

# MEETING MINUTES

May 4, 2015

**PHYSICIAN ASSISTANT BOARD**  
**2005 Evergreen Street – Hearing Room #1150**  
**Sacramento, CA 95815**  
**9:00 A.M. – 5:00 P.M.**

## 1. Call to Order by President

President Sachs called the meeting to order at 9:00 a.m.

## 2. Roll Call

Staff called the roll. A quorum was present.

Board Members Present: Robert Sachs, PA-C  
Charles Alexander, Ph.D.  
Michael Bishop, M.D.  
Jed Grant, PA-C  
Rosalee Shorter, PA-C  
Sonya Earley, PA-C  
Xavier Martinez  
Catherine Hazelton  
Cristina Gomez-Vidal Diaz

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

## 3. Approval of February 9, 2015 Meeting Minutes

M/ \_\_\_\_\_ Jed Grant \_\_\_\_\_ S/ \_\_\_\_\_ Michael Bishop \_\_\_\_\_ C/ to:

Approve the February 9, 2015 meeting minutes.

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

Motion approved.

#### **4. Public Comment on items not on the Agenda**

There was no public comment at this time.

#### **5. Reports**

##### **a. President's Report**

- 1) Mr. Mitchell administered the Oath of Office for Mr. Sachs' appointment as Board Chair.

Mr. Sachs thanked Governor Brown, and his staff Mona Pasquil and Sonia Huestis. He also thanked Christine Lally Deputy Director, Board and Bureau Relations, Department of Consumer Affairs for appointing him.

- 2) Mr. Sachs recognized the many years of service of Board member Cristina Gomez-Vidal Diaz. Ms. Gomez-Vidal Diaz was appointed to the Board 10 years ago. She has set the bench mark as a public member and faithfully served California consumers in the role. Ms. Gomez-Vidal Diaz is an outstanding enforcement individual who is always there for the consumer. Mr. Sachs on behalf of the Board presented Ms. Gomez-Vidal Diaz with a plaque and wished her well in her future endeavors.

##### **b. Executive Officer's Report**

- 1) Update on BreEZe Implementation

Mr. Mitchell reported that Board staff continues to work with the BreEZe team on the implementation of BreEZe. He reported that there continues to be issues with the enforcement reports and we are still not yet able to rely on them for the reporting of accurate data. However, many of these issues are being resolved and the data collected in the reports is becoming more reflective of our actual statistics. We look forward to the eventual use of the reports.

The BreEZe licensing program continues to function with no issues.

We are in the process of implementing our online license renewal system for a late May 2015 roll out. The design work has been completed by the BreEZe programmers and Board staff is in the process of testing the system to detect any issues that may need to be addressed prior to implementation. Mr. Mitchell reported that implementation of the online renewal system will benefit our licensees and will add to efficiencies in the office in that licensees will be able to renew and pay online and not be required to submit paperwork to the Board. Once the license renewal is approved, the licensee's record will be updated immediately. The online renewal system will also be helpful to licensees who renew prior to expiration or late.

We also continue to receive support from the Medical Board of California Information Systems Branch (MBC ISB) regarding our implementation of BreEZe. We have greatly benefited from their expertise and guidance in

helping us to understand and implement the system. Mr. Mitchell would like to thank the MBC and the MBC ISB for their continued support.

Other BreEZe developments:

Earlier this year the California State Auditor concluded an audit of the BreEZe system. In summary, the audit identified inadequate planning, staffing, management, and oversight of the project which led to implementation of far fewer Department of Consumer Affairs (DCA) boards and at a significantly higher cost.

DCA has agreed with the recommendations of the audit and is taking steps to address the concerns raised in the audit. Many of the concerns raised were already being addressed by DCA prior to the release of the audit.

Also, Mr. Mitchell indicated that DCA has received notification from the Joint Legislative Budget Committee to allow DCA to enter into a contract amendment for the BreEZe project would:

- Terminate the contract with the current vendor after Release 2 boards; and
- Increase project costs by \$17.5 million. (Pursuant to Control Section 11.00 of the 2014-2015 Budget Act.)

DCA believes that these amendments are necessary to complete R2 and provide critical maintenance and enhancements for Release 1 Boards, which includes this Board.

2) CURES update

According to the Department of Justice (DOJ), the Project is scheduled to “go live” on June 30, 2015 and is currently within budget.

User Acceptance Testing (UAT) which will take place in late May until mid-June.

The other major step DCA and DOJ taking place includes outreach to licensees and the public. The goal is to provide a clear and consistent message from the boards, DCA and DOJ on the CURES 2.0 Project. We are looking at the various methods of outreach.

3) Implementation of Business and Professions Code Section 3518.1 – Mandated Personal Data Collection from Physician Assistants

SB 2101 (Ting) (Effective January 1, 2015) requires the:

Physician Assistant Board (PAB), Board of Registered Nursing, Board of Vocational Nursing and Psychiatric Technicians, and Respiratory Board to collect data for the Office of Statewide Health Planning and Development (OSHPD).

The PAB is required to collect the data biennially at the time of initial licensure and renewal obtaining the following data:

- Location of practice (including city, county, and Zip code)
- Race or ethnicity (licensees may, but are not required to report race and ethnicity)
- Gender
- Languages spoken
- Education background
- Classification of primary practice site (such as a clinic, hospital, managed care organization, or private practice)

The PAB is working with legal counsel, DCA, and other boards to implement the provisions of SB 2102.

PAB staff are currently working with other DCA Boards and DCA staff on the development of the survey questions. Initially, the plan is to include a link to the electronic online survey. Our initial license letter inserted with the wall certificate and pocket ID card will be updated with a link to the survey. The renewal notice will also be updated. Staff will also update the Board's website with information and links for SB 2102. Roll out of the survey is scheduled for July 2015.

Mr. Mitchell would like to encourage licensees to complete the survey as the data will provide helpful and useful information to assist the state in determining health care shortages, such as the need for additional PA training programs. This data will also provide useful information to improve access to patient care. The data will also be useful to the Board with regard to its public and policy goals of consumer protection.

Mr. Mitchell also would like to encourage professional associations, such as the California Academy of Physician Assistants (CAPA), to encourage their members to complete the survey.

c. Licensing Program Activity Report

Between February 1, 2015 and April 30, 2015, 179 physician assistant licenses were issued. As of April 30, 2015, 10,093 physician assistant licenses are renewed and current.

d. Diversion Program Activity Report

As of April 1, 2015, the Board's Diversion Program has 14 participants, which includes 3 self-referral participants and 11 board-referral participants.

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

e. Enforcement Program Activity Report

Between February 1, 2015 and April 30, 2015, there were no accusations filed; there were no Statement of Issues filed; 8 probationary licenses were issued, and there are currently 53 probationers.

## **6. Department of Consumer Affairs**

Marcus McCarther, representative of the Deputy Director, Board and Bureau Relations, thanked Board members for their compliance in completing the annual Statement of Economic Interests form (Form 700) that were due April 1, 2015.

Mr. Marcus clarified questions about Board member training. He stated that all reappointed Board members would have to complete the Board Orientation Training. He added that the next orientations were on June 18, 2015 in Van Nuys and September 23, 2015 in Sacramento.

Mr. Marcus also reminded everyone that 2015 is a mandatory compliance year for all DCA employees, including Board members, to take the Sexual Harassment Training course.

Mr. Marcus reported that DCA's legal department is currently reviewing a Supreme Court decision on a case against the North Carolina State Board of Dental Examiners (NCBDE) by the Federal Trade Commission. The court decided that the NCBDE cannot be permitted to regulate their own markets for anti-trust accountability. DCA legal office is currently reviewing this decision and its potential impact on DCA Boards and Bureaus.

## **7. Regulations**

- a. Discussion and possible action regarding proposed amendments to Guidelines for Imposing Discipline/Uniform Standards Regarding Substance Abusing Health Arts Licensees. Section 1399.523 of Division 13.8 of Title 16 of the California Code of Regulations.

At the last Board meeting, Ms. Schieldge presented to the Board a summary of additional amendments to the *Manual of Disciplinary Guidelines and Model Disciplinary Orders* that she believed would further enhance the document.

The Board approved the amendments and voted to direct staff to take all steps necessary to complete the rulemaking process, including preparing modified text and an addendum to the Initial Statement of Reasons for an additional 15-day comment period, which includes amendments discussed at the February meeting.

The public comment period began on April 27, 2015 and will end May 13, 2015. As of today's meeting date there has been no public comment.

## **8. Closed Session:**

- a. Pursuant to Section 11126(c)(3) of the Government Code, the Board moved into closed session to deliberate on disciplinary matters.

## **Return to open session**

## **9. A lunch break was taken.**

## 10. Application for licensure as a Physician Assistant: Update

The application for licensure approved by the Board at the February 9, 2015 meeting is being updated by the Department of Consumer Affairs' Publications, Design, and Editing Office with a new look.

## 11. The Legislative Committee Report

Ms. Hazelton discussed specific bills that were of interest to the Board, including:

AB 12 (Cooley) This bill would require every state agency, department, board, bureau or other entity to review and revise regulations to eliminate inconsistent, overlapping, duplicative, and outdated provisions and adopt the revisions as emergency regulations by January 1, 2018. Additionally, this bill would require the Business, Consumer Services, and Housing Agency to submit a report to the Governor and Legislature affirming compliance with these provisions. These provisions would be repealed by January 1, 2019.

Ms. Hazelton stated that this bill would have a fiscal impact and be a resource drain on Board staff and resources.

M/ Michael Bishop S/ Xavier Martinez C/ to:

Take an opposed position on AB 12.

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

Motion approved.

AB 85 (Wilk) This urgency bill would require two-member advisory committees or panels of a "state body" (as defined in the Bagley-Keene Open Meeting Act) to hold open, public meetings if at least one member of the advisory committee is a member of the larger state body and the advisory committee is supported, in whole or in part, by state funds.

M/ Michael Bishop S/ Xavier Martinez C/ to:

Take an opposed position on AB 85.

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

Motion approved.

AB 611 (Dahle) This bill would provide that any individual within the Department of Consumer Affairs designated to investigate the holder of a professional license, may request the Department of Justice to release any data that may exist on that individual in the CURES database if there is probable cause that laws governing controlled substances have been violated by the licensee. It would also provide that an individual from a board licensing health care practitioners is not required to submit an application pursuant to this bill in order to access the CURES database.

M/ Michael Bishop S/ Xavier Martinez C/ to:

Take a support position on AB 611.

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

Motion approved.

AB 637 (Campos) This bill would allow nurse practitioners and physician assistants to sign the Physician Orders for Life Sustaining Treatment form (Treatment Form). This Treatment Form allows terminally-ill patients to inform their loved ones and health care professionals of their end-of-life wishes. By expanding the number of people who are allowed to sign the Treatment Form, the intent of this bill is to assist terminally-ill patients in making their end-of-life wishes known to their families and health care providers. This bill would impact licensees of the Physician Assistant Board and the Board of Registered Nursing.

Public comment – Teresa Anderson, California Academy of Physician Assistants (CAPA) commented that they had a large response from their members in support of this bill; therefore, CAPA is in support of the bill.

M/ Rosalee Shorter S/ Sonya Earley C/ to:

Take a support position on AB 637.

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

Motion approved.

AB 1060 (Bonilla) This bill would authorize a board, upon suspension or revocation of a license, to provide the ex-licensee with certain information pertaining to rehabilitation, reinstatement, or penalty reduction through first-class mail or by electronic means.

M/ Sonya Earley S/ Robert Sachs C/ to:

Take a support position on AB 1060.

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

Motion approved.

SB 337 (Pavley) This bill would require medical records to reflect the supervising physician for each episode of care; require a physician assistant who transmits an oral order to identify the supervising physician; recast medical record review provisions to require the supervising physician to utilize one or more mechanisms; and recast prescribing provisions to allow a physician assistant to prescribe Schedule II controlled substances.

Mr. Sachs recused himself from the discussion of SB 337 because of his service on the California Academy of Physician Assistants (CAPA) nominating officer selection committee. He turned the discussion over to the vice-chair Mr. Grant.

Public comment – Teresa Anderson, Public Policy Director, CAPA

Ms. Anderson explained that the first part of the bill provides three different options for documenting supervision. CAPA believes the bill will provide innovative ways for practice management between the supervising physician and physician assistant. The different options for documentation include:

1. Case review currently required in the physician assistant laws and regulations.
2. Have 10 record review meetings.
3. Combination of items 1 and 2.

Ms. Anderson added that SB 337 will also amend the law to allow for 20% co-signature on Schedule II drug orders. When Hydrocodone was rescheduled as a Schedule II drug, CAPA noted that this is impacting practices. Having to sign 100% of these drug orders has become very onerous. Ms. Anderson noted that SB 337 would allow for a minimum 20% chart review and co-signature only if a Controlled Substance course has been taken.

Ms. Anderson noted that SB 337 addresses how the supervising physician and the physician assistant as a team chooses to review and document chart review authority delegated by law.

Ms. Schieldge stated that she believes SB 337 does not precisely define when the ten meetings take place during the year. As currently defined, the ten annual meetings could potentially and legally occur in one month, one day or one hour. She added that there are no documentation provisions for these meetings. She believes that documentation should address when the review takes place and the outcomes regarding the patient charts reviewed. Another issue raised by legal counsel was that there should be a baseline of the number of cases reviewed at the meetings. The Board members shared similar concerns.

M/ Michael Bishop S/ \_\_\_\_\_ C/ to:

Take a support if amended position of SB 337. Amendments should address:

1. How often the meetings occur?
2. What percentage of charts should be reviewed?
3. Level of documentation?

Motion withdrawn

M/ Cristina Gomez-Vidal Diaz S/ \_\_\_\_\_ C/ to:

Watch and recommend position of SB 337. Amendments should address:

1. More description about threshold of number of records.
2. Documentation process.
3. Time specific of meetings, how often? No shorter than three weeks between meetings.

Motion withdrawn

M/ Catherine Hazelton S/ Sonya Earley C/ to:

Take an oppose unless amended position on SB 337. Amendments should address:

1. Require that the 10 meetings be defined as throughout the year.

2. Content of the meetings be documented in some form.
3. There is a threshold of a number or percentage of cases that are reviewed.

Public comment – Teresa Anderson, Public Policy Director, CAPA  
 Ms. Anderson suggested that CAPA would like to address the Board’s concerns and possibly review these concerns at a teleconference prior to the next Board meeting so that the bill can move forward.

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

Motion carried.

## 12. The Education/Workforce Development Advisory Committee: Update

Mr. Grant summarized what had transpired in previous meetings which resulted in the forming of this committee. He discussed the training program national accreditation process, the closing of two California Associate Degree PA programs, and how the closure of these programs are impacting the applicant pool for physician assistant training programs and physician assistant work force issues.

Mr. Grant reported that the Board contacted the Accreditation Review Commission on Education for Physician Assistants (ARC-PA), which is an independent organization for physician assistant program accreditation. Their response was that they do not respond to any state board’s requests. Mr. Grant stated this is somewhat troubling as we have the same mission that PA’s are adequately trained.

Mr. Grant briefly gave a history of the ARC-PA. Originally the ARC-PA was part of the Commission on Accreditation on Allied Health Education Programs (CAAHEP), but became their own accreditation body in 2001. The Council for Higher Education Accreditation (CHEA) has oversight responsibility for the ARC-PA.

The ARC-PA is requiring all accreditation training programs to offer a post graduate degree by 2020. Programs wishing to offer an Associate Degree or Certificate are being required to align themselves with an education institute that offers a post graduate degree. Programs that are not in compliance with the degree requirements by January 1, 2021 will have their accreditation withdrawn by ARC-PA.

The committee informally surveyed ten program directors and various stakeholders both within and outside of California regarding their perceptions of the ARC-PA and discussed trends to see if the perceived issues in California are common nationally. The Physician Assistant Education Association (PAEA) has noted a trend of the ARC-PA “stacking citations” on programs. PAEA has created a task force on accreditation issues.

Mr. Grant discussed the possible issues associated with state accreditation of PA programs. The cost associated with developing a state accreditation would include standards having to be written and approved, a mechanism for enforcement to be in place and compliance would need to be verified. The state would then have to develop and validate a licensing examination. Mr. Grant added that establishing a "California PA license" may create credentialing issues at some hospitals and PAs may not be able to bill Medicare/Medicaid. Additionally California licensed PA's may not be able to obtain licenses outside of California as they would be unable to take the NCCPA PANCE because they had not attended an ARC-PA accreditation physician assistant training program. Having two different PA licenses may also lead to patient confusion. Many in the profession are opposed to the establishment of a separate state license.

There was additional discussion involving clarification of some aspects of Mr. Grant's report. There was a general consensus among members to work with the system that is already in place instead of trying to change it. The discussion included whether to get the legislature involved and what other stakeholders might be interested in this issue.

Public Comment: Teresa Anderson – California Academy of Physician Assistants (CAPA) stated the CAPA does not have an official position on this issue, but would like to be involved.

M/ Michael Bishop S/ \_\_\_\_\_ C/ to:

Direct the committee to:

1. Request staff to coordinate with the Medical Board of California (MBC) to see if they would like to be a part of this process and if they could be of any assistance to the Board.
2. Collect data on what's happening in California in regard to the access to care and how programs are impacting the workforce.

Motion withdrawn

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

Delegate to the committee to work with staff on the following:

1. Write to CHEA and ask them to look into ARC-PA's conduct on the closure of the two programs.
2. Staff to contact PAEA and ask if the Board can participate in their task force on accreditation.
3. Contact ARC-PA and ask for a timeline as to when programs will come online in California through their process.
4. Schedule a stakeholder meeting for people in California to find out if there are other things the Board needs to do and coordinate with the MBC.

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

Motion approved.

### 13. Medical Board of California activities summary and update

Dr. Bishop reported that the Medical Board will hold its Board meeting on May 7 and 8, 2015 in Los Angeles. At this meeting, the Board will be discussing numerous bills related to the practice of medicine impacting physicians. The Board will also be provided with a new document developed by the Department of Health Care Services and the Department of Social Services that provides guidelines for the use of psychotropic medication for children and youth in foster care. This is a significant issue that has been discussed at many legislative hearings. The Board has also placed this document on its website.

The Board is also noted that its regulations for the uniform standards for substance abusing physicians has been approved by the Office of Administrative Law and will become effective on July 1, 2015. The Board will be working with the Attorney General's Office and the Office of Administrative Hearings to ensure all future disciplinary decisions contain the uniform standards as required by law.

The Board will also be looking at a resolution talking about the importance of timely investigating and petitioning for interim suspension orders. The Board believes that if a physician is a danger to the public, the removal of that physician from practice should be its top priority. The Board must work with the Department of Consumer Affairs Division of Investigation and the Department of Justice Health Quality Enforcement Section to obtain such an order. The Board wants to ensure all its partners are working together expeditiously to protect consumers.

As Dr. Bishop reported at the last PAB meeting, at the January MBC meeting, the Board heard a presentation by Board staff and the Federation of State Medical Boards staff on a proposed Interstate Compact. The Medical Board approved the interstate compact in concept and asked staff to review the issues presented by members of the audience. The Board has received the responses to the issues raised and those responses will be discussed at the Board Meeting.

The Medical Board held its first Annual Legislative Day on February 26, 2015. Board Members, in teams of two, visited numerous legislative members' offices and discussed the roles and functions of the Board. Dr. Bishop reported that the day was extremely successful and the Legislative Members were thankful that the Board Members took the time to meet with them. It was helpful to educate members on the Board and to also put the face of the Board forward and let the Legislative Members know how importantly the Board takes its role of consumer protection.

Dr. Bishop noted that the Board will be holding an interested parties meeting in late May or June to discuss its licensing requirements, specifically the number of postgraduate training years. The Board currently requires one year for US or Canadian medical school graduates or two years for international medical school graduates. The Board is looking at requiring three years of postgraduate training for both types of applicants. The Board will be identifying the pros and cons and any unintended consequences of such a change. The Board believes this is a consumer protection issue but knows that a lot of discussion must take place prior to moving forward on this proposal.

Lastly, as the Chair of the Prescribing Task Force, Dr. Bishop informed members of the PAB that they had a productive meeting on April 13, 2015. The Task Force heard from the California Department of Public Health on the work being done by its Prescription Opioid Misuse and Overdose Prevention Workgroup, which is a group made up of several state entities. The Division of Workers Compensation also spoke about their new guidelines that are going through the process of review and completion. The Task Force also learned of updates on the CURES program. The Task Force then opened the meeting to discuss best practices used to battle this epidemic. The Board heard a lot of good ideas and also found out that a lot of work is already being done by multiple parties on this issue. The Board will continue to put together best practices that can then be placed into its newsletter and on its website. The Board also may be looking to have some of these individuals speak at future meetings of the Board.

#### **14. Budget Update**

Taylor Schick, Manager of the Budget Office, Department of Consumer Affairs (DCA) and Wilbert Rumbaoa, Budget Analyst, DCA, reported the one-time funding Augmentation Request to the Department of Finance for \$117,000.00 was approved.

Mr. Rumbaoa reported on the Board's expenditure projection and fund condition. The revenue report showed that the Board was doing fairly well for the past 4 years, being able to revert around \$180,000.00 each year.

Mr. Schick explained that an appropriation approved by the Department of Finance and the Legislature is an obligation against the PA Fund and a reversion was defined as what appropriations were left at the end of the fiscal year, which is reverted back into the PA Fund.

There was general discussion about the \$1.5 million loan that was made to the General Fund. It was determined that this loan is scheduled for repayment during the fiscal year of 2017/2018. The repayment of this loan could cause the Board to be close to exceeding the 24 month reserve which is limited in statute and could trigger requiring the Board to reduce fees so as not to exceed the 24 month reserve limit mandate.

#### **15. PAB Policy Manual**

Ms. Schieldge was able to review the required training requirements for newly appointed Board Members; this includes those members reappointed to the Board. Ms. Schieldge noted that the department's Training/Orientation Policy has been updated as follows:

1. Board Member Orientation Training must be completed within one year of appointment or reappointment of a Board member.
2. Ethics Training must be taken every two years, but it does not have to be repeated at DCA if the Board member already completed an equivalent course through another state agency and it has not been more than two years since they last took the course.
3. Sexual Harassment Training must be taken every two years, but does not have to be repeated at DCA if the Board member received the training at DCA and it has not been more than two years since they last took the course.
4. Defensive Driver Training must be taken every four years, but does not have to be repeated as long as the training occurred through DGS within the last 4 years prior to appointment or re-appointment and it has not been more than four years since they last took the course.

**16. Discussion of compliance with Title 16 of the California Code of Regulations Section 1399.546: Reporting of Physician Assistant Supervision – Electronic Records and Signatures**

Mr. Sachs stated that most medical practices now use Electronic Medical Records (EMR) in place of paper patient records. He added that physician assistants and supervising physicians often experience difficulty in complying with Title 16 California Code of Regulations Section 1399.546 with regard to entering the supervisor's name in the EMR. Mr. Sachs was concerned that the inability to enter this information could lead to possible disciplinary actions against the physician assistant for noncompliance to the regulation. He suggested that the Board may wish to amend Section 1399.546 to address the now common use of EMRs.

Ms. Schieldge questioned how electronic documentation is inputted and how is it authenticated using EMRs. She suggested that the regulation could possibly be amended to accommodate EMR documentation.

Members discussed that there are several different EMR programs available, but the common denominator was that the supervising physician was a line item to be entered on every record.

Ms. Schieldge suggested that staff determine what other states were doing. EMRs still need to have the ability to link the supervising physician to the physician assistant in order to comply with California Code of Regulation Section 1399.546 to protect the public.

**17. Agenda items for the next meeting**

- a. Sunset Report
- b. Report from the Physician Assistant Education/Workforce Committee on stakeholder teleconference
- c. Report from the Legislation Committee – SB 323
- d. Interim teleconference SB 337 report

- e. Discussion of compliance with Title 16 of the California Code of Regulations Section 1399.546: Reporting of Physician Assistant Supervision – Electronic Records and Signatures

## **18. Adjournment**

With no further business the meeting was adjourned at 3:50 P.M.