



MEETING NOTICE

May 4, 2015

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)

EXCEPT "TIME CERTAIN"* ITEMS, ALL TIMES ARE APPROXIMATE AND SUBJECT TO CHANGE

1. Call to Order by President (Sachs)
2. Roll Call, Establishment of a Quorum (Winslow)
3. Approval of February 9, 2015 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) Recognition of Board Member
 - b. Executive Officer's Report (Mitchell)
 - 1) Update on BreEZe Implementation
 - 2) Controlled Substance Utilization Review and Evaluation System (CURES) Update
 - 3) Implementation of Business and Professions Code Section 3518.1 – Mandated Personal Data Collection from Physician Assistants
 - c. Licensing Program Activity Report (Forsyth)
 - d. Diversion Program Activity Report (Mitchell)
 - e. Enforcement Program Activity Report (Forsyth)
6. Department of Consumer Affairs
 - a. Director's Update (Christine Lally)
7. Regulations
 - a. Discussion and Possible Action Regarding Proposed Amendments to Guidelines for Imposing Discipline/Uniform Standards Regarding Substance-Abusing Healing

Arts Licensees, Section 1399.523 of Division 13.8 of Title 16 of the California Code of Regulations. (Mitchell)

8. Lunch break will be taken at some point during the meeting.

CLOSED SESSION:

9. Pursuant to Section 11126(c)(3) of the Government Code, the Board will move into closed session to deliberate on disciplinary matters.
10. Application for Licensure as a Physician Assistant: Update (Forsyth)
11. The Legislative Committee (Hazelton/Earley)
 - a. Legislation of Interest to the Physician Assistant Board
AB 12, AB 85, AB 611, AB 637, AB 728, AB 1060, SB 337, SB 800 and other bills impacting the Board identified by staff after publication of the agenda
12. The Education/Workforce Development Committee: Update (Grant/Alexander)
13. Medical Board of California Activities Summary and Update (Bishop)
14. Budget Update (Forsyth/Rumbaoa)
15. Policy Manual
 - a. Board member orientation/training requirements (Schieldge)
16. Discussion of compliance with Title 16 of the California Code of Regulations Section 1399.546 Reporting of Physician Assistant Supervision; Electronic records and signatures (Sachs)
17. Agenda Items for Next Meeting (Sachs)
18. Adjournment (Sachs)

Note: Discussion and action may be taken on any item on the agenda. 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 or unforeseen circumstances. 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. Adjournment, if it is the only item that occurs after a closed session, may not be webcast.

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 Anita Winslow at (916) 561-8782 or email Anita.Winslow@mbc.ca.gov 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

February 9, 2015

**PHYSICIAN ASSISTANT BOARD
2005 Evergreen Street – Hearing Room #1150
Sacramento, CA 95815
8:45 A.M. – 5:00 P.M.**

1. Call to Order by President

President Sachs called the meeting to order at 8:50 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.
 Jed Grant, PA-C
 Rosalee Shorter, PA-C
 Sonya Earley, PA-C
 Xavier Martinez

Staff Present: Glenn L. Mitchell, Jr., Executive Officer
 Kristy Schieldge, Senior Staff Counsel,
 Department of Consumer Affairs (DCA)
 Lynn Forsyth, Licensing Analyst
 Anita Winslow, Administration Analyst

3. Approval of November 3, 2014 Meeting Minutes

Teresa Anderson of the California Academy of Physician Assistants (CAPA) noted that agenda item 16 incorrectly identified Senator Fuller as Senator Bullard. She also stated that CAPA is not working with the ARC-PA; they sent them a letter of support. Ms. Anderson requested that the minutes be amended as noted.

M/ Jed Grant S/ Sonya Earley C/ to:

Approve the November 3, 2014 minutes as amended.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	X				
Michael Bishop	X				
Cristina Gomez-Vidal Diaz				X	
Sonya Earley	X				
Jed Grant	X				
Catherine Hazelton				X	
Xavier Martinez	X				
Robert Sachs	X				
Rosalee Shorter	X				

Motion approved.

4. Public Comment on items not on the Agenda

There was no public comment at this time.

5. Reports

a. President's Report

1) Mr. Jed Grant was reappointed to the Physician Assistant Board by Governor Brown. Mr. Sachs administered the Oath of Office to Mr. Grant.

2) New California Physician Assistant Education Programs

a) Marshall B. Ketchum University Physician Assistant Program (Fullerton, CA)

Marshall B. Ketchum University is in the process of developing a Master of Medical Science degree physician assistant program.

The ARC-PA has granted "Accreditation-Provisional" status to the program.

With "Accreditation-Provisional" status, training program graduates will be eligible to sit for the Physician Assistant National Certifying Examination (PANCE), which is required in order to apply for physician assistant licensure.

b) California Baptist University (Riverside, CA)

California Baptist University is in the process of developing a Master of Science in Physician Assistant Studies Program. The program will be housed in the Department of Health Sciences, College of Allied Health.

California Baptist University has applied for provisional accreditation from ARC-PA. The program anticipates matriculating its first class in June 2016, pending notification of successful "Accreditation-Provisional" status in March 2016.

- 3) Mr. Sachs reported on the California Academy of Physician Assistants' (CAPA) Pride of Profession Award. The award was presented to CAPA's general counsel, R. Michael Scarano, Jr., Esq. For the past twenty five years Mr. Scarano has been an advocate for and made many contributions to the physician assistant profession in California. He has also assisted CAPA with the drafting CAPA-sponsored of legislation.

He has authored many of the statutes that physician assistants now practice under. Mr. Sachs stated that Mr. Scarano has raised the Pride of Profession Award to another level and wishes him well.

- 4) Lastly, Mr. Sachs reported that Dianne Tincher, Enforcement Analyst for the Board, has retired after nine years of service. The Board thanked her for her service and wished her well in her retirement.

b. Executive Officer's Report

- 1) Update on BreEZe Implementation

Mr. Mitchell reported that staff continues to work with the BreEZe team on BreEZe production stabilization issues. Issues continue to be with enforcement and cashiering aspects of BreEZe and the generation of reports in BreEZe.

The licensing aspect of BreEZe continues to function and we are not experiencing any delays in processing and issuing physician assistant licenses.

Mr. Mitchell informed the Board that our online license renewal system is now scheduled for a spring 2015 roll out.

The online as well as paper physician assistant applications will also be updated to comply with additional new legal requirements. These changes were discussed during Agenda Item 13.

- 2) CURES update

Joint Application Design (JAD) sessions took place between representatives of the Department of Consumer Affairs (DCA) and the Department of Justice (DOJ) for updates to the Controlled Substance Utilization Review and Evaluation System (CURES). These sessions were recently completed. The purpose of these sessions was to facilitate development of aspects of the new system. Information was obtained and validated by session participants to ensure that the system developed will meet the client's business needs.

The next phase of this project is the Functional Design process.

Board staff does not query CURES as this is performed by the Medical Board of California (MBC) complaint staff on our behalf; therefore, they are representing the Board in these sessions. Mr. Mitchell has met with

representatives of the MBC to discuss features we would like included in the system. Thankfully, our requirements are similar to those of the MBC. MBC staff has been very helpful in ensuring that our requirements are included in the system and we appreciate their assistance.

Estimated completion of the CURES upgrade:
Testing: May/June 2015
Training: June 2015
Implementation: June 2015 (early summer 2015)

Mr. Sachs commented that each year at the California Academy of Physician Assistants (CAPA) conference they have an area for physician assistants to sign up for access to CURES.

c. Licensing Program Activity Report

Between October 1, 2014 and December 1, 2014, 185 physician assistant licenses were issued. As of December 1, 2014, 9,914 physician assistant licenses are renewed and current.

d. Diversion Program Activity Report

As of January 1, 2015, the Board's Diversion Program has 15 participants, which includes 3 self-referral participants and 12 board-referral participants.

A total of 131 participants have participated in the program since implementation in 1990.

e. Enforcement Program Activity Report

Between October 1, 2014 and December 31, 2014, 1 accusation was filed; there were no Statement of Issues filed; 2 probationary licenses were issued, and there are currently 43 probationers.

6. Department of Consumer Affairs

The Executive Office of the Department of Consumer Affairs (DCA) was represented by Rebecca May, who has been with DCA since November 2014. Ms. May noted she previously worked at the Governor's Office and she is looking forward to working with the Board. Ms. May thanked the Board for all of the good work they do.

She reminded Board members that their Form 700 must be submitted to the Fair Political Practices Commission by April 1, 2015 to avoid penalties.

7. Regulations

a. Proposed amendment to Title 16, California Code of Regulations, Section 1399.541 – Medical Services Performable: Update

This regulatory package amends the physician assistant supervision requirements in surgery to permit physician assistants to assist in surgery without

the personal presence of a supervising physician if the supervising physician is immediately available to the physician assistant. The action also defines “immediately available” as physically accessible and able to return to the patient, without any delay, upon the request of the physician assistant to address any situation requiring the supervising physician’s services.

The regulatory package was approved by the Office of Administrative Law on December 17, 2014. It will become effective on April 1, 2015.

On behalf of the Physician Assistant Board, President Sachs thanked the members of the Medical Board for their support of this regulatory change.

- b. Title 16 California Code of Regulations Section 1399.573 Citations for Unlicensed Practice – proposal to amend regulation to authorize the Executive Officer to issue citations and order of abatement and levy fines in cases of unlicensed activity.

Ms. Schieldge stated that currently this regulation restricts the Board’s Executive Officer to issue citations and orders of abatement and levy fines only in the case of a physician assistant who has practiced with a delinquent license. The way the regulation is currently drafted the Executive Officer is prevented from issuing citations and fines to those who have never been licensed and holding themselves out as a physician assistant. Ms. Schieldge could find no rationale in the rulemaking file for such a limitation. Although a citation and fine is a type of civil action, the issuance of a fine would not preclude the Board from pursuing criminal charges for the unlicensed practice of medicine.

To address this issue, Ms. Schieldge proposed and recommended amending Title 16 of the California Code of Regulations Section 1399.573 to read:

“...and levy fines against any person who is acting in the capacity of a licensee under the jurisdiction of this board and who is not otherwise exempt from licensure.”

M/ Jed Grant S/ Sonya Earley C/ to:

Direct staff to take all steps necessary to initiate the formal rulemaking process and to authorize the Executive Officer to make non-substantive changes to the rulemaking package and set a hearing in the matter.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	X				
Michael Bishop	X				
Cristina Gomez-Vidal Diaz				X	
Sonya Earley	X				
Jed Grant	X				
Catherine Hazelton				X	
Xavier Martinez	X				
Robert Sachs	X				
Rosalee Shorter	X				

Motion carried.

8. Regulatory Hearing

A regulatory hearing on the Proposed Language for Guidelines for Imposing Discipline/Uniform Standards Regarding Substance-Abusing Healing Arts Licensees, Section 1399.523 of Division 13.8 of Title 16 of the California Code of Regulations was held on February 9, 2015

President Sachs called the meeting to order at 9:15 a.m., a quorum was established.

No written public comment was received prior to or at the hearing.

The following oral public comment was received at the hearing.

Teresa Anderson from the California Academy of Physician Assistants (CAPA), informed the Board that CAPA is in support of the proposed regulation change and that it is consistent with SB 1441 to provide clarity to licensees and strengthens consumer safety.

There was no other public comment.

Hearing was closed at 9:20 a.m.

9. Discussion and possible action to amend or adopt changes to Title 16, California Code of Regulations Section 1399.523

Ms. Schieldge presented to the Board a summary of additional amendments to the *Manual of Disciplinary Guidelines and Model Disciplinary Orders* that she believes will further enhance the document.

These changes included:

Pages 6-7: Delete the entire "Drug and Alcohol Recovery Monitoring Program Overview of Participant Requirements and Costs" section.

Putting in the costs and the program requirements in the guidelines is confusing and misleading to the participants since those requirements can change depending on the vendor and the contract that we use, which would mean that the guidelines would have to be continually updated.

Page 20: Adding the Title "Standard Model Probationary Order" and a new "Model Order for Granting Application and Placing License on Probation after Applicant Completes Condition Precedent" sample order. This change is needed to ensure consistency in application and clarity regarding the Board's orders. The Board has had problems recently with different ALJs interpretations of how to draft a proper condition precedent order, with the result being that the orders actually look more like conditions subsequent rather than precedent. To avoid possible mistakes in the Board's orders, this model language is being proposed.

Page 30: Delete the words “but not to exceed one hundred and four (104)” for the random testing requirement for the first year. The SACC’s guidelines on page 8, as pointed out by the DCA’s Regulatory and Legislative Review Unit, states that: “Nothing precludes a board from increasing the number of random tests for any reason.” Putting a cap into the testing requirements would preclude the Board from administering more than 104 tests, which is contrary to public protection and possibly the recommendations by the SACC. So, Ms. Schiedge recommended removing the cap.

Page 34: Corrects an incorrect cross-reference. The notice of change of address requirement is located at Section 1399.511, not 1399.523.

Page 35: Deletes that “Respondent’s license shall be automatically canceled” replaces with “It shall be considered a violation of probation...” The Board could be subjected to legal challenge if it were interpreted that the Board did not give notice and hearing of any possible new violations before a license was taken away.

Page 36: “Voluntary License Surrender” Standard term: Adds the requirement that the request to surrender must be made by the Respondent “in writing” and that the writing must contain the following: his or her name, license number, case number, address of record, and an explanation of the reason(s) why Respondent seeks to surrender his or her license. Additional language also clarifies that a Respondent shall not be relieved of the requirements of his or her probation unless the Board or its designee notifies Respondent in writing that Respondent’s request to surrender his or her license has been accepted.

Currently, there is no requirement specifying what is needed for the Board to process a request for surrender, making it unclear to the public and the regulated community regarding what standards must be met to implement a voluntary surrender. This proposal would set criteria for what the board would need to process a surrender and clarifies, in accordance with Business and Professions Code section 118, that the Board does not lose jurisdiction to act on the license and that a probationer is not relieved from complying with probation until the board acts to accept his or her surrender.

M/ Dr. Michael Bishop S/ Jed Grant C/ to:

Direct staff to take all steps necessary to complete the rulemaking process, including preparing modified text and an addendum to the Initial Statement of Reasons for an additional 15-day comment period, which includes amendments discussed at this meeting. If after the 15-day public comment period, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt Section 1399.523 of the proposed regulations with the modified text.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	X				
Michael Bishop	X				
Cristina Gomez-Vidal Diaz				X	
Sonya Earley	X				
Jed Grant	X				
Catherine Hazelton				X	
Xavier Martinez	X				
Robert Sachs	X				
Rosalee Shorter	X				

Motion carried.

Public Comment:

Kevin Schunke, Regulations Manager, Medical Board of California (MBC) noted that their regulatory package was disapproved by the Office of Administrative Law (OAL) last October. Mr. Schunke added that he is resubmitting the file to OAL which will, hopefully, address OALs concerns with regard to the MBC package.

Ms. Schieldge responded that she had reviewed the notice of disapproval and the MBC took a different approach to implementation of the SB 1441 guidelines and updating their Disciplinary Guidelines than the Physician Assistant Board. After considering various options it was determined that these regulatory changes proposed and updates to the Disciplinary Guidelines were the most appropriate actions for the Physician Assistant Board, licensees, and consumers. This Board used all of the SACC standards as mandated by Business and Professions Code Section 315 and selected a different trigger for the determination that a licensee was a substance abuser.

10. Closed Session:

- a. Pursuant to Section 11126(c)(3) of the Government Code, the Board moved into closed session to deliberate on disciplinary matters.
- b. Pursuant to Section 11126(e), the Board moved into closed session to receive advice from legal counsel in the following matter:

David Ortiz, P.A. v. Physician Assistant Committee, Medical Board of California, Sac County Sup. Ct., Case No. 34-2011-80000863.

Return to open session

11. A lunch break was taken.

12. PAB Policy Manual

- a. Review and approve all proposed revisions to manual. The newly adopted "Professional Reporting Requirements" policy is included in this draft.

Additional changes to the current manual include:

- 1) Deleting “Committee” and replacing with “Board”.
- 2) Deleting references to the Medical Board of California Enforcement and replacing with the Department of Consumer Affairs Division of Investigation.
- 3) Board member training guidelines are included.
- 4) Modification of Board positions regarding proposed legislation.
- 5) Other technical changes are also included.

M/ Jed Grant S/ Dr. Michael Bishop C/ to:

Approve and adopt the revisions to the Board’s Policy Manual as noted above.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	X				
Michael Bishop	X				
Cristina Gomez-Vidal Diaz				X	
Sonya Earley	X				
Jed Grant	X				
Catherine Hazelton				X	
Xavier Martinez	X				
Robert Sachs	X				
Rosalee Shorter	X				

Motion carried.

13. Updates to application for licensure as a Physician Assistant

The Board reviewed and discussed the following updates and revisions to the Board’s application for licensure as a physician assistant:

- a. Page PA1
 - 1) Remove “Have you ever served in the United States Military” and “Military Spouses/Partners See instructions” from the top.
 - 2) PAC changed to PAB.
 - 3) Change question 3 to SSN/ITIN. (SB 1159 Lara, Chapter 750)
 - 4) Change question 4a to Address of Record/Mailing Address, includes new explanation of how address of record is used.
 - 5) Change question 5 to “Gender”.
 - 6) Create question 6 as the optional email address.
 - 7) Renumbered remaining questions on page.
 - 8) Replace “message” with “cell” on question 8.
- b. Page PA2
 - 1) Renumbered questions on page.
 - 2) Question 10 added: “Are you serving in, or have you previously served in, the United States military?” (Business and Professions Code Section 114.5).

- 3) Question 11 added: "Are you 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 California under official active duty military orders?" (Business and Professions Code Section 115.5).
- 4) Question 12 added: "Have you ever applied for a California physician assistant license?"
- 5) Question 13 revised to Question 15.
- 6) Question 16 added: "Have you ever had charges filed against a healthcare license that you currently hold or held in the past, including charges that are still pending or charges that were dropped?"

c. Page PA3

- 1) Renumbered questions on page.
Question 18 revised to questions 20, 21, and 22.
 - a) Question 20: "Have you ever been diagnosed or treated for a medically recognized mental illness, disease or disorder that would currently interfere with your ability to practice medicine?"
 - b) Question 21: "Do you have a current physical or mental impairment related to drugs or alcohol?"
 - c) Question 22: "Have you been adjudicated by a court to be mentally incompetent or are you currently under a conservatorship?"
- 2) Question 19c and 19d combined to question 25c.
- 3) Question 19e changed to question 25d and revised: "Was a stay of execution of the court's judgment in your case issued?"

d. Page PA4

- 1) Notice of Collection of Personal Information was revised to include the pertinent laws and regulations.
- 2) The notary requirement was removed and a certification was added for the signature.

e. Check Sheet and General Information.

- 1) Fingerprint procedures updated to include California Penal Code Section 11142.
- 2) Manual fingerprint card request updated with PAB contact information.
- 3) Information on the National Practitioner Data Bank report was added.
- 4) The "Notary" instructions were removed.
- 5) Mental illness, disease or disorder information was added.
- 6) Proof of Dismissal information was added.
- 7) Application Denial information was amended.
- 8) Abandonment of License Application was amended to reflect Business and Professions Code Section 142.
- 9) Notice of Collection of Personal Information – added reference to Title 16, California Code of Regulations Section 1399.506. Modified who information may be given to and referenced California Civil Code Section 1798.24.

M/ Jed Grant S/ Rosalee Shorter C/to:

Adopt the proposed changes to the application for licensure as a physician assistant.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	X				
Michael Bishop	X				
Cristina Gomez-Vidal Diaz				X	
Sonya Earley	X				
Jed Grant	X				
Catherine Hazelton				X	
Xavier Martinez	X				
Robert Sachs	X				
Rosalee Shorter	X				

Motion carried.

14. Discussion on accredited Physician Assistant programs in California; Accreditation Process

Mr. Sachs opened the discussion with the follow-up to the Board's request to Mr. McCarty, Executive Director of ARC-PA, to attend a Board meeting to discuss the accreditation process. Mr. McCarty regrestfully declined being able to attend any meetings to speak to the Board.

Dr. Rosalind Byous, Program Director, Riverside Community College (RCC), addressed the Board on RCC's struggle to maintain their accreditation with ARC-PA. She informed the Board that RCC may lose their accreditation on February 12, 2015. Dr. Byous spoke of the diversity of the RCC program and how beneficial it was for students wishing to become physician assistants that would not otherwise qualify for a Master's degree or to afford a Master's program.

She mentioned how all programs, whether Certificate, Associate, Bachelor's or Master's degree programs are mandated to teach the same courses, so why should PA programs be restricted to a master's degree program. Dr. Byous suggested that there are many educational paths to obtain a degree as a physician assistant and ARC-PA should not be the only way.

Dr. Alexander posed the question to the California Academy of Physician Assistants (CAPA) that there has been a recent legal decision to allow undocumented individuals who have attended law school to be granted a license to practice law. Can similar legislation be drafted to allow for different pathways to licensure?

Teresa Anderson of CAPA responded that the CAPA Board has not taken a position on this issue and has not looked in depth at any alternative options for national accreditation.

Ms. Schieldge referenced Title 16 of the California Code of Regulations Section 1399.530 General Requirements for an Approved Program. She noted that paragraph (a) offers a pathway for those institutions not approved by ARC-PA to apply to be approved by the Board if they meet the requirements stated in the regulation.

Mr. Grant explained that ARC-PA is closely aligned with the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and that ARC-PA

became an independent accreditation body in 2000 or 2001. He noted that CAAHEP may wish to again accredit physician assistant training programs.

Dr. Byous stressed that there is a need to provide affordable education that is accessible to all students. She said that California should be able to have different options in the licensure of physician assistants to address our health care needs.

It was noted that regardless of the degree earned, all students are educated to the same academic level with regard to physician assistant didactic and clinical training and that they are all qualified to take the Physician Assistant National Certification Examination. There is concern that closing training programs that are not at the Master's degree level eliminates programs that would be capable of educating additional physician assistants that are needed to address health care shortages in California.

To further explore this issue it was suggested that a Physician Assistant Education/Workforce Development Committee be created.

Public Comment:

John Troidl, Health Services Management, commented that the physician assistant role is essential in providing health care in California. He added that physician assistants have experienced great success in providing health care under "Covered California" program and that there are not enough providers to keep up with people enrolling in the program. He added that the reduction in physician assistant programs is not beneficial to the health care needs of California consumers. There is a dire need for more health care providers, including physician assistants. Community colleges provide access to people who otherwise would not have access to physician assistant education. He stated that explorations of alternate paths for accreditation are essential and that the Board was headed in the right direction by forming a committee to address this issue.

M/ _____ Rosalee Shorter _____ S/ _____ Dr. Michael Bishop _____ C/ to:

Create a Physician Assistant Education/Workforce Development Committee. The advisory committee will collect data and information to analyze and assist in determining the next steps to be recommended to the Board and whether proposed changes change should be regulatory or legislative. Mr. Jed Grant was appointed Committee Chair and Dr. Charles Alexander a Committee Member.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	X				
Michael Bishop	X				
Cristina Gomez-Vidal Diaz				X	
Sonya Earley	X				
Jed Grant	X				
Catherine Hazelton				X	
Xavier Martinez	X				
Robert Sachs	X				
Rosalee Shorter				X	

Motion carried.

15. Medical Board of California activities summary and update

Dr. Bishop briefed the Board on activities of the Medical Board of California meeting on January 29 and 30, 2015 in Sacramento.

At its Education Committee meeting, the members heard a presentation on the corporate practice of medicine. This is an issue for physician assistants as well as physicians and Dr. Bishop recommended the webcast which would assist in educating physician assistants. The Board will be posting more information on this topic on its website and in its Newsletter.

At the January Board Meeting, the Board also approved additional changes to its current policy statement on recommending marijuana for medical purposes. At its prior meeting, the Board requested that a task force look into the need for an “in-person” examination for these recommendations. Dr. Bishop stated that he was on the task force with Dr. Lewis, another member of the Medical Board. The task force recommendations were approved by the Board at this meeting. The recommendations included amending the statement to address the telehealth issue.

In the section of the Marijuana Statement on “important points to consider when recommending marijuana for medical purposes”, the Board approved adding a statement stating:

“Telehealth, in compliance with Business and Professions Code Section 2290.5, is a tool in the practice of medicine and does not change the standard of care.”

The Board thought it was important to point this out and draw attention to it. If a physician expert were to review a physician’s care and treatment, when recommending marijuana it must meet the standard of care, whether telehealth is used or not.

The Board also took a support position on AB 26, which requires an in-person examination, but more importantly adds to Business and Professions Code Section 2242 that a recommendation for marijuana must have a prior appropriate examination.

At the January MBC Board meeting the members also approved a study by the California Research Bureau, or the CRB, to look into the demographics of the Board’s disciplinary actions. The CRB is an outside entity that can verify the information that Board staff had previously gathered regarding the ethnicity of the physicians who had complaints, investigations, or disciplinary action. The Board will be setting up a Memorandum of Understanding with the CRB to perform this study.

The Medical Board also directed Board staff to request an Attorney General Opinion regarding Business and Professions Code Section 805. There has been a lot of discussion regarding the timing of the filing of an 805 report when the physician has requested a hearing pursuant to Business and Profession Code section 809. The Board staff thought that the best way to obtain clarification is to request a legal

opinion and then if necessary seek clarification through the legislative process. Once that legal opinion is complete, the Medical Board will share it with the Physician Assistant Board.

The Medical Board also had a presentation on Telehealth from Dr. Patricia Conolly. This presentation provided the Members with a great understanding of the new advances in telehealth and what is currently occurring in the state in regards to telehealth.

At the January meeting, the Board also heard a presentation by Board staff and the Federation of State Medical Boards staff on a proposed Interstate Compact. After discussion and looking at the benefits and concerns, the Medical Board approved the interstate compact in concept and asked staff to review the issues presented by members of the audience. In addition, the Board requested staff to determine if there are any legislative members interested in moving the interstate compact through the legislative process. The reason behind the interstate compact and its development and support is due to several entities who are requesting national licensure through Congress.

The Board also approved joint protocols presented by the Board of Pharmacy regarding the self-administration of hormonal contraceptives, nicotine replacement products, and naloxone hydrochloride. The law required the Medical Board and the Board of Pharmacy work together on these protocols for pharmacists. Now that the protocols have been approved, the Board of Pharmacy will be going through the regulatory process to formally adopt them.

Lastly, Dr. Bishop informed the Board that the Medical Board will be conducting its first Legislative Day on February 26, 2015. The Board Members, in teams of two, will be visiting legislative members' offices to talk about the role and functions of the Board and any legislative proposals the Board will be putting forward. The Members believe this will be a great opportunity to educate legislative members about the Medical Board and its role of consumer protection.

16. Budget Update

Taylor Schick, Manager of the Budget Office, Department of Consumer Affairs (DCA) and Wilbert Rumbaoa, Budget Analyst, DCA, presented a Physician Assistant Board expenditure projection for the remaining 2014/15 fiscal year budget.

There was a general discussion about expenditures, realignment of budget line items, and what steps are needed to address the potential fiscal impact of exceeding the Board's authorized budget appropriation this fiscal year. Budget projections indicate that the Board may exceed the authorized budget appropriations for the Attorney General and Office of Administrative Hearings line items. These two entities are vital components to the Board's enforcement program and the potential shortfall must be addressed.

Mr. Schick discussed with the Board their plan to address the potential appropriation deficit issue by submitting an AG/OAH one-time funding Augmentation Request to the Department of Finance. Mr. Schick explained that Item 1110-402 of the 2014

Budget Act allows healing arts boards within the Department of Consumer Affairs to augment their budget for Attorney General and Office of Administrative Hearings services that could have a fiscal impact in excess of a program's authorized budget appropriation.

The Budget Office is working with Board staff to prepare the Augmentation Request and submit it to Department of Finance for their review. The Board has received a support letter from the Office of the Attorney General which confirms the need to augment these two line items. The Board is requesting \$111,000 for the Attorney General and \$6,000 for Office of Administrative Hearings. This funding level will ensure that adequate funds are available so that the Board will not exceed the authorized budget appropriation. It is anticipated that Department of Finance will review the document and notify the Budget Office of its decision with regard to the request within the next month.

It was stressed that the Board's fund condition remains sound; the Board, however, is experiencing an appropriations shortfall.

Mr. Rumbaoa will present to the Board at the next meeting information on the Board's revenue, if the augmentation was approved, cluster realignment of budget line items, changes for the 15/16 fiscal year budget, and what needs to be completed by June for the 16/17 fiscal year budget appropriation increase.

17. Legislative Committee

No legislation was identified at that time that will impact the Board or physician assistants.

18. Agenda items for the next meeting

- a. Budget Update
- b. Report from the Physician Assistant Education/Workforce Committee
- c. Report from the Legislation Committee
- d. Update on Disciplinary Guidelines Regulatory Rulemaking file
- e. Policy Manual – update on training requirements for Board members

19. Adjournment

With no further business the meeting was adjourned at 3:00 P.M.

Agenda

Item

5.b.3

BUSINESS AND PROFESSIONS CODE
DIVISION 2. HEALING ARTS
CHAPTER 7.7. Physician Assistants

3518.1. Certification and Approval

(a) The board shall collect, at least biennially, at the times of both issuing an initial license and issuing a renewal license, all of the following data on physician assistants licensed under this chapter:

- (1) Location of practice, including city, county, and ZIP Code.
- (2) Race or ethnicity, subject to subdivision (c).
- (3) Gender.
- (4) Languages spoken.
- (5) Educational background.
- (6) Classification of primary practice site among the types of practice sites specified by the board, including, but not limited to, clinic, hospital, managed care organization, or private practice.

(b) The board shall annually provide the data collected pursuant to subdivision (a) to the Office of Statewide Health Planning and Development in a manner directed by the office that allows for inclusion of the data into the annual report required by Section 128052 of the Health and Safety Code.

(c) A licensee may, but is not required to, report his or her race or ethnicity to the board.

(Added by Stats. 2014, Ch. 420, Sec. 4. Effective January 1, 2015.)

Agenda

Item

5.c

PHYSICIAN ASSISTANT BOARD
LICENSING PROGRAM ACTIVITY REPORT

INITIAL LICENSES

	<i>Feb 1, 2015 – April 30, 2015</i>	<i>Feb 1, 2014 – April 30, 2014</i>
<i>Initial Licenses</i>	<i>179</i>	<i>167</i>

SUMMARY OF RENEWED/CURRENT LICENSES

	<i>As of April 30, 2014</i>	<i>As of April 30, 2014</i>
<i>Physician Assistant</i>	<i>10,093</i>	<i>9,405</i>

Agenda

Item

5.d

**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 April 2015	As of 1 April 2014	As of 1 April 2013
Voluntary referrals	03	04	02
Board referrals	11	10	15
Total number of participants	14	14	17

HISTORICAL STATISTICS

(Since program inception: 1990)

Total intakes into program as of 1 April 2015:	131
Closed Cases as of 1 April 2015	
• Participant expired:	01
• Successful completion:	45
• Dismissed for failure to receive benefit:	04
• Dismissed for non-compliance:	24
• Voluntary withdrawal:	22
• Not eligible:	21
Total closed cases:	117

OTHER DCA BOARD DIVERSION PROGRAM PARTICIPANTS

(As of 31 March 2015)

Dental Board of California:	29
Osteopathic Medical Board of California:	15
Board of Pharmacy:	67
Physical Therapy Board of California:	14
Board of Registered Nursing:	442
Veterinary Board of California:	3

Agenda

Item

5.e

**PHYSICIAN ASSISTANT BOARD
ENFORCEMENT ACTIVITY REPORT**

February 1, 2015 to April 30, 2015

Disciplinary Decisions

License Denied	0
Probation	4
Public Reprimand/Reproval	0
Revocation	0
Surrender	0
Probationary Licenses Issued	8
Petition for Reinstatement Denied	0
Petition for Reinstatement Granted	0
Petition for Termination of Prob Denied	0
Petition for Termination of Prob Granted	0
Other	0

Accusation/Statement of Issues

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

Citation and Fines

Pending from previous FY	10
Issued	0
Closed	1
Withdrawn	0
Sent to AG/noncompliance	0
Pending	0
Initial Fines Issued	\$1250
Modified Fines Due	\$1250
Fines Received	\$1300

Current Probationers

Active	53
Tolled	15

Agenda

Item

7

AVAILABILITY OF MODIFIED TEXT AND DOCUMENTS ADDED TO THE RULEMAKING FILE

NOTICE IS HEREBY GIVEN that the Physician Assistant Board has proposed modifications to the text of section 1399.523 in Title 16 California Code Regulations which were the subject of a regulatory hearing on 9 February 2015. A copy of the modified text, including any document incorporated by reference, is enclosed.

NOTICE IS ALSO GIVEN that the following documents are being added to the rulemaking record for the regulatory proceeding concerning Title 16, California Code of Regulations Section 1399.523:

1. Addendum to the Initial Statement of Reasons
2. Draft Meeting Minutes from the February 9, 2015 Physician Assistant Board Meeting

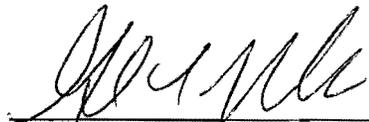
The above documents are now available for public inspection and/or comment until **May 13, 2015** at the location mentioned below.

Any person who wishes to comment on the proposed modifications may do so by submitting written comments on or before May 13, 2015 to the following:

Contact Person: Glenn L. Mitchell, Jr.
Agency Name: Physician Assistant Board
Address: 2005 Evergreen Street, Suite 1100
Sacramento, CA 95815
Telephone No.: (916) 561.8783
Fax No.: (916) 263.2671
E-mail Address: glenn.mitchell@mbc.ca.gov

Materials regarding this proposal can be found at www.pac.ca.gov.

DATED: April 27, 2015



Glenn L. Mitchell, Jr.
Executive Officer
Physician Assistant Board

**Physician Assistant Board
Modified Text**

Changes to the originally proposed language are shown by double underline for new text and underline with double strikethrough for deleted text.

Amend title 16, California Code of Regulations, § 1399.523, “Disciplinary Guidelines,” as follows:

(a) In reaching a decision on a disciplinary action under the Administrative Procedure Act (Government Code Section 11400 et seq.), the Physician Assistant Board shall consider the disciplinary guidelines entitled “Physician Assistant Board Manual of Model Disciplinary Guidelines and Model Disciplinary Orders” ~~3rd~~ 4th Edition ~~2007-14-15~~, which are hereby incorporated by reference. Subject to the limitations of subsection (c), ~~D~~eviation from these guidelines and orders, including the standard terms of probation, is appropriate where the Physician Assistant Board, in its sole discretion, determines that the facts of the particular case warrant such a deviation—for example: the presence of mitigating factors; the age of the case; evidentiary problems.

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

(c) If the conduct found to be a violation involves drugs, alcohol, or both, and the individual is permitted to practice under conditions of probation, a clinical diagnostic evaluation shall be ordered as a condition of probation in every case, without deviation.

(1) Each of the “Conditions Applying the Uniform Standards,” as set forth in the model disciplinary orders, shall be included in any order subject to this subsection, but may be imposed contingent upon the outcome of the clinical diagnostic evaluation.

(2) The Substance Abuse Coordination Committee’s *Uniform Standards Regarding Substance Abusing Healing Arts Licensees (4/2011)* (Uniform Standards), which are hereby incorporated by reference, shall be used in applying the probationary conditions imposed pursuant to this subsection.

(d) Nothing in this section shall prohibit the Board from imposing additional terms or conditions of probation in any order that the Board determines would provide greater public protection.

NOTE: Authority cited: Sections 3510, 3527, 3528, 3529, 3530, 3531, 3532 and 3533, Business and Professions Code; and Section 11400.20, Government Code. Reference:

Section 11400.20 and 11425.50(e), Government Code; and Sections 315, 315.2, 315.4, 729, 3527, 3528, 3529, 3530, 3531, 3532, and 3533, Business and Professions Code.

**STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
PHYSICIAN ASSISTANT ~~COMMITTEE~~ BOARD**

**Manual of
DISCIPLINARY GUIDELINES
and
MODEL DISCIPLINARY ORDERS**

~~3rd Edition, 2007~~
4th Edition 2014-2015

**PHYSICIAN ASSISTANT COMMITTEE BOARD
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**DISCIPLINARY GUIDELINES AND
MODEL DISCIPLINARY ORDERS**

Introduction

This *Manual of Disciplinary Guidelines and Model Disciplinary Orders* is intended as a guide to persons involved in setting administrative disciplinary terms and conditions for violations by licensed physician assistants of the Physician Assistant Practice Act, and other laws and regulations. Use of these guidelines will help ensure that the selected terms and conditions are appropriate and consistent with decisions reached in comparable disciplinary actions.

Persons directly involved in the administrative disciplinary process of a California licensed physician assistant are the intended audience for this booklet. Appropriate users of these guidelines and model orders include administrative law judges, defense attorneys, physician assistant-respondents, trial attorneys from the Attorney General's Office, ~~committee~~ Board members (who review proposed decisions and make final decisions), the ~~committee's~~ Board's executive officer, and others.

The Disciplinary Guidelines identify the recommended terms and conditions for each of the listed violations of the Business and Professions Code.

The Model Disciplinary Orders contain ~~three~~ four sections of proposed language for the Disciplinary Order itself, for Optional Conditions, for the Conditions Applying the Uniform Standards Related to Substance Abusing Licensees (Conditions Applying the Uniform Standards) and for Standard Conditions. Optional Conditions should be relevant to the sustained violations and any significant mitigating or aggravating circumstances of the particular case. Conditions Applying the Uniform Standards must be included in all cases in which a licensee is placed on probation due to a violation that involved the use of drugs, alcohol or both. Standard Conditions should appear in all probation cases. All orders should place the Order(s) first, optional conditions(s) second, Conditions Applying the Uniform Standards (if applicable) third and standard conditions ~~third~~ fourth.

Pursuant to Business and Professions Code section 3504.1, the Board's highest priority in exercising its disciplinary functions is public protection. The Board and the ALJ are not prohibited from imposing additional terms or conditions of probation that would provide greater public protection.

Special Considerations

Violations Involving Sexual Contact or Offenses:

Pursuant to section 1399.523(b) of title 16, California Code of Regulations, a proposed decision that contains any finding of fact that the licensee engaged in any act of sexual contact, as defined in subdivision (c) of Section 729 of the Business and Professions Code, with a patient, or any finding that the licensee has committed a sex offense or been convicted of a sex offense as defined in Section 44010 of the Education Code, shall contain an order revoking the license. The proposed decision shall not contain an order staying the revocation of the license.

Violations Involving Drugs, Alcohol, or Both:

Pursuant to section 1399.523 of the Board's Regulations (title 16, California Code of Regulations, Division 13.8), if the conduct found to be a violation involves drugs, alcohol, or both, and the individual is permitted to practice under conditions of probation, a clinical diagnostic evaluation shall be ordered as a condition of probation in every case, without deviation. Each of the "Conditions Applying the Uniform Standards," as set forth in the model disciplinary orders, shall be included in any order subject to this subsection, but may be imposed contingent upon the outcome of the clinical diagnostic evaluation.

The Substance Abuse Coordination Committee's Uniform Standards Regarding Substance Abusing Healing Arts Licensees (4/2011) (Uniform Standards), forms the basis of those probationary conditions and will be consulted in the event of ambiguity.

See also information related to cases involving drug and alcohol use.

Violations of the Medical Practice Act:

All concerned individuals, and especially the trier of law, should be aware that any violation of the Medical Practice Act, which would constitute unprofessional conduct by a physician and surgeon is also grounds for a finding of unprofessional conduct for a physician assistant. Furthermore, in addition to the grounds set forth in Business and Professions Code, Chapter 7.7, Section 3527(a), other grounds for action are set forth in California Code of Regulations (CCR), Title 16, Chapter 13.8, §section 1399.521.

Authority for the ~~committee~~ Board to establish disciplinary guidelines is contained in Government Code Section 11425.50(e). The disciplinary guidelines are incorporated as part of Title 16 CCR 1399.523 and Title 16 CCR 1399.523.5.

If you need additional information or clarification, please contact the Physician Assistant ~~Committee~~ Board at (916) 561-8780.

Title 16, CCR § 1399.523. Disciplinary Guidelines.

(a) In reaching a decision on a disciplinary action under the Administrative Procedure Act (Government Code Section 11400 et seq.), the Physician Assistant Board shall consider the disciplinary guidelines entitled "Physician Assistant Board Manual of Model Disciplinary Guidelines and Model Disciplinary Orders" 4th Edition ~~2013~~ 2015, which are hereby incorporated by reference. Subject to the limitations of subsection (c), deviation from these guidelines and orders, including the standard terms of probation, is appropriate where the Physician Assistant Board, in its sole discretion, determines that the facts of the particular case warrant such a deviation-for example: the presence of mitigating factors; the age of the case; evidentiary problems.

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

(c) If the conduct found to be a violation involves drugs, alcohol, or both, and the individual is permitted to practice under conditions of probation, a clinical diagnostic evaluation shall be ordered as a condition of probation in every case, without deviation.

(1) Each of the "Conditions Applying the Uniform Standards," as set forth in the model disciplinary orders, shall be included in any order subject to this subsection, but may be imposed contingent upon the outcome of the clinical diagnostic evaluation.

(2) The Substance Abuse Coordination Committee's *Uniform Standards Regarding Substance Abusing Healing Arts Licensees (4/2011)* (Uniform Standards), which are hereby incorporated by

reference, shall be used in applying the probationary conditions imposed pursuant to this subsection.

(d) Nothing in this section shall prohibit the Board from imposing additional terms or conditions of probation in any order that the Board determines would provide greater public protection.

INFORMATION RELATED TO CASES INVOLVING DRUGS AND ALCOHOL USE

Drug and Alcohol Recovery Monitoring Program

The Board does not consider licensees who have been ordered to participate in the Board's diversion program to be "in diversion," rather the Board considers these individuals to be in a drug and alcohol recovery monitoring program. As a result, the Board will not use the term "diversion" in these disciplinary guidelines to describe licensees on probation or terms and conditions of probation related to drug and alcohol recovery monitoring. Instead the phrase "drug and alcohol recovery monitoring program" will be used.

There are two pathways into the Board's drug and alcohol recovery monitoring program: 1) Participants with drug and/or alcohol addiction issues who have self-referred to the program and are not under a disciplinary order; and, 2) Participants who have been ordered into the Board's drug and alcohol recovery monitoring program as a result of violations of the Physician Assistant Practice Act or the Medical Practice Act related to drug and/or alcohol addiction.

Self-Referrals

When a licensee enrolls in the Board's drug and alcohol recovery monitoring program as a self-referral, the participation is confidential. However, if a self-referred participant is determined to be too great a risk to the public health, safety, and welfare to continue the practice as a physician assistant, the facts shall be reported to the Executive Officer of the Board and all documents and information pertaining to and supporting that conclusion shall be provided to the Executive Officer. The matter may be referred for investigation and disciplinary action by the Board. Each physician assistant who requests participation in a drug and/or alcohol addiction program shall agree to cooperate with the recovery program designed for him or her. Any failure to comply with the program may result in termination of participation in the program.

Probationary Participants

Probationary participants are required to comply with terms of probation or risk losing their license. A clinical diagnostic evaluation will be ordered as a term of probation and the conditions applying the Uniform Standards will be included.

While self-referred licensees are not subject to terms and conditions in these Guidelines, they are subject to nearly identical contractual terms of participation and the violation of those terms could lead to termination of participation in the drug and alcohol recovery monitoring program.

DRUG AND ALCOHOL RECOVERY MONITORING PROGRAM

OVERVIEW OF PARTICIPANT REQUIREMENTS AND COSTS

(For either self-referrals or probation participants)

Self-referral licensees enrolled in the drug and alcohol recovery monitoring program are required to pay 75% of the monthly participation fee of the program and licensees required to participate in the program as a condition of probation must pay the full amount of the monthly participation fee pursuant to title 16, California Code of Regulation section 1399.557. All participants are required to pay the full amount of all other program fees which include monthly support group meeting fees and random drug and alcohol testing fees. All drug and alcohol recovery monitoring program fees are subject to change.

Drug and Alcohol Recovery Monitoring Program Timeframe: Participation in the drug and alcohol recovery monitoring program is for a period of approximately 3-5 years.

Monthly Participation Fee: The participant pays the monthly participation fee directly to the drug and alcohol recovery monitoring program. The monthly administrative fee is currently \$306. The monthly participation fee may increase 3-5% annually each July. Costs are dependent on the contracted costs.

Biological Testing: Currently the average cost of each test is approximately \$60.00 plus the collection fee at the testing site which can cost up to \$125.00 and possibly more if the applicant is required to test on a weekend. Additionally, there are charges for the medical review officer (MRO) who reviews drug test results, retests of specimen samples, and hair tests. These additional procedures are usually a direct result of problematic (i.e. positive) test results.

Professional Support Group Meetings: Support group meetings are a treatment modality of the drug and alcohol recovery monitoring program. These groups are attended exclusively by licensed professionals who are in their own recovery and involved in a drug and alcohol recovery monitoring program. The support group facilitators are licensed professionals who have extensive clinical experience in working with licensed professionals in recovery and in drug and alcohol recovery monitoring programs. Each participant is required to attend support group meetings two times per week during their first 18 months in the drug and alcohol recovery monitoring program. The frequency of support group meeting attendance can be reduced to one time per week after 18 months of successful participation in the program. This reduction is also based upon the on-going clinical evaluation of each participant.

Professional Support Group Meeting Fees: The participant pays the monthly support group meeting fees directly to the support group facilitator. Support groups all charge different fees and negotiate directly with the participant. Average costs range from \$200-\$500 monthly. Participants may be required to attend support groups once or twice weekly.

12-Step Meetings: All participants are required to attend community based 12-step meetings. The frequency requirement for attending 12-step meetings ranges from daily attendance to three times per week. The frequency requirement is established and modified by the Clinical Case Manager based upon the on-going clinical evaluation of each participant. Generally there is not a cost associated with attending 12-step meetings. Contributions at the 12-step meetings are voluntary.

Clinical Assessment: All participants are required to undergo an initial clinical assessment and subsequent re-assessments by contracted Assessors. There is currently no cost to the participants for the initial clinical assessment and the annual reassessments. However, if the participant is required to have more than one clinical assessment per year, the participant is required to pay the cost for the additional clinical assessment. These additional assessments are usually a direct result of reoccurring problems in the drug and alcohol recovery monitoring program.

~~**Additional Costs to Third Parties:** Participants may be required to enter formal chemical dependency treatment (i.e. inpatient or outpatient facilities) at treatment programs approved by the drug and alcohol recovery monitoring program. Referrals to specific treatment programs are based upon the assessment of a participant's clinical need. The cost of any formal chemical dependency treatment program is the sole responsibility of each participant. The participants may also be required to undergo formal treatment for mental health diagnosis. The cost of any formal treatment for mental health treatment program is the sole responsibility of each participant.~~

~~**Worksite Monitor:** Each participant is required to have a worksite monitor at his or her place of employment. The drug and alcohol recovery monitoring program will provide the applicant with the required consent forms at the time of enrollment. The worksite monitor is required to report to the drug and alcohol recovery monitoring program on the status of the participant.~~

~~**Other Requirements:** The participant must submit monthly self-evaluation reports and call into the drug and alcohol recovery monitoring program on a routine, often daily, basis. The assigned Clinical Case Manager will determine the frequency of how often the participant needs to call in. Participants are required to receive prior approval from the Clinical Case Manager before scheduling and taking any vacations. The participant's Clinical Case Manager may determine other requirements.~~

Disciplinary Guidelines

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Causes for Discipline and License Restriction

Unless otherwise indicated, all Section references are to the Business and Professions Code Sections.

§141, §2305 & §3527(a) DISCIPLINE BY ANOTHER STATE OR AGENCY

Minimum penalty: Same for similar offense in California

Maximum penalty: Revocation

§651, §2271, & §3527(a) DECEPTIVE ADVERTISING §2285 PRACTICE UNDER FALSE OR FICTITIOUS NAME

Minimum penalty: Stayed Revocation, at least 2 years probation

Maximum penalty: Revocation

1. Suspension of 30 days or more (5)
2. Ethics course (162)

§725 EXCESSIVE TREATMENTS

Minimum penalty: Stayed revocation, at least 5 years probation

Maximum penalty: Revocation

1. Suspension of 60 days or more (5)
2. Controlled drugs - drug order authority (6)
3. Controlled drugs – maintain record (7)
4. Medical record keeping course (139)
5. Education course (140)
6. Clinical training program (151)
7. Ethics course (162)
8. Prescribing practices course (14)
98. Prohibited practice areas (218)
- 109 Maintenance of patient medical records (2219)
101. On-site supervision (230)

§726, §729, & §3527(a) SEXUAL MISCONDUCT

Minimum penalty: Stayed revocation, at least 7 years probation

Maximum penalty: Revocation

NOTES: If the individual is required to register as a sex offender pursuant to Section 290 of the Penal Code or the equivalent in another state or territory, or military or federal law, the decision must impose revocation of the license, denial of the application for licensure, or denial of the petition for reinstatement unless the individual who has been relieved under Section 290.5 of the Penal Code or his or her duty to register as a sex offender, or whose duty to register has otherwise been formally terminated under California law or the law of the jurisdiction that required registration or the individual who is required to register as a sex offender pursuant to Section 290 of the Penal Code solely because of a misdemeanor under Section 314 of the Penal Code, exposing his person or private parts in any public place.

In addition, a proposed decision that contains any finding of fact that the licensee engaged in any act of sexual contact, as defined in subdivision (c) of Section 729 of the Business and Professions Code, with a patient, or any finding that the licensee has committed a sex offense or been convicted of a sex offense as defined in Section 44010 of the Education Code, shall contain an order revoking the license. The proposed decision must not contain an order staying the revocation of the license.

1. Suspension of 60 days or more (5)
2. Controlled drugs – drug order authority (6)
3. Controlled drugs – maintain record (7)
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- ~~139. Education course (140)~~
- ~~104. Clinical training program (151)~~
- ~~145. Ethics course (162)~~
16. Prescribing practices course (14)
- ~~127. Professional boundaries program (173)~~
- ~~138. Psychological evaluation/treatment (185)~~
- ~~149. Medical evaluation/treatment (196)~~
- ~~4520. Third party chaperone (2017)~~
- ~~1621. Prohibited practice areas (218)~~
- ~~4722. Maintenance of patient medical record (2219)~~
- ~~4823. On-site supervision (230)~~

§820 MENTAL OR PHYSICAL ILLNESS

Minimum penalty: Stayed revocation, at least 5 years probation

Maximum penalty: Revocation

If a licensee has been identified as a substance abusing licensee, then the Conditions Applying the Uniform Standards must be imposed. If a licensee has not yet been identified as a substance-abusing licensee in a case involving drugs or alcohol, a clinical diagnostic evaluation shall be ordered and the remaining provisions of the Uniform Standards may, in the discretion of the Board, be made contingent upon a clinical diagnostic evaluator's report that the individual is a substance-abusing licensee.

1. Controlled drugs – drug order authority (6)
2. Controlled drugs – maintain record (7)
3. ~~Drugs—~~ Abstain from the use of controlled substances and dangerous drugs (823)
4. ~~Alcohol—~~ Abstain from the use of alcohol (922)
5. Biological fluid testing (~~1025~~)
5. Clinical diagnostic evaluation (21)
6. ~~Diversion program~~ Drug and alcohol recovery monitoring program (1124)
7. Facilitated group support meetings (26)
8. Work site monitor (27)
9. Major violations (28)
- ~~107. Psychological evaluation/treatment (185)~~
- ~~118. Medical evaluation/treatment (196)~~
- ~~129. Prohibited practice areas (218)~~

- 103. Maintenance of patient medical records (2219)
- 114. On-site supervision (230)

§2054 & §2278 HOLDING ONESELF OUT AS A PHYSICIAN OR USE OF TITLE “DOCTOR” AND/OR “M.D.”

Minimum penalty: Stayed revocation, at least 1 year probation
Maximum penalty: Revocation

- 1. Suspension of at least 30 days (5)
- 2. Community service (~~128~~)
- 3. Education program course (140)
- 4. Clinical training program (151)
- 5. Ethics course (162)
- 6. Psychological evaluation/treatment (185)
- 7. Prohibited practice areas (218)
- 8. Maintenance of patient medical records (2219)
- 9. On-site supervision (230)

§2234(b) GROSS NEGLIGENCE
§2234(c) REPEATED NEGLIGENT ACTS
§2234(d) INCOMPETENCE

Minimum penalty: Stayed revocation, at least 5 years probation
Maximum penalty: Revocation

- 1. Suspension of 60 days or more (5)
- 2. Controlled drugs – drug order authority (6)
- 3. Controlled drugs – maintain record (7)
- 4. Medical record keeping course (~~139~~)
- 5. Education course (140)
- 6. Clinical training program (151)
- 7. Ethics course (162)
- 8. Prescribing practices course (14)
- 98. Psychological evaluation/treatment (185)
- 109. Medical evaluation/treatment (196)
- 101. Prohibited practice areas (218)
- 112. Maintenance of patient medical records (2219)
- 123. On-site supervision (230)

§2234(e) & §3527(a) DISHONESTY

Minimum penalty: Stayed revocation, at least 5 years probation
Maximum penalty: Revocation

- 1. Suspension of 60 days or more (5)
- 2. Controlled drugs – drug order authority (6)
- 3. Controlled drugs – maintain record (7)
- 4. Community service (~~128~~)
- 5. Ethics course (162)
- 6. Prescribing practices course (14)
- 67. Psychological evaluation/treatment (185)
- 78. Prohibited practice areas (218)
- 89. Maintenance of patient medical records (2219)

910. On-site supervision (230)

§2235 PROCURING LICENSE BY FRAUD

Minimum penalty: Revocation

Maximum penalty: Revocation

§2236 & §3527(a) CRIMINAL CONVICTION

Minimum penalty: Stayed revocation, at least 5 years probation

Maximum penalty: Revocation

1. Apply appropriate other guidelines depending on nature of criminal offense.
2. Suspension of 60 days or more (5)
3. Ethics course (162)
4. Psychological evaluation/treatment (185)

§2237 & §3527(a) CONVICTION RELATED TO DRUGS

§2238 & §3527(a) VIOLATION OF DRUG STATUTES

Minimum penalty: Stayed revocation 7 years probation

Maximum penalty: Revocation

NOTES: Illegal sales of controlled drugs or dispensing drugs without medical indications warrants revocation unless extensive mitigation appears.

Because the violation involves drugs, alcohol, or both, a clinical diagnostic evaluation must be ordered and the remaining provisions of the Conditions Applying the Uniform Standards may, in the discretion of the Board, be made contingent upon the a clinical diagnostic evaluator's report finding that the individual is a substance-abusing licensee.

1. Suspension of 60 days or more (5)
2. Controlled drugs – drug order authority (6)
3. Controlled drugs – maintain record (7)
4. ~~Drugs~~ – Abstain from the use of controlled substances and dangerous drugs (823)
5. ~~Alcohol~~ – Abstain from the use of alcohol (922)
6. Biological fluid testing (1025)
7. Clinical diagnostic evaluation (21)
8. ~~Diversion-Drug and alcohol recovery~~ monitoring program (1124)
9. Facilitated group support meetings (26)
10. Work site monitor (27)
11. Major violations (28)
128. Community service (128)
139. Medical record keeping course (139)
104. Education course (140)
145. Clinical training program (151)
16. Prescribing practices course (14)
127. Psychological evaluation/treatment (185)
138. Medical evaluation/treatment (196)
149. Prohibited practice areas (218)
1520. Maintenance of patient medical records (2219)
1621. On-site supervision (230)

**§2239 & §3527(a) DRUG OR ALCOHOL ABUSE
§2280 INTOXICATION WHILE TREATING PATIENTS**

Minimum penalty: Stayed revocation, at least 7 years probation
Maximum penalty: Revocation

NOTE: Because the violation involves drugs, alcohol, or both, a clinical diagnostic evaluation must be ordered and the remaining provisions of the Conditions Applying the Uniform Standards may, in the discretion of the Board, be made contingent upon the a clinical diagnostic evaluator's report finding that the individual is a substance-abusing licensee.

1. Suspension of 60 days or more (5)
2. Controlled drugs – drug order authority (6)
3. Controlled drugs – maintain record (7)
4. ~~Drugs~~— Abstain from the use of controlled substances and dangerous drugs (823)
5. ~~Alcohol~~— Abstain from the use of alcohol (922)
6. Biological fluid testing (1025)
7. Clinical diagnostic evaluation (21)
78. ~~Diversion~~— Drug and alcohol recovery monitoring program (1124)
9. Facilitated group support meetings (26)
10. Work site monitor (27)
11. Major violations (28)
128. Community service (128)
139. Medical record keeping course (139)
104. Education course (140)
115. Clinical training program (151)
126. Ethics course (162)
17. Prescribing practices course (14)
138. Psychological evaluation/treatment (185)
149. Medical evaluation/treatment (196)
1520. Prohibited practice areas (218)
1621. Maintenance of patient medical records (2219)
1722. On-site supervision (230)

§2241 & §3527(a) FURNISHING DRUGS OR TRANSMITTING DRUG ORDERS TO ADDICT

NOTES: Illegal sales of controlled drugs or dispensing drugs without medical indications warrants revocation unless extensive mitigation appears.

Because the violation involves drugs, alcohol, or both, a clinical diagnostic evaluation must be ordered and the remaining provisions of the Conditions Applying the Uniform Standards may, in the discretion of the Board, be made contingent upon the a clinical diagnostic evaluator's report finding that the individual is a substance-abusing licensee.

Minimum penalty: Stayed revocation, 5 years probation
Maximum penalty: Revocation

1. Suspension of 60 days or more (5)
2. Controlled drugs - drug order authority (6)
3. Controlled drugs - maintain record (7)
4. Abstain from the use of controlled substances and dangerous drugs (23)
5. Abstain from the use of alcohol (22)
6. Biological fluid testing (25)

- 7. Clinical diagnostic evaluation (21)
- 8. Drug and alcohol recovery monitoring program (24)
- 9. Facilitated group support meetings (26)
- 10. Work site monitor (27)
- 11. Major violations (28)
- ~~412. Community service (428)~~
- ~~513. Education course (140)~~
- ~~614. Clinical training program (151)~~
- ~~715. Ethics course (162)~~
- 16. Prescribing practices course (14)
- 178. Prohibited practice areas (218)
- 189. Maintenance of patient medical records (2219)
- 199. On-site supervision (230)

§2242 & §3527(a) ADMINISTERING OR FURNISHING DRUGS, OR TRANSMITTING DRUG ORDERS, WITHOUT PRIOR GOOD FAITH EXAMINATION

NOTE: Because the violation involves drugs, alcohol, or both, a clinical diagnostic evaluation must be ordered and the remaining provisions of the Conditions Applying the Uniform Standards may, in the discretion of the Board, be made contingent upon the a clinical diagnostic evaluator's report finding that the individual is a substance-abusing licensee.

Minimum penalty: Stayed revocation, at least 5 years probation

Maximum penalty: Revocation

- 1. Suspension of 60 days or more (5)
- 2. Controlled drugs - drug order authority (6)
- 3. Controlled drugs - maintain record (7)
- 4. Abstain from the use of controlled substances and dangerous drugs (23)
- 5. Abstain from the use of alcohol (22)
- 6. Biological fluid testing (25)
- 7. Clinical diagnostic evaluation (21)
- 8. Drug and alcohol recovery monitoring program (24)
- 9. Facilitated group support meetings (26)
- 10. Work site monitor (27)
- 11. Major violations (28)
- ~~412. Education course (140)~~
- ~~513. Clinical training program (151)~~
- ~~614. Ethics course (162)~~
- 15. Prescribing practices course (14)
- 167. Prohibited practice areas (218)
- 178. Maintenance of patient medical records (2219)
- 189. On-site supervision (230)

§2252 & 3527(a) ILLEGAL CANCER TREATMENT

Minimum penalty: Stayed revocation, at least 5 years probation

Maximum penalty: Revocation

- 1. Suspension of 60 days or more (5)
- 2. Controlled drugs – drug order authority (6)
- 3. Controlled drugs – maintain record (7)
- 4. Community service (~~428~~)

- 5. Education course (140)
- 6. Clinical training program (151)
- 7. Ethics course (162)
- 8. Prescribing practices course (14)
- 98. Prohibited practice areas (218)
- 109. Maintenance of patient medical records (2219)
- 101. On-site supervision (230)

§2261 & §3527(a) MAKING OR SIGNING FALSE DOCUMENTS
§2262 ALTERATION OF MEDICAL RECORDS

Minimum penalty: Stayed revocation, at least 3 years probation
 Maximum penalty: Revocation

- 1. Suspension of 30 days or more (5)
- 2. Controlled drugs – drug order authority (6)
- 3. Controlled drugs – maintain record (7)
- 4. Community service (128)
- 5. Medical record keeping course (139)
- 6. Ethics course (162)
- 7. Prescribing practices course (14)
- 78. Prohibited practice areas (218)
- 89. Maintenance of patient medical records (2219)
- 910. On-site supervision (230)
- 101. If fraud involved, see “Dishonesty” guidelines

§2264 & §3527(a) AIDING AND ABETTING UNLICENSED PRACTICE

Minimum penalty: Stayed revocation, at least 3 years probation
 Maximum penalty: Revocation

- 1. Suspension of 60 days or more (5)
- 2. Ethics course (162)
- 3. Prohibited practice areas (218)
- 4. On-site supervision (230)

2266 FAILURE TO MAINTAIN ADEQUATE RECORDS
3527(a) FAILURE TO MAINTAIN REQUIRED PATIENT RECORDS

Minimum penalty: Stayed revocation, at least 3 years probation
 Maximum penalty: Revocation

- 1. Suspension of 30 days or more (5)
- 2. Controlled drugs – drug order authority (6)
- 3. Controlled drugs – maintain record (7)
- 4. Medical record keeping course (139)
- 5. Maintenance of patient medical records (2219)
- 6. On-site supervision (230)

§2288 IMPERSONATION OF APPLICANT IN EXAM

Minimum penalty: Revocation
 Maximum penalty: Revocation

§2306 & §3527(a) PRACTICE DURING SUSPENSION

Minimum penalty: Revocation

Maximum penalty: Revocation

§3502.1 DRUG ORDER AUTHORITY

§3527(a) ADMINISTERING, FURNISHING, OR TRANSMITTING DRUG ORDERS NOT PRESCRIBED BY SUPERVISING PHYSICIAN

NOTE: Because the violation involves drugs, alcohol, or both, a clinical diagnostic evaluation must be ordered and the remaining provisions of the Conditions Applying the Uniform Standards may, in the discretion of the Board, be made contingent upon the a clinical diagnostic evaluator's report finding that the individual is a substance-abusing licensee.

Minimum penalty: Stayed Revocation, at least 1 year probation

Maximum penalty: Revocation

1. Suspension of 30 days or more (5)
2. Controlled drugs - drug order authority (6)
3. Controlled drugs - maintain record (7)
4. Abstain from the use of controlled substances and dangerous drugs (23)
5. Abstain from the use of alcohol (22)
6. Biological fluid testing (25)
7. Clinical diagnostic evaluation (21)
8. Drug and alcohol recovery monitoring program (24)
9. Facilitated group support meetings (26)
10. Work site monitor (27)
11. Major violations (28)
412. Education course (140)
513. Clinical training program (151)
614. Ethics course (162)
15. Prescribing practices course (14)
716. Prohibited practice areas (218)
817. Maintenance of patient medical records (2219)
918. On-site supervision (230)

§3527(a) PRACTICING MEDICINE WITHOUT DELEGATED AUTHORITY FROM A SUPERVISING PHYSICIAN

§3527(a) EXCEEDING DELEGATED SCOPE OF PRACTICE

§3527(a) PRACTICING WITHOUT ADEQUATE SUPERVISION

Minimum penalty: Stayed revocation, at least 3 years probation

Maximum penalty: Revocation

1. Suspension of 60 days or more (5)
2. Controlled drugs – drug order authority (6)
3. Controlled drugs – maintain record (7)
4. Education course (140)
5. Clinical training program (151)
6. Ethics course (162)
7. Prescribing practices course (14)
78. Prohibited practice areas (218)
89. Maintenance of patient medical records (2219)
910. On-site supervision (230)

§3527(a) FAILURE TO REPORT CHILD/ELDER/SPOUSAL ABUSE OR OTHER FAILURE TO REPORT UNDER PENAL CODE SECTIONS 11160 OR 11166

Minimum penalty: Stayed revocation, at least 1 year probation

Maximum penalty: Revocation

1. Suspension of 30 days or more (5)
2. Education course (140)
3. Clinical training program (151)
4. Ethics course (162)
5. Prohibited practice areas (218)
6. Maintenance of patient medical records (2219)
7. On-site supervision (230)

§3527 (a) FAILURE TO FOLLOW GUIDELINES FOR PREVENTION OF BLOOD BORNE PATHOGENS

Minimum penalty: Stayed revocation, at least 1 year probation

Maximum penalty: Revocation

1. Suspension of 30 days or more (5)
2. Education course (140)
3. Clinical training program (151)
4. Ethics course (162)
5. Prohibited practice areas (218)
6. Maintenance of patient medical records (2219)
7. On-site supervision (230)

§3527(a) & CCR 1399.541(i) PERFORMANCE OF SURGICAL PROCEDURES REQUIRING ANESTHESIA OTHER THAN LOCAL ANESTHESIA WITHOUT PERSONAL PRESENCE OF THE SUPERVISING PHYSICIAN

Minimum penalty: Stayed revocation, 5 years probation

Maximum penalty: Revocation

1. Suspension of 60 days or more (5)
2. Education course (140)
3. Clinical training program (151)
4. Ethics course (162)
5. Prohibited practice areas (218)
6. Maintenance of patient medical records (2219)
7. On-site supervision (230)

Government Code 11519(b) VIOLATION OF PROBATION

Minimum penalty: Impose an extension of probation

Maximum penalty: Impose penalty that was stayed

The maximum penalty should be given for repeated similar offenses or for probation violations revealing a cavalier or recalcitrant attitude. Other violations of probation should draw an extension of probation and/or a period of actual suspension.

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Model Disciplinary Orders

1. Revocation - single cause

License number _____ issued to respondent _____ is revoked.

2. Revocation - multiple causes

License number _____ issued to respondent _____ is revoked pursuant to Determination of Issues (e.g. I, II, and III), separately and for all of them.

3. Initial Probationary License

A. Standard Model Probationary Order

The application of _____ for an unrestricted license as a physician assistant is hereby denied. However, a probationary license shall be issued to respondent subject to the following terms and conditions:

1. Respondent is placed on probation for ___ years, beginning on the date respondent is issued a probationary license.

NOTES: A probationary license may only be issued for an initial license. Distinguish a probationary license from a license issued on probation. The former is not a disciplinary license although the terms of the probationary license would always be disclosed. The latter (where the license is issued, immediately *revoked*, and the revocation stayed) is a disciplinary action and, even after the term of probation is completed, will be reported as a prior disciplinary action.

Where a license is being issued (or reinstated), some conditions may need to be modified to reflect that a deadline commences from issuance of the license rather than issuance of the decision. This is particularly important where there is a condition precedent to issuance of a license.

B. Model Order for Granting Application and Placing License on Probation after Applicant Completes Conditions Precedent

The application filed by _____ for initial licensure is hereby granted and a license shall be issued upon the following conditions precedent (list conditions precedent such as restitution, completion of CME, completion of rehabilitation program, take and pass licensing exam (National Commission on Certification of Physician Assistants) within _____ (months/year) of the effective date of this decision, etc.):

Upon completion of the conditions precedent above and successful completion of all licensing requirements, Respondent shall be issued a license. However, the license shall be immediately revoked, the revocation shall be stayed, and Respondent shall be placed on probation for a period of _____ years under the following terms and conditions (list standard and applicable optional conditions of probation):

4. Standard Stay Order

However, the revocation is stayed and respondent is placed on probation for ___ years upon the following terms and conditions.

Optional Conditions

5. Actual Suspension

As part of probation, respondent is suspended from the practice of medicine as a physician assistant for _____ beginning the effective date of this decision.

6. Controlled Drugs - Drug Order Authority

Option 1 Total Restriction

Respondent shall not administer, issue a drug order, or hand to a patient or possess any controlled substances as defined by the California Uniform Controlled Substances Act.

Respondent is prohibited from practicing as a physician assistant until respondent provides documentary proof to the ~~committee~~ Board or its designee that respondent's DEA permit has been surrendered to the Drug Enforcement Administration for cancellation. Respondent shall surrender all controlled substance order forms to the supervising physician. Thereafter, respondent shall not reapply for a new DEA permit without the prior written consent of the ~~committee~~ Board or its designee.

Option 2 Partial Restriction

Respondent shall not administer, issue a drug order, or hand to a patient or possess any controlled substances as defined by the California Uniform Controlled Substances Act, except for those drugs listed in Schedules(s) _____ of the Act.

Respondent shall immediately surrender respondent's current DEA permit to the Drug Enforcement Administration for cancellation and re-apply for a new DEA permit limited to those Schedules authorized by this order. Within 15 calendar days after the effective date of this Decision, respondent shall submit proof that respondent has surrendered respondent's DEA permit to the Drug Enforcement Administration for cancellation and re-issuance. Within 15 calendar days after the effective date of issuance of a new DEA permit, the respondent shall submit a true copy of the permit to the ~~committee~~ Board or its designee.

7. Controlled Drugs - Maintain Record

Respondent shall maintain a record of all controlled substances administered, transmitted orally or in writing on a patient's record or handed to a patient by the respondent during probation showing all the following: 1) the name and address of the patient, 2) the date, 3) the character and quantity of controlled substances involved, and 4) the indications and diagnosis for which the controlled substance was furnished, 5) the name of supervising physician prescriber.

Respondent shall keep these records at the worksite in a separate file or ledger, in chronological order, and shall make them available for immediate inspection and copying by the ~~committee~~ Board or its designee on the premises at all times during business hours, upon request and without charge.

Option

The supervising physician shall review, sign, and date the controlled substances record _____ (e.g., daily, weekly, monthly).

~~8. Drugs - Abstain from Use~~

~~Respondent shall abstain completely from the personal use or possession of controlled substances as defined in the California Uniform Controlled Substances Act, and dangerous drugs~~

~~as defined by Section 4211 of the Business and Professions Code, or any drugs requiring a prescription.~~

~~This condition does not apply to medications lawfully prescribed to respondent for a bona fide illness or condition by another practitioner. However, within 15 calendar days of receiving any lawful prescription medications, respondent shall notify the committee or its designee of the issuing practitioner's name, address, telephone number, medication name, strength, issuing pharmacy name, address, and telephone number.~~

~~9. Alcohol - Abstain from Use~~

~~Respondent shall abstain completely from the use of products or beverages containing alcohol.~~

~~10. Biological Fluid Testing~~

~~Respondent shall immediately submit to biological fluid testing upon the request of the committee or its designee. Respondent shall pay the cost of biological fluid testing.~~

~~11. Diversion Program~~

~~Within 30 days of the effective date of this decision, respondent shall enroll and participate in the committee's Diversion Program until the program determines that further treatment and rehabilitation is no longer necessary. Respondent shall successfully complete the program. The program determines whether or not respondent successfully completes the program.~~

~~Respondent shall pay all costs of the program~~

~~If the program determines that respondent is a danger to the public, upon notification from the program, respondent shall immediately cease practicing as a physician assistant until notified in writing by the committee or its designee that respondent may resume practice. The period of time that respondent is not practicing shall not be counted toward completion of the term of probation.~~

812. Community Service

Within 60 days of the effective date of this decision, respondent shall submit to the committee Board or its designee for its prior approval a community service program in which respondent shall, within the first 2 years of probation, provide _____ hours of free services (medical or non-medical) to a community or non-profit organization.

Prior to engaging in any community service, respondent shall provide a true copy of the Decision to the chief of staff, director, office manager, program manager, officer, or the chief executive officer at every community or non-profit organization where respondent provides community service. Respondent shall submit proof of compliance to the committee Board or its designee within 15 calendar days of completion of the community service. This condition shall also apply to any change(s) in community service.

(NOTE: In quality of care cases, only non-medical community service is allowed.)

913. Medical Record Keeping Course

Within 60 calendar days of the effective date of this decision, respondent shall enroll in a course in medical record keeping approved in advance by the committee Board or its designee. The course shall be Category I certified, limited to classroom, conference, or seminar settings. Respondent shall successfully complete the course within the first 6 months of probation.

Respondent shall pay the cost of the course.

Respondent shall submit a certification of successful completion to the ~~committee~~ Board or its designee within 15 days after completing the course.

104. Education Course

Within 60 days of the effective date of the decision, respondent shall submit to the ~~committee~~ Board or its designee for its prior approval an educational program or course from an accredited program which shall not be less than ___ hours of Category 1 CME. The education course shall be aimed at correcting any areas of deficient practice or knowledge. The course shall be Category I certified, limited to classroom, conference, or seminar settings. Respondent shall successfully complete the course within the first year of probation.

Respondent shall pay the cost of the course.

Respondent shall submit a certification of successful completion to the ~~committee~~ Board or its designee within 15 days after completing the course.

(NOTE: If violations include drug orders, at least one course shall be required in pharmacology and appropriate drug orders.)

115. Clinical Training Program

Within 60 days of the effective date of this decision, respondent shall submit to the ~~committee~~ Board or its designee for prior approval, a clinical training or educational program such as the Physician Assessment and Clinical Education Program (PACE) offered by the University of California – San Diego School of Medicine or equivalent program as approved by the ~~committee~~ Board or its designee. The exact number of hours and specific content of the program shall be determined by the ~~committee~~ Board or its designee. The program shall determine whether respondent has successfully completed and passed the program.

Respondent shall pay the cost of the program.

If the program makes recommendations for the scope and length of any additional educational or clinical training, treatment for any medical or psychological condition, or anything else affecting respondent's practice as a physician assistant, respondent shall comply with the program recommendations and pay all associated costs.

Respondent shall successfully complete and pass the program not later than six months after respondent's initial enrollment. The program determines whether or not the respondent successfully completes the program.

If respondent fails to either 1) complete the program within the designated time period, or 2) to pass the program, as determined by the program, respondent shall cease practicing as a physician assistant immediately after being notified by the ~~committee~~ Board or its designee.

Option 1: Condition Precedent

Respondent shall not practice as a physician assistant until respondent has successfully completed the program and has been so notified by the ~~committee~~ Board or its designee in writing, except that respondent may practice only in the program.

Option 2: Condition Precedent (Applicant, including Reinstatement)

Respondent shall not be issued a license to practice as a physician assistant until respondent has successfully completed and passed the program, as determined by the program, and has been

so notified by the Board or its designee in writing, except that respondent may practice only in the program.

(NOTE: This program is for physician assistants who have demonstrated deficiencies in medical skills or knowledge.)

126. Ethics Course

Within 60 days of the effective date of this decision, respondent shall submit to the ~~committee~~ Board or its designee for its prior approval a course in ethics. The course shall be limited to classroom, conference, or seminar settings. Respondent shall successfully complete the course within the first year of probation.

Respondent shall pay the cost of the course.

Respondent shall submit a certification of successful completion to the ~~committee~~ Board or its designee within 15 days after completing the course.

137. Professional Boundaries Program

Within 60 calendar days from the effective date of this decision, respondent shall enroll in a professional boundaries program equivalent to the Professional Boundaries Program, Physician Assessment and Clinical Education Program at the University of California, San Diego School of Medicine ("Pprogram").

Respondent shall pay the cost of the program.

Respondent shall, at the program's discretion, undergo and complete the program's assessment of respondent's competency, mental health and/or neuropsychological performance, and at a minimum, a 24 hour program of interactive education and training in the area of boundaries, which takes into account data obtained from the assessment and from the decision, accusation, and any other information that the ~~committee~~ Board or its designee deems relevant. The program shall evaluate respondent at the end of the training and the program shall provide any data from the assessment and training as well as the results of the evaluation to the ~~committee~~ Board or its designee.

Respondent shall successfully complete the entire program not later than six months after respondent's initial enrollment. Based on respondent's performance in and evaluations from the assessment, education, and training, the program shall advise the ~~committee~~ Board or its designee of its recommendation(s) for additional education, training, psychotherapy and other measures necessary to ensure that respondent can practice medicine safely. Respondent shall comply with the program recommendations. At the completion of the program, respondent shall submit to a final evaluation. The program shall provide the results of the evaluation to the ~~committee~~ Board or its designee.

The program determines whether or not the respondent successfully completes the program.

If respondent fails to complete the program within the designated time period, respondent shall cease practicing as a physician assistant immediately after being notified by the ~~committee~~ Board or its designee.

Option 1: Condition Precedent

Respondent shall not practice as a physician assistant until respondent has successfully completed the program and has been so notified by the ~~committee~~ Board or its designee in writing.

14. Prescribing Practices Course

Within 60 calendar days of the effective date of this decision, respondent shall enroll in a course in prescribing practices equivalent to the Prescribing Practices Course at the Physician Assessment and Clinical Education Program, University of California, San Diego School of Medicine (program), approved in advance by the Board or its designee. Respondent shall provide the program with any information and documents that the program may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6 months) after respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

Respondent shall pay the cost of the course. The program shall determine whether respondent successfully completes the course.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the decision, whichever is later.

158. Psychological Evaluation/Treatment

Within 60 days of the effective date of this decision, and on a periodic basis thereafter as may be required by the ~~committee~~ Board or its designee, respondent shall undergo a psychological evaluation by a ~~committee-Board~~ appointed psychological evaluator who shall furnish a psychological report and recommendations to the ~~committee~~ Board or its designee.

Following the evaluation, respondent shall comply with all restrictions or conditions recommended by the evaluating physician within 15 calendar days after notification by the ~~committee~~ Board or its designee.

Respondent may, based on the evaluator's report and recommendations, be required by the ~~committee~~ Board or its designee to undergo psychological treatment. Upon notification, respondent shall within 30 days submit for prior approval the name and qualifications of a psychological practitioner of respondent's choice. Upon approval of the treating psychological practitioner, respondent shall undergo and continue psychological treatment until further notice from the ~~committee~~ Board or its designee. Respondent shall have the treating psychological practitioner submit quarterly status reports to the ~~committee~~ Board or its designee indicating whether the respondent is capable of practicing medicine safely.

Respondent shall pay the cost of all psychological evaluations and treatment.

If the evaluator or treating practitioner determines that the respondent is a danger to the public, upon notification, respondent shall immediately cease practicing as a physician assistant until notified in writing by the ~~committee~~ Board or its designee that respondent may resume practice.

Option: Condition Precedent

Respondent shall not practice as a physician assistant until a psychological evaluation has been conducted and respondent is notified in writing by the ~~committee~~ Board or its designee that respondent may resume practice. The period of time that respondent is not practicing shall not be counted toward completion of the term of probation.

(NOTE: This condition is for those cases where the evidence demonstrates that mental illness or disability was a contributing cause of the violations.)

169. Medical Evaluation/Treatment

Within 60 days of the effective date of this decision, and on a periodic basis thereafter as may be required by the ~~committee~~ Board or its designee, respondent shall undergo a medical evaluation by a ~~committee-Board~~ appointed physician who shall furnish a medical report and recommendations to the ~~committee~~ Board or its designee.

Following the evaluation, respondent shall comply with all restrictions or conditions recommended by the evaluating physician within 15 calendar days after notification by the ~~committee~~ Board or its designee.

Respondent may, based on the evaluator's report and recommendations, be required by the ~~committee~~ Board or its designee to undergo medical treatment. Upon notification, respondent shall within 30 days submit for prior approval the name and qualifications of a physician of respondent's choice. Upon approval of the treating physician, respondent shall undergo and continue medical treatment until further notice from the ~~committee~~ Board or its designee. Respondent shall have the treating physician submit quarterly reports to the ~~committee~~ Board or its designee.

Respondent shall pay the cost of all evaluations and treatment.

Option: Condition Precedent

Respondent shall not practice as a physician assistant until the medical evaluation has been conducted and respondent has been notified in writing by the ~~committee~~ Board or its designee that respondent may resume practice. The period of time that respondent is not practicing shall not be counted toward completion of the term of probation.

(NOTE: This condition is for those cases where the evidence demonstrates that medical illness or disability was a contributing cause of the violations.)

1720. Third Party Chaperone

During probation, respondent shall have a third party present at all time while consulting, examining or treating _____ (e.g. male, female, minor) patients.

It shall be recorded in the patient record that the third party was present at all times during the consultation, treatment and examination of a patient. The notation shall be signed by both the respondent and the third party. The respondent shall also maintain a separate log at the worksite, to be available for immediate inspection on a random and unannounced basis by the ~~committee~~ Board or its designee. The log shall include the names of all patients that the respondent consults, examines and/or treats, the date of examination and/or treatment, and the name of the third party present in the room during the examination and/or treatment. Each entry in the log shall be signed and dated by the respondent and the third party.

(NOTE: This provision should be included where violations found had a sexual component)

218. Prohibited Practice Areas

During probation, respondent is prohibited from _____ (e.g., practicing, performing, or treating) _____ (e.g. a specific medical procedure; surgery; on a specific population).

1922. Maintenance of Patient Medical Records

Option 1

Respondent shall keep written medical records for each patient contact (including all visits and phone calls) at the worksite and shall make them available for immediate inspection by the Board or its designee on the premises at all times during business hours.

Option 2

All medical records originated by the respondent shall be reviewed, initialed, and dated daily by supervising physician.

This condition shall be required for _____ (e.g. first/etc. year of probation).

2023. On-Site Supervision

Option 1

The supervising physician shall be on site at all times respondent is practicing.

Option 2

The supervising physician shall be on site at least 50% of the time respondent is practicing.

Option

Patient's condition shall be reviewed by supervising physician prior to patient leaving facility. This condition shall be required for _____ (e.g., first/etc. year of probation).

**Conditions Applying the Uniform Standards
Related to Substance Abuse**

(TO BE INCLUDED IN ALL CASES RELATED TO SUBSTANCE ABUSE PROBATION)

NOTE: Pursuant to Section 315 of the Business and Professions Code and its regulations, the Physician Assistant Board uses the standards developed by the Substance Abuse Coordination Committee (SACC) for substance abusing licensees. On April 11, 2011, the SACC's Uniform Standards for Substance Abusing Licensees (Uniform Standards) were issued. Administrative law judges, parties and staff are therefore required to use the language below when the violation involved the licensee's use of drugs, alcohol, or both.

To that end, unless the condition is permissive in the Uniform Standards and noted below, each of the following probationary terms and conditions must be used in every case where the violation involved the use of drugs, alcohol, or both. Despite this requirement, appropriate additional optional conditions should still be used in formulating the penalty and in considering additional optional terms or conditions of probation appropriate for greater public protection.

If the violation did not involve the use of drugs or alcohol, but the facts of the case suggest that the terms are warranted, the conditions may be applied to ensure the public is protected. In a case involving drugs or alcohol, a clinical diagnostic evaluation shall be ordered and the remaining provisions of the Uniform Standards may be made waived upon the clinical diagnostic evaluator's report finding that the individual is not a substance-abusing licensee.

21. Clinical Diagnostic Evaluation (CDE)

Within 30 days and thereafter as required by the Board, Respondent shall undergo a CDE from a licensed practitioner who holds a valid, unrestricted license to conduct CDEs, has three (3) years' experience in providing evaluations of health care professionals with substance abuse disorders, and is approved by the Board. The evaluations shall be conducted in accordance with accepted professional standards for conducting a substance abuse CDE.

Respondent shall undergo a CDE to determine whether the Respondent has a substance abuse problem and whether the respondent is a threat to himself or herself or others. The evaluator shall make recommendations for substance abuse treatment, practice restrictions, or other recommendations related to the respondent's rehabilitation and safe practice.

Respondent shall not be evaluated by an evaluator that has a financial, personal, or business relationship with the respondent within the last five (5) years. The evaluator shall provide an objective, unbiased, and independent evaluation.

During the evaluation, if respondent is determined to be a threat to himself or herself or others, the evaluator shall notify the Board within 24 hours of such a determination.

For all evaluations, a final written report shall be provided to the Board no later than ten (10) days from the date the evaluator is assigned the matter unless the evaluator requests additional information to complete the evaluation, not to exceed thirty (30) days.

Respondent may return to either full-time or part-time work if the Board determines he or she is fit to do so based upon consideration of the CDE report and the following criteria:

- License type;
- Licensee's history;
- Documented length of sobriety/time that has elapsed since last substance use;
- Scope and pattern of use;
- Treatment history;
- Medical history and current medical condition;
- Nature, duration and severity of substance abuse; and,
- Whether the licensee is a threat to himself or herself or others.

The Board shall determine whether or not the respondent is safe to return to full-time or part-time work, and what restrictions shall be imposed on the respondent. However, respondent shall not return to practice until he or she has thirty days of negative drug tests.

If respondent is required to participate in inpatient, outpatient, or any other type of treatment, the Board shall take into consideration the recommendation of the CDE, license type, licensee's history, length of sobriety, scope and pattern of substance abuse, treatment history, medical history, current medical condition, nature, duration and severity of substance abuse and whether the licensee is a threat to himself or herself or others.

In the event that any Condition Applying the Uniform Standards requires interpretation or clarification, the Uniform Standards shall be controlling.

22. Abstain from the Use of Alcohol

Respondent shall abstain completely from the use of alcoholic beverages.

[Optional language: This condition may be waived by the Board upon a written finding by the CDE that respondent is not a substance abusing licensee.]

And

23. Abstain from the Use of Controlled Substances and Dangerous Drugs

Respondent shall abstain completely from personal use, possession, injection, consumption by any route, including inhalation of all controlled substances as defined in the California Uniform, Controlled Substances Act. This prohibition does not apply to medications lawfully prescribed to respondent for a bona fide illness or condition by a practitioner licensed to prescribe such medications. Within fifteen (15) calendar days of receiving any lawful prescription medications, respondent shall notify the recovery program in writing of the following: prescriber's name, address, and telephone number; medication name and strength, issuing pharmacy name, address, and telephone number. Respondent shall also provide a current list of prescribed medication with the prescriber's name, address, and telephone number on each quarterly report submitted. Respondent shall provide the probation monitor with a signed and dated medical release covering the entire probation period.

Respondent shall identify for the Board's approval a single coordinating physician and surgeon who shall be aware of respondent's history of substance abuse and who will coordinate and monitor any prescriptions for respondent for dangerous drugs, and controlled substances. Once a Board-approved physician and surgeon has been identified, respondent shall provide a copy of the Initial Probationary License Decision and Order, Statement of Issues or Accusation, Decision and Order, or Stipulated Decision and Order to the physician and surgeon. The coordinating physician and surgeon shall report to the Board or its designee on a quarterly basis respondent's compliance with this condition.

The Board may require that only a physician and surgeon who is a specialist in addictive medicine be approved as the coordinating physician and surgeon.

If Respondent has a positive drug screen for any substance not legally authorized, respondent shall be contacted and instructed to leave work and ordered by the Board to cease any practice and may not practice unless and until notified by the Board. The Board will notify respondent's employer, if any, and worksite monitor, if any, that respondent may not practice. If the Board files a petition to revoke probation or an accusation based upon the positive drug screen, respondent shall be automatically suspended from practice pending the final decision on the petition to revoke probation or accusation. This period of suspension will not apply to the reduction of this probationary period.

OPTIONAL LANGUAGE: This condition may be waived or modified by the Board upon a written finding by the CDE that respondent is not a substance abusing licensee.

24. Drug and Alcohol Recovery Monitoring Program

Within fifteen (15) calendar days from the effective date of this Decision and Order, Respondent shall enroll, and participate in , and successfully complete the Board's drug and alcohol recovery monitoring program at Respondent's cost until the drug and alcohol recovery monitoring program determines that participation in the drug and alcohol recovery monitoring program is no longer necessary.

Respondent shall comply with all components of the drug and alcohol recovery monitoring program. Respondent shall sign a release authorizing the drug and alcohol recovery monitoring program to report all aspects of participation of the drug and alcohol recovery monitoring program as requested by the Board or its designee.

Failure to comply with requirements of the drug and alcohol recovery monitoring program, terminating the program without permission or being expelled for cause shall constitute a violation of probation by respondent and shall be immediately suspended from the practice as a physician assistant.

Probation shall be automatically extended until respondent successfully completes the program.

OPTIONAL LANGUAGE: This condition may be waived or modified by the Board or its designee upon a written finding by the CDE that respondent is not a substance abusing licensee.

25. Biological Fluid Testing

Respondent shall immediately submit to and pay for any random and directed biological fluid or hair sample, breath alcohol or any other mode of testing required by the Board or its designee.

Respondent shall be subject to a minimum of fifty-two (52), but not to exceed one hundred and four (104) random tests per year within the first year of probation and a minimum of thirty six (36) random tests per year, for the duration of the probationary term up to five years and a minimum of one (1) test per month in each year of probation after the fifth year provided that there have been no positive test results during the previous five (5) years.

The Board or its designee may require less frequent testing if any of the following applies:

- Where respondent has previously participated in a treatment or monitoring program requiring testing, the board or its designee may consider that prior testing record in applying the testing frequency schedule described above;
- Where the basis for probation or discipline is a single incident or conviction involving alcohol or drugs, or two incidents or convictions involving alcohol or drugs that were at least seven (7) years apart, that did not occur at work or on the way to or from work, the Board or its designee may skip the first-year testing frequency requirement(s);
- Where respondent is not employed in any health care field, frequency of testing may be reduced to a minimum of twelve (12) tests per year. If respondent wishes to thereafter return to employment in a health care field, respondent shall be required to test at least once a week for a period of sixty (60) days before commencing such employment, and shall thereafter be required to test at least once a week for a full year, before respondent may be reduced to a testing frequency of no less than twenty-four (24) tests per year;
- Where respondent has a demonstrated period of sobriety and/or non-use, the Board or its designee may reduce the testing frequency to no less than twenty-four (24) tests per year

Respondent shall make daily contact as directed by the Board to determine if he or she must submit to drug testing. Respondent shall have the test performed by a Board-approved laboratory certified and accredited by the U.S. Department of Health and Human Services on the same day that he or she is notified that a test is required. This shall ensure that the test results are sent immediately to the Board. Failure to comply within the time specified shall be considered an admission of a positive drug screen and constitute a violation of probation. If the test results in a determination that the urine was too diluted for testing, the result shall be considered an admission of a positive urine screen and constitutes a violation of probation. If a positive result is obtained, the Board may require respondent to immediately undergo a physical examination and to complete laboratory or diagnostic testing to determine if any underlying physical condition has contributed to the diluted result and to suspend respondent's license to practice. Any such examination or laboratory and testing costs shall be paid by respondent. A positive result is one which, based on scientific principles, indicates respondent attempted to alter the test results in

order to either render the test invalid or obtain a negative result when a positive result should have been the outcome. If it is determined respondent altered the test results, the result shall be considered an admission of a positive urine screen and constitutes a violation of probation and respondent must cease practicing. Respondent shall not resume practice until notified by the Board. If respondent tests positive for a banned substance, respondent shall be contacted and instructed to leave work and ordered to cease all practice. Respondent shall not resume practice until notified by the Board. All alternative drug testing sites due to vacation or travel outside of California must be approved by the Board prior to the vacation or travel.

OPTIONAL: This condition may be waived or modified by the Board or its designee upon a written finding by the CDE that respondent is not a substance abusing licensee.

26. Facilitated Group Support Meetings

Within fifteen (15) days from the effective date of the decision, respondent shall submit to the Board or its designee for prior approval the name of one or more meeting facilitators. Respondent shall participate in facilitated group support meetings within fifteen (15) days after notification of the Board's or designee's approval of the meeting facilitator. When determining the type and frequency of required facilitated group support meeting attendance, the Board or its designee shall give consideration to the following:

- The licensee's history;
- The documented length of sobriety/time that has elapsed since substance abuse;
- The recommendation of the clinical evaluator;
- The scope and pattern of use;
- The licensee's treatment history; and,
- The nature, duration, and severity of substance abuse.

Verified documentation of attendance shall be submitted by respondent with each quarterly report. Respondent shall continue attendance in such a group for the duration of probation unless notified by the Board that attendance is no longer required.

If a facilitated group support meeting is ordered, the group facilitator shall meet the following qualifications and requirements:

1. The group meeting facilitator shall have a minimum of three (3) years experience in the treatment and rehabilitation of substance abuse, and shall be licensed or certified by the state or other nationally certified organizations.
2. The group meeting facilitator shall not have a financial relationship, personal relationship, or business relationship with the licensee in the last five (5) years.
3. The group facilitator shall provide to the Board or its designee a signed document showing the licensee's name, the group name, the date and location of the meeting, the licensee's attendance, and the licensee's level of participation and progress.
4. The group meeting facilitator shall report any unexcused absence to the Board or its designee within twenty-four (24) hours.

Optional language: This condition may be waived or modified by the Board upon a written finding by the CDE that respondent is not a substance abusing licensee.]

27. Work Site Monitor

Respondent shall have a worksite monitor as required by this term. The worksite monitor shall not have any current or former financial, personal, or familial relationship with the licensee, or other relationship that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the Board. If it is impractical for anyone but the licensee's employer or supervising physician to serve as the worksite monitor, this requirement may be waived by the Board. However, under no circumstances shall a licensee's worksite monitor be an employee of the licensee.

The worksite monitor's license scope of practice shall include the scope of practice of the licensee who is being monitored or be another health care professional if no monitor with like scope of practice is available.

The worksite monitor shall have an active unrestricted license, with no disciplinary action within the last five (5) years.

The worksite monitor shall sign an affirmation that he or she has reviewed the terms and conditions of the licensee's disciplinary order and agrees to monitor the licensee as set forth by the Board.

The worksite monitor must adhere to the following required methods of monitoring the licensee:

- a) Have face-to-face contact with the licensee at least once per week in the work environment or more frequently if required by the Board.
- b) Interview other staff in the office regarding the licensee's behavior, if applicable.
- c) Review the licensee's work attendance.

The worksite monitor shall report to the Board as follows:

Any suspected substance abuse must be verbally reported to the Board and the licensee's employer within one (1) business day of occurrence. If occurrence is not during the Board's normal business hours the verbal report must be within one (1) hour of the next business day. A written report shall be submitted to the Board within 48 hours of occurrence.

The worksite monitor shall complete and submit a written report monthly or as directed by the Board. The report shall include: the licensee's name; license number; worksite monitor's name and signature; worksite monitor's license number; worksite location(s); dates licensee had face-to-face contact with monitor; staff interviewed if applicable; attendance report; any change in behavior and/or personal habits; any indicators leading to suspected substance abuse.

The licensee shall complete the required consent forms and sign an agreement with the worksite monitor and the Board to allow the Board to communicate with the worksite monitor. If Respondent tests positive for a banned substance, the Board will immediately notify Respondent's employer that the Respondent's license has been ordered to cease practice.

[Optional language: This condition may be waived or modified by the Board upon a written finding by the CDE that respondent is not a substance abusing licensee.]

28. Major Violations

This provision applies if the licensee commits a violation of the drug and alcohol recovery monitoring program or any other condition applying the uniform standards specific to controlled substance.

If respondent commits a major violation, respondent shall immediately upon notification by the Board, cease practice until notified otherwise in writing by the Board.

Major Violations include, but are not limited to, the following:

1. Failure to complete a Board-ordered program;
2. Failure to undergo a required CDE;
3. Committing multiple minor violations of probation conditions;
4. Treating a patient while under the influence of drugs or alcohol;
5. Committing any drug or alcohol offense that is a violation of the Business and Professions Code or state or federal law;

- 6. Failure to obtain biological testing for substance abuse;
- 7. Testing positive for a banned substance; and
- 8. Knowingly using, making, altering, or possessing any object or product in such a way as to defraud a drug test designed to detect the presence of alcohol or a controlled substance.

Standard Conditions
(TO BE INCLUDED IN ALL CASES OF PROBATION)

249. Approval of Supervising Physician

Within 30 days of the effective date of this decision, respondent shall submit to the ~~committee~~ Board or its designee for its prior approval the name and license number of the supervising physician and a practice plan detailing the nature and frequency of supervision to be provided. Respondent shall not practice until the supervising physician and practice plan are approved by the ~~committee~~ Board or its designee.

Respondent shall have the supervising physician submit quarterly reports to the ~~committee~~ Board or its designee.

If the supervising physician resigns or is no longer available, respondent shall, within 15 days, submit the name and license number of a new supervising physician for approval. Respondent shall not practice until a new supervising physician has been approved by the Board or its designee.

2530. Notification of Employer and Supervising Physician

Respondent shall notify his/her current and any subsequent employer and supervising physician(s) of the discipline and provide a copy of the accusation, decision, and order to each employer and supervising physician(s) during his/her period of probation, before accepting or continuing employment at onset of that employment. Respondent shall ensure that each employer informs the ~~committee~~ Board or its designee, in writing within 30 days, verifying that the employer and supervising physician(s) have received a copy of Accusation, Decision, and Order.

This condition shall apply to any change(s) in place of employment.

The respondent shall provide to the Board or its designee the names, physical addresses, mailing addresses, and telephone numbers of all employers, supervising physicians, and work site monitor, and shall inform the Board or its designee in writing of the facility or facilities at which the person practices as a physician assistant.

Respondent shall give specific, written consent to the Board or its designee to allow the Board or its designee to communicate with the employer, supervising physician, or work site monitor regarding the licensee's work status, performance, and monitoring.

2631. Obey All Laws

Respondent shall obey all federal, state, and local laws, and all rules governing the practice of medicine as a physician assistant in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

2732. Quarterly Reports

Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the ~~committee~~ Board or its designee, stating whether there has been compliance with all the conditions of probation.

3328. Other Probation Requirements

Respondent shall comply with the ~~committee's~~ Board's probation unit. Respondent shall, at all times, keep the ~~committee~~ Board and probation unit informed of respondent's business and residence addresses. Changes of such addresses shall be immediately communicated in writing to the ~~committee~~ Board and probation unit. Under no circumstances shall a post office box serve as an address of record, except as allowed by California Code of Regulations ~~1399.523~~ 1399.511.

Respondent shall appear in person for an initial probation interview with ~~committee~~ Board or its designee within 90 days of the decision. Respondent shall attend the initial interview at a time and place determined by the ~~committee~~ Board or its designee.

Respondent shall, at all times, maintain a current and renewed physician assistant license.

Respondent shall also immediately inform probation unit, in writing, of any travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) days.

3429. Interview with Medical Consultant

Respondent shall appear in person for interviews with the ~~committee's~~ Board's medical or expert physician assistant consultant upon request at various intervals and with reasonable notice.

305. ~~Tolling for Out-of-State Practice or Residence~~ Non-practice While on Probation

Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days. Non-practice is defined as any period of time exceeding 30 calendar days in which respondent is not practicing as a physician assistant. Respondent shall not return to practice until the supervising physician is approved by the Board or its designee.

~~The period of probation shall not run during the time respondent is residing or practicing outside the jurisdiction of California. If, during probation, respondent moves out of the jurisdiction of California to reside or practice elsewhere, including federal facilities, respondent is required to immediately notify the committee Board in writing of the date of departure, and the date of return, if any.~~

Practicing as a physician assistant in another state of the United States or federal jurisdiction while on active probation with the physician assistant licensing authority of that state or jurisdiction shall not be considered non-practice.

All time spent in a clinical training program that has been approved by the Board or its designee, shall not be considered non-practice. Non-practice due to a Board ordered suspension or in compliance with any other condition or probation, shall not be considered a period of non-practice.

Any period of non-practice, as defined in this condition, will not apply to the reduction of the probationary term.

Periods of non-practice do not relieve respondent of the responsibility to comply with the terms and conditions of probation.

~~Respondent's license shall be automatically canceled~~ It shall be considered a violation of probation if for a total of two years, respondent's period of temporary or permanent residence or practice outside California totals two years fails to practice as a physician assistant. Respondent shall not be considered in violation for non-practice ~~Respondent's license shall not be canceled~~ as long as respondent is residing and practicing as a physician assistant in another state of the United States and is on active probation with the physician assistant licensing authority of that state, in which case the two year period shall begin on the date probation is completed or terminated in that state.

~~31. Failure to Practice as a Physician Assistant – California Resident~~

~~In the event respondent resides in California and for any reason respondent stops practicing as a physician assistant in California, respondent shall notify the committee or its designee in writing within 30 calendar days prior to the dates of non-practice and return to practice. Any period of non-practice within California, as defined in this condition, will not apply to the reduction of the probationary term and does not relieve respondent of the responsibility to comply with the terms and conditions of probation. Non-practice is defined as any period of time exceeding 30 calendar days in which respondent is not practicing as a physician assistant.~~

~~All time spent in a clinical training program that has been approved by the committee or its designee, shall be considered time spent in the practice of medicine. For purposes of this condition, non-practice due to a committee ordered suspension or in compliance with any other condition or probation, shall not be considered a period of non-practice.~~

~~Respondent's license shall be automatically canceled if, for a total of two years, respondent resides in California and fails to practice as a physician assistant.~~

326. Unannounced Clinical Site Visit

The ~~committee~~ Board or its designee may make unannounced clinical site visits at any time to ensure that respondent is complying with all terms and conditions of probation.

337. Condition Fulfillment

A course, evaluation, or treatment completed after the acts that gave rise to the charges in the accusation but prior to the effective date of the decision may, in the sole discretion of the ~~committee~~ Board or its designee, be accepted towards the fulfillment of the condition.

348. Completion of Probation

Respondent shall comply with all financial obligations (e.g., cost recovery, probation costs) no later than 60 calendar days prior to the completion of probation. Upon successful completion of probation, respondent's license will be fully restored.

359. Violation of Probation

If respondent violates probation in any respect, the ~~committee~~ Board after giving respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an accusation or petition to revoke probation is filed against respondent during probation, the ~~committee~~ Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

3640. Cost Recovery

The respondent is hereby ordered to reimburse the Physician Assistant ~~Committee~~ Board the amount of \$_____ within 90 days from the effective date of this decision for its investigative costs. Failure to reimburse the ~~committee's~~ Board costs for its investigation shall constitute a violation of the probation order, unless the ~~committee~~ Board agrees in writing to payment by an installment plan because of financial hardship. The filing of bankruptcy by the respondent shall not relieve the respondent of his/her responsibility to reimburse the ~~committee~~ Board for its investigative costs.

(NOTE: Most physician assistant cost recovery orders are paid on an installment plan.)

3741. Probation Monitoring Costs

Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the ~~committee~~ Board, which may be adjusted on an annual basis. The costs shall be made payable to the Physician Assistant ~~Committee~~ Board and delivered to the ~~committee~~ Board no later than January 31 of each calendar year.

4238. Voluntary License Surrender

Following the effective date of this probation, if respondent ceases practicing due to retirement, health reasons, or is otherwise unable to satisfy the terms and conditions of probation, respondent may request in writing the voluntarily surrender of respondent's license to the ~~committee~~ Board. Respondent's written request to surrender his or her license shall include the following: his or her name, license number, case number, address of record, and an explanation of the reason(s) why Respondent seeks to surrender his or her license. The ~~committee~~ Board reserves the right to evaluate the respondent's request and to exercise its discretion whether to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Respondent shall not be relieved of the requirements of his or her probation unless the Board or its designee notifies respondent in writing that respondent's request to surrender his or her license has been accepted. Upon formal acceptance of the surrender, respondent shall, within 15 days, deliver respondent's wallet and wall certificate to the ~~committee~~ Board or its designee and shall no longer practice as a physician assistant. Respondent will no longer be subject to the terms and conditions of probation and the surrender of respondent's license shall be deemed disciplinary action. If respondent re-applies for a physician assistant license, the application shall be treated as a petition for reinstatement of a revoked license.

Proposed Revision: ~~August 26, 2013~~ February 9, 2015

PHYSICIAN ASSISTANT BOARD

ADDENDUM TO THE INITIAL STATEMENT OF REASONS

HEARING DATE: February 9, 2015

SUBJECT MATTER OF PROPOSED REGULATIONS: Disciplinary Guidelines and Uniform Standards for Substance-Abusing Licensees

SECTION AFFECTED: Title 16, Division 13.8, California Code of Regulations, Section 1399.523.

UPDATED SPECIFIC PURPOSE OF EACH ADOPTION OR AMENDMENT:

The following information is provided as an addendum to the Initial Statement of Reasons:

Factual Basis/Rationale

Cover Page: Further changes to the Manual were made at the Board's February 9, 2015 meeting. As a result, the proposed language is being modified to more appropriately state that the "Manual of Disciplinary Guidelines and Model Disciplinary Orders, 4th Edition" is the 2015 edition, with a proposed revision date of February 9, 2015.

Additional changes to the "Manual of Disciplinary Guidelines and Model Disciplinary Orders, 4th Edition" are being proposed.

Page 3: Title 16, CCR Section 1399.523. Disciplinary Guidelines.

The proposed language is being modified to more appropriately state that the "Manual of Disciplinary Guidelines and Model Disciplinary Orders, 4th Edition" is the 2015 edition, with a proposed revision date of February 9, 2015.

Pages 6-7: Delete the entire "Drug and Alcohol Recovery Monitoring Program Overview of Participant Requirements and Costs" section.

Including the costs and the program requirements in the guidelines is confusing and misleading to the participants since those requirements can change depending on the vendor and the contract that the Board uses, which would mean that the guidelines would have to be continually updated.

Page 20: Added Title "Standard Model Probationary Order" and a new "Model Order for Granting Application and Placing License on Probation after Applicant Completes Condition Precedent" sample order. The order would allow an administrative law judge or the board to require that an applicant meet certain conditions (e.g., restitution, completion of CME, completion of rehabilitation program, take and pass licensing exam (National Commission on Certification of Physician Assistants)) prior to issuance of a license to help ensure public protection and that minimum standards for licensure are met.

This change is needed to ensure consistency in application and clarity regarding the Board's orders. The Board has had problems recently with different Administrative Law Judge interpretations of how to draft a proper condition precedent order, with the result being that the orders actually look more like conditions subsequent (condition is met after the license issues) rather than precedent (condition must be met before a license issues). To avoid possible mistakes in the Board's orders, this model language is being proposed as a guide to the users of the manual when outright denial of an initial license or denial of a reinstated license is not warranted.

Page 30: Delete the words "but not to exceed one hundred and four (104)" for the random testing requirement for the first year.

The SACC's guidelines on page 8, as pointed out by the DCA's Regulatory and Legislative Review Unit, states that: "Nothing precludes a board from increasing the number of random tests for any reason." Putting a cap into the testing requirements would preclude the Board from requiring more than 104 tests, which is contrary to public protection and possibly the recommendations by the SACC. So, the Board is proposing removing the cap.

Page 34: Corrects an incorrect cross-reference.

The notice of change of address requirement is located at Title 16, California Code of Regulations Section 1399.511, not Title 16, California Code of Regulations Section 1399.523.

Page 35: Deletes that "Respondent's license shall be automatically canceled" replaces with "It shall be considered a violation of probation...". This change also add the words "Respondent shall not be considered in violation of probation" to the existing text that allows for an exemption to the tolling requirement if the person is not practicing as a physician assistant in California but is practicing in another state and on probation with another physician assistant licensing authority.

The Board could be subjected to legal challenge if it were interpreted that the Board did not give notice and hearing of any possible new violations before a license was taken away. This change makes it clearer that it shall be considered only a violation of probation, and the license would not be cancelled, if Respondent fails to practice as a physician assistant for a total of two years. Any alleged violations of probation by the Board would be noticed in a petition to revoke probation or accusation and served on the probationer in compliance with the Administrative Procedure Act (Gov. Code, § 11500 et seq.) and would include a right to a hearing. A probationer would not be considered in violation for non-practice as long as respondent is residing and practicing as a physician assistant in another state of the United States and is on active probation with the physician assistant licensing authority of that state, in which case the two year period would begin on the date probation is completed or terminated in that state.

Page 36: "Voluntary License Surrender" Standard term: Adds the requirement that the request to surrender must be made by the Respondent "in writing" and that the writing must contain the following: his or her name, license number, case number, address of record, and an explanation of the reason(s) why Respondent seeks to surrender his or her license. Additional language also clarifies that a respondent shall not be relieved of the requirements of his or her probation unless the Board or its designee notifies

Respondent in writing that Respondent's request to surrender his or her license has been accepted.

Currently, there is no requirement specifying what is needed for the Board to process a request for surrender, making it unclear to the public and the regulated community regarding what standards must be met to implement a voluntary surrender. This proposal would set criteria for what the Board would need to process a surrender and clarifies, in accordance with Business and Professions Code section 118, that the Board does not lose jurisdiction to act on the license and that a probationer is not relieved from complying with probation until the Board acts to accept his or her surrender.

Page 36: Proposed Revision. The document revision date is being updated to reflect the most current and correct date of February 9, 2015.

MEETING MINUTES

February 9, 2015

PHYSICIAN ASSISTANT BOARD

2005 Evergreen Street – Hearing Room #1150

Sacramento, CA 95815

8:45 A.M. – 5:00 P.M.

1. Call to Order by President

President Sachs called the meeting to order at 8:50 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.
Jed Grant, PA-C
Rosalee Shorter, PA-C
Sonya Earley, PA-C
Xavier Martinez

Staff Present:

Glenn L. Mitchell, Jr., Executive Officer
Kristy Schieldge, Senior Staff Counsel,
Department of Consumer Affairs (DCA)
Lynn Forsyth, Licensing Analyst
Anita Winslow, Administration Analyst

3. Approval of November 3, 2014 Meeting Minutes

Teresa Anderson of the California Academy of Physician Assistants (CAPA) noted that agenda item 16 incorrectly identified Senator Fuller as Senator Bullard. She also stated that CAPA is not working with the ARC-PA; they sent them a letter of support. Ms. Anderson requested that the minutes be amended as noted.

M/ Jed Grant S/ Sonya Earley C/ to:

Approve the November 3, 2014 minutes as amended.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	X				
Michael Bishop	X				
Cristina Gomez-Vidal Diaz				X	
Sonya Earley	X				
Jed Grant	X				
Catherine Hazelton				X	
Xavier Martinez	X				
Robert Sachs	X				
Rosalee Shorter	X				

Motion approved.

4. Public Comment on items not on the Agenda

There was no public comment at this time.

5. Reports

a. President's Report

1) Mr. Jed Grant was reappointed to the Physician Assistant Board by Governor Brown. Mr. Sachs administered the Oath of Office to Mr. Grant.

2) New California Physician Assistant Education Programs

a) Marshall B. Ketchum University Physician Assistant Program (Fullerton, CA)

Marshall B. Ketchum University is in the process of developing a Master of Medical Science degree physician assistant program.

The ARC-PA has granted "Accreditation-Provisional" status to the program.

With "Accreditation-Provisional" status, training program graduates will be eligible to sit for the Physician Assistant National Certifying Examination (PANCE), which is required in order to apply for physician assistant licensure.

b) California Baptist University (Riverside, CA)

California Baptist University is in the process of developing a Master of Science in Physician Assistant Studies Program. The program will be housed in the Department of Health Sciences, College of Allied Health.

California Baptist University has applied for provisional accreditation from ARC-PA. The program anticipates matriculating its first class in June 2016, pending notification of successful "Accreditation-Provisional" status in March 2016.

- 3) Mr. Sachs reported on the California Academy of Physician Assistants' (CAPA) Pride of Profession Award. The award was presented to CAPA's general counsel, R. Michael Scarano, Jr., Esq. For the past twenty five years Mr. Scarano has been an advocate for and made many contributions to the physician assistant profession in California. He has also assisted CAPA with the drafting CAPA-sponsored of legislation.

He has authored many of the statutes that physician assistants now practice under. Mr. Sachs stated that Mr. Scarano has raised the Pride of Profession Award to another level and wishes him well.

- 4) Lastly, Mr. Sachs reported that Dianne Tincher, Enforcement Analyst for the Board, has retired after nine years of service. The Board thanked her for her service and wished her well in her retirement.

b. Executive Officer's Report

- 1) Update on BreEZe Implementation

Mr. Mitchell reported that staff continues to work with the BreEZe team on BreEZe production stabilization issues. Issues continue to be with enforcement and cashing aspects of BreEZe and the generation of reports in BreEZe.

The licensing aspect of BreEZe continues to function and we are not experiencing any delays in processing and issuing physician assistant licenses.

Mr. Mitchell informed the Board that our online license renewal system is now scheduled for a spring 2015 roll out.

The online as well as paper physician assistant applications will also be updated to comply with additional new legal requirements. These changes were discussed during Agenda Item 13.

- 2) CURES update

Joint Application Design (JAD) sessions took place between representatives of the Department of Consumer Affairs (DCA) and the Department of Justice (DOJ) for updates to the Controlled Substance Utilization Review and Evaluation System (CURES). These sessions were recently completed. The purpose of these sessions was to facilitate development of aspects of the new system. Information was obtained and validated by session participants to ensure that the system developed will meet the client's business needs.

The next phase of this project is the Functional Design process.

Board staff does not query CURES as this is performed by the Medical Board of California (MBC) complaint staff on our behalf; therefore, they are representing the Board in these sessions. Mr. Mitchell has met with

representatives of the MBC to discuss features we would like included in the system. Thankfully, our requirements are similar to those of the MBC. MBC staff has been very helpful in ensuring that our requirements are included in the system and we appreciate their assistance.

Estimated completion of the CURES upgrade:

Testing: May/June 2015

Training: June 2015

Implementation: June 2015 (early summer 2015)

Mr. Sachs commented that each year at the California Academy of Physician Assistants (CAPA) conference they have an area for physician assistants to sign up for access to CURES.

c. Licensing Program Activity Report

Between October 1, 2014 and December 1, 2014, 185 physician assistant licenses were issued. As of December 1, 2014, 9,914 physician assistant licenses are renewed and current.

d. Diversion Program Activity Report

As of January 1, 2015, the Board's Diversion Program has 15 participants, which includes 3 self-referral participants and 12 board-referral participants.

A total of 131 participants have participated in the program since implementation in 1990.

e. Enforcement Program Activity Report

Between October 1, 2014 and December 31, 2014, 1 accusation was filed; there were no Statement of Issues filed; 2 probationary licenses were issued, and there are currently 43 probationers.

6. Department of Consumer Affairs

The Executive Office of the Department of Consumer Affairs (DCA) was represented by Rebecca May, who has been with DCA since November 2014. Ms. May noted she previously worked at the Governor's Office and she is looking forward to working with the Board. Ms. May thanked the Board for all of the good work they do.

She reminded Board members that their Form 700 must be submitted to the Fair Political Practices Commission by April 1, 2015 to avoid penalties.

7. Regulations

a. Proposed amendment to Title 16, California Code of Regulations, Section 1399.541 – Medical Services Performable: Update

This regulatory package amends the physician assistant supervision requirements in surgery to permit physician assistants to assist in surgery without

the personal presence of a supervising physician if the supervising physician is immediately available to the physician assistant. The action also defines "immediately available" as physically accessible and able to return to the patient, without any delay, upon the request of the physician assistant to address any situation requiring the supervising physician's services.

The regulatory package was approved by the Office of Administrative Law on December 17, 2014. It will become effective on April 1, 2015.

On behalf of the Physician Assistant Board, President Sachs thanked the members of the Medical Board for their support of this regulatory change.

- b. Title 16 California Code of Regulations Section 1399.573 Citations for Unlicensed Practice – proposal to amend regulation to authorize the Executive Officer to issue citations and order of abatement and levy fines in cases of unlicensed activity.

Ms. Schieldge stated that currently this regulation restricts the Board's Executive Officer to issue citations and orders of abatement and levy fines only in the case of a physician assistant who has practiced with a delinquent license. The way the regulation is currently drafted the Executive Officer is prevented from issuing citations and fines to those who have never been licensed and holding themselves out as a physician assistant. Ms. Schieldge could find no rationale in the rulemaking file for such a limitation. Although a citation and fine is a type of civil action, the issuance of a fine would not preclude the Board from pursuing criminal charges for the unlicensed practice of medicine.

To address this issue, Ms. Schieldge proposed and recommended amending Title 16 of the California Code of Regulations Section 1399.573 to read:

"... and levy fines against any person who is acting in the capacity of a licensee under the jurisdiction of this board and who is not otherwise exempt from licensure."

M/ Jed Grant S/ Sonya Earley C/ to:

Direct staff to take all steps necessary to initiate the formal rulemaking process and to authorize the Executive Officer to make non-substantive changes to the rulemaking package and set a hearing in the matter.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	X				
Michael Bishop	X				
Cristina Gomez-Vidal Diaz				X	
Sonya Earley	X				
Jed Grant	X				
Catherine Hazelton				X	
Xavier Martinez	X				
Robert Sachs	X				
Rosalee Shorter	X				

Motion carried.

8. Regulatory Hearing

A regulatory hearing on the Proposed Language for Guidelines for Imposing Discipline/Uniform Standards Regarding Substance-Abusing Healing Arts Licensees, Section 1399.523 of Division 13.8 of Title 16 of the California Code of Regulations was held on February 9, 2015

President Sachs called the meeting to order at 9:15 a.m., a quorum was established.

No written public comment was received prior to or at the hearing.

The following oral public comment was received at the hearing.

Teresa Anderson from the California Academy of Physician Assistants (CAPA), informed the Board that CAPA is in support of the proposed regulation change and that it is consistent with SB 1441 to provide clarity to licensees and strengthens consumer safety.

There was no other public comment.

Hearing was closed at 9:20 a.m.

9. Discussion and possible action to amend or adopt changes to Title 16, California Code of Regulations Section 1399.523

Ms. Schieldge presented to the Board a summary of additional amendments to the *Manual of Disciplinary Guidelines and Model Disciplinary Orders* that she believes will further enhance the document.

These changes included:

Pages 6-7: Delete the entire "Drug and Alcohol Recovery Monitoring Program Overview of Participant Requirements and Costs" section.

Putting in the costs and the program requirements in the guidelines is confusing and misleading to the participants since those requirements can change depending on the vendor and the contract that we use, which would mean that the guidelines would have to be continually updated.

Page 20: Adding the Title "Standard Model Probationary Order" and a new "Model Order for Granting Application and Placing License on Probation after Applicant Completes Condition Precedent" sample order. This change is needed to ensure consistency in application and clarity regarding the Board's orders. The Board has had problems recently with different ALJs interpretations of how to draft a proper condition precedent order, with the result being that the orders actually look more like conditions subsequent rather than precedent. To avoid possible mistakes in the Board's orders, this model language is being proposed.

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Page 34: Corrects an incorrect cross-reference. The notice of change of address requirement is located at Section 1399.511, not 1399.523.

Page 35: Deletes that "Respondent's license shall be automatically canceled" replaces with "It shall be considered a violation of probation..." The Board could be subjected to legal challenge if it were interpreted that the Board did not give notice and hearing of any possible new violations before a license was taken away.

Page 36: "Voluntary License Surrender" Standard term: Adds the requirement that the request to surrender must be made by the Respondent "in writing" and that the writing must contain the following: his or her name, license number, case number, address of record, and an explanation of the reason(s) why Respondent seeks to surrender his or her license. Additional language also clarifies that a Respondent shall not be relieved of the requirements of his or her probation unless the Board or its designee notifies Respondent in writing that Respondent's request to surrender his or her license has been accepted.

Currently, there is no requirement specifying what is needed for the Board to process a request for surrender, making it unclear to the public and the regulated community regarding what standards must be met to implement a voluntary surrender. This proposal would set criteria for what the board would need to process a surrender and clarifies, in accordance with Business and Professions Code section 118, that the Board does not lose jurisdiction to act on the license and that a probationer is not relieved from complying with probation until the board acts to accept his or her surrender.

M/ Dr. Michael Bishop S/ Jed Grant C/ to:

Direct staff to take all steps necessary to complete the rulemaking process, including preparing modified text and an addendum to the Initial Statement of Reasons for an additional 15-day comment period, which includes amendments discussed at this meeting. If after the 15-day public comment period, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt Section 1399.523 of the proposed regulations with the modified text.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	X				
Michael Bishop	X				
Cristina Gomez-Vidal Diaz				X	
Sonya Earley	X				
Jed Grant	X				
Catherine Hazelton				X	
Xavier Martinez	X				
Robert Sachs	X				
Rosalee Shorter	X				

Motion carried.

Public Comment:

Kevin Schunke, Regulations Manager, Medical Board of California (MBC) noted that their regulatory package was disapproved by the Office of Administrative Law (OAL) last October. Mr. Schunke added that he is resubmitting the file to OAL which will, hopefully, address OALs concerns with regard to the MBC package.

Ms. Schiedge responded that she had reviewed the notice of disapproval and the MBC took a different approach to implementation of the SB 1441 guidelines and updating their Disciplinary Guidelines than the Physician Assistant Board. After considering various options it was determined that these regulatory changes proposed and updates to the Disciplinary Guidelines were the most appropriate actions for the Physician Assistant Board, licensees, and consumers. This Board used all of the SACC standards as mandated by Business and Professions Code Section 315 and selected a different trigger for the determination that a licensee was a substance abuser.

10. Closed Session:

- a. Pursuant to Section 11126(c)(3) of the Government Code, the Board moved into closed session to deliberate on disciplinary matters.
- b. Pursuant to Section 11126(e), the Board moved into closed session to receive advice from legal counsel in the following matter:

David Ortiz, P.A. v. Physician Assistant Committee, Medical Board of California, Sac County Sup. Ct., Case No. 34-2011-80000863.

Return to open session

11. A lunch break was taken.

12. PAB Policy Manual

- a. Review and approve all proposed revisions to manual. The newly adopted "Professional Reporting Requirements" policy is included in this draft.

Additional changes to the current manual include:

- 1) Deleting "Committee" and replacing with "Board".
- 2) Deleting references to the Medical Board of California Enforcement and replacing with the Department of Consumer Affairs Division of Investigation.
- 3) Board member training guidelines are included.
- 4) Modification of Board positions regarding proposed legislation.
- 5) Other technical changes are also included.

M/ Jed Grant S/ Dr. Michael Bishop C/ to:

Approve and adopt the revisions to the Board's Policy Manual as noted above.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	X				
Michael Bishop	X				
Cristina Gomez-Vidal Diaz				X	
Sonya Earley	X				
Jed Grant	X				
Catherine Hazelton				X	
Xavier Martinez	X				
Robert Sachs	X				
Rosalee Shorter	X				

Motion carried.

13. Updates to application for licensure as a Physician Assistant

The Board reviewed and discussed the following updates and revisions to the Board's application for licensure as a physician assistant:

a. Page PA1

- 1) Remove "Have you ever served in the United States Military" and "Military Spouses/Partners See instructions" from the top.
- 2) PAC changed to PAB.
- 3) Change question 3 to SSN/ITIN. (SB 1159 Lara, Chapter 750)
- 4) Change question 4a to Address of Record/Mailing Address, includes new explanation of how address of record is used.
- 5) Change question 5 to "Gender".
- 6) Create question 6 as the optional email address.
- 7) Renumbered remaining questions on page.
- 8) Replace "message" with "cell" on question 8.

b. Page PA2

- 1) Renumbered questions on page.
- 2) Question 10 added: "Are you serving in, or have you previously served in, the United States military?" (Business and Professions Code Section 114.5).

- 3) Question 11 added: "Are you 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 California under official active duty military orders?" (Business and Professions Code Section 115.5).
 - 4) Question 12 added: "Have you ever applied for a California physician assistant license?"
 - 5) Question 13 revised to Question 15.
 - 6) Question 16 added: "Have you ever had charges filed against a healthcare license that you currently hold or held in the past, including charges that are still pending or charges that were dropped?"
- c. Page PA3
- 1) Renumbered questions on page.
Question 18 revised to questions 20, 21, and 22.
 - a) Question 20: "Have you ever been diagnosed or treated for a medically recognized mental illness, disease or disorder that would currently interfere with your ability to practice medicine?"
 - b) Question 21: "Do you have a current physical or mental impairment related to drugs or alcohol?"
 - c) Question 22: "Have you been adjudicated by a court to be mentally incompetent or are you currently under a conservatorship?"
 - 2) Question 19c and 19d combined to question 25c.
 - 3) Question 19e changed to question 25d and revised: "Was a stay of execution of the court's judgment in your case issued?"
- d. Page PA4
- 1) Notice of Collection of Personal Information was revised to include the pertinent laws and regulations.
 - 2) The notary requirement was removed and a certification was added for the signature.
- e. Check Sheet and General Information.
- 1) Fingerprint procedures updated to include California Penal Code Section 11142.
 - 2) Manual fingerprint card request updated with PAB contact information.
 - 3) Information on the National Practitioner Data Bank report was added.
 - 4) The "Notary" instructions were removed.
 - 5) Mental illness, disease or disorder information was added.
 - 6) Proof of Dismissal information was added.
 - 7) Application Denial information was amended.
 - 8) Abandonment of License Application was amended to reflect Business and Professions Code Section 142.
 - 9) Notice of Collection of Personal Information – added reference to Title 16, California Code of Regulations Section 1399.506. Modified who information may be given to and referenced California Civil Code Section 1798.24.

M/ Jed Grant S/ Rosalee Shorter C/to:

Adopt the proposed changes to the application for licensure as a physician assistant.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	X				
Michael Bishop	X				
Cristina Gomez-Vidal Diaz				X	
Sonya Earley	X				
Jed Grant	X				
Catherine Hazelton				X	
Xavier Martinez	X				
Robert Sachs	X				
Rosalee Shorter	X				

Motion carried.

14. Discussion on accredited Physician Assistant programs in California; Accreditation Process

Mr. Sachs opened the discussion with the follow-up to the Board's request to Mr. McCarty, Executive Director of ARC-PA, to attend a Board meeting to discuss the accreditation process. Mr. McCarty regrettably declined being able to attend any meetings to speak to the Board.

Dr. Rosalind Byous, Program Director, Riverside Community College (RCC), addressed the Board on RCC's struggle to maintain their accreditation with ARC-PA. She informed the Board that RCC may lose their accreditation on February 12, 2015. Dr. Byous spoke of the diversity of the RCC program and how beneficial it was for students wishing to become physician assistants that would not otherwise qualify for a Master's degree or to afford a Master's program.

She mentioned how all programs, whether Certificate, Associate, Bachelor's or Master's degree programs are mandated to teach the same courses, so why should PA programs be restricted to a master's degree program. Dr. Byous suggested that there are many educational paths to obtain a degree as a physician assistant and ARC-PA should not be the only way.

Dr. Alexander posed the question to the California Academy of Physician Assistants (CAPA) that there has been a recent legal decision to allow undocumented individuals who have attended law school to be granted a license to practice law. Can similar legislation be drafted to allow for different pathways to licensure?

Teresa Anderson of CAPA responded that the CAPA Board has not taken a position on this issue and has not looked in depth at any alternative options for national accreditation.

Ms. Schieldge referenced Title 16 of the California Code of Regulations Section 1399.530 General Requirements for an Approved Program. She noted that paragraph (a) offers a pathway for those institutions not approved by ARC-PA to apply to be approved by the Board if they meet the requirements stated in the regulation.

Mr. Grant explained that ARC-PA is closely aligned with the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and that ARC-PA

became an independent accreditation body in 2000 or 2001. He noted that CAAHEP may wish to again accredit physician assistant training programs.

Dr. Byous stressed that there is a need to provide affordable education that is accessible to all students. She said that California should be able to have different options in the licensure of physician assistants to address our health care needs.

It was noted that regardless of the degree earned, all students are educated to the same academic level with regard to physician assistant didactic and clinical training and that they are all qualified to take the Physician Assistant National Certification Examination. There is concern that closing training programs that are not at the Master's degree level eliminates programs that would be capable of educating additional physician assistants that are needed to address health care shortages in California.

To further explore this issue it was suggested that a Physician Assistant Education/Workforce Development Committee be created.

Public Comment:

John Troidl, Health Services Management, commented that the physician assistant role is essential in providing health care in California. He added that physician assistants have experienced great success in providing health care under "Covered California" program and that there are not enough providers to keep up with people enrolling in the program. He added that the reduction in physician assistant programs is not beneficial to the health care needs of California consumers. There is a dire need for more health care providers, including physician assistants. Community colleges provide access to people who otherwise would not have access to physician assistant education. He stated that explorations of alternate paths for accreditation are essential and that the Board was headed in the right direction by forming a committee to address this issue.

M/ Rosalee Shorter S/ Dr. Michael Bishop C/ to:

Create a Physician Assistant Education/Workforce Development Committee. The advisory committee will collect data and information to analyze and assist in determining the next steps to be recommended to the Board and whether proposed changes change should be regulatory or legislative. Mr. Jed Grant was appointed Committee Chair and Dr. Charles Alexander a Committee Member.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	X				
Michael Bishop	X				
Cristina Gomez-Vidal Diaz				X	
Sonya Earley	X				
Jed Grant	X				
Catherine Hazelton				X	
Xavier Martinez	X				
Robert Sachs	X				
Rosalee Shorter				X	

Motion carried.

15. Medical Board of California activities summary and update

Dr. Bishop briefed the Board on activities of the Medical Board of California meeting on January 29 and 30, 2015 in Sacramento.

At its Education Committee meeting, the members heard a presentation on the corporate practice of medicine. This is an issue for physician assistants as well as physicians and Dr. Bishop recommended the webcast which would assist in educating physician assistants. The Board will be posting more information on this topic on its website and in its Newsletter.

At the January Board Meeting, the Board also approved additional changes to its current policy statement on recommending marijuana for medical purposes. At its prior meeting, the Board requested that a task force look into the need for an "in-person" examination for these recommendations. Dr. Bishop stated that he was on the task force with Dr. Lewis, another member of the Medical Board. The task force recommendations were approved by the Board at this meeting. The recommendations included amending the statement to address the telehealth issue.

In the section of the Marijuana Statement on "important points to consider when recommending marijuana for medical purposes", the Board approved adding a statement stating:

"Telehealth, in compliance with Business and Professions Code Section 2290.5, is a tool in the practice of medicine and does not change the standard of care."

The Board thought it was important to point this out and draw attention to it. If a physician expert were to review a physician's care and treatment, when recommending marijuana it must meet the standard of care, whether telehealth is used or not.

The Board also took a support position on AB 26, which requires an in-person examination, but more importantly adds to Business and Professions Code Section 2242 that a recommendation for marijuana must have a prior appropriate examination.

At the January MBC Board meeting the members also approved a study by the California Research Bureau, or the CRB, to look into the demographics of the Board's disciplinary actions. The CRB is an outside entity that can verify the information that Board staff had previously gathered regarding the ethnicity of the physicians who had complaints, investigations, or disciplinary action. The Board will be setting up a Memorandum of Understanding with the CRB to perform this study.

The Medical Board also directed Board staff to request an Attorney General Opinion regarding Business and Professions Code Section 805. There has been a lot of discussion regarding the timing of the filing of an 805 report when the physician has requested a hearing pursuant to Business and Profession Code section 809. The Board staff thought that the best way to obtain clarification is to request a legal

opinion and then if necessary seek clarification through the legislative process. Once that legal opinion is complete, the Medical Board will share it with the Physician Assistant Board.

The Medical Board also had a presentation on Telehealth from Dr. Patricia Conolly. This presentation provided the Members with a great understanding of the new advances in telehealth and what is currently occurring in the state in regards to telehealth.

At the January meeting, the Board also heard a presentation by Board staff and the Federation of State Medical Boards staff on a proposed Interstate Compact. After discussion and looking at the benefits and concerns, the Medical Board approved the interstate compact in concept and asked staff to review the issues presented by members of the audience. In addition, the Board requested staff to determine if there are any legislative members interested in moving the interstate compact through the legislative process. The reason behind the interstate compact and its development and support is due to several entities who are requesting national licensure through Congress.

The Board also approved joint protocols presented by the Board of Pharmacy regarding the self-administration of hormonal contraceptives, nicotine replacement products, and naloxone hydrochloride. The law required the Medical Board and the Board of Pharmacy work together on these protocols for pharmacists. Now that the protocols have been approved, the Board of Pharmacy will be going through the regulatory process to formally adopt them.

Lastly, Dr. Bishop informed the Board that the Medical Board will be conducting its first Legislative Day on February 26, 2015. The Board Members, in teams of two, will be visiting legislative members' offices to talk about the role and functions of the Board and any legislative proposals the Board will be putting forward. The Members believe this will be a great opportunity to educate legislative members about the Medical Board and its role of consumer protection.

16. Budget Update

Taylor Schick, Manager of the Budget Office, Department of Consumer Affairs (DCA) and Wilbert Rumbaoa, Budget Analyst, DCA, presented a Physician Assistant Board expenditure projection for the remaining 2014/15 fiscal year budget.

There was a general discussion about expenditures, realignment of budget line items, and what steps are needed to address the potential fiscal impact of exceeding the Board's authorized budget appropriation this fiscal year. Budget projections indicate that the Board may exceed the authorized budget appropriations for the Attorney General and Office of Administrative Hearings line items. These two entities are vital components to the Board's enforcement program and the potential shortfall must be addressed.

Mr. Schick discussed with the Board their plan to address the potential appropriation deficit issue by submitting an AG/OAH one-time funding Augmentation Request to the Department of Finance. Mr. Schick explained that Item 1110-402 of the 2014

Budget Act allows healing arts boards within the Department of Consumer Affairs to augment their budget for Attorney General and Office of Administrative Hearings services that could have a fiscal impact in excess of a program's authorized budget appropriation.

The Budget Office is working with Board staff to prepare the Augmentation Request and submit it to Department of Finance for their review. The Board has received a support letter from the Office of the Attorney General which confirms the need to augment these two line items. The Board is requesting \$111,000 for the Attorney General and \$6,000 for Office of Administrative Hearings. This funding level will ensure that adequate funds are available so that the Board will not exceed the authorized budget appropriation. It is anticipated that Department of Finance will review the document and notify the Budget Office of its decision with regard to the request within the next month.

It was stressed that the Board's fund condition remains sound; the Board, however, is experiencing an appropriations shortfall.

Mr. Rumbaoa will present to the Board at the next meeting information on the Board's revenue, if the augmentation was approved, cluster realignment of budget line items, changes for the 15/16 fiscal year budget, and what needs to be completed by June for the 16/17 fiscal year budget appropriation increase.

17. Legislative Committee

No legislation was identified at that time that will impact the Board or physician assistants.

18. Agenda items for the next meeting

- a. Budget Update
- b. Report from the Physician Assistant Education/Workforce Committee
- c. Report from the Legislation Committee
- d. Update on Disciplinary Guidelines Regulatory Rulemaking file
- e. Policy Manual – update on training requirements for Board members

19. Adjournment

With no further business the meeting was adjourned at 3:00 P.M.

Agenda

Item

11

PHYSICIAN ASSISTANT BOARD LEGISLATION COMMITTEE

For additional information about proposed legislation please visit the California Legislative Information website at:

<http://leginfo.legislature.ca.gov/faces/billSearchClient.xhtml>

On the site you may obtain the following bill information:

- Text
- Votes
- History
- Bill Analysis
- Today's law as amended
- Compare versions
- Status
- Comment to the author

The website also allows you to track legislation.

The screenshot shows a web browser window displaying the California Legislative Information website. The address bar shows the URL: <http://leginfo.legislature.ca.gov/faces/billSearchClient.xhtml>. The page features a navigation menu with links for [skip to content](#), [home](#), [accessibility](#), [FAQ](#), [feedback](#), and [login](#). The main content area is titled "Bill Information" and includes a "Quick Search" section with a "Bill Number" input field. Below this, there are two tabs: "Bill Search" (selected) and "Text Search". The "Bill Search" form contains several search criteria:

- Bill Number: [input field]
- House: Both [dropdown arrow]
- Statute Year: [input field]
- Session Year: 2015 - 2016 [dropdown arrow]
- Author: All [dropdown arrow]
- Chapter Number: [input field]
- Keyword(s): [input field]
- For a phrase: "Surround it with Quotes"

At the bottom of the search form are "Search" and "Clear" buttons. The browser's status bar at the bottom right shows a zoom level of 99%.

**PHYSICIAN ASSISTANT BOARD
SUMMARY FROM LEGISLATIVE COMMITTEE**

Bill Number	Author	Status	What bill will do	Other notes	Considerations for PA Board
AB 12	Cooley	Referred to Assembly Committee on Accountability and Administrative Review; will be heard on April 29 so no committee analysis available yet	This bill would require every state agency, department, board, bureau or other entity to review and revise regulations to eliminate inconsistent, overlapping, duplicative, and outdated provisions and adopt the revisions as emergency regulations by January 1, 2018. Additionally, this bill would require the Business, Consumer Services, and Housing Agency to submit a report to the Governor and Legislature affirming compliance with these provisions. Finally, this bill would require each Agency to compile and submit to the Legislature an overview of statutory law the Agency administers by January 1, 2017. These provisions would be repealed by January 1, 2019.	According to DCA and PAB staff, the bill would result in additional work for PAB staff which would be required to review all regulations affecting the board. Staff does not know whether it would require the PAB to hire additional staff, but does anticipate complying with the bill would impact the workload of existing staff.	1. Would the benefits of this legislation -- including the reduction of unnecessary or inefficient regulations -- outweigh the burdens placed on PAB staff? Would the bill impact the staff's workload to the extent that consumer protection or efficiency of licensing would be compromised? 2. Are there particular PA-related regulations that might be targeted? If so, are those regulations worth reviewing outside of this bill?

Bill Number	Author	Status	What bill will do	Other notes	Considerations for PA Board
AB 85	Wilk	Passed Assembly Committee on Governmental Organization unanimously; referred to Appropriations	This urgency bill would require two-member advisory committees or panels of a "state body" (as defined in the Bagley-Keene Open Meeting Act) to hold open, public meetings if at least one member of the advisory committee is a member of the larger state body and the advisory committee is supported, in whole or in part, by state funds.	Wilk authored a similar bill last year, which the PAB opposed. Last year, the Senate Appropriations Committee acknowledged the costs to the PAB would likely be \$13,000 per year. The analysis also acknowledged that the services provided by advisory committees now likely would be shifted to staff as a result of this bill. Still, the bill passed the legislature unanimously; the Governor ultimately vetoed the bill.	Would require PA Board committees with two members to comply with the open meeting act --including conducting publicly noticed, official meetings -- likely resulting in considerably less activity by such committees. Additionally, the bill appears to prohibit committee activity, such as working with staff to draft and approve letters and other documents; or conducting analysis (such as this spreadsheet) outside of a public meeting. While the bill would present burden and cost for PA board, board members should also consider the philosophy behind the Bagley-Keene Act: that transparency in government should be favored over administrative efficiency.

Bill Number	Author	Status	What bill will do	Other notes	Considerations for PA Board
AB 611	Dahle	Referred to Assembly Committee on Business and Professions; hearing April 21	This bill would provide that any individual within the Department of Consumer Affairs designated to investigate the holder of a professional license, may request the Department of Justice to release any data that may exist on that individual in the CURES database if there is probable cause that laws governing controlled substances have been violated by the licensee. This bill would also provide that if this designated individual is found to access data for any reason other than investigative purposes, their access will be denied or suspended. Finally, this bill would provide that a health care practitioner or pharmacist may be denied or suspended access to the CURES database if they are found accessing the database for reasons other than caring for their patients.	PAs have access to CURES data and are able to query the system.	1) Bill would strengthen the investigatory powers of DCA, which could better inform PAB disciplinary cases. 2) Would PAB need to develop new guidelines for addressing improper PA use of the CURES database?

Bill Number	Author	Status	What bill will do	Other notes	Considerations for PA Board
AB 637	Campos	Passed Assembly unanimously; Awaiting committee assignment in Senate	This bill would allow nurse practitioners and physician assistants to sign the Physician Orders for Life Sustaining Treatment form. By expanding the number of people who are allowed to sign the Treatment form, the intent of this bill is to assist terminally-ill patients in making their end-of-life wishes known to their families and health care providers.	The bill is supported by many health and senior organizations, including the California Medical Association, Blue Shield and the AARP who argue that PAs already engage in end-of-life and contingency planning conversations with patients. The only opposition on file is from the California Right to Life Committee which states that nurses and nursing assistants would be able to decide when to end someone's life. That analysis appears to misrepresent the bill's language both in that it does not give any authority to nursing assistants nor does it allow NPs or PAs to make end-of-life decisions (that power remains with patients who would also sign the form).	Are there any concerns about PAs signing POLST forms? Does their training and scope of practice prepare them to do so? Should full authority be given to all PAs or would there be any reason to consider any restrictions?

Bill Number	Author	Status	What bill will do	Other notes	Considerations for PA Board
AB 728	Hadley	Passed Assembly Committee on Accountability and Administrative Review unanimously; awaiting hearing in Appropriations	This bill would require all state agencies to post biennial reviews of internal accounting, administrative control, and monitoring practices on the Department website within five days of finalization. This report is already subject to Public Records Act requests as the report is currently submitted to the Governor, Legislature, State Controller, Treasurer, and others, for inspection by the public.	Would require the PAB to post financial data on DCA website. These data are already available to the public per request.	From a philosophical perspective, this bill reflects the transparency the PAB has sought to provide through board meeting materials and other processes. While the PAB does not currently make these data available online, the staff does not have concerns about doing so.
AB 1060	Bonilla	Passed Assembly Committee on Business and Professions unanimously; awaiting hearing in Appropriations	This bill would authorize a board, upon suspension or revocation of a license, to provide the ex-licensee with certain information pertaining to rehabilitation, reinstatement, or penalty reduction through first-class mail or by electronic means.	Boards are already required to provide this information, although current law does not specify how the information should be provided. Staff notes that by proactively providing this information, ex-licensees would better understand their chances of reinstatement which could result in 1) ex-licensees being better able to prepare themselves to petition for reinstatement and 2) fewer submissions of petitions that are unlikely to be successful.	The board currently provides this information via its website. While the board could easily mail the information as would be required by this bill, it would be harder for the board to email ex-licensees, as it does not currently require licensees to provide email addresses. The bill states that email would be optional, only if the board were to have an email address on file. Still staff has some concerns that this bill could be interpreted to require the board to email the specified information.

Bill Number	Author	Status	What bill will do	Other notes	Considerations for PA Board
SB 337	Pavley	Passed Senate Committee on Business and Professions unanimously; awaiting hearing in Appropriations	This bill authorizes alternative forms of medical record review by the supervising physician (such as allowing in-person case-review meetings 10 times per year instead of requiring the physician to sign-off on 5% of all PA medical records). The bill would also require medical records to reflect the supervising physician for each episode of care and require a physician assistant who transmits an oral order to identify the supervising physician. Finally, the bill authorizes PAs who've taken specified training courses to prescribe Schedule II controlled substances.	The bill is sponsored by the California Association of Physician Assistants (CAPA) and has no opposition on file. CAPA states three goals: 1) To expand access to medical care; 2) To allow more flexibility in PA/supervising physician arrangements by providing alternatives to the requirement that supervisors sign off on 5% of PA cases, and 3) To allow PAs more flexibility to prescribe Section II drugs (which now include hydrocodone) while still protecting consumers by requiring sign-off on 20% of such prescriptions.	Does the bill raise any consumer protection concerns? Is this level of supervision likely to result in abuse of prescription power or reduce the quality of patient care?
SB 800	Committee on Business, Professions and Economic Development	Awaiting 4/27 hearing in Senate Business and Professions	Annual "omnibus bill"; includes amendments to the PA Practice Act deleting chair and vice chair and adding president and vice president.	These changes are minor, not substantive.	

AB 12

**There was no bill analysis
at time of printing**

AMENDED IN ASSEMBLY APRIL 22, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 12

Introduced by Assembly Member Cooley
(Coauthors: Assembly Members Chang, Daly, and Wilk)

December 1, 2014

An act to amend Section 11349.1.5 of, and to add and repeal Chapter 3.6 (commencing with Section 11366) of Part 1 of Division 3 of Title 2 of, of the Government Code, relating to state agency regulations.

LEGISLATIVE COUNSEL'S DIGEST

AB 12, as amended, Cooley. State government: administrative regulations: review.

(1) Existing

Existing law authorizes various state entities to adopt, amend, or repeal regulations for various specified purposes. The Administrative Procedure Act requires the Office of Administrative Law and a state agency proposing to adopt, amend, or repeal a regulation to review the proposed changes for, among other things, consistency with existing state regulations.

This bill would, until January 1, 2019, require each state agency to, on or before January 1, 2018, ~~and after a noticed public hearing, review and revise that agency's regulations to eliminate any inconsistencies, overlaps, or outdated provisions in the regulations, adopt the revisions as emergency regulations, review that agency's regulations, identify any regulations that are duplicative, overlapping, inconsistent, or out of date, to revise those identified regulations, as provided, and report to the Legislature and Governor, as specified.~~ ~~The bill would further~~

require each agency to, on or before January 1, 2017, compile an overview of the statutory law that agency administers.

(2) The act requires a state agency proposing to adopt, amend, or repeal a major regulation, as defined, to prepare a standardized regulatory impact analysis of the proposed change. The act requires the office and the Department of Finance to, from time to time, review the analyses for compliance with specific department regulations. The act further requires the office to, on or before November 1, 2015, submit a report on the analyses to the Senate and Assembly Committees on Governmental Organization, as specified.

This bill would instead require the office and department to annually review the analyses. The bill would also require the office to annually submit a report on the analyses to the Senate Committee on Governmental Organization and the Assembly Committee on Accountability and Administrative Review.

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 11349.1.5 of the Government Code is
2 amended to read:

3 11349.1.5. (a) The Department of Finance and the office shall
4 annually review the standardized regulatory impact analyses
5 required by subdivision (c) of Section 11346.3 and submitted to
6 the office pursuant to Section 11347.3, for adherence to the
7 regulations adopted by the department pursuant to Section
8 11346.36.

9 (b) (1) On or before November 1, 2015, and annually thereafter,
10 the office shall submit to the Senate Committee on Governmental
11 Organization and the Assembly Committee on Accountability and
12 Administrative Review a report describing the extent to which
13 submitted standardized regulatory impact analyses for proposed
14 major regulations for the fiscal year ending in June 30, of that year
15 adhere to the regulations adopted pursuant to Section 11346.36.
16 The report shall include a discussion of agency adherence to the
17 regulations as well as a comparison between various state agencies
18 on the question of adherence. The report shall also include any
19 recommendations from the office for actions the Legislature might
20 consider for improving state agency performance and compliance

1 in the creation of the standardized regulatory impact analyses as
2 described in Section 11346.3.

3 ~~(2) The report shall be submitted in compliance with Section~~
4 ~~9795 of the Government Code.~~

5 ~~(e) In addition to the annual report required by subdivision (b),~~
6 ~~the office shall notify the Legislature of noncompliance by a state~~
7 ~~agency with the regulations adopted pursuant to Section 11346.36,~~
8 ~~in any manner or form determined by the office and shall post the~~
9 ~~report and notice of noncompliance on the office's Internet Web~~
10 ~~site.~~

11 ~~SEC. 2.~~

12 *SECTION 1.* Chapter 3.6 (commencing with Section 11366)
13 is added to Part 1 of Division 3 of Title 2 of the Government Code,
14 to read:

15
16 CHAPTER 3.6. REGULATORY REFORM

17
18 Article 1. Findings and Declarations

19
20 11366. The Legislature finds and declares all of the following:

21 (a) The Administrative Procedure Act (Chapter 3.5 (commencing
22 with Section 11340), Chapter 4 (commencing with Section 11370),
23 Chapter 4.5 (commencing with Section 11400), and Chapter 5
24 (commencing with Section 11500)) requires agencies and the
25 Office of Administrative Law to review regulations to ensure their
26 consistency with law and to consider impacts on the state's
27 economy and businesses, including small businesses.

28 (b) However, the act does not require agencies to individually
29 review their regulations to identify overlapping, inconsistent,
30 duplicative, or out-of-date regulations that may exist.

31 (c) At a time when the state's economy is slowly recovering,
32 unemployment and underemployment continue to affect all
33 Californians, especially older workers and younger workers who
34 received college degrees in the last seven years but are still awaiting
35 their first great job, and with state government improving but in
36 need of continued fiscal discipline, it is important that state
37 agencies systematically undertake to identify, publicly review, and
38 eliminate overlapping, inconsistent, duplicative, or out-of-date
39 regulations, both to ensure they more efficiently implement and

1 enforce laws and to reduce unnecessary and outdated rules and
2 regulations.

3 ~~(d) The purpose of this chapter is to require each agency to~~
4 ~~compile an overview of the statutory law that agency oversees or~~
5 ~~administers in its regulatory activity that includes a synopsis of~~
6 ~~key programs, when each key program was authorized or instituted,~~
7 ~~and any emerging challenges the agency is encountering with~~
8 ~~respect to those programs.~~

9

10

Article 2. Definitions

11

12

11366.1. For the ~~purpose~~ *purposes* of this chapter, the following
13 definitions shall apply:

14

(a) "State agency" means a state agency, as defined in Section
15 11000, except those state agencies or activities described in Section
16 11340.9.

17

(b) "Regulation" has the same meaning as provided in Section
18 11342.600.

19

20

Article 3. State Agency Duties

21

22

11366.2. On or before January 1, 2018, each state agency shall
23 do all of the following:

24

(a) Review all provisions of the California Code of Regulations
25 applicable to, or adopted by, that state agency.

26

(b) Identify any regulations that are duplicative, overlapping,
27 inconsistent, or out of date.

28

(c) Adopt, amend, or repeal regulations to reconcile or eliminate
29 any duplication, overlap, inconsistencies, or out-of-date ~~provisions.~~
30 *provisions, and shall comply with the process specified in Article*
31 *5 (commencing with Section 11346) of Chapter 3.5, unless the*
32 *addition, revision, or deletion is without regulatory effect and may*
33 *be done pursuant to Section 100 of Title 1 of the California Code*
34 *of Regulations.*

35

(d) Hold at least one noticed public hearing, that shall be noticed
36 on the Internet Web site of the state agency, for the purposes of
37 accepting public comment on proposed revisions to its regulations.

38

(e) Notify the appropriate policy and fiscal committees of each
39 house of the Legislature of the revisions to regulations that the
40 state agency proposes to make at ~~least 90 days prior to a noticed~~

1 ~~public hearing pursuant to subdivision (d) and at least 90 days~~
2 ~~prior to the proposed adoption, amendment, or repeal of the~~
3 ~~regulations pursuant to subdivision (f), for the purpose of allowing~~
4 ~~those committees to review, and hold hearings on, the proposed~~
5 ~~revisions to the regulations.~~

6 ~~(f) Adopt as emergency regulations, consistent with Section~~
7 ~~11346.1, those changes, as provided for in subdivision (c), to a~~
8 ~~regulation identified by the state agency as duplicative,~~
9 ~~overlapping, inconsistent, or out of date. *least 30 days prior to*~~
10 ~~*initiating the process under Article 5 (commencing with Section*~~
11 ~~*11346) of Chapter 3.5 or Section 100 of Title 1 of the California*~~
12 ~~*Code of Regulations.*~~

13 (g) (1) Report to the Governor and the Legislature on the state
14 agency's compliance with this chapter, including the number and
15 content of regulations the state agency identifies as duplicative,
16 overlapping, inconsistent, or out of date, and the state agency's
17 actions to address those regulations.

18 (2) The report shall be submitted in compliance with Section
19 9795 of the Government Code.

20 11366.3. (a) On or before January 1, 2018, each agency listed
21 in Section 12800 shall notify a department, board, or other unit
22 within that agency of any existing regulations adopted by that
23 department, board, or other unit that the agency has determined
24 may be duplicative, overlapping, or inconsistent with a regulation
25 adopted by another department, board, or other unit within that
26 agency.

27 (b) A department, board, or other unit within an agency shall
28 notify that agency of revisions to regulations that it proposes to
29 make at least 90 days prior to a noticed public hearing pursuant to
30 subdivision (d) of Section 11366.2 and at least 90 days prior to
31 adoption, amendment, or repeal of the regulations pursuant to
32 ~~subdivision (f) of subdivision (c) of Section 11366.2.~~ The agency
33 shall review the proposed regulations and make recommendations
34 to the department, board, or other unit within 30 days of receiving
35 the notification regarding any duplicative, overlapping, or
36 inconsistent regulation of another department, board, or other unit
37 within the agency.

38 11366.4. An agency listed in Section 12800 shall notify a state
39 agency of any existing regulations adopted by that agency that

1 may duplicate, overlap, or be inconsistent with the state agency's
2 regulations.

3 ~~11366.43. On or before January 1, 2017, each state agency~~
4 ~~shall compile an overview of the statutory law that state agency~~
5 ~~oversees or administers. The overview shall include a synopsis of~~
6 ~~the state agency's key programs, when each program was~~
7 ~~authorized or instituted, when any statute authorizing a program~~
8 ~~was significantly revised to alter, redirect, or extend the original~~
9 ~~program and the reason for the revision, if known, and an~~
10 ~~identification of any emerging challenges the state agency is~~
11 ~~encountering with respect to the programs.~~

12 11366.45. This chapter shall not be construed to weaken or
13 undermine in any manner any human health, public or worker
14 rights, public welfare, environmental, or other protection
15 established under statute. This chapter shall not be construed to
16 affect the authority or requirement for an agency to adopt
17 regulations as provided by statute. Rather, it is the intent of the
18 Legislature to ensure that state agencies focus more efficiently and
19 directly on their duties as prescribed by law so as to use scarce
20 public dollars more efficiently to implement the law, while
21 achieving equal or improved economic and public benefits.

22
23 Article 4. Chapter Repeal
24

25 11366.5. This chapter shall remain in effect only until January
26 1, 2019, and as of that date is repealed, unless a later enacted
27 statute, that is enacted before January 1, 2019, deletes or extends
28 that date.

AB 85

committee...does not have authority to act on its own and must present any findings and recommendations to a larger body in a public setting for formal action," which he argued should be sufficient for transparency purposes.

- 4) **Opposition.** Certain state agencies, in particular certain state professional boards including the California Board of Accountancy (CBA), contend this bill would prevent them and their various committees from asking two members to review a document, draft a letter, provide expert analysis, or work on legal language without giving public notice. Opening such advisory activities to the public could greatly increase costs for staff to attend meetings and record minutes as well as contract for public meeting space. Under current law, the advisory activities of two-member bodies are reviewed and voted upon in publically-noticed meetings of the whole committee or board.
- 5) **What is the Current Law?** The legislative findings in the original version of AB 85 cited an unpublished decision of the Third District Court of Appeals as an accurate reflection of the legislative intent behind the Bagley-Keene Act. In general, unpublished court decisions may be used as persuasive precedent, but do not bind future courts, and decisions of district courts of appeals do not necessarily have statewide application. Furthermore, this bill was amended to delete those findings, further clouding the issue of legislative intent behind the Act. As a result, current law is unsettled. Should this bill fail to pass or attract another veto from the Governor, the result could be used to argue the legislature's intent is that the Bagley-Keene Act be interpreted in the opposite manner as the author proposed here.

Analysis Prepared by: Joel Tashjian / APPR. / (916) 319-2081

AMENDED IN ASSEMBLY APRIL 15, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 85

Introduced by Assembly Member Wilk

January 6, 2015

An act to amend Section 11121 of the Government Code, relating to state government, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

AB 85, as amended, Wilk. Open meetings.

The Bagley-Keene Open Meeting Act requires that all meetings of a state body, as defined, be open and public and that all persons be permitted to attend and participate in a meeting of a state body, subject to certain conditions and exceptions.

This bill would specify that the definition of "state body" includes an advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body of a state body that consists of 3 or more individuals, as prescribed, except a board, commission, committee, or similar multimember body on which a member of a body serves in his or her official capacity as a representative of that state body and that is supported, in whole or in part, by funds provided by the state body, whether the multimember body is organized and operated by the state body or by a private corporation.

~~This bill would make legislative findings and declarations, including, but not limited to, a statement of the Legislature's intent that this bill is declaratory of existing law.~~

This bill would declare that it is to take effect immediately as an urgency statute.

Vote: $\frac{2}{3}$. Appropriation: no. Fiscal committee: yes.

State-mandated local program: no.

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

1 ~~SECTION 1. The Legislature finds and declares all of the~~
 2 ~~following:~~

3 ~~(a) The unpublished decision of the Third District Court of~~
 4 ~~Appeals in *Funeral Security Plans v. State Board of Funeral*~~
 5 ~~*Directors* (1994) 28 Cal. App.4th 1470 is an accurate reflection of~~
 6 ~~legislative intent with respect to the applicability of the~~
 7 ~~Bagley-Keene Open Meeting Act (Article 9 (commencing with~~
 8 ~~Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of~~
 9 ~~the Government Code) to a two-member standing advisory~~
 10 ~~committee of a state body.~~

11 ~~(b) A two-member committee of a state body, even if operating~~
 12 ~~solely in an advisory capacity, already is a "state body," as defined~~
 13 ~~in subdivision (d) of Section 11121 of the Government Code, if a~~
 14 ~~member of the state body sits on the committee and the committee~~
 15 ~~receives funds from the state body.~~

16 ~~(c) It is the intent of the Legislature that this bill is declaratory~~
 17 ~~of existing law.~~

18 ~~SEC. 2.~~

19 ~~SECTION 1.~~ Section 11121 of the Government Code is
 20 ~~amended to read:~~

21 ~~11121. As used in this article, "state body" means each of the~~
 22 ~~following:~~

23 ~~(a) Every state board, or commission, or similar multimember~~
 24 ~~body of the state that is created by statute or required by law to~~
 25 ~~conduct official meetings and every commission created by~~
 26 ~~executive order.~~

27 ~~(b) A board, commission, committee, or similar multimember~~
 28 ~~body that exercises any authority of a state body delegated to it by~~
 29 ~~that state body.~~

30 ~~(c) An advisory board, advisory commission, advisory~~
 31 ~~committee, advisory subcommittee, or similar multimember~~
 32 ~~advisory body of a state body, if created by formal action of the~~
 33 ~~state body or of any member of the state body, and if the advisory~~

1 body so created consists of three or more persons, except as in
2 subdivision (d).

3 (d) A board, commission, committee, or similar multimember
4 body on which a member of a body that is a state body pursuant
5 to this section serves in his or her official capacity as a
6 representative of that state body and that is supported, in whole or
7 in part, by funds provided by the state body, whether the
8 multimember body is organized and operated by the state body or
9 by a private corporation.

10 ~~SEC. 3.~~

11 *SEC. 2.* This act is an urgency statute necessary for the
12 immediate preservation of the public peace, health, or safety within
13 the meaning of Article IV of the Constitution and shall go into
14 immediate effect. The facts constituting the necessity are:

15 In order to avoid unnecessary litigation and ensure the people's
16 right to access the meetings of public bodies pursuant to Section
17 3 of Article 1 of the California Constitution, it is necessary that
18 *this act take effect ~~immediately~~ immediately.*

AB 611

**There was no bill analysis
at time of printing**

AMENDED IN ASSEMBLY APRIL 15, 2015
AMENDED IN ASSEMBLY APRIL 13, 2015
AMENDED IN ASSEMBLY MARCH 24, 2015
CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 611

Introduced by Assembly Member Dahle

February 24, 2015

An act to amend Section 11165.1 of the Health and Safety Code, relating to controlled substances.

LEGISLATIVE COUNSEL'S DIGEST

AB 611, as amended, Dahle. Controlled substances: prescriptions: reporting.

Existing law requires certain health care practitioners and pharmacists to apply to the Department of Justice to obtain approval to access information contained in the Controlled Substance Utilization Review and Evaluation System (CURES) Prescription Drug Monitoring Program (PDMP) regarding the controlled substance history of a patient under his or her care. Existing law requires the Department of Justice, upon approval of an application, to provide the approved health care practitioner or pharmacist the history of controlled substances dispensed to an individual under his or her care. Existing law authorizes an application to be denied, or a subscriber to be suspended, for specified reasons, including, among others, a subscriber accessing information for any reason other than caring for his or her patients.

This bill would also authorize an individual designated to investigate a holder of a professional license to apply to the Department of Justice to obtain approval to access information contained in the CURES PDMP

regarding the controlled substance history of an applicant or a licensee for the purpose of investigating the alleged substance abuse of a licensee. The bill would, upon approval of an application, require the department to provide to the approved individual the history of controlled substances dispensed to the licensee. The bill would clarify that only a subscriber who is a health care practitioner or a pharmacist may have an application denied or be suspended for accessing subscriber information for any reason other than caring for his or her patients. The bill would also specify that an application may be denied, or a subscriber may be suspended, if a subscriber who has been designated to investigate the holder of a professional license accesses information for any reason other than investigating the holder of a professional license.

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 11165.1 of the Health and Safety Code
2 is amended to read:
3 11165.1. (a) (1) (A) (i) A health care practitioner authorized
4 to prescribe, order, administer, furnish, or dispense Schedule II,
5 Schedule III, or Schedule IV controlled substances pursuant to
6 Section 11150 shall, before January 1, 2016, or upon receipt of a
7 federal Drug Enforcement Administration (DEA) registration,
8 whichever occurs later, submit an application developed by the
9 Department of Justice to obtain approval to access information
10 online regarding the controlled substance history of a patient that
11 is stored on the Internet and maintained within the Department of
12 Justice, and, upon approval, the department shall release to that
13 practitioner the electronic history of controlled substances
14 dispensed to an individual under his or her care based on data
15 contained in the CURES Prescription Drug Monitoring Program
16 (PDMP).
17 (ii) A pharmacist shall, before January 1, 2016, or upon
18 licensure, whichever occurs later, submit an application developed
19 by the Department of Justice to obtain approval to access
20 information online regarding the controlled substance history of
21 a patient that is stored on the Internet and maintained within the
22 Department of Justice, and, upon approval, the department shall
23 release to that pharmacist the electronic history of controlled

1 substances dispensed to an individual under his or her care based
2 on data contained in the CURES PDMP.

3 (iii) (I) An individual designated by a board, bureau, or
4 program within the Department of Consumer Affairs to investigate
5 a holder of a professional license may, for the purpose of
6 investigating the alleged substance abuse of a licensee, submit an
7 application developed by the Department of Justice to obtain
8 approval to access information online regarding the controlled
9 substance history of a licensee that is stored on the Internet and
10 maintained within the Department of Justice, and, upon approval,
11 the department shall release to that individual the electronic history
12 of controlled substances dispensed to the licensee based on data
13 contained in the CURES PDMP. ~~An application for an individual
14 designated by a board, bureau, or program that does not regulate
15 health care practitioners authorized to prescribe, order, administer,
16 furnish, or dispense Schedule II, Schedule III, or Schedule IV
17 controlled substances pursuant to Section 11150~~ The application
18 shall contain facts demonstrating the probable cause to believe the
19 licensee has violated a law governing controlled substances.

20 (II) *This clause does not require an individual designated by a
21 board, bureau, or program within the Department of Consumer
22 Affairs that regulates health care practitioners to submit an
23 application to access the information stored within the CURES
24 PDMP.*

25 (B) An application may be denied, or a subscriber may be
26 suspended, for reasons which include, but are not limited to, the
27 following:

- 28 (i) Materially falsifying an application for a subscriber.
- 29 (ii) Failure to maintain effective controls for access to the patient
30 activity report.
- 31 (iii) Suspended or revoked federal DEA registration.
- 32 (iv) Any subscriber who is arrested for a violation of law
33 governing controlled substances or any other law for which the
34 possession or use of a controlled substance is an element of the
35 crime.
- 36 (v) Any subscriber described in clause (i) or (ii) of subparagraph
37 (A) accessing information for any other reason than caring for his
38 or her patients.

1 (vi) Any subscriber described in clause (iii) of subparagraph
2 (A) accessing information for any other reason than investigating
3 the holder of a professional license.

4 (C) Any authorized subscriber shall notify the Department of
5 Justice within 30 days of any changes to the subscriber account.

6 (2) A health care practitioner authorized to prescribe, order,
7 administer, furnish, or dispense Schedule II, Schedule III, or
8 Schedule IV controlled substances pursuant to Section 11150 or
9 a pharmacist shall be deemed to have complied with paragraph
10 (1) if the licensed health care practitioner or pharmacist has been
11 approved to access the CURES database through the process
12 developed pursuant to subdivision (a) of Section 209 of the
13 Business and Professions Code.

14 (b) Any request for, or release of, a controlled substance history
15 pursuant to this section shall be made in accordance with guidelines
16 developed by the Department of Justice.

17 (c) In order to prevent the inappropriate, improper, or illegal
18 use of Schedule II, Schedule III, or Schedule IV controlled
19 substances, the Department of Justice may initiate the referral of
20 the history of controlled substances dispensed to an individual
21 based on data contained in CURES to licensed health care
22 practitioners, pharmacists, or both, providing care or services to
23 the individual.

24 (d) The history of controlled substances dispensed to an
25 individual based on data contained in CURES that is received by
26 an authorized subscriber from the Department of Justice pursuant
27 to this section shall be considered medical information subject to
28 the provisions of the Confidentiality of Medical Information Act
29 contained in Part 2.6 (commencing with Section 56) of Division
30 1 of the Civil Code.

31 (e) Information concerning a patient's controlled substance
32 history provided to an authorized subscriber pursuant to this section
33 shall include prescriptions for controlled substances listed in
34 Sections 1308.12, 1308.13, and 1308.14 of Title 21 of the Code
35 of Federal Regulations.

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AB 637

Date of Hearing: April 7, 2015

ASSEMBLY COMMITTEE ON JUDICIARY
Mark Stone, Chair
AB 637 (Campos) – As Introduced February 24, 2015

SUBJECT: PHYSICIAN ORDERS FOR LIFE SUSTAINING TREATMENT FORMS

KEY ISSUE: SHOULD A NURSE PRACTITIONER OR PHYSICIAN'S ASSISTANT WHO IS ACTING UNDER THE SUPERVISION OF A PHYSICIAN AND WITHIN HIS OR HER SCOPE OF PRACTICE BE AUTHORIZED TO SIGN A PHYSICIAN ORDER FOR LIFE SUSTAINING TREATMENT FORM THAT ALSO MUST BE SIGNED BY EITHER THE PATIENT, OR THE PATIENT'S LEGALLY RECOGNIZED HEALTH CARE DECISIONMAKER, AND WHICH GIVES A HEALTH CARE PROVIDER INFORMATION REGARDING THE PATIENT'S PREFERENCES FOR USE OF RESUSCITATIVE AND LIFE-SUSTAINING MEASURES?

SYNOPSIS

This modest bill seeks to allow either a nurse practitioner or physician's assistant acting under the supervision of a physician and within his or her scope of practice to sign a Physician Order for Life Sustaining Treatment (POLST) form. The POLST program has shown itself to be helpful in instructing health care providers about which resuscitative means, if any, a patient would like to be used in a health care emergency. These standardized orders are designed to assist individuals in fragile or frail health, or those diagnosed with a terminal illness, in communicating their preferences for the type of care they wish to receive at the end of their lives. Unlike broad advanced health care directives, which often are not readily available to health care personnel, these model forms allow for specific instructions for what, if any, resuscitative means are to be employed. In support of the bill, the California Medical Association and other supporters point out that allowing Nurse Practitioners and Physician Assistants to sign POLST forms will make the forms more accessible and available. Meanwhile, the California Right to Life Committee argues that this bill replaces physicians with health care providers who have a lower level of medical training, makes those new health care providers into end of life care decision makers, and devalues the lives of elderly and vulnerable citizens.

SUMMARY: Expands the ability to sign a Physician Order for Life Sustaining Treatment Form to Nurse Practitioners and Physician Assistants. Specifically, **this bill:**

- 1) Authorizes a nurse practitioner or a physician assistant to sign a POLST form, completed by a health care provider based on patient preferences and medical indications, with either the patient, or the patient's legally recognized health care decisionmaker under specified circumstances.
- 2) Requires that the nurse practitioner or physician assistant who signs such a form to be acting under the supervision of the physician and within the scope of practice authorized by law.

EXISTING LAW:

- 1) Provides that an advanced health care directive is either a document containing (1) individual health care instruction or (2) a power of attorney for health care. Existing law further

establishes a process and form for an individual to give instructions about health care decision making and designating an agent to make decisions on his or her behalf. (Probate Code Sec. 4670 *et seq.* All references are to the Probate Code, unless otherwise indicated.)

- 2) Requires a request regarding resuscitative orders to be a pre-hospital "Do Not Resuscitate" form, as specified, or an Emergency Medical Services Authority (EMSA) approved POLST form. (Section 4780.)
- 3) Establishes the POLST form and requires the form to be completed by a health care provider based on patient preferences and medical indications, and signed by a physician and the patient or his or her legally recognized health care decision-maker. (Section 4780.)
- 4) Requires the health care provider, during the process of completing the form, to inform the patient about the difference between an advance health care directive and the POLST form. (Section 4870 *et seq.*)
- 5) Protects a health care provider from liability regarding a resuscitative measures if the health care provider (1) believes in good faith that his or her action is consistent with the applicable law, and (2) has no knowledge that the action or decision would be inconsistent with a health care decision that the individual would have made on his or her own behalf under like circumstances. (Section 4782.)

FISCAL EFFECT: As currently in print this bill is keyed non-fiscal.

COMMENTS: The POLST Paradigm is a clinical process designed to facilitate communication between health care professionals and patients (or their authorized surrogates in cases where the patients themselves do not have the capacity to make health care decisions) who are very ill or very frail. The process encourages patients and their families to participate in planned, shared, and informed medical decision-making that respects the patients' goals for care in regard to the use of cardiopulmonary resuscitation and other medical interventions. The POLST paradigm promotes the use of a highly visible, portable medical form, known as a POLST form, which transfers from one setting to another with the patient. It functions as a Do Not Resuscitate order and provides treatment direction for multiple health situations. The form itself is outcome neutral. Its options range from full treatment to comfort care only.

The POLST form is neither an advance directive, nor a replacement for advance directives. However, like an advance directive, the POLST form is helpful for communicating patient wishes to health care providers. While an advance directive is a form in which an individual appoints a person or persons to make health care decisions for the individual if and when the individual loses capacity to make health care decisions (health care power of attorney) and/or provides guidance or instructions for making health care decisions (living will), the POLST consists of a set of medical orders that applies to a limited population of patients and addresses a limited number of critical medical decisions. The POLST form is a complement to advance directives in that it serves as a translation tool for continuity of care.

As of January 1, 2014, 24 states offered POLST programs. In the majority of those states (14 of 24), RNs and PAs were allowed to sign a POLST form. California is one of only nine states that allow only physicians to sign POLST forms. (New Jersey allows a physician or "Advanced Practice Nurse" to sign the form. (2H-134(b)(3).)

POLST Implementation in California. As published in an August 10, 2012 article in the Journal of General Internal Medicine, *Implementation of Physician Orders for Life Sustaining Treatment in Nursing Homes in California: Evaluation of a Novel Statewide Dissemination Mechanism*, 82 percent of the 546 California nursing homes responding to a statewide survey of nursing homes reported that their staff received POLST education. Fifty-nine percent of responding nursing homes reported having a formal policy on POLST. Two-thirds had admitted a resident with a POLST and 15 percent of newly admitted residents over the past month had a POLST. Few nursing homes reported difficulty following POLST orders, but 38 percent noted difficulty involving physicians in POLST completion.

A 2013 article in the Journal of American Geriatrics Society, *Implementing Physician Orders for Life-Sustaining Treatment in California Hospitals: Factors Associated with Adoption*, indicates that 65 percent of hospitals which responded to a survey had a policy on POLST. Eighty-seven percent of the hospitals made POLST forms available, 84 percent had educated staff, and 94 percent reported handling POLST properly in the emergency department upon admission of patients. Although the POLST form is widely used in California, a significant number of hospitals remain unprepared three years after implementation.

Among consumers, a 2010 survey commissioned by the California Healthcare Foundation regarding POLST use in California nursing homes found overall satisfaction with the forms among residents. The survey also revealed that more than one third of nursing homes reported difficulty in obtaining physician participation in POLST completion and having physicians sign the POLST. (Wenger et al.: *POLST Dissemination in California Nursing Homes*, J Gen Intern Med 28(1): 51-7; http://www.polst.org/wp-content/uploads/2013/01/wenger_JGIM.pdf)

ARGUMENTS IN SUPPORT: In support of the bill, the California Medical Association writes that the POLST improves communication between patients and health care providers:

POLST also helps patients talk with their healthcare team and loved ones about their choices. In this way, POLST can help reduce patient and family suffering by making sure that patient wishes are known and honored. While patients discuss POLST with other members of the healthcare team, NPs and PAs, in addition to their physician, currently the POLST does not become actionable until signed by both the patient or their health care decision maker and their physician. Therefore, to help increase POLST utilization and availability, this bill allows NPs and PAs under a physician's supervision to also sign POLST forms.

In support of the bill, the author writes,

The POLST is viewed by health care professionals as useful, helpful, reliable and most importantly, very effective at ensuring preferences for end-of-life care are honored. Physicians recognize and appreciate the value of the multiple member health care team and support efforts to increase productivity while ensuring quality of care. NPs and PAs are currently having conversations with patients about their end-of-life care options and preferences, and in some instances are able to sign off on other immediately actionable documents under supervision, such as drug orders and medical certificates. By allowing NPs and PAs under physician supervision to sign POLST forms, this bill will improve end-of-life care by increasing the availability of actionable medical orders for medically indicated care consistent with patient preferences.

ARGUMENTS IN OPPOSITION: The California Right to Life Committee criticizes the bill for “not only replac[ing] the physician with a lower level of medically trained health care decision maker but even further remov[ing] the patient himself from the decision making process by assigning the title of “legally recognized health care decision maker” to nurse practitioners and nursing assistants who will determine when or if this person’s life is no longer to be considered worthy of restorative health care treatment.” However, the California Association of Nurse Practitioners points out that “Nurse practitioners (NPs) are advanced practice registered nurses who are licensed by the Board of Registered Nursing and have pursued higher education, either a master’s or doctoral degree, and a certification as a NP.” Other supporters, such as the AARP, point out that “health team members such as NPs and PAs . . . are already discussing health care decisions with patients and/or their decision makers regarding the levels of medical intervention identified on the POLST form. The Right to Life Committee mistakenly assumes that the bill assigns the title of “legally recognized health care decision maker” to nurse practitioners and nursing assistants. In fact, the decision maker is always the patient himself or herself, except when the patient lacks capacity, in which case the “legally recognized health care decisionmaker” is empowered to make decisions on behalf of the patient. A legally recognized health care decisionmaker is only allowed to execute the Physician Orders for Life Sustaining Treatment form if and when the patient lacks capacity, or the individual has designated that the decisionmaker’s authority is effective pursuant to Section 4682. (Section 4680(b).) Finally, the California Right to Life Committee is mistaken in its conclusion that it is “nurse practitioners and nursing assistants who will *determine* when or if this person’s life is no longer to be considered worthy of restorative health care treatment” because physicians do not currently make such decisions for patients and the bill does not propose that RNs and PAs make those decisions in the future. End of life treatment decisions are only made by the patient or, if the patient lacks capacity, a “legally recognized health care decisionmaker,” who is likely to be the patient’s family member or loved one.

Prior Related Legislation: AB 2452 (Pan, 2014) would have required the Secretary of State (SOS) to establish an electronic process for submittal and retrieval of advance health care directives (AHCDs). Died in the Senate Judiciary Committee.

SB 1357 (Wolk, 2014) would have required the California Health and Human Services Agency, on or before January 1, 2016, to establish and operate a statewide registry system, to be known as the California POLST Registry, for the purpose of collecting POLST forms received from health care providers, who would be required to submit the forms to the registry unless a patient or his or her health care decisionmaker chooses not to participate. Died in Senate Appropriations Committee.

AB 300 (Wolk, Chapter 266, Statutes of 2008) created POLST in California, which is a standardized form to reflect a broader vision of resuscitative or life sustaining requests and to encourage the use of POLST orders to better handle resuscitative or life sustaining treatment consistent with a patient’s wishes.

AB 1676 (Richman, Chapter 434, Statutes of 2005) created the Advance Directives and Terminal Illness Decisions Program, which required the development of information about end of life care, advance health care directives, and registration of the advance health care directives at the Advance Health Care Directive Registry.

AB 2442 (Canciamilla, Chapter 882, Statutes of 2004) required the Secretary of State to receive and release a person's advance health care directive and transmit the information to the Advance Health Care Directive Registry of another jurisdiction upon request.

AB 891 (Alquist, Chapter 658, Statutes of 2000) established the Health Care Decisions Law which also governs advance health care directives.

SB 1857 (Watson, Chapter 1280, Statutes of 1994) required the Secretary of State to establish a central registry for power of attorney for health care or a Natural Death Act declaration. This legislation was repealed and replaced by the Health Care Decisions Law.

REGISTERED SUPPORT / OPPOSITION:

Support

California Medical Association (sponsor)
AARP
American College of Emergency Physicians, California Chapter
Blue Shield of California
California Assisted Living Association
California Association for Health Services at Home
California Association of Nurse Practitioners
California Long-Term Ombudsman Association
LeadingAge California
Several individuals

Opposition

California Right to Life Committee

Analysis Prepared by: Alison Merrilees / JUD. / (916) 319-2334

ASSEMBLY BILL

No. 637

Introduced by Assembly Member Campos

February 24, 2015

An act to amend Section 4780 of the Probate Code, relating to resuscitative measures.

LEGISLATIVE COUNSEL'S DIGEST

AB 637, as introduced, Campos. Physician Orders for Life Sustaining Treatment forms.

Existing law defines a request regarding resuscitative measures to mean a written document, signed by an individual, as specified, and the physician, that directs a health care provider regarding resuscitative measures, and includes a Physician Orders for Life Sustaining Treatment form (POLST form). Existing law requires a physician to treat a patient in accordance with the POLST form and specifies the criteria for creation of a POLST form, including that the form be completed by a health care provider based on patient preferences and medical indications, and signed by a physician and the patient or his or her legally recognized health care decisionmaker.

This bill would authorize the signature of a nurse practitioner or a physician assistant acting under the supervision of the physician and within the scope of practice authorized by law to create a valid POLST form.

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

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

1 SECTION 1. Section 4780 of the Probate Code is amended to
2 read:

3 4780. (a) As used in this part:

4 (1) "Request regarding resuscitative measures" means a written
5 document, signed by (A) an individual with capacity, or a legally
6 recognized health care decisionmaker, and (B) the individual's
7 physician, that directs a health care provider regarding resuscitative
8 measures. A request regarding resuscitative measures is not an
9 advance health care directive.

10 (2) "Request regarding resuscitative measures" includes one,
11 or both of, the following:

12 (A) A prehospital "do not resuscitate" form as developed by
13 the Emergency Medical Services Authority or other substantially
14 similar form.

15 (B) A Physician Orders for Life Sustaining Treatment form, as
16 approved by the Emergency Medical Services Authority.

17 (3) "Physician Orders for Life Sustaining Treatment form"
18 means a request regarding resuscitative measures that directs a
19 health care provider regarding resuscitative and life-sustaining
20 measures.

21 (b) A legally recognized health care decisionmaker may execute
22 the Physician Orders for Life Sustaining Treatment form only if
23 the individual lacks capacity, or the individual has designated that
24 the decisionmaker's authority is effective pursuant to Section 4682.

25 (c) The Physician Orders for Life Sustaining Treatment form
26 and medical intervention and procedures offered by the form shall
27 be explained by a health care provider, as defined in Section 4621.
28 The form shall be completed by a health care provider based on
29 patient preferences and medical indications, and signed by a
30 physician, *or a nurse practitioner or a physician assistant acting*
31 *under the supervision of the physician and within the scope of*
32 *practice authorized by law*, and the patient or his or her legally
33 recognized health care decisionmaker. The health care provider,
34 during the process of completing the Physician Orders for Life
35 Sustaining Treatment form, should inform the patient about the
36 difference between an advance health care directive and the
37 Physician Orders for Life Sustaining Treatment form.

- 1 (d) An individual having capacity may revoke a Physician
2 Orders for Life Sustaining Treatment form at any time and in any
3 manner that communicates an intent to revoke, consistent with
4 Section 4695.
- 5 (e) A request regarding resuscitative measures may also be
6 evidenced by a medallion engraved with the words “do not
7 resuscitate” or the letters “DNR,” a patient identification number,
8 and a 24-hour toll-free telephone number, issued by a person
9 pursuant to an agreement with the Emergency Medical Services
10 Authority.

AB 728

Date of Hearing: April 15, 2015

ASSEMBLY COMMITTEE ON ACCOUNTABILITY AND ADMINISTRATIVE REVIEW
Rudy Salas, Chair
AB 728 Hadley – As Amended April 8, 2015

SUBJECT: State government: financial reporting

SUMMARY: Requires state agencies to post their Financial Integrity and State Manager's Accountability Act of 1983 (FISMA) reports on their websites within five days of finalization.

EXISTING LAW:

- 1) Specifies under FISMA that state agency heads are responsible for establishing and maintaining a system of internal accounting and administrative control within their agencies.
- 2) Requires agency heads covered by FISMA to conduct reviews and issue FISMA reports about these controls and monitoring processes.
- 3) Requires agencies to submit FISMA reports to various state entities, including the State Library, where reports are required to be available for public inspection.

FISCAL EFFECT: Unknown

COMMENTS: This bill requires state agencies to post FISMA reports on their websites within five days of finalization. These reports, which are due by the end of each odd-number calendar year, assess an agency's system of internal accounting, administrative controls, and monitoring practices.

State agencies are currently required to submit FISMA reports to the Legislature, State Auditor, Controller, Treasurer, Attorney General, Governor, Director of Finance, and State Library where they must be available for public inspection.

While the website posting of these reports is not currently required, the Department of Finance (Finance) issued a February 2013 audit memo that encourages agencies to post their FISMA reports on their websites. While some agencies have posted these reports online, it appears as though many agencies have not.

As FISMA reports are already required to be sent to the State Library for public viewing, the public has access to them. However, the web posting requirements in this bill could likely increase public access to these reports. According to the author, this bill will encourage transparency and build public trust.

PRIOR LEGISLATION: AB 661 (Beth Gaines) of 2013 would have required agencies to post FISMA reports on their websites within five days of finalization. Additionally, it would have required the head of an agency to sign off on the reports under penalty of perjury and would have suspended without pay agency heads who did not submit FISMA reports within 30 days of their due dates. AB 661 was held in the Assembly Appropriations Committee.

REGISTERED SUPPORT / OPPOSITION:

Support

Howard Jarvis Taxpayers Association

Opposition

None on file

Analysis Prepared by: Scott Herbstman / A. & A.R. / (916) 319-3600

AMENDED IN ASSEMBLY APRIL 8, 2015

CALIFORNIA LEGISLATURE—2015—16 REGULAR SESSION

ASSEMBLY BILL

No. 728

Introduced by Assembly Member Hadley

February 25, 2015

An act to amend Section 13405 of, and to add Section 13887.4 to, the Government Code, relating to state government.

LEGISLATIVE COUNSEL'S DIGEST

AB 728, as amended, Hadley. State government: financial reporting.

~~(1) Existing~~

Existing law, the Financial Integrity and State Manager's Accountability Act of 1983 (FISMA), provides that state agency heads are responsible for the establishment and maintenance of a system or systems of internal accounting and administrative control within their agencies, as specified. Existing law requires state agency heads covered by the FISMA to, biennially, conduct an internal review and prepare a report on the adequacy of the agency's systems of internal accounting, administrative control, and monitoring practices. Copies of the reports are required to be submitted to the Legislature, the California State Auditor, the Controller, the Treasurer, the Attorney General, the Governor, the director, and to the State Library where the copies are required to be available for public inspection.

This bill would also require the report to be posted on the agency's Internet Web site within 5 days of finalization.

~~(2) Existing law requires the internal auditor operations of any state agency that does not report to a governing body to meet certain requirements, including, among others, the requirement that the chief internal auditor report audit findings and recommendations made under~~

~~his or her jurisdiction to the head or deputy head of the state agency and to the general counsel to the state agency, as specified. Existing law requires the internal auditor operations of any state agency that is overseen by a governing body to meet certain requirements, including, among others, the requirement that the chief internal auditor report audit findings and recommendations made under his or her jurisdiction to the audit committee and the general counsel to the governing body.~~

~~This bill would require a state agency to post any audit findings and recommendations on its Internet Web site within 5 days of a report of audit findings and recommendations to either the head or deputy head of the state agency and to the general counsel to the state agency, in the case of a state agency that does not report to a governing body, or to the audit committee and the general counsel to the governing body, in the case of a state agency that is overseen by a governing body.~~

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 13405 of the Government Code is
2 amended to read:

3 13405. (a) To ensure that the requirements of this chapter are
4 fully complied with, the head of each state agency that the director
5 determines is covered by this section shall, on a biennial basis but
6 no later than December 31 of each odd-numbered year, conduct
7 an internal review and prepare a report on the adequacy of the
8 agency’s systems of internal accounting, administrative control,
9 and monitoring practices in accordance with the guide prepared
10 by the director pursuant to subdivision (d).

11 (b) The report, including the state agency’s response to review
12 recommendations, shall be signed by the head of the agency and
13 addressed to the agency secretary, or the director for agencies
14 without a secretary. Copies of the reports shall be posted on the
15 agency’s Internet Web site within five days of finalization, and
16 submitted to the Legislature, the California State Auditor, the
17 Controller, the Treasurer, the Attorney General, the Governor, the
18 director, and to the State Library where they shall be available for
19 public inspection.

20 (c) The report shall identify any material inadequacy or material
21 weakness in an agency’s systems of internal accounting and

1 administrative control that prevents the head of the agency from
2 stating that the agency's systems comply with this chapter. No
3 later than 30 days after the report is submitted, the agency shall
4 provide to the director a plan and schedule for correcting the
5 identified inadequacies and weaknesses, which shall be updated
6 every six months until all corrections are completed.

7 (d) The director, in consultation with the State Auditor and the
8 Controller, shall establish, and may modify from time to time as
9 necessary, a system of reporting and a general framework to guide
10 state agencies in conducting internal reviews of their systems of
11 internal accounting and administrative control.

12 (e) The director, in consultation with the State Auditor and the
13 Controller, shall establish, and may modify from time to time as
14 necessary, a general framework of recommended practices to guide
15 state agencies in conducting active, ongoing monitoring of
16 processes for internal accounting and administrative control.

17 ~~SEC. 2. Section 13887.4 is added to the Government Code, to~~
18 ~~read:~~

19 ~~13887.4. A state agency shall post any audit findings and~~
20 ~~recommendations on its Internet Web site within five days of a~~
21 ~~report being made pursuant to paragraph (2) of subdivision (a) or~~
22 ~~paragraph (2) of subdivision (b) of Section 13887.~~

AB 1060

Date of Hearing: April 14, 2015

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS

Susan Bonilla, Chair

AB 1060 (Bonilla) – As Amended March 26, 2015

SUBJECT: Professions and vocations: licensure.

SUMMARY: Clarifies that a board or bureau under the Department of Consumer Affairs (DCA) (hereafter referred to as "a board") must provide specified information, when a license is suspended or revoked, to an ex-licensee through first-class mail and by email if a board has an email address on file for the ex-licensee.

EXISTING LAW

- 1) Permits a board to deny a license, as specified. (Business and Professions Code (BPC) Section 480).
- 2) Permits a board to suspend or revoke a license on the grounds that the licensee has been convicted of a crime, if the crime is substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued. (BPC Section 490(a)).
- 3) Defines a "conviction," as referenced above, to mean a plea or verdict of guilty or a conviction following a plea of nolo contendere and states that any action that a board is permitted to take following the establishment of a conviction may be taken when the time for appeal has elapsed, or the judgment of a conviction has been affirmed on appeal, or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order, as specified. (BPC Section 490(c)).
- 4) Permits a board to suspend a license as specified, if a licensee is not in compliance with a child support order. (BPC Section 490.5).
- 5) Requires a board, upon a suspension or revocation of a license on one or more of the grounds referenced in two above, to:
 - a) Send a copy of the provisions of Government Code Section 11522 regarding reinstatement or reduction of the penalty, as specified; and,
 - b) A copy of the criteria relating to rehabilitation, as specified. (BPC Section 491(a)(b)).
- 6) Requires a board, as specified, to develop criteria to evaluate the rehabilitation of a person when:
 - a) Considering the denial of a license; or,
 - b) Considering suspension or revocation of a license. (BPC Section 482(a)(b)).
- 7) Requires a board to take into account all competent evidence of rehabilitation furnished by the applicant or licensee. (BPC Section 482).

THIS BILL

- 1) Requires a board to send specified information to an ex-licensee by first class mail and email if a board has an email address on file for the ex-licensee.

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

COMMENTS

- 1) **Purpose.** This bill is author sponsored. According to the author, "Existing law provides for the licensure and regulation of various professions and vocations within the DCA. The boards and bureaus are given independent authority to suspend or revoke a license on the ground that the licensee was convicted of a crime that is substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued. In the event of a license suspension or revocation, boards and bureaus are required to provide the ex-licensee with certain information regarding rehabilitation, reinstatement, or reduction of the penalty; however, current law does not specify the means by which this notification is to be made. This bill simply clarifies that the required information must be sent by first-class mail and email, if an email address is on file with the board or bureau. This will help create consistency amongst the boards and bureaus in distributing the information and will increase the likelihood that an ex-licensee receives this valuable information."
- 2) **Background.** This bill will clarify that a board who suspends, revokes, or denies a license is required to inform individuals about pertinent rehabilitation criteria and procedures. Currently, the boards and bureaus under the DCA are required to notify ex-licensees, however, the method of delivery is not specified and may be inconsistent.

In addition to the denial of an application for licensure, a board is permitted to suspend or revoke the license of an individual who has been convicted of a crime that is substantially related to the functions or duties of the business or profession for which the individual is licensed. Once a board has decided to suspend or revoke a license, a board is then required to send the ex-licensee, the individual whose license was revoked or suspended, certain information about the procedures and criteria for license rehabilitation. However, the law is not clear on the delivery method for this information to be sent to the ex-licensee.

This bill simply requires a board to send the rehabilitation criteria and relevant information by first-class mail and by email if a board has an email address on file for the ex-licensee. A board relies upon individuals to update their email and mailing addresses and does not always have updated contact information. By requiring a board to send this information via mail and electronic mail, it will help ensure that the ex-licensee receives the required material about rehabilitation criteria.

License Revocation and License Suspension. Each board has its own enforcement provisions and is responsible for determining if a license should be suspended or revoked. According to the DCA, there is no standard method by which a board implements its own suspension and revocation program. Depending on the board, a license revocation typically means that a license will not be reinstated or reissued for a period of one to five years from the effective date of the decision. A license suspension typically means that the licensee is

not entitled to operate during the period of suspension. According to the DCA, the number of suspensions and revocations vary based on each board's disciplinary scheme. In fiscal year (FY) 2013-14, the Board of Behavioral Sciences suspended one license and revoked 17, while in FY 2013-14, the Bureau of Real Estate suspended approximately 182 licensed and revoked approximately 649 licenses. Regardless of a suspension or revocation, or a board's disciplinary policies, if a license is suspended or revoked, a board is required to send information about the procedures and criteria for license rehabilitation. This bill specifies that the information is to be sent by first-class mail and email, if the board has an email address on file for the ex-licensee.

Prior Related Legislation. AB 1025 (Bass) of 2007, would have provided that an applicant for a license with a board may not be denied licensure, or may not have their license suspended or revoked, solely on the basis that he or she has been convicted of a felony or misdemeanor if they have obtained a certificate of rehabilitation and if the felony or misdemeanor conviction has been dismissed, it shall be presumed that the applicant or licensee has been rehabilitated unless a board proves otherwise. *NOTE: This bill was vetoed by Governor Schwarzenegger.*

REGISTERED SUPPORT / OPPOSITION:

Support

None on file.

Opposition

None on file.

Analysis Prepared by: Elissa Silva / B. & P. / (916) 319-3301

ASSEMBLY BILL

No. 1060

Introduced by Assembly Member Bonilla

February 26, 2015

An act to amend Section 491 of the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 1060, as amended, Bonilla. Professions and vocations: licensure.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law authorizes a board to suspend or revoke a license on the ground that the licensee has been convicted of a crime, if the crime is substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued. Existing law requires the board, upon suspension or revocation of a license, to provide the ex-licensee with certain information pertaining to rehabilitation, reinstatement, or reduction of penalty, as specified.

This bill would ~~authorize~~ *require* the board to provide that information through first-class mail and by ~~electronic means~~: *email if the board has an email address on file for the ex-licensee.*

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 491 of the Business and Professions Code
- 2 is amended to read:

1 491. (a) Upon suspension or revocation of a license by a board
2 on one or more of the grounds specified in Section 490, the board
3 shall:
4 (1) Send a copy of the provisions of Section 11522 of the
5 Government Code to the ex-licensee.
6 (2) Send a copy of the criteria relating to rehabilitation
7 formulated under Section 482 to the ex-licensee.
8 (b) Subdivision (a) ~~may~~ *shall* be satisfied through first-class
9 mail and by ~~electronic means~~: *email if the board has an email*
10 *address on file for the ex-licensee.*

SB 337

**SENATE COMMITTEE ON
BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT**
Senator Jerry Hill, Chair
2015 - 2016 Regular

Bill No:	SB 337	Hearing Date:	April 20, 2015
Author:	Pavley		
Version:	April 13, 2015		
Urgency:	No	Fiscal:	Yes
Consultant:	Sarah Huchel		

Subject: Physician assistants.

SUMMARY: Establishes alternative means for a supervising physician to ensure adequate supervision of a physician assistant for routine care and the administration, provision, or issuance of a Schedule II drug.

Existing law:

- 1) Declares that the Physician Assistant Practice Act (Act) is established to encourage the utilization of physician assistants (PAs) 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 the Act to allow for innovative development of programs for the education, training, and utilization of PAs. (Business and Professions Code (BPC) Section 3500)
- 2) Establishes the Physician Assistant Board (Board) within the jurisdiction of the Medical Board of California (MBC) to administer and enforce the Act. (BPC § 3504)
- 3) Requires a PA and his or her supervising physician to establish written guidelines for the adequate supervision of the PA, and the requirement may be satisfied by the supervising physician adopting protocols for some or all of the tasks performed by the PA. (BPC § 3502 (c)(1))
- 4) Requires a supervising physician to be available in person or by electronic communication at all times when the PA is caring for patients. (Title 16, California Code of Regulations (CCR) Section 1399.545 (a))
- 5) Requires a supervising physician to delegate to a PA only those tasks and procedures consistent with the supervising physician's specialty or usual and customary practice and with the patient's health and condition, and requires the supervising physician to observe or review evidence of the PA's performance of all tasks and procedures to be delegated to the PA until assured of competency. (16 CCR § 1399.545 (b)(c))
- 6) Requires the PA and supervising physician to establish in writing transport and back-up procedures for the immediate care of patients who are in need of emergency care beyond the PA's scope of practice for such times when a supervising physician is not on the premises. (16 CCR § 1399.545 (d))

- 7) Requires a supervising physician to review, countersign, and date a sample consisting of, at a minimum, five percent of the medical records of patients treated by the PA within 30 days of the date of treatment. Requires the supervising physician to select for review those cases that by diagnosis, problem, treatment, or procedure represent the most significant risk to the patient. (BPC § 3502 (c)(2))
- 8) Authorizes the MBC or the Board to establish other alternative mechanisms for the adequate supervision of the PA. (BPC § 3502 (c)(3))
- 9) Requires a supervising physician who delegates the authority to issue a drug order to a PA to prepare and adopt a formulary and protocols that specify all criteria for the use of a particular drug or device, and any contraindications for the selection. Protocols for Schedule II controlled substances shall address the diagnosis of illness, injury, or condition for which the Schedule II controlled substance is being administered, provided, or issued. (BPC § 3502.1(a)(2))
- 10) Requires a supervising physician to review and countersign within seven days the record of any patient cared for by a PA for whom the PA's Schedule II drug order has been issued or carried out. (BPC § 3502.1 (e))
- 11) Allows a PA to administer Schedule II – Schedule V drug orders without advance approval from a supervising physician if the PA has completed an education course that covers controlled substances and that meets standards, including pharmacological content, approved by the Board. The education course shall be provided either by an accredited continuing education provider or by an approved PA training program. If the PA will administer, provide, or issue a drug order for Schedule II controlled substances, the course shall contain a minimum of three hours exclusively on Schedule II controlled substances. (BPC § 3502.1 (c)(2))
- 12) Requires PAs who are authorized by their supervising physician to issue drug orders for controlled substances to register with the United States Drug Enforcement Administration. (BPC § 3502.1 (f))

This bill:

- 1) Defines “medical records review meeting” as a meeting between the supervising physician and the PA during which a sample of medical records is reviewed to ensure adequate supervision of the PA functioning under protocols. The number of medical records and the specific issues to be reviewed shall be established in the delegation of services agreement.
- 2) Requires the medical record to identify the physician who is responsible for the supervision of the PA for each episode of care for a patient. When a PA transmits an oral order, he or she shall also identify the name of the supervising physician responsible for the patient.
- 3) Provides two additional mechanisms for the supervising physician to choose from to ensure adequate PA supervision:

- a) The supervising physician and PA shall conduct and document a medical records review meeting at least 10 times annually which may occur in person or by electronic communication.
 - b) The supervising physician shall supervise the care provided by the PA through a review of those cases or patients deemed appropriate by the supervising physician. The review methods used shall be identified in the delegation of services agreement, and may occur in person or by electronic communication.
- 4) Deems that compliance by a PA and supervising physician with this bill shall also deem compliance with specified regulations.
 - 5) Creates the following additional mechanism for a supervising physician to ensure adequate supervision of the administration, provision, or issuance by a PA of a Schedule II drug order. If the PA has documentation evidencing the successful completion of an education course that meets specified standards, the supervising physician shall review, countersign, and date, within seven days, a sample consisting of the medical records of at least 20 percent of the patients cared for by the PA for whom the PA's Schedule II drug order has been issued or carried out.

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

COMMENTS:

1. **Purpose.** This bill is sponsored by the California Academy of Physician Assistants. According to the Author, "Existing law, promulgated over 30 years ago, narrowly defines documentation of required supervision in the form of medical record co-signature, established for use with paper medical charts, by the supervising physician for adequate supervision of the PA to be recorded. Existing law also authorizes either in-person or electronic supervision of a PA. Given this authorization, PAs are well suited to expand the access of care for the care team and may serve as the lead clinician on-site for the delivery of care. While established criteria for documenting supervision works well in some settings, it does not reflect or allow for documentation of supervision in many current models of team-based care.

"This bill is also needed to address an issue related to co-signatures on Schedule II medications. In August of 2014 the DEA published a final rule, effective October 6, 2014, following recommendations from the U.S. Food and Drug Administration (FDA) to up-schedule or reclassify hydrocodone combination products (HCP) from a Schedule III controlled substance to a Schedule II. The rescheduling of HCPs has had a significant impact, and unintended consequence, on some practices throughout California as existing law requires a 100% physician co-signature requirement on these medications within 7 days. This can be particularly challenging for practices that employ PAs to practice medicine in areas such as pain management, orthopedics, general surgery and several other practice types. The new ruling restricts the ability of a practice to fully utilize the PAs they employ as there is no other profession with prescribing privileges that has that level of mandate

for documentation. Further, a co-signature mandate of 100% is overly burdensome for physicians in various practice types.

“Existing law requires a supervising physician to be available in-person or through electronic communication at all times when a PA is providing care for a patient. Given the many models of team-based care supervising physicians and PA often practice at different locations and lead PA run clinics as well as assume significant administrative responsibilities. In this context, a 100% mandate on co-signatures creates a barrier to efficient team-based care and stands to jeopardize access to appropriate treatment of pain for those patients with legitimate need.”

2. **Background.** A PA performs many of the same diagnostic, preventative and health maintenance services as a physician, but PAs are limited in practice to those duties delegated by a supervising physician. These services may include, but are not limited to, the following:

- Taking health histories.
- Performing physical examinations.
- Ordering X-rays and laboratory tests.
- Ordering respiratory, occupational, or physical therapy treatments.
- Performing routine diagnostic tests.
- Establishing diagnoses.
- Treating and managing patient health problems.
- Administering immunizations and injections.
- Instructing and counseling patients.
- Providing continuing care to patients in the home, hospital, or extended care facility.
- Providing referrals within the health care system.
- Performing minor surgery.
- Providing preventative health care services.
- Acting as first or second assistants during surgery.
- Responding to life-threatening emergencies.

A PA must attend a specialized medical training program associated with a medical school that includes classroom studies and clinical experience. An academic degree and/or certificate is awarded upon graduation. Many PAs already have two- or four-year academic degrees before entering a PA training program. Most PA training programs require prior health care experience.

As of June 2013, there were 9,101 active California PA licensees.

3. **Supervision.** Existing law has very specific requirements for a supervising physician to delegate practice authority to a PA, and the supervising physician must be physically or electronically available to his or her PA at the time of treatment. In addition to this, a supervising physician must review, countersign, and date a sample of at least five percent of a PA's cases within 30 days of treatment.

The Author argues that the five percent review requirement is outdated and unnecessary, given the close working relationship between PAs and physicians and existing delegation of service agreements and protocols. This bill provides two

additional mechanisms for the supervising physician to choose from to ensure adequate PA supervision:

- a) The supervising physician and PA shall conduct and document a medical records review meeting at least 10 times annually, which may occur in person or by electronic communication; or,
- b) The supervising physician shall supervise the care provided by the PA through a review of those cases or patients deemed appropriate by the supervising physician. The review methods used shall be identified in the delegation of services agreement, and may occur in person or by electronic communication.

This bill also establishes an additional method to supervise a PA's furnishing of Schedule II drugs. Current law requires a supervising physician to review and countersign a medical record within seven days of each PA's issuance of a Schedule II drug order. According to the Author, this practice is also unduly burdensome and proposes that, if a PA has documentation evidencing the successful completion of an education course that meets specified Board standards, the supervising physician may instead review, countersign, and date, within seven days, a sample of at least 20 percent of the medical records for patients cared for by the PA for whom the PA's Schedule II drug order has been issued.

4. **Arguments in Support.** The Sponsor of this bill, the California Academy of Physician Assistants, write, "With the implementation of the Patient Protection and Affordable Care Act, Covered California reported enrolling 3.4 million (1.4 through Covered CA plans and 1.9 in Medi-Cal) previously uninsured people in the first open enrollment year (2014). This bill recognizes the need to increase access to high quality, cost-effective and efficient team-based practice across all medical settings in order to meet the rising demand for health care services throughout the state.

"The physician/PA team is unique as PAs are licensed health professionals who practice medicine as members of a physician-led team, delivering a broad range of medical and surgical services at the direction of and under the supervision of his or her supervising physician. The supervising physician delegates to a PA specified medical tasks and procedures, consistent with his or her scope of practice, based on education, training and experience.

"Established over 30 years ago, existing law stipulates supervision criteria between a supervising physician and surgeon and the Physician Assistant (PA). It narrowly defines documentation of this required supervision in the form of the supervising physician co-signature on the medical record. SB 377 increases the options for documenting supervision between a supervising physician and PA would allow for flexibility at the practice level to reflect current models of team-based care."

5. **Prior Related Legislation.** SB 1069 (Pavley, Chapter 512, Statutes of 2010) authorized a PA, pursuant to a delegation of services agreement, to order durable medical equipment, certify unemployment insurance disability, and for individuals receiving home health services or personal care services, after consultation with the supervising physician, approve, sign, modify, or add to a plan of treatment or plan of

care. This bill also authorized PAs to conduct specified medical examinations and sign corresponding medical certificates for various individuals.

AB 3 (Bass, Chapter 376, Statutes of 2007) created the "California Team Practice Improvement Act" which deleted the prohibition on the authority of a PA to issue a drug order for specified classes of controlled substances if the PA has completed a specified education course, required a PA and his or her supervising physician to establish written supervisory guidelines and protocols, increased to four the number of PAs a physician may supervise, and specified that services provided by a PA are included as covered benefits under the Medi-Cal program.

AB 2626 (Plescia, Chapter 452, Statutes of 2004) removed the requirement for the supervising physician to review, co-sign and date each prescription written by a PA and limited the co-signature requirement to each Schedule II drug order written by a PA.

SUPPORT AND OPPOSITION:

Support:

California Academy of Physician Assistants (Sponsor)
Numerous individuals

Opposition:

None on file as of April 14, 2015.

- END -

AMENDED IN SENATE APRIL 13, 2015

SENATE BILL

No. 337

Introduced by Senator Pavley

February 23, 2015

An act to amend Sections 3501, 3502, and 3502.1 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 337, as amended, Pavley. Physician assistants.

Existing law, the Physician Assistant Practice Act, provides for regulation of physician assistants and authorizes a physician assistant to perform medical services as set forth by regulations when those services are rendered under the supervision of a licensed physician and surgeon, as specified. The act requires the supervising physician and surgeon to review, countersign, and date a sample consisting of, at a minimum, ~~5 percent~~ 5% of the medical records of patients treated by the physician assistant functioning under adopted protocols within 30 days of the date of treatment by the physician assistant. The act requires the supervising physician and surgeon to select for review those cases that by diagnosis, problem, treatment, or procedure represent, in his or her judgment, the most significant risk to the patient. A violation of those supervision requirements is a misdemeanor.

This bill would require that the medical record for each episode of care for a ~~patient~~, *patient* identify the physician and surgeon who is responsible for the supervision of the physician assistant. The bill would require a physician assistant who transmits an oral order to identify the name of the supervising physician and surgeon responsible for the patient. The bill would delete those medical record review provisions, and, instead, require the supervising physician and surgeon to use one

or more of described review mechanisms. By adding these new requirements, the violation of which would be a crime, this bill would impose a state-mandated local program by changing the definition of a crime.

The act authorizes a physician assistant, while under prescribed supervision of a physician and surgeon, to administer or provide medication to a patient, or transmit orally, or in writing on a patient's record or in a drug order, an order to a person who may lawfully furnish the medication or medical device. The act prohibits a physician assistant from administering, providing, or issuing a drug order to a patient for Schedule II through Schedule V controlled substances without advance approval by a supervising physician and surgeon for that particular patient unless the physician assistant has completed an education course that covers controlled substances and that meets approved standards. The act requires that the medical record of any patient cared for by a physician assistant for whom a physician assistant's Schedule II drug order has been issued or carried out to be reviewed, countersigned, and dated by a supervising physician and surgeon within 7 days.

This bill would delete that review and countersignature requirement for a physician assistant's Schedule II drug order, and, instead, require that the supervising physician and surgeon use one of 2 described mechanisms to ensure adequate supervision of the administration, provision, or issuance by a physician assistant of a drug order to a patient for Schedule II controlled substances.

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

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

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

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

- 1 SECTION 1. Section 3501 of the Business and Professions
- 2 Code is amended to read:
- 3 3501. (a) As used in this chapter:
- 4 (1) "Board" means the Physician Assistant Board.
- 5 (2) "Approved program" means a program for the education of
- 6 physician assistants that has been formally approved by the board.

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

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

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

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

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

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

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

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

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

34 (12) "Medical records review meeting" means a meeting
35 between the supervising physician and the physician assistant
36 during which a sample of medical records is reviewed to ensure
37 adequate supervision of the physician assistant functioning under
38 protocols. The number of medical records and the specific issues
39 to be reviewed shall be established in the delegation of services
40 agreement.

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

4 SEC. 2. Section 3502 of the Business and Professions Code is
5 amended to read:

6 3502. (a) Notwithstanding any other law, a physician assistant
7 may perform those medical services as set forth by the regulations
8 adopted under this chapter when the services are rendered under
9 the supervision of a licensed physician and surgeon who is not
10 subject to a disciplinary condition imposed by the Medical Board
11 of California prohibiting that supervision or prohibiting the
12 employment of a physician assistant. The medical record, for each
13 episode of care for a patient, shall identify the physician and
14 surgeon who is responsible for the supervision of the physician
15 assistant. When a physician assistant transmits an oral order, he
16 or she shall also identify the name of the supervising physician
17 and surgeon responsible for the patient.

18 (b) (1) Notwithstanding any other law, a physician assistant
19 performing medical services under the supervision of a physician
20 and surgeon may assist a doctor of podiatric medicine who is a
21 partner, shareholder, or employee in the same medical group as
22 the supervising physician and surgeon. A physician assistant who
23 assists a doctor of podiatric medicine pursuant to this subdivision
24 shall do so only according to patient-specific orders from the
25 supervising physician and surgeon.

26 (2) The supervising physician and surgeon shall be physically
27 available to the physician assistant for consultation when that
28 assistance is rendered. A physician assistant assisting a doctor of
29 podiatric medicine shall be limited to performing those duties
30 included within the scope of practice of a doctor of podiatric
31 medicine.

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

39 (A) A protocol governing diagnosis and management shall, at
40 a minimum, include the presence or absence of symptoms, signs,

1 and other data necessary to establish a diagnosis or assessment,
2 any appropriate tests or studies to order, drugs to recommend to
3 the patient, and education to be provided to the patient.

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

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

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

13 (2) (A) The supervising physician and surgeon shall use one
14 or more of the following mechanisms to ensure adequate
15 supervision of the physician assistant functioning under the
16 protocols:

17 (i) ~~The supervising physician and surgeon reviews, countersigns,~~
18 ~~and dates shall review, countersign, and date~~ a sample consisting
19 of, at a minimum, 5 percent of the medical records of patients
20 treated by the physician assistant functioning under the protocols
21 within 30 days of the date of treatment by the physician assistant.

22 (ii) The supervising physician and surgeon and physician
23 assistant ~~shall conduct and document at least 10 times annually a~~
24 ~~medical records review meeting at least once each quarter during~~
25 ~~the calendar year. meeting, which may occur in person or by~~
26 ~~electronic communication.~~

27 (iii) The supervising physician and surgeon ~~supervises shall~~
28 ~~supervise~~ the care provided by the physician assistant through a
29 review of those cases or patients deemed appropriate by the
30 supervising ~~physician. physician and surgeon.~~ The review methods
31 used shall be identified in the delegation of services agreement,
32 and ~~review may occur in person, by telephone, person or by~~
33 ~~electronic messaging, or using video conferencing technology.~~
34 ~~communication.~~

35 (B) In complying with subparagraph (A), the supervising
36 physician and surgeon shall select for review those cases that by
37 diagnosis, problem, treatment, or procedure represent, in his or
38 her judgment, the most significant risk to the patient.

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

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

6 (1) The determination of the refractive states of the human eye,
7 or the fitting or adaptation of lenses or frames for the aid thereof.

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

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

13 (4) The practice of dentistry or dental hygiene or the work of a
14 dental auxiliary as defined in Chapter 4 (commencing with Section
15 1600).

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

19 (f) Compliance by a physician assistant and supervising
20 physician and surgeon with this section shall be deemed
21 compliance with Section 1399.546 of Title 16 of the California
22 Code of Regulations.

23 SEC. 3. Section 3502.1 of the Business and Professions Code
24 is amended to read:

25 3502.1. (a) In addition to the services authorized in the
26 regulations adopted by the Medical Board of California, and except
27 as prohibited by Section 3502, while under the supervision of a
28 licensed physician and surgeon or physicians and surgeons
29 authorized by law to supervise a physician assistant, a physician
30 assistant may administer or provide medication to a patient, or
31 transmit orally, or in writing on a patient's record or in a drug
32 order, an order to a person who may lawfully furnish the
33 medication or medical device pursuant to subdivisions (c) and (d).

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

38 (2) Each supervising physician and surgeon who delegates the
39 authority to issue a drug order to a physician assistant shall first
40 prepare and adopt, or adopt, a written, practice specific, formulary

1 and protocols that specify all criteria for the use of a particular
2 drug or device, and any contraindications for the selection.
3 Protocols for Schedule II controlled substances shall address the
4 diagnosis of illness, injury, or condition for which the Schedule II
5 controlled substance is being administered, provided, or issued.
6 The drugs listed in the protocols shall constitute the formulary and
7 shall include only drugs that are appropriate for use in the type of
8 practice engaged in by the supervising physician and surgeon.
9 When issuing a drug order, the physician assistant is acting on
10 behalf of and as an agent for a supervising physician and surgeon.

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

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

30 (1) A physician assistant shall not administer or provide a drug
31 or issue a drug order for a drug other than for a drug listed in the
32 formulary without advance approval from a supervising physician
33 and surgeon for the particular patient. At the direction and under
34 the supervision of a physician and surgeon, a physician assistant
35 may hand to a patient of the supervising physician and surgeon a
36 properly labeled prescription drug prepackaged by a physician and
37 surgeon, manufacturer as defined in the Pharmacy Law, or a
38 pharmacist.

39 (2) A physician assistant shall not administer, provide, or issue
40 a drug order to a patient for Schedule II through Schedule V

1 controlled substances without advance approval by a supervising
2 physician and surgeon for that particular patient unless the
3 physician assistant has completed an education course that covers
4 controlled substances and that meets standards, including
5 pharmacological content, approved by the board. The education
6 course shall be provided either by an accredited continuing
7 education provider or by an approved physician assistant training
8 program. If the physician assistant will administer, provide, or
9 issue a drug order for Schedule II controlled substances, the course
10 shall contain a minimum of three hours exclusively on Schedule
11 II controlled substances. Completion of the requirements set forth
12 in this paragraph shall be verified and documented in the manner
13 established by the board prior to the physician assistant's use of a
14 registration number issued by the United States Drug Enforcement
15 Administration to the physician assistant to administer, provide,
16 or issue a drug order to a patient for a controlled substance without
17 advance approval by a supervising physician and surgeon for that
18 particular patient.

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

23 (d) A written drug order issued pursuant to subdivision (a),
24 except a written drug order in a patient's medical record in a health
25 facility or medical practice, shall contain the printed name, address,
26 and telephone number of the supervising physician and surgeon,
27 the printed or stamped name and license number of the physician
28 assistant, and the signature of the physician assistant. Further, a
29 written drug order for a controlled substance, except a written drug
30 order in a patient's medical record in a health facility or a medical
31 practice, shall include the federal controlled substances registration
32 number of the physician assistant and shall otherwise comply with
33 Section 11162.1 of the Health and Safety Code. Except as
34 otherwise required for written drug orders for controlled substances
35 under Section 11162.1 of the Health and Safety Code, the
36 requirements of this subdivision may be met through stamping or
37 otherwise imprinting on the supervising physician and surgeon's
38 prescription blank to show the name, license number, and if
39 applicable, the federal controlled substances registration number
40 of the physician assistant, and shall be signed by the physician

1 assistant. When using a drug order, the physician assistant is acting
2 on behalf of and as the agent of a supervising physician and
3 surgeon.

4 (e) The supervising physician and surgeon shall use either of
5 the following mechanisms to ensure adequate supervision of the
6 administration, provision, or issuance by a physician assistant of
7 a drug order to a patient for Schedule II controlled substances:

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

13 (2) If the physician assistant has documentation evidencing the
14 successful completion of an education course that covers controlled
15 substances, and that controlled substance education course (A)
16 meets the standards, including pharmacological content, approved
17 by the board, (B) is provided either by an accredited continuing
18 education provider or by an approved physician assistant training
19 program, and (C) satisfies Sections 1399.610 and 1399.612 of Title
20 16 of the California Code of Regulations, the supervising physician
21 and surgeon shall review, countersign, and date, within seven days,
22 a sample consisting of the medical records of at least 20 percent
23 of the patients cared for by the physician assistant for whom the
24 physician assistant's Schedule II drug order has been issued or
25 carried out. Completion of the requirements set forth in this
26 paragraph shall be verified and documented in the manner
27 established in Section 1399.612 of Title 16 of the California Code
28 of Regulations. Physician assistants who have a certificate of
29 completion of the course described in paragraph (2) of subdivision
30 (c) shall be deemed to have met the education course requirement
31 of this subdivision.

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

36 (g) The board shall consult with the Medical Board of California
37 and report during its sunset review required by Article 7.5
38 (commencing with Section 9147.7) of Chapter 1.5 of Part 1 of
39 Division 2 of Title 2 of the Government Code the impacts of
40 exempting Schedule III and Schedule IV drug orders from the

1 requirement for a physician and surgeon to review and countersign
2 the affected medical record of a patient.
3 SEC. 4. No reimbursement is required by this act pursuant to
4 Section 6 of Article XIII B of the California Constitution because
5 the only costs that may be incurred by a local agency or school
6 district will be incurred because this act creates a new crime or
7 infraction, eliminates a crime or infraction, or changes the penalty
8 for a crime or infraction, within the meaning of Section 17556 of
9 the Government Code, or changes the definition of a crime within
10 the meaning of Section 6 of Article XIII B of the California
11 Constitution.

SB 800

AMENDED IN SENATE APRIL 20, 2015
SENATE BILL No. 800

**Introduced by Committee on Business, Professions and Economic Development
(Senators Hill (Chair), Bates, Berryhill, Block, Galgiani, Hernandez, Jackson, Mendoza,
and Wieckowski)**

March 18, 2015

Pertinent part for the Physician Assistant Board:

(11) The Physician Assistant Practice Act requires the Physician Assistant Board to annually elect a chairperson and vice chairperson from among its members. This bill would require the annual election of a president and vice president.

Section 3509.5 of the Business and Professions Code line 11 is amended to read:

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

Agenda

Item

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Report on Alternative Accreditation

Background

Two physician assistant (PA) training programs in California are scheduled to close due to accreditation action taken by Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). This is a major of concern of the California Physician Assistant Board because of our mission to protect the public by ensuring they receive safe and appropriate health care from well qualified licensed PAs, which includes supporting access to health care for those in our state. If there is a shortage of PAs because of the closure of California programs there may be an exacerbation of a lack of access to quality affordable health care provided by PAs. Additionally the Board has regulatory authority over PA training programs in the state.

The Board has addressed this concern by sending a letter to the ARC-PA, to which they did not initially respond. However, after a second letter ARC-PA responded to the board saying that they do not answer to any state boards. This Board currently accepts ARC-PA accreditation as the required accreditation pathway for PA training programs in California; however it may approve alternate pathways per existing regulations (16 CCR 1399.530). A sub-committee on education was formed at the last Board meeting to look into alternative accreditation of PA training programs in California.

History and Interrelationship of National Physician Assistant Organizations

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) has its origins in the American Medical Association in 1971 and has been accrediting PA programs since 1972. It has progressed from subcommittees of the American Medical Association (AMA), such as the Committee on Allied Education and Accreditation (CAHEA), which became Commission on Accreditation of Allied Health Education Programs (CAAHEP), ultimately becoming an independent organization in 2001. ARC-PA has always been closely affiliated with the American Academy of Physician Assistants (AAPA), which is the national professional organization for physician assistants and was founded in 1968. The California Academy of Physician Assistants (CAPA) is a constituent organization (state chapter) of the AAPA. It is the professional organization for Physician Assistants in California.

In 2004 ARC-PA was recognized by the Council for Higher Education Accreditation (CHEA) which is currently the accrediting organization for the ARC-PA. The American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP), the American College of Physicians, the American College of Surgeons, the American Medical Association (AMA), and the Physician Assistant Education Association (PAEA) all cooperate with the ARC-PA as collaborating organizations to establish, maintain, and promote appropriate standards of quality for entry level education of physician assistants (PAs) and to provide recognition for educational programs that meet the minimum requirements outlined in these Standards. ARC-PA Commissioners are elected by the ARC-PA from a slate of nominees submitted by the ARC-PA collaborating organizations. Starting in January 2020, ARC-PA will require an entry level master's degree for new physician assistants.

The National Commission on Certification of Physician Assistants (NCCPA) is the national certifying body for physician assistants (PA) and was established by the AMA and the National Board of Medical Examiners in 1974. The NCCPA administers the Physician Assistant National Certifying Examination (PANCE), which is the summative evaluation used to measure basic competency of a physician assistant,

and is accepted by annual vote of the board as the certifying examination for licensure for this state. Graduation from an ARC-PA accredited training program is required to be eligible to sit for the PANCE. NCCPA certification, denoted by the use of the abbreviation "PA-C", is required for credentialing at hospitals and by Medicare/Medicaid as well as most insurance companies for billing purposes. Annual Continuing Medical Education (CME) requirements as well as the Physician Assistant National Recertifying Examination (PANRE) are required to maintain NCCPA certification. The board currently accepts valid national certification as evidence of compliance with the CME requirements for licensure in California.

The Physician Assistant Education Association (PAEA) is the professional organization of Physician Assistant's educational faculty and was founded in 1972. All accredited PA programs are members of the PAEA, which provides services to faculty, students, applicants and other stakeholders. In November 2009, PAEA adopted two position policies that: 1) PAEA endorses the master's degree as the entry-level and terminal degree of the profession; and 2) PAEA opposes the entry-level doctorate for physician assistants.

Issues with the ARC-PA

Workforce: The ARC-PA's decision to withdraw the accreditation of two programs in California has raised concern for workforce supply. Currently the process for a PA program to become ARC-PA accredited takes approximately 2-3 years. There are currently 10 PA programs in California, four in the bay area or northern part of the state, one in the central valley, and 5 in the southern half of the state. One program in the San Bernardino/Riverside area and one in the central valley are closing within approximately 18 months. There are 12 programs in the planning stages of accreditation and six of those have been approved by the ARC-PA to enter the accreditation process. Of those six approved programs four are in southern California and two are in northern California. Of the programs currently approved to enter the accreditation pathway or accredited, three are in the San Bernardino/Riverside area and one is in northern part of the central valley. Additionally, two programs in California have formed a collaborative to recruit, train, and return providers to the central valley. Given the numbers of programs in the process of becoming accredited in California it is likely that ARC-PA accredited programs will be able to fill the training needs for PAs in California.

Standards, degree, and transparency: As mentioned above ARC-PA Standards will now require a Master's degree as the entry level degree for the profession by 2020. This requirement was supported by most stakeholders, though it remains a controversial issue in the profession. The PA profession has always been competency based and there are currently three Certificate, two Associates, and six Baccalaureate PA programs in the US which graduates students that pass the PANCE, and practice to the same standard as the graduates of the other 185 programs that offer a Master's degree. This issue has implication for California because two Associates and one of the Certificate programs are in this State. Both of the Associate degree programs have affiliation agreements with another institution to offer a Master's degree pathway for qualified students. Both of the Associate degree programs in California have had accreditation withdrawn and are teaching out the remaining students enrolled. The requirement for the Master's degree significantly changes the applicant pool for PA training in the state, potentially creating a significant barrier for those who do not have a Baccalaureate degree upon entering PA training. Because the ARC-PA gives the word *should* nearly the same requirements as the word *must* in their standards, a sponsoring institution needs to offer the Master's degree which creates a significant problem for the State's Associate degree programs, which have sponsoring institutions that are not credentialed to offer the graduate degree. Furthermore, this situation may create the

perception that the ARC-PA is using selective enforcement of the standards to push non-graduate degree programs to closure. Additionally, due to the varied methods and approaches for training PAs, some of the ARC-PA standards are somewhat vague so as to allow programs the flexibility to train PAs in a way that is most effective for that particular program. For example, in California many of our PA programs have an extensive network of outpatient clinics used for clinical training rather than being mostly hospital based as may be more common in some programs in the eastern states. Finally, the subjective aspect of accreditation and vagueness of some standards, combined with the inability to disclose publicly the nature of the citations or accreditation issues due to privacy concerns of the program and sponsoring institution, appear to be a lack of transparency and may be perceived as something other than objective evaluation and enforcement of the standards. The ARC-PA has been clear in stating that it does not have an agenda other than enforcement of compliance with the standards. As stated in *Notes to Programs Spring 2015*, "Demonstration by an applicant or accredited program of their compliance with the accreditation standards for physician assistant education is the determinant in the accreditation decision-making process of the ARC-PA."

Perceptions and Positions: This subcommittee informally surveyed ten program directors and various stakeholders both within and outside of California regarding their perceptions of the ARC-PA, and discussed trends to see if the perceived issues in California are common nationally. This data was not subjected to formal statistical analysis but does yield some useful information. Here is what the surveyed found:

- 80% of program directors feel the ARC-PA is fair in enforcement of standards, however 30% perceived some bias, possibly due to inter-rater variability (site visitors are peers).
- 80% of program directors perceive that the ARC-PA has an agenda or ulterior motive underlying the enforcement of the standards, however there was no clear consensus on the specific agenda. Most common perception was that the ARC-PA is trying to close non-graduate degree programs.
- 100% of program directors feared retribution, mostly enhanced scrutiny, if speaking out about the ARC-PA. All were careful to ensure they would not be identified as a respondent to the survey.
- 60% of program directors would support an alternative accreditation pathway nationally; however 100% expressed significant concerns about possible unintended consequences and issues related especially to state only accreditation.
- 80% of program directors felt the ARC-PA standards are fair, though 40% expressed some concern about being too broad or too specific in certain areas, or possibly biased in favor of programs associated with a medical school.
- 90% of program directors felt the ARC-PA is not responsive to the concerns of programs, but most agreed there is a pathway through the PAEA to address concerns. Several commented on communications with ARC-PA: "unpleasant"" rude" "unprofessional""unnecessarily harsh".

CAPA has no official position on state accreditation, however did express some concerns about it. The Physician Assistant Education Association (PAEA) has noted a trend of the ARC-PA stacking citations on programs. For example, the program would be cited for faulty data collection, then would be cited on every standard related to data collection, analysis, application, and program self analysis such that the

citations become circular. They have no position on state accreditation or alternative accreditation pathways. There is a PAEA task force on accreditation issues.

Again, ARC-PA responded to our letter by saying they do not answer to state boards. The Chair of the Committee was careful to explain that she was not speaking for the ARC-PA but that her personal perception is that there may be more of a problem with presentation than content. She was invited to attend the meeting today.

The subcommittee recognizes and appreciates the letter from the chair of the assembly committee on higher education, Mr. Jose Medina. Mr. Medina is concerned about effects of the closure of the Moreno Valley College (MVC) PA Program and expressed concerns about the policy and procedure followed by the ARC-PA related to the decision to withdraw accreditation. He has requested a review of the ARC-PAs accreditation action. Unfortunately, the subcommittee does not have access to all of the relevant documents and is not in a position to verify or validate the conclusions reached by the ARC-PA in regards to the decision to withdraw accreditation for the MVC program. The ARC-PA is accredited by the Council for Higher Education (CHEA), which is in a position to verify that the ARC-PA followed its own policies, as well as the CHEA accreditation standards.

Possible problems associated with State Accreditation of PA programs

Cost: Standards would have to be written and approved. A mechanism for enforcement would have to be put into place. Staff would need to be hired to verify compliance. The various details for all of this would have to be worked out, regulations passed, and a budget approved. This lengthy process would not put more PAs into the workforce for several years.

Certification: Currently a graduate of a California approved PA training program would not be eligible to take the PANCE. The state would have to develop and administer a certifying examination. The PA could not be credentialed at most hospitals, and would not be eligible to bill Medicare/Medicaid. Additionally the PA could not practice outside the state and could not work for the federal government or bill if working in a federally qualified rural health clinic.

Patient confusion: This would in effect create a two tiered system where a California program PA graduate may be seen alongside an ARC-PA approved graduate, but could not be seen by one or the other due to billing or other concerns. Because of this patients could be confused or perceive bias, thinking they are not getting an equal level of care.

Likely opposition: Many in the profession are opposed to state accreditation and would likely fight to stop it. This may result in a negative reflection on PAs in California, and may cause regulatory problems as the state legislature and consumer may have difficulty understanding the nuanced differences between state and nationally certified PAs. This may lead to the consumer opting not to see a PA, passage of laws to restrict PA practice, or a supervising physician opting not to hire one, all of which would reduce access to quality health care PAs are currently delivering in California.

Possible board actions

The following are possible board actions that the subcommittee recommends.

- Direct staff to draft a letter to CHEA expressing concern about ARC-PAs actions in California and ask them to investigate further.

- Direct staff to contact PAEA and give input to, or possibly participate in the task force on accreditation.
- Direct staff to contact ARC-PA and ask for a timeline on California PA programs accreditation which will assist us in health care workforce planning.
- Direct staff to contact NCCPA to see if they will consider California accredited PA program graduates eligible to take the PANCE.

The subcommittee recognizes the following action may be needed in the future, but recommends no action be taken at this point:

- Direct staff to identify partners in the legislature and identify what regulatory changes are needed to move ahead on state accreditation.

Public Comment

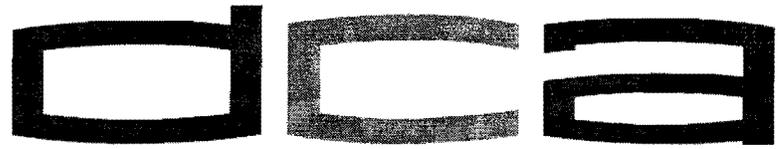
Agenda

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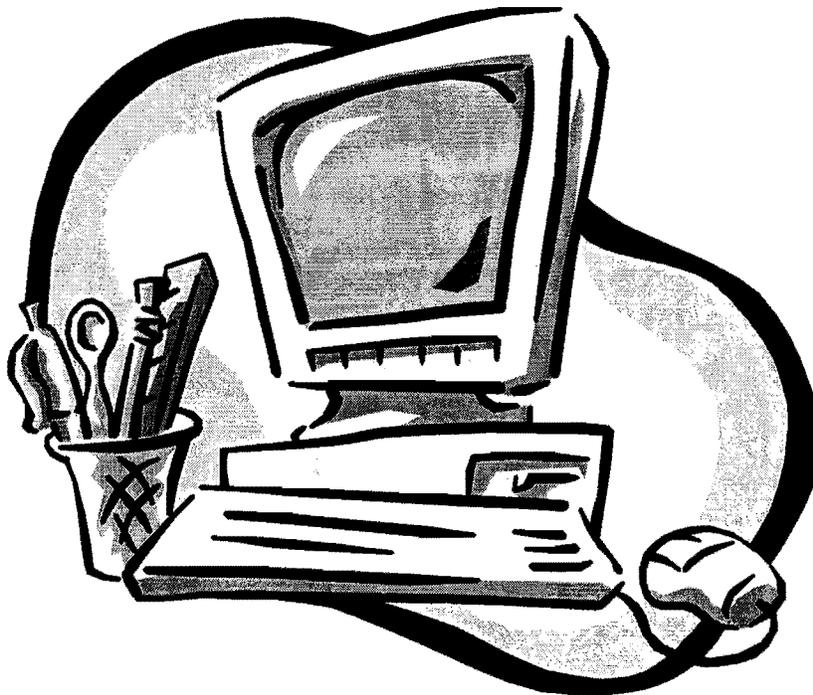
The most recent budget documents to be distributed at the Board Meeting.

STATE OF CALIFORNIA



DEPARTMENT OF CONSUMER AFFAIRS

CalStars



Object and Source Code Directory

Prepared by the DCA, AISD
Fiscal Operations/CALSTARS Unit

June 2013

OBJECT CODES ADDS/CHANGES/DELETES

ADDS:

- 033.06 TEMPORARY HELP – Civil Service
Budget Letter 12-03, Blanket 999
- 242.05 METRO PRINT AND MAIL SOLUTIONS
- 294.02 BAGGAGE FEE
- 314.02 BAGGAGE FEE (Out of State)
- 404.19 TASKFORCE PRACTICE MEETING (Landscape Architect Technical Committee Only)
- 404.20 TASKFORCE PRACTICE TRAVEL (Landscape Architect Technical Committee Only)
- 404.21 TASKFORCE EXTENSION CERTIFICATES MEETING (Landscape Architect Technical Committee Only)
- 404.22 TASKFORCE EXTENSION CERTIFICATES TRAVEL (Landscape Architect Technical Committee Only)
- 424.02 OIS SPECIAL ALLOCATION
- 591.08 REAPPROPRIATION RESERVE
- 611.01 RECOVERY ACT CLAIMS

DELETES:

- 427.37 DOI – INV COST BSIS-PI Investigative services performed by Division of Investigation
- 912.37 DISTRIBUTED COST – DOI – Investigative services for BSIS-PI

CHANGES:

- 427.10 INTERAGENCY SERVICES with OPES - Services provided by OPES to a board or bureau within the Department.
- 427.30 DOI – INVESTIGATIVE SERVICES UNIT - PRO-RATA
- 427.35 PCSD – PRO-RATA
- 912.01 DISTRIBUTED COST – OPES Direct
- 912.05 DISTRIBUTED COST – DOI INVESTIGATIVE SERVICES UNIT
- 912.35 DISTRIBUTED COST – PCSD

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Introduction

This booklet containing object codes, reimbursement source codes, and revenue source codes is in accordance with the Department of Finance, Uniform Codes Manual (UCM), which is used by all state agencies. This coding system provides the State Controller with all information necessary for the maintenance of a comprehensive system of central accounts for the entire state. Thus, every agency will use these account codes when preparing and reporting budgeted and actual data.

This document includes a master list of object codes, used for recording expenditures, and a master list of general revenue and reimbursement source codes, available to all programs within the Department of Consumer Affairs.

Object Codes

Object Codes (line items) are used to budget, account and report costs according to the types of goods or services purchased/consumed. Object Codes are **not** intended to show the purpose of function services or accomplished by the proposed or actual disbursement. In order for object data to be meaningful, object codes must be used consistently from year to year.

Reporting Payments

This section also includes the reportable payments indicator *. This * identifies the reportable payment codes as defined in the State Administrative Manual (SAM) Section 8422.19. The payments identified typically represent purchased services and similar payments that are required to be reported when made to certain types of taxpayers. When this designation is used in conjunction with information obtained from the Vendor Data Records (Standard Form 204), transactions required to be reported on form 1099 may be automatically identified. Therefore, object codes containing a value * should be used only for purchased services. Also, some expenses (i.e., relocation, overtime meals, and excess mileage) are not identified by the CALSTARS system as reportable, and must be manually tracked.

Objects of expenditure are budgeted, accounted and reported in these categories:

- Personal Services
- Operating Expenses and Equipment

Personal Services

Personal Services includes salaries and wages, staff benefits, merit suggestion awards, and retroactive pay adjustment. Personal services costs do not include services obtained under contract.

Salaries and Wages include compensation to employees for services. The Salaries and Wages classification is subdivided into: Civil Service, Exempt/Statutory, and Overtime.

Operating Expenses and Equipment

Operating expenses and equipment (OE&E) includes cost of goods and services.

Definitions

- **Personal Service** includes salaries and wages of State civil service positions. The civil service classification is subdivided into **Permanent/Limited Term and Temporary Help**. **Permanent** includes salaries and wages for legislatively authorized positions of an ongoing nature. **Limited term** includes salaries and wages for positions that are work or administrative adjustment or legislatively authorized for a specific period of time. **Temporary Help** includes salaries and wages for positions authorized by a specific allotment (blanket).
- **Exempt/Statutory** includes salaries and wages for positions exempt from civil service or for positions established by law.
- **Overtime** includes salaries and wages for additional time worked.
- **Staff Benefits** includes the State's contribution to OASDI, dental, health and welfare benefits, retirement, worker's compensation, disability leaves, unemployment insurance, Life Insurance, Vision Care, Medicare Taxation, and Other.
- **Operating Expenses and Equipment** includes cost of goods and services (other than personal services previously defined) that are used by the programs. All operating expense and equipment cost must be coded according to the object code list provided.
- **Special Items of Expense** include large or special purpose expenditures that normally require separate appropriations, are more clearly presented if reported separately, or do not conform easily to the uniform expenditure objects.

CALSTARS Object Codes

PERSONAL SERVICES

- 003 SALARIES AND WAGES - CIVIL SERVICE -- PERMANENT/LIMITED TERM
- 033.01 TEMPORARY HELP - EXAMINERS (COMMISSIONERS)
Blanket 903-Expert Examiners
Blanket 903-Commissioners
- 033.02 TEMPORARY HELP - SPECIAL #1
Blanket 906-Miscellaneous
Blanket 910-Athletic Inspectors
- 033.03 TEMPORARY HELP - SPECIAL #2
Blanket 912-PFIP
Physical Fitness Incentive Pay - Annual program, which pays \$65 per month to employees in Peace Officer classes who pass a test of physical fitness and have held peace officer status for thirteen months.
- 033.04 TEMPORARY HELP - REGULAR
Blanket 907-Temporary Help
Seasonals
Student Assistants
- 033.05 TEMPORARY HELP - EXAM PROCTORS
Blanket 915-Exam Proctors
- 033.06 TEMPORARY HELP -- Civil Service
Budget Letter 12-03, Blanket 999
- 033.15 ALLOCATED PROCTOR COST
- 033.16 SEPARATED PROCTOR COST – lump sum pay and benefits for separating proctors from state service.
- 063 EXEMPT/STATUTORY
Employees appointed or elected to state government positions without competing in civil service examinations (i.e., Executive Officers)
- 063.01 EXEMPT/STATUTORY - PER DIEM
Blanket 901-Board Members
Blanket 920-Athletic Commission Members
- 063.02 EXEMPT/STATUTORY - SPECIAL #1 PER DIEM
Blanket 904-Accountancy Technical Review Committee
Blanket 931-Medical Quality Review Committee
Blanket 961-Dental Auxiliary Committee Members
- 063.03 EXEMPT/STATUTORY - PER DIEM
Blanket 911-Committee Members
- 083 OVERTIME
Blanket 909 - Ordered work time in excess of regular scheduled workweek.

** Reportable Object Codes*

Revised June 2013

CALSTARS Object Codes

STAFF BENEFITS - Employer (State) share of costs it pays for benefits for state employees.

101 **STAFF BENEFITS** – Budget Plan Use Only -Summarized level of staff benefits.

103 OASDI - Social Security benefits.

104 DENTAL INSURANCE

105 HEALTH AND WELFARE INSURANCE

106.01 RETIREMENT - Public Employee's Retirement System (PERS).

125 WORKERS' COMPENSATION – Abatements from SCIF for salary paid to employee on Workers Compensation.

125.11 WORKERS' COMPENSATION – SCIF Case Cost (GL Use only) Claim Schedule

125.12 WORKERS' COMPENSATION – SCIF Admin Costs (GL Use only) SCO JE

125.15 WORKERS' COMPENSATION – SCIF Allocation of Costs to Programs.(GL Use only)

127 INDUSTRIAL DISABILITY LEAVE - Absence of an employee due to a job-related illness or injury.

132 NONINDUSTRIAL DISABILITY LEAVE - Absence from work due to a non-work related illness or injury.

133 UNEMPLOYMENT INSURANCE – Includes EDD unemployment insurance

134 OTHER - Flex-Elect (The State's benefit program - offers a cash option or reimbursement accounts to help employees pay for dependent care, out-of-pocket medical, vision and dental expenses from pre-tax salary.)

Employee Assistance Program (EAP - a program to refer employees for treatment of drug and alcohol abuse, or for personal problems which may affect work performance.)

Health Benefits - for non-represented employees.

134.01 TRANSIT DISCOUNT - Costs associated with the special transit discount program (i.e., bus passes, BART passes, tickets, etc). Program was established by Governor's Executive Order.

134.02 TRANSIT INVOICES

134.15 PROCTOR BENEFITS

135 LIFE INSURANCE

136 VISION CARE

137 MEDICARE TAXATION

141 SALARY SAVINGS

191 SPECIAL ADJUSTMENTS – Personal Services

** Reportable Object Codes*

Revised June 2013

CALSTARS Object Codes

OPERATING EXPENSES & EQUIPMENT

- 201** **GENERAL EXPENSE** – Budget Plan Use Only
- 204 EMPLOYEE RELOCATION - Per Diem and all other expenses incurred in the relocation of an employee.
- 205* DUES & MEMBERSHIPS - Dues and registration fees for Association Memberships, renewal of professional licenses and required DMV licenses (i.e., renewal of C.P.A. license; Class B drivers license - BAR).
- 206 MISCELLANEOUS OFFICE SUPPLIES - Office supplies and materials such as pencils, pens, electric pencil sharpeners, erasers, calendars, folders, staplers, magnetic recording tape, nameplates and rubber stamps. Purchase of typing, bond, and office copier paper through private vendors. Also includes purchase of entitled awards (i.e., plaques and engraving of plaques).
- 206.25 GENERAL EXPENSE – FILM – Purchase of film, videocassettes. (For film development see object code 225).
- 207 FREIGHT & DRAYAGE - Office moves, freight, express (i.e., UPS, Federal Express), air freight, railway express, freight on Greyhound, and porter fees. For examination material freight charges use Object Code 207.20.
- 213* PURCHASED CLERICAL & NONPROFESSIONAL SERVICES - Non-state clerical and non-professional services requires approval by State Personnel Board. Press clipping services. For enforcement-related transcription services, use Object Code 397.
- 213.01* TRANSCRIPTION SERVICES - Non-state personnel hired for transcribing, interpreting, signing, and translating services.
- 213.02* ADMINISTRATION OVERHEAD – OTHER STATE AGENCIES - Charges levied by General Services for purchase orders, contracts, traffic management, fleet administration, and confidential destruction. Charges levied by State Controller's Office for the processing of Disability Insurance Claims, late payroll document costs; Administrative cost by EDD for Unemployment Insurance (**for unemployment insurance see object code 133**) and by DPA Administration (Section 19999.21 of the Government Code). Charges levied by any other state agency for services provided not under contract.
- 213.04* FINGERPRINT REPORTS - Invoices for hard card fingerprint reports (DOJ/FBI), name checks, and subsequent arrest reports.
- 213.05* MESSENGER SERVICES - Messenger and courier services under contract with Administrative Services.
- 213.06* ABATEMENT – TRANS SERVICES
- 215* ADVERTISING - Newspaper advertising.
- 217* MEETINGS AND CONFERENCES - Site rentals for board meetings and conferences (i.e., rental of rooms, tables, chairs and microphones) exhibits, and show booth rental expenses. **Charges for catering services (i.e., coffee) CAN NOT be paid by the State.**
- 223 LIBRARY PURCHASES & SUBSCRIPTIONS - Purchase of books, pamphlets, magazines, newspapers, law books, and their supplements, Legislative Bills, maps, map books, and other reference materials. Purchase of subscriptions and electronic subscriptions.
- 225* PHOTOGRAPHY - Purchase of video cassettes, film, costs for development, etc., (Does not include training films or videos.)

* Reportable Object Codes

CALSTARS Object Codes

MINOR EQUIPMENT – Unit acquisition cost of less than \$5,000.

- 226.01 MINOR EQUIP
- 226.10 MINOR EQUIP – GENERAL –ADDITIONAL – All minor equipment purchases not otherwise defined
- 226.15 MINOR EQUIP – GENERAL – REPLACEMENT – All minor equipment purchases not otherwise defined
- 226.20 MINOR EQUIP – MACHINERY/MAJOR TOOLS- ADDITIONAL
- 226.25 MINOR EQUIP – MACHINERY/MAJOR TOOLS- REPLACEMENT
- 226.30 MINOR EQUIP – SCIENTIFIC INSTRUMENTS & APPARATUS - ADDITIONAL
- 226.35 MINOR EQUIP – SCIENTIFIC INSTRUMENTS & APPARATUS - REPLACEMENT
- 226.40 MINOR EQUIP – DATA PROCESSING EQUIPMENT - ADDITIONAL
- 226.45 MINOR EQUIP – DATA PROCESSING EQUIPMENT - REPLACEMENT
- 226.50 MINOR EQUIP – PHONE EQUIPMENT - ADDITIONAL
- 226.55 MINOR EQUIP – PHONE EQUIPMENT - REPLACEMENT
- 226.60 MINOR EQUIP – COPIERS - ADDITIONAL
- 226.65 MINOR EQUIP – COPIERS – REPLACEMENT
- 226.70 MINOR EQUIPMENT - CELL PHONES – ADDITIONAL
- 226.75 MINOR EQUIPMENT - CELL PHONES - REPLACEMENT
- 227* OFFICE EQUIPMENT - RENTAL, MAINTENANCE AND REPAIRS - Rental and lease of all office equipment. Repair and refinishing of office equipment and all maintenance service agreements. Also includes recharging of fire extinguishers (state vehicles or buildings). This does not include office copiers, postage equipment and data processing equipment.
- 227.01* LAB EQUIPMENT – MAINTENANCE AND REPAIRS
- 227.02* MAIL EQUIPMENT – MAINTENANCE AND REPAIRS – Maintenance service and repair of mail equipment. Includes all maintenance service agreements for mail equipment.
- 238 NOT OTHERWISE CLASSIFIED GOODS (ACCOUNTING USE ONLY)
- 239* NOT OTHERWISE CLASSIFIED SERVICES/RENTALS (ACCOUNTING USE ONLY)
- 241 PRINTING - Budget Plan Use Only**
- 242* PAMPHLETS, LEAFLETS, BROCHURES AND OTHER SIMILAR ITEMS - Printing of newsletters, pamphlets, directories, rules and regulations and inserts for it. Business reply surveys, books and bindings, brochures and leaflets.
- 242.02* REPRODUCTION SERVICES - Reproduction orders and photo copies. (Includes General Services.)

* Reportable Object Codes

Revised June 2013

CALSTARS Object Codes

- 242.03* ALLOCATED COPY COSTS - Photocopying costs for requests processed at the Copy Center at 1625 North Market Blvd., Sacramento (Accounting use only)
- 242.04* EDD PRODUCTIONS – Special printing specific to printing licenses.
- 242.05* METRO PRINT AND MAIL SOLUTIONS
- 243 PHOTOCOPY PAPER
- 244* OFFICE COPIER EXPENSE - Rental, maintenance, maintenance service agreements, and miscellaneous services.
- 245* PRINTED FORMS & STATIONERY - Letterheads, envelopes, business cards, renewal forms, and board memorandum.
- 246 OFFICE COPIER SUPPLIES - Supplies (i.e. toner, developer).
- 247* MICROFILM - Purchase and disposal of microfilm, microfilm charges of outside vendors.
- 248* NOT OTHERWISE CLASSIFIED (ACCOUNTING USE ONLY)
- 251* COMMUNICATIONS – Budget Plan Use Only**
- 252 CELL PHONES, PDA's, PAGERS – includes service for cell phones.
- 253 CENTRAL COMMUNICATION (CALNET, Centrex, ATSS)
- 254 FAX, - Fax costs including copies and supplies
- 255* DELIVERY SERVICES – (Messenger Services, Courier)
- 257.01 TELEPHONE EXCHANGE - Monthly charges for local phone, long distance (i.e., MCI), directory listings, and answering services
- 258* NOT OTHERWISE CLASSIFIED (ACCOUNTING USE ONLY)
- 259* MAINTENANCE – Includes maintenance, wiring, and installation.
- 261 POSTAGE - Budget Plan Use Only**
- 262 STAMPS, POST CARDS, ETC. - Stamps, stamped envelopes, post cards, postage due charges, registered and certified mail charges, post office box rentals, and parcel post.
- 263 POSTAGE METER - Rental, repairs, refills, permits, maintenance, etc.
- 263.01 POSTAGE METER CHARGES
- 263.04 POSTAGE METER FOR EDD
- 263.05 DCA ALLOCATED POSTAGE - Postage meter and RMRS charges and UPS charges for mail processed at the North Market Mailroom. **(Accounting use only)**
- 263.06 EDD ALLOCATED POSTAGE - Postage charges for renewal notices and licenses produced and mailed by EDD.
- 268 NOT OTHERWISE CLASSIFIED (ACCOUNTING USE ONLY)
- 268.01 MAIL PRE-SORT SERVICES - Contract with courier vendors. **(Accounting use only)**

* Reportable Object Codes

CALSTARS Object Codes

271 **INSURANCE** - Insurance coverage for department owned vehicles.

291 **TRAVEL: IN-STATE** – Budget Plan Use Only

292 PER DIEM - Subsistence (meals, lodging, incidentals)

293 STATE VEHICLE GENERAL SERVICES - General Services charges for rental, storage, parking, and tolls. Misc. State vehicle costs on travel expense claims.

294 COMMERCIAL AIR TRANSPORTATION - Airline tickets.

294.01 PRIVATE AIR COST - mileage and parking of private plane, or charter of non-commercial private plane.

294.02 BAGGAGE FEE

295 OTHER TRANSPORTATION

296 PRIVATE CAR - Mileage, tolls, parking for private car usage.

297 RENTAL CAR - Rental car charges including gas, parking, etc.

301* TAXI AND SHUTTLE SERVICES

302 RAIL AND BUS

303 OVERTIME MEALS - Meals allowable per DPA Section 599.622 (a) for Represented Employees & Section 599.623 (a) for Non Represented Employees and S.A.M. Section 0728.

305* TRAVEL AGENCY MANAGEMENT /TRANSACTION FEES (In State)

305.01* CALATERS SERVICE FEES

308 NOT OTHERWISE CLASSIFIED (ACCOUNTING USE ONLY)

311 **TRAVEL: OUT-OF-STATE** – Budget Plan Use Only

312 PER DIEM - Subsistence (meals, lodging, incidentals)

314 COMMERCIAL AIR TRANSPORTATION - Airline tickets.

314.02 BAGGAGE FEE

315 OTHER TRANSPORTATION

316 PRIVATE CAR - Mileage, tolls, parking for private car usage.

317 RENTAL CAR - Rental car charges including gas, parking, etc.

322 RAIL, BUS, AND TAXI

325* TRAVEL AGENCY MANAGEMENT /TRANSACTION FEES (Out of State)

328.01 OOS-TUITION/REGISTRATION – Tuition and Registration fees for training classes and conference fees for out of state trips only.

** Reportable Object Codes*

CALSTARS Object Codes

331 **TRAINING** - Budget Plan Use Only

- 332* TUITION AND REGISTRATION FEES - Training classes and conference fees. (I.e., Departmental training, State Training Center, and colleges.)
- 332.02* TRAINING - Includes Data Processing training.
- 333* TRAINING FILMS, SLIDES AND VIDEOS
- 334* TRAINING FACILITY RENTAL - Charges for room, tables, chairs and microphones.
- 335* TRAINING - INTERDEPARTMENTAL AND COMMERCIAL CONTRACTS
- 337 NOT OTHERWISE CLASSIFIED (GOODS)
- 337.01 SUPPLIES AND MATERIALS – Training supplies and books for employees enrolled in off site classes for which employee is reimbursed.
- 338* NOT OTHERWISE CLASSIFIED (SERVICES) (ACCOUNTING USE ONLY)

341 **FACILITIES OPERATIONS** - Budget Plan Use Only

- 342 RENT-BUILDING & GROUNDS (STATE-OWNED)
- 343* RENT-BUILDING & GROUNDS (NON-STATE-OWNED) - Includes storage (i.e. Self-Storage) and overtime utility charges included in monthly rent.
- 344* JANITORIAL SUPPLIES & SERVICES - Cost of janitorial services. (Restroom and janitorial supplies.)
- 345.01* SECURITY SERVICES - Charges levied by General Services (State Police) on all state agencies for 24 hour services, 7 days a week. (i.e., opening and locking buildings, foot and motor patrol of all facilities leased and owned by state agencies.) Also includes private security for leased buildings and exam sites.
- 345.02* SECURITY SYSTEMS - Burglar Alarms, installation, ongoing maintenance, monthly fees, false alarm fees, alarm monitoring.
- 345.03* SECURITY SYSTEMS UPGRADE
- 346* RECURRING MAINTENANCE - General upkeep and repairs. Services by groundskeeper, building maintenance worker, carpenter painter, electrician, plumber, truck drivers, laborers, locksmiths, etc, including General Services. For goods, see Object Code 357.
- 347 FACILITY PLANNING - General Services (Space Management, Lease Management, OREDS, etc.)
- 348* WASTE REMOVAL - One time service, special disposal requirements (i.e., solvents) hazardous waste, confidential shredding (private vendor), and permits.
- 352* SPECIAL REPAIRS AND DEFERRED MAINTENANCE - Elevator maintenance and operation. Repair items. (I.e., painting exterior of building, replacing roof or a major overhaul of an air conditioning system.)
- 353* ALTERATIONS - Improvements which are to change the use of or modernize a building.
- 357 NOT OTHERWISE CLASSIFIED – (GOODS) Includes purchase of building supplies and materials (i.e., hinges, locks, keys, glass, light bulbs and paint.)
- 358* NOT OTHERWISE CLASSIFIED – (SERVICES) (ACCOUNTING USE ONLY)

361 **UTILITIES** - Electricity, Natural Gas (P.G.& E.), water, sewer, and regular waste removal service.

* Reportable Object Codes

CALSTARS Object Codes

404.14*	<u>SME – Land Surveyor</u>	(Professional Engineers Use Only)
404.15*	<u>SME – Special Civil</u>	(Professional Engineers Use Only)
404.16*	<u>SME – Occupational Analysis</u>	(Professional Engineers Use Only)
404.17*	<u>PQ COMMITTEE</u> – Expenses for subject matter experts. (Architects Board Use Only)	
404.18*	<u>PQ COMMITTEE</u> – Travel Costs for SME (Architects Board Use Only)	
404.19*	<u>TASKFORCE PRACTICE MEETING</u> (Landscape Architect Technical Committee Only)	
404.20*	<u>TASKFORCE PRACTICE TRAVEL</u> (Landscape Architect Technical Committee Only)	
404.21*	<u>TASKFORCE EXTENSION CERTIFICATES MEETING</u> (Landscape Architect Technical Committee Only)	
404.22*	<u>TASKFORCE EXTENSION CERTIFICATES TRAVEL</u> (Landscape Architect Technical Committee Only)	
405*	<u>ARCHITECTURAL</u>	
406*	<u>AUDITING</u>	
407*	<u>COLLECTION SERVICES</u> - Outside contracts or agreements for collection services on accounts receivables (i.e., medical student loans).	
408.01*	<u>COMPLIANCE INSPECTORS AND INVESTIGATIONS</u>	
408.02*	<u>COMPLIANCE INSPECTORS AND INVESTIGATIONS - TRAVEL</u>	
409*	<u>INFORMATION TECHNOLOGY</u> – Consultant and professional services for IT developing and programming (i.e., CLETS< STATNET, Legi-Tech, ORACLE)	
412*	<u>ENGINEERING</u>	
413*	<u>HEALTH AND MEDICAL</u> - Consultation services for medical evaluations. Pre-employment physical examinations.	
414*	<u>LEGAL</u> – Witness fees, filing fees, notaries, public fees, etc.	
414.30*	<u>LEGAL SERVICES</u> - Services performed by a private entity through a contract, including Witness Fees, Filing Fees, Notaries Public Fees, etc. (excludes Attorney Fees)	
415*	<u>ATTORNEY FEES</u> – For services provided to state agencies.	
418.02*	<u>OTHER</u> - Services provided by a private entity through a contract, including Facilitators and Mediators.	
418.10*	<u>C/P – EXTERNAL – CONTRACT 01</u> – Use to track multiple contracts in the same category.	
418.11*	<u>C/P – EXTERNAL – CONTRACT 02</u>	
418.12*	<u>C/P – EXTERNAL – CONTRACT 03</u>	
418.20*	<u>C/P – EXTERNAL – CONTRACT 11</u>	
419	<u>REIMBURSED EXPENSES (NON-REPORTABLE)</u> - Provided to separate a consultants reimbursed expenses from his/her fee or hourly charge for services. The "services" portion is reportable; reimbursed expenses are not.	

* Reportable Object Codes

CALSTARS Object Codes

420* TAXABLE REIMBURSED EXPENSES (NON-EMPLOYEES ONLY) – Meals, mileage, etc in excess of approved rates.

EXAMINATIONS

- 206.20 EXAMINATION SUPPLIES AND MATERIALS - Examination materials, supplies, and minor costs associated with examinations, which are not covered by contract. (This includes client, patient services for the Optometry Board)
- 207.20 EXAMINATION - FREIGHT - Freight, shipping and storage of examination material and booklets, porter fees.
- 342.20 EXAMINATION RENTAL (STATE OWNED) - Rental of rooms, chairs, and tables, etc.
- 343.20* EXAMINATION RENTAL (NON-STATE OWNED) - Rental of rooms, chairs, tables, and other associated costs (i.e., utilities).
- 404* CONSULTANT/PROFESSIONAL SERVICES-EXTERNAL-ADMINISTRATION - National exam contracts, consultant services for exam development, and may also include contract costs associated with preparation and scoring of examinations.
- 404.01* C/P SVS – EXTERNAL – EXPERT EXAMINERS – Wages for services provided by expert examiners in the oral/ written examination process. Includes travel expenses.
- 404.02* C/P SVS – EXTERNAL – EXPERT EXAMINERS – Wages for services provided by expert examiners in the oral/ written examination development process. Includes travel expenses.
- 404.03* C/P SVS – EXTERNAL – SUBJECT MATTER– Services provided by subject matter experts in the oral/written examination process related to examination oversight and qualifications and policy recommendations. Includes travel expenses.
- 404.04* EXTERNAL SUBJECT MATTER EXPERTS - TRAVEL

DEPARTMENTAL SERVICES (ACCOUNTING USE ONLY)

- 424.02 OIS SPECIAL ALLOCATION
- 424.03 OIS PRO RATA - Pro-rata assessment to support the Office of Information Systems (OIS)
- 427 ADMINISTRATION PRO RATA - Pro-rata assessments to support DCA Proper (Administrative Services). This does not include OIS and DOI support.
- 427.01 INTERAGENCY SERVICES - Services provided to one board by another board within the Department.
- 427.02 SHARED SERVICES – Medical Board of California Only - Administrative and clerical services provided by the Medical Board to the Allied Health Committees.
- 427.10 INTERAGENCY SERVICES with OPES - Services provided by OPES to a board or bureau within the Department.
- 427.30 DOI – INVESTIGATION SERVICES UNIT - PRO RATA
- 427.31 DOI – PRO RATA
- 427.34 PUBLIC AFFAIRS OFFICE – PRO RATA.

* Reportable Object Codes

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CALSTARS Object Codes

427.35 PCSD – PRO RATA

428 **CONSOLIDATED DATA CENTERS** - Office of Technology Services (OTech)

431 **INFORMATION TECHNOLOGY** - Budget Plan Use Only

434 INTERAGENCY CONTRACTUAL SERVICES - Rental and lease agreements for Information Technology equipment, consultant and professional services for IT developing and programming (i.e., OTech).

435* NOT OTHERWISE CLASSIFIED –Services (Maintenance, Security Services, Archival Services, etc.)

436 SUPPLIES, - Paper, toner, cables, mouse pads, surge protectors, printer ribbons, toner cartridges, carrying cases, etc.

445 SOFTWARE – (Purchase, License, software upgrades) see 435 for maintenance

446 HARDWARE – (Purchase, Lease) see 435 for maintenance

446.03 DO NOT USE see 435

447 DATA LINES – (T1, DS3, etc.)

448 INTERNET SERVICE PROVIDER

449* ELECTRONIC WASTE RECYCLING AND DISPOSAL FEES

CENTRAL ADMINISTRATIVE SERVICES

438 STATEWIDE PRO-RATA - Charges for support of Personnel Board, Department of Finance, State Controller, State Treasurer, Legislature, Governor's Office, etc. (For special direct pro-rata costs see 213.02)

439 SWCAP – Statewide Cost Allocation Plan

ENFORCEMENT

394.01 SCHOOL OVERSIGHT – INTERDEPARTMENTAL – Services provided by a state agency to Court Reporter Board for school oversight, including travel cost.

396 ATTORNEY GENERAL SERVICES - Legal services provided by the Attorney General's Office.

397 OFFICE OF ADMINISTRATIVE HEARINGS - Services provided for hearing officer, judges' services and filing fees.

414.01* SCHOOL OVERSIGHT – EXTERNAL – Services provided by private consultant to Court Reporter Board for school oversight, including travel cost.

414.31* EVIDENCE/WITNESS FEES - Payment of witness fees, which include hourly wages and travel expenses, undercover operative fees, films and flash bulbs. Includes medical services for use as evidence.

414.33* WITNESS FEES - if reported separate from evidence.

414.34* EVIDENCE – if reported separate from witness fees. Includes medical services for use as evidence.

418.97* COURT REPORTER SERVICES – (C&P external) Services provided for court reporter services and invoices for transcriptions provided by a private vendor.

* Reportable Object Codes

CALSTARS Object Codes

- 427.31 DIVISION OF INVESTIGATION - INVESTIGATIVE - Investigative services performed by Division of Investigation for the Boards and Bureaus.
- 427.32 INVESTIGATIVE SERVICES – Medical Board of California Only - Investigative Services provided by the Medical Board for the Allied Health Committees.
- 427.33 PROBATION MONITORING – Monitoring services provided by the Division of Investigations.

EQUIPMENT

452 **EQUIPMENT REPLACEMENT** – Unit acquisition cost of at least \$5,000 (Per Management Memo 95-22)

- 453 OFFICE EQUIPMENT (exclude chairs, desk, etc.)
- 454 PASSENGER MOTOR VEHICLES
- 455 OTHER MOTOR VEHICLES
- 457 MACHINERY AND MAJOR TOOLS - Test equipment, compressors, and analyzers.
- 462 SCIENTIFIC INSTRUMENTS AND APPARATUS - Microscopes, test equipment, and ovens.
- 463 MAPS, FILMS & PAINTINGS
- 466 ELECTRONIC DATA PROCESSING
- 468 EQUIPMENT - REPLACEMENT - OTHER
- 468.01 PHONE EQUIPMENT - REPLACEMENT

472 **ADDITIONAL EQUIPMENT** - Unit acquisition cost of at least \$5,000 (PER Management Memo 95-22)

- 473 OFFICE EQUIPMENT (exclude chairs, desk, etc.)
- 474 PASSENGER MOTOR VEHICLES
- 475 OTHER MOTOR VEHICLES
- 477 MACHINERY AND MAJOR TOOLS - Test equipment, compressors, and analyzers.
- 482 SCIENTIFIC INSTRUMENTS AND APPARATUS - Microscopes, test equipment, and ovens.
- 486 ELECTRONIC DATA PROCESSING
- 488 EQUIPMENT - ADDITIONAL - OTHER
- 488.01 PHONE EQUIPMENT - ADDITIONAL

501 **OTHER ITEMS OF EXPENSE** – Budget Plan Use Only

- 503 CLOTHING AND PERSONAL SUPPLIES - Allowance for purchase of uniforms, steel toed shoes, etc.

* Reportable Object Codes

Revised June 2013

CALSTARS Object Codes

- 516 LAB, MEDICAL, AND WORKSHOP SUPPLIES - Purchase of all lab, medical, and workshop supplies for all boards and bureaus. Goggles, chemicals, dust masks, and gases (i.e. Scott Specialty). This does not include training supplies.
- 520 UNIFORM ALLOWANCES - Rental and maintenance of uniforms, mats, rugs, etc.
- 522 LAW ENFORCEMENT MATERIALS - Ammunition, ammunition holders, mace, mace holders, handcuffs, handcuff cases, badge, badge holder, flashlights, flares, safety glasses, gun cleaning/maintenance, shooting range fees/privileges, and photo IDs.
- 545* INTEREST PENALTIES (Accounting Use Only) - Interest penalty assessed for late payment of invoices. (Per SAM 8474)
- 568.01 VEHICLE REPAIR ASSISTANCE – NON REPORTABLE
- 569.01* UNDERSERVED LOAN REPAYMENT PROGRAM
- 591 SPECIAL ADJUSTMENTS (Accounting Use Only)
- 591.08 REAPPROPRIATION RESERVE
- 524 VEHICLE OPERATIONS**
- 525 GASOLINE - State vehicles, gas on travel expense claims.
- 527 OIL & LUBRICATION - Bulk purchase of automobile fluids exclusive of gasoline.
- 532 TIRES AND TUBES - Tires and tubes purchased and cost recoveries for tires and tubes under warranty.
- 533* MAINTENANCE AND REPAIRS - Maintenance and repair of vehicles, forklift. Includes accident repairs, inspection service charges and SMOG checks.
- 534* WASHING - Materials and other costs for washing of passenger vehicles and amounts charged by private firms for these services.
- 535* TOWING - Labor, materials, operating costs of vehicles used in towing, and other towing costs (not related to accidents).
- 536 OTHER VEHICLE OPERATIONS - Includes purchase of goods/supplies related to maintenance and repair of vehicles (i.e. parts, hoses, and brakes).

SPECIAL ITEMS OF EXPENSE

- 602* INTEREST - Interest on loans.
- 602.01* INTEREST - SETTLEMENTS
- 609* ATTORNEY FEES – For services not rendered to the state agency but for which the agency is obligated to pay for pursuant to court decree or other settlement.
- 610* ATTORNEY FEES – Pursuant to IRC 6045(f); that consist of 1) amounts to be paid to the client; and 2) amounts intended for the attorney.
- 611* TORT PAYMENTS – Other punitive damages that do not involve physical or personal injury. (Do not include attorney fees – see 609 and 610)
- 611.01 TORT PAYMENTS – Recovery Act Claims.

* Reportable Object Codes

CALSTARS Object Codes

613	<u>TORT PAYMENTS</u> – Compensatory awards involving physical or personal injury. (Do not include attorney fees. – see 609 and 610)
614	<u>TAXES AND ASSESSMENTS</u> - Taxes for VIRF building to the Sacramento County Tax Collector
614.01	<u>CAL OSHA CITATION</u>
616*	<u>BOARD OF CONTROL CLAIMS</u>
626	<u>LOANS/TRANSFERS AND OTHER NON-EXPENDITURE DISBURSEMENTS</u>
632.01	<u>MEMORANDUM OF COSTS – TORT NRP</u>
751	<u>LOCAL COSTS - OTHER</u>
751.02	<u>LOCAL ASSISTANCE CMEA GRANT</u>
912	<u>INTERNAL COST RECOVERY</u> – TO BE USED WITH DISTRIBUTED PCA ONLY
912.01	<u>DISTRIBUTED COST</u> – OPES Direct – TO BE USED WITH DISTRIBUTED PCA ONLY
912.02	<u>DISTRIBUTED COST</u> – ADMINISTRATION DIVISION – TO BE USED WITH DISTRIBUTED PCA ONLY
912.03	<u>DISTRIBUTED COST</u> – OIS DIVISION – TO BE USED WITH DISTRIBUTED PCA ONLY
912.04	<u>DISTRIBUTED COST</u> – DIV OF INVESTIGATION – TO BE USED WITH DISTRIBUTED PCA ONLY
912.05	<u>DISTRIBUTED COST</u> – DOI – INVESTIGATIVE SERVICES UNIT – TO BE USED WITH DISTRIBUTED PCA ONLY
912.15	<u>DISTIRBUTED COST</u> – SCIF – TO BE USED WITH DISTRIBUTED PCA ONLY
912.34	<u>DISTRIBUTED COST</u> – PUBLIC AFFAIRS – TO BE USED WITH DISTRIBUTED PCA ONLY
912.35	<u>DISTRIBUTED COST</u> – PCSD – TO BE USED WITH DISTRIBUTED PCA ONLY

* Reportable Object Codes

Revised June 2013

CALSTARS Reimbursement and General Revenue Source Codes

SCHEDULED REIMBURSEMENTS

- 991912 INTRADEPARTMENTAL - Reimbursements received from other departmental units/programs within the same organization, which are treated as scheduled reimbursements. (1110/1111)
- 991913 INTERDEPARTMENTAL - Reimbursements received from other state departments, commissions, Boards, etc. Reimbursement for contractual verification, Data Processing, Division of Investigation, etc. for services provided to other State Agencies.
- 991935 EXTERNAL/FEDERAL - Reimbursements received from the Federal government.
- 991936 EXTERNAL/LOCAL - Reimbursements received from local governmental entities within the State. (Including cities, counties, municipalities, etc.) (I.e., Data Processing)
- 991937 EXTERNAL/PRIVATE - Reimbursements received from private individuals, firms, institutions or corporations.
- 991937.01 EXTERNAL/PRIVATE - FINGERPRINT REPORTS - Reimbursements received for assessment of fingerprint processing fees.
- 991937.02 EXTERNAL/PRIVATE - PUBLIC SALES - Reimbursements received for OIS Public Sales

UNSCHEDULED REIMBURSEMENT

- 995962 INTRADEPARTMENTAL - Unscheduled reimbursements received from other departmental units/programs within the same organization. (1110/1111)
- 995963 INTERDEPARTMENTAL - Unscheduled reimbursements received from other state departments, commissions, boards, etc. Services provided to other State Agencies.
- 995985 EXTERNAL/FEDERAL - Unscheduled reimbursements received from the Federal Government.
- 995986 EXTERNAL/LOCAL - Unscheduled reimbursements received from local governmental entities within the State (Including cities, counties, municipalities, etc.)
- 995987 EXTERNAL/PRIVATE - Unscheduled reimbursements, received from private individuals, firms, institutions, or corporations.
- 995987.01 EXTERNAL/PRIVATE - FINGERPRINT REPORTS - Unscheduled reimbursements received for assessment of fingerprint processing fees.
- 995987.03 EXTERNAL/PRIVATE - PUBLIC SALES - Unscheduled reimbursements received for OIS Public Sales.
- 995987.CF EXTERNAL/PRIVATE - LICENSING CONVENIENCE FEES - Unscheduled reimbursements, received from private individuals for iLicensing convenience fees.

UNSCHEDULED REIMBURSEMENTS- INVESTIGATIVE COST RECOVERY

- 995988.01 UNSCHEDULED REIMBURSEMENTS - Investigative cost recovery. Unscheduled reimbursements directly recovered by the board.
- 995988.02 TO 995988.04**
Recovery of costs by the Division of Investigation for the boards.
- 995988.02 UNSCH - DOI ICR ADMINISTRATIVE CASE ONLY

CALSTARS Reimbursement and General Revenue Source Codes

995988.03 UNSCH - DOI ICR CRIMINAL CASE ONLY

995988.04 UNSCH - DOI ICR CIVIL CASE ONLY

995988.05 UNSCH - ICR PROBATION MONITORING

GENERAL REVENUE SOURCE CODES

125600XX OTHER REGULATORY FEES
125600.90 OVER/SHORT FEES
125700XX OTHER REGULATORY FEE – LICENSES AND PERMITS
125700.90 OVER/SHORT FEES
125700.91 SUSPENDED REVENUE
125700.92 PRIOR YEAR REVENUE ADJUSTMENT
125800XX RENEWAL FEES
125800.90 OVER/SHORT FEES
125900XX DELINQUENT FEES
141200 SALE OF DOCUMENTS
141200.90 SALE OF EXAMINATIONS
142500.90 MISCELLANEOUS SERVICES TO PUBLIC – GENERAL
142500.91 MISCELLANEOUS SERVICES TO PUBLIC – TRANSCRIPTS
142500.92 MISCELLANEOUS SERVICES TO PUBLIC – SEARCH FEE
150300 INCOME FROM SURPLUS MONEY INVESTMENTS (SMIF)
161400.90 MISCELLANEOUS INCOME
161400.91 DISHONORED CHECK FEE
164300.99 PENALTY ASSESSMENTS

Agenda

Item

15

GENERAL AREA: Administration

SPECIFIC SUBJECT: Training/Orientation of Newly Appointed Board Members

STATEMENT:

Newly appointed Board members are expected to become familiar with PAB policies and regulations, as well as key laws relating to PAB practices and programs. Within the first thirty days of appointment if possible, but certainly before the sixth month of appointment, new members will meet with the Executive Officer of the PAB and the PAB Chair or the Chair's designee for orientation to PAB's mission and goals and for instruction in relevant policies, procedures, regulations, and laws.

NECESSITY:

Board members must understand the practices, the procedures, and the standards of the medical and physician assistant professions, state government, and the PAB. Such understanding must be built on a foundation of knowledge of:

1. Policies that govern the PAB and its committees;
2. Board regulations that relate to PA practices; and
3. State laws and regulations that define the nature, scope, minimum standards of performance, etc., of PA practices.

In addition, Board members are required by California law to complete the following training:

1. Board Member Orientation Training (within one year of assuming office as a board member, even if recently completed the same training for service serving on another Board or after being re-appointed to this Board – Bus.&Prof.Code, § 453);
2. Ethics Training (within the first 6 months of appointment and repeated every 2 years throughout their term; no need to repeat this course after appointment if already completed an equivalent course through another state agency in the timeframes set forth here – Gov.Code §§ 11146.1-11146.4);
3. Sexual Harassment Prevention Training (every 2 years) (Gov.Code, § 12950.1; Title 2 CCR § 11023); (no need to repeat after appointment if previously completed while at another DCA board and within the 2-year period) and,
4. Defensive Driver Online Training (every 4 years) (State Administrative Manual 0751; no need to repeat DGS course if completed within the 4-year period).

In addition, after appointment, Board members will receive a Form 700 (Statement of Economic Interests and Conflict of Interest Filing) packet from the Department of Consumer Affairs. The Form 700 "Assuming Office" form must be filed within 30 days of a new Board member appointment. Appointees must file the Form 700 Annual Statement every April 1. Appointees must file a Form 700 "Leaving Office" Statement within 30 days of leaving the Physician Assistant Board.

REVIEWED BY THE EXECUTIVE AND BUDGET SUBCOMMITTEE AND APPROVED FOR PRESENTATION TO THE PAC: 04/05/97

APPROVED BY THE PHYSICIAN ASSISTANT COMMITTEE: 04/24/97

REVIEWED BY EDUCATION AND PUBLIC AFFAIRS SUBCOMMITTEE: 10/28/04

**EDITED/UPDATED VERSION MODIFICATIONS APPROVED BY THE PHYSICIAN
ASSISTANT BOARD: 02/09/2015**

§ 453. Training and orientation program, CA BUS & PROF § 453

West's Annotated California Codes
Business and Professions Code (Refs & Annos)
Division 1. Department of Consumer Affairs (Refs & Annos)
Chapter 6. Public Members (Refs & Annos)

West's Ann. Cal. Bus. & Prof. Code § 453

§ 453. Training and orientation program

Effective: January 1, 2003

Currentness

Every newly appointed board member shall, within one year of assuming office, complete a training and orientation program offered by the department regarding, among other things, his or her functions, responsibilities, and obligations as a member of a board. The department shall adopt regulations necessary to establish this training and orientation program and its content.

Credits

(Added by Stats.2002, c. 1150 (S.B.1955), § 1.4.)

Editors' Notes

CROSS REFERENCES

Board defined for purposes of this Code and Chapter, see **Business and Professions Code** §§ 22, 452.

Department defined for purposes of this Code, see **Business and Professions Code** § 23.

West's Ann. Cal. Bus. & Prof. Code § 453, CA BUS & PROF § 453

Current with urgency legislation through Ch. 2 of 2015 Reg.Sess.

End of Document

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Article 12

STATE AGENCY ETHICS TRAINING

Section

- 11146. Definitions.
- 11146.1. Semiannual orientation course; official conduct of state officials.
- 11146.2. Attendance records.
- 11146.3. Requirement to attend; timing.
- 11146.4. Exceptions; joint courses; course content requirements.

Article 12 was added by Stats.1998, c. 364 (A.B.2179), § 1.

§ 11146. Definitions

For purposes of this article, the following terms have the following meanings:

(a) "State agency" has the same meaning as set forth in Section 82049, but does not include the Legislature.

(b) "Filer" means each member, officer, or designated employee of a state agency who is required to file a statement of economic interests under either Article 2 (commencing with Section 87200) or Article 3 (commencing with Section 87300) of Chapter 7 of Title 9 because of the position he or she holds with the agency.

(Added by Stats.1998, c. 364 (A.B.2179), § 1. Amended by Stats.2002, c. 663 (A.B.3022), § 1.)

Cross References

"State agency" defined for purposes of this division, see Government Code § 11000.

Code of Regulations References

Ethics orientation, generally, see 2 Cal. Code of Regs. § 1189.11.

§ 11146.1. Semiannual orientation course; official conduct of state officials

Each state agency shall offer at least semiannually to each of its filers an orientation course on the relevant ethics statutes and regulations that govern the official conduct of state officials.

(Added by Stats.1998, c. 364 (A.B.2179), § 1.)

Cross References

"Filer" defined for purposes of this article, see Government Code § 11146.

"State agency" defined for purposes of this article, see Government Code § 11146.

"State agency" defined for purposes of this division, see Government Code § 11000.

Code of Regulations References

Fair political practices commission, state agency ethics training, see 2 Cal. Code of Regs. § 18370.

Library References

- States ⇐72.
- Westlaw Topic No. 360.
- C.J.S. States § 123.

§ 11146.2

§ 11146.2. Attendance records

Each state agency shall maintain records indicating the specific attendees, each attendee's job title, and dates of their attendance for each orientation course offered pursuant to Section 11146.1 for a period of not less than five years after each course is given. These records shall be public records subject to inspection and copying consistent with subdivision (a) of Section 81008 and otherwise subject to the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1).

(Added by Stats.1998, c. 364 (A.B.2179), § 1.)

Cross References

"State agency" defined for purposes of this article, see Government Code § 11146.

"State agency" defined for purposes of this division, see Government Code § 11000.

Library References

Records ⇐50.

States ⇐72.

Westlaw Topic Nos. 326, 360.

C.J.S. Records §§ 93 to 96.

C.J.S. States § 123.

§ 11146.3. Requirement to attend; timing

Except as set forth in Section 11146.4, each filer shall attend the orientation course required in Section 11146.1, as follows:

(a) For a filer who holds a position with the agency on January 1, 2003, not later than December 31, 2003 and, thereafter, at least once during each consecutive period of two calendar years commencing on January 1, 2005.

(b) For a person who becomes a filer with the agency after January 1, 2003, within six months after he or she becomes a filer and at least once during each consecutive period of two calendar years commencing on the first odd-numbered year thereafter.

(Added by Stats.1998, c. 364 (A.B.2179), § 1. Amended by Stats.2002, c. 663 (A.B.3022), § 2.)

Cross References

"Filer" defined for purposes of this article, see Government Code § 11146.

Library References

States ⇐74.

Westlaw Topic No. 360.

C.J.S. States §§ 123, 136.

Research References

Encyclopedias

CA Jur. 3d Public Officers and Employees

§ 210, In General.

§ 11146.4. Exceptions; joint courses; course content requirements

(a) The requirements of Section 11146.3 shall not apply to filers with a state agency who have taken an equivalent ethics orientation course through another

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STATE DEPARTMENT & AGENCIES

§ 11146.4

Div. 3

state agency or the Legislature within the time periods set forth in subdivision (a) or (b) of Section 11146.3, as applicable.

(b) State agencies may jointly conduct and filers from more than one state agency may jointly attend an orientation course required by Section 11146.1, as long as the course content is relevant to the official duties of the attending filers.

(c) Before conducting each orientation course required by Section 11146.1, state agencies shall consult with the Fair Political Practices Commission and the Attorney General regarding appropriate course content.

(Added by Stats. 1998, c. 364 (A.B. 2179), § 1.)

Cross References

Attorney General, generally, see Government Code § 12500 et seq.

"Filer" defined for purposes of this article, see Government Code § 11146.

"State agency" defined for purposes of this article, see Government Code § 11146.

"State agency" defined for purposes of this division, see Government Code § 11000.

Code of Regulations References

Fair political practices commission, state agency ethics training, see 2 Cal. Code of Regs. § 18370.

Library References

States ⇐74.

Westlaw Topic No. 360.

C.J.S. States §§ 123, 136.

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GOVERNMENT CODE - GOV

TITLE 2. GOVERNMENT OF THE STATE OF CALIFORNIA [8000 - 22980] (*Title 2 enacted by Stats. 1943, Ch. 134.*)

DIVISION 3. EXECUTIVE DEPARTMENT [11000 - 15986] (*Division 3 added by Stats. 1945, Ch. 111.*)

PART 2.8. DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING [12900 - 12996] (*Part 2.8 added by Stats. 1980, Ch. 992.*)

CHAPTER 6. Discrimination Prohibited [12940 - 12956.2] (*Chapter 6 added by Stats. 1980, Ch. 992.*)

ARTICLE 1. Unlawful Practices, Generally [12940 - 12951] (*Article 1 added by Stats. 1980, Ch. 992.*)

12950.1. (a) An employer having 50 or more employees shall provide at least two hours of classroom or other effective interactive training and education regarding sexual harassment to all supervisory employees in California within six months of their assumption of a supervisory position. An employer covered by this section shall provide sexual harassment training and education to each supervisory employee in California once every two years. The training and education required by this section shall include information and practical guidance regarding the federal and state statutory provisions concerning the prohibition against and the prevention and correction of sexual harassment and the remedies available to victims of sexual harassment in employment. The training and education shall also include practical examples aimed at instructing supervisors in the prevention of harassment, discrimination, and retaliation, and shall be presented by trainers or educators with knowledge and expertise in the prevention of harassment, discrimination, and retaliation.

(b) An employer shall also include prevention of abusive conduct as a component of the training and education specified in subdivision (a).

(c) The state shall incorporate the training required by subdivision (a) into the 80 hours of training provided to all new supervisory employees pursuant to subdivision (b) of Section 19995.4, using existing resources.

(d) Notwithstanding subdivisions (j) and (k) of Section 12940, a claim that the training and education required by this section did not reach a particular individual or individuals shall not in and of itself result in the liability of any employer to any present or former employee or applicant in any action alleging sexual harassment. Conversely, an employer's compliance with this section does not insulate the employer from liability for sexual harassment of any current or former employee or applicant.

(e) If an employer violates this section, the department may seek an order requiring the employer to comply with these requirements.

(f) The training and education required by this section is intended to establish a minimum threshold and should not discourage or relieve any employer from providing for longer, more frequent, or more elaborate training and education regarding workplace harassment or other forms of unlawful discrimination in order to meet its obligations to take all reasonable steps necessary to prevent and correct harassment and discrimination.

(g) (1) For purposes of this section only, "employer" means any person regularly employing 50 or more persons or regularly receiving the services of 50 or more persons providing services pursuant to a contract, or any person acting as an agent of an employer, directly or indirectly, the state, or any political or civil subdivision of the state, and cities.

(2) For purposes of this section, "abusive conduct" means conduct of an employer or employee in the workplace, with malice, that a reasonable person would find hostile, offensive, and unrelated to an employer's legitimate business interests. Abusive conduct may include repeated infliction of verbal abuse, such as the use of derogatory remarks, insults, and epithets, verbal or physical conduct that a reasonable person would find threatening, intimidating, or humiliating, or the gratuitous sabotage or undermining of a person's work performance. A single act shall not constitute abusive conduct, unless especially severe and egregious.

(Amended by Stats. 2014, Ch. 306, Sec. 1. Effective January 1, 2015.)

West's Annotated California Codes
Government Code (Refs & Annos)
Title 2. Government of the State of California
Division 3. Executive Department (Refs & Annos)
Part 2.8. Department of Fair Employment and Housing (Refs & Annos)
Chapter 4. Definitions (Refs & Annos)

West's Ann.Cal.Gov.Code § 12926

§ 12926. Additional definitions

Effective: January 1, 2015

Currentness

As used in this part in connection with unlawful practices, unless a different meaning clearly appears from the context:

(a) "Affirmative relief" or "prospective relief" includes the authority to order reinstatement of an employee, awards of backpay, reimbursement of out-of-pocket expenses, hiring, transfers, reassignments, grants of tenure, promotions, cease and desist orders, posting of notices, training of personnel, testing, expunging of records, reporting of records, and any other similar relief that is intended to correct unlawful practices under this part.

(b) "Age" refers to the chronological age of any individual who has reached his or her 40th birthday.

(c) "Employee" does not include any individual employed by his or her parents, spouse, or child, or any individual employed under a special license in a nonprofit sheltered workshop or rehabilitation facility.

(d) "Employer" includes any person regularly employing five or more persons, or any person acting as an agent of an employer, directly or indirectly, the state or any political or civil subdivision of the state, and cities, except as follows:

"Employer" does not include a religious association or corporation not organized for private profit.

(e) "Employment agency" includes any person undertaking for compensation to procure employees or opportunities to work.

(f) "Essential functions" means the fundamental job duties of the employment position the individual with a disability holds or desires. "Essential functions" does not include the marginal functions of the position.

§ 12926. Additional definitions, CA GOVT § 12926

(1) A job function may be considered essential for any of several reasons, including, but not limited to, any one or more of the following:

(A) The function may be essential because the reason the position exists is to perform that function.

(B) The function may be essential because of the limited number of employees available among whom the performance of that job function can be distributed.

(C) The function may be highly specialized, so that the incumbent in the position is hired for his or her expertise or ability to perform the particular function.

(2) Evidence of whether a particular function is essential includes, but is not limited to, the following:

(A) The employer's judgment as to which functions are essential.

(B) Written job descriptions prepared before advertising or interviewing applicants for the job.

(C) The amount of time spent on the job performing the function.

(D) The consequences of not requiring the incumbent to perform the function.

(E) The terms of a collective bargaining agreement.

(F) The work experiences of past incumbents in the job.

~~(G) The current work experience of incumbents in similar jobs.~~

(g)(1) "Genetic information" means, with respect to any individual, information about any of the following:

(A) The individual's genetic tests.

(B) The genetic tests of family members of the individual.

(C) The manifestation of a disease or disorder in family members of the individual.

(2) "Genetic information" includes any request for, or receipt of, genetic services, or participation in clinical research that includes genetic services, by an individual or any family member of the individual.

(3) "Genetic information" does not include information about the sex or age of any individual.

(h) "Labor organization" includes any organization that exists and is constituted for the purpose, in whole or in part, of collective bargaining or of dealing with employers concerning grievances, terms or conditions of employment, or of other mutual aid or protection.

(i) "Medical condition" means either of the following:

(1) Any health impairment related to or associated with a diagnosis of cancer or a record or history of cancer.

(2) Genetic characteristics. For purposes of this section, "genetic characteristics" means either of the following:

(A) Any scientifically or medically identifiable gene or chromosome, or combination or alteration thereof, that is known to be a cause of a disease or disorder in a person or his or her offspring, or that is determined to be associated with a statistically increased risk of development of a disease or disorder, and that is presently not associated with any symptoms of any disease or disorder.

(B) Inherited characteristics that may derive from the individual or family member, that are known to be a cause of a disease or disorder in a person or his or her offspring, or that are determined to be associated with a statistically increased risk of development of a disease or disorder, and that are presently not associated with any symptoms of any disease or disorder.

(j) "Mental disability" includes, but is not limited to, all of the following:

§ 12926. Additional definitions, CA GOVT § 12926

(1) Having any mental or psychological disorder or condition, such as intellectual disability, organic brain syndrome, emotional or mental illness, or specific learning disabilities, that limits a major life activity. For purposes of this section:

(A) "Limits" shall be determined without regard to mitigating measures, such as medications, assistive devices, or reasonable accommodations, unless the mitigating measure itself limits a major life activity.

(B) A mental or psychological disorder or condition limits a major life activity if it makes the achievement of the major life activity difficult.

(C) "Major life activities" shall be broadly construed and shall include physical, mental, and social activities and working.

(2) Any other mental or psychological disorder or condition not described in paragraph (1) that requires special education or related services.

(3) Having a record or history of a mental or psychological disorder or condition described in paragraph (1) or (2), which is known to the employer or other entity covered by this part.

(4) Being regarded or treated by the employer or other entity covered by this part as having, or having had, any mental condition that makes achievement of a major life activity difficult.

(5) Being regarded or treated by the employer or other entity covered by this part as having, or having had, a mental or psychological disorder or condition that has no present disabling effect, but that may become a mental disability as described in paragraph (1) or (2).

"Mental disability" does not include sexual behavior disorders, compulsive gambling, kleptomania, pyromania, or psychoactive substance use disorders resulting from the current unlawful use of controlled substances or other drugs.

(k) "Military and veteran status" means a member or veteran of the United States Armed Forces, United States Armed Forces Reserve, the United States National Guard, and the California National Guard.

(l) "On the bases enumerated in this part" means or refers to discrimination on the basis of one or more of the following: race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, age, sexual orientation, or military and veteran status.

(m) "Physical disability" includes, but is not limited to, all of the following:

(1) Having any physiological disease, disorder, condition, cosmetic disfigurement, or anatomical loss that does both of the following:

(A) Affects one or more of the following body systems: neurological, immunological, musculoskeletal, special sense organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine.

(B) Limits a major life activity. For purposes of this section:

(i) "Limits" shall be determined without regard to mitigating measures such as medications, assistive devices, prosthetics, or reasonable accommodations, unless the mitigating measure itself limits a major life activity.

(ii) A physiological disease, disorder, condition, cosmetic disfigurement, or anatomical loss limits a major life activity if it makes the achievement of the major life activity difficult.

(iii) "Major life activities" shall be broadly construed and includes physical, mental, and social activities and working.

(2) Any other health impairment not described in paragraph (1) that requires special education or related services.

(3) Having a record or history of a disease, disorder, condition, cosmetic disfigurement, anatomical loss, or health impairment described in paragraph (1) or (2), which is known to the employer or other entity covered by this part.

(4) Being regarded or treated by the employer or other entity covered by this part as having, or having had, any physical condition that makes achievement of a major life activity difficult.

(5) Being regarded or treated by the employer or other entity covered by this part as having, or having had, a disease, disorder, condition, cosmetic disfigurement, anatomical loss, or health impairment that has no present disabling effect but may become a physical disability as described in paragraph (1) or (2).

(6) "Physical disability" does not include sexual behavior disorders, compulsive gambling, kleptomania, pyromania, or psychoactive substance use disorders resulting from the current unlawful use of controlled substances or other drugs.

(n) Notwithstanding subdivisions (j) and (m), if the definition of "disability" used in the federal Americans with Disabilities Act of 1990 (Public Law 101-336)¹ would result in broader protection of the civil rights of individuals with a mental disability or physical disability, as defined in subdivision (j) or (m), or would include any medical condition not included within those definitions, then that broader protection or coverage shall be deemed incorporated by reference into, and shall prevail over conflicting provisions of, the definitions in subdivisions (j) and (m).

(o) "Race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, age, sexual orientation, or military and veteran status" includes a perception that the person has any of those characteristics or that the person is associated with a person who has, or is perceived to have, any of those characteristics.

(p) "Reasonable accommodation" may include either of the following:

(1) Making existing facilities used by employees readily accessible to, and usable by, individuals with disabilities.

(2) Job restructuring, part-time or modified work schedules, reassignment to a vacant position, acquisition or modification of equipment or devices, adjustment or modifications of examinations, training materials or policies, the provision of qualified readers or interpreters, and other similar accommodations for individuals with disabilities.

(q) "Religious creed," "religion," "religious observance," "religious belief," and "creed" include all aspects of religious belief, observance, and practice, including religious dress and grooming practices. "Religious dress practice" shall be construed broadly to include the wearing or carrying of religious clothing, head or face coverings, jewelry, artifacts, and any other item that is part of the observance by an individual of his or her religious creed. "Religious grooming practice" shall be construed broadly to include all forms of head, facial, and body hair that are part of the observance by an individual of his or her religious creed.

(r)(1) "Sex" includes, but is not limited to, the following:

(A) Pregnancy or medical conditions related to pregnancy.

~~(B) Childbirth or medical conditions related to childbirth.~~

(C) Breastfeeding or medical conditions related to breastfeeding.

(2) "Sex" also includes, but is not limited to, a person's gender. "Gender" means sex, and includes a person's gender identity

§ 12926. Additional definitions, CA GOVT § 12926

and gender expression. "Gender expression" means a person's gender-related appearance and behavior whether or not stereotypically associated with the person's assigned sex at birth.

(s) "Sexual orientation" means heterosexuality, homosexuality, and bisexuality.

(t) "Supervisor" means any individual having the authority, in the interest of the employer, to hire, transfer, suspend, lay off, recall, promote, discharge, assign, reward, or discipline other employees, or the responsibility to direct them, or to adjust their grievances, or effectively to recommend that action, if, in connection with the foregoing, the exercise of that authority is not of a merely routine or clerical nature, but requires the use of independent judgment.

(u) "Undue hardship" means an action requiring significant difficulty or expense, when considered in light of the following factors:

(1) The nature and cost of the accommodation needed.

(2) The overall financial resources of the facilities involved in the provision of the reasonable accommodations, the number of persons employed at the facility, and the effect on expenses and resources or the impact otherwise of these accommodations upon the operation of the facility.

(3) The overall financial resources of the covered entity, the overall size of the business of a covered entity with respect to the number of employees, and the number, type, and location of its facilities.

(4) The type of operations, including the composition, structure, and functions of the workforce of the entity.

(5) The geographic separateness or administrative or fiscal relationship of the facility or facilities.

(v) "National origin" discrimination includes, but is not limited to, discrimination on the basis of possessing a driver's license granted under Section 12801.9 of the Vehicle Code.

Credits

(Added by Stats.1980, c. 992, § 4. Amended by Stats.1985, c. 1151, § 1; Stats.1990, c. 15 (S.B.1027), § 1; Stats.1992, c. 911 (A.B.311), § 3; Stats.1992, c. 912 (A.B.1286), § 3; Stats.1992, c. 913 (A.B.1077), § 21.3; Stats.1993, c. 1214 (A.B.551), § 5; Stats.1998, c. 99 (S.B.654), § 1; Stats.1999, c. 311 (S.B.1185), § 2; Stats.1999, c. 591 (A.B.1670), § 5.1; Stats.1999, c. 592 (A.B.1001), § 3.7; Stats.2000, c. 1049 (A.B.2222), § 5; Stats.2003, c. 164 (A.B.196), § 1; Stats.2004, c. 700 (S.B.1234), § 4; Stats.2011, c. 261 (S.B.559), § 9; Stats.2011, c. 719 (A.B.887), § 14.5; Stats.2012, c. 448 (A.B.2370), § 16; Stats.2012, c. 457

§ 12926. Additional definitions, CA GOVT § 12926

(S.B.1381), § 16; Stats.2012, c. 287 (A.B.1964), § 1; Stats.2012, c. 701 (A.B.2386), § 1.5; Stats.2013, c. 76 (A.B.383), § 86; Stats.2013, c. 691 (A.B.556), § 3; Stats.2014, c. 452 (A.B.1660), § 1, eff. Jan. 1, 2015.)

Notes of Decisions (263)

Footnotes

1

For public law sections classified to the U.S.C.A., see USCA-Tables.

West's Ann. Cal. Gov. Code § 12926, CA GOVT § 12926

Current with urgency legislation through Ch. 2 of 2015 Reg.Sess.

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Barclays Official California Code of Regulations ^{Currentness}
Title 2. Administration
Division 4.1. Department of Fair Employment and Housing
Subchapter 2. Discrimination in Employment
Article 2. Particular Employment Practices

2 CCR § 11023

§ 11023. Sexual Harassment Training and Education.

(a) Definitions. For purposes of this section:

(1) "Contractor" is a person performing services pursuant to a contract to an employer, meeting the criteria specified by Government Code section 12940(j)(5), for each working day in 20 consecutive weeks in the current calendar year or preceding calendar year.

(2) "Effective interactive training" includes any of the following:

(A) "Classroom" training is in-person, trainer-instruction, whose content is created by a trainer and provided to a supervisor by a trainer, in a setting removed from the supervisor's daily duties.

(B) "E-learning" training is individualized, interactive, computer-based training created by a trainer and an instructional designer. An e-learning training shall provide a link or directions on how to contact a trainer who shall be available to answer questions and to provide guidance and assistance about the training within a reasonable period of time after the supervisor asks the question, but no more than two business days after the question is asked.

(C) "Webinar" training is an internet-based seminar whose content is created and taught by a trainer and transmitted over the internet or intranet in real time. An employer utilizing a webinar for its supervisors must document and demonstrate that each supervisor who was not physically present in the same room as the trainer nonetheless attended the entire training and actively participated with the training's interactive content, discussion questions, hypothetical scenarios, quizzes or tests, and activities. The webinar must provide the supervisors an opportunity to ask questions, to have them answered and otherwise to seek guidance and assistance.

(D) Other "effective interactive training" and education includes the use of audio, video or computer technology in conjunction with classroom, webinar and/or e-learning training.

(E) For any of the above training methods, the instruction shall include questions that assess learning, skill-building activities that assess the supervisor's application and understanding of content learned, and numerous hypothetical scenarios about harassment, each with one or more discussion questions so that supervisors remain engaged in the training.

(3) "Employee" includes full time, part time, and temporary workers.

(4) "Employer" means any of the following:

(A) any person engaged in any business or enterprise in California, who employs 50 or more employees to perform services for a wage or salary or contractors or any person acting as an agent of an employer, directly or indirectly.

(B) the state of California, counties, and any other political or civil subdivision of the state and cities, regardless of the number of employees. For the purposes of this section, governmental and quasi-governmental entities such as boards, commissions, local agencies and special districts are considered "political subdivisions of the state."

(5) "Having 50 or more employees" means employing or engaging 50 or more employees or contractors for each working day in any 20 consecutive weeks in the current calendar year or preceding calendar year. There is no requirement that the 50 employees or contractors work at the same location or all work or reside in California.

(6) "Instructional Designer" under this section is an individual with expertise in current instructional best practices, and who develops the training content based upon material provided by a trainer.

(7) "New" supervisory employees are employees promoted or hired to a supervisory position after July 1, 2005.

(8) "Supervisory employees" or "supervisors" under this section are supervisors located in California, defined under Government Code section 12926(s). Attending training does not create an inference that an employee is a supervisor or that a contractor is an employee or a supervisor.

(9) "Trainers" or "Trainers or educators" qualified to provide training under this section are individuals who, through a combination of training and experience have the ability to train supervisors about the following: 1) what are unlawful harassment, discrimination and retaliation under both California and federal law; 2) what steps to take when harassing behavior occurs in the workplace; 3) how to report harassment complaints; 4) how to respond to a harassment complaint; 5) the employer's obligation to conduct a workplace investigation of a harassment complaint; 6) what constitutes retaliation and how to prevent it; 7) essential components of an anti-harassment policy; and 8) the effect of harassment on harassed employees, co-workers, harassers and employers.

(A) A trainer shall be one or more of the following:

1. "Attorneys" admitted for two or more years to the bar of any state in the United States and whose practice includes employment law under the Fair Employment and Housing Act and/or Title VII of the federal Civil Rights Act of 1964, or
2. "Human resource professionals" or "harassment prevention consultants" working as employees or independent contractors with a minimum of two or more years of practical experience in one or more of the following: a. designing or conducting discrimination, retaliation and sexual harassment prevention training; b. responding to sexual harassment complaints or other discrimination complaints; c. conducting investigations of sexual harassment complaints; or d. advising employers or employees regarding discrimination, retaliation and sexual harassment prevention, or
3. "Professors or instructors" in law schools, colleges or universities who have a post-graduate degree or **California** teaching credential and either 20 instruction hours or two or more years of experience in a law school, college or university teaching about employment law under the Fair Employment and Housing Act and/or Title VII of the federal Civil Rights Act of 1964.

(B) Individuals who do not meet the qualifications of a trainer as an attorney, human resource professional, harassment prevention consultant, professor or instructor because they lack the requisite years of experience may team teach with a trainer in classroom or webinar trainings provided that the trainer supervises these individuals and the trainer is available throughout the training to answer questions from training attendees.

(10) "Training," as used in this section, is effective interactive training as defined at section **11023(a)(2)**.

(11) "Two hours" of training is two hours of classroom training or two hours of webinar training or, in the case of an e-learning training, a program that takes the supervisor no less than two hours to complete.

(b) Training.

(1) Frequency of Training. An employer shall provide two hours of training, in the content specified in section **11023(c)**, once every two years, and may use either of the following methods or a combination of the two methods to track compliance.

(A) "Individual" Tracking. An employer may track its training requirement for each supervisory employee, measured two years from the date of completion of the last training of the individual supervisor.

(B) "Training year" tracking. An employer may designate a "training year" in which it trains some or all of its supervisory employees and thereafter must again retrain these supervisors by the end of the next "training year," two years later. Thus, supervisors trained in training year 2005 shall be retrained in 2007. For newly hired or promoted supervisors who receive training within six months of assuming their supervisory positions and that training falls in a different training year, the employer may include them in the next group training year, even if that occurs sooner than two years. An employer shall not extend the training year for the new supervisors beyond the initial two year training year. Thus, with this method, assume that an employer trained all of its supervisors in 2005 and sets 2007 as the next training year. If a new supervisor is trained in 2006 and the employer wants to include the new supervisor in its training year, the new supervisor would need to be trained in 2007 with the employer's other supervisors.

(2) Documentation of Training. An employer shall keep documentation of the training it has provided its employees under this section to track compliance, including the name of the supervisory employee trained, the date of training, the type of training, and the name of the training provider and shall retain the records for a minimum of two years.

(3) Training at New Businesses. Businesses created after January 1, 2006, must provide training to supervisors within six months of their establishment and thereafter biennially. Businesses that expand to 50 employees and/or contractors, and thus become eligible under these regulations, must provide training to supervisors within six months of their eligibility and thereafter biennially.

(4) Training for New Supervisors. New supervisors shall be trained within six months of assuming their supervisory position and thereafter shall be trained once every two years, measured either from the individual or training year tracking method.

(5) Duplicate Training. A supervisor who has received training in compliance with this section within the prior two years either from a current, a prior, an alternate or a joint employer need only be given, be required to read and to acknowledge receipt of, the employer's anti-harassment policy within six months of assuming the supervisor's new supervisory position or within six months of the employer's eligibility. That supervisor shall otherwise be put on a two year tracking schedule based on the supervisor's last training. The burden of establishing that the prior training was legally compliant with this section shall be on the current employer.

(6) Duration of Training. The training required by this section does not need to be completed in two consecutive hours. For classroom training or webinars, the minimum duration of a training segment shall be no less than half an hour. E-learning courses may include bookmarking features, which allow a supervisor to pause his or her individual training so long as the actual e-learning program is two hours.

(c) Content.

The learning objectives of the training mandated by California Government Code section 12950.1 shall be: 1) to assist California employers in changing or modifying workplace behaviors that create or contribute to "sexual harassment," as that term is defined in California and federal law; and 2) to develop, foster and encourage a set of values in supervisory employees who complete mandated training that will assist them in preventing and effectively responding to incidents of sexual harassment.

Towards that end, the training mandated by California Government Code section 12950.1, shall include but is not limited to:

(1) A definition of unlawful sexual harassment under the Fair Employment and Housing Act (FEHA) and Title VII of the federal Civil Rights Act of 1964. In addition to a definition of sexual harassment, an employer may provide a definition of and train about other forms of harassment covered by the FEHA, as specified at Government Code section 12940(j), and discuss how harassment of an employee can cover more than one basis.

(2) FEHA and Title VII statutory provisions and case law principles concerning the prohibition against and the prevention of unlawful sexual harassment, discrimination and retaliation in employment.

(3) The types of conduct that constitutes sexual harassment.

(4) Remedies available for sexual harassment.

(5) Strategies to prevent sexual harassment in the workplace.

(6) Practical examples, such as factual scenarios taken from case law, news and media accounts, hypotheticals based on workplace situations and other sources, which illustrate sexual harassment, discrimination and retaliation using training modalities such as role plays, case studies and group discussions.

(7) The limited confidentiality of the complaint process.

(8) Resources for victims of unlawful sexual harassment, such as to whom they should report any alleged sexual harassment.

(9) The employer's obligation to conduct an effective workplace investigation of a harassment complaint.

(10) Training on what to do if the supervisor is personally accused of harassment.

(11) The essential elements of an anti-harassment policy and how to utilize it if a harassment complaint is filed. Either the employer's policy or a sample policy shall be provided to the supervisors. Regardless of whether the employer's policy is used as part of the training, the employer shall give each supervisor a copy of its anti-harassment policy and

require each supervisor to read and to acknowledge receipt of that policy.

(d) Remedies.

A court may issue an order finding an employer failed to comply with Government Code section 12950.1 and order such compliance.

(e) Compliance with section 12950.1 prior to effective date of Council regulations. An employer who has made a substantial, good faith effort to comply with section 12950.1 by completing training of its supervisors prior to the effective date of these regulations shall be deemed to be in compliance with section 12950.1 regarding training as though it had been done under these regulations.

Note: Authority cited: Section 12935(a), Government Code. Reference: Sections 12926(q), 12940(j)(5), 12950 and 12950.1, Government Code.

HISTORY

1. Change without regulatory effect renumbering former section 7288.0 to new section 11023 and amending section and Note filed 10-3-2013 pursuant to section 100, title 1, California Code of Regulations (Register 2013, No. 40).

This database is current through 4/10/15 Register 2015, No. 15

2 CCR § 11023, 2 CA ADC § 11023

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SAM - TRAVEL

OPERATOR REQUIREMENTS

0751

(Revised 12/2014)

Agencies shall participate in the Department of Motor Vehicles (DMV) "Employer Pull Notice Program" (EPN) if they have employees who operate vehicles on official business as a condition of employment for Class A, B, or Class C drivers' licenses with special certificates. See Vehicle Code Section 1808.1 Agencies may participate in the DMV EPN on a voluntary basis for other employees who frequently operate vehicles on state business. To enroll in the EPN program contact: Department of Motor Vehicles, Office of Information Services, Account Processing Unit at, (916) 657-5564 or see EPN for additional information.

Employees who operate vehicles on official State business must have a valid driver's license, insurance, and a good driving record. To determine if a driver has a valid license and a good driving record, agencies should request drivers' records annually.

Employees who operate vehicles on official State business shall use, and ensure all passengers use, all available safety equipment in the vehicle being operated.

Frequent drivers should attend and successfully complete an approved defensive driver training course at least once every four years.

Agenda

Item

16

1399.546. Reporting of Physician Assistant Supervision.

Each time a physician assistant provides care for a patient and enters his or her name, signature, initials, or computer code on a patient's record, chart or written order, the physician assistant shall also enter the name of his or her supervising physician who is responsible for the patient. When a physician assistant transmits an oral order, he or she shall also state the name of the supervising physician responsible for the patient.

NOTE: Authority cited: Sections 2018 and 3510, Business and Professions Code. Reference: Section 3502, Business and Professions Code.

HISTORY:

1. New section filed 1-4-87; effective thirtieth day thereafter (Register 87, No. 3).
2. Change without regulatory effect filed 2-5-91 pursuant to section 100, Title 1, California Code of Regulations (Register 91, No. 11).
3. Change without regulatory effect amending section filed 3-3-2005 pursuant to section 100, title 1, California Code of Regulations (Register 2005, No. 9).