy plans including plans for those services described in Section 1399.541(b) through Section 1399.541(i) inclusive; and record and present pertinent data in a manner meaningful to the physician.
- (b) Order or transmit an order for x-ray, other studies, therapeutic diets, physical therapy, occupational therapy, respiratory therapy, and nursing services.
- (c) Order, transmit an order for, perform, or assist in the performance of laboratory procedures, screening procedures and therapeutic procedures.

(d) Recognize and evaluate situations which call for immediate attention of a physician and institute, when necessary, treatment procedures essential for the life of the patient.

(e) Instruct and counsel patients regarding matters pertaining to their physical and mental health. Counseling may include topics such as medications, diets, social habits, family planning, normal growth and development, aging, and understanding of and long-term management of their diseases.

(f) Initiate arrangements for admissions, complete forms and charts pertinent to the patient's medical record, and provide services to patients requiring continuing care, including patients at home.

(g) Initiate and facilitate the referral of patients to the appropriate health facilities, agencies, and resources of the community.

(h) Administer or provide medication to a patient, or issue or transmit drug orders orally or in writing in accordance with the provisions of subdivisions (a)-(f), inclusive, of Section 3502.1 of the Code.

(i)(1) Perform surgical procedures without the personal presence of the supervising physician which are customarily performed under local anesthesia. Prior to delegating any such surgical procedures, the supervising physician shall review documentation which indicates that the physician assistant is trained to perform the surgical procedures. All other surgical procedures requiring other forms of anesthesia may be performed by a physician assistant only in the personal presence of an approved supervising physician.

(2) A physician assistant may also act as first or second assistant in surgery under the supervision of an approved supervising physician. The physician assistant may so act without the personal presence of the supervising physician if the supervising physician is immediately available to the physician assistant. "Immediately available" means able to return to the patient, without delay, upon the request of the physician assistant or to address any situation requiring the supervising physician's services.

Note: Authority cited: Sections 2018, 3502 and 3510, Business and Professions Code.
Reference: Sections 2058, 3502 and 3502.1, Business and Professions Code.

PHYSICIAN ASSISTANT BOARD
LICENSING PROGRAM ACTIVITY REPORT

INITIAL LICENSES ISSUED

	1 November 2013- 1 February 2014	1 November 2012 1 February 2013
Initial Licenses	144	126

SUMMARY OF RENEWED/CURRENT LICENSES

	As of 1 February 2014	As of 1 February 2013
Physician Assistant	8,822	8,914

**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 2014	As of 1 January 2013	As of 1 January 2012
Voluntary referrals	02	03	06
Board referrals	15	15	20
Total number of participants	17	18	26

HISTORICAL STATISTICS

(Since program inception: 1990)

Total intakes into program as of 1 January 2014.....	118
Closed Cases as of 1 January 2014	
• Participant expired.....	1
• Successful completion.....	40
• Dismissed for failure to receive benefit.....	4
• Dismissed for non-compliance.....	24
• Voluntary withdrawal.....	20
• Not eligible.....	14
Total closed cases.....	103

OTHER DCA BOARD DIVERSION PROGRAM PARTICIPANTS

(As of January 2014)

Dental Board of California.....	35
Osteopathic Medical Board of California.....	13
Board of Pharmacy.....	66

**PHYSICIAN ASSISTANT BOARD
ENFORCEMENT ACTIVITY REPORT**

July 1 through December 31, 2013

Submitted by: Dianne Tincher

Disciplinary Decisions

License Denied	1
Probation.....	4
Public Reprimand/Reproval	1
Revocation	2
Surrender.....	5
Probationary Licenses Issued.....	7
Petition for Reinstatement Denied	0
Petition for Reinstatement Granted	0
Petition for Termination of Probation Denied	0
Petition for Termination of Probation Granted	0
Other.....	0

Accusation/Statement of Issues

Accusation Filed.....	11
Accusation Withdrawn	0
Statement of Issues Filed	2
Statement of Issues Withdrawn	0
Petition to Revoke Probation Filed.....	1
Petition to Compel Psychiatric Exam.....	0
Interim Suspension Orders (ISO)/PC23	2

Citation and Fines

Pending from previous FY	3
Issued	7
Closed	3
Withdrawn	1
Sent to AG/noncompliance	0
Pending.....	6
Initial Fines Issued	\$4800
Modified Fines Due.....	\$4350
Fines Received	\$ 500

Current Probationers

Active	47
Tolled	9

AGENDA

ITEM #

7

Physician Assistant Committee

Meetings – 2014

February 24, 2014 – Sacramento

May 12th or 19th, 2014 – Sacramento

August 11th or 18th, 2014 – Sacramento

November 3rd or 17th, 2014 - Sacramento



MEDICAL BOARD OF CALIFORNIA
Executive Office



2014 BOARD MEETING
DATES AND LOCATIONS

February 6,7

San Francisco Bay Area

(Dates changed/approved during Oct 2013 Board Meeting)

May 1,2

Los Angeles Area

(Dates approved 4/26/13)

July 24, 25

Sacramento Area

(Dates approved 10/25/13)

October 23, 24

San Diego Area

(Dates approved 10/25/13)

Pay Period Calendar for 2014

JANUARY 2014

22 Days 176 Hours

TU	W	TH	F	SA
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

FEBRUARY 2014

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 2014

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 2014

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			

MAY 2014

22 Days 176 Hours

TU	W	TH	F	SA
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

JUNE 2014

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					

JULY 2014

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 2014

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
31						

SEPTEMBER 2014

22 Days 176 Hours

TU	W	TH	F	SA
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

OCTOBER 2014

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 2014

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	1					

DECEMBER 2014

22 Days 176 Hours

SU	M	TU	W	TH	F	SA
		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			

AGENDA

ITEM #

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FM 06

ASSISTANT BOARD

	DESCRIPTION	BUDGET	CURR. MONTH	YR-TO-DATE	ENCUMBRANCE	YTD + ENCUMBRANCE	BALANCE	PCNT REMAIN
PRINTING								
00	PRINTING	3,344	0	0	0	0	3,344	
02	REPRODUCTION SVS	0	0	10	0	10	(10)	
03	COPY COSTS ALLO	0	0	165	0	165	(165)	
05	METRO PRINT/MAIL	0	706	706	0	706	(706)	
00	OFFICE COPIER EXP	0	309	309	1,011	1,320	(1,320)	
	PRINTING	3,344	1,015	1,190	1,011	2,201	1,143	34.18%
COMMUNICATIONS								
00	COMMUNICATIONS	7,669	0	0	0	0	7,669	
00	CELL PHONES,PDA,PA	0	0	242	0	242	(242)	
01	TELEPHONE EXCHANGE	0	12	294	0	294	(294)	
	COMMUNICATIONS	7,669	12	537	0	537	7,132	93.00%
POSTAGE								
00	POSTAGE	8,187	0	0	0	0	8,187	
00	STAMPS, STAMP ENVE	0	0	44	0	44	(44)	
05	DCA POSTAGE ALLO	0	0	2,139	0	2,139	(2,139)	
06	EDD POSTAGE ALLO	0	0	536	0	536	(536)	
	POSTAGE	8,187	0	2,718	0	2,718	5,469	66.80%
TRAVEL: IN-STATE								
00	TRAVEL: IN-STATE	27,918	0	0	0	0	27,918	
00	PER DIEM-I/S	0	0	1,498	0	1,498	(1,498)	
00	COMMERCIAL AIR-I/S	0	540	1,708	0	1,708	(1,708)	
00	PRIVATE CAR-I/S	0	0	1,076	0	1,076	(1,076)	
00	RENTAL CAR-I/S	0	67	446	0	446	(446)	
00	TAXI & SHUTTLE SER	0	0	40	0	40	(40)	
	TRAVEL: IN-STATE	27,918	608	4,767	0	4,767	23,151	82.92%
TRAINING								
00	TRAINING	1,034	0	0	0	0	1,034	
00	TUITN/REGISTRATN F	0	0	1,200	0	1,200	(1,200)	
	TRAINING	1,034	0	1,200	0	1,200	(166)	-16.05%
FACILITIES OPERATIONS								
00	FACILITIES OPERATI	55,958	0	0	0	0	55,958	
00	RENT-BLDG/GRND(NON	0	3,670	22,066	22,930	44,996	(44,996)	
00	FACILITY PLNG-DGS	0	72	360	0	360	(360)	
	FACILITIES OPERATIONS	55,958	3,743	22,425	22,930	45,356	10,602	18.95%

FM 06

ASSISTANT BOARD

DESCRIPTION	BUDGET	CURR. MONTH	YR-TO-DATE	ENCUMBRANCE	YTD + ENCUMBRANCE	BALANCE	PCNT REMAIN
S - INTERDEPARTMENTAL							
00 CONSULT/PROF-INTER	1,899	0	0	0	0	1,899	
C/P SVS - INTERDEPARTMENTAL	1,899	0	0	0	0	1,899	100.00%
S - EXTERNAL							
00 CONSULT/PROF SERV-	28,561	0	0	0	0	28,561	
05 C&P EXT ADMIN CR C	16,568	23	23	20,977	21,000	(4,432)	
02 CONS/PROF SVS-EXTR	0	2,488	8,928	36,993	45,921	(45,921)	
C/P SVS - EXTERNAL	45,129	2,511	8,951	57,970	66,921	(21,792)	-48.29%
DEPARTMENTAL SERVICES							
03 OIS PRO RATA	68,106	0	34,054	0	34,054	34,052	
00 INDIRECT DISTRB CO	45,518	0	22,758	0	22,758	22,760	
01 INTERAGENCY SERVS	7,717	0	0	0	0	7,717	
02 SHARED SVS-MBC ONL	93,326	0	23,331	69,995	93,326	0	
30 DOI - PRO RATA	1,454	0	728	0	728	726	
34 PUBLIC AFFAIRS PRO	2,043	0	1,022	0	1,022	1,021	
35 CCED PRO RATA	1,739	0	870	0	870	869	
DEPARTMENTAL SERVICES	219,903	0	82,763	69,995	152,758	67,145	30.53%
CONSOLIDATED DATA CENTERS							
00 CONSOLIDATED DATA	4,810	1	785	0	785	4,025	
CONSOLIDATED DATA CENTERS	4,810	1	785	0	785	4,025	83.68%
DATA PROCESSING							
00 INFORMATION TECHNO	3,019	0	0	0	0	3,019	
DATA PROCESSING	3,019	0	0	0	0	3,019	100.00%
CENTRAL ADMINISTRATIVE SERVICES							
00 PRO RATA	61,708	0	30,854	0	30,854	30,854	
CENTRAL ADMINISTRATIVE SERVICES	61,708	0	30,854	0	30,854	30,854	50.00%
ENFORCEMENT							
00 ATTORNEY GENL-INTE	271,418	32,585	137,303	0	137,303	134,116	
00 OFC ADMIN HEARNG-I	75,251	2,257	10,942	0	10,942	64,310	
31 EVIDENCE/WITNESS F	492	4,227	18,994	0	18,994	(18,502)	
97 COURT REPORTER SER	0	246	568	0	568	(568)	
31 DOI - INVESTIGATIO	218,870	0	0	0	0	218,870	
32 INVEST SVS-MBC ONL	0	8,272	38,387	0	38,387	(38,387)	
ENFORCEMENT	566,031	47,586	206,192	0	206,192	359,839	63.57%

BUDGET REPORT
AS OF 12/31/2013

FM 06

ASSISTANT BOARD

DESCRIPTION	BUDGET	CURR. MONTH	YR-TO-DATE	ENCUMBRANCE	YTD + ENCUMBRANCE	BALANCE	PCNT REMAIN
OPERATING EXPENSES & EQUIPMEN	1,044,213	57,563	374,035	154,534	528,569	515,644	49.38%
PHYSICIAN ASSISTANT BOARD	1,441,000	86,389	544,449	154,534	698,982	742,018	51.49%
	1,441,000	86,389	544,449	154,534	698,982	742,018	51.49%

**PHYSICIAN ASSISTANT BOARD - FUND 0280
BUDGET REPORT
FY 2013-14 EXPENDITURE PROJECTION**

December 31, 2013

OBJECT DESCRIPTION	FY 2012-13		FY 2013-14				
	ACTUAL EXPENDITURES (MONTH 13)	PRIOR YEAR EXPENDITURES 12/31/2012	BUDGET STONE 2013-14	CURRENT YEAR EXPENDITURES 12/31/2013	PERCENT SPENT	PROJECTIONS TO YEAR END	UNENCUMBERED BALANCE
PERSONNEL SERVICES							
Civil Service-Perm	158,298	86,655	193,428	70,306	36%	168,951	24,477
Statutory Exempt (EO)	128,077	72,029	75,564	37,782	50%	73,818	1,746
Temp Help - Expert Examiner (903)			0			0	0
Temp Help Reg (907)	27,966	21,513	30,000	15,294	51%	36,588	(6,588)
Bd / Commsn (901, 920)			0			0	0
Comm Member (911)	3,100	1,600	1,530	3,500	229%	5,200	(3,670)
Overtime	2,477	0	0			500	(500)
Staff Benefits	99,152	56,537	119,279	43,532	36%	104,611	14,668
TOTALS, PERSONNEL SVC	419,070	238,334	419,801	170,414	41%	389,668	30,133
OPERATING EXPENSE AND EQUIPMENT							
General Expense	12,494	11,335	12,714	8,725	69%	13,000	(286)
Fingerprint Reports	10,927	4,459	24,890	5,555	22%	13,000	11,890
Minor Equipment	1,723	2,024	0			1,000	(1,000)
Printing	2,710	1,563	3,344	2,201	66%	3,800	(456)
Communication	3,625	1,187	7,669	537	7%	1,300	6,369
Postage	7,515	2,623	8,187	2,718	33%	7,800	387
Insurance			0			0	0
Travel In State	13,126	3,763	27,918	4,767	17%	16,000	11,918
Travel, Out-of-State			0			0	0
Training	0	0	1,034	1,200	116%	1,200	(166)
Facilities Operations	45,563	37,243	55,958	45,356	81%	86,478	(30,520)
Utilities			0			0	0
C & P Services - Interdept.	0	0	1,899	0	0%	0	1,899
C & P Services - External	89,522	60,585	145,818	66,921	46%	66,921	78,897
DEPARTMENTAL SERVICES:							
OIS Pro Rata	66,084	36,910	80,707	34,054	42%	80,707	0
Administration Pro Rata	33,714	19,896	46,294	22,758	49%	46,294	0
Interagency Services	0	0	7,717	0	0%	0	7,717
Shared Svcs - MBC Only	111,054	111,054	93,326	93,326	100%	93,326	0
DOI - Pro Rata	1,570	798	1,473	728	49%	1,473	0
Public Affairs Pro Rata	1,932	1,120	2,069	1,022	49%	2,069	0
CCED Pro Rata	2,550	1,400	1,775	870	49%	1,775	0
INTERAGENCY SERVICES:							
Consolidated Data Center	1,470	996	4,810	785	16%	1,900	2,910
DP Maintenance & Supply	85	160	3,019	0	0%	85	2,934
Statewide - Pro Rata	68,655	34,328	61,708	30,854	50%	61,708	0
EXAMS EXPENSES:							
Exam Supplies			0			0	0
OTHER ITEMS OF EXPENSE:							
ENFORCEMENT:							
Attorney General	204,305	97,244	271,418	160,635	59%	300,000	(28,582)
Office Admin. Hearings	42,598	24,782	75,251	14,448	19%	46,000	29,251
Court Reporters	1,613	570		568		1,600	(1,600)
Evidence/Witness Fees	32,930	16,255	492	18,994	3861%	45,000	(44,508)
Investigative Svcs - MBC Only	92,685	49,264	218,870	38,387	18%	92,000	126,870
Vehicle Operations						0	0
Major Equipment						0	0
TOTALS, OE&E	848,450	519,559	1,158,360	555,408	48%	984,436	173,924
TOTAL EXPENSE	1,267,520	757,893	1,578,161	725,822	89%	1,374,104	204,057
Sched. Reimb. - Fingerprints	(10,589)	(4,655)	(25,000)	(3,811)	15%	(25,000)	0
Sched. Reimb. - Other	(32,627)	(12,212)	(25,000)	(1,270)	5%	(25,000)	0
Unsched. Reimb. - ICR	(51,397)	(16,677)		(26,242)			
Unsched. Reimb. - ICR - Prob Monitor				(6,419)			0
NET APPROPRIATION	1,172,908	724,349	1,528,161	688,081	45%	1,324,104	204,057
SURPLUS/(DEFICIT):							13.4%

0280 - Physician Assistant Board Analysis of Fund Condition

Prepared 12/4/2013

(Dollars in Thousands)

NOTE: \$1.5 Million General Fund Repayment Outstanding

	ACTUAL 2012-13	CY 2013-14	Governor's Budget BY 2014-15	BY + 1 2015-16	BY + 2 2016-17
BEGINNING BALANCE	\$ 973	\$ 1,240	\$ 1,258	\$ 1,316	\$ 1,375
Prior Year Adjustment	\$ 24	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 997	\$ 1,240	\$ 1,258	\$ 1,316	\$ 1,375
REVENUES AND TRANSFERS					
Revenues:					
125600 Other regulatory fees	\$ 13	\$ 11	\$ 12	\$ 12	\$ 12
125700 Other regulatory licenses and permits	\$ 151	\$ 159	\$ 160	\$ 163	\$ 166
125800 Renewal fees	\$ 1,250	\$ 1,308	\$ 1,365	\$ 1,392	\$ 1,420
125900 Delinquent fees	\$ 3	\$ 3	\$ 3	\$ 3	\$ 3
141200 Sales of documents	\$ -	\$ -	\$ -	\$ -	\$ -
142500 Miscellaneous services to the public	\$ -	\$ -	\$ -	\$ -	\$ -
150300 Income from surplus money investments	\$ 4	\$ 4	\$ 4	\$ 4	\$ 4
160400 Sale of fixed assets	\$ -	\$ -	\$ -	\$ -	\$ -
161000 Escheat of unclaimed checks and warrants	\$ 2	\$ -	\$ -	\$ -	\$ -
161400 Miscellaneous revenues	\$ -	\$ -	\$ -	\$ -	\$ -
164300 Penalty Assessments	\$ -	\$ -	\$ -	\$ -	\$ -
Totals, Revenues	\$ 1,423	\$ 1,485	\$ 1,544	\$ 1,574	\$ 1,605
Totals, Revenues and Transfers	\$ 1,423	\$ 1,485	\$ 1,544	\$ 1,574	\$ 1,605
Totals, Resources	\$ 2,420	\$ 2,725	\$ 2,802	\$ 2,890	\$ 2,980
EXPENDITURES					
Disbursements:					
0840 State Controllers	\$ 1	\$ -	\$ -	\$ -	\$ -
8880 FISCAL (State Operations)	\$ 7	\$ -	\$ 1	\$ -	\$ -
1110 Program Expenditures (State Operations)	\$ 1,172	\$ 1,467	\$ 1,485	\$ 1,515	\$ 1,545
Total Disbursements	\$ 1,180	\$ 1,467	\$ 1,486	\$ 1,515	\$ 1,545
FUND BALANCE					
Reserve for economic uncertainties	\$ 1,240	\$ 1,258	\$ 1,316	\$ 1,375	\$ 1,435
Months in Reserve	10.1	10.2	10.4	10.7	10.9

NOTES:

- A. ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED IN BY+1 AND ON-GOING.
- B. ASSUMES APPROPRIATION GROWTH OF 2% PER YEAR BEGINNING IN BY+1.
- C. ASSUMES INTEREST RATE AT 0.3%.

AGENDA

ITEM #

9

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 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, and then, 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.

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

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 minimum reported score is 200, and the maximum reported score is 800.

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

AGENDA

ITEM #

13

13. b.



California
LEGISLATIVE INFORMATION

SB-500 Medical practice: pain management. (2013-2014)

Date	Action
01/23/14	In Assembly. Read first time. Held at Desk.
01/23/14	Read third time. Passed. (Ayes 33. Noes 0. Page 2636.) Ordered to the Assembly.
01/22/14	Read second time. Ordered to third reading.
01/21/14	From committee: Be placed on second reading file pursuant to Senate Rule 28.8.
01/15/14	Set for hearing January 21.
01/13/14	From committee: Do pass and re-refer to Com. on APPR. (Ayes 9. Noes 0. Page 2582.) (January 13). Re-referred to Com. on APPR.
01/09/14	Set for hearing January 13.
01/09/14	From committee with author's amendments. Read second time and amended. Re-referred to Com. on B., P. & E.D.
01/09/14	Re-referred to Com. on B., P. & E.D.
01/06/14	Re-referred to Com. on RLS.
01/06/14	Withdrawn from committee.
01/06/14	From committee with author's amendments. Read second time and amended. Re-referred to Com. on GOV. & F.
03/11/13	Referred to Com. on GOV. & F.
02/22/13	From printer. May be acted upon on or after March 24.
02/21/13	Introduced. Read first time. To Com. on RLS. for assignment. To print.

AMENDED IN SENATE JANUARY 9, 2014

AMENDED IN SENATE JANUARY 6, 2014

SENATE BILL

No. 500

Introduced by Senator Lieu

February 21, 2013

An act to amend Section 2241.6 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 500, as amended, Lieu. Medical practice: pain management.

Existing law establishes the Medical Board of California within the Department of Consumer Affairs. Existing law, among other things, required the board to develop standards before June 1, 2002, to ensure the competent review in cases concerning the management, including, but not limited to, the undertreatment, undermedication, and overmedication of a patient's pain.

This bill would require the board, on or before July 1, 2015, to update those standards. The bill would require the board to convene a task force to develop and recommend the updated standards to the board. The bill would also require the board to update those standards on or before July 1 each 5th year thereafter.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 2241.6 of the Business and Professions
2 Code is amended to read:

1 2241.6. (a) (1) The board shall develop standards before June
2 1, 2002, to ensure the competent review in cases concerning the
3 management, including, but not limited to, the undertreatment,
4 undermedication, and overmedication of a patient’s pain.

5 (2) The ~~division~~ *board* may consult with entities such as the
6 American Pain Society, the American Academy of Pain Medicine,
7 the California Society of Anesthesiologists, the California Chapter
8 of the American College of Emergency Physicians, and any other
9 medical entity specializing in pain control therapies to develop the
10 standards utilizing, to the extent they are applicable, current
11 authoritative clinical practice guidelines.

12 (b) The board shall update the standards adopted pursuant to
13 subdivision (a) on or before July 1, 2015, and on or before July 1
14 each fifth year thereafter.

15 (c) The board shall convene a task force to develop and
16 recommend the updated standards to the board. The task force, in
17 developing the updated standards, ~~shall~~ *may* consult with the
18 entities specified in paragraph (2) of subdivision (a), the American
19 Cancer Society, *a physician who treats or evaluates patients as*
20 *part of the workers’ compensation system*, and specialists in
21 pharmacology and addiction medicine.

SENATE RULES COMMITTEE

SB 500

Office of Senate Floor Analyses

1020 N Street, Suite 524

(916) 651-1520 Fax: (916) 327-4478

THIRD READING

Bill No: SB 500

Author: Lieu (D)

Amended: 1/9/14

Vote: 21

SENATE BUSINESS, PROF. & ECON. DEV. COMM.: 9-0, 1/13/14

AYES: Lieu, Block, Corbett, Galgiani, Hernandez, Hill, Padilla, Wyland, Yee

NO VOTE RECORDED: Vacancy

SENATE APPROPRIATIONS COMMITTEE: Senate Rule 28.8

SUBJECT: Medical practice: pain management

SOURCE: Author

DIGEST: This bill requires the Medical Board of California (MBC) to update prescriber standards for controlled substances once every five years; and adds the American Cancer Society, a workers' compensation physician, specialists in pharmacology, and specialists in addiction medicine to the entities MBC may consult with in developing the standards.

ANALYSIS:

Existing law:

1. Licenses and regulates physicians and surgeons under the Medical Practice Act by the MBC within the Department of Consumer Affairs and states that the protection of the public is the highest priority of the MBC in exercising its functions.

2. Authorizes a physician and surgeon to prescribe, dispense, or administer prescription drugs, including prescription controlled substances, to an addict under his/her treatment for a purpose other than maintenance on, or detoxification from, prescription drugs or controlled substances. Authorizes a physician and surgeon to prescribe, dispense, or administer prescription drugs or prescription controlled substances to an addict for purposes of maintenance on, or detoxification from, prescription drugs under certain circumstances. Provides that a physician and surgeon may not prescribe, dispense, or administer dangerous drugs or controlled substances to a person he/she knows or reasonably believes is using or will use the drugs or substances for a nonmedical purpose.
3. Authorizes a physician and surgeon to prescribe for, or dispense or administer to, a person under his/her treatment for a medical condition dangerous drugs or prescription controlled substances for the treatment of pain or a condition causing pain, including, but not limited to, intractable pain. Provides that a physician and surgeon shall not be subject to disciplinary action for prescribing, dispensing, or administering dangerous drugs or prescription controlled substances according to certain requirements. Authorizes MBC to take any action against a physician and surgeon who violates laws related to inappropriate prescribing. Provides that a physician and surgeon shall exercise reasonable care in determining whether a particular patient or condition, or the complexity of a patient's treatment, including, but not limited to, a current or recent pattern of drug abuse, requires consultation with, or referral to, a more qualified specialist.
4. Requires the Division of Medical Quality (DMQ), within MBC, to develop standards before June 1, 2002, to ensure competent review in cases concerning the management, including, but not limited to, the undertreatment, undermedication, and overmedication of a patient's pain.
5. Authorizes DMQ to consult with entities such as the American Pain Society, the American Academy of Pain Medicine, the California Society of Anesthesiologists, the California Chapter of the American College of Emergency Physicians, and any other medical entity specializing in pain control therapies to develop the standards utilizing, to the extent they are applicable, current authoritative clinical practice guidelines.

1. Requires MBC to update standards to ensure competent review in cases concerning the management, including, but not limited to, the undertreatment, undermedication, and overmedication of a patient's pain.
2. Requires MBC to update the standards on or before July 1, 2015, and on or before July 1 every five years.
3. Requires MBC to convene a task force to develop and recommend the updated standards. Authorizes the task force to consult with the American Cancer Society, a workers' compensation physician, specialists in pharmacology and specialists in addiction medicine, in addition to the entities MBC may consult with in developing the standards.

Background

Controlled substances. Through the Controlled Substances Act (CSA), Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, the federal government regulates the manufacture, distribution and dispensing of controlled substances. The CSA ranks into five schedules those drugs known to have potential for physical or psychological harm, based on their potential for abuse; their accepted medical use; and their accepted safety under medical supervision. The schedules are as follows:

Schedule I	Controlled substances have a high potential for abuse and no generally accepted medical use such as heroin, ecstasy, and LSD.
Schedule II	Controlled substances have a currently accepted medical use in treatment, or a currently accepted medical use with severe restrictions, and have a high potential for abuse and psychological or physical dependence. Schedule II drugs can be narcotics or non-narcotic. (Examples include morphine, methadone, Ritalin, Demerol, Dilaudid, Percocet, Percodan, and Oxycontin.)
Schedule III/IV	Controlled substances have a currently accepted medical use in treatment, less potential for abuse but are known to be mixed in specific ways to achieve a narcotic-like end product. (Examples include Vicodin, Zanex, Ambien, and other anti-anxiety drugs.)
Schedule V	Drugs have a low potential for abuse, a currently accepted medical use and are available over the counter.

Among other requirements, the CSA mandates that all prescriptions for drugs that fall under Schedules I–V must cite the physician's federal Drug Enforcement Agency (DEA) registration number. The DEA provides oversight and enforces

explicitly outline valid prescribing, administering, and dispensing requirements. When physicians register as a prescriber with the DEA, it is presumed they have read the handbook and guidance on the DEA Web site.

The three classes of prescription drugs that are most commonly abused are (1) opioids, which are most often prescribed to treat pain; (2) central nervous system (CNS) depressants, which are used to treat anxiety and sleep disorders; and (3) stimulants, which are prescribed to treat the sleep disorder narcolepsy and attention-deficit hyperactivity disorder (ADHD). Each class can induce euphoria, and when administered by routes other than recommended, such as snorting or dissolving into liquid to drink or inject, can intensify that sensation. Opioids, in particular, act on the same receptors as heroin and, therefore, can be highly addictive. Common opioids are hydrocodone (Vicodin), oxycodone (OxyContin), propoxyphene (Darvon), hydromorphone (Dilaudid), meperidine (Demerol), and diphenoxylate (Lomotil).

Guidelines for prescribing controlled substances. In 1994, MBC unanimously adopted a policy statement entitled “Prescribing Controlled Substances for Pain.” Stemming from studies and discussions about controlled substances, this policy statement was designed to provide guidance to improve prescriber standards for pain management, while simultaneously undermining opportunities for drug diversion and abuse. The guidelines outlined appropriate steps related to a patient’s examination, treatment plan, informed consent, periodic review, consultation, records, and compliance with controlled substances laws. Guidelines are used by physicians as well as MBC in its regulation of licensees.

MBC currently encourages all licensees to consult the policy statement and *Guidelines for Prescribing Controlled Substances for Pain*. According to the MBC Web site, “The board strongly urges physicians and surgeons to view effective pain management as a high priority in all patients, including children, the elderly, and patients who are terminally ill. Pain should be assessed and treated promptly, effectively and for as long as pain persists. The medical management of pain should be based on up-to-date knowledge about pain, pain assessment and pain treatment. Pain treatment may involve the use of several medications and non-pharmacological treatment modalities, often in combination. For some types of pain, the use of medications is emphasized and should be pursued vigorously; for other types, the use of medications is better de-emphasized in favor of other therapeutic modalities. Physicians and surgeons should have sufficient knowledge or utilize consultations to make such judgments for their patients. Medications, in

MBC also highlights that while it is lawful under both federal and California law to prescribe controlled substances for the treatment of pain, including intractable pain, there are limitations on the prescribing of controlled substances to or for patients for the treatment of chemical dependency. MBC expects that a licensee follow the same standard of care when prescribing and/or administering a narcotic controlled substance to a “known addict” patient as he/she would for any other patient. The physician and surgeon must (1) perform an appropriate prior medical examination; (2) identify a medical indication; (3) keep accurate and complete medical records, including treatments, medications, periodic reviews of treatment plans, etc.; and (4) provide ongoing and follow-up medical care as appropriate and necessary.

According to the MBC Web site, MBC “emphasizes the above issues, both to ensure physicians and surgeons know that a patient in pain who is also chemically dependent should not be deprived of appropriate pain relief, and to recognize the special issues and difficulties associated with patients who suffer both from drug addiction and pain. The MBC expects that the acute pain from trauma or surgery will be addressed regardless of the patient's current or prior history of substance abuse.”

Comments

According to the author's office, this bill simply ensures that important standards guiding physicians in their prescribing of controlled substances are updated regularly, and in consultation with key stakeholders who can best inform the MBC and highlight current practice. The author states that “particularly when we are talking about prescription medications that are incredibly potent and may result in significant impacts to a patient, it is important that the right people are informing the Board regularly to ensure that guidelines are crafted appropriately.” According to the author, “it is important for the Medical Board's prescriber guidelines to strike the right balance so that patients in pain are treated appropriately, timely and in a consistent and safe manner by their doctor. Similarly, it is critical for the Board to have appropriate, current guidelines that take into account the realities faced by patients, physicians and regulators in the Board's efforts managing the important issue of prescribing controlled substances.”

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

MW:d 1/22/14 Senate Floor Analyses

SUPPORT/OPPOSITION: NONE RECEIVED

**** **END** ****

**SENATE COMMITTEE ON BUSINESS, PROFESSIONS
AND ECONOMIC DEVELOPMENT
Senator Ted W. Lieu, Chair**

Bill No: SB 500 Author: Lieu
As Amended: January 9, 2014 Fiscal: Yes

SUBJECT: Medical practice: pain management.

SUMMARY: Requires the Medical Board of California to update prescriber standards for controlled substances once every five years. Adds the American Cancer Society, specialists in pharmacology and specialists in addiction medicine to the entities MBC may consult with in developing the standards.

Existing law:

- 1) Licenses and regulates physicians and surgeons under the Medical Practice Act (Act) by the Medical Board of California (MBC) within the Department of Consumer Affairs (DCA) and states that the protection of the public is the highest priority of the MBC in exercising its functions. (Business and Professions Code (BPC) § 2000 et. seq.)
- 2) Authorizes a physician and surgeon to prescribe, dispense, or administer prescription drugs, including prescription controlled substances, to an addict under his or her treatment for a purpose other than maintenance on, or detoxification from, prescription drugs or controlled substances. Authorizes a physician and surgeon to prescribe, dispense, or administer prescription drugs or prescription controlled substances to an addict for purposes of maintenance on, or detoxification from, prescription drugs under certain circumstances. Provides that a physician and surgeon may not prescribe, dispense, or administer dangerous drugs or controlled substances to a person he or she knows or reasonably believes is using or will use the drugs or substances for a nonmedical purpose. (BPC § 2241)
- 3) Authorizes a physician and surgeon to prescribe for, or dispense or administer to, a person under his or her treatment for a medical condition dangerous drugs or prescription controlled substances for the treatment of pain or a condition causing pain, including, but not limited to, intractable pain. Provides that a physician and surgeon shall not be subject to disciplinary action for prescribing, dispensing, or administering dangerous drugs or prescription controlled substances according to certain requirements. Authorizes MBC to take any action against a physician and surgeon who violates laws related to inappropriate prescribing. Provides that a physician and surgeon shall exercise reasonable care in determining whether a particular patient or condition, or the complexity of a patient's treatment, including, but not limited to, a current or recent pattern of drug abuse, requires consultation with, or referral to, a more

- 4) Requires the Division of Medical Quality (DMQ), within MBC, to develop standards before June 1, 2002 to ensure competent review in cases concerning the management, including, but not limited to, the undertreatment, undermedication, and overmedication of a patient's pain. (BPC § 2241.6)
- 5) Authorizes DMQ to consult with entities such as the American Pain Society, the American Academy of Pain Medicine, the California Society of Anesthesiologists, the California Chapter of the American College of Emergency Physicians, and any other medical entity specializing in pain control therapies to develop the standards utilizing, to the extent they are applicable, current authoritative clinical practice guidelines. (Id)

This bill:

- 1) Requires MBC to update standards to ensure competent review in cases concerning the management, including, but not limited to, the undertreatment, undermedication, and overmedication of a patient's pain.
- 2) Requires MBC to update the standards on or before July 1, 2015 and on or before July 1 every five years.
- 3) Requires MBC to convene a task force to develop and recommend the updated standards. Authorizes the task force to consult with the American Cancer Society, a workers compensation physician, specialists in pharmacology and specialists in addiction medicine, in addition to the entities MBC may consult with in developing the standards.

FISCAL EFFECT: Unknown. This bill is keyed "fiscal" by Legislative Counsel.

COMMENTS:

1. **Purpose.** The Author is the Sponsor of this bill. According to the Author, this bill simply ensures that important standards guiding physicians in their prescribing of controlled substances are updated regularly, and in consultation with key stakeholders who can best inform the Medical Board and highlight current practice. The Author states that "particularly when we are talking about prescription medications that are incredibly potent and may result in significant impacts to a patient, it is important that the right people are informing the Board regularly to ensure that guidelines are crafted appropriately." According to the Author, "it is important for the Medical Board's prescriber guidelines to strike the right balance so that patients in pain are treated appropriately, timely and in a consistent and safe manner by their doctor. Similarly, it is critical for the Board to have appropriate, current guidelines that take into account the realities faced by patients, physicians and regulators in the Board's efforts managing the important issue of prescribing controlled substances."

Guidelines from different national professional organization, as well as recommendations from government agencies may change, taking into account new information, practices or different medication. For example, the FDA issued recommendations to DEA federal Department of Health and Human Services to limit a patient to 90 days of pain medicine treatment, down from 180 days. Under these recommendations, after 90 days, patients must

controlled substances in 2007. This bill will reflect the changing nature of guidelines, standards and guidance for a critical issue in our health care system.

- 2. Background: Controlled Substances.** Through the Controlled Substances Act, Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, the federal government regulates the manufacture, distribution and dispensing of controlled substances. The Act ranks into five schedules those drugs known to have potential for physical or psychological harm, based on three considerations: (a) their potential for abuse; (b) their accepted medical use; and, (c) their accepted safety under medical supervision. The Schedules are as follows:

Schedule I controlled substances have a high potential for abuse and no generally accepted medical use such as heroin, ecstasy, and LSD.

Schedule II controlled substances have a currently accepted medical use in treatment, or a currently accepted medical use with severe restrictions, and have a high potential for abuse and psychological or physical dependence. Schedule II drugs can be narcotics or non-narcotic. Examples of Schedule II controlled substances include morphine, methadone, Ritalin, Demerol, Dilaudid, Percocet, Percodan, and Oxycontin.

Schedule III and IV controlled substances have a currently accepted medical use in treatment, less potential for abuse but are known to be mixed in specific ways to achieve a narcotic-like end product. Examples include drugs include Vicodin, Zanax, Ambien and other anti-anxiety drugs.

Schedule V drugs have a low potential for abuse, a currently accepted medical use and are available over the counter.

Among other requirements, the Act mandates that all prescriptions for drugs that fall under Schedules I–V must cite the physician's federal Drug Enforcement Agency (DEA) registration number. The DEA provides oversight and enforces regulations concerning all controlled substances. The DEA created a practitioner's handbook, originally written in 1990 and most recently updated in 2006, to explicitly outline valid prescribing, administering, and dispensing requirements. When physicians register as a prescriber with the DEA, it is presumed they have read the handbook and guidance on the DEA website.

The three classes of prescription drugs that are most commonly abused are: opioids, which are most often prescribed to treat pain; central nervous system (CNS) depressants, which are used to treat anxiety and sleep disorders and; stimulants, which are prescribed to treat the sleep disorder narcolepsy and attention-deficit hyperactivity disorder (ADHD). Each class can induce euphoria, and when administered by routes other than recommended, such as snorting or dissolving into liquid to drink or inject, can intensify that sensation. Opioids, in particular, act on the same receptors as heroin and, therefore, can be highly addictive. Common opioids are: hydrocodone (Vicodin), oxycodone (OxyContin), propoxyphene (Darvon), hydromorphone (Dilaudid), meperidine (Demerol), and diphenoxylate (Lomotil).

- 3. Guidelines for Prescribing Controlled Substances.** In 1994, MBC unanimously adopted a

simultaneously undermining opportunities for drug diversion and abuse. The guidelines outlined appropriate steps related to a patient's examination, treatment plan, informed consent, periodic review, consultation, records, and compliance with controlled substances laws. Guidelines are used by physicians as well as MBC in its regulation of licensees.

Subsequent to MBC's 1994 action, legislation that took effect in 2002 (AB 487, Aroner, Chapter 518, Statutes of 2001) created a task force to revisit the 1994 guidelines to develop standards assuring competent review in cases concerning the under-treatment and under-medication of a patient's pain and also required continuing education courses for physicians in the subjects of pain management and the treatment of terminally ill and dying patients. The intent of the bill was to broaden and update the knowledge base of all physicians related to the appropriate care and treatment of patients suffering from pain, and terminally ill and dying patients. As a result, the task force amended the guidelines from referencing only *intractable* pain to *all* kinds of pain.

The passage of AB 2198 in 2006 (Houston, Chapter 350, Statutes of 2006) updated California law governing the use of drugs to treat pain by clarifying that health care professionals with a medical basis, including the treatment of pain, for prescribing, furnishing, dispensing, or administering dangerous drugs or prescription controlled substances, may do so without being subject to disciplinary action or prosecution. AB 2198 stemmed from MBC's efforts to better reflect the current state of treating pain, as well as the current manner of investigating and disciplining physicians who treat patients with pain, who often require large quantities of medication. The bill recognized that existing standards of care require physicians in some instances to prescribe pain medications to addicts, outside of treatment for detoxification and maintenance, creating circumstances under which a practitioner could prescribe, dispense, or administer prescription drugs, including controlled substances, to an addict.

MBC currently encourages all licensees to consult the policy statement and *Guidelines for Prescribing Controlled Substances for Pain*. According to the MBC website, "The board strongly urges physicians and surgeons to view effective pain management as a high priority in all patients, including children, the elderly, and patients who are terminally ill. Pain should be assessed and treated promptly, effectively and for as long as pain persists. The medical management of pain should be based on up-to-date knowledge about pain, pain assessment and pain treatment. Pain treatment may involve the use of several medications and non-pharmacological treatment modalities, often in combination. For some types of pain, the use of medications is emphasized and should be pursued vigorously; for other types, the use of medications is better de-emphasized in favor of other therapeutic modalities. Physicians and surgeons should have sufficient knowledge or utilize consultations to make such judgments for their patients. Medications, in particular opioid analgesics, are considered the cornerstone of treatment for pain associated with trauma, surgery, medical procedures, or cancer."

MBC also highlights that while it is lawful under both federal and California law to prescribe controlled substances for the treatment of pain, including intractable pain, there are limitations on the prescribing of controlled substances to or for patients for the treatment of

appropriate prior medical examination; (2) identify a medical indication; (3) keep accurate and complete medical records, including treatments, medications, periodic reviews of treatment plans, etc; and, (4) provide ongoing and follow-up medical care as appropriate and necessary.

According to the MBC website, MBC "emphasizes the above issues, both to ensure physicians and surgeons know that a patient in pain who is also chemically dependent should not be deprived of appropriate pain relief, and to recognize the special issues and difficulties associated with patients who suffer both from drug addiction and pain. The MBC expects that the acute pain from trauma or surgery will be addressed regardless of the patient's current or prior history of substance abuse."

SUPPORT AND OPPOSITION:

Support:

None received as of January 8, 2013.

Opposition:

None received as of January 8, 2013.

Consultant: Sarah Mason and Mark Mendoza

AGENDA

ITEM #

16



Department of Consumer Affairs
Physician Assistant Board

ate of California
Physician Assistant Board

2014-2018



Strategic
Plan

MEMBERS OF THE
PHYSICIAN ASSISTANT BOARD

Robert E. Sachs, PA-C, President

Charles Alexander, Ph.D., Public Member

Michael Bishop, M.D., Physician Member

Sonya Earley, PA Licensee Member

A. Christina Gomez-Vidal Diaz, Public Member

Jed Grant, PA-C, Licensee Member

Catherine Hazelton, Public Member

Rosalee Shorter, PA-C, PA Licensee Member

Glenn L. Mitchell, Jr., Executive Officer

MESSAGE FROM THE BOARD PRESIDENT



The Physician Assistant Board is pleased to present the 2014-2018 Strategic Plan.

The planning process was accomplished during the past six months with all Board members participating. During this process all interested parties and stakeholders gave input, which was used to create the final plan.

The primary function of the Board remains consumer protection. The document identifies our mission statement and goals of the Board. We will use this plan to continue to improve service to both the consumer and to the licensees.

The Board is committed to continuing the creation of the BreEZe program with the Department of Consumer Affairs. We will also work with all state agencies to improve access to care for all Californians.

As President, I invite all interested stakeholders to join the Board in accomplishing these goals.

Robert E. Sachs

President

Physician Assistant Board

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ABOUT THE PHYSICIAN ASSISTANT BOARD

In 1975, the Physician's Assistant Examining Committee (PAEC), within the jurisdiction of the Medical Board of California, was created by the California Legislature to address the existing shortage and geographic maldistribution of health care services in California. A new category of health manpower – the Physician Assistant (PA) was created to provide an additional resource for California's health care consumers. This promoted more effective utilization of the skills of physicians, and physicians and podiatrists working in the same medical group practice by allowing them to delegate health care tasks and procedures to qualified physician assistants when consistent with the patient's health and welfare, and with the laws and regulations governing physician assistants. As highly skilled professionals, physician assistants work under the supervision of a physician and surgeon to provide patient services ranging from primary care medicine to specialized surgical care. Senate Bill 1236 (Price), Statutes of 2012, Chapter 332, changed the name of the Physician Assistant Committee to Physician Assistant Board (PAB). The Board is responsible for licensing and regulating the practice of physician assistants in the State of California.

Physician Assistant Practice Act

The primary responsibility of the PAB is to protect California consumers from incompetent, and/or fraudulent practice through the enforcement of the Physician Assistant Practice Act under Division 2, Chapter 7.7, of the Business and Professions Code, and through the Physician Assistant Regulations (Title 16, Division 13.8) of the California Code of Regulations (CCR). Under the Department of Consumer Affairs, the PAB promotes safe practice of physician assistants by:

- Approval of the educational and training requirements of physician assistants.
- Licensing of physician assistants.
- Promoting the health and safety of California health care consumers by enhancing the competence of physician assistants.
- Coordinating investigation and disciplinary processes.

- Providing information and education regarding the PAB or physician assistant professionals to California consumers.
- Managing a diversion program for physician assistants with alcohol/substance abuse problems.
- Collaborating with others regarding legal and regulatory issues that involve physician assistant activities or the profession.

Within the physician assistant profession, the PAB establishes and maintains entry standards of qualification and conduct primarily through its authority to license. With over 9,590 licensed physician assistants, the PAB regulates and establishes standards for the education and training of physician assistant practice.

Board Composition

The PAB consists of nine members who serve four-year terms and may be reappointed. The Board is currently comprised of: one physician member from the Medical Board of California, four licensed physician assistants, and four public members. The Governor appoints the four physician assistant members and two public members. The Speaker of the Assembly and the Senate Rules Committee each appoint one public member. Board members play a critical role as policy and decision makers in licensing requirements, disciplinary matters, approval of physician assistant training programs, contracts, budget issues, legislation and regulatory proposals, and consumer and public outreach.

Committees serve as an important component of the PAB to address specific issues referred by the public, the Legislature, the Department of Consumer Affairs or recommended by staff. Committees are generally composed of at least two Board members who are charged with gathering public input, exploring alternatives to the issues, and making a recommendation to the full Board. The PAB does not have committees established by statutes or regulations, but the President may appoint task forces and committees as issues arise. The PAB currently has The Legislative Committee, which serves to identify legislation that the Board may want to be notified and/or take a position.

Board Functions

The PAB appoints an Executive Officer to oversee a staff of three full-time staff and one half-time staff that support the following major Board functions:

- **Licensing:** Reviewing applications for licensure and issuing licenses.
- **Enforcement:** Reviewing and investigating complaints; Disciplining physician assistants who violate physician assistant laws and regulations.
- **Education:** Educating consumers, licensees, physicians, and interested others regarding physician assistant practice.
- **Regulatory:** Reviewing and updating laws and regulations regarding consumer protection and physician assistant practice.
- **Diversion:** Administering a drug and alcohol monitoring program for licensees with chemical dependency issues.
- **Administration:** Providing administrative services supporting the operational functions of the Board.

Together, all of these functions protect the health and safety of Californians.

Physician Assistant Training and Examination

Physician assistant applicants are required to graduate from a nationally accredited and California approved physician assistant training program. There are currently 181 physician assistant training programs accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), which oversees the accredited programs and the standards of accreditation for physician assistant training programs. Training programs accredited by ARC-PA are deemed to be approved by the PAB.

In addition to meeting the education requirement, physician assistants must achieve a passing score of the Physician Assistant National Certifying Examination (PANCE) for licensure. The National Commission on the Certification of Physician Assistants (NCCPA) has established a scientifically-based process for examination question development and scoring the examination, which evaluates the

competence of applicants seeking to be licensed to practice as a physician assistant in California.

Continuing Medical Education (CME) and License Renewal

Consumers are also protected by the PAB's ongoing continuing medical education requirements for licensees. Physician assistants are required to renew their license every two years and satisfy the continuing medical education requirements as a condition of licensure renewal. Licensees may meet the continuing medical education requirement by completing 50 hours of medical education every two years or by obtaining and maintaining certification from the National Commission on Certification of Physician Assistants.

The PAB is committed to fulfilling its mission and vision, and is focused on statutory and regulatory mandates for consumer protection. By continually re-evaluating its business operations and systems, the Board has improved its infrastructure and is always exploring new ways of doing business and delivering quality services to consumers, applicants, licensees, and other stakeholders.

SIGNIFICANT BOARD ACCOMPLISHMENTS

As a part of strategic planning, the PAB evaluated its previous strategic plan goals and identified which objectives were accomplished. The following are the significant Board accomplishments since the 2009 strategic plan was adopted.

800-SERIES REPORTING REQUIREMENTS

SB 1236 (Price) added physician assistants to the 800-series (Business and Professions Code sections 800, 801.01, 802.1, 802.5, 803, 803.1, 803.5, 803.6, and 805).

This requirement further enhances the Board's mandate of consumer protection by requiring reporting to the PAB physician assistant malpractice actions, hospital disciplinary actions, as well as self-reporting by physician assistants of indictments and convictions.

These reporting requirements also apply to professional liability insurers, self-insured governmental agencies, physician assistants and/or their attorneys and employers, peer review bodies, such as in hospitals to report specific disciplinary actions, restrictions, revoked privileges, and suspensions.

CONTINUING MEDICAL EDUCATION REPORTING REQUIREMENTS

For all licenses expiring on or after January 2013, licensees must now report compliance with the Board's continuing medical education (CME) reporting requirements.

The requirement that physician assistants must complete continuing medical education (and now report their compliance) will ensure that physician assistants are enhancing their skills and keeping current with the latest medical techniques. This adds to consumer protection by ensuring that physician assistants are knowledgeable and are employing the latest medical practices.

PHYSICIAN ASSISTANT TRAINING AND EDUCATION REGULATIONS

Section 1399.536 of Title 16 of the California Code of Regulations was amended effective 1 April 2013. This amendment allows for a variety of licensed health care providers to supplement physicians as preceptors of physician assistant students during their training, permits preceptors to supervise more than one student at a time, and deletes outdated fee information. This regulatory change updates the regulations regarding physician assistant training to better reflect current physician assistant educational practices.

ENFORCEMENT ENHANCEMENTS

In 2011, regulations to enhance consumer protection were enacted, and the following are some of the enhancements:

- California Code of Regulations Section 1399.503 – Delegation of Functions – allows the Executive Officer ability to accept default decisions and to approve settlement agreements for the surrender or interim suspension of a license.
- California Code of Regulations Section 1399.507.5 – Physical or Mental Examination of Applications – allows the PAB to require an applicant to submit to a physical and/or mental evaluation whenever it appears reasonable that an applicant may be unable to perform as a physician assistant safely due to impairments.
- California Code of Regulations Section 1399.521.5 – Unprofessional Conduct – Defines unprofessional conduct to include any act of sexual abuse or misconduct, failure to provide documents for an investigation, failure to cooperate with the PAB in investigations, and failing to report to the PAB actions including, but not limited to arrests, convictions, disciplinary actions by other entities or government agencies, and failing or refusal to comply with court orders.
- California Code of Regulations Section 1399.523 – Requires revocation of license in a proposed decision if a finding of fact that the licensee committed a sex offense or was convicted of sex offense.

WEBCASTING OF BOARD MEETINGS

The PAB began to webcast their board meetings in November 2011. This allows consumers, licensees, and interested others to view and participate in the board meetings if they are unable to attend in person. The webcasts are also archived and available on the PAB and DCA websites. Additionally, meeting materials are now available on the Board's website.

PHYSICIAN ASSISTANT APPLICATION EFFICIENCIES

To make the physician assistant application process more efficient and decrease application review times, the Board implemented procedures to allow for the emailing of deficiency and licensing letters to applicants who choose to provide an email address on their application. Applicants who do not provide their email address will continue to receive notifications via mail. The new procedure saves postage, handling and paper costs, in addition to providing applicants with information regarding their pending application on a more timely basis.

APPLICATION AND LICENSING AUTOMATION ENHANCEMENTS

In October 2013, the PAB implemented the Department of Consumer Affairs-sponsored BreZE licensing and enforcement system. This system replaces two legacy systems. Eventually, BreZE will allow for on-line applications and on-line renewals.

OUR VISION

The vision of the Physician Assistant Board is to assure that health care needs for all persons are met in a compassionate, competent, and culturally sensitive manner. Physician Assistants can better contribute to this outcome as they are increasingly recognized as quality providers and as their utilization is expanded.

OUR MISSION

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

OUR 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.

GOAL 1: WORKFORCE

Address and promote physician assistant workforce needs.

1.1 Identify and mitigate barriers to licensure in order to increase the number of physician assistants in the workforce.

1.2 Work with the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) to identify and implement strategies that will address the anticipated physician assistant workforce shortage resulting from passage of the Affordable Care Act (ACA).

1.3 The Physician Assistant Board will proactively collaborate with the Medical Board of California to identify and address regulatory barriers to physician assistant practice that may impact access to care.

1.4 Identify and implement strategies to increase the diversity and number of physician assistants in the state, especially in rural and underserved areas.

GOAL 2: PROFESSIONAL QUALIFICATIONS AND EDUCATION

Improve continuing medical education and examination standards to ensure excellence in practice and promote public safety. Advance higher education standards to increase the quality of education and ensure consumer protection.

- 2.1** Identify and recommend improvements to the accreditation process to shorten the review time for new schools.
- 2.2** Identify alternatives and resources to protect existing physician assistant educational programs and increase the number of available openings, particularly in underserved areas.
- 2.3** Explore options for ethics coursework to be disseminated throughout the education program to emphasize professional responsibility and the moral code of conduct that accompanies a physician assistant license.
- 2.4** Perform random continuing medical education audits on renewal applications to ensure licensee compliance.

GOAL 3: LEGISLATION, REGULATION, AND POLICY

Ensure that statutes, regulations, policies, and procedures strengthen and support the Board's mandate and mission.

3.1 Develop and implement a system to capture Board discussions on legislative issues to facilitate onboarding of new Board members.

3.2 Review and update regulations to address legislative changes.

3.3 Explore legislative solutions to maximize the physician assistant scope of practice and responsibility in healthcare delivery to address workforce shortage and increased patient access.

GOAL 4: COMMUNICATION AND OUTREACH

Inform consumers, licensees, applicants, and other stakeholders about the practice and regulation of the physician assistant profession in an accurate, accessible manner.

4.1 Identify resources that would allow the Board to conduct more outreach activities to better educate consumers about the role of physician assistants and the Board.

4.2 Better inform licensees and supervising physicians about the responsibilities, requirements, and subtleties of the Physician Assistant Practice Act.

4.3 Increase consumer and licensee usage of the Board's website.

4.4 Inform physician assistant students who are close to graduating about the professional responsibilities, ethics, and moral code of conduct that accompany the license.

4.5 Educate licensees about the new self-reporting statute (Title 16, California Code of Regulations Section 1399.521.5e).

GOAL 5: ENFORCEMENT

Protect the health and safety of consumers through the enforcement of the laws and regulations governing the practice of physician assistants.

5.1 Explore the feasibility of dedicating some Division of Investigation and Enforcement investigators exclusively for the Physician Assistant Board to reduce investigation cycle times.

5.2 Conduct a review of past disciplinary actions to identify best enforcement practices.

GOAL 6: LICENSING

Promote licensing standards to protect consumers and allow reasonable access to the profession.

6.1 Collaborate with DCA to provide online license renewal through the BreZE system, including acceptance of credit card and other payment options, for greater convenience to licensees and to improve the physician assistant application cycle time.

6.2 Facilitate voluntary data collection by other Board-approved organizations to identify physician assistant licensee demographics that will assist the Office of Statewide Planning and Development (OSHPD) with providing services and designating resources.

GOAL 7: ADMINISTRATION

Build an excellent organization through Board governance, effective leadership, and responsible management.

7.1 Improve onboarding of new Board members by creating a Board specific orientation program that also includes instruction on the legislative process and regulation development beyond the DCA Board Member Orientation Training.

7.2 Create and implement a workforce and succession plan to guide the Board's preparedness in workforce, retention of institutional knowledge, and leadership continuity.

7.3 Develop a forecast to ensure the Board has the staffing, budget, and tools necessary for the successful functioning of Board processes.



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strategic plan is based on stakeholder information and discussions facilitated by
... .. October 2012. Subsequent