STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
PHYSICIAN ASSISTANT COMMITTEE
2005 Evergreen Street, Suite 1100, Sacramento, CA 95815
Telephone: 916 561-8780 Fax: 916 263-2671 Website: www.pac.ca.gov

WEBCAST

Meeting Notice

November 10, 2011

PHYSICIAN ASSISTANT COMMITTEE
2005 Evergreen Street – Hearing Room #1150
Sacramento, CA 95815
9:15 A.M. – 3:15 P.M.

AGENDA

ALL TIMES ARE APPROXIMATE AND SUBJECT TO CHANGE

1. Call to Order by Chairman (Klompus)

2. Roll Call (Forsyth)

3. Approval of August 22, 2011 Meeting Minutes (Klompus)

4. Public Comment on Items not on the Agenda (Klompus)

5. Reports
   a. Chair's Report (Klompus)
   b. Executive Officer's Report (Portman)
   c. Licensing Program Activity Report (Mitchell)
   d. Diversion Program Activity Report (Mitchell)
   e. Enforcement Program Activity Report (Tincher)

6. **CLOSED SESSION**: Pursuant to Section 11126(c) (3) of the Government Code, the Committee will move into closed session to deliberate on disciplinary matters

7. **CLOSED SESSION**: Pursuant to Section 11126(a) (1) of the Government Code, the Committee will move into closed session to conduct the annual evaluation of the Executive Officer (Klompus)

RETURN TO OPEN SESSION

8. Discussion of Subcommittee Report; Consideration of Amending Regulations Regarding Interpretation of Title 16 CCR §1399.541(i)(1) CCR §1399.545 and (Personal Presence) (Sachs)

9. Discussion of 2 year PA Programs in California and Potential New Programs (Sachs)

10. Discussion of Revising the Committee's Disciplinary Guidelines to Incorporate SB 1441 Uniform Standards (Portman)

11. Discussion and Consideration of Regulations to Implement Senate Bill 901 Health Care Events – Requirements for Exemption, as required by Business and Professions Code Section 901 (Heppler)

12. Update and Potential Consideration of Legislation of Interest to the Physician Assistant Committee (Klompus)
    AB 30, AB 82, AB 92, AB 136, AB 137, AB 138, SB 28, SB 69, SB 100, SB 161, SB 233, SB 541, SB 544, SB 943

13. Nomination and Election of Physician Assistant Committee Officers (Portman)

14. Approval of Passing Score for PA Initial Licensing Examinations and 2012 Dates and Locations for PA Initial Licensing Examination (Klompus)

15. Schedule of 2012 Meeting Dates and Locations (Klompus)

16. Agenda Items for Next Meeting (Klompus)

17. Adjournment (Klompus)

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

Notice: The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Lynn Forsyth at (916) 561-8785 or email Lynn.Forsyth@mbc.ca.gov or send a written request to the Physician Assistant Committee, 2005 Evergreen Street, Suite 1100, Sacramento, California 95815. Providing your request at least five (5) business days before the meeting will help to ensure availability of the request.

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Meeting Minutes

August 22, 2011

PHYSICIAN ASSISTANT COMMITTEE
2005 Evergreen Street – Hearing Room #1150
Sacramento, CA 95815
10:00 A.M. – 5:00 P.M.

1. Call to Order by Chairman

Chairman Klompus called the meeting to order at 9:57 a.m.

2. Roll Call

Staff called the roll. A quorum was present.

Committee Members Present:
Steve Klompus, PA
Rosslynn Byous, PA, Ph.D.
Cristina Gomez-Vidal Diaz
Reginald Low, M.D.
Robert Sachs, PA-C
Shaquawn D. Schasa
Steven Stumpf, Ed.D.
Shelia Young

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

3. Approval of May 19, 2011 Meeting Minutes

The May 19, 2011 minutes were approved as written.
(m/Sachs, s/Schasa, motion passes)

4. Public Comment on Items not on the Agenda

There was no public comment at this time.

5. Reports

a. Chair's Report

No report provided.

b. Executive Officer's Report

Ms. Portman provided the Committee with a brief budget report.

Ms. Portman reported that the committee's fund condition and budget reports were in the member's packets for review noting that final accounting for the fiscal year 2010/2011 was also included. The Committee ended the fiscal year with end of year reversion of 6%.

Ms. Portman reported that at the May 19, 2011 meeting, it was brought to the committee's attention that there was inaccurate information on the PAC website regarding the CME requirements and the physician assistant application fee schedule. Ms. Portman reported that the information had been reviewed and the necessary corrections made.

Ms. Portman reported that California Code of Regulation Section 1399.547 was approved by OAL. This regulation requires that PAs post information regarding their license and contact information or have the information printed on letterhead or other documentation, indicating that they are licensed by the PAC.

Ms. Portman reported that the PAC staff vacancy rate created a critical backlog in PAC's licensing. The PAC has reported the vacancy and the every-increasing backlog to the administration, but still has not received authorization to fill the position. Ms. Portman also reported that within the last two months, a coordination of temporary but significant reassignment of staff and most of the backlog has been cleared, but not without consequences to other programs.

Ms. Portman also reported that a change in the application process has been made to notify applicants for licensure the status of their applications more quickly. Staff is now sending notifications to applicants via e-mail if an e-mail address is provided by the applicant. Ms. Portman also stated that if an e-mail address is not provided, the notifications will be mailed to the applicant.

Ms. Portman reported on AB 1424, which the Department of Consumer Affairs has not taken a position on. Ms. Portman reported that currently the Franchise Tax Board maintains a list of the highest California tax offenders and that this bill would allow the Franchise Tax Board to work with licensing boards to suspend licensees on this list.

Ms. Portman reported that SB 1441 uniform standards have been adopted by the Department and are available on our website. Ms. Portman stated that these standards were developed for use by all the health care licensing boards and provides common guidelines for participants who have alcohol or drug issues. Ms. Portman also requested that this topic be included in the November meeting in order to review draft regulatory language changes to the Model Disciplinary Guidelines to include the standards.

c. Licensing Program Activity Report

Between April 1, 2011 and August 1, 2011, 194 physician assistant licenses were issued. As of August 1, 2011, 8,179 physician assistant licenses are renewed and current. Currently there are a total of 157 California approved training programs approved by the Committee.

d. Diversion Program Activity Report

As of July 1, 2011, the Diversion Program has 26 participants, 6 self-referred participants and 20 Committee referrals. There have been 99 participants since program implementation in 1990.

e. Enforcement Program Activity Report

Between July 1, 2010 and June 30, 2011, 272 complaints were received, 71 pending complaints, 25 pending investigations, 40 current probationers and 23 cases are pending at the Office of the Attorney General.

f. Kurt Heppler , Senior Staff Counsel

Mr. Heppler provided the committee with a brief update on tasks that were assigned to him by the Committee at the last meeting.

The first request was that Mr. Heppler draft a letter to the Department of Health Care Services regarding Medi-Cal reimbursement for physical therapy services ordered by a physician assistant. Mr. Heppler stated that he received a call from the out-care reimbursement office requesting additional information. Mr. Heppler provided additional information and has not received any further correspondence as of today.

The second request was made during the public comment segment regarding the authority for charging different fingerprint processing fees for live scan and hard cards. Mr. Heppler reported that the PAC has sufficient legal authority to charge the different fees associated with fingerprinting.

6. 11:00 AM – Hearing
Petition for Reinstatement of Physician Assistant License – Bab Haya

CLOSED SESSION: Pursuant to Section 11126(c) (3) of the Government Code, the Committee moved into closed session to deliberate on the petition for reinstatement.

CLOSED SESSION: Pursuant to Section 11126(c) (3) of the Government Code, the Committee moved into closed session to deliberate on disciplinary matters.

The Committee Returned to Open Session at 1:00 P.M.

7. Discussion and Consideration of Legal Memorandum Regarding Interpretation of Title 16 CCR §1399.541(i)(1) (Personal Presence)

After a lengthy discussion, a sub-committee was formed to address this issue consisting of Robert Sachs, PA-C, Rosslynn Byous, PA-C, Eric Glassman, President of CAPA and Kimberly Kreifeldt, PA.

After discussion, the sub-committee agreed to conduct its first public meeting on Monday, October 3, 2011, in Sacramento.

8. Discussion Regarding Preparation of Sunset Review Report

Chairman Klompus explained that the Committee is scheduled in 2012 and is required to submit to the Legislature a Sunset Review Report by November 1, 2011. Chairman Klompus requested that he would like staff to work with a sub-committee to prepare the report. Chairman Klompus appointed Robert Sachs to the sub-committee since he has many years of experience working on past sunset review reports.

A portion of the report will address the possibility of changing the committee's name to a board, adding the 800 series reporting requirements, amending the Disciplinary Guidelines to include SB 1441 Uniform Standards.

After a brief discussion, it was decided that a teleconference committee meeting would be conducted to review and approve the Sunset Review Report prior to submittal to the Legislature in November 2011.

9. Overview and Presentation of Information Regarding the Physician Assessment and Clinical Education Program (PACE)

David Bazzo, M.D. and Peter Boal, B.S. from the UCSD Pace Program presented an overview of the PACE program.

Dr. Bazzo stated that the PACE program was founded in 1996 and provides competency assessment and remediation of deficiencies. He added that they have assessed more than 1300 physicians and 15 physician assistants. The

program also has a working relationship with 31 health care licensing boards representing 26 states.

Dr. Bazzo stated that their program is dedicated to the detection, evaluation, and remediation of deficiencies in the clinical performance of physicians and other healthcare professionals. PACE works to promote public protection, patient safety and the attainment of the highest possible quality of clinical care.

Dr. Bazzo also stated that PACE measures both competency and performance and that it reevaluates its assessment batteries continually and seeks constructive feedback from participating physicians, defense attorneys, deputy attorney generals, administrative law judges and medical board members and staff in an effort to improve the program.

Dr. Bazzo also stated that a Physician Assistant Assessment consists of review of practice profile. Chart review, oral clinical exam, written exams from PLAS, standardized patient encounters, independent physical and mental health screening, 3 days of clinical observation, completion of learning portfolio and evidence-based medicine project. The assessment is 5 full days in length and the cost is approximately $6,500.

10. BreEZE Presentation

Debbie Balaam from the Department of Consumer Affairs provided an update on the BreEZE project. Ms. Balaam stated that BreEZE will integrate licensing, renewals and enforcement data bases. BreEZE will ultimately replace legacy licensing and enforcement systems, iLicensing, and CRIMS programs as it will also incorporate document image storage.

Ms. Balaam stated that the advantages for the customers, applicants and licensees would be self-service and single point of entry for initial licensure and renewals. Licenses will be able to submit electronic applications and renewals, and make electronic payments that will expedite processing.

Ms. Balaam stated that the PAC would be in the first phase of the project. Ms. Balaam also stated that there would be a $5.67 charge per transaction, as well as, a 2% transaction fee for the use of credit cards. Ms. Balaam stated that a BCP has been prepared for the 2012/2013 fiscal year in order to cover these additional costs. The PAC does not currently have sufficient funds in its budget to cover the cost of the BreEZE project; therefore, a BCP will be necessary.

11. Discussion of 2 year PA Programs in California and Potential New Programs

Chairman Klompus stated that the two year physician assistant training programs should be retained in order to provide California with new graduates. It was stated that with the new healthcare reform there will be a growing need for PAs in order to keep up with the future demands in healthcare as new individuals gain access to health insurance.

Mr. Sachs stated that there are ongoing discussions with ARC-PA regarding mechanisms for two year programs to be able to facilitate transition and affiliate with universities offering Master's degrees. It was also stated that currently no new two year programs will be accredited by ARC-PA. Mr. Sachs also asked if the Committee really wants to approve physician assistant training programs not within the national certification because these graduates would only be able to be licensed and to practice in California.

It was also stated that the ARC-PA is a national accrediting body and have no input on licensing and regulation of PAs in California.

12. Update and Potential Consideration of Legislation of Interest to the Physician Assistant Committee
AB 30, AB 82, AB 92, AB 137, AB 138, SB 28, SB 69, SB 100, SB 161, SB 233, SB 541, SB 544, SB 943

The current status of each bill was reviewed:

AB 30 - Hayashi
Under existing law, the State Department of Public Health licenses and regulates hospitals. Existing law requires hospitals to conduct a security and safety assessment and develop a security plan to protect hospital personnel (including physician assistants), patients, and visitors from aggressive or violent behavior.

AB 82 – Jeffries (CHAPTERED 7/25/2011)
Existing law regulates the operation of firefighting equipment, and permits a firefighter or volunteer firefighter to operate firefighting equipment only if the person holds a class A, B, or C license.

The examination for a class A or B driver's license shall also include a report of a medical examination of the applicant given by a health care professional that will include physician assistants.

AB 92 – Blumenfield (Budget Bill)
An act making appropriations for the support of the government of the State of California and for several public purposes in accordance with the provisions of Section 12 of Article IV of the Constitution of the State of California. This will take effect immediately.

AB 136 - Beall
Existing law requires the administration of the state's universal service programs, including the deaf and disabled programs. This bill would make technical, non-substantive changes to provisions of law relating to the deaf and disabled universal service program.

This bill would allow a physician assistant to certify the needs of an individual diagnosed by a physician and surgeon as being deaf or hearing impaired to participate in the program after reviewing medical records or copies of the medical records containing that diagnosis.

AB 137 - Portantino
Health care coverage: mammograms.
The Knox-Keene Health Care Service Plan Act of 1975 provides for the licensure and regulation of health care service plans by the Department of Managed Health Care.

This bill would provide that health care service plan contracts and individual or group policies of health insurance issued, amended, delivered, or renewed on or after July 1, 2012, shall be deemed to provide coverage for mammograms for screening or diagnostic purposes upon referral of a participating nurse practitioner, participating certified nurse-midwife, participating physician assistant, or participating physician.

AB 138 – Beall
Elder Economic Planning Act of 2011.
The Mello-Granlund Older Californians Act creates the California Department of Aging, with prescribed duties, including the development of the state plan on aging. This bill would require, if specified conditions are met, the department to report data from the Elder Economic Security StandardIndex (Elder Index), as defined, for each service area included in the state plan. The act also establishes area agencies on aging with specified duties, including creation of a plan for the agencies that considers available data and population trends, assesses the need for services, identifies sources of funding for services, and develops and implements a plan for the delivery of services based on the need.

SB 28 - Simitian
Existing law requires the Department of Motor Vehicles to examine applicants for specific driver's licenses. This bill would include a test of the applicant's understanding of cell use and text messaging while operating a vehicle.

SB 100 - Price
This bill would require certain healing arts licensees to include in advertisements, as defined, certain words or designations following their names indicating the particular educational degree they hold or healing art they practice.

Existing law requires the Medical Board of California, in conjunction with the Board of Registered Nursing, and the Physician Assistant Committee and professionals in the field, to review issues and problems relating to the use of laser or intense light pulse devices for elective cosmetic procedures by their respective licensees.

This bill would require the Medical Board of California to adopt regulations by January 1, 2013, regarding the appropriate level of physician availability needed within clinics or other settings using certain laser or intense pulse light devices for elective cosmetic procedures.

SB 233 - Pavley
Expands the definition of a medical professional providing consultation, care, treatment and surgery in an emergency department (ED) setting to include a physician assistant (PA) practicing in compliance with prescribed provisions.

SB 541 – Price (Support Letter by PAC) Chaptered September 26, 2011
Regulatory boards: expert consultants.
Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law, the Chiropractic Act, enacted by initiative, provides for the licensure and regulation of chiropractors by the State Board of Chiropractic Examiners. Existing law, the Osteopathic Act, requires the Osteopathic Medical Board of California to regulate osteopathic physicians and surgeons. Existing law generally requires applicants for a license to pass an examination and authorizes boards to take disciplinary action against licensees for violations of law. Existing law establishes standards relating to personal service contracts in state employment. This bill would authorize these boards to enter into an agreement with an expert consultant, subject to the standards regarding personal service contracts described above, to provide enforcement and examination assistance. The bill would require each board to establish policies and procedures for the selection and use of these consultants.

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

SB 544 - Price
Enacts the Consumer Health Protection Enforcement Act that includes various provisions affecting the investigation and enforcement of disciplinary actions against licensees of healing arts boards.

SB 943 – Business, Professions and Economic Development
Makes several minor, non-substantive and technical changes to miscellaneous provisions pertaining to regulatory boards of the Department of Consumer Affairs and professions regulated primarily under the Business and Professions Code.

AB 92 and SB 69
Both bills are the budget bills and were not included in the packet due to their size; however, a copy can be provided if requested.

SB 161 - Huff
This bill would allow non-medical school personnel who undergo voluntary training to administer the drug Diastat to a pupil suffering an epileptic seizure.

13. Schedule of 2011 Meeting Dates and Locations

After a brief discussion, the Committee members agreed to leave the November meeting scheduled for Thursday, November 10, 2011 in Sacramento.

14. Agenda Items for Next Meeting

a. Sub-committee Report Regarding Preparation of Sunset Review Report
b. Sub-Committee Report on Legal Memorandum Regarding Interpretation of Title 16 CCR §1399.541(i)(1) (Personal Presence)
c. Discussion of 2 year PA Programs in California and Potential New Programs
d. Update and Potential Consideration of Legislation of Interest to the Physician Assistant Committee
e. Nomination and Election of Physician Assistant Committee Officers
f. Approval of Passing Score for PA Initial Licensing Examinations and 2011 Dates and Locations for PA Initial Licensing Examination
g. Schedule of 2012 Meeting Dates and Locations
h. Status Report on Appointments and Re-appointments to the Committee
i. Update on SB 1441

15. Adjournment

The meeting adjourned at 2:37 p.m.

PHYSICIAN ASSISTANT COMMITTEE

DEPARTMENT OF CONSUMER AFFAIRS

BUDGET REPORT

AS OF 9/30/2011

FM 03

RUN DATE 10/12/2011

PHYSICIAN ASSISTANT COMMITTEE

	DESCRIPTION	BUDGET	CURR. MONTH	YR-TO-DATE	ENCUMBRANCE	YTD + ENCUMBRANCE	BALANCE	PCNT REMAIN
PERSONAL SERVICES								
SALARIES AND WAGES								
003 00	CIVIL SERVICE-PERM	0	14,442	43,327	0	43,327	(43,327)	
033 04	TEMP HELP (907)	0	1,666	4,257	0	4,257	(4,257)	
063 00	STATUTORY-EXEMPT	0	6,496	19,489	0	19,489	(19,489)	
063 03	COMM MEMBER (911)	0	800	800	0	800	(800)	
TOTAL	SALARIES AND WAGES	**0**	**23,405**	**67,874**	**0**	**67,874**	**(67,874)**	**0.00%**
STAFF BENEFITS								
103 00	OASDI	0	1,268	3,819	0	3,819	(3,819)	
104 00	DENTAL INSURANCE	0	92	276	0	276	(276)	
105 00	HEALTH/WELFARE INS	0	1,308	3,925	0	3,925	(3,925)	
106 01	RETIREMENT	0	3,806	11,417	0	11,417	(11,417)	
125 15	SCIF ALLOCATION COST	0	116	262	0	262	(262)	
134 00	OTHER-STAFF BENEFITS	0	1,012	3,017	0	3,017	(3,017)	
134 01	TRANSIT DISCOUNT	0	0	56	0	56	(56)	
135 00	LIFE INSURANCE	0	8	25	0	25	(25)	
136 00	VISION CARE	0	26	78	0	78	(78)	
137 00	MEDICARE TAXATION	0	332	967	0	967	(967)	
TOTAL	STAFF BENEFITS	**0**	**7,969**	**23,842**	**0**	**23,842**	**(23,842)**	**0.00%**
TOTAL	**PERSONAL SERVICES**	**0**	**31,374**	**91,716**	**0**	**91,716**	**(91,716)**	**0.00%**
OPERATING EXPENSES & EQUIPMENT								
FINGERPRINTS								
213 04	FINGERPRINT REPORTS	0	1,173	1,836	0	1,836	(1,836)	
TOTAL	FINGERPRINTS	**0**	**1,173**	**1,836**	**0**	**1,836**	**(1,836)**	**0.00%**
GENERAL EXPENSE								
206 00	MISC OFFICE SUPPLIES	0	239	255	0	255	(255)	
207 00	FREIGHT & DRAYAGE	0	60	100	0	100	(100)	
217 00	MTG/CONF/EXHIBIT/SHO	0	0	304	0	304	(304)	
TOTAL	GENERAL EXPENSE	**0**	**299**	**659**	**0**	**659**	**(659)**	**0.00%**
PRINTING								
244 00	OFFICE COPIER EXP	0	0	0	10,265	10,265	(10,265)	
TOTAL	PRINTING	**0**	**0**	**0**	**10,265**	**10,265**	**(10,265)**	**0.00%**

DEPARTMENT OF CONSUMER AFFAIRS
BUDGET REPORT
AS OF 9/30/2011

FM 03

PHYSICIAN ASSISTANT COMMITTEE

	DESCRIPTION	BUDGET	CURR. MONTH	YR-TO-DATE	ENCUMBRANCE	YTD + ENCUMBRANCE	BALANCE	PCNT REMAIN
COMMUNICATIONS								
252 00	CELL PHONES,PDA,PAGE	0	86	250	0	250	(250)	
257 01	TELEPHONE EXCHANGE	0	142	155	0	155	(155)	
TOTAL COMMUNICATIONS		0	227	405	0	405	(405)	0.00%
POSTAGE								
263 05	ALLOCATED POSTAGE-DC	0	289	730	0	730	(730)	
263 06	ALLOCATED POSTAGE-ED	0	331	482	0	482	(482)	
TOTAL POSTAGE		0	619	1,212	0	1,212	(1,212)	0.00%
TRAVEL: IN-STATE								
292 00	PER DIEM-I/S	0	135	135	0	135	(135)	
294 00	COMMERCIAL AIR-I/S	0	125	908	0	908	(908)	
296 00	PRIVATE CAR-I/S	0	0	103	0	103	(103)	
297 00	RENTAL CAR-I/S	0	40	122	0	122	(122)	
TOTAL TRAVEL: IN-STATE		0	300	1,268	0	1,268	(1,268)	0.00%
FACILITIES OPERATIONS								
343 00	RENT-BLDG/GRND(NON S	0	3,526	10,577	0	10,577	(10,577)	
347 00	FACILITY PLNG-DGS	0	66	132	0	132	(132)	
TOTAL FACILITIES OPERATIONS		0	3,592	10,709	0	10,709	(10,709)	0.00%
C/P SVS - EXTERNAL								
418 02	CONS/PROF SVS-EXTRNL	0	9,480	9,480	66,700	76,180	(76,180)	
TOTAL C/P SVS - EXTERNAL		0	9,480	9,480	66,700	76,180	(76,180)	0.00%
DEPARTMENTAL SERVICES								
427 02	SHARED SVS-MBC ONLY	0	19,951	19,951	59,851	79,802	(79,802)	
TOTAL DEPARTMENTAL SERVICES		0	19,951	19,951	59,851	79,802	(79,802)	0.00%
CENTRAL ADMINISTRATIVE SERVICES								
438 00	PRO RATA	0	0	14,034	0	14,034	(14,034)	
TOTAL CENTRAL ADMINISTRATIVE SERVICES		0	0	14,034	0	14,034	(14,034)	0.00%
ENFORCEMENT								
396 00	ATTORNEY GENL-INTERD	0	41,742	61,385	0	61,385	(61,385)	
397 00	OFC ADMIN HEARNG-INT	0	4,334	4,334	0	4,334	(4,334)	
414 31	EVIDENCE/WITNESS FEE	0	2,415	2,415	0	2,415	(2,415)	
418 97	COURT REPORTER SERVS	0	480	640	0	640	(640)	
427 32	INVEST SVS-MBC ONLY	0	9,017	27,179	0	27,179	(27,179)	
TOTAL ENFORCEMENT		0	57,988	95,953	0	95,953	(95,953)	0.00%

DEPARTMENT OF CONSUMER AFFAIRS

PHYSICIAN ASSISTANT COMMITTEE

BUDGET REPORT

AS OF 9/30/2011

FM 03

PHYSICIAN ASSISTANT COMMITTEE

DESCRIPTION	BUDGET	CURR. MONTH	YR-TO-DATE	ENCUMBRANCE	YTD + ENCUMBRANCE	BALANCE	PCNT REMAIN
TOTAL OPERATING EXPENSES & EQUIPMEN	0	93,630	155,507	136,816	292,323	(292,323)	0.00%
PHYSICIAN ASSISTANT COMMITTEE	0	125,004	247,222	136,816	384,038	(384,038)	0.00%
	0	125,004	247,222	136,816	384,038	(384,038)	0.00%

AGENDA ITEM 5c
10 November 2011
Sacramento

PHYSICIAN ASSISTANT COMMITTEE

LICENSING PROGRAM ACTIVITY REPORT

INITIAL LICENSES ISSUED

	1 August 2011 – 1 November 2011	1 August 2010 – 1 November 2010
Initial Licenses	251	252

SUMMARY OF RENEWED/CURRENT LICENSES

	As of 1 September 2011	As of 1 September 2010
Physician Assistant	8,213	7,766

PHYSICIAN ASSISTANT COMMITTEE DIVERSION PROGRAM

ACTIVITY REPORT

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

	As of 1 October 2011	As of 1 October 2010	As of 1 October 2009
Voluntary referrals	06	05	07
Committee referrals	19	19	15
Total number of participants	25	24	22

HISTORICAL STATISTICS

(Since program inception: 1990)

Total intakes into program as of 1 October 2011.....99

Closed Cases as of 1 October 2011

- Participant expired.....1
- Successful completion.....20
- Dismissed for failure to receive benefit.....4
- Dismissed for non-compliance.....23
- Voluntary withdrawal.....19
- Not eligible.....7

Total closed cases.....74

OTHER DCA BOARD DIVERSION PROGRAM PARTICIPANTS

(As of 30 September 2011)

Dental Board of California.....42
Osteopathic Medical Board of California.....11
Board of Pharmacy.....70
Physical Therapy Board of California.....15
Board of Registered Nursing.....485
Veterinary Board of California.....2

AGENDA ITEM 5E
November 10, 2011

PHYSICIAN ASSISTANT COMMITTEE ENFORCEMENT ACTIVITY REPORT

July 1 through September 30, 2011

Submitted by: Dianne Tincher

Complaint Statistics

Pending From Previous FY	77
Received	63
Closed	62
Pending	78
At Expert Consultant	0

Violation Category of Complaints Received

Substance Abuse	2
Drug Related	1
Fraud	0
Non Jurisdictional	8
Incompetence/Negligence	25
Other	0
Unprofessional Conduct	9
Sexual Misconduct	2
Discipline by Another State	0
Unlicensed	6
Criminal	10

Investigations

Pending from Previous FY	28
Opened	3
Closed	15
Pending	16

Disposition of Closed Complaint

Closed with merit	38
Closed/Insufficient Evidence	24

Criminal Complaint

Referred to District Attorney	0

Current Probationers

Active	36
Tolled	14
Cost Recovery Ordered	$1,000
Cost Recovery Received	$4,122

Disciplinary Decisions

License Denied	0
Nonadopted	0
Probation	1
Public Reprimand/Reproval	0
Revocation	0
Voluntary Surrender	1
Probationary Licenses Issued	3
Petition for Reinstatement Denied	0
Petition for Reinstatement Granted	0
Petition for Termination of Probation Denied	0
Petition for Termination of Probation Granted	1
Other	0
Out for Vote	2

Accusation/Statement of Issues

Accusation Filed	5
Accusation Withdrawn	0
Statement of Issues Filed	0
Statement of Issues Withdrawn	0
Petition to Revoke Probation Filed	1
Petition to Compel Psychiatric Exam	0
Interim Suspension Orders (ISO)/PC23	0

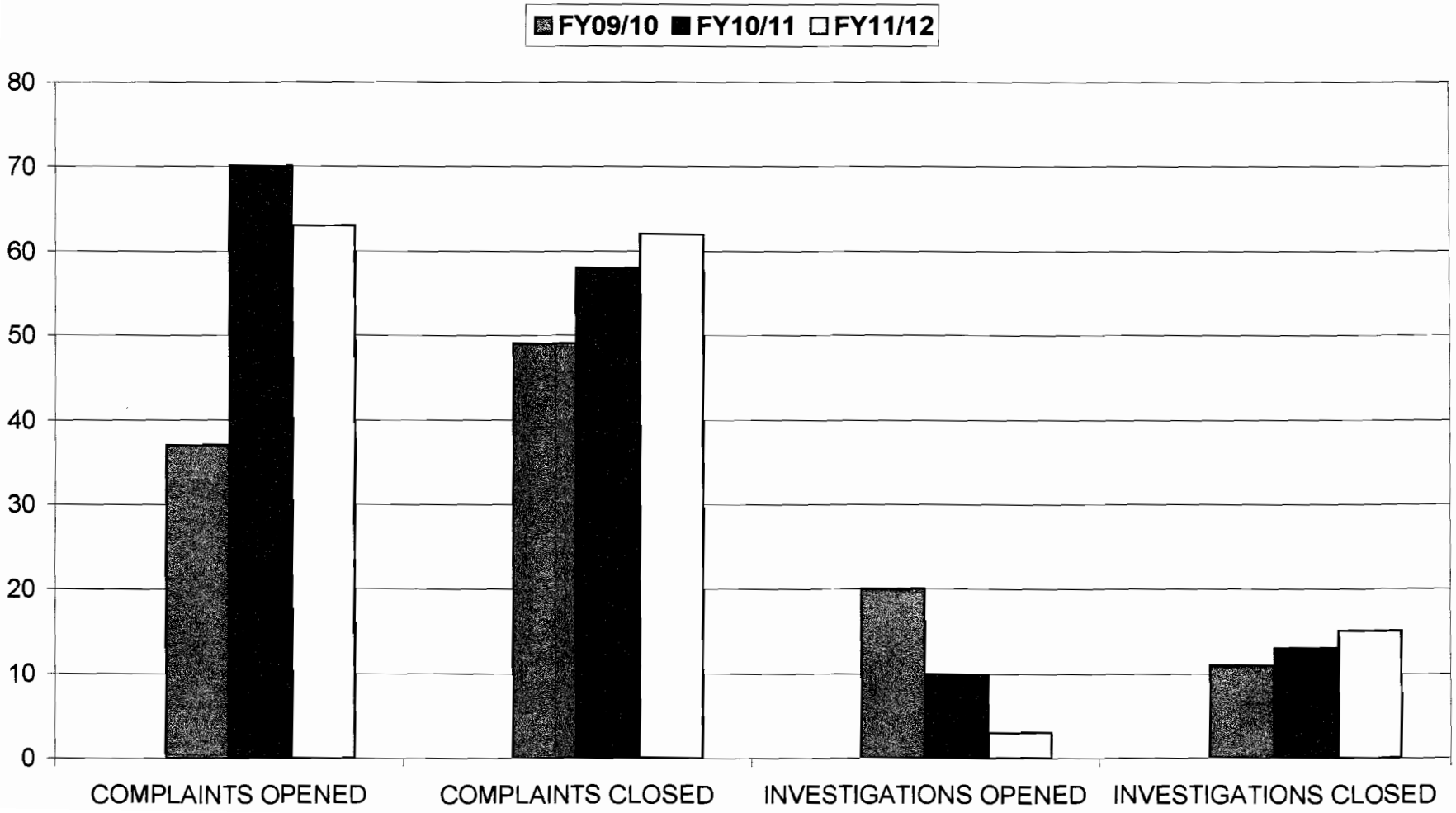
Pending Cases

Attorney General	25

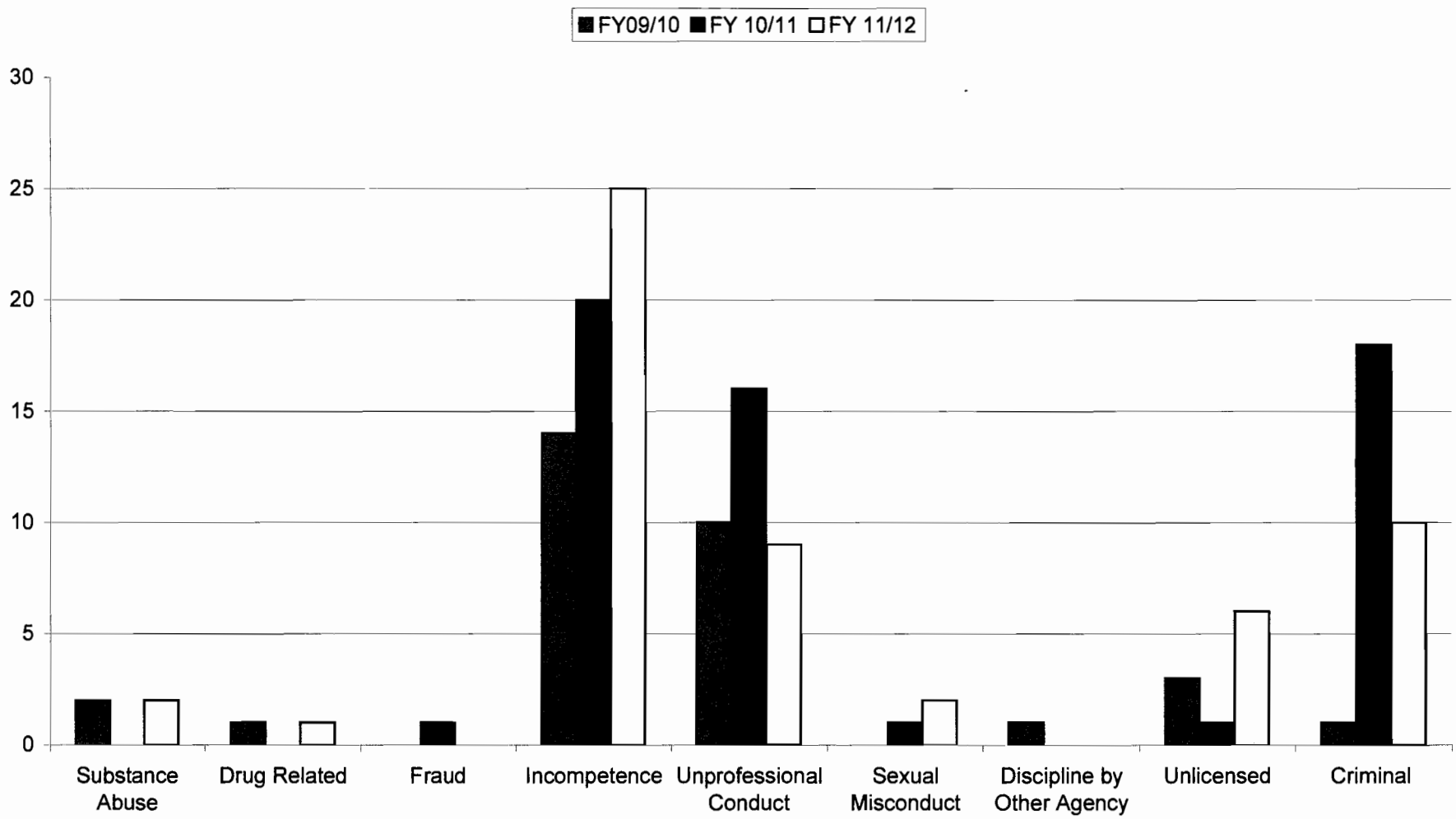
Citation and Fines

Pending from previous FY	3
Issued	1
Closed	2
Withdrawn	0
Sent to AG/noncompliance	0
Pending	2
Initial Fines Issued	$250
Modified Amount Due	$0
Fines Received	$2750

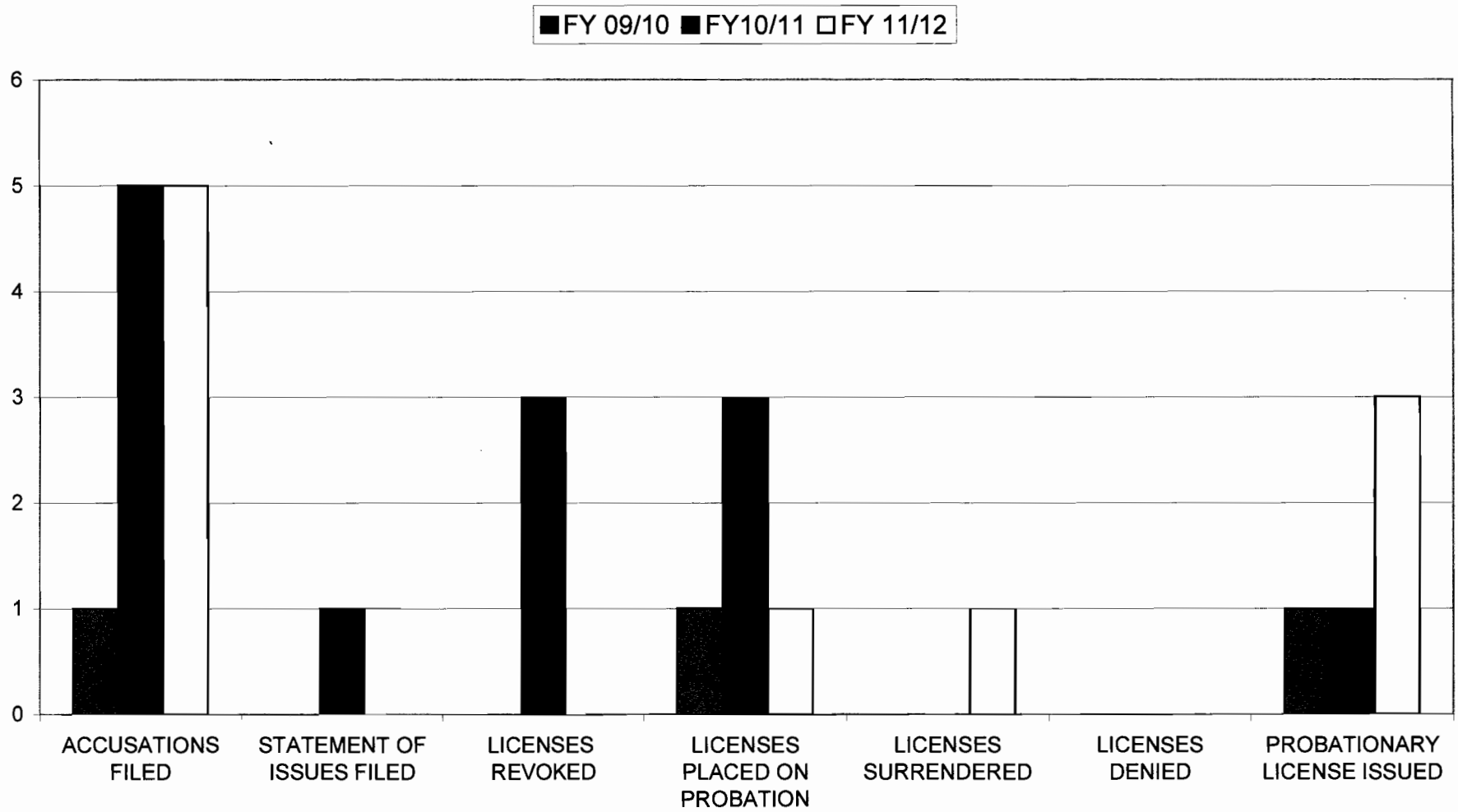
PHYSICIAN ASSISTANT COMMITTEE
COMPLAINTS AND INVESTIGATIONS
JULY 1 THROUGH SEPTEMBER 30



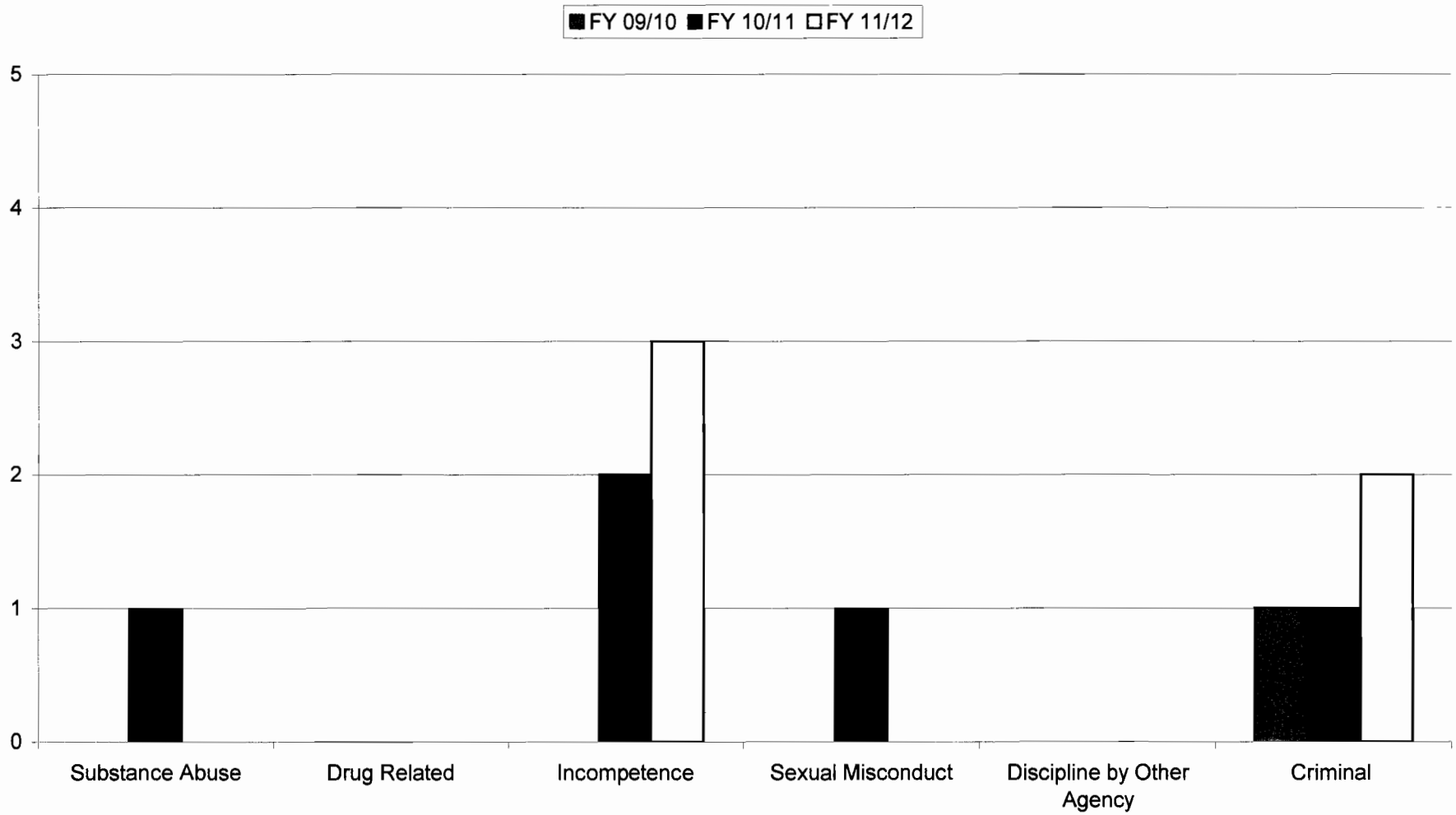
PHYSICIAN ASSISTANT COMMITTEE
CATEGORY OF COMPLAINTS RECEIVED
JULY 1 THROUGH SEPTEMBER 30



PHYSICIAN ASSISTANT COMMITTEE
DISCIPLINARY ACTIONS
JUNE 1 THROUGH SEPTEMBER 30



PHYSICIAN ASSISTANT COMMITTEE
CATEGORY OF ACCUSATIONS FILED
JULY 1 THROUGH SEPTEMBER 30



Physician Assistant Committee
Cases Over 8 Months Old
As of September 30, 2011

Formal Investigations

Total Number of Formal Investigations pending: 16

Number of Investigations over 8 months old: 10

Status of Cases over 8 months old:

# of cases	Status
7	Scheduling/subpoena for interview/records
2	At medical consultant
1	Working on final report

Disciplinary Actions

Total Number of Disciplinary Cases pending: 25

Number of Disciplinary Cases over 8 months old: 8

Status of Cases over 8 months old:

# of cases	Status
1	Working on stipulation
2	Waiting for hearing
1	Working on Accusation
4	Out to Vote

Physician Assistant Committee
Cost Recovery
As of September 30, 2011

Cost Recovery	Amount	# of Licensee
Ordered over last 5 years	**$195,057**	**42**
Received over last 5 years	**$ 92,950**	**42**
Outstanding balance	**$ 98,704**	**19**
Uncollectable amount*	**$ 93,076**	**13**

*The uncollectable amount is from licenses that were surrendered, revoked, or sent to FTB over the last 5 years. The cost recovery would be required to be paid in full if they applied for a reinstatement of the license.

Uniform Standards Regarding Substance-Abusing Healing Arts Licensees

Senate Bill 1441 (Ridley-Thomas)

Implementation by
Department of Consumer Affairs,
Substance Abuse Coordination Committee

Brian J. Stiger, Director
April 2011

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Substance Abuse Coordination Committee

Brian Stiger, Chair
Director, Department of Consumer Affairs

Elinore F. McCance-Katz, M.D., Ph. D.
CA Department of Alcohol & Drug Programs

Janelle Wedge
Acupuncture Board

Kim Madsen
California Board of Behavioral Sciences

Robert Puleo
Board of Chiropractic Examiners

Lori Hubble
Dental Hygiene Committee of California

Richard De Cuir
Dental Board of California

Linda Whitney
Medical Board of California

Heather Martin
California Board of Occupational Therapy

Mona Maggio
California State Board of Optometry

Teresa Bello-Jones
Board of Vocational Nursing and Psychiatric Technicians

Donald Krpan, D.O.
Osteopathic Medical Board of California

Francine Davies
Naturopathic Medicine Committee

Virginia Herold
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Steve Hartzell
Physical Therapy Board of California

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Physician Assistant Committee

Jim Rathlesberger
Board of Podiatric Medicine

Robert Kahane
Board of Psychology

Louise Bailey
Board of Registered Nursing

Stephanie Nunez
Respiratory Care Board of California

Annemarie Del Mugnaio
Speech-Language Pathology & Audiology & Hearing Aid Dispenser Board

Susan Geranen
Veterinary Medical Board

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#1 SENATE BILL 1441 REQUIREMENT

Specific requirements for a clinical diagnostic evaluation of the licensee, including, but not limited to, required qualifications for the providers evaluating the licensee.

#1 Uniform Standard

If a healing arts board orders a licensee who is either in a diversion program or whose license is on probation due to a substance abuse problem to undergo a clinical diagnosis evaluation, the following applies:

1. The clinical diagnostic evaluation shall be conducted by a licensed practitioner who:

    - holds a valid, unrestricted license, which includes scope of practice to conduct a clinical diagnostic evaluation;

    - has three (3) years experience in providing evaluations of health professionals with substance abuse disorders; and,

    - is approved by the board.

2. The clinical diagnostic evaluation shall be conducted in accordance with acceptable professional standards for conducting substance abuse clinical diagnostic evaluations.

3. The clinical diagnostic evaluation report shall:

    - set forth, in the evaluator's opinion, whether the licensee has a substance abuse problem;

    - set forth, in the evaluator's opinion, whether the licensee is a threat to himself/herself or others; and,

    - set forth, in the evaluator's opinion, recommendations for substance abuse treatment, practice restrictions, or other recommendations related to the licensee's rehabilitation and safe practice.

The evaluator shall not have a financial relationship, personal relationship, or business relationship with the licensee within the last five years. The evaluator shall provide an objective, unbiased, and independent evaluation.

If the evaluator determines during the evaluation process that a licensee is a threat to himself/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 30 days.

#2 SENATE BILL 1441 REQUIREMENT

Specific requirements for the temporary removal of the licensee from practice, in order to enable the licensee to undergo the clinical diagnostic evaluation described in subdivision (a) and any treatment recommended by the evaluator described in subdivision (a) and approved by the board, and specific criteria that the licensee must meet before being permitted to return to practice on a full-time or part-time basis.

#2 Uniform Standard

The following practice restrictions apply to each licensee who undergoes a clinical diagnostic evaluation:

1. The Board shall order the licensee to cease practice during the clinical diagnostic evaluation pending the results of the clinical diagnostic evaluation and review by the diversion program/board staff.

2. While awaiting the results of the clinical diagnostic evaluation required in Uniform Standard #1, the licensee shall be randomly drug tested at least two (2) times per week.

After reviewing the results of the clinical diagnostic evaluation, and the criteria below, a diversion or probation manager shall determine, whether or not the licensee is safe to return to either part-time or fulltime practice. However, no licensee shall be returned to practice until he or she has at least 30 days of negative drug tests.

- the license type;
- the licensee's history;
- the documented length of sobriety/time that has elapsed since substance use
- the scope and pattern of use;
- the treatment history;
- the licensee's medical history and current medical condition;
- the nature, duration and severity of substance abuse, and
- whether the licensee is a threat to himself/herself or the public.

#3 SENATE BILL 1441 REQUIREMENT

Specific requirements that govern the ability of the licensing board to communicate with the licensee's employer about the licensee's status or condition.

#3 Uniform Standard

If the licensee who is either in a board diversion program or whose license is on probation has an employer, the licensee shall provide to the board the names, physical addresses, mailing addresses, and telephone numbers of all employers and supervisors and shall give specific, written consent that the licensee authorizes the board and the employers and supervisors to communicate regarding the licensee's work status, performance, and monitoring.

#4 SENATE BILL 1441 REQUIREMENT

Standards governing all aspects of required testing, including, but not limited to, frequency of testing, randomnicity, method of notice to the licensee, number of hours between the provision of notice and the test, standards for specimen collectors, procedures used by specimen collectors, the permissible locations of testing, whether the collection process must be observed by the collector, backup testing requirements when the licensee is on vacation or otherwise unavailable for local testing, requirements for the laboratory that analyzes the specimens, and the required maximum timeframe from the test to the receipt of the result of the test.

#4 Uniform Standard

The following standards shall govern all aspects of testing required to determine abstention from alcohol and drugs for any person whose license is placed on probation or in a diversion program due to substance use:

TESTING FREQUENCY SCHEDULE

A board may order a licensee to drug test at any time. Additionally, each licensee shall be tested RANDOMLY in accordance with the schedule below:

Level	Segments of Probation/Diversion	Minimum Range of Number of Random Tests
I	Year 1	52-104 per year
II*	Year 2+	36-104 per year

*The minimum range of 36-104 tests identified in level II, is for the second year of probation or diversion, and each year thereafter, up to five (5) years. Thereafter, administration of one (1) time per month if there have been no positive drug tests in the previous five (5) consecutive years of probation or diversion.

Nothing precludes a board from increasing the number of random tests for any reason. Any board who finds or has suspicion that a licensee has committed a violation of a board's testing program or who has committed a Major Violation, as identified in Uniform Standard 10, may reestablish the testing cycle by placing that licensee at the beginning of level I, in addition to any other disciplinary action that may be pursued.

EXCEPTIONS TO TESTING FREQUENCY SCHEDULE

I. PREVIOUS TESTING/SOBRIETY
In cases where a board has evidence that a licensee has participated in a treatment or monitoring program requiring random testing, prior to being subject to testing by the board, the board may give consideration to that testing in altering the testing

frequency schedule so that it is equivalent to this standard.

II. VIOLATION(S) OUTSIDE OF EMPLOYMENT
An individual whose license is placed on probation for a single conviction or incident or two convictions or incidents, spanning greater than seven years from each other, where those violations did not occur at work or while on the licensee's way to work, where alcohol or drugs were a contributing factor, may bypass level I and participate in level II of the testing frequency schedule.

III. NOT EMPLOYED IN HEALTH CARE FIELD
A board may reduce testing frequency to a minimum of 12 times per year for any person who is not practicing OR working in any health care field. If a reduced testing frequency schedule is established for this reason, and if a licensee wants to return to practice or work in a health care field, the licensee shall notify and secure the approval of the licensee's board. Prior to returning to any health care employment, the licensee shall be subject to level I testing frequency for at least 60 days. At such time the person returns to employment (in a health care field), if the licensee has not previously met the level I frequency standard, the licensee shall be subject to completing a full year at level I of the testing frequency schedule, otherwise level II testing shall be in effect.

IV. TOLLING
A board may postpone all testing for any person whose probation or diversion is placed in a tolling status if the overall length of the probationary or diversion period is also tolled. A licensee shall notify the board upon the licensee's return to California and shall be subject to testing as provided in this standard. If the licensee returns to employment in a health care field, and has not previously met the level I frequency standard, the licensee shall be subject to completing a full year at level I of the testing frequency schedule, otherwise level II testing shall be in effect.

V. SUBSTANCE USE DISORDER NOT DIAGNOSED
In cases where no current substance use disorder diagnosis is made, a lesser period of monitoring and toxicology screening may be adopted by the board, but not to be less than 24 times per year.

OTHER DRUG STANDARDS

Drug testing may be required on any day, including weekends and holidays.

The scheduling of drug tests shall be done on a random basis, preferably by a computer program, so that a licensee can make no reasonable assumption of when he/she will be tested again. Boards should be prepared to report data to support back-to-back testing as well as, numerous different intervals of testing.

Licensees shall be required to make daily contact to determine if drug testing is required.

Licensees shall be drug tested on the date of notification as directed by the board.

Specimen collectors must either be certified by the Drug and Alcohol Testing Industry Association or have completed the training required to serve as a collector for the U.S. Department of Transportation.

Specimen collectors shall adhere to the current U.S. Department of Transportation Specimen Collection Guidelines.

Testing locations shall comply with the Urine Specimen Collection Guidelines published by the U.S. Department of Transportation, regardless of the type of test administered.

Collection of specimens shall be observed.

Prior to vacation or absence, alternative drug testing location(s) must be approved by the board.

Laboratories shall be certified and accredited by the U.S. Department of Health and Human Services.

A collection site must submit a specimen to the laboratory within one (1) business day of receipt. A chain of custody shall be used on all specimens. The laboratory shall process results and provide legally defensible test results within seven (7) days of receipt of the specimen. The appropriate board will be notified of non-negative test results within one (1) business day and will be notified of negative test results within seven (7) business days.

A board may use other testing methods in place of, or to supplement biological fluid testing, if the alternate testing method is appropriate.

PETITIONS FOR REINSTATEMENT

Nothing herein shall limit a board's authority to reduce or eliminate the standards specified herein pursuant to a petition for reinstatement or reduction of penalty filed pursuant to Government Code section 11522 or statutes applicable to the board that contains different provisions for reinstatement or reduction of penalty.

OUTCOMES AND AMENDMENTS

For purposes of measuring outcomes and effectiveness, each board shall collect and report historical and post implementation data as follows:

Historical Data - Two Years Prior to Implementation of Standard

Each board should collect the following historical data (as available), for a period of two years, prior to implementation of this standard, for each person subject to testing for banned substances, who has 1) tested positive for a banned substance, 2) failed to

appear or call in, for testing on more than three occasions, 3) failed to pay testing costs, or 4) a person who has given a dilute or invalid specimen.

Post Implementation Data- Three Years

Each board should collect the following data annually, for a period of three years, for every probationer and diversion participant subject to testing for banned substances, following the implementation of this standard.

Data Collection

The data to be collected shall be reported to the Department of Consumer Affairs and the Legislature, upon request, and shall include, but may not be limited to:

Probationer/Diversion Participant Unique Identifier
License Type
Probation/Diversion Effective Date
General Range of Testing Frequency by/for Each Probationer/Diversion Participant
Dates Testing Requested
Dates Tested
Identify the Entity that Performed Each Test
Dates Tested Positive
Dates Contractor (if applicable) was informed of Positive Test
Dates Board was informed of Positive Test
Dates of Questionable Tests (e.g. dilute, high levels)
Date Contractor Notified Board of Questionable Test
Identify Substances Detected or Questionably Detected
Dates Failed to Appear
Date Contractor Notified Board of Failed to Appear
Dates Failed to Call In for Testing
Date Contractor Notified Board of Failed to Call In for Testing
Dates Failed to Pay for Testing
Date(s) Removed/Suspended from Practice (identify which)
Final Outcome and Effective Date (if applicable)

#5 SENATE BILL 1441 REQUIREMENT

Standards governing all aspects of group meeting attendance requirements, including, but not limited to, required qualifications for group meeting facilitators, frequency of required meeting attendance, and methods of documenting and reporting attendance or nonattendance by licensees.

#5 Uniform Standard

If a board requires a licensee to participate in group support meetings, the following shall apply:

When determining the frequency of required group meeting attendance, the board shall give consideration to the following:

- the licensee's history;
- the documented length of sobriety/time that has elapsed since substance use;
- 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.

Group Meeting Facilitator Qualifications and Requirements:

1. The meeting facilitator must 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 meeting facilitator must not have a financial relationship, personal relationship, or business relationship with the licensee within the last year.
3. The group meeting facilitator shall provide to the board 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 facilitator shall report any unexcused absence within 24 hours.

#6 SENATE BILL 1441 REQUIREMENT

Standards used in determining whether inpatient, outpatient, or other type of treatment is necessary.

#6 Uniform Standard

In determining whether inpatient, outpatient, or other type of treatment is necessary, the board shall consider the following criteria:

- recommendation of the clinical diagnostic evaluation pursuant to Uniform Standard #1;
- license type;
- licensee's history;
- documented length of sobriety/time that has elapsed since substance abuse;
- scope and pattern of substance use;
- licensee's treatment history;
- licensee's medical history and current medical condition;
- nature, duration, and severity of substance abuse, and
- threat to himself/herself or the public.

#7 SENATE BILL 1441 REQUIREMENT

Worksite monitoring requirements and standards, including, but not limited to, required qualifications of worksite monitors, required methods of monitoring by worksite monitors, and required reporting by worksite monitors.

#7 Uniform Standard

A board may require the use of worksite monitors. If a board determines that a worksite monitor is necessary for a particular licensee, the worksite monitor shall meet the following requirements to be considered for approval by the board.

1. The worksite monitor shall not have 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 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.

2. The worksite monitor's license scope of practice shall include the scope of practice of the licensee that is being monitored, be another health care professional if no monitor with like practice is available, or, as approved by the board, be a person in a position of authority who is capable of monitoring the licensee at work.

3. If the worksite monitor is a licensed healthcare professional he or she shall have an active unrestricted license, with no disciplinary action within the last five (5) years.

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

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

    a) Have face-to-face contact with the licensee in the work environment on a frequent basis as determined by the board, at least once per week.

    b) Interview other staff in the office regarding the licensee's behavior, if applicable.

    c) Review the licensee's work attendance.

Reporting by the worksite monitor to the board shall be as follows:

1. 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.

2. 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 that can lead 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.

#8 SENATE BILL 1441 REQUIREMENT

Procedures to be followed when a licensee tests positive for a banned substance.

#8 Uniform Standard

When a licensee tests positive for a banned substance:

1. The board shall order the licensee to cease practice;
2. The board shall contact the licensee and instruct the licensee to leave work; and
3. The board shall notify the licensee's employer, if any, and worksite monitor, if any, that the licensee may not work.

Thereafter, the board should determine whether the positive drug test is in fact evidence of prohibited use. If so, proceed to Standard #9. If not, the board shall immediately lift the cease practice order.

In determining whether the positive test is evidence of prohibited use, the board should, as applicable:

1. Consult the specimen collector and the laboratory;
2. Communicate with the licensee and/or any physician who is treating the licensee; and
3. Communicate with any treatment provider, including group facilitator/s.

#9 SENATE BILL 1441 REQUIREMENT

Procedures to be followed when a licensee is confirmed to have ingested a banned substance.

#9 Uniform Standard

When a board confirms that a positive drug test is evidence of use of a prohibited substance, the licensee has committed a major violation, as defined in Uniform Standard #10 and the board shall impose the consequences set forth in Uniform Standard #10.

#10 SENATE BILL 1441 REQUIREMENT

Specific consequences for major and minor violations. In particular, the committee shall consider the use of a "deferred prosecution" stipulation described in Section 1000 of the Penal Code, in which the licensee admits to self-abuse of drugs or alcohol and surrenders his or her license. That agreement is deferred by the agency until or unless licensee commits a major violation, in which case it is revived and license is surrendered.

#10 Uniform Standard

Major Violations include, but are not limited to:

1. Failure to complete a board-ordered program;
2. Failure to undergo a required clinical diagnostic evaluation;
3. Multiple minor violations;
4. Treating patients while under the influence of drugs/alcohol;
5. Any drug/alcohol related act which would constitute a violation of the practice act or state/federal laws;
6. Failure to obtain biological testing for substance abuse;
7. Testing positive and confirmation for substance abuse pursuant to Uniform Standard #9;
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.

Consequences for a major violation include, but are not limited to:

1. Licensee will be ordered to cease practice.
   a) the licensee must undergo a new clinical diagnostic evaluation, and
   b) the licensee must test negative for at least a month of continuous drug testing before being allowed to go back to work.
2. Termination of a contract/agreement.
3. Referral for disciplinary action, such as suspension, revocation, or other action as determined by the board.

Minor Violations include, but are not limited to:

1. Untimely receipt of required documentation;
2. Unexcused non-attendance at group meetings;
3. Failure to contact a monitor when required;
4. Any other violations that do not present an immediate threat to the violator or to the public.

Consequences for minor violations include, but are not limited to:

1. Removal from practice;
2. Practice limitations;
3. Required supervision;
4. Increased documentation;
5. Issuance of citation and fine or a warning notice;
6. Required re-evaluation/testing;
7. Other action as determined by the board.

#11 SENATE BILL 1441 REQUIREMENT

Criteria that a licensee must meet in order to petition for return to practice on a full time basis.

#11 Uniform Standard

"Petition" as used in this standard is an informal request as opposed to a "Petition for Modification" under the Administrative Procedure Act.

The licensee shall meet the following criteria before submitting a request (petition) to return to full time practice:

1. Demonstrated sustained compliance with current recovery program.
2. Demonstrated the ability to practice safely as evidenced by current work site reports, evaluations, and any other information relating to the licensee's substance abuse.
3. Negative drug screening reports for at least six (6) months, two (2) positive worksite monitor reports, and complete compliance with other terms and conditions of the program.

#12 SENATE BILL 1441 REQUIREMENT

Criteria that a licensee must meet in order to petition for reinstatement of a full and unrestricted license.

#12 Uniform Standard

"Petition for Reinstatement" as used in this standard is an informal request (petition) as opposed to a "Petition for Reinstatement" under the Administrative Procedure Act.

The licensee must meet the following criteria to request (petition) for a full and unrestricted license.

1. Demonstrated sustained compliance with the terms of the disciplinary order, if applicable.
2. Demonstrated successful completion of recovery program, if required.
3. Demonstrated a consistent and sustained participation in activities that promote and support their recovery including, but not limited to, ongoing support meetings, therapy, counseling, relapse prevention plan, and community activities.
4. Demonstrated that he or she is able to practice safely.
5. Continuous sobriety for three (3) to five (5) years.

#13 SENATE BILL 1441 REQUIREMENT

If a board uses a private-sector vendor that provides diversion services, (1) standards for immediate reporting by the vendor to the board of any and all noncompliance with process for providers or contractors that provide diversion services, including, but not limited to, specimen collectors, group meeting facilitators, and worksite monitors; (3) standards requiring the vendor to disapprove and discontinue the use of providers or contractors that fail to provide effective or timely diversion services; and (4) standards for a licensee's termination from the program and referral to enforcement.

#13 Uniform Standard

1. A vendor must report to the board any major violation, as defined in Uniform Standard #10, within one (1) business day. A vendor must report to the board any minor violation, as defined in Uniform Standard #10, within five (5) business days.

2. A vendor's approval process for providers or contractors that provide diversion services, including, but not limited to, specimen collectors, group meeting facilitators, and worksite monitors is as follows:

   (a) Specimen Collectors:

   (1) The provider or subcontractor shall possess all the materials, equipment, and technical expertise necessary in order to test every licensee for which he or she is responsible on any day of the week.

   (2) The provider or subcontractor shall be able to scientifically test for urine, blood, and hair specimens for the detection of alcohol, illegal, and controlled substances.

   (3) The provider or subcontractor must provide collection sites that are located in areas throughout California.

   (4) The provider or subcontractor must have an automated 24-hour toll-free telephone system and/or a secure on-line computer database that allows the participant to check in daily for drug testing.

   (5) The provider or subcontractor must have or be subcontracted with operating collection sites that are engaged in the business of collecting urine, blood, and hair follicle specimens for the testing of drugs and alcohol within the State of California.

   (6) The provider or subcontractor must have a secure, HIPAA compliant, website or computer system to allow staff access to drug test results and compliance reporting information that is available 24 hours a day.

(7) The provider or subcontractor shall employ or contract with toxicologists that are licensed physicians and have knowledge of substance abuse disorders and the appropriate medical training to interpret and evaluate laboratory drug test results, medical histories, and any other information relevant to biomedical information.

(8) A toxicology screen will not be considered negative if a positive result is obtained while practicing, even if the practitioner holds a valid prescription for the substance.

(9) Must undergo training as specified in Uniform Standard #4 (6).

(b) Group Meeting Facilitators:

A group meeting facilitator for any support group meeting:

(1) must have a minimum of three (3) years experience in the treatment and rehabilitation of substance abuse;

(2) must be licensed or certified by the state or other nationally certified organization;

(3) must not have a financial relationship, personal relationship, or business relationship with the licensee within the last year;

(4) shall report any unexcused absence within 24 hours to the board, and,

(5) shall provide to the board 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.

(c) Work Site Monitors:

The worksite monitor must meet the following qualifications:

(1) Shall not have 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 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.

(2) The monitor's licensure scope of practice shall include the scope of practice of the licensee that is being monitored, be another health care professional if no

monitor with like practice is available, or, as approved by the board, be a person in a position of authority who is capable of monitoring the licensee at work.

(3) Shall have an active unrestricted license, with no disciplinary action within the last five (5) years.

(4) Shall sign an affirmation that he or she has reviewed the terms and conditions of the licensee's disciplinary order and/or contract and agrees to monitor the licensee as set forth by the board.

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

   a) Have face-to-face contact with the licensee in the work environment on a frequent basis as determined by the board, at least once per week.

   b) Interview other staff in the office regarding the licensee's behavior, if applicable.

   c) Review the licensee's work attendance.

3. Any suspected substance abuse must be verbally reported to the contractor, 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.

4. 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 that can lead to suspected substance abuse.

(d) Treatment Providers

Treatment facility staff and services must have:

(1) Licensure and/or accreditation by appropriate regulatory agencies;

(2) Sufficient resources available to adequately evaluate the physical and mental needs of the client, provide for safe detoxification, and manage any medical emergency;

(3) Professional staff who are competent and experienced members of the clinical staff;

(4) Treatment planning involving a multidisciplinary approach and specific aftercare plans;

(5) Means to provide treatment/progress documentation to the provider.

(e) General Vendor Requirements

The vendor shall disapprove and discontinue the use of providers or contractors that fail to provide effective or timely diversion services as follows:

(1) The vendor is fully responsible for the acts and omissions of its subcontractors and of persons either directly or indirectly employed by any of them. No subcontract shall relieve the vendor of its responsibilities and obligations. All state policies, guidelines, and requirements apply to all subcontractors.

(2) If a subcontractor fails to provide effective or timely services as listed above, but not limited to any other subcontracted services, the vendor will terminate services of said contractor within 30 business days of notification of failure to provide adequate services.

(3) The vendor shall notify the appropriate board within five (5) business days of termination of said subcontractor.

#14 SENATE BILL 1441 REQUIREMENT

If a board uses a private-sector vendor that provides diversion services, the extent to which licensee participation in that program shall be kept confidential from the public.

#14 Uniform Standard

The board shall disclose the following information to the public for licensees who are participating in a board monitoring/diversion program regardless of whether the licensee is a self-referral or a board referral. However, the disclosure shall not contain information that the restrictions are a result of the licensee's participation in a diversion program.

- Licensee's name;
- Whether the licensee's practice is restricted, or the license is on inactive status;
- A detailed description of any restriction imposed.

#15 SENATE BILL 1441 REQUIREMENT

If a board uses a private-sector vendor that provides diversion services, a schedule for external independent audits of the vendor's performance in adhering to the standards adopted by the committee.

#15 Uniform Standard

1. If a board uses a private-sector vendor to provide monitoring services for its licensees, an external independent audit must be conducted at least once every three (3) years by a qualified, independent reviewer or review team from outside the department with no real or apparent conflict of interest with the vendor providing the monitoring services. In addition, the reviewer shall not be a part of or under the control of the board. The independent reviewer or review team must consist of individuals who are competent in the professional practice of internal auditing and assessment processes and qualified to perform audits of monitoring programs.

2. The audit must assess the vendor's performance in adhering to the uniform standards established by the board. The reviewer must provide a report of their findings to the board by June 30 of each three (3) year cycle. The report shall identify any material inadequacies, deficiencies, irregularities, or other non-compliance with the terms of the vendor's monitoring services that would interfere with the board's mandate of public protection.

3. The board and the department shall respond to the findings in the audit report.

#16 SENATE BILL 1441 Requirement

Measurable criteria and standards to determine whether each board's method of dealing with substance-abusing licensees protects patients from harm and is effective in assisting its licensees in recovering from substance abuse in the long term.

#16 Uniform Standard

Each board shall report the following information on a yearly basis to the Department of Consumer Affairs and the Legislature as it relates to licensees with substance abuse problems who are either in a board probation and/or diversion program.

- Number of intakes into a diversion program
- Number of probationers whose conduct was related to a substance abuse problem
- Number of referrals for treatment programs
- Number of relapses (break in sobriety)
- Number of cease practice orders/license in-activations
- Number of suspensions
- Number terminated from program for noncompliance
- Number of successful completions based on uniform standards
- Number of major violations; nature of violation and action taken
- Number of licensees who successfully returned to practice
- Number of patients harmed while in diversion

The above information shall be further broken down for each licensing category, specific substance abuse problem (i.e. cocaine, alcohol, Demerol etc.), whether the licensee is in a diversion program and/or probation program.

If the data indicates that licensees in specific licensing categories or with specific substance abuse problems have either a higher or lower probability of success, that information shall be taken into account when determining the success of a program. It may also be used to determine the risk factor when a board is determining whether a license should be revoked or placed on probation.

The board shall use the following criteria to determine if its program protects patients from harm and is effective in assisting its licensees in recovering from substance abuse in the long term.

- At least 100 percent of licensees who either entered a diversion program or whose license was placed on probation as a result of a substance abuse problem successfully completed either the program or the probation, or had their license to practice revoked or surrendered on a timely basis based on noncompliance of those programs.

- At least 75 percent of licensees who successfully completed a diversion program or probation did not have any substantiated complaints related to substance abuse for at least five (5) years after completion.

AGENDA ITEM # 11

ISSUE MEMORANDUM

DATE	10 November 2011
TO	Members Physician Assistant Committee
FROM	Glenn Mitchell Regulation Coordinator
SUBJECT	**New Regulatory Proposal: Sponsored Free Health Care Events**

This proposal requires the Physician Assistant Committee implement AB 2699 (Bass, Chapter 270, Statutes of 2010), enacting Business and Professions Code Section 901, which took effect January 1, 2011. This statute provides a regulatory framework for certain health care events at which free care is offered to uninsured or under-insured individuals by volunteer health care practitioners, including physician assistants, where those practitioners may include individuals who may be licensed in one or more states but are not licensed in California.

These proposed regulations will implement, interpret, and make specific the provisions of Section 901, including the application and registration requirements, disciplinary actions, etc.

The registration of sponsoring entity form (901-A (PAC/2012) and the request for authorization to practice without a license form (901-B (PAC/2012) are to be incorporated by reference.

The committee's mandate and highest priority is to protect the health, safety, and welfare of California consumers. We are proposing the following regulatory language to comply with Business and Professions Code section 901 and further enhance the committee's mandate of consumer protection.

Action Requested:

The following draft language is provided for your consideration and approval. Legal counsel and staff recommend that this language be adopted by the committee so that a regulatory hearing may be scheduled.

Attachments:

- Proposed committee language to comply with B&P Code section 901
- Sample registration entity form 901-A (PAC/2012).
- Sample request for authorization to practice without a license form 901-B (PAC/2012)
- Business and Professions Code section 901

Physician Assistant Committee
Specific Language of Proposed Changes
Sponsored Free Health Care Events

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

Article 9
Sponsored Free Health Care Events – Requirements for Exemption

Section 1399.700 of Title 16 of the California Code of Regulations to read:

1399.700. Definitions.

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

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

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

(c) "Code" means the Business and Professions Code.

(d) "Committee" means the Physician Assistant Committee.

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

Section 1399.701 of Title 16 of the California Code of Regulations to read:

1399.701. Sponsoring Entity Registration and Recordkeeping Requirements.

(a) Registration. A sponsoring entity that wishes to provide, or arrange for the provision of, health care services at a sponsored event under section 901 of the code shall register with the committee not later than 90 calendar days prior to the date on which the sponsored event is scheduled to begin. A sponsoring entity shall register with the committee by submitting to the committee a completed Form 901-A (PAC/2012), which is hereby incorporated by reference.

(b) Determination of Completeness of Form. The committee may, by resolution, delegate to the Department of Consumer Affairs the authority to receive and process Form 901-A (PAC/ 2012) on behalf of the committee. The committee or its delegatee shall inform the sponsoring entity in writing within 15 calendar days of receipt of the form that the form is either complete and the sponsoring entity is registered or that the form is deficient and what specific information or documentation is required to complete the form and be registered. The committee or its delegatee shall reject the registration if all of the identified deficiencies have not been corrected at least 30 days prior to the commencement of the sponsored event.

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

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

NOTICE

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

Physician Assistant Committee
(916) 561-8780
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 from the committee.

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

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

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

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

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

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

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

Section 1399.702 of Title 16 of the California Code of Regulations to read:

Section 1399.702. Out-of-State Practitioner Authorization to Participate in Sponsored Event

(a) Request for Authorization to Participate. An out-of-state practitioner ("applicant") may request authorization from the committee to participate in a sponsored event and provide such health care services at the sponsored event as would be permitted if the applicant were licensed by the committee to provide those services. Authorization must be obtained for each sponsored event in which the applicant seeks to participate.

(1) An applicant shall request authorization by submitting to the committee a completed Form 901-B (PAC/ 2012), which is hereby incorporated by reference, accompanied by a non-refundable, non-transferrable processing fee of $25.

(2) The applicant also shall furnish either a full set of fingerprints or submit a Live Scan inquiry to establish the identity of the applicant and to permit the committee to conduct a criminal history record check. The applicant shall pay any costs for furnishing the fingerprints and conducting the criminal history record check. This requirement shall apply only to the first application for authorization that is submitted by the applicant.

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

(c) Denial of Request for Authorization to Participate.

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

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

(B) The applicant has not graduated from a physician assistant training program approved or recognized by the committee and not passed any examination required under Section 3517 of the code; or

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

(D) The applicant does not possess a current valid active license in good standing.

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

The term "good standing" means the applicant:

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

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

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

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

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

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

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

(D) Appeal of Denial. An applicant requesting authorization to participate in a sponsored event may appeal the denial of such request by following the procedures set forth in subdivision (d) of section 1399.703.

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

NOTICE

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

Physician Assistant Committee
(916) 561-8780
www.pac.ca.gov

NOTE: Authority cited: Business and Professions Code Sections144, 901, 3510. Reference: Business and Professions Code Section 901

Section 1399.703 of Title 16 of the California Code of Regulations to read:

1399.703. Termination of Authorization and Appeal.

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

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

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

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

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

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

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

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

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

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

FORMS

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
PHYSICIAN ASSISTANT COMMITTEE
2005 Evergreen Street, Suite 1100, Sacramento, CA 95815
Telephone: 916 561-8780 Fax: 916 263-2671 Website: www.pac.ca.gov

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 60 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..*

Only one form (per event) should be completed and submitted to the Department of Consumer Affairs. The Department of Consumer Affairs will forward a copy of the completed registration form to each of the licensing authorities indicated on this form.

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 are the officers or officials of the organization responsible for operation of the sponsoring entity.

Individual 1:

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

Individual 2:

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

Individual 3:

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

(Attach additional sheets 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.*

6. Please check each licensing authority that will have jurisdiction over an out-of-state licensed health practitioner who intends to participate in the event:

___ Acupuncture Board
___ Board of Behavioral Sciences
___ Board of Chiropractic Examiners
___ Dental Board
___ Dental Hygiene Committee
___ Physician Assistant Committee
___ Physical Therapy Board
___ Board of Podiatric Medicine
___ Board of Psychology
___ Board of Registered Nursing

___ Medical Board
___ Naturopathic Medicine Committee
___ Board of Occupational Therapy
___ Board of Optometry
___ Osteopathic Medical Board
___ Board of Pharmacy
___ Respiratory Care Board
___ Speech-Language Pathology, Audiology & Hearing Aid Dispensers Board
___ Veterinary Medical Board
___ Board of Vocational Nursing & Psychiatric Technicians
___ Other

Note:

- Each individual out-of-state practitioner must request authorization to participate in the event by submitting an application (Form 901-B) to the applicable licensing Board/Committee.
- The organization will be notified in writing whether authorization for an individual out-of-state practitioner has been granted.
- 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 agencies listed.
- I understand that our organization must file a report with each applicable board/committee within fifteen (15) calendar days of the completion of the event.

This form, and any attachments, shall be submitted to:

Department of Consumer Affairs
Attn: Sponsored Free Health Care Events
1625 North Market Boulevard
Sacramento, CA 95834

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

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
PHYSICIAN ASSISTANT COMMITTEE
2005 Evergreen Street, Suite 1100, Sacramento, CA 95815
Telephone: 916 561-8780 Fax: 916 263-2671 Website: www.pac.ca.gov

REQUEST FOR AUTHORIZATION TO PRACTICE WITHOUT A CALIFORNIA LICENSE AT A REGISTERED FREE HEALTH CARE EVENT

In accordance with California Business and Professions Code Section 901 any physician assistant licensed and in good standing in another state, district, or territory in the United States may request authorization from the Physician Assistant Committee (Committee) to participate in a free health care event offered by a local government entity or a sponsoring entity, registered with the committee pursuant to Section 901, for a period not to exceed ten (10) days.

PART 1 - APPLICATION INSTRUCTIONS

An application must be complete and must be accompanied by all of the following:

- A processing fee of $25.00, made payable to the Physician Assistant Committee.
- A copy of each valid, current active license authorizing the applicant to engage in the practice as a physician assistant issued by any state, district, or territory of the United States.
- A copy of a valid photo identification of the applicant issued by one of the jurisdictions in which the applicant holds a license to practice.
- A full set of fingerprints or Live Scan inquiry. This will be used to establish your identity and to conduct a criminal history record check. The applicant shall pay any costs for furnishing the fingerprints and conducting the criminal history record check. However, this requirement shall apply only to the first application for authorization that you submit.
- Educational records to prove you graduated from a physician assistant training program that is approved by the Committee.
- Verification of PANCE scores.

The Committee will not grant authorization until this form has been completed in its entirety, all required enclosures have been received by the Committee, and any additional information requested by the Committee has been provided by the applicant and reviewed by the Committee, and a determination made to grant authorization.

The Committee shall process this request and notify the sponsoring entity listed in this form whether the request is approved or denied within 20 calendar days of receipt. If the Committee requires additional or clarifying information, the Committee will contact you directly, but **written approval or denial of requests will be provided directly to the sponsoring entity or local government entity**. It is the applicant's responsibility to maintain contact with the sponsoring entity or the local government entity.

PART 2 – GENERAL INFORMATION

1. Applicant Name: _____
First Middle Last

2. Social Security Number:* ____ - ___ - _____ Date of Birth: _____

3. Applicant's Contact Information:

Address Line 1	Phone
Address Line 2	Alternate Phone
City, State, Zip	E-mail address

4. Applicant's Employer : _____

Employer's Contact Information:

Address Line 1	Phone
Address Line 2	Facsimile
City, State, Zip	E-mail address (if available)

5. Name and Location of Physician Assistant Training Program Applicant Attended:

_____

*** The information provided on this application is maintained by the Executive Officer of the Physician Assistant Committee, 2005 Evergreen Street, Suite 1100, Sacramento, California 95815, pursuant to Business and Professions Code Section 901. It is mandatory that you provide all information requested. Omissions of any item of information will result in the application being rejected as incomplete.**

You have the right to review the records maintained on you by the Committee unless the records are exempt from disclosure. You may gain access to the information by contacting the Committee at the address above.

PART 3 – LICENSURE INFORMATION

1. Do you hold a valid, current active license in good standing issued by a state, district, or territory of the United States authorizing the unrestricted practice as a physican assistant in your jurisdiction(s)? The term "good standing" means you:

   - Have not been charged with an offense for any act substantially related to the practice for which the applicant is licensed by any public agency;
   - Have not entered into any consent agreement or been subject to an administrative decision that contains conditions placed upon the applicant's professional conduct or practice, including any voluntary surrender of license;

- Have not been the subject of any adverse judgment resulting from the practice for which the applicant is licensed that the Committee determines constitutes evidence of a pattern of negligence or incompetence.

No ☐ If no, you are not eligible to participate as an out-of-state practitioner in the sponsored event.

Yes ☐ If yes, list every license, certificate, and registration authorizing you to engage in the practice as a physician assistant in the following table. If there are not enough boxes to include all the relevant information please attach an addendum to this form. Please also attach a copy of each of your current licenses, certificates, and registrations.

State/ Jurisdiction	Issuing Agency/Authority	License Number	Expiration Date

2. Have you ever had a license to practice as a physician assistant revoked or suspended?
___ Yes ___ No

3. Have you ever been subject to any disciplinary action or proceeding by a licensing body?
___ Yes ___ No

4. Have you ever committed any act or been convicted of a crime constituting grounds for denial or licensure?
___ Yes ___ No

5. If you answered "Yes" to any of questions 2-4, please explain (*attach additional page(s) if necessary*): _____
_____
_____
_____
_____
_____

PART 4 – SPONSORED EVENT

1. Name of and address of local government entity, non-profit, or community-based organization hosting the free healthcare event (the "sponsoring entity"): _____

_____

2. Name of event: _____

3. Date(s) & location(s) of the event: _____

_____

4. Date(s) & location(s) applicant will be performing healthcare services (if different):

_____

_____

5. Please specify the healthcare services you intend to provide: _____

_____

_____

_____

6. Name and phone number of contact person with sponsoring entity or local government entity: _____

_____

PART 5 – ACKNOWLEDGMENT/CERTIFICATION

I, the undersigned, declare under penalty of perjury under the laws of the State of California and acknowledge that:

- I have not committed any act or been convicted of a crime constituting grounds for denial of licensure by the Committee.
- I am in good standing with the licensing authority or authorities of all jurisdictions in which I hold licensure to practice as a physician assistant.
- I am responsible for knowing and will comply with all applicable practice requirements required of licensed physician assistants and all regulations of the Committee.
- In accordance with Business and Professions Code Section 901(i), I will only practice within the scope of practice for California-licensed physician assistants.
- I will provide the services authorized by this request and Business and Professions Code Section 901 to uninsured and underinsured persons only and shall receive no compensation for such services.

- I will provide the services authorized by this request and Business and Professions Code Section 901 only in association with the sponsoring entity or local government entity listed herein and only on the dates and at the locations listed herein for a period not to exceed 10 calendar days.
- I must post the notice required by California Code of Regulations Section 1399.702.
- Practice of a regulated profession in California without proper licensure and/or authorization may subject me to potential criminal penalties.
- The Committee may notify the licensing authority of my home jurisdiction and/or other appropriate law enforcement authorities of any potential grounds for discipline associated with my participation in the sponsored event.
- All information provided by me in this application is true and complete to the best of my knowledge. By submitting this application and signing below, I am granting permission to the Committee to verify the information provided and to perform any investigation pertaining to the information I have provided as the Committee deems necessary.

_____ _____
Signature Date

_____
Name Printed

Business and Professions Code
Section 901

901. (a) For purposes of this section, the following provisions apply:

(1) "Board" means the applicable healing arts board, under this division or an initiative act referred to in this division, responsible for the licensure or regulation in this state of the respective health care practitioners.

(2) "Health care practitioner" means any person who engages in acts that are subject to licensure or regulation under this division or under any initiative act referred to in this division.

(3) "Sponsored event" means an event, not to exceed 10 calendar days, administered by either a sponsoring entity or a local government, or both, through which health care is provided to the public without compensation to the health care practitioner.

(4) "Sponsoring entity" means a nonprofit organization organized pursuant to Section 501(c)(3) of the Internal Revenue Code or a community-based organization.

(5) "Uninsured or underinsured person" means a person who does not have health care coverage, including private coverage or coverage through a program funded in whole or in part by a governmental entity, or a person who has health care coverage, but the coverage is not adequate to obtain those health care services offered by the health care practitioner under this section.

(b) A health care practitioner licensed or certified in good standing in another state, district, or territory of the United States who offers or provides health care services for which he or she is licensed or certified is exempt from the requirement for licensure if all of the following requirements are met:

(1) Prior to providing those services, he or she:

(A) Obtains authorization from the board to participate in the sponsored event after submitting to the board a copy of his or her valid license or certificate from each state in which he or she holds licensure or certification and a photographic identification issued by one of the states in which he or she holds licensure or certification. The board shall notify the sponsoring entity, within 20 calendar days of receiving a request for authorization, whether that request is approved or denied, provided that, if the board receives a request for authorization less than 20 days prior to the date of the sponsored event, the board shall make reasonable efforts to notify the sponsoring entity whether that request is approved or denied prior to the date of that sponsored event.

(B) Satisfies the following requirements:

(i) The health care practitioner has not committed any act or been convicted of a crime constituting grounds for denial of licensure or

registration under Section 480 and is in good standing in each state in which he or she holds licensure or certification.

(ii) The health care practitioner has the appropriate education and experience to participate in a sponsored event, as determined by the board.

(iii) The health care practitioner shall agree to comply with all applicable practice requirements set forth in this division and the regulations adopted pursuant to this division.

(C) Submits to the board, on a form prescribed by the board, a request for authorization to practice without a license, and pays a fee, in an amount determined by the board by regulation, which shall be available, upon appropriation, to cover the cost of developing the authorization process and processing the request.

(2) The services are provided under all of the following circumstances:

(A) To uninsured or underinsured persons.

(B) On a short-term voluntary basis, not to exceed a 10-calendar-day period per sponsored event.

(C) In association with a sponsoring entity that complies with subdivision (c).

(D) Without charge to the recipient or to a third party on behalf of the recipient.

(c) The board may deny a health care practitioner authorization to practice without a license if the health care practitioner fails to comply with the requirements of this section or for any act that would be grounds for denial of an application for licensure.

(d) A sponsoring entity seeking to provide, or arrange for the provision of, health care services under this section shall do both of the following:

(1) Register with each applicable board under this division for which an out-of-state health care practitioner is participating in the sponsored event by completing a registration form that shall include all of the following:

(A) The name of the sponsoring entity.

(B) The name of the principal individual or individuals who are the officers or organizational officials responsible for the operation of the sponsoring entity.

(C) The address, including street, city, ZIP Code, and county, of the sponsoring entity's principal office and each individual listed pursuant to subparagraph (B).

(D) The telephone number for the principal office of the sponsoring entity and each individual listed pursuant to subparagraph (B).

(E) Any additional information required by the board.

(2) Provide the information listed in paragraph (1) to the county health department of the county in which the health care services

will be provided, along with any additional information that may be required by that department.

(e) The sponsoring entity shall notify the board and the county health department described in paragraph (2) of subdivision (d) in writing of any change to the information required under subdivision (d) within 30 calendar days of the change.

(f) Within 15 calendar days of the provision of health care services pursuant to this section, the sponsoring entity shall file a report with the board and the county health department of the county in which the health care services were provided. This report shall contain the date, place, type, and general description of the care provided, along with a listing of the health care practitioners who participated in providing that care.

(g) The sponsoring entity shall maintain a list of health care practitioners associated with the provision of health care services under this section. The sponsoring entity shall maintain a copy of each health care practitioner's current license or certification and shall require each health care practitioner to attest in writing that his or her license or certificate is not suspended or revoked pursuant to disciplinary proceedings in any jurisdiction. The sponsoring entity shall maintain these records for a period of at least five years following the provision of health care services under this section and shall, upon request, furnish those records to the board or any county health department.

(h) A contract of liability insurance issued, amended, or renewed in this state on or after January 1, 2011, shall not exclude coverage of a health care practitioner or a sponsoring entity that provides, or arranges for the provision of, health care services under this section, provided that the practitioner or entity complies with this section.

(i) Subdivision (b) shall not be construed to authorize a health care practitioner to render care outside the scope of practice authorized by his or her license or certificate or this division.

(j) (1) The board may terminate authorization for a health care practitioner to provide health care services pursuant to this section for failure to comply with this section, any applicable practice requirement set forth in this division, any regulations adopted pursuant to this division, or for any act that would be grounds for discipline if done by a licensee of that board.

(2) The board shall provide both the sponsoring entity and the health care practitioner with a written notice of termination including the basis for that termination. The health care practitioner may, within 30 days after the date of the receipt of notice of termination, file a written appeal to the board. The appeal shall include any documentation the health care practitioner wishes to present to the board.

(3) A health care practitioner whose authorization to provide health care services pursuant to this section has been terminated shall not provide health care services pursuant to this section unless and until a subsequent request for authorization has been approved by the board. A health care practitioner who provides health care services in violation of this paragraph shall be deemed to be practicing health care in violation of the applicable provisions of this division, and be subject to any applicable administrative, civil, or criminal fines, penalties, and other sanctions provided in this division.

(k) The provisions of this section are severable. If any provision of this section or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

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

PAC LEGISLATION FOR AUGUST 2011

AB 30 - Hayashi
Under existing law, the State Department of Public Health licenses and regulates hospitals. Existing law requires hospitals to conduct a security and safety assessment and develop a security plan to protect hospital personnel (including physician assistants), patients, and visitors from aggressive or violent behavior.

AB 82 – Jeffries CHAPTERED 7/25/2011
Existing law regulates the operation of firefighting equipment, and permits a firefighter or volunteer firefighter to operate firefighting equipment only if the person holds a class A, B, or C license.

The examination for a class A or B driver's license shall also include a report of a medical examination of the applicant given by a health care professional. Health care professionals will include physician assistants.

AB 92 – Blumenfield (Budget Bill)
An act making appropriations for the support of the government of the state of California and for several public purposes in accordance with the provisions of Section 12 of Article IV of the Constitution of the State of California. This will take effect immediately.

AB 136 – Beall CHAPTERED BY SECRETARY OF STATE 10/2/2011. CHAPTER 404 STATUTES OF 2011
Existing law requires the administration of the state's universal service programs, including the deaf and disabled programs. This bill would make technical, non-substantive changes to provisions of law relating to the deaf and disabled universal service program.

This bill would allow a physician assistant to certify the needs of an individual diagnosed by a physician and surgeon as being deaf or hearing impaired to participate in the program after reviewing medical records or copies of the medical records containing that diagnosis.

AB 137 - Portantino
Health care coverage: mammograms.
The Knox-Keene Health Care Service Plan Act of 1975 provides for the licensure and regulation of health care service plans by the Department of Managed Health Care.

This bill would provide that health care service plan contracts and individual or group policies of health insurance issued, amended, delivered, or renewed on or after July 1, 2012, shall be deemed to provide coverage for mammograms for screening or diagnostic purposes upon referral of a participating nurse practitioner, participating certified nurse-midwife, participating physician assistant, or participating physician.

AB 138 – Beall - CHAPTERED BY SECRETARY OF STATE 10/9/2011. CHAPTER 668 STATUTES OF 2011
Elder Economic Planning Act of 2011.
The Mello-Granlund Older Californians Act creates the California Department of Aging, with prescribed duties, including the development of the state plan on aging. This bill would require, if specified conditions are met, the department to report data from the Elder Economic Security StandardIndex (Elder Index), as defined, for each service area included in the state plan. The act also establishes area agencies on aging with specified duties, including creation of a plan for the agencies that considers available data and population trends, assesses the need for services, identifies sources of funding for services, and develops and implements a plan for the delivery of services based on the need.

SB 28 – Simitian IN SENATE – CONSIDERATION OF GEOVERNOR'S VETO PENDING
Existing law requires the Department of Motor Vehicles to examine applicants for specific driver's licenses. This bill would include a test of the applicant's understanding of cell use and text messaging while operating a vehicle.

SB 100 – Price - CHAPTERED BY SECRETARY OF STATE 10/9/2011. CHAPTER 645 STATUTES OF 2011
This bill would require certain healing arts licensees to include in advertisements, as defined, certain words or designations following their names indicating the particular educational degree they hold or healing art they practice.

Existing law requires the Medical Board of California, in conjunction with the Board of Registered Nursing, and in consultation with the Physician Assistant Committee and professionals in the field, to review issues and problems relating to the use of laser or intense light pulse devices for elective cosmetic procedures by their respective licensees.

This bill would require the board to adopt regulations by January 1, 2013, regarding the appropriate level of physician availability needed within clinics or other settings using certain laser or intense pulse light devices for elective cosmetic procedures.

AB 92 and SB 69
Both bills are the budget bills and were not included in the packet due to their size; however, a copy can be provided if requested.

SB 161 – Huff - CHAPTERED BY SECRETARY OF STATE 10/7/2011. CHAPTER 560 STATUTES OF 2011
This bill would allow non-medical school personnel who undergo voluntary training to administer the drug Diastat to a pupil suffering an epileptic seizure.

SB 233 – Pavley CHAPTERED BY SECRETARY OF STATE 9/26/2011. CHAPTER 333 STATUTES OF 2011
Expands the definition of a medical professional providing consultation, care, treatment and surgery in an emergency department (ED) setting to include a physician assistant (PA) practicing in compliance with prescribed provisions.

SB 541 – Price (Support Letter by PAC) CHAPTERED BY SECRETARY OF STATE 9/26/2011. CHAPTER 339 STATUTES OF 2011
Regulatory boards: expert consultants.
Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law, the Chiropractic Act, enacted by initiative, provides for the licensure and regulation of chiropractors by the State Board of Chiropractic Examiners. Existing law, the Osteopathic Act, requires the Osteopathic Medical Board of California to regulate osteopathic physicians and surgeons. Existing law generally requires applicants for a license to pass an examination and authorizes boards to take disciplinary action against licensees for violations of law. Existing law establishes standards relating to personal service contracts in state employment. This bill would authorize these boards to enter into an agreement with an expert consultant, subject to the standards regarding personal service contracts described above, to provide enforcement and examination assistance. The bill would require each board to establish policies and procedures for the selection and use of these consultants.

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

SB 544 - Price
Enacts the Consumer Health Protection Enforcement Act that includes various provisions affecting the investigation and enforcement of disciplinary actions against licensees of healing arts boards.

SB 943 – Business, Professions and Economic Development. **CHAPTERED BY SECRETARY OF STATE 9/26/2011. CHAPTER 350 STATUTES OF 2011**
Makes several non-controversial, minor, non-substantive or technical changes to miscellaneous provisions pertaining to regulatory boards of the Department of Consumer Affairs and professions regulated primarily under the Business and Professions Code.

AGENDA ITEM 14
10 November 2011

LICENSING
INITIAL LICENSING EXAMINATION

PASSING SCORE

Business and Professions Code section 3517 provides in pertinent part:

> "The committee shall, however, establish a passing score for each examination."

Motion to approve the passing score for the physician assistant initial licensing examination for year 2012 as established by the National Commission on Certification of Physician Assistants.

DATES AND LOCATIONS

Business and Professions Code section 3517 provides in pertinent part:

> "The time and place of examination shall be fixed by the committee."

Motion to approve the dates and locations for the physician assistant initial licensing examination for year 2012

Dates: The examination is given on a year-round basis. There will be no testing between December 21 – 31, 2012.

Locations: Pearson VUE Professional Centers.

**

agnscoredates

PHYSICIAN ASSISTANT COMMITTEE

MEETING DATES FOR 2012

DATE	LOCATION
February 9th or 16th	Sacramento
May 10th or 17th	Sacramento
August 9th or 16th	Sacramento
November 1st or 8th	Sacramento

Proposed dates are the second and third Thursdays of the month with the exception of November

MEDICAL BOARD MEETING DATES FOR 2012

DATE	LOCATION
February 2nd and 3rd	San Francisco
May 3rd and 4th	Los Angeles
July 19th and 20th	Sacramento
October 25th and 26th	San Diego

State Pay Period Calendar for 2012

STATE OF CALIFORNIA
APPOINTMENT CALENDAR
STD. 101 (REV. 9/2010)

JANUARY 2012
22 Days 176 Hours

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

FEBRUARY 2012
21 Days 168 Hours

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

MARCH 2012
22 Days 176 Hours

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

APRIL 2012
21 Days 168 Hours

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

MAY 2012
22 Days 176 Hours

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

JUNE 2012
22 Days 176 Hours

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

JULY 2012
22 Days 176 Hours

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

AUGUST 2012
22 Days 176 Hours

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

SEPTEMBER 2012
21 Days 168 Hours

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

OCTOBER 2012
22 Days 176 Hours

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

NOVEMBER 2012
22 Days 176 Hours

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

DECEMBER 2012
22 Days 176 Hours

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

NOTE: Holidays and pay periods after July 1, 2010 are subject to any collective bargaining agreements negotiated in Fiscal Year 2010–2011 or thereafter