

**RECEIVED**

**State of California**  
**Office of Administrative Law** **PHYSICIAN ASSISTANT BOARD**

**AUG 14 2014**

**In re:**

**Physician Assistant Board**

**Regulatory Action:**

**Title 16, California Code of Regulations**

**Adopt sections:**

**Amend sections: 1399.621**

**Repeal sections:**

**NOTICE OF APPROVAL OF CHANGES  
WITHOUT REGULATORY EFFECT**

**California Code of Regulations, Title 1,  
Section 100**

**OAL File No. 2014-0709-01 N**

This action by the Physician Assistant Board makes changes without regulatory effect to section 1399.621 of title 16 of the California Code of Regulations. The purpose of this action is to amend Form 901-A, incorporated by reference in section 1399.621, to include updated contact information.

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

**Date: 8/13/2014**



**Eric Partington  
Attorney**

**For: DEBRA M. CORNEZ  
Director**

**Original: Glenn Mitchell  
Copy: Glenn Mitchell**

# NONSUBSTANTIVE

OFFICE OF ADMINISTRATIVE LAW

## REGULATORY ACTION SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

00 (REV. 01-2013)

FILE NUMBER	NOTICE FILE NUMBER	REGULATORY ACTION NUMBER	EMERGENCY NUMBER
	Z-	2014-0709-01N	

ENDORSED FILED  
OFFICE OF

2014 AUG 13 PM 1:59

For use by Office of Administrative Law (OAL) only

2014 JUL -9 AM 8:45  
OFFICE OF ADMINISTRATIVE LAW

*Jenna Bowen*  
JENNA BOWEN  
SECRETARY OF STATE

AGENCY WITH RULEMAKING AUTHORITY	AGENCY FILE NUMBER (if any)
Physician Assistant Board	

### PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)		FIRST SECTION AFFECTED		2. REQUESTED PUBLICATION DATE	
3. NOTICE TYPE Notice re Proposed Regulatory Action <input type="checkbox"/> Other <input type="checkbox"/>		4. AGENCY CONTACT PERSON		TELEPHONE NUMBER		FAX NUMBER (Optional)	
5. ACTION ON PROPOSED NOTICE Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn <input type="checkbox"/>		NOTICE REGISTER NUMBER		PUBLICATION DATE			

### SUBMISSION OF REGULATIONS (Complete when submitting regulations)

SUBJECT OF REGULATION(S)		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)	
Regulation 100 Changes: Sponsored Free Health Care Events -Revised Form			

CITE CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND 1399.621
	REPEAL

TYPE OF FILING

Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input checked="" type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §511349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1(b))	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Other (Specify) _____	

BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

EFFECTIVE DATE OF CHANGES (Gov. Code, §§11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input checked="" type="checkbox"/> §100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify) _____
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CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
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CONTACT PERSON Glenn L. Mitchell, Jr	TELEPHONE NUMBER 916 561 8783	FAX NUMBER (Optional) 916 263 2671	E-MAIL ADDRESS (Optional) glenn.mitchell@mbc.ca.gov
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I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

## PHYSICIAN ASSISTANT BOARD

### SPONSORED FREE HEALTH CARE EVENTS SPONSORING ENTITY FORM UPDATE

TITLE 16, CALIFORNIA CODE OF REGULATIONS, SECTION 1399.621

#### SECTION 100. CHANGE WITHOUT REGULATORY EFFECT

The Physician Assistant Board is amending Section 1399.621 of Article 9, Division 13.8 of Title 16 of the California Code of Regulations (CCR) to reflect non-substantive changes to the form entitled, "Registration of Sponsoring Entity Under Business & Professions Code Section 901," Form 901-A (DCA/2011), which was incorporated by reference in the section mentioned above. These proposed changes do not materially alter any requirement, right, responsibility, condition, prescription, or other regulatory element of any CCR provision.

The Physician Assistant Board is proposing the following non-substantive changes to 16 CCR Section 1399.621:

- “. . . ‘Registration of Sponsoring Entity Under Business & Professions Code Section 901,’ Form 901-A (DCA/~~2011~~2014 - revised), which is herein incorporated by reference.”
- The contact information on page 4 of the current form shows contact information that has recently changed. The processing of the form has been transitioned to a new office. Below are the recommended changes to the name of the new office, its location, telephone/fax numbers and email address listed on two (2) areas of the form:

1. Department of Consumer Affairs  
Attn: Sponsored Free Health-Care Events  
~~Legislative and Policy Review Division~~Complaint Resolution Program  
1625 North Market Blvd., Ste. S-204202  
Sacramento, CA 95834

Tel: (916) 574-~~7800~~7950  
Fax: (916) 574-~~8655~~8676  
E-mail: ~~lprovision@dca.ca.gov~~CRP2@dca.ca.gov

2. **PERSONAL INFORMATION COLLECTION, ACCESS AND DISCLOSURE**

Disclosure of your personal information is mandatory. The information on this form is required pursuant to Business and Professions Code section 901. Failure to provide any of the

required information will result in the form being rejected as incomplete. The information provided will be used to determine compliance with the requirements promulgated pursuant to Business and Professions Code section 901. The information collected may be transferred to other governmental and enforcement agencies. Individuals have a right of access to records containing personal information pertaining to that individual that are maintained by the applicable Board or Committee, unless the records are exempted from disclosure by section 1798.40 of the Civil Code. An individual may obtain information regarding the location of his or her records by contacting the ~~Deputy Director of the Legislative and Policy Review Division~~ Complaint Resolution Program at the address and telephone number listed above.

## PHYSICIAN ASSISTANT BOARD

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

### Section 1399.621. Sponsoring Entity Registration and Recordkeeping Requirements.

(a) Registration. A sponsoring entity that wishes to provide, or arrange for the provision of, health care services at a sponsored event under section 901 of the code shall register with the board not later than 90 calendar days prior to the date on which the sponsored event is scheduled to begin. A sponsoring entity shall register with the board by submitting to the board a completed "Registration of Sponsoring Entity under Business & Professions Code Section 901" Form 901-A (DCA/2011 2014 - revised), which is hereby incorporated by reference.

(b) Determination of Completeness of Form. The board may, by resolution, delegate to the Department of Consumer Affairs the authority to receive and process the "Registration of Sponsoring Entity under Business & Professions Code Section 901" Form 901-A (DCA/2011 2014 - revised) on behalf of the board. The board or its delegatee shall inform the sponsoring entity in writing within 15 calendar days of receipt of the form that the form is either complete and the sponsoring entity is registered or that the form is deficient and what specific information or documentation is required to complete the form and be registered. The board or its delegatee shall reject the registration if all of the identified deficiencies have not been corrected at least 30 days prior to the commencement of the sponsored event.

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

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

## NOTICE

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

For questions or complaints, please contact:

Physician Assistant Board

(916) 561-8780

[www.pac.ca.gov](http://www.pac.ca.gov)

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

(f) Report. Within 15 calendar days after a sponsored event has concluded, the sponsoring entity shall file a report with the board summarizing the details of the sponsored event. This report may be in a form of the sponsoring entity's choosing, but shall include, at a minimum, the following information:

- (1) The date(s) of the sponsored event;
- (2) The location(s) of the sponsored event;
- (3) The type(s) and general description of all health care services provided at the sponsored event; and
- (4) A list of each out-of-state practitioner granted authorization pursuant to this article who participated in the sponsored event, along with the license number of that practitioner and the state in which that license is held.

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

### HISTORY

1. New section filed 8-7-2013; operative 10-1-2013 (Register 2013, No. 32).



## SPONSORED FREE HEALTH CARE EVENTS

### REGISTRATION OF SPONSORING ENTITY UNDER BUSINESS & PROFESSIONS CODE SECTION 901

In accordance with California Business and Professions Code section 901(d), a non-government organization administering an event to provide health-care services to uninsured and underinsured individuals at no cost, may include participation by certain health-care practitioners licensed outside of California if the organization registers with the California licensing authorities having jurisdiction over those professions. This form shall be completed and submitted by the sponsoring organization **at least 90 calendar days prior to the sponsored event**. *Note that the information required by Business and Professions Code section 901(d) must also be provided to the county health department having jurisdiction in each county in which the sponsored event will take place.*

#### PART 1 – ORGANIZATIONAL INFORMATION

1. Organization Name: \_\_\_\_\_

2. Organization Contact Information (*use principal office address*):

\_\_\_\_\_  
Address Line 1

\_\_\_\_\_  
Phone Number of Principal Office

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
Alternate Phone

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Website

\_\_\_\_\_  
County

Organization Contact Information in California (*if different*):

\_\_\_\_\_  
Address Line 1

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
Alternate Phone

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
County

3. Type of Organization:

Is the organization operating pursuant to section 501(c)(3) of the Internal Revenue Code?      Yes      No

If not, is the organization a community-based organization\*?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

Organization's Tax Identification Number \_\_\_\_\_

If a community-based organization, please describe the mission, goals, and activities of the organization (*attach separate sheet(s) if necessary*): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**PART 2 – RESPONSIBLE ORGANIZATION OFFICIALS**

Please list the following information for each of the principal individual(s) who is the officer(s) or official(s) of the organization responsible for operation of the sponsoring entity.

Individual 1:

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address Line 1  
\_\_\_\_\_  
Address Line 2  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
County

\_\_\_\_\_  
Title  
\_\_\_\_\_  
Phone  
\_\_\_\_\_  
Alternate Phone  
\_\_\_\_\_  
E-mail address

Individual 2:

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address Line 1  
\_\_\_\_\_  
Address Line 2  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
County

\_\_\_\_\_  
Title  
\_\_\_\_\_  
Phone  
\_\_\_\_\_  
Alternate Phone  
\_\_\_\_\_  
E-mail address

Individual 3:

_____ Name	_____ Title
_____ Address Line 1	_____ Phone
_____ Address Line 2	_____ Alternate Phone
_____ City, State, Zip	_____ E-mail address
_____ County	

*(Attach additional sheet(s) if needed to list additional principal organizational individuals)*

**PART 3 – EVENT DETAILS**

1. Name of event, if any: \_\_\_\_\_

2. Date(s) of event (not to exceed ten calendar days): \_\_\_\_\_

3. Location(s) of the event (be as specific as possible, including address):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe the intended event; including a list of all types of healthcare services intended to be provided (*attach additional sheet(s) if necessary*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Attach a list of all out-of-state health-care practitioners who you currently believe intend to apply for authorization to participate in the event. The list should include the name, profession, and state of licensure of each identified individual.

\_\_\_ *Check here to indicate that list is attached.*

**Note:**

- Each individual out-of-state practitioner must request authorization to participate in the event by submitting an application to the applicable licensing Board or Committee.
- The organization will be notified in writing whether authorization for an individual out-of-state practitioner has been granted.

This form, any attachments, and all related questions shall be submitted to:

Department of Consumer Affairs  
Attn: Sponsored Free Health-Care Events  
~~Legislative and Policy Review Division~~Complaint Resolution Program  
1625 North Market Blvd., Ste. S-204202  
Sacramento, CA 95834

Tel: (916) 574-78007950  
Fax: (916) 574-86558676  
E-mail: ~~lprdivision@dca.ca.gov~~CRP2@dca.ca.gov

- I understand that I must maintain records in either electronic or paper form both at the sponsored event and for five (5) years in California, per the recordkeeping requirements imposed by California Business and Professions Code section 901 and the applicable sections of Title 16, California Code of Regulations, for the regulatory bodies with jurisdiction over the practice to be engaged in by out-of-state practitioners
- I understand that our organization must file a report with each applicable Board or Committee within fifteen (15) calendar days of the completion of the event.

I certify under penalty of perjury under the laws of the State of California that the information provided on this form and any attachments is true and current, and that I am authorized to sign this form on behalf of the organization:

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PERSONAL INFORMATION COLLECTION, ACCESS AND DISCLOSURE**

Disclosure of your personal information is mandatory. The information on this form is required pursuant to Business and Professions Code section 901. Failure to provide any of the required information will result in the form being rejected as incomplete. The information provided will be used to determine compliance with the requirements promulgated pursuant to Business and Professions Code section 901. The information collected may be transferred to other governmental and enforcement agencies. Individuals have a right of access to records containing personal information pertaining to that individual that are maintained by the applicable Board or Committee, unless the records are exempted from disclosure by section 1798.40 of the Civil Code. An individual may obtain information regarding the location of his or her records by contacting the ~~Deputy Director of the Legislative and Policy Review Division~~Complaint Resolution Program at the address and telephone number listed above.