



PHYSICIAN ASSISTANT BOARD

2005 Evergreen Street, Suite 1100, Sacramento, CA 95815
P (916) 561-8780 F (916) 263-2671 | www.pac.ca.gov



MEETING NOTICE
January 11, 2016
PHYSICIAN ASSISTANT BOARD
2005 Evergreen Street – Hearing Room #1150
Sacramento, CA 95815
9:00 A.M. – 5:00 P.M.

AGENDA

(Please see below for Webcast information)

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

1. Call to Order by President (Sachs)
2. Roll Call (Winslow)
3. Approval of January 16, 2015 Teleconference Meeting Minutes (Sachs)
4. Approval of November 2, 2015 Meeting Minutes (Sachs)
5. Public Comment on items not on the Agenda (Sachs) (Note: The Board may not discuss or take action on any matter raised during this public comment section that is not included on this agenda, except to decide whether to place the matter on the agenda for a future meeting. [Government Code Sections 11125, 11125.7(a).])
6. Reports
 - a. President’s Report (Sachs)
 - 1) PAB Sunset Review Report: Update
 - b. Executive Officer’s Report (Mitchell)
 - 1) BreEZe Implementation: Update
 - 2) Controlled Substance Utilization Review and Evaluation System (CURES): Update
 - c. Licensing Program Activity Report (Winslow)
 - 1) Statistics Regarding Licenses Issued and Renewed/Current Licenses
 - d. Diversion Program Activity Report (Mitchell)
 - 1) Statistics Regarding Program Participants
 - e. Enforcement Program Activity Report (Forsyth)
 - 1) Statistics Regarding Enforcement Actions Initiated/Taken and Probationers
7. Department of Consumer Affairs
 - a. Update from the Department of Consumer Affairs (Christine Lally)
8. Discussion on Board Meeting Locations and Possible Action to Seek Exemption from Requirements under Business and Professions Code Section 101.7 (Sachs/Mitchell)
9. Discussion and Review of Health and Safety Code Section 1799.110 (Standard of Care in Medical Malpractice Cases) (Grant)
10. Regulations
 - a. Proposed Amendments to Title 16, California Code of Regulations, Section 1399.523 – Disciplinary Guidelines: Update (Mitchell)
 - b. Discussion and Possible Action to Initiate a Rulemaking to Amend Title 16, California Code of Regulations Section 1399.546 – Reporting of Physician Assistant Supervision: Related to the implementation of SB 337 (Schildge)

11. CLOSED SESSION:

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

RETURN TO OPEN SESSION

12. Lunch break will be taken at some point during the day's meeting.
13. The Education/Workforce Development Advisory Committee: (Grant/Alexander)
 - a. Letter to ARC-PA: re: New California Physician Assistant Training Programs
 - b. New State of Georgia Law (SB 391): Tax Deductions for Preceptors Who Are Not Otherwise Reimbursed: Discussion
 - c. Office of Statewide Health Planning and Development's 2014 Report on Physician Assistants in California – OSHPD data and healthcare workforce analysis: Discussion
14. Board Customer Satisfaction Survey: Update (Winslow)
15. California Fair Political Practices Commission, Statement of Economic Interests (Form 700) E-File: New Filing Procedures: Update (Winslow)
16. Developments since the February 2015 United States Supreme Court decision in North Carolina State Board of Dental Examiners v. Federal Trade Commission (FTC): Update (Schieldge)
 - a. California Little Hoover Commission: Review of Occupational Licenses in California (Schieldge)
17. Medical Board of California Activities (Bishop)
18. Budget Update
 - a. Budget Update (Forsyth)
 - b. Discussion Regarding Pro-rata Costs to DCA Boards and Survey by DCA (Martinez)
19. The Legislative Committee (Hazelton/Earley)
 - a. Legislation of Interest to the Physician Assistant Board: Bills impacting the Board identified by staff after publication of the agenda.
20. Discussion and Possible Action Regarding Proposed Updates to Application for Licensure as a Physician Assistant (Winslow/Caldwell)
21. Agenda Items for Next Meeting (Sachs)
22. Adjournment (Sachs)

Note: Agenda discussion and report items are subject to action being taken on them during the meeting by the Board at its discretion. Action may be taken on any item on the agenda. All times when stated are approximate and subject to change without prior notice at the discretion of the Board unless listed as "time certain". The meeting may be canceled without notice. For meeting verification, call (916) 561-8780 or access the Board's website at <http://www.pac.ca.gov>. Public comments will be taken on agenda items at the time the item is heard and prior to the Board taking any action on said items. Agenda items may be taken out of order and total time allocated for public comment on particular issues may be limited at the discretion of the Chair.

While the Board intends to webcast this meeting, it may not be possible to webcast the meeting due to limitations on resources. The webcast can be located at www.dca.ca.gov. If you would like to ensure participation, please plan to attend at the physical location.

Notice: The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Anita Winslow at (916) 561-8782 or email Anita.Winslow@mbc.ca.gov send a written request to the Physician Assistant Board, 2005 Evergreen Street, Suite 1100, Sacramento, California 95815. Providing your request at least five (5) business days before the meeting will help to ensure availability of the request.

Agenda

Item

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MEETING MINUTES

January 16, 2015
PHYSICIAN ASSISTANT BOARD
Teleconference Meeting – Various Locations
1:00 P.M – 3:00 P.M.

The teleconference sites for this meeting were at the following locations:

1520 San Pablo St #4300
Los Angeles, CA 90033

1232 Campbell Hall
Los Angeles, CA 90095

8344 W Mineral King Ave.
Visalia, CA 93291

420 N Twin Oaks Valley Rd #2229
San Marcos, CA 92079

200 N Lewis Street #1
Orange, CA 92868

1 Faculty Club
Berkeley, CA 94720

One Bush Street #800
San Francisco, CA 94104

2200 Sunrise Blvd #250
Gold River, CA 95670

2005 Evergreen St #1100
Sacramento, CA 95815

1. Call to Order by the Chair

Mr. Sachs called the meeting to order at 1:05 PM.

2. Roll Call

Mr. Sachs called the roll. A quorum was present.

Board Members Present:

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

Staff present via telephone
from the Board's headquarters:

Glenn L. Mitchell, Jr., Executive Officer
Kristy Schieldge, Senior Staff Counsel
Lynn Forsyth, Enforcement Analyst

3. Public Comment on items not on the Agenda

There was no public comment at this time.

4. Closed session:

Pursuant to Section 11126(e) of the Government Code, the Board moved into closed session to receive advice from legal counsel on the matter of:

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

5. Returned to open session.

6. Adjournment

With no further business the meeting was adjourned at 2:45 PM.

DRAFT

Agenda

Item

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1 **MEETING MINUTES**

2 **November 2, 2015**

3 **PHYSICIAN ASSISTANT BOARD**

4 **2005 Evergreen Street – Hearing Room #1150**

5 **Sacramento, CA 95815**

6 **8:00 A.M. – 5:00 P.M.**

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9 **1. Call to Order by President**

10 President Sachs called the meeting to order at 8:06 a.m.

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13 **2. Roll Call**

14 Staff called the roll. A quorum was present.

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17 Board Members Present: Robert Sachs, PA-C
18 Charles Alexander, Ph.D.
19 Michael Bishop, M.D.
20 Jed Grant, PA-C
21 Sonya Earley, PA-C
22 Xavier Martinez
23 Catherine Hazelton
24 Javier Esquivel-Acosta, PA

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26 Board Member Not Present: Cristina Gomez-Vidal Diaz

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

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34 **3. Approval of August 3, 2015 Meeting Minutes**

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

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38 Approve the August 3, 2015 meeting minutes.

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

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41 Motion approved.

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

Reopen the matter of the August 3, 2015 meeting minutes.

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

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Motion approved.

Teresa Anderson, Public Policy Director, California Academy of PAs (CAPA) requested that page 8 of the August 3, 2015 minutes be amended to indicate that physician assistants can already prescribe controlled substances and that SB 337 permits alternate documentation with regard to transmitting prescribed Schedule II controlled substances on behalf of their supervising physician.

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

Approve the August 3, 2015 meeting minutes as amended.

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

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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. Sachs reported on the PAB exhibit space at the California Academy of PAs Conference. Mr. Sachs stated that attendance at the conference was a great opportunity to interact with licensees. Board members were available to interact with physician assistant students and licensees to assist them with questions regarding licensure, renewals, laws and regulations, and other

75 topics of interest. Mr. Sachs stated that there were 75 hard copies and 75
76 CD's of the Laws and Regulations Booklets handed out in the first hour of the
77 booth being opened.

- 78
79 2) Mr. Sachs introduced Javier Esquivel-Acosta, PAC, who was recently
80 appointed by Governor Brown to the Board. Mr. Esquivel-Acosta has served
81 in several positions at the Foothill Community Health Center since 2011,
82 including director of the Health Education and Nutrition Department and the
83 Innovation Department, associate medical director and clinic supervisor.

84
85 He was a physician assistant and certified aesthetic consultant at Med Spa
86 from 2011 to 2013 and a bilingual case manager at La Familia Counseling
87 Services from 2007 to 2009.

88
89 He was a physician in private practice in Zacatecas, Mexico from 2005 to
90 2007, a health educator at Tiburcio Vasquez Health Center Inc. from 2003 to
91 2004 and chief of emergency care services at the Hospital General De Jerez
92 in Zacatecas, Mexico from 2001 to 2003, where he was chief of outside
93 consultation from 2000 to 2003.

94
95 Mr. Esquivel-Acosta earned a Foreign Medical degree from the Autonomous
96 University of Zacatecas School of Medicine, a Master of Science degree in
97 medical science from Saint Francis University and a Physician Assistant
98 degree from the Stanford University School of Medicine.

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100 Mr. Sachs administered the Oath of Office to Mr. Esquivel-Acosta.

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102 b. Executive Officer's Report

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104 1) Update on BreEZe Implementation

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106 Mr. Mitchell noted that the Board continues to work with the BreEZe team on
107 implementation of BreEZe. The Board's issues with enforcement reports are
108 being resolved and are now more reflective of our actual statistics.

109
110 The Breeze licensing program continues to function with no issues.

111
112 BreEZe online renewals:

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114 As Mr. Mitchell stated at our last meeting, the Board went "live" with the
115 BreEZe online renewal system on May 22, 2015.

116
117 The online feature is functioning as designed and the Board is not
118 experiencing any issues since implementation of the system.

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120 Mr. Mitchell reported that the Board continues to receive fewer paper
121 renewals due to the implementation of online renewals. Licensees renewing
122 at the last minute are encouraged to renew online, thus avoiding delays in
123 renewing their licenses and updating the expiration date. Typically, many
124 renewal inquiries are received at the end of each month.

125 Mr. Mitchell spoke about the continued support received from the BreEZe
126 team and the MBC Information Systems Branch regarding the implementation

127 of BreEZe. The Board has greatly benefited from their expertise and guidance
128 in helping us to understand and implement the system. Again, Mr. Mitchell
129 would like to thank the BreEZe and MBC ISB for their continued support.
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131 2) CURES update 132

133 Mr. Mitchell report that a “soft launch and phased rollout” of CURES 2.0 took
134 place in July 2015. It appears that there are no major issues during this
135 implementation phase. The “soft launch and phased rollout” helps to ensure
136 that the system functions appropriately. Some important items to know about
137 the CURES program include:
138

- 139 • The CURES registration requirement has been extended from January 1,
140 2016 to July 1, 2016 by AB 679.
- 141 • The Department of Justice (DOJ) is continuing the “soft launch” period to
142 add functionality and allow for specific users to test the system. The
143 added functionality includes doctor-patient compacts and peer-to-peer
144 communications.
- 145 • DOJ anticipates opening access to CURES 2.0 for all individuals with
146 compliant browsers (i.e. Internet Explorer 11, Chrome, or Firefox) before
147 the end of 2015.
- 148 • DOJ and the Department of Consumer Affairs are also working on an
149 interagency agreement for the ongoing maintenance and operations of
150 CURES 2.0 that will be funded by the CURES Fund.
151

152 Mr. Mitchell noted that initially current users who meet the new security
153 standards, including minimum browser specifications, will transition to
154 CURES 2.0. He also stated that the Board’s website has been updated to
155 provide licensees with information regarding the CURES 2.0 rollout and
156 registration requirements. The website also includes a link to the DOJ
157 Prescription Drug Monitoring Program.
158

159 c. Licensing Program Activity Report 160

161 Between August 1, 2015 and October 23, 2015, 241 physician assistant
162 licenses were issued. As of October 23, 2015, 10,534 physician assistant
163 licenses are renewed and current.
164

165 d. Diversion Program Activity Report 166

167 As of October 1, 2015, the Board’s Diversion Program has 12 participants,
168 which includes 3 self-referral participants and 9 board-referral participants.

169 A total of 133 participants have participated in the program since implementation
170 in 1990.
171

172 e. Enforcement Program Activity Report 173

174 Between August 1, 2015 and October 31, 2015, there were five accusations filed;
175 there were no Statement of Issues filed; there were no probationary licenses
176 issued; there was one license Surrender; there was one Petition to Revoked, and
177 we have five pending citations. There are currently 56 probationers.

178 **6. Department of Consumer Affairs**

179
180 Christine Lally, Deputy Director, Board and Bureau Relations, reported on several
181 issues that impact the Board.

182
183 Ms. Lally reported that the Department is having a meeting on the Pro-rata Study on
184 November 17, 2015 regarding cost distribution to Boards within the Department of
185 Consumer Affairs (DCA). Staff from all units within DCA will be available for
186 questions and answers.

187
188 Ms. Lally reminded members of the Board about required board member training.
189 Sexual harassment training is required to be completed by the end of December
190 2015.

191
192 Ms. Lally informed the Board that the Statement of Economic Interest Form 700,
193 which must be submitted upon appointment, annually by April 1, and upon leaving
194 the Board, will be available to file online starting in February 2016. DCA will update
195 members about this new filing method.

196
197 Sean O'Connor, Chief of IT Legislation, Department of Consumer Affairs, reported
198 that BreEZe Release 2 launch is scheduled for mid-January 2016. This release will
199 have a new document management system. The Release 1 Boards and Bureaus
200 have approximately 32% of their renewals completed online, with this new release
201 online renewals are expected to increase to 50%. The BreEZe team is also working
202 on a CME audit system.

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204 **7. Nomination and election of Physician Assistant Board Officers**

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206 Business and Professions Code Section 3509.5 states that, "the board shall elect
207 annually a chairperson and vice chairperson from among its members. Typically, the
208 nomination and election of board officers is held at the last meeting of the year.

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210 Mr. Mitchell asked for nominations for President/Chairperson for 2016.

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

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214 Nominate Robert Sachs as President/Chairperson of the Physician Assistant Board
215 for 2016.

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

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218 Motion approved.

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Mr. Mitchell asked for nominations for Vice-President/Vice-Chairperson for 2016.

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

Nominate Jed Grant as Vice-President/Vice-Chairperson of the Physician Assistant Board for 2016.

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

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Motion approved.

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8. Approval of passing score for 2016 PA initial licensing examination and 2016 dates and locations for PA initial licensing examination.

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Business and Professions Code Section 3517 provides in pertinent part:

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

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M/ Jed Grant S/ Xavier Martinez C/ to:

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Approve the passing score for the physician assistant initial licensing examination for the year 2016 as established by the National Commission on Certification of Physician Assistants (NCCPA).

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

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Motion approved.

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Business and Professions Code Section 3517 provides in pertinent part:

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

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

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Approve the initial licensing examination dates and location as established by the NCCPA for 2016. The examination is given on a year-round basis at the Pearson VUE Professional Testing Centers.

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

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Motion approved.

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9. Schedule of 2016 Board meeting dates and locations.

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The following 2016 Board meeting dates were proposed:

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Monday, January 11, 2016

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Monday, April 18, 2016

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Monday, July 11, 2016

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All Board meetings are scheduled to be held at:

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Hearing Room

2005 Evergreen Street

Sacramento, CA 95815.

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

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Approve the 2016 meeting dates and location as proposed.

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

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Motion approved.

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10. Regulations

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- a. Proposed amendments Title 16 California Code of Regulations
Section 1399.523 – Disciplinary Guidelines: Update.

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

The rulemaking file has been submitted to the Department of Consumer Affairs for their review. Upon their approval, the file will be forwarded to the Office of Administrative Law (OAL). OAL has thirty working days to review the file.

- b. Proposed amendments to Title 16 California Code of Regulations Section 1399.546 – Reporting of Physician Assistant Supervision. Related to the implementation of SB 337.

Ms. Schieldge discussed SB 337, which becomes law on January 1, 2016, and amends Business and Professions Code (BPC) 3502. She discussed how the amendments may impact Title 16 California Code of Regulations (CCR) section 1399.546. Her concern was that the regulation may need to conform to the legislative language from SB 337. She noted that the legislative amendments to BPC 3502 pertains to adequate supervision of physician assistants and not the standard of care for record keeping when it comes to recording the supervising physician of the physician assistant. This discrepancy may result in confusion with physician assistants attempting to comply with the laws and regulations.

Mr. Sachs noted that Title 16 CCR section 1399.546 regulation should reflect technological changes on how supervision is noted using electronic medical records (EMR). EMR's have replaced paper records in most medical practices.

Ms. Schieldge opened the discussion about possibly amending CCR §1399.546 to more properly reflect technological changes, providing for more flexibility while maintaining the standard of care for adequate records review by supervising physicians. The current regulation does not indicate how the supervising physician should be identified. Ms. Schieldge requested from Board members language that would address their concerns.

Mr. Grant responded that there are several different ways of identifying the supervising physician, depending on the practice setting. He suggested that the supervising physician be identified for each episode of care, thus alleviating entry of the supervising physician each time a physician assistant updated a patient's chart.

Ms. Earley indicated that for an inpatient setting, the supervising physician must be listed each time, because the supervising physician could change within the same episode of care for the patient's stay in the hospital. Mr. Esquivel-Acosta agreed that it is more complicated within a hospital setting and that with EMR's the system requires the supervising physician to be noted.

Through further discussion it was agreed to develop proposed text to amend CCR §1399.546 for review by the Board for a possible regulatory change. Ms. Schieldge and Mr. Grant suggested the following amendments to Title 16 CCR §1399.546:

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“Each time a physician assistant provides care for a patient and enters his or her name, signature, initials, or computer code on a patient’s record, chart, or written order, the physician assistant shall also record in the medical record for that episode of care the supervising physician who is responsible for the patient.”

It was determined that the proposed amendments to Title 16 CCR §1399.546 would be a solution to address changes in technology with regard to how supervision is noted using EMR’s. The purpose would be pro-competitive with the physician assistant licensing population because it eases the burden on a licensee to document patient encounters in EMR’s.

Public comment: Teresa Anderson, Public Policy Director, California Academy of PAs (CAPA), commented that the Board supported SB 337. She added that CAPA understood SB 337 amendments would comport with the regulation. However, based on concerns with possible inconsistencies between the law and regulation she believes that the easiest solution would be to amend the regulation.

Ms. Schiedge reiterated that the regulation needed to be cleaned up to coincide with the statutory changes with regard to more options on how to note the supervising physician in the EMR.

Ms. Anderson concurred with Mr. Grant’s proposal.

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

Amend the language of Title 16 California Code of Regulations Section 1399.546, and bring back text for discussion at the next Board meeting.

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

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Motion approved.

11. Closed Session:

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

Return to open session

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12. A lunch break was not taken.

13. The Education/Workforce Development Committee: Update

Mr. Grant reviewed the Board's request to staff at the August 2015 Board meeting with regard to the letter sent to the Council for Higher Education Accreditation (CHEA) about the Board's concern with the closing of two California-based PA training programs and whether ARC-PA followed their own policy and procedures in evaluating and determining the program's accreditation status. CHEA's response was that they are not involved in the ARC-PA decision making process. CHEA suggested that the Board contact ARC-PA directly regarding the matter. Mr. Grant also reviewed the email sent to the Physician Assistant Education Association (PAEA) regarding the Board's request to participate in their task force. He added PAEA will update the Board regarding their request.

Mr. Grant reported that the ARC-PA serves a valuable function; they have an important job that they do very well. However, the issue is their lack of communication with the Board. Mr. Grant noted that the challenge is how does the Board remedy this communication issue.

Mr. Grant noted that there are seven new California-based PA training programs on the pathway to accreditation by the ARC-PA. To better assist the Board in addressing health-care workforce shortage issues, the Board would like information from ARC-PA about how many seats each of these programs will have and when the accreditation process will be concluded and the first matriculating class will occur. Answers to these questions would enable the Board to have information on what the PA workforce will look like and assist in addressing workforce shortages.

M/ Jed Grant S/ Charles Alexander C/ to:

Have staff draft a letter to the ARC-PA requesting the following:

- Who has oversight over ARC-PA.
- Updates on accreditation status of new California-based programs.
- The number of seats each program has been authorized.

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

Motion approved.

419 **14. 2015/16 Physician Assistant Board's Sunset Review Process and Report to the**
 420 **Legislature**
 421

422 The Senate Committee on Business, Professions and Economic Development and
 423 Assembly Committee on Business and Professions have begun their Sunset
 424 Oversight Review. The Physician Assistant Board is scheduled to be reviewed in
 425 early 2016. The Board's report is to be submitted to the Committees by December
 426 1, 2015. Staff has prepared a draft for review, comments, and approval.
 427

428 The Board discussed several highlights of the report including ways for the Board to
 429 improve on the Customer Satisfaction Survey, how the Board can comply with the
 430 previous report request for CME audits, request to have the Board's Medical Board
 431 representative remain a voting member, and accrual of interest on the General Fund
 432 loan.
 433

434 Corrections to the report include:

- 435 • On page 5, Sonya Earley attendance – change meeting dates 2/11/2013 and
 436 5/20/2013 to yes and 5/19/2014 to no.
- 437 • Question 33 on page 46, 2nd paragraph – change “that could negatively
 438 impact practice” to “affecting competency” and “with” to “without” a
 439 prescription.
- 440 • Question 55 on page 54, 4th paragraph – add attachment of accreditation
 441 report prepared by Jed Grant and Charles Alexander. Paragraph 6 remove
 442 “would not be eligible to bill for Medicare/Medicaid.”
- 443 • Issue #2 on page 60, last paragraph – add one physician and surgeon
 444 member “of the Medical Board.”
- 445 • Issue #3 on page 60 – correct spelling of the word Employer.
 446

447 Public Comment – Teresa Anderson, Public Policy Director, California Academy of
 448 PAs (CAPA), commented that the report was very comprehensive. Ms. Anderson
 449 noted that the Workforce Committee looks at the need to increase numbers and
 450 efficient utilization and requested that CAPA be listed as a resource. She also
 451 requested that SB 494 be added to the Legislative section as this bill included PA's
 452 as primary care providers, expanded patient panels, and increased utilization.
 453
 454

455 M/ Jed Grant S/ Sonya Early C/ to:

456
 457 Approve the Sunset Report with the changes discussed at this meeting; delegate to
 458 the Chair the authority to approve any additional minor changes to the report and to
 459 approve the final version submitted to the Legislature.
 460

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

461 Motion approved.

462

463 **15. Presentation and discussion regarding February 2015 United States Supreme**
464 **Court decision: North Carolina State Board of Dental Examiners V. Federal**
465 **Trade Commission (FTC)**
466

467 On September 21, 2015 Mr. Grant, Mr. Mitchell and Ms. Schieldge attended an
468 informational training session sponsored by the Department of Consumer Affairs
469 (DCA) regarding this US Supreme Court case.
470

471 Ms. Schieldge gave a summary of the decision and potential impacts to DCA and
472 the Board. In summary, this case establishes a new standard for determining
473 whether a state licensing board is entitled to immunity from antitrust actions.
474

475 Ms. Schieldge noted that before this case was decided, most state licensing boards
476 operated under the assumption that they were immune from antitrust lawsuits.
477 Because of the decision, many states, including California, are reassessing the
478 structures and operations of their state licensing boards to address whether changes
479 should be made to reduce the risk of antitrust claims.
480

481 Ms. Schieldge stated that the case involves whether a Board can assert the
482 immunity defense, not whether the Board violated antitrust law, by clear articulation
483 of state policy and having adequate oversight or state supervision. This showing
484 and setting forth new criteria for claiming immunity when the activity authorized is
485 determined to be anticompetitive. She added that not every regulation is
486 anticompetitive; some may be competitive and help the marketplace.
487

488 Ms. Schieldge reviewed the California Attorney General's opinion and summarized
489 the recommended options for responding to the Supreme Court's decision. Some
490 options included:

- 491 1. Creating a super agency with full responsibility for reviewing all the boards'
492 decisions.
- 493 2. Modify board powers from decision makers to advisors changing boards to
494 advisory boards for all or a portion of their functions.
- 495 3. Amending the DCA Director as authority over certain Board decisions or
496 providing options for review upon request by the board.
497

498 Ms. Schieldge concluded that training is a very important component of this issue.
499 The DCA is committed to keeping this an ongoing priority for all the boards that are
500 affected by this decision. She recommended that this issue remain on upcoming
501 agendas for further discussion and updates for new policies and/or procedures.
502

503 **16. Medical Board of California activities summary and update**
504

505 The Medical Board of California (MBC) held its meeting on October 29 and 30, 2015
506 in San Diego. The meeting had presentations and discussions on concerns of the
507 MBC.
508

509 Dr. Bishop reported on MBC's Public Outreach, Education, and Wellness Committee
510 presentation on successful physician health programs. Discussion included a
511 replacement for the disbanded MBC Diversion Program. Uniform Standards were
512 discussed for a new monitoring program.

513 There was also a presentation and discussion on MBC's Verify a License campaign.
514 This was developed for public outreach when MBC was made aware that many
515 consumers didn't know how to verify their doctor's license even though this
516 information was available on the MBC website.

517
518 Dr. Bishop spoke about the public hearing for the Disciplinary Guidelines.
519

520 Dr. Bishop reported on the petition from the Consumer Union Safe Patient Project.
521 This petition was created for patients as a way of knowing if their physician has been
522 disciplined by the MBC.
523

524 The provisions of the petition included:

- 525 a) Notice of disciplinary action must be displayed prominently in the physician's
526 office.
- 527 b) The patient must be notified of disciplinary action at the time an appointment is
528 made with the physician.
- 529 c) The patient must be given written notice of disclosure of the disciplinary action
530 when they arrive for their appointment.
- 531 d) The patient must sign a log book that notification of the disciplinary action was
532 disclosed and this log book must be kept during the duration of the probation.
533

534 MBC voted to deny the petition, but agreed that the issue needed to be addressed.
535 It was set forth to staff and the Board President to develop a way the issue could be
536 resolved for public protection either at meetings or through a sitting committee. The
537 Consumer Union was satisfied with the decision of the MBC and agreed to work with
538 them on this issue.
539

540 Dr. Bishop discussed the vertical enforcement issue with the time it took for
541 disciplinary action against physicians. MBC investigators moved to the Department
542 of Consumer Affairs Division of Investigations. It was anticipated that this would
543 have an impact on the time it took to complete investigations. Unfortunately, this
544 department has a 33% investigator vacancy rate and investigations are now taking
545 longer.
546

547 Dr. Bishop reported that there was a presentation by Christina Mollack, Ph.D.,
548 Berkeley, on "Burnout in the Workplace." It was a very informative presentation.
549

550 **17. Budget Report**

551 552 a. Budget update 553

554 Taylor Schick, Budget Officer, Department of Consumer Affairs reported on the
555 two budget reports from Calstars (State accounting system).
556

- 557 1) Month 13 report – represents the end of fiscal year 2014/15
558
- 559 2) Fiscal Month (FM) 3 report – represents expenditures through September
560 2015.
561

562 Mr. Schick noted that the report did not include budget amounts. Normally,
563 the Budget Act amounts would be used as a placeholder in this report, but
564 due to the hectic nature of year end reporting this figure was not available to

565 be uploaded into the report. He explained the budget process for the fall as a
566 time to make adjustments for next budget year appropriations as well as the
567 current year appropriations. Once the Governor's Budget is released in
568 January, a revised current year budget that will be uploaded to the Calstars
569 reports. This will also be reflected in the projection documents.

570
571 Mr. Martinez asked when the budget would be updated and whether it would
572 be more reflective of previous years or of the current year.

573
574 Mr. Schick responded that the Budget Act amounts would be included in FM 4
575 Calstars report and that the budget is reviewed for incremental changes,
576 where line items are adjusted to new levels relative to specific sections, but
577 the bottom line amounts must remain constant.

578
579 Ms. Earley asked if there was any idea of what the budget looks like and
580 whether there were any shortfalls or issue anticipated.

581 Mr. Schick noted that the Budget Office would meet with the Board's
582 Executive Officer in January to review the Governor's Budget. A proposal
583 was submitted by DCA on behalf of the Board to increase the Attorney
584 General line item. Mr. Schick noted that the Board is in the black with a
585 projected reversion of 7%.

586
587 Mr. Martinez asked about using the reserve for economic uncertainties. He
588 also was interested in the accrual of the interest from the Board's general
589 fund loan.

590
591 Mr. Schick explained that the reserve can be used, but any increase would
592 have to be requested through the Department of Finance via a Budget
593 Change Proposal. The Board does not accrue interests, an interest rate is
594 set and the Board receives a line item for that amount.

595
596 b. Discussion regarding Pro-Rata costs to DCA Boards and survey by DCA.

597
598 M/ Xavier Martinez S/ Sonya Earley C/ to:

599
600 Table the discussion of the Pro-rata costs until the next Board meeting.

601

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

602

603

Motion approved.

604

605

606

607 **18. The Legislative Committee Report**

608
609 Ms. Hazelton discussed the final decisions of specific bills that were of interest to the
610 Board, including:

611
612 AB 12 (Cooley) This bill would require every state agency, department, board,
613 bureau or other entity to review and revise regulations to eliminate inconsistent,
614 overlapping, duplicative, and outdated provisions and adopt the revisions as
615 emergency regulations by January 1, 2018. Additionally, this bill would require the
616 Business, Consumer Services, and Housing Agency to submit a report to the
617 Governor and Legislature affirming compliance with these provisions. These
618 provisions would be repealed by January 1, 2019.

619
620 Board position: Oppose
621 Status: Held in appropriations; extended as a 2 year bill

622
623 AB 85 (Wilk) This urgency bill would require two-member advisory committees or
624 panels of a "state body" (as defined in the Bagley-Keene Open Meeting Act) to hold
625 open, public meetings if at least one member of the advisory committee is a member
626 of the larger state body and the advisory committee is supported, in whole or in part,
627 by state funds.

628
629 Board position: Oppose
630 Status: Governor vetoed

631
632 AB 637 (Campos) This bill would allow nurse practitioners and physician assistants
633 to sign the Physician Orders for Life Sustaining Treatment form. This Treatment
634 Form allows terminally-ill patients to inform their loved ones and health care
635 professionals of their end-of-life wishes. By expanding the number of people who
636 are allowed to sign the Treatment Form, the intent of this bill is to assist terminally-ill
637 patients in making their end-of-life wishes known to their families and health care
638 providers. This bill would impact licensees of the Physician Assistant Board and the
639 Board of Registered Nursing.

640
641 Board position: Support
642 Status: Signed by Governor

643
644 AB 1351 (Eggman) This bill would:

- 645 1. Convert the existing system of deferred entry of judgement (DEJ) for qualified
646 drug possession offender – generally those with no prior convictions or non-drug
647 current charges – to a true diversion system, under which eligible defendants are
648 admitted to an education and treatment program prior to conviction and granted a
649 dismissal of the charges upon successful completion of the program;
- 650 2. Allow persons previously convicted of a drug possession offense, or who have
651 previously participated in a diversion of DEJ program, or those for whom parole
652 or probation has been revoked may participate in a diversion program; and
653 3. Set the length of the program from six months to one year, except that the court
654 can extend that time for good cause.

655
656 Board position: Oppose
657 Status: Governor Vetoed

658

659 AB 1352 (Eggman) The purpose of this bill is to allow any person who has
660 successfully completed a deferred entry of judgement (DEJ) treatment program to
661 obtain dismissal of the plea upon which DEJ was granted, on the basis that the guilty
662 or no-contest plea underlying DEJ may result in a denial of employment benefit,
663 license or certificate, or have adverse immigration consequences, in conflict with the
664 statement in the governing statute that the plea shall not result in "denial of any
665 employment, benefit, license, or certificate."
666

667 Ms. Hazelton discussed how this bill would impact the Board's ability to do due
668 diligence when considering licensure when the full criminal record might be
669 unknown.
670

671 Ms. Schiedge stated that if a person is arrested for drugs or alcohol and plead
672 guilty, if they enter a program, that plea is suspended until the completion of the
673 program. If the program is not completed then the guilty plea stands. If the program
674 is completed then the Board cannot use the guilty plea when considering licensure,
675 because the conviction is set aside.
676

677 Board position: Oppose
678 Status: Signed by the Governor
679

680 SB 337 (Pavley) This bill would require medical records to reflect the supervising
681 physician for each episode of care; require a physician assistant who transmits an
682 oral order to identify the supervising physician; recast medical record review
683 provisions to require the supervising physician to utilize one or more mechanisms;
684 and recast prescribing provisions to allow a physician assistant to prescribe
685 Schedule II controlled substances.
686

687 Board position: Support if Amended
688 Status: Signed by the Governor
689

690 SB 464 (Hernandez) This bill clarifies that health care practitioners, including
691 physician assistants, may use patient self-screening tools that will identify patient
692 risk factors for the use of self-administered hormonal contraceptives, for purposes of
693 furnishing self-administered hormonal contraceptives to the patient.
694

695 Board position: None
696 Status: Signed by the Governor
697

698 SB 800 (Committee on Business, Professions & Economic Development) Healing
699 Arts Omnibus
700

701 This bill allows for the Board titles to change from Chair/Vice Chair to President/Vice
702 President effective January 1, 2016.
703

704 Board position: None
705 Status: Signed by the Governor
706

707 **19. Agenda items for the next meeting**

708
709 a. Business and Professions Code Section 101.7 Board meeting locations: update.
710

- 711 b. Health and Safety Code Section 1799.110. Existing law does not include PA's.
- 712
- 713 c. North Carolina State Board of Dental Examiners v. Federal Trade Commission:
- 714 developments since the decision.
- 715
- 716 d. BreEZe update.
- 717
- 718 e. Title 16, California Code of Regulations Section 1399.546 potential change.
- 719
- 720 f. Customer Satisfaction Survey – Licensing survey.
- 721
- 722 g. The Education/Workforce Development Committee - update.
- 723
- 724 h. Pro-rata Study – Budget.
- 725
- 726 i. Workforce data - OSHPD.
- 727

728 **20. Adjournment**

729 With no further business the meeting was adjourned at 12:04 P.M.

730

DRAFT

Agenda

Item

6.b.2

CURES 2.0



CONTACT:
cures@doj.ca.gov
(916) 227-3843

December 21, 2015

RE: CURES 2.0 Universal Launch and Streamlined Registration

The Department of Justice (DOJ) and the Department of Consumer Affairs (DCA) are pleased to announce substantial milestones in the enhancement of the state's Controlled Substance Utilization Review and Evaluation System (CURES).

Beginning January 8, 2016, the upgraded prescription drug monitoring program – commonly referred to as “**CURES 2.0**” – will be released to all users in compliance with the system's minimum security requirements.¹ This upgraded database offers a significantly improved user experience and features a number of added functionalities, including the ability to delegate report queries and new practitioner-identified patient alerts.

Also beginning January 8, 2016, a streamlined registration process will be implemented for new users. This fully-automated process will enable licensed health care prescribers and pharmacists to request access to CURES and validate their credentials entirely online using a secure web browser.

All health care practitioners authorized to prescribe or dispense Schedule II-IV controlled substances must be registered to use CURES no later than July 1, 2016.² To register using the automated system, simply visit oag.ca.gov/cures and follow the instructions. Registrants will need their state license information and prescribers must provide federal DEA license information to register.

Learn more: oag.ca.gov/cures/faqs

¹ CURES 2.0 users will be required to use Microsoft Internet Explorer Version 11.0 or greater, Mozilla FireFox, Google Chrome, or Safari when accessing the system. Users attempting to access the new CURES 2.0 database with noncompliant web browsers will be redirected to the previous 1.0 system.

² Pursuant to Health & Safety Code Section 11165.1 as amended by AB 679 (2015)

Agenda

Item

6.c

BreEze
 Physician Assistant Board
 Annual Statistical Program Data
 10/23/2015 - 01/04/2016

INITIAL APPLICATIONS RECEIVED

	License Type	Count
9501		126

INITIAL LICENSES ISSUED

	License Type	Count
9501		148
	PA	148

LICENSES RENEWED

	License Type	Count
ALL STATUS		
9501		961
	PA	961
CURRENT STATUS		
9501		957
	PA	957
CURRENT INACTIVE		
9501		2
	PA	2

Summary of Renewed/Current Licenses

As of January 4, 2016

As of October 23, 2015

10,456

10,534

BreEze
 Physician Assistant Board
 Annual Statistical Program Data
 01/01/2015 - 12/31/2015

INITIAL APPLICATIONS RECEIVED

	License Type	Count
9501		940

INITIAL LICENSES ISSUED

	License Type	Count
9501		910
	PA	910

LICENSES RENEWED

	License Type	Count
ALL STATUS		
9501		4,949
	PA	4,949
CURRENT STATUS		
9501		4,928
	PA	4,928
CURRENT INACTIVE		
9501		14
	PA	14

Agenda

Item

6.d

**PHYSICIAN ASSISTANT BOARD
DIVERSION PROGRAM**

ACTIVITY REPORT

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

	As of 1 January 2016	As of 1 January 2015	As of 1 January 2014
Voluntary referrals	05	03	02
Board referrals	09	13	12
Total number of participants	14	16	14

HISTORICAL STATISTICS
(Since program inception: 1990)

Total intakes into program as of 1 January 2016:	136
Closed Cases as of 1 January 2016	
• Participant expired:	01
• Successful completion:	46
• Dismissed for failure to receive benefit:	04
• Dismissed for non-compliance:	24
• Voluntary withdrawal:	22
• Not eligible:	22
Total closed cases:	119

OTHER DCA BOARD DIVERSION PROGRAM PARTICIPANTS
(As of 30 September 2015)

Dental Board of California:	27
Osteopathic Medical Board of California:	16
Board of Pharmacy:	66
Physical Therapy Board of California:	15
Board of Registered Nursing:	444
Veterinary Board of California:	8

Agenda

Item

6.e

**PHYSICIAN ASSISTANT BOARD
ENFORCEMENT ACTIVITY REPORT**

November 1, 2015 to December 31, 2015

Disciplinary Decisions

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

Accusation/Statement of Issues

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

Office of Attorney General Cases

Cases initiated.	2
Pending Cases.	44

Citation and Fines

Pending from previous FY	5
Issued	0
Closed	0
Withdrawn	0
Sent to AG/noncompliance	0
Pending	0
Initial Fines Issued	\$0.00
Modified Fines Due	\$0.00
Fines Received	\$0.00

Current Probationers

Active	54
Tolled	5

Agenda

Item

8

Board Meeting Cost Comparison

<u>Item</u>	<u>S. Cal Cost</u>		<u>Hdqtr. Cost</u>
Meeting Room	\$	350.00	\$ -
Internet	\$	150.00	\$ -
Hotel Room	8 rms @ \$120	\$ 960.00	7 rms @ \$95 \$ 665.00
Airfare	8 flights	\$ 2,400.00	5 flights \$ 1,500.00
Car Rental		\$ -	2 cars @ 2 days \$ 140.00
Parking		\$ 148.00	\$ 44.00
Meals	11 people	\$ 902.00	8 people \$ 656.00
Mileage		\$ 412.00	\$ 583.00
Total		\$ 5,322.00	\$ 3,588.00

Agenda

Item

9



State of California
HEALTH AND SAFETY CODE
DIVISION 2.5. EMERGENCY MEDICAL SERVICES
CHAPTER 9. LIABILITY LIMITATION
§ 1799

1799.110. (a) In any action for damages involving a claim of negligence against a physician and surgeon arising out of emergency medical services provided in a general acute care hospital emergency department, the trier of fact shall consider, together with all other relevant matters, the circumstances constituting the emergency, as defined herein, and the degree of care and skill ordinarily exercised by reputable members of the physician and surgeon's profession in the same or similar locality, in like cases, and under similar emergency circumstances.

(b) For the purposes of this section, "emergency medical services" and "emergency medical care" means those medical services required for the immediate diagnosis and treatment of medical conditions which, if not immediately diagnosed and treated, could lead to serious physical or mental disability or death.

(c) In any action for damages involving a claim of negligence against a physician and surgeon providing emergency medical coverage for a general acute care hospital emergency department, the court shall admit expert medical testimony only from physicians and surgeons who have had substantial professional experience within the last five years while assigned to provide emergency medical coverage in a general acute care hospital emergency department. For purposes of this section, "substantial professional experience" shall be determined by the custom and practice of the manner in which emergency medical coverage is provided in general acute care hospital emergency departments in the same or similar localities where the alleged negligence occurred.

(Added by Stats. 1983, Ch. 1246, Sec. 41.)

Agenda

Item

10.b

REGULATION REVIEW

Discussion and possible action to initiate Rulemaking to amend Title 16 California Code of Regulations Section 1399.546 – Reporting of Physician Assistant Supervision

The following proposed amendments to Title 16 CCR §1399.546 are included for Board and public discussion and possible action.

Possible actions regarding this proposed regulatory action include:

Option 1: (if no changes to the proposed amendments)

Direct staff to take all steps necessary to initiate the formal rulemaking process to adopt proposed amendments to Title 16 CCR §1399.546 with this text, authorize the Executive Officer to make any non-substantive changes to the rulemaking package, and set the proposed regulations for a hearing.

Option 2: (if changes are made after board and public comment)

Direct staff to take all steps necessary to initiate the formal rulemaking process to adopt proposed amendments to Title 16 CCR §1399.546 with this text and the amendments that include (insert changes here), authorize the Executive Officer to make any non-substantive changes to the rulemaking package, and set the proposed regulations for a hearing.

**PHYSICIAN ASSISTANT BOARD
Proposed Regulatory Language
Title 16 CCR Section 1399.546**

Strikeout indicates deletions; underline indicates additions to current text.

§ 1399.546. Reporting of Physician Assistant Supervision.

Each time a physician assistant provides care for a patient and enters his or her name, signature, initials, or computer code on a patient's record, chart or written order, the physician assistant shall also ~~enter the name of his or her~~ record in the medical record for that episode of care the supervising-physician who is responsible for the patient. When a physician assistant transmits an oral order, he or she shall also state the name of the supervising physician responsible for the patient.

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

Agenda

Item

13.a



PHYSICIAN ASSISTANT BOARD

2005 Evergreen Street, Suite 1100, Sacramento, CA 95815
P (916) 561-8780 F (916) 263-2671 | www.pac.ca.gov



December 28, 2015

John McCarty, Executive Director
Accreditation Review Commission on Education
for the Physician Assistant, Inc.
12000 Findley Road, Suite 150
Johns Creek, GA 20097

Dear Mr. McCarty,

The California Physician Assistant Board (Board) recognizes the valuable role the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) serves in establishing and enforcing physician assistant training program academic standards. ARC-PA accreditation assists the Board in its consumer protection mandate by ensuring that physician assistants are adequately trained to safely practice medicine in California.

Due to the implementation of the Patient Protection and Affordable Care Act, the health care delivery system in California is facing a profound workforce shortage. The Board believes that the training and utilization of physician assistants is a sensible way to address the health care workforce shortage in California.

The Board wishes to work cooperatively with ARC-PA to assist in addressing health care workforce issues, specifically, the development and accreditation of additional physician assistant training programs in California.

The Board is requesting that ARC-PA:

- provide the Board with annual updates regarding the provisional accreditation status of new California programs.
- provide the Board with the approximate number of students each new California program plans to enroll, and when the provisional programs anticipate matriculating the first class.

To assist in better understanding ARC-PA's role and responsibilities within the physician assistant education and training process, the Board would like to know what agency has oversight responsibilities over ARC-PA.

John McCarty, Executive Director
December 28, 2015
Page two

The information provided by ARC-PA regarding the accreditation of additional physician assistant training programs will assist the Board in determining the future physician assistant work force needs in California. The Board looks forward to a response from ARC-PA.

If you have any questions regarding our request please contact the Board's Executive Officer, Glenn L. Mitchell, Jr. at (916) 561-8783 or glenn.mitchell@mbc.ca.gov.

Thank you.

Sincerely,

Jed Grant, PA-C, Chairman
Education/Workforce Development Committee
Physician Assistant Board

cc: Members, Physician Assistant Board

Agenda

Item

13.b

Senate Bill 391

By: Senators Balfour of the 9th, Harbison of the 15th, Hill of the 6th, Davis of the 22nd and
Dugan of the 30th

AS PASSED

A BILL TO BE ENTITLED
AN ACT

1 To amend Article 1 of Chapter 7 of Title 31 of the Official Code of Georgia Annotated,
2 relating to regulation of hospitals and related institutions, so as to provide that each medical
3 facility shall make a good faith application to the southern regional TRICARE managed care
4 support coordinator to join the TRICARE program; to amend Code Section 48-7-27 of the
5 Official Code of Georgia Annotated, relating to computation of taxable net income for
6 Georgia income tax purposes, so as to provide a limited deduction for certain medical core
7 clerkships; to repeal conflicting laws; and for other purposes.

8 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

9 **PART I**
10 **SECTION 1-1.**

11 Article 1 of Chapter 7 of Title 31 of the Official Code of Georgia Annotated, relating to
12 regulation of hospitals and related institutions, is amended by adding a new Code section to
13 read as follows:

14 "31-7-20.

15 (a) Each medical facility in this state shall, not later than July 1, 2015, make a good faith
16 application to the southern regional TRICARE managed care support contractor for
17 certification in the TRICARE program.

18 (b) If any medical facility fails to qualify for certification in the TRICARE program, such
19 medical facility shall implement a plan to upgrade the facility, equipment, personnel, or
20 such other cause for the disqualification within one year of notice of such deficiency.

21 (c) Each medical facility shall submit reports to the commissioner detailing its efforts to

26 (e) Nothing in this Code section shall require a medical facility to enter into a contract with
27 the southern regional managed care support contractor or to participate in TRICARE as a
28 network provider or as a participating non-network provider, as such terms are defined in
29 the federal TRICARE regulations."

30 **PART II**

31 **SECTION 2-1.**

32 Code Section 48-7-27 of the Official Code of Georgia Annotated, relating to computation of
33 taxable net income for Georgia income tax purposes, is amended by adding a new paragraph
34 to subsection (a) to read as follows:

35 "(13.2)(A) An amount equal to \$1,000.00 for any physician who served as the
36 community based faculty physician for a medical core clerkship provided by
37 community based faculty.

38 (B) An amount equal to \$1,000.00 for any physician who served as the community
39 based faculty physician for a physician assistant core clerkship provided by community
40 based faculty.

41 (C) An amount equal to \$1,000.00 for any physician who served as the community
42 based faculty physician for a nurse practitioner core clerkship provided by community
43 based faculty.

44 (D) As used in this paragraph, the term:

45 (i) 'Community based faculty physician' means a noncompensated physician who
46 provides a minimum of three and a maximum of ten clerkships within a calendar year.

47 (ii) 'Medical core clerkship,' 'physician assistant core clerkship,' or 'nurse practitioner
48 core clerkship' means a clerkship for a student who is enrolled in a Georgia medical
49 school, a Georgia physician assistant school, or a Georgia nurse practitioner school
50 and who completes a minimum of 160 hours of community based instruction in
51 family medicine, internal medicine, pediatrics, obstetrics and gynecology, emergency
52 medicine, psychiatry, or general surgery under the guidance of a community based
53 faculty physician.

54 (E) The state-wide Area Health Education Centers Program Office at Georgia Regents
55 University shall administer the program and certify rotations for the department.

56 (F) This paragraph shall apply to all taxable years beginning on or after January 1,

58

PART III

59

SECTION 3-1.

60 All laws and parts of laws in conflict with this Act are repealed.

IN THE GENERAL ASSEMBLY STATE OF _____

An Act

1 Be it enacted by the People of the State of _____, represented in the General Legislature:

2 **Section 1. Title.** This act shall be known as and may be cited as the Preceptor Tax Deduction
3 Act.

4 **Section 2. Purpose.** The Legislature hereby finds and declares that:

5 A. _____ has a shortage of health care providers compared to similar populations
6 throughout the United States.

7 B. Access to primary care has been shown to decrease morbidity and mortality while
8 controlling health care costs through early detection and careful management of chronic disease
9 and deferral of unnecessary hospital admission and emergency room visits.

10 C. An adequate supply of health care providers is essential to ensure that _____ residents
11 have access to necessary medical care; and

12 D. Health care providers of all types tend to remain and practice where they train. If
13 health professional students leave _____ to train elsewhere, they are less likely to return and
14 practice in _____.

15 E. Off-shore and out-of-state medical schools are using _____ community-based faculty
16 and paying them per rotation. A tax deduction could provide a powerful incentive to _____
17 community-based faculty to take _____ medical, physician assistant, and nurse practitioner
18 students.

19 **Section 3. Definitions.**

20 A. "Community-based faculty clinician" means a non-compensated allopathic physician
21 (M.D.), osteopathic physician (D.O.), physician assistant (PA), or advanced practice registered
22 nurse (APRN) who provides a minimum of three and a maximum of 10 core clerkships within a
23 calendar year.

24 B. "Medical core clerkship," "physician assistant core clerkship," or "advanced practice
25 registered nurse core clerkship" means a clerkship for a student who is enrolled in a _____ medical
26 school, a _____ physician assistant program, or a _____ advanced practice registered nurse
27 program and who completes a minimum of 160 hours of community-based instruction in family

1 medicine, internal medicine, pediatrics, obstetrics and gynecology, emergency medicine,
2 psychiatry, or general surgery under the guidance of a community-based faculty clinician.

3 **Section 4. Tax Deduction.**

4 Section _____ of _____ Code Annotated, relating to computation of taxable net
5 income for _____ income tax purposes, is amended by the addition of the following:

6 (a) Taxable net income of an individual shall be the taxpayer's federal adjusted gross income,
7 as defined in the United States Internal Revenue Code of 1986, less:

8 A. An amount equal to \$1,000.00 for any clinician who served as the community-based
9 faculty clinician for a medical core clerkship provided by community-based faculty.

10 B. An amount equal to \$1,000.00 for any clinician who served as the community-based
11 faculty clinician for a physician assistant core clerkship provided by community-based faculty.

12 C. An amount equal to \$1,000.00 for any clinician who served as the community-based
13 faculty clinician for a nurse practitioner core clerkship provided by community-based faculty.

14 D. _____ shall administer the program and certify rotations for the department.

15 **Drafting note:** This provision can be modified into a tax credit.

16 **Section 5. Effective.** This Act shall apply to all taxable years beginning on or after January
17 1, 20__.

18 **Section 6. Severability.** If any provision of this Act is held by a court to be invalid, such
19 invalidity shall not affect the remaining provisions of this Act, and to this end the provisions of
20 this Act are hereby declared severable.

Agenda

Item

13.c

Physician Assistants in California

A Report by the
Office of Statewide Health Planning and Development

September 2014

Edmund G. Brown Jr.
Governor
State of California

Diana S. Dooley
Secretary
California Health and Human Services Agency

Robert P. David, Director
Office of Statewide Health Planning and Development



OSHDPD
Office of Statewide Health
Planning and Development



Acknowledgements



This project could not have been completed without the support of the California Academy of Physician Assistants (CAPA). CAPA promoted the survey to physician assistants via E-mails, newsletters, and postcard mailings. Special thanks to Gaye Breyman, Executive Director of CAPA and Les Howard for initiating this project. Their input and support enriched this report, as well as the initial Survey Snapshot completed in October 2013.

Contributors



This report was prepared by Senior Research Specialist, Dorian Rodriguez, MA and the Healthcare Workforce Development Division's Deputy Director, Lupe Alonzo-Diaz. The Clearinghouse team also contributed to the report.

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Executive Summary

As described by the Physician Assistant Board of California, Physician Assistants (PA) are licensed and highly skilled health care practitioners, trained to provide patient evaluation, education, and health care services. PAs work with physicians to provide medical care and guidance needed by patients.¹ In an effort to more closely understand the contributions of PAs to the healthcare workforce in the state, the California Academy of Physician Assistants (CAPA) partnered with the Office of Statewide Health Planning and Development (OSHPD) to develop and administer a survey to all licensed PAs in California in Spring/Summer 2013.

This report will examine the findings received from those PAs who participated in and responded to the survey. The survey questions targeted a variety of quantitative and qualitative data, including but not limited to, provider demographics, education statistics, practice site information, retirement plans, and patient characteristics. As evidenced throughout the report, response rates vary by question. However, the information collected provides a valuable overview of California PAs and their contributions to the state's healthcare workforce.

The catalyst for developing this report came from a previous report, "Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives in California," published by OSHPD and the Center for California Health Workforce Studies at the University of California, San Francisco in 2000. OSHPD administered a survey in 1998 to all nurse practitioners, physician assistants, and certified nurse midwives licensed to practice in California. The survey was mailed to 2,938 PAs of which 1,669 responded. The 1998 survey asked many of the same questions that the 2013 survey, included in this report, asked. Therefore, in an effort to impart some longitudinal data, six of the charts in this report provide a comparison of results across the previous 1998 and current 2013 surveys.

This report was made possible through the research and analytical efforts of OSHPD's Healthcare Workforce Development Division (HWDD) and the Healthcare Workforce Clearinghouse Program. As California's Primary Care Office, OSHPD's HWDD supports the state's healthcare workforce through strategies focused on pipeline development, training and placement, financial incentives, systems redesign, as well as research and policy. Specifically, HWDD's program, services and resources address, aid, and define healthcare workforce issues throughout the state by:

- Encouraging demographically underrepresented groups to pursue healthcare careers;
- Identifying geographic areas of unmet need; and
- Encouraging primary care physicians and non-physician practitioners to provide healthcare in health professional shortage areas in California.

¹ Department of Consumer Affairs Physician Assistant Board. What is a Physician Assistant? Retrieved February 2014 from http://www.pac.ca.gov/forms_pubs/what_is.shtml.

The survey's major data findings are summarized below:

- The landscape of gender distribution appears to be changing over time. National data have shown an increase in the percentage of female PAs and a decrease in the percentage of male PAs. Between the 1998 and 2013 surveys, the percentage of female PAs rose by approximately 6% and the percentage of males declined by roughly 6%.
- Data from the 1998 and 2013 surveys showed a decline in the percentage of Caucasian PAs by approximately 6% and a decline in the percentage of African American PAs by roughly 3%; while the percentage of Asian/Pacific Islander PAs has increased by approximately 5%. In terms of race/ethnicity of patients seen by PAs, the percentage of Hispanics/Latinos has remained at 35%, while the percentage of African Americans declined by approximately 1% from 1998 to 2013.
- The 1998 survey reported that the average age of PAs was 43 and by the 2013 survey, the average age had increased to 49. However, the age with the most respondents was 38, which falls within the age range of 35-42 in terms of national comparisons.
- Family Practice continues to be the top specialty, but it has declined by approximately 8% from 1998 to 2013. Emergency Medicine and Internal Medicine have increased by roughly 2% and 5%, respectively from 1998 to 2013.
- The highest percentage of PAs work in private practice, which grew approximately 1% and, those working in school-based clinics, remained the same from 1998 to 2013.
- The percentage of PAs working in MUAs increased by approximately 6% and, those working in HPSAs, decreased by roughly 12% from 1998 to 2013.
- The percentage of PAs working in rural and urban locations has remained the same (with the exception of Frontier Location being added to the 2013 survey, which accounted for <1% of PAs).

Chapter I

Introduction

The Role of Physician Assistants in Healthcare

The PA profession was created in the mid-1960s in response to the shortage of primary care providers. The first class of PAs consisted of Navy corpsmen who had received extensive medical training and graduated from the Duke University PA program in 1967. According to the American Academy of Physician Assistants, PAs are considered to be one of the fastest growing professions in the United States. Their role in health care continues to expand and is increasingly becoming more vital to help alleviate physician shortages, increase the cost-effectiveness of health care, and promote health through patient education and preventive care.²

The American Academy of Physician Assistants reports the following benefits that PAs bring to the healthcare industry:

- Flexibility in the types of medicine they can practice;
- Responsiveness to changing healthcare needs;
- Strong belief in patient education for better health;
- Improved coordination of care;
- Improved outcomes;
- Decreased demand through preventive care;
- Increased cost-effectiveness in health care due to PA labor costs being more affordable;
- Reduction of costly acute care and chronic care management;
- Ability to enter the workforce more quickly than physicians; and
- Increased access to care in rural communities which typically lack a sufficient number of physicians.³

PAs are formally trained to practice medicine under the supervision of physicians. The specific duties of PAs vary, depending on state law and their supervising physicians, but many take medical histories, examine and treat patients, order and interpret laboratory tests and X-rays, make diagnoses, treat minor injuries, record patients' progress, counsel patients, order and administer therapy, administer immunizations and injections, perform minor surgery, and prescribe some medications.⁴

California's educational requirements for PAs include the completion of an American Academy of Physician Assistants' accredited, formal medical training program, which involves classroom studies and clinical experience. PAs are also required to pass a national examination in order to obtain their license to practice in the state. PA licenses are renewable every two years. The Physician Assistant Board, which is part of the California Department of Consumer Affairs'

² American Academy of Physician Assistants. Retrieved February 2014 from http://www.aapa.org/the_pa_profession/quick_facts/resources/item.aspx?id=3838.

³ American Academy of Physician Assistants. Retrieved February 2014 from http://www.aapa.org/the_pa_profession/quick_facts/resources/item.aspx?id=3838.

⁴ California Occupational Guides. Physician Assistants in California. Labor Market Information Division. California Employment Development Department. <http://www.labormarketinfo.edd.ca.gov/occguides/Detail.aspx?Soccode=291071&Geography=0601000000>.

Medical Board of California, is responsible for the licensure and regulation of PAs.⁵ According to the Department of Consumer Affairs, the minimum education level required for PAs is a Bachelor's degree; however, after completion of the two-year PA training program, many typically receive a Master's degree.⁶ PAs must complete supervised clinical training in different areas (i.e. family medicine, surgery, internal medicine, geriatrics, pediatrics, etc.) before working as a PA. They are also required to complete 100 hours of continuing medical education every two years.⁷ All accredited PA programs will now be required to award a Master's degree and the programs accredited prior to 2013 that do not currently offer a graduate degree must transition to awarding a graduate degree to all PA students who matriculate into the program after 2020.⁸

There are numerous factors which contribute to an increased demand for new allied health professionals, including PAs. With the passing of the 2010 Affordable Care Act (ACA), an aging population, and continued population growth,⁹ the nation is in need of more healthcare practitioners to care for patients, many of whom didn't have health insurance prior to the implementation of ACA. PAs were listed as one of three primary care providers in the ACA due to their critical role in meeting the demand for healthcare.¹⁰ As of 2010, the estimated employment of PAs in California reached approximately 8,300 compared to roughly 83,600 nationally. The job outlook for PAs in the U.S. is estimated to increase by 24,700 jobs (30%)¹¹ and, similarly in California, jobs are expected to increase by 2,100 (25.3%) between 2010 and 2020.¹² Incomes for PAs typically vary depending on experience, geographical location, specialty, and practice setting. The median wage for PAs in California is slightly higher than the median wage nationally. In 2013, The Employment Development Department's Labor Market Information Division reported the median wage for PAs in California at \$103,708 annually,¹³ while the U.S. Bureau of Labor Statistics reported national annual median wages of \$90,930 for PAs in 2012.¹⁴

PAs play an invaluable role in providing access to care in rural and underserved areas in California and the U.S. The American Academy of Physician Assistants recently reported that 32% of PAs practice in primary care and 37% work in medically underserved counties in the

⁵ Department of Consumer Affairs Physician Assistant Board. Retrieved February 2014 from http://www.pac.ca.gov/forms_pubs/what_is.shtml.

⁶ Department of Consumer Affairs. California Healthcare Jobs: Working for Tomorrow. Retrieved February 2014 from http://www.dca.ca.gov/publications/healthcare_jobs.pdf.

⁷ California Occupational Guides. Physician Assistants in California. Labor Market Information Division. California Employment Development Department. <http://www.labormarketinfo.edd.ca.gov/occguides/Detail.aspx?Soccode=291071&Geography=0601000000>.

⁸ Accreditation Review Commission on Education for the Physician Assistant, Inc. ARC-PA Accreditation Manual for Standards, 4th Edition. December 2013. Retrieved May 2014 from <http://www.arc-pa.org/documents/AccredManual%204th%20edition%20Dec%202013%20FNL.pdf>

⁹ California Healthcare Foundation. California's Health Care Workforce. Retrieved January 2014 from <http://www.chcf.org/publications/2011/02/californias-health-care-workforce>.

¹⁰ American Academy of Physician Assistants. Physician Assistant Workforce Critical to Expanding Healthcare Access in Crowded U.S. Marketplace. 2013. Retrieved February 2014 from http://www.aapa.org/news_and_publications/news/item.aspx?id=6835.

¹¹ U.S. Bureau of Labor Statistics. Physician Assistants. Retrieved October 2013 from <http://www.bls.gov/ooh/healthcare/print/physician-assistants.htm>.

¹² Employment Development Department/Labor Market Information Division. Projections of Employment by Occupation. Retrieved October 2013 from www.labormarketinfo.edd.ca.gov/?PageID=1011.

¹³ Employment Development Department/Labor Market Information Division. Occupational Employment Statistics Survey, 2013. Retrieved October 2013 from www.labormarketinfo.edd.ca.gov/?PageID=1009.

¹⁴ U.S. Bureau of Labor Statistics. Physician Assistants. Retrieved February 2014 from <http://www.bls.gov/ooh/healthcare/physician-assistants.htm#tab-1>.

U.S.¹⁵ In 2003, a large proportion of California's PAs were practicing in rural communities (22%), in Health Professional Shortage Areas (HPSAs) (35%), and in communities with a high number of low-income or minority residents (48%).¹⁶ PAs may be the principal care providers in rural or inner city clinics¹⁷ and, according to U.S. Health and Human Services Secretary Kathleen Sebelius, PAs are a lifeline to patients in medically underserved communities and rural areas.¹⁸

¹⁵ American Academy of Physician Assistants. Physician Assistant Workforce Critical to Expanding Healthcare Access in Crowded U.S. Marketplace. 2013. Retrieved February 2014 from http://www.aapa.org/news_and_publications/news/item.aspx?id=6835.

¹⁶ Grumbach K, Hart G, Mertz E, Coffman J, and Palazzo L. Who is Caring for the Underserved? A Comparison of Primary Care Physicians and Nonphysician Clinicians in California and Washington. *Annals of Family Medicine*, 1:2. 2003.

¹⁷ California Occupational Guides. Physician Assistants in California. Labor Market Information Division. California Employment Development Department. <http://www.labormarketinfo.edd.ca.gov/occguides/Detail.aspx?Soccode=291071&Geography=0601000000>.

¹⁸ American Academy of Physician Assistants. Physician Assistants Officially Recognized as Key Healthcare Providers. Retrieved February 2014 from http://www.aapa.org/news_and_publications/news/item.aspx?id=6227.

Chapter II

Methodology

The information presented in this report is from a survey which identified PAs holding active California licenses in 2013. The survey was developed by the Office of Statewide Health Planning and Development using *Survey Monkey*. The link to the survey was sent, electronically, to 8,947 PAs in California. There were 3,405 respondents to the survey, which yielded a 38% response rate.

The survey contained questions regarding the characteristics of PAs and their patients. The following topics were included:

- Demographics;
- Educational pipeline;
- Provider information; and
- Characteristics of patients seen by PAs.

A previous report by OSHPD and the Center for California Health Workforce Studies at the University of California, San Francisco, "Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives in California," was published in 2000 and based on a survey administered by OSHPD in 1998. The survey was sent to all nurse practitioners, physician assistants, and certified nurse midwives licensed to practice in California. The 1998 survey asked many of the same questions that this 2013 survey asked. Therefore, six of the charts in this report provide a comparison of results across the previous 1998 and current 2013 surveys.

A copy of the 2013 survey instrument is included in Appendix A. Table 1 below compares information on the number of respondents between the 1998 and 2013 surveys.

Table 1: Survey Response Information

Survey Information	Physician Assistants	
	1998	2013
Surveys Sent	2,938	8,947
Respondents	1,669	3,405
Response Rate	57%	38%

Note: The total number of respondents was 3,405; however, not all respondents answered each question, so responses are varied.

II.A Limitations

This survey has some limitations, which are important to note. As part of the survey design, responses to all questions were not mandatory; therefore, survey participants were given the option to skip questions. Subsequently, each question in this report represents a subset of all survey participants and the total number of respondents varied significantly for each question. Some of the questions produced average responses, which means that the actual information is a calculation of all responses received; therefore, some of the charts displayed percentages that total over 100%.

For the question regarding primary practice site, one of the options was designated as "Other," which was another open-ended question. There were 305 responses listed in the "Other" category so, in terms of developing a table for inclusion in this report, the 305 responses were grouped into numerous categories. The grouped categories are considered to be subjective and, therefore, may not reflect the way others may have categorized them.

Two of the questions regarding residence and practice locations were open-ended questions, which required a great deal of data cleansing. A large number of the filled-in responses were incorrect in terms of the following:

- Incorrect zip code listed for the identified county;
- Incorrect county listed for the identified zip code;
- Street addresses listed in the county field;
- Countries listed in the county field;
- Numbers listed in the county field;
- Cities listed in the zip code field;
- California listed in the zip code field;
- Question marks listed in the zip code field; and
- Zip codes were listed as four digits only.

Most of the filled-in responses were corrected via additional research; however, there were some that were unable to be corrected based on the reasons listed above. Since the focus of the survey was on California, the out of state and out of country responses were omitted from the analysis.

Another limitation is that a much higher response rate would be needed to generalize the information gathered to smaller areas in California. Additionally, there may be other biases to account for in this particular survey. For instance, with the exception of four questions, the number of PAs who skipped questions increased throughout the duration of the survey. This pattern may suggest that the survey, which had 27 questions, was too long, possibly causing response fatigue. Another possible explanation could be that the survey structure was inconsistent in terms of logical errors in the flow of questions.

Chapter III

Demographics

III.A Gender

Data gathered for gender distribution were derived from 2,926 respondents; 479 PAs did not provide a response to this question. As shown in Figures 1 and 2, the gender distribution of PAs has changed between 1998 and 2013. According to the 1998 survey, PAs were almost 50-50 male and female (the number of PAs who answered this particular question is unknown; however, there were 1,669 respondents for the 1998 survey overall). By 2013, the survey indicated a higher percentage of female PAs than male; while the percentage of females rose to approximately 57%, the percentage of males declined to about 42%. National comparisons of gender distribution are becoming more closely aligned with California's percentages, showing approximately 61% female and 38% male, according to the American Academy of Physician Assistants' 2010 census.¹⁹ A study published in *Human Resources for Health* also showed the changing landscape in gender distribution from 1980-2007, reporting a decrease in the number of male PAs from roughly 63% in 1980 to about 33% in 2007 and an increase in the number of female PAs from approximately 36% in 1980 to about 66% in 2007.²⁰

Figure 1

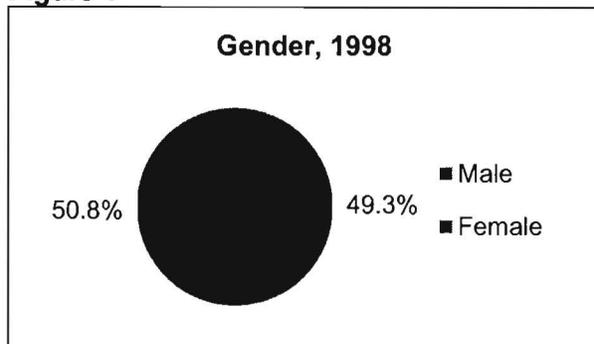
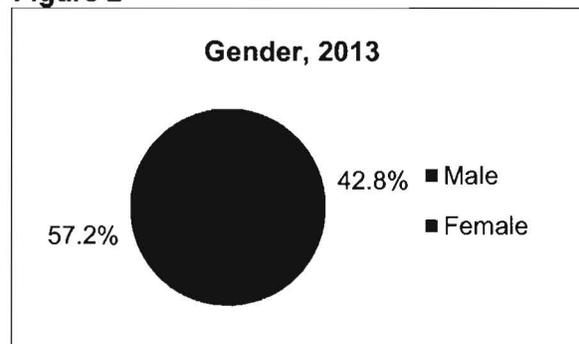


Figure 2



*N=2,926

III.B Race/Ethnicity

Data gathered for race/ethnicity were derived from 2,921 respondents; 484 PAs did not provide a response to this question. The 2013 survey provided seven cultural/ethnic background categories which a PA could select; however, PAs could select more than one background, possibly resulting in duplicate counts for a single PA. Based on the 1998 and 2013 surveys, PAs show more racial and ethnic diversity than many other practitioners. The distribution is similar to the diversity of California's population,²¹ with the exception of Hispanics/Latinos. As of 2012,

¹⁹ American Academy of Physician Assistants. *Physician Assistant Census Report: Results from the 2010 AAPA Census*. Alexandria, VA. 2011.

²⁰ Xiaoxing Z., Cyran E., and Salling, M. *National Trends in the United States of America Physician Assistant Workforce from 1980 to 2007*. *Human Resources for Health*. 2009, 7:86.

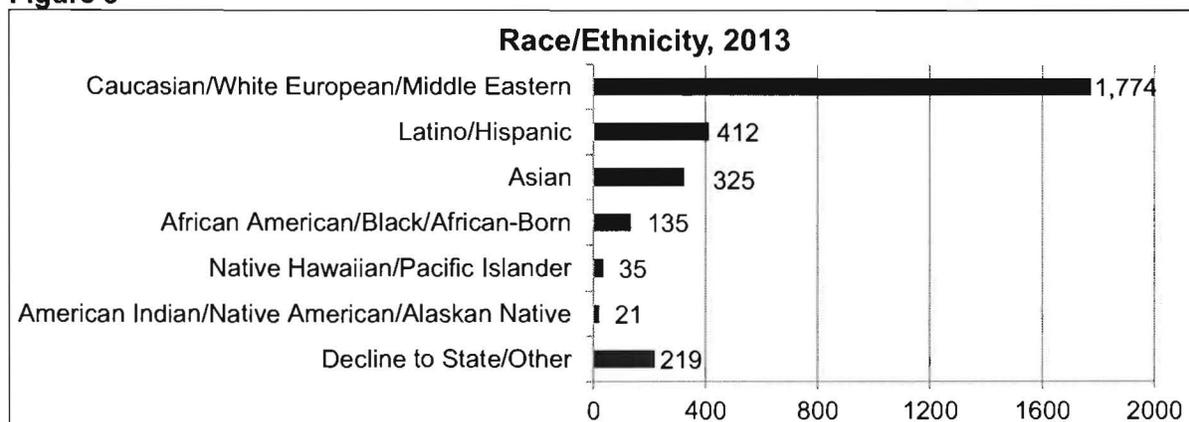
²¹ Office of Statewide Health Planning and Development and the Center for California Health Workforce Studies. *University of California, San Francisco. Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives in California*. Spring 2000.

Hispanics/Latinos comprised roughly 38% of California's population,²² but only about 14% of California's PA population. The 1998 survey reported that 8% of PA respondents were African American, while the 2013 survey shows a decline to 5%. The 1998 and 2013 surveys reported that 67%²³ and 61% of PAs were Caucasian, respectively. The categories for race/ethnicity were not defined in the same way for the 1998 and 2013 surveys and the number of respondents for the 1998 survey is unknown, so a direct chart comparison is not displayed. Results from the 2013 survey can be seen below in Table 2 and Figure 3.

Table 2: Race and Ethnicity of Physician Assistants

Race/Ethnicity	Number	Percent
American Indian/Native American/Alaskan Native	21	1%
Native Hawaiian/Pacific Islander	35	1%
African American/Black/African-Born	135	5%
Asian	325	11%
Latino/Hispanic	412	14%
Caucasian/White European/Middle Eastern	1,774	61%
Decline to State/Other	219	7%
Total	2,921	100%

Figure 3



*N=2,921

III.C Age Distribution

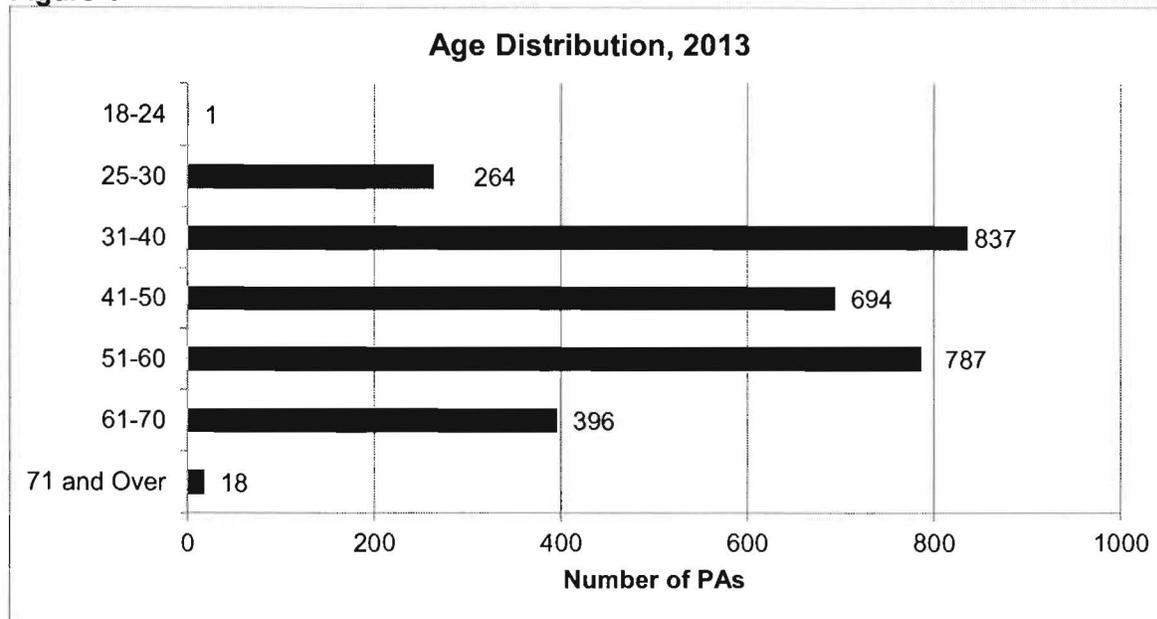
Data gathered for age distribution were derived from 2,999 respondents; 406 PAs did not provide a response to this question. The 2013 survey collected data on PAs' year of birth, which was then converted to age and, subsequently, grouped into age ranges. Survey respondents ranged in age from a reported 13 years to 77 years. Two respondents stated that they were born in 2000, which equals 13 years of age; therefore, those two respondents were discounted in terms of the age analysis. The mode (age with the most respondents) was 38, which falls into

²² U.S. Census Bureau. State and County QuickFacts. Retrieved February 2014 from <http://quickfacts.census.gov/qfd/states/06000.html>.

²³ Office of Statewide Health Planning and Development and the Center for California Health Workforce Studies. University of California, San Francisco. Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives in California. Spring 2000.

the 31-40 age range, and the mean age was 49. National comparisons showed the highest number of PAs in the 35-42 age range.²⁴ A District of Columbia workforce report stated that the majority of their PA survey respondents were between the ages of 31-40²⁵ and Georgia's Data Book reported the average age of their PAs was 43 years.²⁶ Figure 4 shows the age distribution of California PA respondents.

Figure 4



*N=2,999

III.D Foreign Language Fluency

Data gathered for foreign language fluency were derived from 2,917 respondents; 488 PAs did not provide a response to this question. Out of the 2,917 respondents, 1,204 indicated that they were fluent in a language other than English and 1,713 were not. To address the needs of California's diverse population, one of the areas of focus has been foreign language proficiency. Cultural and linguistic barriers tend to impede health care workers' ability to diagnose and treat their patients' diseases and to have a clear understanding of their needs. Without having the knowledge or understanding of the impact that cultural, social, and psychological issues have on their patients, health care providers are unable to adjust their attitudes and behaviors to

²⁴ American Academy of Physician Assistants. Physician Assistant Census Report: Results from the 2010 AAPA Census. Alexandria, VA. 2011.

²⁵ District of Columbia Board of Medicine. Physician & Physician Assistant Workforce Capacity Report: A Summary of Findings from the Physician and Physician Assistant 2010 Workforce Survey in the District of Columbia. 2011. Retrieved February 2014 from

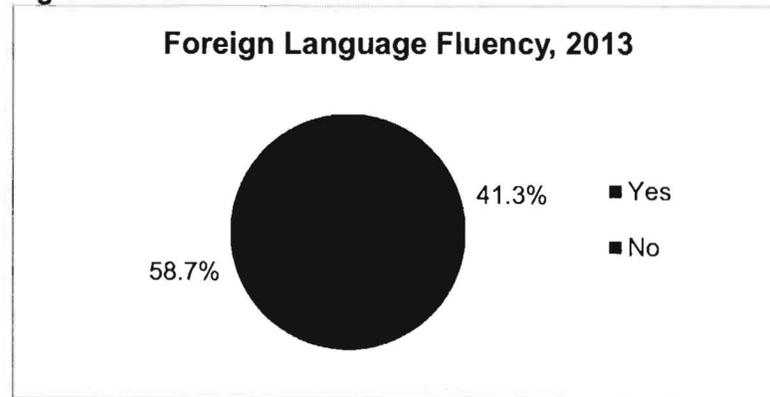
http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/bomed_workforce_survey_report-final.pdf.

²⁶ Georgia Board for Physician Workforce. Georgia Physician and Physician Assistant Professions Data Book 2010/2011. Retrieved February 2014 from

https://gbpw.georgia.gov/sites/gbpw.georgia.gov/files/related_files/document/2010-2011%20Physician%20and%20Physician%20Assistant%20Data%20Book.pdf.

account for those issues.²⁷ Respondents were asked if they are fluent in languages other than English and responses are displayed in Figure 5. Data gathered for verbal and written fluency were derived from 1,197 respondents; 2,208 PAs did not provide a response to this question. Respondents were asked to indicate verbal and written fluency for those other languages. Table 3 shows the verbal and written fluency of foreign languages with the top five languages highlighted.

Figure 5



*N=2,917

Table 3: Verbal and Written Fluency of Foreign Languages

Language	Verbal	Written	Language	Verbal	Written	Language	Verbal	Written
Afrikaans	4	4	Hebrew	6	4	Patois	0	0
Albanian	1	0	Hindi	34	17	Persian	9	3
American Sign Language	9	1	Hmong	2	1	Polish	1	1
Amharic	2	1	Hsiang (Xiang Chinese)	1	0	Portuguese	19	14
Apache	1	0	Hungarian	0	0	Rumanian	4	4
Arabic	18	6	Ibo	2	2	Russian	28	27
Armenian	15	10	Ilocano/Iloko	1	0	Samoan	0	0
Bantu	0	0	Indonesian	4	4	Sebuano	1	1
Bengali	0	0	Italian	24	13	Serbian	0	0
Bisayan	2	2	Japanese	9	5	Serbo-Croatian	2	1
Bulgarian	0	0	Kannada	0	0	Sinhalese	3	2
Burmese	1	1	Keres	0	0	Slovak	0	0
Cajun	0	0	Korean	14	7	Spanish	848	575
Cambodian	10	4	Kru	0	0	Swahili	4	3

²⁷ Briggance B. Impact of Global Immigration on Health Care. Center for the Health Professions at the University of California, San Francisco. 2001.

Language	Verbal	Written	Language	Verbal	Written	Language	Verbal	Written
Cantonese (Yue Chinese)	40	15	Kurdish	0	0	Swedish	9	5
Chamorro	0	0	Lao	2	2	Syriac	0	0
Cherokee	1	0	Lettish	0	0	Tagalog	40	27
Croatian	0	0	Lithuanian	0	0	Tamil	0	0
Czech	1	1	Macedonian	0	0	Telugu	3	0
Dakota	0	0	Malayalam	0	0	Thai	6	3
Danish	4	2	Mandarin	39	25	Tonga	0	0
Dutch	4	3	Mande	0	0	Turkish	6	2
Farsi	40	18	Marathi	3	0	Ukrainian	7	5
Fijian	1	1	Marshallese	1	0	Urdu	19	3
Finnish	1	0	Mien (Lu Mien)	0	0	Vietnamese	41	20
French	70	41	Mon-Khmer	0	0	Yiddish	3	0
French Creole	1	0	Norwegian	1	0	Yoruba	3	2
German	35	16	Navajo	0	0	Other (not listed)	31	10
Greek	4	1	Nepali	0	0	Declined to state	20	
Gujarati	9	1	Panjabi (Punjabi)	21	10	Total Responses	1,197	
Haitian Creole	1	1	Pashto	6	5	Did Not Respond	2,208	

Chapter IV Educational Pipeline

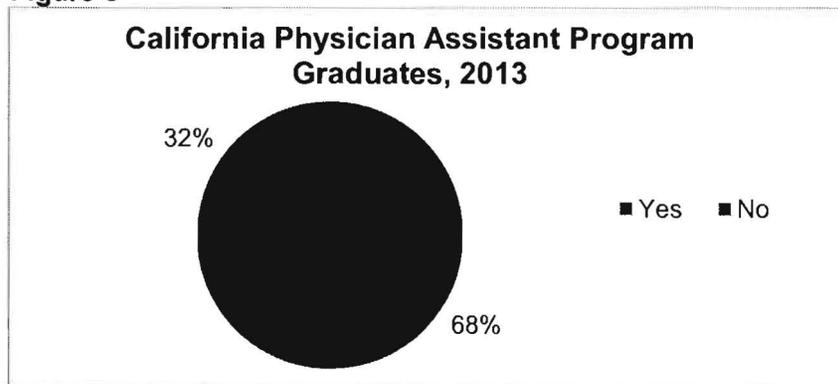
IV.A Physician Assistant Program Graduates

Data gathered for California physician assistant program graduates were derived from 2,952 respondents; 453 PA respondents did not provide a response to this question. The data showed that the majority of PA respondents (68%) graduated from a PA program in California, as shown below in Table 4 and Figure 6.

Table 4: California Physician Assistant Program Graduates

Did You Graduate from a California PA Program?	Number	Percent
Yes	1,996	68%
No	956	32%
Total	2,952	100%

Figure 6



*N=2,952

IV.B Physician Assistant Education Programs

Data gathered for PA programs were derived from 1,986 respondents; 1,419 PAs did not provide a response to this question. At the time of the survey, there were ten education programs in California for PAs. The schools are located in various cities throughout the state, including Sacramento, Los Angeles, Oakland, Riverside, Pomona, Visalia, and Palo Alto. Respondents were asked which PA program they graduated from in California. In the previous question, 2,952 respondents stated that they graduated from a California PA program; however, only 1,986 of those respondents answered this question regarding which PA program. Western University had the highest number of graduates at 402, while San Joaquin Valley College had the lowest number of graduates at 51. The geographic distribution of the California PA programs can be seen in the map displayed in Figure 7. The California PA programs are also shown in Figure 8.

Figure 7: Physician Assistant Programs in California, 2013

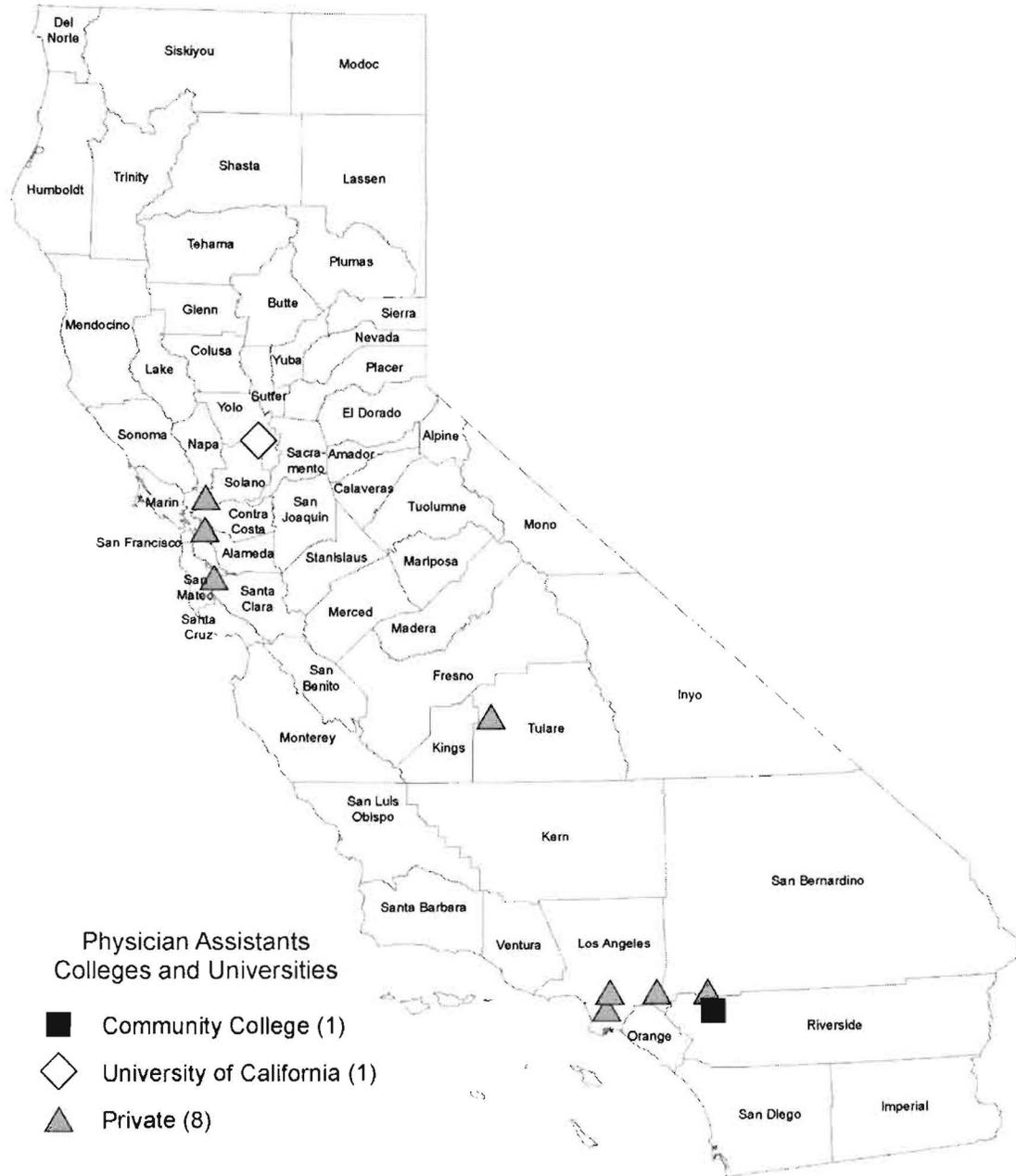
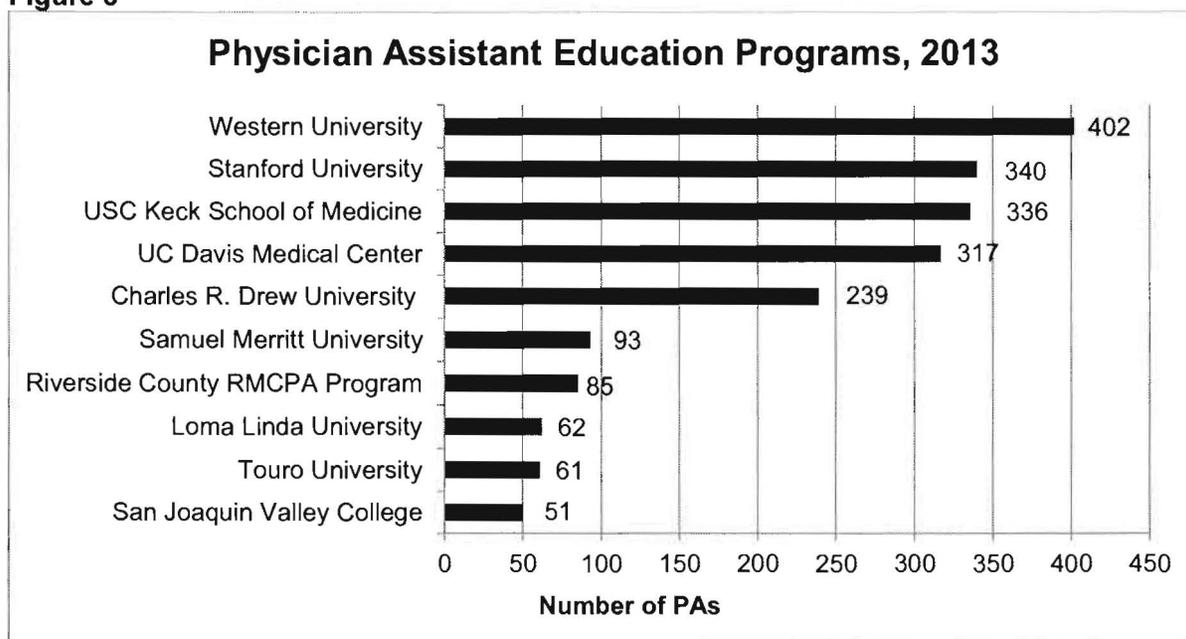


Figure 8



*N=1,986

Note: Charles R. Drew University of Medicine and Science is also known as Drew University, which is how it is noted in the survey instrument.

IV.C Graduation Year

Data gathered for graduation year were derived from 2,929 respondents; 476 PAs did not provide a response to this question. As shown in Table 5, only two PAs graduated in years 1965 and 1968, while 2012 had the highest number of graduates (177). The survey was administered during the Spring/Summer of 2013, which includes only a portion of the year; therefore, the low number of graduates in 2013 is due to an incomplete year of data.

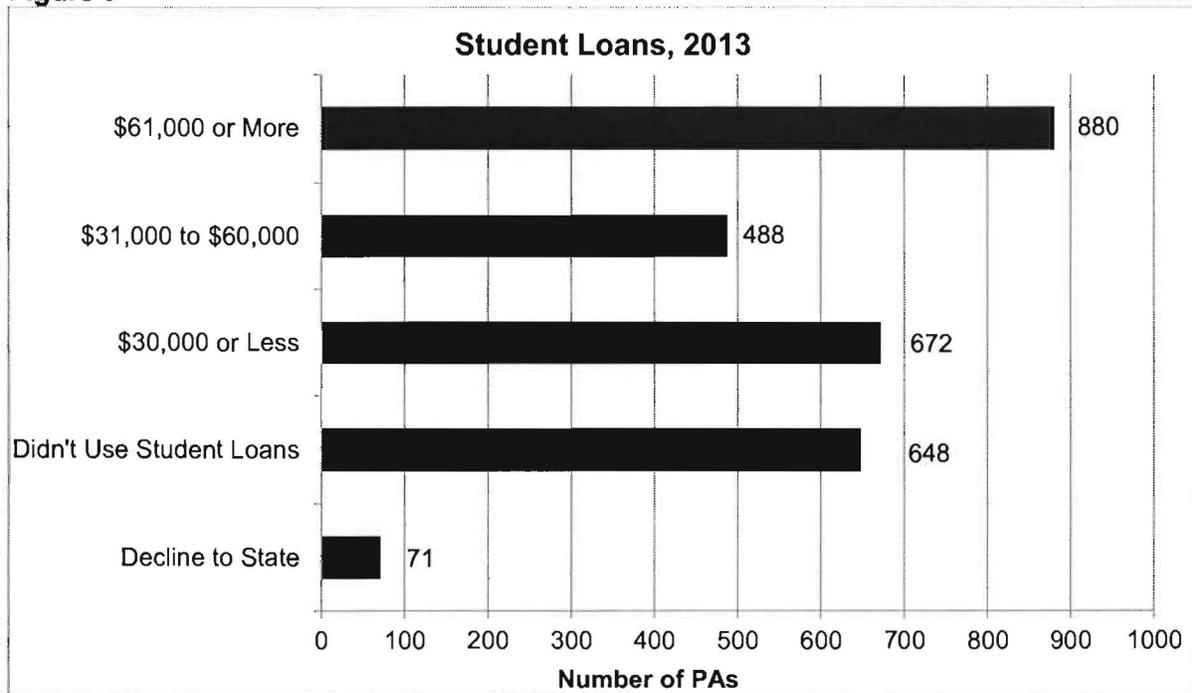
Table 5: Graduation Year

Year	PAs	Year	PAs	Year	PAs	Year	PAs	Year	PAs
1965	1	1979	37	1988	39	1997	77	2006	118
1968	1	1980	47	1989	33	1998	91	2007	124
1972	3	1981	41	1990	24	1999	133	2008	113
1973	8	1982	46	1991	34	2000	106	2009	139
1974	17	1983	48	1992	49	2001	137	2010	143
1975	17	1984	54	1993	48	2002	106	2011	162
1976	36	1985	57	1994	72	2003	127	2012	177
1977	45	1986	22	1995	67	2004	105	2013	4
1978	20	1987	20	1996	66	2005	115	Total	2,929

IV.D Student Loans

Data gathered for student loans were derived from 2,759 respondents; 646 PAs did not provide a response to this question. Respondents were asked if student loans were used to fund some or all of their PA education and, if so, to indicate the total amount borrowed. Figure 9 displays the survey responses. OSHPD has various programs that assist with loan repayment, provide scholarships, and also help provide funding to PA programs that meet the specified criteria. For more information, see Appendix B.

Figure 9



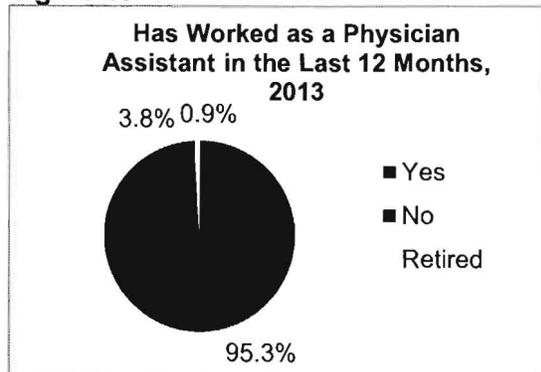
*N=2,759

Chapter V Provider Information

V.A Employment Status

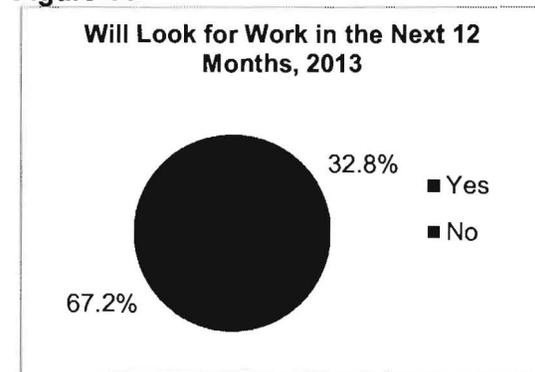
Respondents were asked if they currently hold a California PA license. Out of the 3,405 PAs surveyed, 3,233 are currently licensed to practice in California and 172 are not. When asked about their current work status, 3,040 PAs indicated that they have worked as a PA in the past 12 months, 121 had not, and 28 indicated that they were retired. In addition, 216 respondents did not answer this question related to their current employment status. Furthermore, 82 PAs responded that they are currently looking or plan on looking for work as a PA in the next 12 months and 40 were not. Additionally, 3,283 respondents did not answer this subsequent question regarding looking for work. Figures 10 and 11 display the responses related to current and prospective work status.

Figure 10



*N=3,189

Figure 11

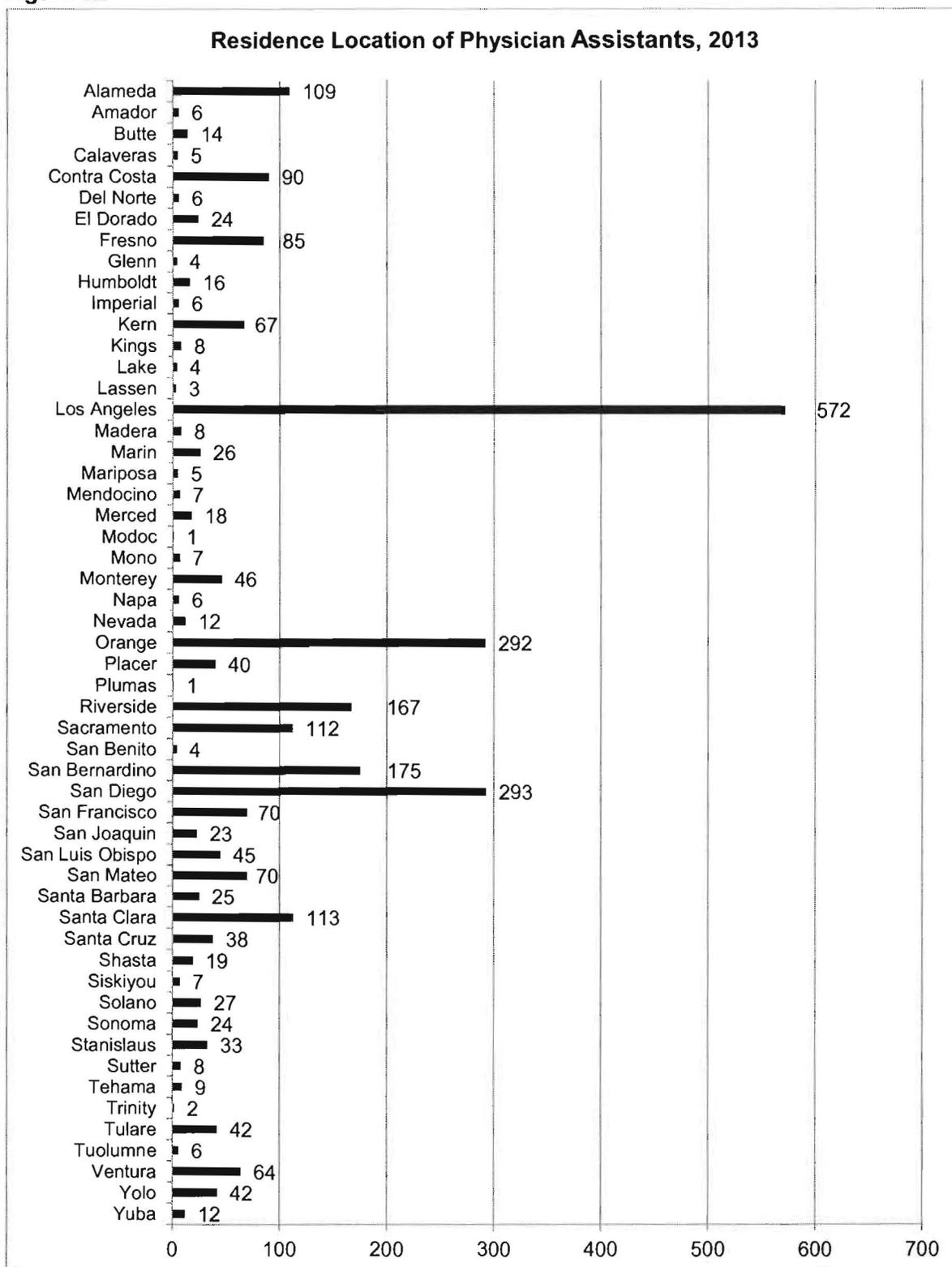


*N=122

V.B Residence Location

Data gathered for residence location were derived from 2,918 respondents; 448 PAs did not provide a response to this question. Although 2,957 respondents answered the question, only 2,918 responses were used in this analysis. A total of 39 responses were removed due to being out of state, out of country, or unidentifiable. There were also some errors with how respondents entered information on the survey. Survey respondents were asked to identify their residence location by county and zip code. The counties with the highest number of PAs were Los Angeles, Orange, Riverside, San Diego, and San Bernardino. No PAs reported residing in the counties of Alpine, Colusa, Inyo, or Sierra. Figure 12 displays residence location by county.

Figure 12

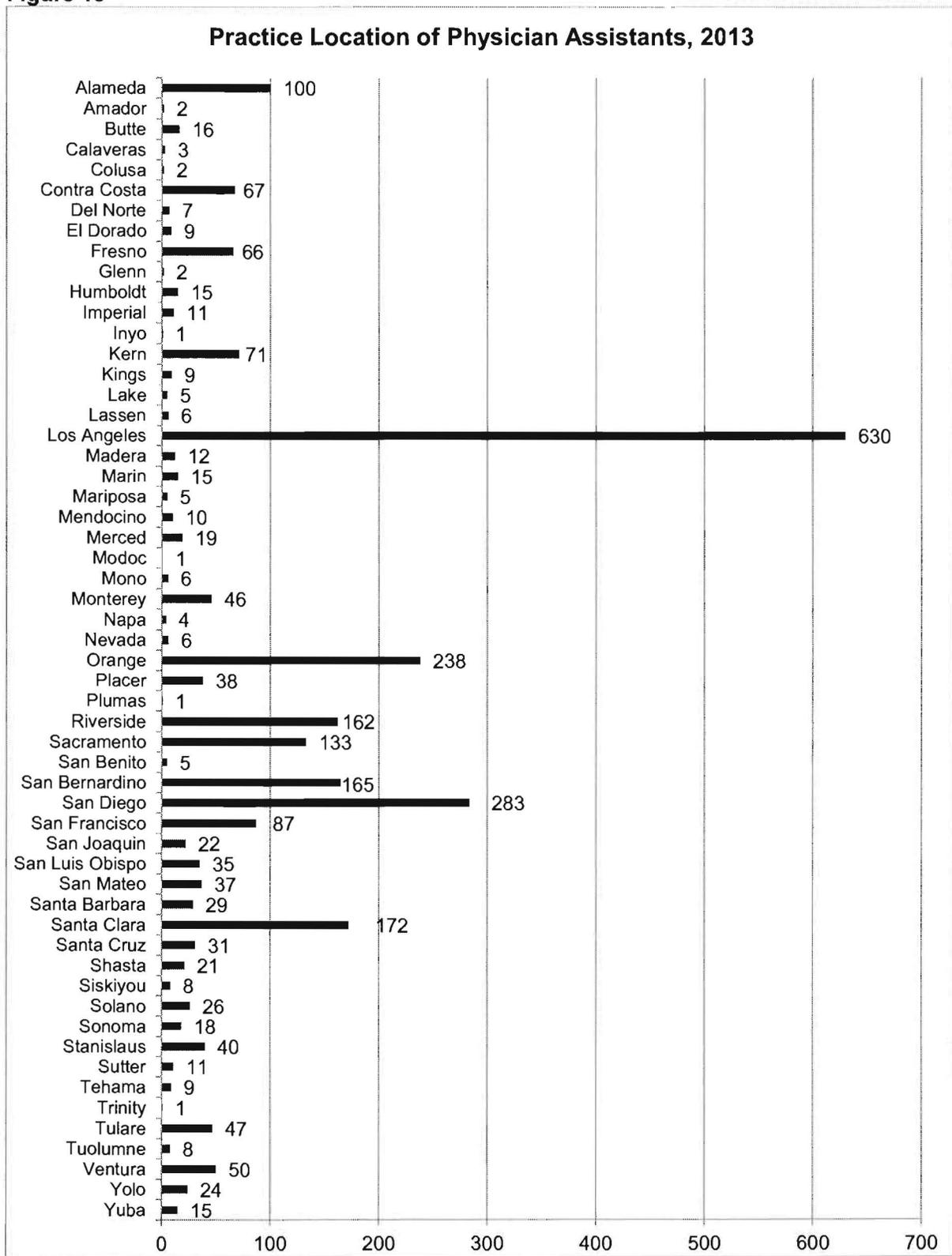


*N=2,918

V.C Practice Location

Data gathered for practice location were derived from 2,862 respondents; 520 PAs did not provide a response to this question. Although 2,885 respondents answered the question, only 2,862 responses were used in this analysis. A total of 23 responses were removed due to being out of state, out of country or unidentifiable. There were also some errors with how respondents entered information on the survey. The majority of PAs practice in the counties of Los Angeles, San Diego, San Bernardino, Santa Clara, and Orange. No PAs reported practicing in Alpine and Sierra counties. Figure 13 displays practice location by county.

Figure 13

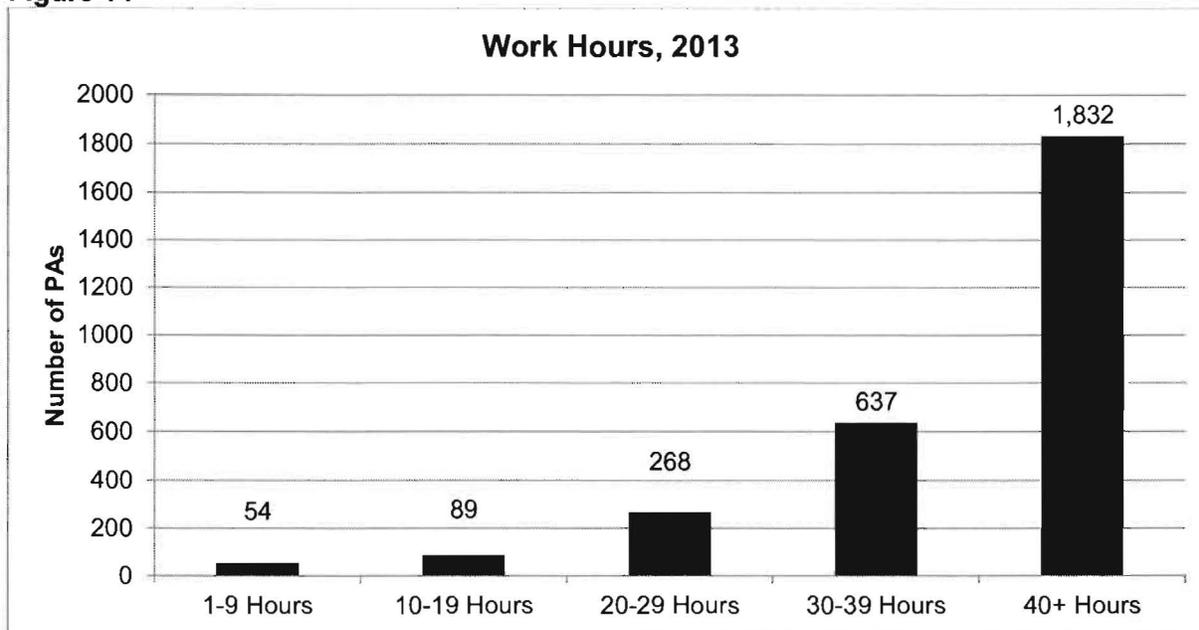


*N=2,862

V.D Work Hours

Data gathered for work hours were derived from 2,880 respondents; 525 PAs did not provide a response to this question. Respondents were asked how many hours per week, on average, they work as a PA. Out of 2,880 PAs, only 54 stated that they work between 1-9 hours per week. The majority of PAs (1,832) stated that they work 40 hours or more per week. According to the Employment Development Department's Labor Market Information Division, the workweek of hospital-based PAs varies, but may include 12-hour shifts, weekends, nights, early morning rounds, and sometimes on call shifts.²⁸ Figure 14 displays the work hours of the PAs surveyed.

Figure 14



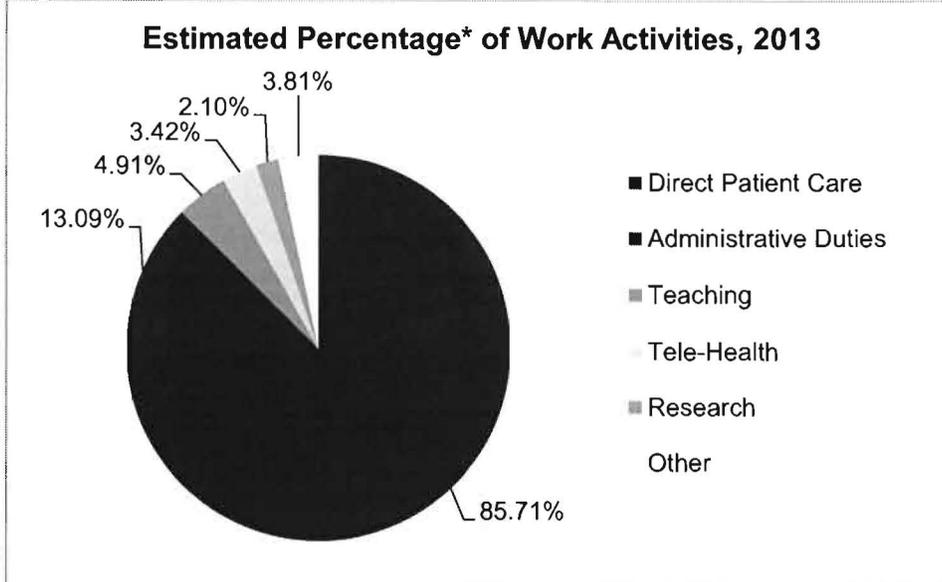
*N=2,880

V.E Work Activities

Data gathered for work activities were derived from 2,808 respondents; 597 PAs did not provide a response to this question. Most PAs spend the majority of their time providing direct patient care. Respondents indicated that their primary work duties involve direct patient care, administrative duties, tele-health, teaching, research, and other. Roughly 86% of respondents provide patient care, 13% spend their time fulfilling administrative duties, and close to 5% spend their time teaching. Figure 15 displays the work activities of the PAs surveyed.

²⁸ California Occupational Guides. Physician Assistants in California. Labor Market Information Division. California Employment Development Department. <http://www.labormarketinfo.edd.ca.gov/occguides/Detail.aspx?Soccode=291071&Geography=0601000000>.

Figure 15



*N=2,808

Note: Estimated percentages are response averages and, therefore, the total is greater than 100%.

V.F Specialties

Data gathered for specialties were derived from 2,815 respondents; 590 PAs did not provide a response to this question. PA training has typically been oriented toward primary care; however, there has been a national shift toward more specialty care.²⁹ Many PAs work in primary care specialties, such as family medicine, pediatrics, general internal medicine, and obstetrics and gynecology, as well as general and thoracic surgery, emergency medicine, geriatrics, orthopedics, psychiatry, dermatology, and gastroenterology.³⁰ According to the survey, family practice had the highest percentage of PAs (38%). Similarly, of the practicing PAs working in primary care specialties in Georgia, the majority were working in family medicine in 2011.³¹ Figure 16 displays the top ten primary specialties based on the 2013 survey.

²⁹ District of Columbia Board of Medicine. Physician & Physician Assistant Workforce Capacity Report: A Summary of Findings from the Physician and Physician Assistant 2010 Workforce Survey in the District of Columbia. 2011.

³⁰ California Occupational Guides. Physician Assistants in California. Labor Market Information Division. California Employment Development Department.

<http://www.labormarketinfo.edd.ca.gov/occguides/Detail.aspx?Soccode=291071&Geography=0601000000>.

³¹ Georgia Board for Physician Workforce. Georgia Physician and Physician Assistant Professions Data Book 2010/2011. Retrieved February 2014 from

https://gbpw.georgia.gov/sites/gbpw.georgia.gov/files/related_files/document/2010-2011%20Physician%20and%20Physician%20Assistant%20Data%20Book.pdf.

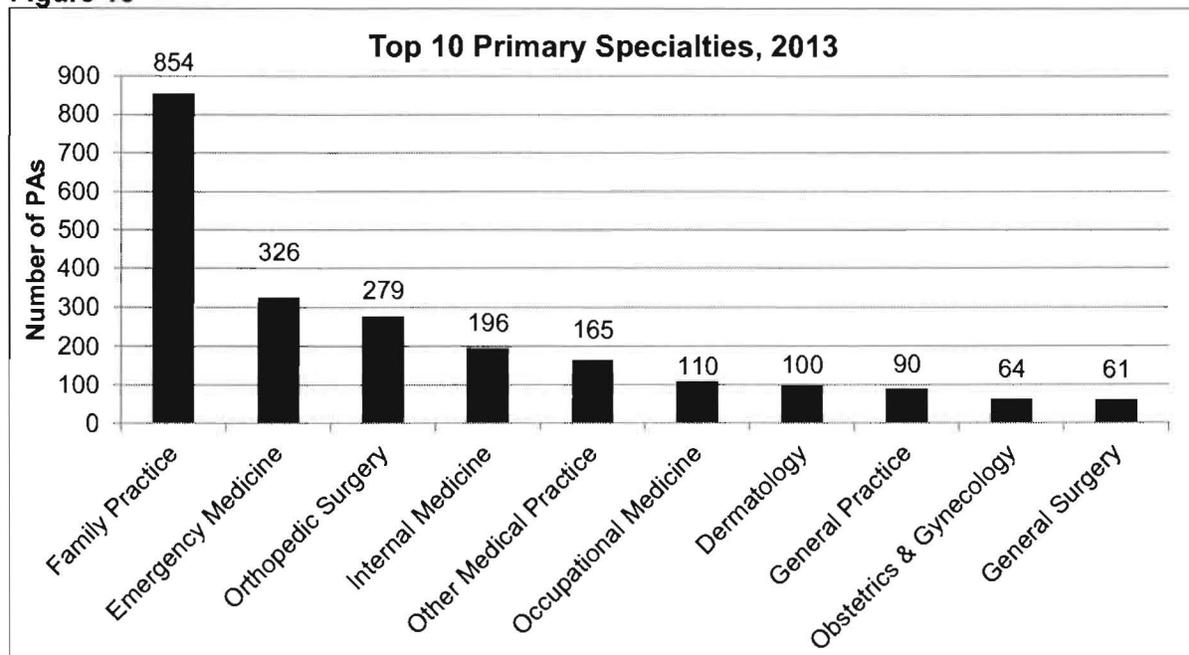
Table 6 provides a comparison between the 1998 and 2013 surveys, which asked the same question regarding specialties.

Table 6: Comparison of Primary Specialties, 1998 and 2013

Primary Specialty	Percentage of Physician Assistants by Year	
	1998	2013
Dermatology	N/A	4%
Emergency Medicine	12.8%	15%
Family Practice	45.7%	38%
General Adult Medicine/Practice	6.1%	4%
General Pediatrics	3.6%	N/A
General Surgery	11.9%	3%
Geriatrics	0.9%	N/A
Internal Medicine	4.1%	9%
Obstetrics/Gynecology	4.3%	3%
Occupational Medicine	N/A	5%
Orthopedic Surgery	N/A	12%
School	0.3%	N/A
Other	10.3%	7%
Total	100%	100%

Figure 16 below displays the top ten primary specialties based on the survey.

Figure 16



*N=2,815

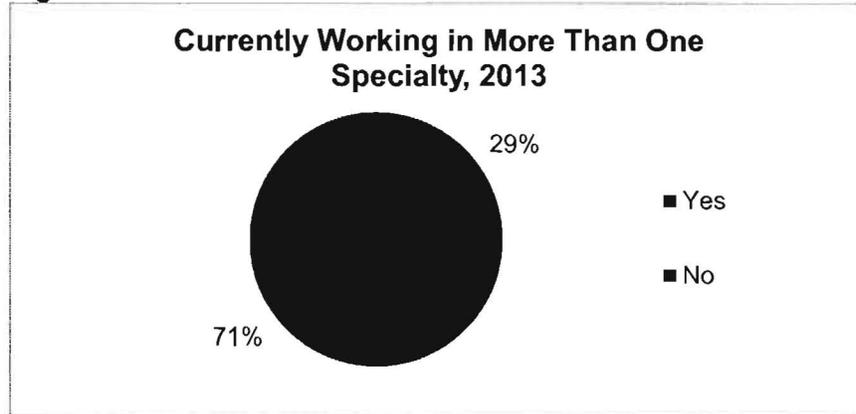
Table 7 below displays all of the primary specialties listed in the 2013 survey.

Table 7: Primary Specialties

Primary Specialty	Number of Physician Assistants	Primary Specialty	Number of Physician Assistants
Aerospace Medicine	0	Occupational Medicine	110
Allergy and Immunology	12	Oncology	25
Anesthesiology	4	Ophthalmology	2
Cardiology	49	Orthopedic Surgery	279
Colon and Rectal Surgery	2	Otolaryngology	18
Complementary and Alternative Medicine	4	Pain Medicine	44
Cosmetic Surgery	6	Pathology	0
Critical Care	5	Pediatrics	49
Dermatology	100	Physical Medicine & Rehabilitation	9
Emergency Medicine	326	Plastic Surgery	36
Endocrinology	12	Psychiatry	22
Facial Plastic and Reconstructive	1	Public Health & General Prevention	4
Family Practice	854	Pulmonology	8
Gastroenterology	28	Radiation Oncology	3
General Practice	90	Radiology	8
General Surgery	61	Rheumatology	5
Geriatrics	19	Sleep Medicine	4
Hematology	1	Spine Surgery	22
Infectious Disease	17	Sports Medicine	6
Internal Medicine	196	Surgical Oncology	11
Medical Genetics	0	Thoracic Surgery	29
Neonatal – Perinatal Medicine	3	Urology	32
Nephrology	4	Vascular Surgery	12
Neurology	14	Other Medical Practice	165
Neurological Surgery	39	Did Not Respond	590
Nuclear Medicine	1	Total	2,815
Obstetrics & Gynecology	64		

Respondents were asked whether they currently work in more than one specialty. Out of the 2,813 PAs who answered the question, only 810 said they work in more than one specialty; 592 PAs did not provide a response to the question. Figure 17 below displays the survey responses.

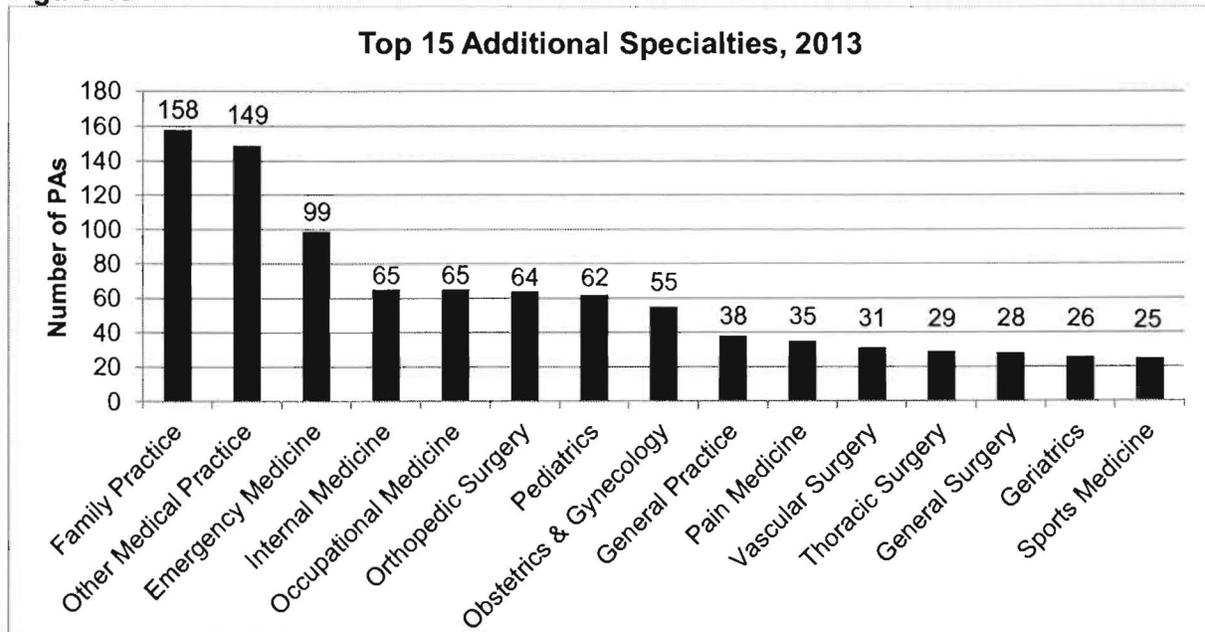
Figure 17



*N=2,813

Respondents were asked to indicate additional specialties that they practice in. Out of 3,405 PAs surveyed, only 812 provided an additional specialty, while 2,593 PAs did not provide a response. Figure 18 displays the top 15 additional specialties that PAs listed. The majority of PAs listed family practice as their top additional specialty.

Figure 18

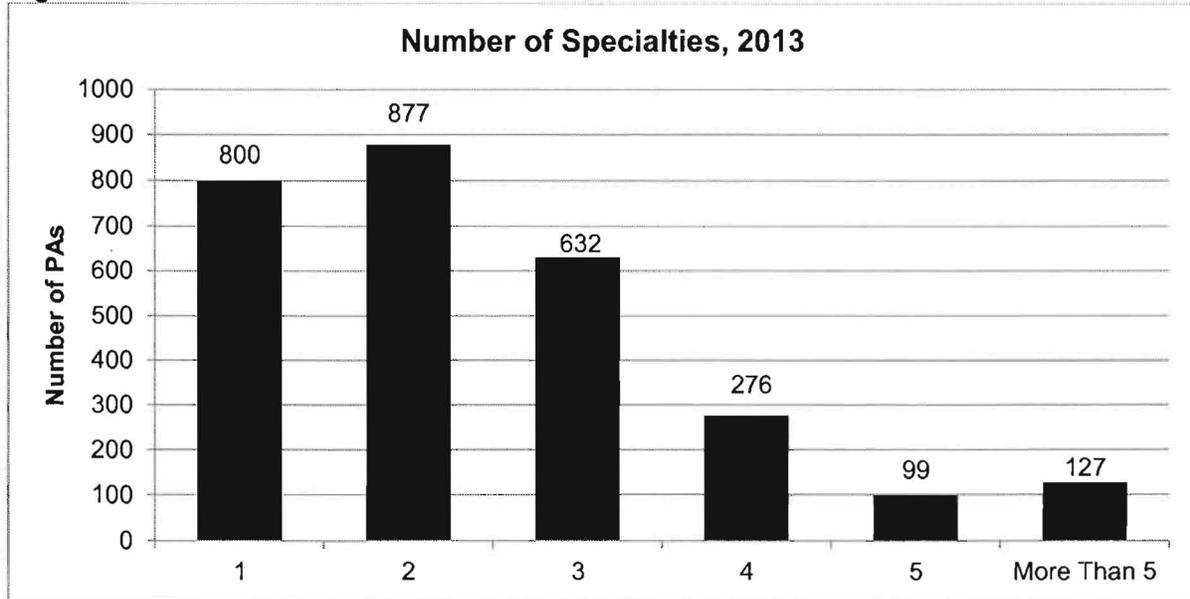


*N=812

V.G Number of Specialties

Data gathered for the number of specialties were derived from 2,811 respondents; 594 PAs did not provide a response to this question. Respondents were asked how many different medical specialties they've practiced in since their graduation from a PA program. The highest number of PAs (877) indicated that they have practiced in two medical specialties. Only 99 PAs indicated that they have practiced five specialties; however, a surprising 127 PAs listed more than five specialties. The results can be seen below in Figure 19.

Figure 19



*N=2,811

V.H Practice Site

Data gathered for practice site were derived from 2,809 respondents; 596 PAs did not provide a response to this question. Respondents were asked to indicate their primary practice site. The same question was asked in the 1998 survey; therefore, Table 8 displays a comparison of the responses from the 1998 and 2013 surveys. In the 2013 survey, Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) were added to the option of community health center. An overwhelming majority of PAs (1,155) indicated they work in private practice. Figure 20 displays the 2013 survey results only and Table 9 is an expansion of the category "Other" that is listed as a fill-in option in the survey question. The 305 responses in the category "Other" were grouped according to similarity and type.

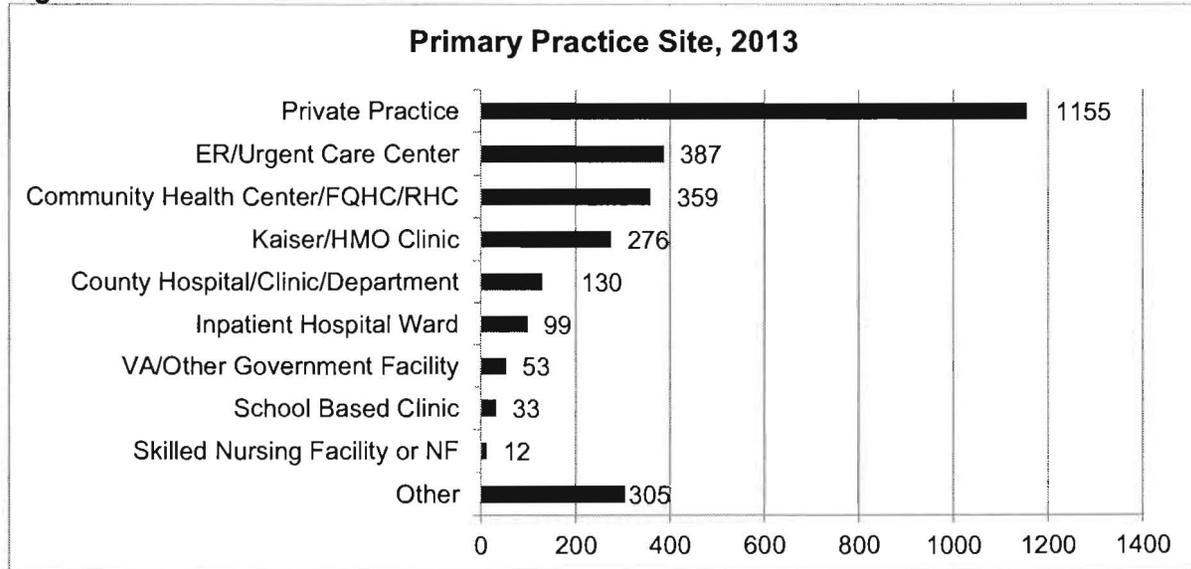
Table 8: Comparison of Primary Practice Sites, 1998 and 2013

Primary Practice Site	Percentage of Physician Assistants by Year	
	1998	2013
Private Practice	39.8%	41.4%
ER/Urgent Care Center	13.4%	13.8%
Community Health Center/FQHC/RHC*	12.1%	12.8%
Kaiser/HMO Clinic	7.4%	9.8%
County Hospital/Clinic/Department	4.4%	4.6%
Inpatient Hospital Ward	4.9%	3.5%
VA/Other Governmental Facility	2.8%	1.9%
School Based Clinic	1.2%	1.2%
Skilled Nursing Facility (NF)	N/A	0.4%
Hospital Outpatient	3.8%	N/A
Nursing Home	0.6%	N/A
Other	9.5%	10.9%
Total	99.9%	100%

* Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) were added to the 2013 survey only.

** Percentage is not equal to 100% due to rounding.

Figure 20



*N=2,809

Table 9: Primary Practice Site for Category “Other”

Practice Site for Category "Other"*	Survey Responses
Medical Clinics/Multi-Specialty/Medical Group/Outpatient Clinic	93
Education	64
Hospital/Inpatient & Outpatient Surgery/OR**/Surgery	51
Urgent Care/US Healthworks/Occupational Clinic	22
Correctional	12
Miscellaneous	12
Non-Profit	10
Nursing Home/House Calls/Private Home Care	5
Rural Health Clinics/Rural	5
Not Working/Unemployed/Not in Practice	5
Mobile Clinics	4
Public Health	4
Corporate	4
Military	3
Research	3
Medical Respite/Foundation	3
Psychiatric	2
Tribal Clinics	2
Residential Program/Treatment	1
Total	305

* Grouped survey responses from 305 PAs who selected the category "Other."

** Operating Room

V.I Working in Underserved Areas

Data gathered for working in underserved areas were derived from 2,807 respondents; 598 PAs did not provide a response to this question. PAs may be the primary care providers at clinics where a physician is only present one or two days a week, which is more typical in rural locations and MUAs.³² A study on PAs in California and Washington found that, in California, the greatest proportion of healthcare practitioners practicing in rural areas, vulnerable population areas, and HPSAs were PAs.³³ Several of OSHPD’s programs provide scholarships and loan repayment for eligible healthcare professionals who agree to practice in MUAs, HPSAs, and certain types of facilities. For more information regarding these programs, see Appendix B. A study published in 2003 reported that the national health workforce policy’s objective was to produce enough health professionals to better meet the needs of underserved populations.³⁴ Eleven years later, this is still the primary goal of many programs focusing on the healthcare workforce.

³² U.S. Bureau of Labor Statistics. Physician Assistants. Retrieved February 2014 from <http://www.bls.gov/ooh/healthcare/print/physician-assistants.htm>.

³³ Grumbach K, Hart G, Mertz E, Coffman J, and Palazzo L. Who is Caring for the Underserved? A Comparison of Primary Care Physicians and Nonphysician Clinicians in California and Washington. *Annals of Family Medicine*, 1:2. 2003.

³⁴ Grumbach K, Hart G, Mertz E, Coffman J, and Palazzo L. Who is Caring for the Underserved? A Comparison of Primary Care Physicians and Nonphysician Clinicians in California and Washington. *Annals of Family Medicine*, 1:2. 2003.

The 1998 and 2013 surveys found that the majority of PAs were not working in either a HPSA or a MUA. However, of the PAs practicing in a HPSA, the percentage decreased from 20.7% to 9.4% between the 1998 and 2013 surveys, respectively. In addition, those practicing in a MUA increased from 16.7% in 1998 to 22.8% in 2013. The comparison of results for PAs practicing in underserved areas in 1998 and 2013 can be seen below in Figures 21 and 22.

Figure 21

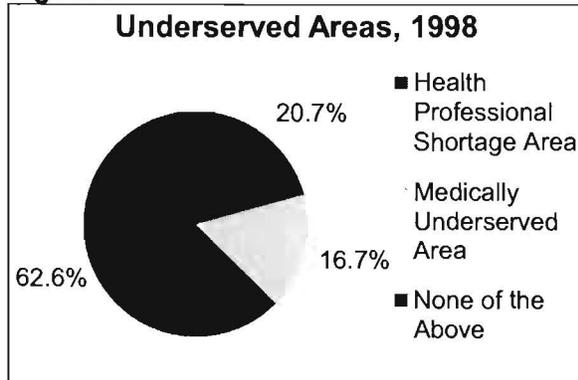
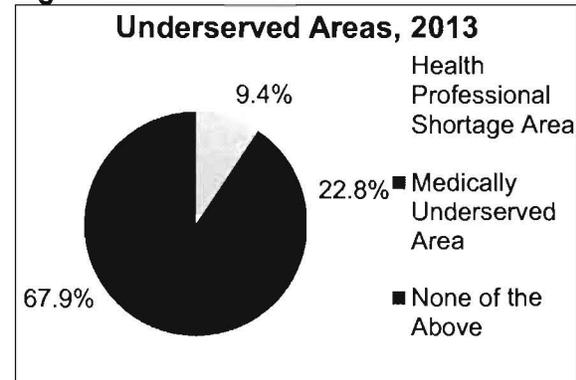


Figure 22



*N=2,807

Numerous states have had restrictive state regulation and credentialing of PAs, which may limit access to care in rural areas. Some of these states, such as Kentucky, Missouri, Washington, Indiana, and Texas, have started to lessen their restrictions on their rules regulating PAs. For instance, Kentucky removed a requirement that physicians needed to be on-site to supervise PAs during their first 18 months of practice and Washington increased the number of PAs that a physician can supervise in non-remote locations from three to five, which increases patient access to well-educated medical providers.^{35 36} In Indiana, PAs are no longer restricted to practicing in certain geographic boundaries.³⁷ A new law in Texas eliminates language that narrowly defines practice locations for PAs, removes laws governing physician oversight of PA practice, and enhances delegated prescriptive authority.³⁸ Missouri modified their law regarding the amount of time a physician needs to practice at the same location as a PA. Initially, physicians were required to practice at the same location as a PA for 66% of the time, which was the second most restrictive law in the nation. After modernizing their law, physicians only need to practice at the same location as a PA one-half day every 14 days.³⁹ These states have shown the benefits of modernizing how PAs practice medicine.

Data gathered for working in underserved areas were derived from 2,806 respondents; 599 PAs did not provide a response to this question. The percentages of PAs working in urban and rural locations were compared across the 1998 and 2013 surveys. Both surveys found that 84% of

³⁵ American Academy of Physician Assistants. Retrieved February 2014 from http://www.aapa.org/news_and_publications/news/item.aspx?id=5910.

³⁶ American Academy of Physician Assistants. Retrieved February 2014 from http://www.aapa.org/news_and_publications/news/item.aspx?id=6589.

³⁷ American Academy of Physician Assistants. Retrieved February 2014 from http://www.aapa.org/news_and_publications/news/item.aspx?id=5998.

³⁸ American Academy of Physician Assistants. Retrieved February 2014 from http://www.aapa.org/news_and_publications/news/item.aspx?id=6399.

³⁹ American Academy of Physician Assistants. Retrieved February 2014 from http://www.aapa.org/news_and_publications/news/item.aspx?id=6166.

PAs were practicing in urban locations. The percentages of those practicing in rural locations in 1998 and 2013 were 16% and 15%, respectively. Frontier location was only added to the 2013 survey and accounted for less than 1% of PAs. The comparison of results for PAs practicing in urban and rural locations in 1998 and 2013 can be seen below in Figures 23 and 24.

Figure 23

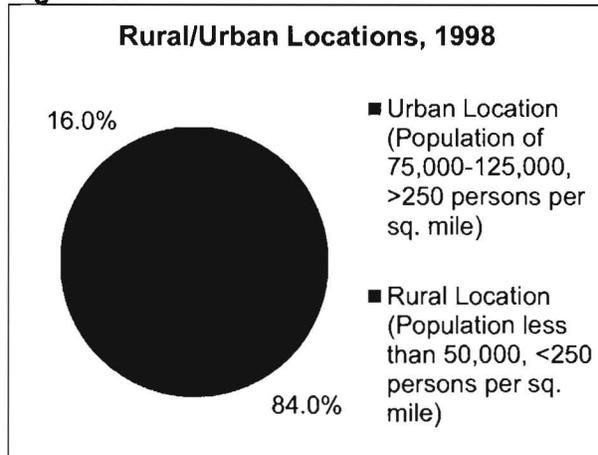
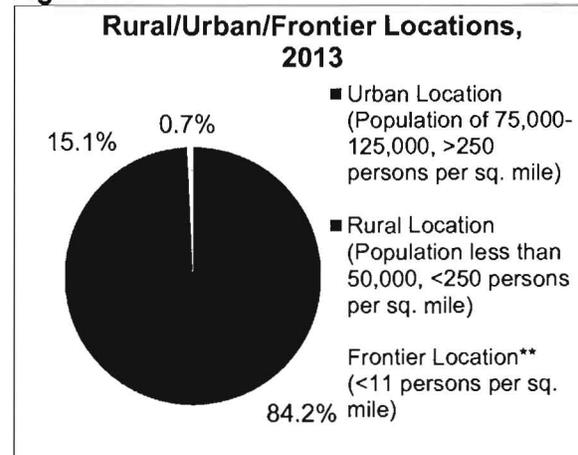


Figure 24



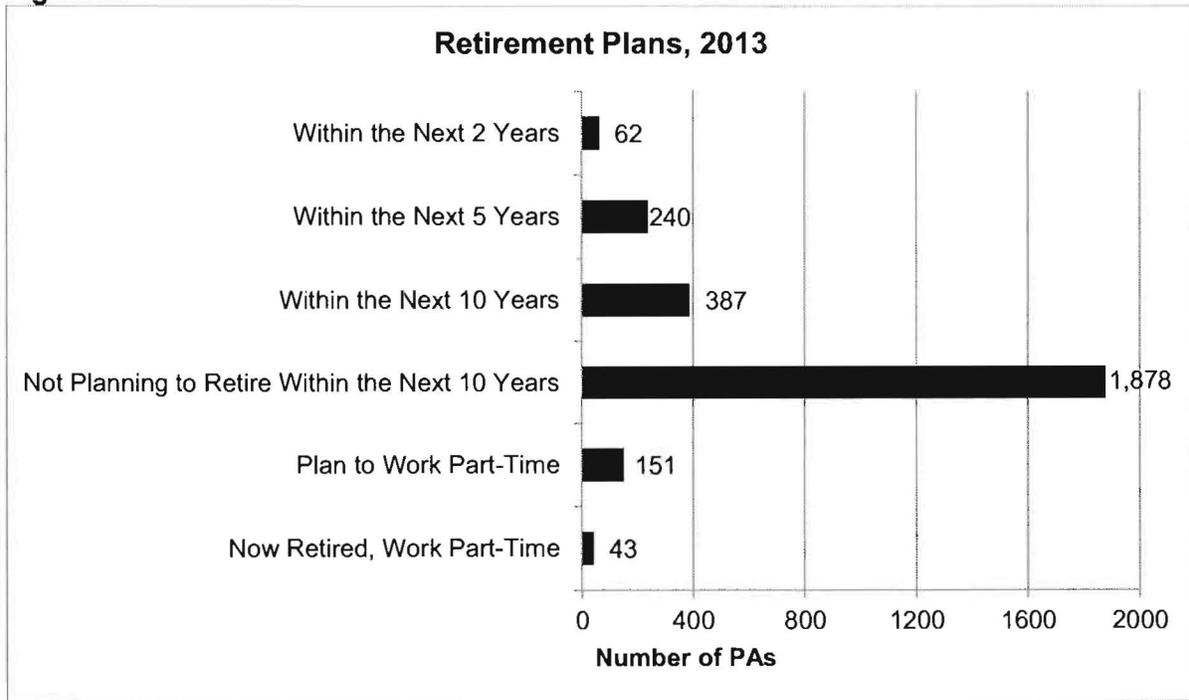
*N=2,806

**Frontier Location was added to the 2013 survey only

V.J Retirement Plans

Data gathered for retirement plans were derived from 2,761 respondents; 644 PAs did not provide a response to this question. Respondents were asked when they were planning to retire. Responses received showed that the majority of PAs were not planning to retire within the next ten years and 62 PAs indicated that they were planning to retire within the next two years.

Figure 25



*N=2,761

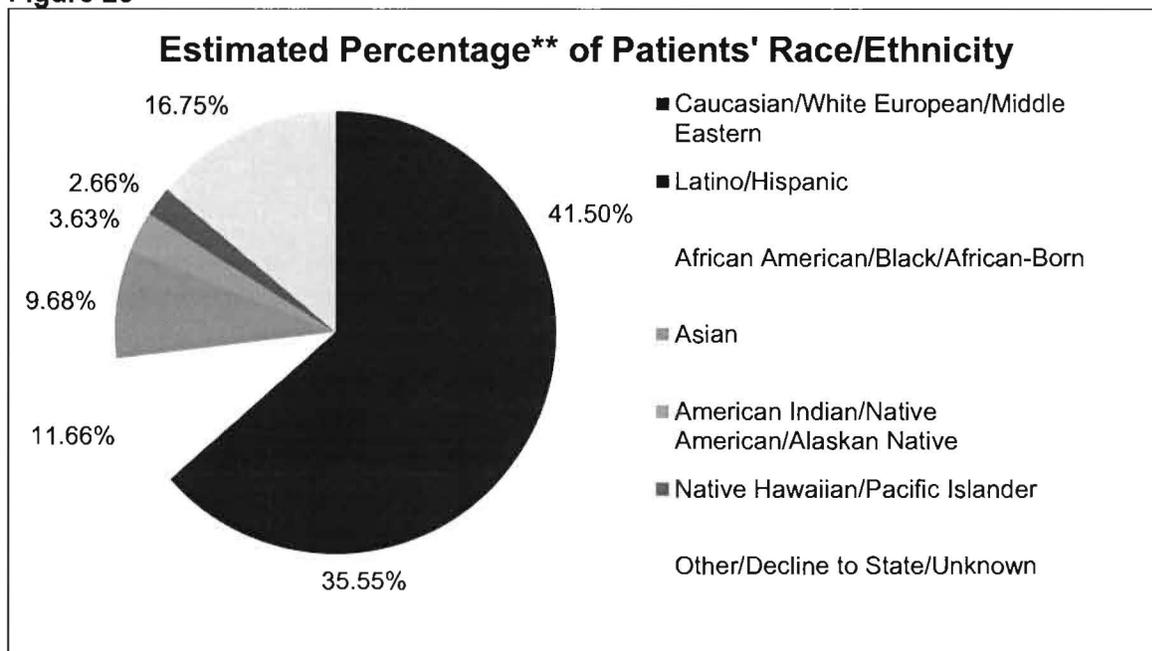
Chapter VI

Characteristics of Patients Seen by Physician Assistants

VI.A Patients' Race/Ethnicity

Data gathered for patients' race/ethnicity were derived from 2,777 respondents; 628 PAs did not provide a response to this question. Survey respondents were asked to estimate their patients' race/ethnicity. The categories for race/ethnicity were not defined in the same way for the 1998 and 2013 surveys, so a direct chart comparison is not displayed; however, the percentages for Latino/Hispanic were the same (35%) in the 1998 and 2013 surveys. The 2013 survey added White European and Middle Eastern to the category of Caucasian and found that roughly 41% of the PAs' patients fell into that category, while the 1998 survey showed 42% for Caucasians. The estimated percentage of patients' race/ethnicity is displayed below in Figure 26.

Figure 26



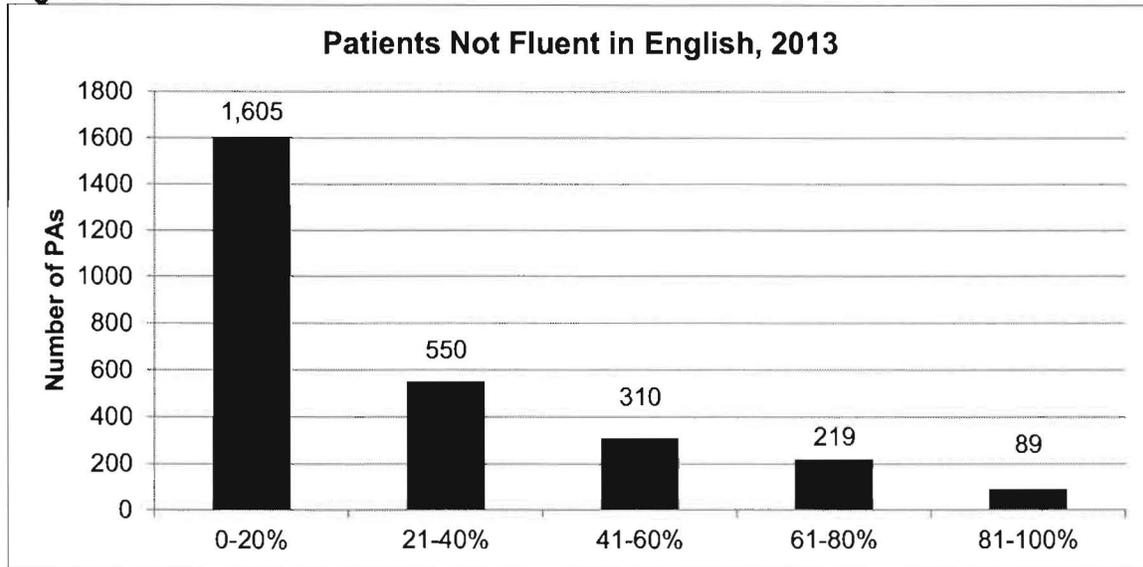
*N=2,777

**Estimated percentages are response averages and, therefore, the total is greater than 100%.

VI.B Patients' English Language Fluency

Data gathered for patients' English language fluency were derived from 2,773 respondents; 632 PAs did not provide a response to this question. Survey respondents were asked to identify the percent of their patients who are not fluent in English. Individual responses were sorted and grouped into ranges. Results showed that the majority of PAs (1,605) stated that only 0-20% of their patients were not fluent in English. Only 89 PAs stated that between 81-100% of their patients were not fluent in English. Figure 27 shows the ranges of patients who were identified as not fluent in English by their PA provider.

Figure 27



*N=2,773

VI.C Patients' Insurance

Data gathered for patients' insurance were derived from 2,766 respondents; 639 PAs did not provide a response to this question. Respondents were asked to estimate the percentage of their patients who are uninsured or who are Medi-Cal beneficiaries. A comparison of the 1998 and 2013 surveys showed that, over the past 15 years, the percentage of patients who were uninsured rose from 18% to 22% and the percentage of Medi-Cal patients declined from 30% to 28% from 1998 to 2013. Percentages from both surveys can be seen below in Table 10.

Table 10: Percentage of Patients by Insurance Type

Insurance Type	% of Patients in 1998	% of Patients in 2013
Uninsured	18%	22%
Medi-Cal	30%	28%
Total	48%	50%

*Estimated percentages are response averages and, therefore, the total is not equal to 100%.

Conclusion

The survey data presented in this report indicate that PAs are continuing to make great contributions to California's healthcare workforce. Major findings are summarized below.

Demographics

- There were more female than male PAs at approximately 1,675 (57%) and 1,251 (43%), respectively.
- The highest proportion of PAs were Caucasian/white European/Middle Eastern at 1,774 (61%) and the lowest proportion were American Indian/Native American/Alaskan Native at 21 (1%).
- The average age of PA respondents was 49 and the mode (age with the highest number of PAs) was 38.
- Out of 2,917 PA respondents, 1,204 (41%) PAs indicated that they were fluent in a language other than English.

Educational Statistics

- The survey found that 1,996 (68%) of PAs graduated from a California PA program and 956 (32%) did not.
- The California PA programs, Western University, Stanford University, and USC Keck School of Medicine, had the highest number of graduates with a combined total of 1,078 (54%) PAs.
- Of the PAs who had student loans, 880 (32%) had loans of \$61,000 or more, while 648 (23%) PAs stated that they did not have student loans.

Provider Information

- Out of 3,405 PA respondents, 3,233 (95%) are currently licensed to practice in California.
- Out of 3,189 PA respondents, 3,040 (95%) of PAs indicated that they have worked as a PA in the past 12 months.
- Out of 2,957 PA respondents, 1,499 (51%) of PAs reside in Los Angeles, San Diego, Orange, San Bernardino, and Riverside counties.
- No PAs reported residing in the counties of Alpine, Colusa, Inyo, and Sierra.
- Out of 2,885 PA respondents, 1,488 (52%) of PAs practice in Los Angeles, San Diego, Orange, Santa Clara, and San Bernardino counties.
- No PAs reported practicing in the counties of Alpine and Sierra.

- Out of 2,880 PA respondents, 1,832 (64%) of PAs stated that they work 40 or more hours per week.
- Roughly 86% (2,778) of PAs reported working in direct patient care and 13% (1,976) in administrative duties.
- Family practice was the highest reported primary specialty with 854 (38%) PAs, which is consistent with the 1998 survey. Emergency medicine was the second highest reported primary specialty with 326 (15%) PAs.
- Out of 2,811 PA respondents, 877 (31%) PAs have two specialties and 127 (5%) PAs reported having more than five specialties.
- Out of 2,809 PA respondents, 1,155 (41%) of PAs listed private practice as their primary practice site. This percentage is consistent with the 1998 survey, which reported that 40% of PAs selected private practice as their primary practice site.
- Approximately 23% (639) of PAs reported working in a Medically Underserved Area (MUA) and 9% (263) in a Health Professional Shortage Area (HPSA).
- Out of 2,806 PA respondents, 2,363 (84%) PAs work in urban locations.
- Out of 2,761 PA respondents, 1,878 (68%) PAs reported that they were not planning to retire within the next ten years.

Patient Characteristics

- Out of 2,773 PA respondents, 1,605 (58%) PAs reported that 0-20% of their patients are not fluent in English.
- PAs stated that only 22% (2,766) of their patients are uninsured.

PAs continue to be vital healthcare team members in terms of providing comprehensive care to patients. In collaboration with supervising physicians, PAs assess patients, formulate treatment plans, prescribe medications, order and interpret tests, develop diagnoses, and serve as information resources and advocates for patients and their families.

With the implementation of the Affordable Care Act, an aging population, continued population growth, and the on-going physician shortage and maldistribution, California is in need of more PAs to be part of the teams caring for patients. Fortunately, PAs help to extend care in many areas, including rural and underserved areas, which may be lacking physicians. PAs will also be invaluable in terms of treating the millions of consumers who will now have insurance under the ACA.

Appendix A

California PA Practice in 2013

***Do you currently hold a California PA license?**

- Yes
 No

***Have you worked as a PA in the last 12 months?**

- Yes
 No
 Retired

***Are you currently looking or plan to look in the next 12 months for work as a PA?**

- Yes
 No

***In what year were you born?**

***Residence location:**

County

Zip Code

***Did you graduate from a California PA Program?**

- Yes
 No

***From which California PA Program did you graduate?**

- Drew University
 Loma Linda University
 Riverside County RMCPA Program
 Samuel Merritt University
 San Joaquin Valley College
 Stanford University
 Touro University California
 UC Davis Medical Center
 USC Keck School of Medicine
 Western University

California PA Practice in 2013

*** In what year did you graduate from a PA Program?**

*** Gender:**

- Male
 Female

*** Your cultural/ethnic background:**

- African American/Black/African-Born
 American Indian/Native American/Alaskan Native
 Caucasian/White European/Middle Eastern
 Latino/Hispanic
 Asian
 Native Hawaiian /Pacific Islander
 Decline to state/other

*** Foreign Languages – Are you fluent in languages other than English?**

- Yes
 No

California PA Practice in 2013

***Select all that apply.**

	Verbal	Written
Afrikaans	<input type="checkbox"/>	<input type="checkbox"/>
Albanian	<input type="checkbox"/>	<input type="checkbox"/>
American Sign Language	<input type="checkbox"/>	<input type="checkbox"/>
Amharic	<input type="checkbox"/>	<input type="checkbox"/>
Apache	<input type="checkbox"/>	<input type="checkbox"/>
Arabic	<input type="checkbox"/>	<input type="checkbox"/>
Armenian	<input type="checkbox"/>	<input type="checkbox"/>
Bantu	<input type="checkbox"/>	<input type="checkbox"/>
Bengali	<input type="checkbox"/>	<input type="checkbox"/>
Bisayan	<input type="checkbox"/>	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>	<input type="checkbox"/>
Burmese	<input type="checkbox"/>	<input type="checkbox"/>
Cajun	<input type="checkbox"/>	<input type="checkbox"/>
Cambodian	<input type="checkbox"/>	<input type="checkbox"/>
Cantonese (Yue Chinese)	<input type="checkbox"/>	<input type="checkbox"/>
Chamorro	<input type="checkbox"/>	<input type="checkbox"/>
Cherokee	<input type="checkbox"/>	<input type="checkbox"/>
Croatian	<input type="checkbox"/>	<input type="checkbox"/>
Czech	<input type="checkbox"/>	<input type="checkbox"/>
Dakota	<input type="checkbox"/>	<input type="checkbox"/>
Danish	<input type="checkbox"/>	<input type="checkbox"/>
Dutch	<input type="checkbox"/>	<input type="checkbox"/>
Farsi	<input type="checkbox"/>	<input type="checkbox"/>
Fijian	<input type="checkbox"/>	<input type="checkbox"/>
Finnish	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>
French Creole	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>
Greek	<input type="checkbox"/>	<input type="checkbox"/>
Gujarati	<input type="checkbox"/>	<input type="checkbox"/>
Haitian Creole	<input type="checkbox"/>	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>	<input type="checkbox"/>
Hindi	<input type="checkbox"/>	<input type="checkbox"/>
Hmong	<input type="checkbox"/>	<input type="checkbox"/>
Hsiang (Xiang Chinese)	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

California PA Practice in 2013

Sinhalese	<input type="checkbox"/>	<input type="checkbox"/>
Slovak	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>
Swahili	<input type="checkbox"/>	<input type="checkbox"/>
Swedish	<input type="checkbox"/>	<input type="checkbox"/>
Syriac	<input type="checkbox"/>	<input type="checkbox"/>
Tagalog	<input type="checkbox"/>	<input type="checkbox"/>
Tamil	<input type="checkbox"/>	<input type="checkbox"/>
Telugu	<input type="checkbox"/>	<input type="checkbox"/>
Thai	<input type="checkbox"/>	<input type="checkbox"/>
Tonga	<input type="checkbox"/>	<input type="checkbox"/>
Turkish	<input type="checkbox"/>	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>	<input type="checkbox"/>
Urdu	<input type="checkbox"/>	<input type="checkbox"/>
Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>
Yiddish	<input type="checkbox"/>	<input type="checkbox"/>
Yoruba	<input type="checkbox"/>	<input type="checkbox"/>
Other (not listed)	<input type="checkbox"/>	<input type="checkbox"/>
Declined to state	<input type="checkbox"/>	<input type="checkbox"/>

*** Primary Work Location in California:**

County

Zip

*** How many hours per week on average do you work as a PA?**

- 1-9 hours
- 10-19 hours
- 20-29 hours
- 30-39 hours
- 40+ hours

California PA Practice in 2013

What percentage of your work time do you spend:

In direct patient care %

In administrative duties %

In tele-health %

In teaching %

In research %

Other %

*What is your primary practice specialty? Select only one.

- | | |
|--|--|
| <input type="radio"/> Aerospace Medicine | <input type="radio"/> Obstetrics & Gynecology |
| <input type="radio"/> Allergy and Immunology | <input type="radio"/> Occupational Medicine |
| <input type="radio"/> Anesthesiology | <input type="radio"/> Oncology |
| <input type="radio"/> Cardiology | <input type="radio"/> Ophthalmology |
| <input type="radio"/> Colon and Rectal Surgery | <input type="radio"/> Orthopedic Surgery |
| <input type="radio"/> Complementary and Alternative Medicine | <input type="radio"/> Otolaryngology |
| <input type="radio"/> Cosmetic Surgery | <input type="radio"/> Pain Medicine |
| <input type="radio"/> Critical Care | <input type="radio"/> Pathology |
| <input type="radio"/> Dermatology | <input type="radio"/> Pediatrics |
| <input type="radio"/> Emergency Medicine | <input type="radio"/> Physical Medicine & Rehabilitation |
| <input type="radio"/> Endocrinology | <input type="radio"/> Plastic Surgery |
| <input type="radio"/> Facial Plastic and Reconstructive | <input type="radio"/> Psychiatry |
| <input type="radio"/> Family Practice | <input type="radio"/> Public Health & General Prevention |
| <input type="radio"/> Gastroenterology | <input type="radio"/> Pulmonology |
| <input type="radio"/> General Practice | <input type="radio"/> Radiation Oncology |
| <input type="radio"/> General Surgery | <input type="radio"/> Radiology |
| <input type="radio"/> Geriatrics | <input type="radio"/> Rheumatology |
| <input type="radio"/> Hematology | <input type="radio"/> Sleep Medicine |
| <input type="radio"/> Infectious Disease | <input type="radio"/> Spine Surgery |
| <input type="radio"/> Internal Medicine | <input type="radio"/> Sports Medicine |
| <input type="radio"/> Medical Genetics | <input type="radio"/> Surgical Oncology |
| <input type="radio"/> Neonatal – Perinatal Medicine | <input type="radio"/> Thoracic Surgery |
| <input type="radio"/> Nephrology | <input type="radio"/> Urology |
| <input type="radio"/> Neurology | <input type="radio"/> Vascular Surgery |

California PA Practice in 2013

Neurological Surgery

Other Medical Practice

Nuclear Medicine

*Do you currently work in more than one specialty?

Yes

No

*Please indicate additional specialties:

Aerospace Medicine

Obstetrics & Gynecology

Allergy and Immunology

Occupational Medicine

Anesthesiology

Oncology

Cardiology

Ophthalmology

Colon and Rectal Surgery

Orthopedic Surgery

Complementary and Alternative Medicine

Otolaryngology

Cosmetic Surgery

Pain Medicine

Critical Care

Pathology

Dermatology

Pediatrics

Emergency Medicine

Physical Medicine & Rehabilitation

Endocrinology

Plastic Surgery

Facial Plastic and Reconstructive

Psychiatry

Family Practice

Public Health & General Prevention

Gastroenterology

Pulmonology

General Practice

Radiation Oncology

General Surgery

Radiology

Geriatrics

Rheumatology

Hematology

Sleep Medicine

Infectious Disease

Spine Surgery

Internal Medicine

Sports Medicine

Medical Genetics

Surgical Oncology

Neonatal – Perinatal Medicine

Thoracic Surgery

Nephrology

Urology

Neurology

Vascular Surgery

Neurological Surgery

Other Medical Practice

California PA Practice in 2013

Nuclear Medicine

***Since graduation from your PA program, in how many different medical specialties have you practiced?**

- 1
- 2
- 3
- 4
- 5
- More than 5

***What is your primary practice site?**

- Private Practice
- Kaiser/HMO Clinic
- ER/Urgent Care Center
- Inpatient Hospital Ward
- School Based Clinic
- Community Health Center/FQHC/RHC
- County Hospital/Clinic/Department
- Skilled Nursing Facility (SNF) or NF
- VA/Other Government Facility
- Other (please describe)

***Do you work in a:**

- Health Professions Shortage Area (HPSA)
- Medically Underserved Area (MUA)
- None of the Above

***Do you work in a:**

- Urban Location (Region 75,000-125,000 pop. and larger than 5 sq. miles)
- Rural Location (Region less than 50,000 pop. and <250 persons per sq. mile)
- Frontier Location (< 11 persons per sq. mile)

California PA Practice in 2013

*** Please estimate the percentage of patients you see of each cultural/ethnic background below:**

African American/Black/African-Born %

American Indian/Native American/Alaskan Native %

Caucasian/White European/Middle Eastern %

Latino/Hispanic %

Asian %

Native Hawaiian/ Pacific Islander %

Other/decline to state/unknown %

*** What percentage of your patients are NOT fluent in English?**

*** What percentage of your patients:**

Are Uninsured

Have Medi-Cal

If student loans were used to fund some or all of your PA education, what was the total amount borrowed?

- Didn't use student loans
- \$30,000 or less
- \$31,000 to \$60,000
- \$61,000 or more
- Decline to state

*** I plan to retire:**

- Within the next 2 years
- Within the next 5 years
- Within the next 10 years
- Not planning to retire within the next 10 years
- Plan to work part time
- Now retired, work part time

California PA Practice in 2013

*** Please let us know your name, email address and last three digits of your PA license number. Before providing OSHPD with the data collected, we will remove identifying data. You will be entered in the drawing for a 32 GB iPad plus 3 other prizes.**

First Name:

Last Name:

Email Address:

Optional

Last Three Digits of PA
License Number

Thank you again for taking this important survey. If you are not a CAPA member, please provide us with your mailing address below so we can keep you abreast of information relating to California PAs.

Address:

Address 2:

City/Town:

State:

ZIP:

Country:

Phone Number:

Appendix B

OSHPD's Programs Included in this Report

State Loan Repayment Program (SLRP)

The California State Loan Repayment Program (SLRP) assists with the repayment of educational loans for primary healthcare professionals who provide healthcare services in federally designated Health Professional Shortage Areas (HPSAs) to improve access to health care in underserved areas in California. The program is funded through a grant from the Bureau of Health Professions (BHP), National Health Service Corps (NHSC) and is administered by the State of California's, Office of Statewide Health Planning and Development (OSHPD).

Applicants must meet the following requirements:

- Be U.S. citizen;
- Have a current and unrestricted California license to practice your profession;
- Have no other existing service commitment or obligation to another entity;
- Be free of judgments arising from Federal debt;
- Be current on all child support payments;
- Be currently employed or have accepted employment at a SLRP Certified Eligible Site (a list of eligible sites can be found on the SLRP web site); and
- Commit to providing full-time (40 hours per week) primary care service in a California HPSA for a minimum of 2 years. For physicians, physician assistants, nurse practitioners, and dental providers; Full-time is defined as a minimum of 40 hours per week; 32 hours at site providing direct patient care and up to 8 hours in practice-related activities (e.g., chart review, meetings, precepting, CME, etc.). The time spent "on-call" cannot be counted toward the 40-hour week. The time spent "on-call" cannot be counted toward the 40 hour week.

For more information regarding SLRP, please go to <http://www.oshpd.ca.gov/HWDD/SLRP.html>.

Song-Brown Program

The Song-Brown Health Care Workforce Training Act (Song-Brown Program) was established in 1973 under the Health and Safety Code Section 128200-128241 of the California Health and Safety Code to increase the number of family physicians to provide needed medical services to the people of California. The program:

- Encourages universities and primary care health professionals to provide healthcare in medically underserved areas, and
- Provides financial support to family practice residency, family nurse practitioner, physician assistant, and registered nurse (RN) education programs throughout California.

For more information regarding the Song-Brown Program, please go to http://www.oshpd.ca.gov/HWDD/Song_Brown_Prog.html.

Health Professions Education Scholarship Program

To be eligible for the Health Professions Education Scholarship, the applicant must:

- Be currently accepted or enrolled in the following California Board or Committee approved programs:
 - Dentist
 - Dental Hygienists
 - Nurse Practitioners
 - Certified Nurse Midwives
 - Physician Assistant
 - Clinical Nurse Specialists
- Be free from any other service obligation;
- Have valid legal presence and ability to work and provide care in the state of California;
- Graduate after January 31, 2014;
- Be willing to work in a medically underserved area for two years; and
- Complete and submit your application through CalREACH by the deadline.

Those awarded the Health Professions Education Scholarship may receive up to \$10,000. If awarded, recipients agree to a two-year service obligation practicing direct patient care at a qualified facility in California. Qualified facilities include those designated by the U.S. Department of Health and Human Services Health Resources Administration (HRSA) as a medically underserved area (MUA), health professional shortage area (HPSA), county, state or veteran's facility.

For more information regarding the Health Professions Education Scholarship Program, please go to <http://www.oshpd.ca.gov/HPEF/HPSP.html>.

Health Professions Loan Repayment Program

To be eligible for the Health Professions Education Loan Repayment, the applicant must:

- Be licensed and practicing as a:
 - Dentist
 - Dental Hygienist
 - Nurse Practitioner
 - Certified Nurse Midwife
 - Physician Assistant
 - Clinical Nurse Specialist
- Be providing full-time, direct patient care in a California Medically Underserved Area (MUA), Health Professional Shortage Area (HPSA), county, state, prison, or veteran's facility;
- Have outstanding educational debt from a commercial or U.S. governmental lending institution;
- Be free from any other service obligation;
- Have valid legal presence and ability to work and provide care in the state of California;
- Be willing to work in a medically underserved area for two years; and
- Complete and submit your application through CalREACH by the deadline.

Those awarded the Health Professions Education Loan Repayment may receive up to \$20,000. If awarded, recipients agree to a two-year service obligation practicing direct patient care at a

qualified facility in California. Qualified facilities include those designated by the U.S. Department of Health and Human Services Health Resources Administration (HRSA) as a medically underserved area (MUA), health professional shortage area (HPSA), county, state or veteran's facility.

For more information regarding the Health Professions Loan Repayment Program, please go to <http://www.oshpd.ca.gov/HPEF/HPSPLRP.html>.

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Customer Satisfaction Survey

During the discussion of the Sunset Report, the Board was concerned with the results of the customer satisfaction survey included in the report. The survey was a small sample from the public. Board members requested that staff proactively solicit licensees and consumers to complete the survey.

Staff has proactively solicited licensees and consumers to complete the survey by:

- Adding a link to the survey on the congratulatory email/letter to newly licensed applicants.
- Adding a link to the survey on all staff email signatures.
- Verbally encouraging consumers and licensees to complete the survey at the end of a phone conversation.

Staff has determined that the Board is getting approximately a 10% return on the requests. It should be noted that the survey results the Board has received are an improvement of what was previously noted in the Board's Sunset Report.

A copy of the Customer Satisfaction Survey questionnaire is included for your review and possible changes.

The results of the surveys the Board has received since the beginning of November have been summarized on the following pages. Staff is working on resolutions to the received comments and suggestions.

Customer Service Satisfaction Survey

On November 5, 2015 a link was added to each Board staff email signature requesting the customer to please take the time to complete our satisfaction survey. This link was also added to the licensing congratulatory letter/email. As of January 4, 2016 a total of 42 surveys have been received.

1. **Thinking about your most recent contact with us, how would you rate the availability of staff to assist you?**

27 – Excellent 11 – Very Good 1 – Good 2 – Fair 1 – Poor 0 – N/A

2. **When requesting information or documents, how would you rate the timeliness with which the information or documents was/were provided?**

23 – Excellent 11 – Very Good 3 – Good 2 – Fair 0 – Poor 2 – N/A

3. **When you visited our web site, how would you rate the ease of locating information?**

21 – Excellent 8 – Very Good 9 – Good 3 – Fair 0 – Poor 1 – N/A

4. **When you submitted an application, how would you rate the timeliness with which your application was processed?**

20 – Excellent 6 – Very Good 6 – Good 5 – Fair 1 – Poor 3 – N/A

5. **When you filed a complaint, how would you rate the timeliness of the complaint process?**

6 – Excellent 2 – Very Good 0 – Good 0 – Fair 0 – Poor 33 – N/A

6. **When you contacted us, were your service needs met? If no, please explain.**

37 – Yes 1 – No

7. **Additional comments or suggestions.**

Comment:

I've heard very negative things about the long times that California licensing takes in process of licenses, however, my license was processed in a fairly timely manner with no issues thus far.

Board action taken: None

Customer Service Satisfaction Survey

Comment: I first submitted the online application and was not made aware that it would not be accepted. I called to confirm receipt of online applications and was then told to submit paper. Everyone was very helpful, but had I not called my application would have been delayed. Perhaps take that option off the list of what is accepted. Thank you.

Proposed board action: Currently the online application instructions request that applicants choosing to apply online also mail a paper application to the board. The board will be submitting a request to the internet team to create a new page of information specifically for applicants. This new page will provide detailed instructions for both online and paper applications in order to assist applicants when selecting "how to apply".

Comment: Great staff, it is unfortunate it was held up by the Nursing Board for a verification of license.

Board action taken: None

Comment: With speaking with the staff member, she seemed highly irritated.

Board action taken: The issue was addressed with staff.

Comment: I left a message and did not hear back, tried calling again and reached the voicemail a second time. The third time I called, I reached a different department - she was very helpful.

Board action taken: Due to technical issues with the phone system calls received during a two day period of time were immediately routed to voice mail. No calls were received by staff in order to provide assistance. The phone system has been repaired.

Comment: Great service, than you for all your help.

Board action taken: None.

Comment: Terrific communication anytime I contacted office either via telephone or email. The application process was not crystal clear in as far as once I completed the application online and requested fingerprint cards, I was not aware that I had to also print out and complete a written application. The redundancy of this process was not made clear thus leading towards my confusion.

Proposed board action: Currently the online application instructions request that applicants choosing to apply online also mail a paper application to the board. The board will be submitting a request to the internet team to create a new page of information specifically for applicants. This new page will provide detailed instructions for both online and paper applications in order to assist applicants when selecting "how to apply".

Comment: Great service, thank you for all your help.

Board action taken: None

Comment: Excellent customer service

Board action taken: None.

Comment: Julie was awesome. Thank you.

Board action taken: None.

Customer Service Satisfaction Survey

Comment: It would be extremely helpful to have the application process available online, and to be able to track receipt of documents and application progress online. I would imagine this would also make life much easier for your staff.

Proposed board action: The application is available online. The ability to track an application's progress online will be addressed at the next licensing user group meeting.

Comment: A real person to talk to!!!

Board action taken: None.

Comment: As a Federal Government Agency, my request was answered in less than 24 hours. That's a big plus for us, more specially in a healthcare setting for veterans.

Board action taken: None.

Customer Service Satisfaction Survey

HOW ARE WE DOING?

The Physician Assistant Board continually strives to provide the best possible customer service. Please help us by taking a few minutes to complete our brief customer service satisfaction survey. You may complete the survey and submit it on-line or download the survey and mail it in.

1. **Thinking about your most recent contact with us, how would you rate the availability of staff to assist you?**

Excellent Very Good Good Fair Poor Not Applicable

2. **When requesting information or documents, how would you rate the timeliness with which the information or documents was/were provided?**

Excellent Very Good Good Fair Poor Not Applicable

3. **When you visited our web site, how would you rate the ease of locating information?**

Excellent Very Good Good Fair Poor Not Applicable

4. **When you submitted an application, how would you rate the timeliness with which your application was processed?**

Excellent Very Good Good Fair Poor Not Applicable

5. **When you filed a complaint, how would you rate the timeliness of the complaint process?**

Excellent Very Good Good Fair Poor Not Applicable

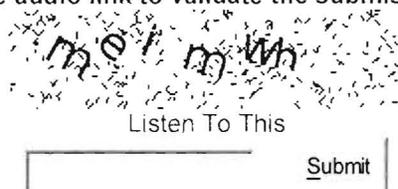
6. **When you contacted us, were your service needs met? If no, please explain.**

Yes No

7. **Please provide us with any additional comments or suggestions.**

Thank you for participating in our customer service satisfaction survey. We value your feedback!

*CAPTCHA: (Please enter the text found in the image below or specified in the audio link to validate the submission of your data.)



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LEGAL AFFAIRS DIVISION
1625 N. Market Blvd., Suite S 309, Sacramento, CA 95834
P (916) 574-8220 F (916) 574-8623 | www.dca.ca.gov



December 3, 2015

Joseph Elfelt
20707 NE 120th St
Redmond, Washington 98053

Re: Public Comment Dated November 13, 2015 Submitted to Physician Assistant Board

Dear Mr. Elfelt:

Your public comment dated November 13, 2015 has been received by the Physician Assistant Board. As you know, there is currently litigation pending between you and the Department's Board for Professional Engineers, Land Surveyors, and Geologists. This litigation relates to a citation issued to you. This litigation also includes the issue of the delegation of authority which you raise in your public comment.

Thank you for your public comment.

Sincerely,

DOREATHEA JOHNSON
Deputy Director
Legal Affairs


By KRISTY SCHIELDGE
Attorney III

cc: Glenn Mitchell, PAB

Public Comment For Next Meeting

Date: November 13, 2015

To: California Physician Assistant Board <pacommittee@mbc.ca.gov>

From: Joseph Elfelt <jelfelt@mappingsupport.com>
20707 NE 120th St
Redmond, Washington 98053
425-881-8017

There is a critical problem with certain regulations the board has adopted. Due to that problem, board members have no immunity from federal antitrust statutes. Anyone who violates federal antitrust statutes and who does not have immunity can be sued for **triple damages**.

Earlier this year the U.S. Supreme Court said:

“A nonsovereign actor controlled by active market participants—such as the Board—enjoys *Parker* immunity only if it satisfies two requirements: “**first** that ‘the challenged restraint . . . be one clearly articulated and affirmatively expressed as state policy,’ and **second** that ‘the policy . . . be actively supervised by the State.” *FTC v. Phoebe Putney Health System, Inc.*, 568 U. S. ___, ___ (2013) (slip op., at 7) (quoting *California Retail Liquor Dealers Assn. v. Midcal Aluminum, Inc.*, 445 U. S. 97, 105 (1980)).

North Carolina Board of Dental Examiners v. Federal Trade Commission, 113 S.Ct. 1101 (2015) (emphasis added)

Focus on the **first** requirement. This requirements applies equally to all boards irrespective of whether or not a board is controlled by active market participants. See for example the U.S. Supreme Court decision in *New Motor Vehicle Board of California v. Orrin W. Fox Co.*, 439 U. S. 96 (1978).¹

If a board acts contrary to “clearly articulated and affirmatively expressed” state policy does the board have *Parker* immunity from federal antitrust litigation? No! As shown in this public comment, most boards in California, including yours, lack immunity from federal antitrust litigation and claims for triple damages since the boards fail the **first** part of the test.

¹ For an in-depth analysis see [Report of the State Action Task Force](https://www.ftc.gov/sites/default/files/documents/advocacy_documents/report-state-action-task-force/stateactionreport.pdf), Sept 2003. Office of Policy Planning, Federal Trade Commission.
https://www.ftc.gov/sites/default/files/documents/advocacy_documents/report-state-action-task-force/stateactionreport.pdf

Your board adopted regulations that (1) directly conflict with state law and which (2) violate the delegation of authority doctrine. As a result, your board is not following policies “clearly articulated and affirmatively expressed” by the legislature and thus lacks immunity from federal antitrust litigation.

The great mystery here is why did the state attorneys that advise your board allow you to dig such a very deep hole for yourself?

In the following two statutes the legislature has “clearly articulated and affirmatively expressed” the policy that (1) the amount of any administrative fine is to be decided by the board itself and (2) in making that decision the board itself is required to consider certain factors.

(a) Except with respect to persons regulated under Chapter 11 (commencing with Section 7500), any board, bureau, or commission within the department, the board created by the Chiropractic Initiative Act, and the Osteopathic Medical Board of California, may establish, by regulation, a system for the issuance to a **licensee** of a citation which may contain an order of abatement **or** an order to pay an **administrative fine assessed by the board, bureau, or commission** where the licensee is in violation of the applicable licensing act or any regulation adopted pursuant thereto.

(b) The system **shall** contain the following provisions:

(1) Citations shall be in writing and shall describe with particularity the nature of the violation, including specific reference to the provision of law determined to have been violated.

(2) Whenever appropriate, the citation shall contain an order of abatement fixing a reasonable time for abatement of the violation.

(3) In no event shall the **administrative fine assessed by the board, bureau, or commission** exceed five thousand dollars (\$5,000) for each inspection or each investigation made with respect to the violation, or five thousand dollars (\$5,000) for each violation or count if the violation involves fraudulent billing submitted to an insurance company, the Medi-Cal program, or Medicare. **In assessing a fine, the board, bureau, or commission shall** give due consideration to the appropriateness of the amount of the fine with respect to **factors** such as the gravity of the violation, the good faith of the licensee, and the history of previous violations. ...

Business and Professions Code (BPC) § 125.9.

Any board, bureau, or commission within the department may, in addition to the administrative citation system authorized by Section 125.9, also establish, by regulation, a **similar system** for the issuance of an administrative citation to an **unlicensed** person who is acting in the capacity of a licensee or registrant under the jurisdiction of that board, bureau, or commission. The administrative citation system authorized by this section **shall meet the requirements of Section 125.9** and may not be applied to an unlicensed person who is otherwise exempted from the provisions of the applicable licensing act. The establishment of an administrative citation system for unlicensed activity does not

preclude the use of other enforcement statutes for unlicensed activities at the discretion of the board, bureau, or commission.

BPC § 148.

Considering the factors listed in § 125.9 and deciding the amount of a fine is a task that requires the exercise of **judgment and discretion**. It is not a ministerial task.

Your board has adopted administrative rule 1399.571 purporting to delegate to the board's executive officer the power to consider the statutory factors and decide the amount of a fine.

Q: Is that rule lawful?

A: No. Pursuant to the delegation of authority doctrine the board had no power to adopt that rule.

What is the delegation of authority doctrine?

All of the various things that the board might do in order to discharge its duties can be divided into two categories.

1. Ministerial tasks.
2. Non-ministerial tasks. These tasks require the board to exercise its **judgment and discretion**.

Pursuant to the delegation of authority doctrine, it is unlawful for the board to adopt an administrative rule that would delegate any of the board's **judgment and discretion** to the board's executive officer, or to anyone else, unless there is a statute with language that **expressly** allows that delegation.

This doctrine was stated in a 2011 California Attorney General opinion as follows:

As a general rule, powers conferred upon public agencies and officers which involve the exercise of **judgment or discretion** are in the nature of public trusts and cannot be surrendered or delegated to subordinates in the absence of statutory authorization. [Citations.]” California Sch. Employees Assn. v. Personnel Commn., 3 Cal. 3d 139, 144 (1970); see Thompson Pac. Const. Inc. v. City of Sunnyvale, 155 Cal. App. 4th 525, 539 (2007).

<https://oag.ca.gov/system/files/opinions/pdfs/09-902.pdf>, page 6, footnote 24.

Additional California cases that have stated this rule regarding delegation of authority include:

It is also clear that the superintendent of banks may not **by the adoption of any rule** of policy or procedure so circumscribe or curtail the exercise of his discretion under the statute as to prevent the free and untrammelled exercise thereof in every case, for an attempt to do so would be for him to arrogate to himself a legislative function.

Bank of Italy v. Johnson (1926) 200 Cal. 1

In the case of *Stowe v. Maxey*, 84 Cal.App. 532 [258 P. 717], this court had occasion to go extensively into the subject of delegation of powers by boards of supervisors, and we need only to refer to that case as authority to the point that power vested in a board of supervisors to perform certain acts cannot be delegated.

.....

We do not very well see how the want of legislative authority can thus be supplied or a constitutional section amended by **long-continued violations**.

First Nat. Bank v. Ball (1928) 90 Cal. App. 709, 266 Pac. 604

See also:

Schechter v. County of Los Angeles (1968) 258 Cal. App.2d 391, 65 Cal Rptr 739 (referring to “**express** statutory authorization”)

San Francisco Firefighters v. City and County of San Francisco (1977) 68 Cal.App.3d 896

American Federation of Teachers v. Board of Education of Pasadena Unified School District, 107 Cal. App. 3d 829, 166 Cal. Rptr. 89 (Cal.App.Dist.2 06/30/1980) (referring to “**express** statutory authorization”)

Civil Service Association v. Redevelopment Agency (1985) 166 Cal. App. 3d 1222, 213 Cal. Rptr. 1

This delegation of authority doctrine is universal. For example, see this opinion from the Kansas attorney general.

<http://ksag.washburnlaw.edu/opinions/1980/1980-219.pdf>

And here is an opinion from the Washington State attorney general.

<http://www.atg.wa.gov/ago-opinions/delegation-authority-executive-director>

Q: Has the California legislature adopted a statute with **express language** authorizing your board to delegate the task to (1) consider the factors listed in BPC § 125.9 and (2) decide the amount of a fine?

A: No.

Statutes § 125.9 and § 148 are merely a **general** grant of power to the boards to adopt a system for issuance of citations. Any such system must meet all of the requirements listed in § 125.9. Some requirements are mandatory and some are optional. However, there simply is no **express** language in § 125.9 or § 148 allowing any board to delegate any of its judgment and discretion to its staff. In fact the legislature was so intent on setting the policy that the amount of any fine was to be decided by the collective judgment and discretion of the **boards** themselves that this requirement is stated in § 125.9 **three times**.

Your board is not the only one that has adopted unlawful regulations as described above. Here is a report I compiled that lists many California boards and bureaus that have adopted similar

administrative regulations purporting to delegate **judgment and discretion** to their executive officer or chief to make crucial enforcement decisions.

http://www.propertylinemaps.com/p/California_lawsuit/trade_restraint/Citations_from_CA_boards_are_void_ab_initio.pdf

There is one thing that completely baffles me about all this.

Whenever it was that your board adopted the rule discussed in this public comment, there were state attorneys advising your board. Those attorneys were experts in administrative law. The delegation of authority doctrine is a fundamental building block in that field of law. When that public rule was being adopted, why did those attorneys fail to speak up and tell your board that it did not have the power to delegate the exercise of its judgment and discretion as proposed in that rule?

Bottom line

As long as your board members continue to **refuse to do their duty** under BPC § 125.9 and § 148 to exercise their own collective judgment and discretion for the purpose of (1) considering the statutory factors and (2) deciding the amount of any fine, your board members are acting in violation of policies “clearly articulated and affirmatively expressed” by the legislature and therefore your board members do not have any immunity from federal antitrust litigation and claims for **triple damages**.

-end-



State of California

LITTLE HOOVER COMMISSION

December 11, 2015

RECEIVED

DEC 18 2015

PHYSICIAN ASSISTANT
BOARD

Pedro Nava
Chairman

Loren Kaye
Vice Chairman

David Beier

Anthony Cannella
Senator

Jack Flanagan

Chad Mayes
Assemblymember

Don Perata

Sebastian Ridley-Thomas
Assemblymember

Richard Roth
Senator

David Schwarz

Jonathan Shapiro

Sumi Sousa

Carole D'Elia
Executive Director

Mr. Glenn Mitchell
Executive Officer, Physician Assistant Board
2005 Evergreen St., Suite 110
Sacramento, CA 95815

Dear Mr. Mitchell:

The Little Hoover Commission has begun a review of occupational licensing in California. To commence its review, the Commission has scheduled a public hearing on **February 4, 2016, in Room 437 of the State Capitol in Sacramento.** The Commission plans a second hearing on this topic in March 2016 and also may decide to hold advisory meetings on the subject or other opportunities for public input.

The number of individuals who must meet government-established criteria to practice a given occupation has grown rapidly in the last half century. In the 1950s, fewer than five percent of workers nationwide were required to hold licenses to practice their professions; by 2008, that number had increased to 29 percent of workers nationwide, according to economists Morris Kleiner and Alan Kreuger. Approximately 21 percent of California's 19 million-member workforce is licensed. Proponents of occupational licensing maintain that these regulations are necessary to protect the health and safety of consumers. Critics contend that the regulations at times go beyond consumer protection and unjustifiably restrict competition.

The focus of the Commission's review is on the impact of occupational licensing on upward mobility and opportunities for entrepreneurship and innovation for Californians, particularly those of modest means. The Commission also will examine the impact of occupational licensing on the cost and availability of services provided by licensed practitioners to consumers. The Commission also will assess the connection between occupational licensing regulations and the underground economy. The Commission will explore the balance between protecting consumers and enabling Californians to enter the occupation of their choice.

Any recommendations that you or your staff could provide the Commission on this topic, as well as any experts of whom we should be aware, would be appreciated.

If you have any questions, please contact Carole D'Elia, executive director, or Krystal Beckham, project manager. They can be reached by phone at (916) 445-2125 or by email at carole.d'elia@lhc.ca.gov and krystal.beckham@lhc.ca.gov.

Sincerely,

Pedro Nava
Chairman

c: Members, Physician Assistant Board

Agenda

Item

18.a

DEPARTMENT OF CONSUMER AFFAIRS

PHYSICIAN ASSISTANT COMMITTEE

**BUDGET REPORT
AS OF 11/30/2015**

RUN DATE 12/10/2015

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PHYSICIAN ASSISTANT BOARD

DESCRIPTION	BUDGET	CURR. MONTH	YR-TO-DATE	ENCUMBRANCE	YTD + ENCUMBRANCE	BALANCE	PCNT REMAIN
PERSONAL SERVICES							
SALARIES AND WAGES							
003 00 CIVIL SERVICE-PERM	195,704	11,636	55,278	0	55,278	140,427	
033 04 TEMP HELP (907)	30,000	3,879	12,880	0	12,880	17,120	
063 00 STATUTORY-EXEMPT	79,344	7,554	37,770	0	37,770	41,574	
063 01 BD/COMMSN (901,920)	1,530	0	0	0	0	1,530	
063 03 COMM MEMBER (904,9	0	900	3,500	0	3,500	(3,500)	
TOTAL SALARIES AND WAGES	306,578	23,969	109,427	0	109,427	197,151	64.31%
STAFF BENEFITS							
103 00 OASDI	15,959	1,165	5,643	0	5,643	10,316	
104 00 DENTAL INSURANCE	1,650	164	818	0	818	832	
105 00 HEALTH/WELFARE INS	40,362	1,901	9,507	0	9,507	30,855	
106 01 RETIREMENT	66,498	4,826	23,401	0	23,401	43,097	
125 00 WORKERS' COMPENSAT	4,266	0	0	0	0	4,266	
125 15 SCIF ALLOCATION CO	0	87	408	0	408	(408)	
134 00 OTHER-STAFF BENEFI	0	756	3,763	0	3,763	(3,763)	
135 00 LIFE INSURANCE	0	7	35	0	35	(35)	
136 00 VISION CARE	445	26	130	0	130	315	
137 00 MEDICARE TAXATION	314	342	1,559	0	1,559	(1,245)	
TOTAL STAFF BENEFITS	129,494	9,273	45,263	0	45,263	84,231	65.05%
TOTAL PERSONAL SERVICES	436,072	33,242	154,690	0	154,690	281,382	64.53%
OPERATING EXPENSES & EQUIPMENT							
FINGERPRINTS							
213 04 FINGERPRINT REPORT	14,890	980	6,468	0	6,468	8,422	
TOTAL FINGERPRINTS	14,890	980	6,468	0	6,468	8,422	56.56%
GENERAL EXPENSE							
201 00 GENERAL EXPENSE	13,556	0	0	0	0	13,556	
206 00 MISC OFFICE SUPPLI	0	0	1,042	0	1,042	(1,042)	
207 00 FREIGHT & DRAYAGE	0	208	425	0	425	(425)	
213 02 ADMIN OVERHEAD-OTH	0	0	1,646	0	1,646	(1,646)	
217 00 MTG/CONF/EXHIBIT/S	0	458	1,834	8,634	10,468	(10,468)	
TOTAL GENERAL EXPENSE	13,556	666	4,947	8,634	13,581	(25)	-0.18%

DEPARTMENT OF CONSUMER AFFAIRS

BUDGET REPORT
AS OF 11/30/2015

RUN DATE 12/10/2015

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PHYSICIAN ASSISTANT BOARD

DESCRIPTION	BUDGET	CURR. MONTH	YR-TO-DATE	ENCUMBRANCE	YTD + ENCUMBRANCE	BALANCE	PCNT REMAIN
PRINTING							
241 00 PRINTING	4,938	0	0	0	0	4,938	
242 03 COPY COSTS ALLO	0	0	45	0	45	(45)	
242 05 METRO PRINT/MAIL	0	561	3,166	0	3,166	(3,166)	
244 00 OFFICE COPIER EXP	0	309	309	21	330	(330)	
TOTAL PRINTING	4,938	870	3,520	21	3,541	1,397	28.29%
COMMUNICATIONS							
251 00 COMMUNICATIONS	5,669	0	0	0	0	5,669	
252 00 CELL PHONES,PDA,PA	0	0	21	0	21	(21)	
257 01 TELEPHONE EXCHANGE	0	121	404	0	404	(404)	
TOTAL COMMUNICATIONS	5,669	121	424	0	424	5,245	92.52%
POSTAGE							
261 00 POSTAGE	8,187	0	0	0	0	8,187	
262 00 STAMPS, STAMP ENVE	0	0	478	0	478	(478)	
263 05 DCA POSTAGE ALLO	0	88	864	0	864	(864)	
TOTAL POSTAGE	8,187	88	1,341	0	1,341	6,846	83.62%
TRAVEL: IN-STATE							
291 00 TRAVEL: IN-STATE	20,957	0	0	0	0	20,957	
292 00 PER DIEM-I/S	0	402	1,619	0	1,619	(1,619)	
294 00 COMMERCIAL AIR-I/S	0	1,826	3,517	0	3,517	(3,517)	
296 00 PRIVATE CAR-I/S	0	0	692	0	692	(692)	
297 00 RENTAL CAR-I/S	0	85	332	0	332	(332)	
301 00 TAXI & SHUTTLE SER	0	0	72	0	72	(72)	
305 00 MGMT/TRANS FEE-I/S	0	0	67	0	67	(67)	
TOTAL TRAVEL: IN-STATE	20,957	2,313	6,299	0	6,299	14,658	69.94%
TRAINING							
331 00 TRAINING	1,034	0	0	0	0	1,034	
TOTAL TRAINING	1,034	0	0	0	0	1,034	100.00%
FACILITIES OPERATIONS							
341 00 FACILITIES OPERATI	55,958	0	0	0	0	55,958	
343 00 RENT-BLDG/GRND(NON	0	3,694	18,468	29,549	48,018	(48,018)	
347 00 FACILITY PLNG-DGS	0	76	303	0	303	(303)	
TOTAL FACILITIES OPERATIONS	55,958	3,769	18,771	29,549	48,321	7,637	13.65%

DEPARTMENT OF CONSUMER AFFAIRS

BUDGET REPORT

AS OF 11/30/2015

RUN DATE 12/10/2015

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FM 05

PHYSICIAN ASSISTANT BOARD

DESCRIPTION	BUDGET	CURR. MONTH	YR-TO-DATE	ENCUMBRANCE	YTD + ENCUMBRANCE	BALANCE	PCNT REMAIN
C/P SVS - INTERDEPARTMENTAL							
382 00 CONSULT/PROF-INTER	1,899	0	0	0	0	1,899	
TOTAL C/P SVS - INTERDEPARTMENTAL	1,899	0	0	0	0	1,899	100.00%
C/P SVS - EXTERNAL							
402 00 CONSULT/PROF SERV-	33,561	0	0	0	0	33,561	
404 05 C&P EXT ADMIN CR C	16,568	1,487	3,252	22,748	26,000	(9,432)	
414 00 LEGAL-EXT SVS	0	0	110	0	110	(110)	
418 02 CONS/PROF SVS-EXTR	0	830	2,456	81,417	83,873	(83,873)	
TOTAL C/P SVS - EXTERNAL	50,129	2,317	5,818	104,165	109,983	(59,854)	-119.40%
DEPARTMENTAL SERVICES							
424 03 OIS PRO RATA	180,423	0	71,500	0	71,500	108,923	
427 00 INDIRECT DISTRB CO	16,490	0	27,000	0	27,000	(10,510)	
427 01 INTERAGENCY SERVS	7,717	0	0	0	0	7,717	
427 02 SHARED SVS-MBC ONL	93,326	0	22,528	67,584	90,112	3,214	
427 30 DOI - ISU PRO RATA	1,549	0	500	0	500	1,049	
427 34 COMMUNICATIONS PRO	512	0	500	0	500	12	
427 35 PPRD PRO RATA	1,653	0	1,000	0	1,000	653	
TOTAL DEPARTMENTAL SERVICES	301,670	0	123,028	67,584	190,612	111,058	36.81%
CONSOLIDATED DATA CENTERS							
428 00 CONSOLIDATED DATA	4,810	0	0	0	0	4,810	
TOTAL CONSOLIDATED DATA CENTERS	4,810	0	0	0	0	4,810	100.00%
DATA PROCESSING							
431 00 INFORMATION TECHNO	3,019	0	0	0	0	3,019	
436 00 SUPPLIES-IT (PAPER	0	0	219	0	219	(219)	
TOTAL DATA PROCESSING	3,019	0	219	0	219	2,800	92.76%
CENTRAL ADMINISTRATIVE SERVICES							
438 00 PRO RATA	73,681	18,502	37,003	0	37,003	36,678	
TOTAL CENTRAL ADMINISTRATIVE SERVICES	73,681	18,502	37,003	0	37,003	36,678	49.78%
MAJOR EQUIPMENT							
452 00 REPLACEMENT-EQPT	8,500	0	0	0	0	8,500	
TOTAL MAJOR EQUIPMENT	8,500	0	0	0	0	8,500	100.00%
ENFORCEMENT							
396 00 ATTORNEY GENL-INTE	271,418	31,269	115,465	0	115,465	155,953	
397 00 OFC ADMIN HEARNG-I	75,251	1,970	7,753	0	7,753	67,499	

DEPARTMENT OF CONSUMER AFFAIRS

PHYSICIAN ASSISTANT COMMITTEE

BUDGET REPORT
AS OF 11/30/2015

RUN DATE 12/10/2015

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PHYSICIAN ASSISTANT BOARD

	DESCRIPTION	BUDGET	CURR. MONTH	YR-TO-DATE	ENCUMBRANCE	YTD + ENCUMBRANCE	BALANCE	PCNT REMAIN
414 31	EVIDENCE/WITNESS F	492	0	7,650	0	7,650	(7,158)	
418 97	COURT REPORTER SER	0	0	161	0	161	(161)	
427 31	DOI - INVESTIGATIO	218,870	0	0	0	0	218,870	
427 32	INVESTIGATIVE SVS-	0	11,408	34,069	0	34,069	(34,069)	
<u>TOTAL ENFORCEMENT</u>		566,031	44,647	165,098	0	165,098	400,933	70.83%
<u>TOTAL OPERATING EXPENSES & EQUIPMEN</u>		1,134,928	74,273	372,936	209,954	582,890	552,038	48.64%
PHYSICIAN ASSISTANT BOARD		1,571,000	107,515	527,627	209,954	737,581	833,419	53.05%
		1,571,000	107,515	527,627	209,954	737,581	833,419	53.05%

Agenda

Item

18.b



July 1, 2015

Assembly Member Susan Bonilla, Chair
Assembly Business and Professions Committee
1020 N St., Room 383
Sacramento, CA 95814

Senator Jerry Hill, Chair
Senate Business, Professions and Economic Development Committee
State Capitol, Room 2053
Sacramento, CA 95814

Re: Pro Rata Study

Dear Assembly Member Bonilla and Senator Hill,

Senate Bill 1243 (Hill, Chapter 395, Statutes of 2014) required the Department of Consumer Affairs (Department) to provide a one-time study of its process for distributing administrative costs (pro rata) among its 39 boards, bureaus, committees, commission and program (boards). The purpose of the study is to:

- Determine if the current methodology is the most productive and cost efficient manner for the Department and the boards;
- Consider whether some services provided by the Department should be outsourced or charged based on usage; and,
- Consider whether boards should be allowed to opt out of paying and receiving certain administrative services.

In December 2014, the Department contracted with CPS HR Consulting (CPS) to conduct a study in accordance with SB 1243. Attached is the completed study, including a survey of the Department's boards in regards to the pro rata process.

The following is a brief summary of what CPS recommends the Department explore as possible alternative approaches to its current process:

- Changing the cost distribution of non-jurisdictional calls and correspondence to all boards evenly.
- Mitigating the effects of high costs in a particular fiscal year, by changing the distribution of Office of Information Services costs to a two-year roll forward methodology as used by the Division of Investigation.
- Use an approach for authorized positions that considers weighted authorized positions and workload or an approach that utilizes historical trends and distributes costs based on an average amount of authorized positions and workload over time.
- Utilizing an activity-based costing (ABC) methodology. ABC is a form of cost accounting that is designed to accurately reflect the cause-and-effect relationships between products or services, activities and costs.

Each of these recommendations will be taken under consideration by the Department as it looks to improve the process for distributing its costs. While basing costs on client usage is often a preferred method for ensuring a fair and equitable distribution, it is not always the most appropriate as it may discourage use of necessary services that are imperative to protecting consumers and ensuring each board complies with its mandate.

In the course of undergoing this review, the Department has also identified the following improvements to promote a more equitable and transparent pro rata process:

- Currently, a portion of the costs for the Office of Professional Examination Services (OPES) are distributed to all boards based on authorized position count, even for programs with no examination requirements. With the upcoming budget cycle, the Department will be removing OPES costs for these programs.
- The Department will be reviewing the Complaint Resolution Program (CRP) to determine the future use of this program. The CRP is currently in the process of closing its Riverside office in order to consolidate its resources to provide services in the most cost effective manner.
- The Department will be moving its annual pro rata review with the boards from January to October. This will provide the boards sufficient time to provide additional input into the Department's process for distributing costs. Part of this change will also include greater outreach to the boards to ensure that each board is aware of the services provided by each division and office, who to contact for assistance, and how those services are distributed.

With regard to the Department's services being outsourced or allowing boards to opt out, in many cases, statutory provisions govern the services provided by the Department. Additionally, a number of the services, especially administrative, are provided by the Department in a delegated role from a control agency in order to ensure that statutes, regulations, policies and procedures governing state agencies are met. As part of the study, CPS also conducted a survey of the Department's boards regarding the ability to opt out and it largely reflected that most programs do not want to opt out of the core Department services. While this is encouraging for the Department, the survey did reveal quality issues with some of the services provided by the Department. As mentioned above, the Department will be focusing on improving its outreach and being more responsive to the concerns and needs of the boards.

SB 1243, specifically Business & Professions Code Section 201, also requires DCA to submit a report of the accounting of the pro rata calculation of administrative expenses to the Legislature by July 1, 2015 and annually thereafter. Attached to this letter is DCA's first submission of this report.

Should you have any questions regarding this study or the Department's pro rata process, please contact Melinda McClain, the Department's Deputy Director for Legislation at (916) 574-7800 or melinda.mcclain@dca.ca.gov.


Awet Kidane
Director
Department of Consumer Affairs

Cc: Graciela Castillo-Krings, Deputy Legislative Secretary, Governor's Office
Anna Caballero, Secretary, Business, Consumer Services, and Housing Agency

DEPARTMENT OF CONSUMER AFFAIRS

DISTRIBUTED COSTS METHODOLOGY FOR FY 2015-16

CONSUMER AND CLIENT SERVICES DIVISION (CCSD)

1. ADMINISTRATIVE & INFORMATION SERVICES DIVISION (AISD):

- A. *AISD LESS OFFICE OF INFORMATION SERVICES* (which consists of the Executive Office, Equal Employment Opportunity Office, Internal Audits, Legal Affairs, Legislative & Regulatory Review, Office of Professional Examination Services, SOLID Training Services, Information Security, and the Office of Administrative Services [which consists of Fiscal Operations (Budgets, Accounting, Cashiering), Business Services Office, Office of Human Resources]): Distributed costs to all Boards/Bureaus/Programs based on authorized position count.
- B. *OFFICE OF INFORMATION SERVICES (OIS)*: Distributed costs based on service center usage. The cost centers have been refined to more accurately distribute each client's costs and include ATSCAS, BreZE, telecom, PC support, LAN/WAN, and Web services among others.

2. COMMUNICATIONS DIVISION:

- A. *PUBLIC AFFAIRS*: Distributed costs based on authorized position count.
- B. *CONSUMER INFORMATION CENTER (CIC)*: Distributed costs based on client's past year workload to determine the client's distributed costs in budget year.
- C. *CORRESPONDENCE UNIT*: Distributed costs based on client's past year workload to determine the client's distributed costs in budget year. Mainly Bureaus/Programs incur Correspondence costs.
- D. *PUBLICATIONS, DESIGN AND EDITING*: Distributed costs based on authorized position count. All Boards/Bureaus/Programs incur costs.

3. PROGRAM AND POLICY REVIEW DIVISION:

- A. *COMPLAINT RESOLUTION (CRP)*: Distributed costs based on client's past year workload to determine the client's distributed costs in budget year. Only Bureaus/Programs incur resolution costs.

DIVISION OF INVESTIGATION (DOI)

- A. *INVESTIGATION*: Fee for service: Based on two-year roll-forward methodology. This methodology uses a client's actual workload/costs in past year to determine the client's budget in budget year (BY), which will cover the BY estimated workload, plus any credit or debit for services already provided.
- B. *INVESTIGATIONS AND SERVICES TEAM*: Distributed costs based on authorized position count.
- C. *HEALTH QUALITY INVESTIGATION UNIT (HQIU)*: Costs distributed fully to the Medical Board of California. Costs incurred by Allied Health Programs are based on an hourly rate and invoiced directly with reimbursement going to the Medical Board.

**Fiscal Year 2015/16 Governor's Budget
Department of Consumer Affairs Distributed Costs**

Board / Bureau Name	2015-16 Authorized Positions	427.00	424.03	427.34	427.35			427.30	427.32	427.31	TOTAL	% of Budget		
		2015-16 Authorized Positions	2015-16 Authorized Positions	2015-16 Authorized Positions	Consumer Information Center	Correspondence	Publications Design & Editing	Complaint Resolution	DOI (IST)	DOI (HQIU)			DOI (INVEST)	
		2015-16 Authorized Positions	OIS (less BreEZe)	OIS (BreEZe)	Public Affairs	Consumer Information Center	Correspondence	Publications Design & Editing	Complaint Resolution	DOI (IST)	DOI (HQIU)	DOI (INVEST)		
Arbitration Certification Program	8.0	96,000	29,000	-	3,000	1,000	-	4,000	-	3,000	-	-	136,000	12%
Private Security Services	48.4	572,000	1,830,000	3,030,000	16,000	688,000	91,000	20,000	418,000	16,000	-	-	6,681,000	47%
Private Investigators	3.0	35,000	70,000	122,000	1,000	-	-	1,000	-	1,000	-	38,000	268,000	32%
Private Postsecondary	91.0	1,073,000	465,000	2,000	32,000	1,000	162,000	38,000	178,000	31,000	-	322,000	2,304,000	15%
Electronic/Appliance Repair	15.5	183,000	188,000	71,000	5,000	6,000	19,000	5,000	572,000	4,000	-	-	1,053,000	37%
Home Furnishings	27.9	331,000	235,000	107,000	9,000	-	-	10,000	284,000	8,000	-	-	984,000	20%
Automotive Repair (MRF)	521.8	6,155,000	3,386,000	383,000	185,000	1,121,000	115,000	232,000	816,000	177,000	-	-	12,570,000	12%
Automotive Repair (HPRRA)	59.6	704,000	366,000	-	21,000	-	-	25,000	-	20,000	-	-	1,136,000	10%
Automotive Repair (EFM)	9.0	108,000	34,000	-	3,000	-	-	4,000	-	4,000	-	-	153,000	18%
Telephone Medical Advice	1.0	11,000	1,000	-	-	-	2,000	-	-	-	-	-	14,000	8%
Cemetery	13.9	166,000	71,000	29,000	4,000	3,000	6,000	6,000	107,000	5,000	-	-	397,000	16%
Funeral Directors & Embalmers	7.6	89,000	59,000	38,000	2,000	-	-	4,000	132,000	2,000	-	-	326,000	18%
Bureau of Real Estate Appraisers	33.8	401,000	20,000	-	12,000	-	3,000	14,000	-	10,000	-	-	460,000	8%
Bureau of Real Estate	329.7	3,906,000	201,000	-	115,000	4,000	324,000	142,000	-	110,000	-	74,000	4,876,000	10%
Fiduciaries	2.7	31,000	21,000	1,000	1,000	10,000	15,000	1,000	111,000	1,000	-	-	192,000	31%
TOTAL, 1111	1,172.9	13,861,000	6,976,000	3,783,000	409,000	1,834,000	737,000	506,000	2,618,000	392,000		434,000	31,550,000	14%
Accountancy	98.8	1,166,000	214,000	288,000	36,000	-	-	44,000	-	32,000	-	-	1,780,000	13%
Board of Architectural Examiners	24.9	296,000	198,000	99,000	9,000	-	-	11,000	-	8,000	-	32,000	653,000	18%
Landscape Arch Committee	5.5	66,000	23,000	13,000	2,000	-	-	2,000	-	2,000	-	22,000	130,000	13%
Athletic Commission	10.2	121,000	55,000	3,000	3,000	-	-	5,000	-	3,000	-	-	190,000	13%
Boxer's Neurological	-	-	3,000	-	-	-	-	-	-	-	-	-	3,000	5%
Boxer's Pension	0.5	6,000	2,000	-	-	-	-	-	-	-	-	-	8,000	7%
Barbering & Cosmetology	92.2	1,087,000	2,924,000	5,032,000	31,000	1,213,000	99,000	40,000	-	30,000	-	85,000	10,541,000	43%
Board of Behavioral Sciences	53.0	628,000	589,000	983,000	18,000	-	-	23,000	-	16,000	-	81,000	2,338,000	23%
Chiropractic Examiners	19.4	229,000	135,000	135,000	6,000	-	-	8,000	-	5,000	-	7,000	525,000	13%
Contractors State License Bd	405.6	4,797,000	543,000	982,000	144,000	5,000	-	174,000	-	135,000	-	267,000	7,048,000	11%
Dental Board of CA	65.5	775,000	519,000	559,000	23,000	1,000	-	26,000	-	22,000	-	-	1,925,000	15%
Dental Assistants Program	11.1	131,000	157,000	422,000	4,000	-	-	5,000	-	4,000	-	-	723,000	28%
Dental Hygiene Committee	9.2	109,000	95,000	195,000	3,000	-	-	4,000	-	3,000	-	-	409,000	22%
Guide Dogs for the Blind	1.5	18,000	6,000	1,000	-	-	-	1,000	-	-	-	-	26,000	13%
Medical Board of California	287.4	3,368,000	1,105,000	1,623,000	101,000	-	-	123,000	-	95,000	16,341,000	-	22,756,000	37%
Registered Dispensing Opticians	0.9	11,000	12,000	48,000	-	-	-	-	-	-	-	-	71,000	20%
Acupuncture Board	11.0	130,000	98,000	36,000	4,000	148,000	-	5,000	-	4,000	-	494,000	919,000	27%
Physical Therapy Board	19.4	232,000	230,000	314,000	6,000	-	-	8,000	-	5,000	-	596,000	1,391,000	34%
Physician Assistant Board	4.5	54,000	53,000	90,000	1,000	-	-	2,000	-	1,000	-	-	201,000	13%
Board of Podiatric Medicine	5.2	62,000	40,000	27,000	2,000	-	-	2,000	-	2,000	-	-	135,000	9%
Board of Psychology	20.3	241,000	270,000	239,000	6,000	-	-	8,000	-	7,000	-	-	771,000	16%
Respiratory Care Board	17.4	204,000	179,000	212,000	6,000	-	-	7,000	-	6,000	-	77,000	691,000	19%
Speech-Language P. A./ Hearing Aid	8.6	104,000	102,000	67,000	3,000	-	-	4,000	-	3,000	-	331,000	614,000	30%
Occupational Therapy	7.7	92,000	83,000	130,000	2,000	-	-	4,000	-	3,000	-	41,000	355,000	25%
Board of Optometry	10.4	124,000	110,000	132,000	3,000	-	-	5,000	-	3,000	-	-	377,000	21%
Osteopathic Medical Board	11.4	135,000	78,000	79,000	4,000	-	-	5,000	-	4,000	-	-	305,000	16%
Naturopathic Medicine	2.0	24,000	11,000	3,000	1,000	-	-	1,000	-	1,000	-	75,000	116,000	31%
Board of Pharmacy	101.1	1,195,000	718,000	448,000	35,000	-	-	42,000	-	33,000	-	-	2,471,000	12%
Board for Professional Engineers	58.7	690,000	361,000	381,000	20,000	-	-	25,000	-	20,000	-	206,000	1,703,000	17%
Geologists and Geophysicists	6.0	73,000	27,000	30,000	2,000	-	-	2,000	-	2,000	-	13,000	149,000	10%
Board of Registered Nursing	158.8	1,874,000	2,787,000	4,840,000	56,000	-	-	68,000	-	52,000	-	5,443,000	15,120,000	36%
Court Reporters Board	4.5	53,000	47,000	59,000	1,000	-	-	2,000	-	1,000	-	-	163,000	15%
Structural Pest-Support	29.9	353,000	210,000	34,000	11,000	-	-	12,000	-	9,000	-	145,000	774,000	16%
Veterinary Medical Board	23.8	280,000	191,000	261,000	9,000	-	-	10,000	-	7,000	-	610,000	1,388,000	29%
Vocational Nursing Program	57.5	679,000	505,000	936,000	19,000	1,000	-	24,000	-	20,000	-	-	2,184,000	22%
Psychiatric Technician Program	10.4	125,000	59,000	112,000	3,000	-	-	5,000	-	3,000	-	-	307,000	14%
TOTAL, 1110	1,654.3	19,532,000	12,739,000	18,813,000	574,000	1,368,000	99,000	707,000		542,000	16,341,000	8,525,000	79,240,000	24%
Distributed Cost TOTAL	2,827.2	33,393,000	19,715,000	22,596,000	983,000	3,202,000	836,000	1,213,000	2,618,000	934,000	16,341,000	8,959,000	110,790,000	20%

Agenda

Item

20

Summary of Proposed Updates to Application for Licensure

The application instructions and the application have not been organized. These documents are for review and approval of text content only.

Application Instructions and General Information:

- Bold the title
- Bold the sentence "Please allow the Board 30 days to perform an initial review before contacting the Board for an update on an application status."
- In the Forms Section: Add Form PA8 – Birth Month Licensure Request
- Manual Fingerprint Card Process: add the word "approved" in last sentence before fingerprint cards
- Fees: Corrected grammatical errors
- New Section: Convictions
- Application Denial – Correct last sentence in second paragraph
- Abandonment of Licensure: Reworded section
- Changed Practicing as a PA – spelled out abbreviation
- Notice of Collection of Personal Information: Added sentence

Suggested reorganization of Application Instruction sections:

1. Fees
2. Forms
3. Photograph
4. PANCE Score Release
5. Fingerprint Procedure
6. NPDB Report
7. Release of Application Status (removed from General Information)
8. Active Duty Military
9. Convictions
10. Proof of Dismissal
11. Mental Illness

Suggested reorganization of General Information sections:

1. Application Processing Times
2. Address of Record
3. Canceled Physician Assistant License
4. Application Denial
5. Completion of the Licensing Process
6. Practicing as a Physician Assistant
7. License Renewals
8. Continuing Medical Education
9. Resource
10. Physician Assistant Laws and Regulations
11. Notice of Collection of Personal Information

Application for Licensure Physician Assistant:

PA1:

- Bold the title
- Change – Part 1: to be completed by applicant to Personal Information
- Switch Gender and SSN and renumber
- Add a line in the mandatory disclosure of social security numbers

PA2:

- Question 13 correct form number
- Delete question 14 about the PANCE
- Add Section Malpractice History with new question 14

PA3:

- Make “If yes” consistent in each question

PA4:

- Change Disciplinary History (continued) to Practice Impairment or Limitations
- Move instructions from bottom of last question to below heading (for consistency)
- Add Criminal Record History as heading starting at question 23
- Change the wording for question 23a
- Add questions 24

PA5:

- Add line for printed name of applicant

PA6: Training Program Certification

- No change

PA7: Verification of Licensure

- No change

PA8: Birth Month Licensure Request

- New form

Request for Live Scan:

- No change



APPLICATION INSTRUCTIONS AND GENERAL INFORMATION

For the Application for Physician Assistant License



The Board wants to process your application as soon as possible. Please review the information on these Application Instructions and General Information pages carefully prior to completing the application forms and requesting all applicable supporting documents. **Please allow the Board 30 days to perform an initial review before contacting the board for an update on an application status.**

All items listed that are applicable to you must be submitted in order for your qualifications for licensure to be assessed.

As an applicant, you are personally responsible for all information disclosed on your application, including any responses that may have been completed on your behalf by others. An application may be denied based upon falsification or misrepresentation of any item or response on the application or any attachment.

FORMS

- Forms PA1 through PA5, Application for Physician Assistant Licensure.
- Form PA6, Physician Assistant Training Program Certification, must be sent by you to your training program after you complete Part A. The training program must complete the form and mail it directly to the Physician Assistant Board. **Fax copies are not acceptable.**
- Form PA7, Verification of Licensure, must be submitted by you to every state in which you are/have been licensed or otherwise registered to practice as a physician assistant or other health care provider. Please make additional copies of this form as needed. Each licensing agency must then mail the completed form, with their agency seal, directly to the Board. **Fax copies are not acceptable.**
- Form PA8, Birth Month Licensure Request. Initial licenses may be valid for as few as thirteen months or as many as twenty-four months. License expiration is based on your birth month. Please submit this form if you wish to wait until your birth month to be licensed.

PHOTOGRAPH

One (1) recent 2" x 2" (approximate size) passport size photo of your head and shoulders only.

REQUEST FOR RELEASE OF PANCE SCORES FROM THE NCCPA

Contact the National Commission on Certification of Physician Assistants, 12000 Findley Road, Suite 200, Duluth, GA 30097, www.nccpa.net, telephone: (678) 417-8100, to authorize release of your Physician Assistant National Certifying Examination (PANCE) scores. Your PANCE scores must be sent by the NCCPA directly to the Board. **Fax copies are not acceptable.**

FINGERPRINT PROCEDURES

Before the Board issues a license, clearances must be received from both the Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) to verify that the applicant has no criminal history. Your physician assistant license will not be issued until the board receives fingerprint clearance from both the DOJ and the FBI. Even though you may have been fingerprinted previously for another employer or regulatory body you will need to undergo the fingerprinting and criminal history check process again specifically for this application. California Penal Code section 11142 prohibits criminal history information from being released to any entity other than the requesting agency that you have authorized to receive it.

Two methods are available to complete the fingerprint requirement:

LIVE SCAN PROCESS—Applicants who either reside in California or are visiting California must use this process.

Live Scan Procedures:

1. Complete the Board's "Request for Live Scan Services" form in triplicate.
2. Take the completed form (in triplicate) to a Live Scan location. Visit www.ag.ca.gov/fingerprints to locate a Live Scan location. Hours of operation and fees vary, so please contact the Live Scan site directly for information.
3. Pay the processing and rolling fees to the Live Scan site.
4. Submit the second copy of the form with your physician assistant license application. The board will be unable to process your application without the second copy of the "Request for Live Scan Services" form.

MANUAL FINGERPRINT CARD PROCESS

If you reside outside of California or are unable to obtain Live Scan services in California, you must use the manual fingerprint card process. Please contact the PAB by calling (916) 561-8780 or emailing pacommittee@mcb.ca.gov to obtain the 8" x 8" fingerprint cards (FD-258). You may also obtain the approved fingerprint cards from your local law enforcement agency.

Instructions:

1. Complete all areas marked in red on both cards.
2. Take the completed cards to a local law enforcement office and have your fingerprints rolled.
3. Submit both fingerprint cards with your physician assistant license application. **DO NOT FOLD CARDS.** The Board will be unable to process your application without two completed fingerprint cards. Please be sure to include the additional fee with your manual fingerprint cards.

ACTIVE DUTY MILITARY

Spouses or Partners Receive Expedited Review:

The Board is required to expedite the licensure process for an applicant whose spouse or partner is an active duty member of the U.S. Armed Forces and meets other criteria. (Business and Professions Code section 115.5.) If you would like to be considered for this expedited review and process, please answer or provide the following documentation:

1. Are you married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders?

If “yes,” please provide evidence of your legal union and your spouse or partner’s military duty. For example, attach a copy of the marriage certificate or certified declaration/registration of domestic partnership filed with the Secretary of State AND military orders establishing duty station in California. For other forms of “legal union” not recognized by California, you may submit other documentary evidence of legal union issued by the State that recognizes your legal union for consideration by the Board in meeting this requirement.

NATIONAL PRACTITIONER DATA BANK REPORT

If you are or you have ever been licensed or otherwise registered in any manner in any state or country in any healthcare occupation you must provide the board with an original National Practitioner Data Bank Self-Query report. To request a report contact the NPDB at <http://www.npdb-hipdb.hrsa.gov>. Please forward, by mail, the sealed Self-Query Report from the National Practitioner Data Bank to the board for review. **The Board can’t accept the PDF version of the NPDB report.**

FEES

Application (\$25) and Initial Licenseing Fee (\$200). The initial licensing fee will be refunded if licensure is not granted. Make check or money order payable to the “Physician Assistant Board.”

- With Live Scan fingerprinting: \$225 (\$25 application fee+ \$200 initial license fee)
- With Manual Fingerprint cards: \$274 (\$25 application fee+ \$200 initial license fee + \$49 manual fingerprint processing fee)

CONVICTIONS

Note that convictions adjudicated in juvenile courts or convictions two years or older under Health and Safety Code sections 11357(b), (c), (d), (e) or section 11360(b) need not be reported. Convictions expunged or set aside pursuant to section 1203.4 of the California Penal Code or equivalent non-California law MUST be disclosed. If in doubt as to whether a conviction should be disclosed, it is best to disclose the conviction on the application. The Board receives information regarding convictions that have been dismissed or set aside.

MENTAL ILLNESS, DISEASE, OR DISORDER

“Mental illness, disease or disorder” includes mental or psychological conditions or disorders, such as, but not limited to, schizophrenia, paranoia, bipolar illness (manic depression), sociopathy or any other psychotic disorder.

“Currently” does not mean on the day of or even in the weeks or months preceding, the completion of the application. Rather, it means recently enough so that you believe that the mental condition may have an ongoing impact on your functions as a Physician Assistant.

Please submit complete official medical, psychiatric and treatment records related to the specific medical or psychiatric issue, evidence of ongoing rehabilitation treatment, and a personal written statement identifying and describing the mental illness, disease, disorder, or other condition. Completion of an authorization and release of medical or psychiatric records form may be required by the Board to finalize the application process.

PROOF OF DISMISSAL

If you have obtained a dismissal of your conviction(s) pursuant to Penal Code sections 1203.4, 1203.4a, or 1203.41, please submit a certified copy of the court order dismissing the conviction(s) with your application.

GENERAL INFORMATION

APPLICATION PROCESSING TIMES

Your application is considered complete once all required forms, documentation, FBI and DOJ criminal record clearance, and appropriate fees have been received and validated. You will be notified of the status of your application, including any file deficiencies, generally within 30 days from the date your application is received. We recognize that some items may be in transit; however, in an effort to ensure that your application can be reviewed in a timely manner, we ask for your patience in not calling for the status of your application until after this 30-day period.

RELEASE OF APPLICATION STATUS

A pending application is not a public record; therefore you must sign and submit a release of information to the board before we will release information to anyone other than you.

ADDRESS OF RECORD

It is your responsibility to provide, in writing, notice of any address or name changes to the Board. All correspondence will be sent to your address of record. If the address of record is a post office box, the law requires that you also provide a street address which will not be disclosed to the public. Once licensed, your address of record is a public record and will be available on the Board's website. The Board is required to provide the address of record to anyone who may request it.

Address changes must be submitted to the Board by either submitting an address change on-line, via fax, or by mailing in a written change of address. You may obtain an address change request by accessing the Board's website and clicking on the tab "Forms/Publications". You can also find the link on the home page under "Quick Hits".

CANCELED PHYSICIAN ASSISTANT LICENSE

Business and Professions Code Section 3526 states, "A person who fails to renew his or her license or approval within five years after its expiration may not renew it, and it may not be reissued, reinstated, or restored thereafter, but that person may apply for and obtain a new license or approval if he or she:

1. Has not committed any acts or crimes constituting grounds for denial of licensure under Division 1.5 (commencing with Section 475).
2. Takes and passes the examination, if any, which would be required of him or her if application for licensure was being made for the first time, or otherwise establishes to the satisfaction of the Board that, with due regard for the public interest, he or she is qualified to practice as a physician assistant.
3. Pays all of the fees that would be required as if application for licensure was being made for the first time."

If your California physician assistant license has expired for more than five years and has been canceled you must submit a new application. Please contact the Board for further information.

APPLICATION DENIAL

The Physician Assistant Board has the authority to deny licensure based upon an applicant's act of dishonesty or unprofessional conduct, conviction of a crime substantially related, discipline by another state, country or agency of the federal government, or inability to practice safely.

If your application for licensure is denied, you will have a right to a hearing under Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code upon written request. Unless written request for a hearing is made within a 60-day period, the right to a hearing is deemed waived. The right to a hearing is deemed waived unless a written request for a hearing is made within a 60-day period following denial.

Once a license denial is final, you may reapply one year from the date of the denial. You will be notified in writing the reason(s) for denial and provided information about the appeal process.

ABANDONMENT OF LICENSURE APPLICATION

Notwithstanding any other provision of law, the abandonment date for an application that has been returned to the applicant as incomplete shall be 12 months from the date of returning the application per California Business and Professions Code section 142. Applicants must complete the licensing process within 12 months of receipt of the deficiency letter from the Board. If the applicant fails to provide the required licensing application documents to the Board within 12 months, the application is deemed abandoned, (Business and Professions Code section 142).

PRACTICING AS A PA PHYSICIAN ASSISTANT

You may not begin practicing as a PA in California until:

1. You have been granted a license by the Board; and,
2. Have a supervising physician with whom you have established in writing:
 - Delegation of Services Agreement that includes guidelines for adequate supervision of the PA. A sample copy of this document is available on the Board's website: www.pac.ca.gov.

LICENSE RENEWALS

Once your license is issued, it will be valid until the last day of your second birth month after licensure. Therefore, your initial license may be valid for as few as thirteen months or as many as twenty-four months. For this reason, the initial licensing fee is \$200. Thereafter, your license will expire biennially on the last day of your birth month. The expiration is based on your birth month, not your birth date. A courtesy renewal notice is sent to your address of record approximately ten weeks prior to the expiration date. You may verify your current address of record and expiration date online, or call (916) 561-8780. Processing time for license renewals is six to eight weeks. Renew your license online at: www.breeze.ca.gov or www.pac.ca.gov.

If you wait until close to your birth month to apply for licensure, then your license may be valid for a full 24-month period. Should you choose to be licensed as soon as possible, your license may be valid for as few as 13 months depending upon when you reach the second birth month after licensure.

CONTINUING MEDICAL EDUCATION

Licenseses are required to complete continuing medical education as a condition of license renewal. The requirement may be met by completing 50 hours of category 1 continuing medical education every two years or by obtaining and maintaining certification by the National Commission on Certification of Physician Assistants.

RESOURCE

The Board's website address is: www.pac.ca.gov. You may obtain physician assistant applications, forms, general information, relevant laws and regulations, and other resources on the board's website. You may also link to other agencies and organizations. You are encouraged to visit the site on a regular basis for information that will be useful to you.

The Board's website also includes an online subscription service which sends out notices of changes in laws and regulations, enforcement actions taken against licensees, and information related to physician assistant practice. You are encouraged to take advantage of this service. Visit the Board's website and click on "Join the Board E-mail Subscriber List" under "Quick Hits" located on the home page.

PHYSICIAN ASSISTANT LAWS AND REGULATIONS

It is your responsibility to know and to keep current on the laws and regulations pertaining to the practice as a physician assistant as they are subject to change. You may obtain a copy of the physician assistant laws and regulations at the Board's website: www.pac.ca.gov.

NOTICE OF COLLECTION OF PERSONAL INFORMATION

All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will delay the processing of your application and may result in the application being rejected as incomplete. The information provided will be used to determine your qualifications for licensure per Section 3519 of the California Business and Professions Code and Title 16, California Code of Regulations section 1399.506, which authorizes the collection of this information. The information on your application may be transferred to other medical licensing authorities, the Federation of State Medical Boards, other governmental or law enforcement agencies to perform their statutory or constitutional duties, or otherwise transferred or disclosed as provided in California Civil Code Section 1798.24. You have the right to review your application and your files except information that is exempt from disclosure as provided in Civil Code section 1798.40, or as otherwise provided by the California Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act or pursuant to court order. The Executive Officer is responsible for maintaining the information in this form and may be contacted at 2005 Evergreen Street, Suite 1100, Sacramento, CA 95815, telephone number (916) 561-8780 regarding questions about this notice or access to records.



APPLICATION FOR LICENSURE PHYSICIAN ASSISTANT



Please **READ** all instructions and general information prior to completing this application. **ALL** questions on this application must be answered, and all supporting documents must be submitted with this application as per instructions. When space provided is insufficient, attach additional sheets of paper. Please type or print neatly.

Application and licensing fees. Select one option only. Live Scan \$225.00 Fingerprint cards \$274.00

PART I: TO BE COMPLETED BY APPLICANT PERSONAL INFORMATION

1. Name	Last	First	Middle	PAB Use Only
2. Other Names/Aliases (Including Birth Name)				
3. <u>SSN/ITIN</u>	5. <u>Gender</u>		4. <u>SSN/ITIN</u>	Personal Information
<u>Male</u>	<u>Female</u>			
45a. Address of Record/ Mailing Address Will be released by the Board to the public and posted on the PAB's website if a license issues. This address will also be used for service of all official correspondence, notices, and orders from the Board.	Number and Street (include apartment number, if applicable)			
	City	State	Zip Code	Country
45b. Confidential Address If you provided a P.O. Box in 4a, you must also provide a street address. This address will not be posted on the Board's website.	Number and Street (include apartment number, if applicable)			
	City	State	Zip Code	Country
6. E-mail Address Optional—For office use only.		7. Date of Birth (month/day/year)		
8. Telephone Numbers				
Home		Cell		

EDUCATION

9. Physician Assistant Program Attended					School Code
Name of PA Training Program	Graduation Date	Address	Telephone Number		

MANDATORY DISCLOSURE OF SOCIAL SECURITY NUMBERS:

Disclosure of your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory. Sections 30 and 31 of the Business and Professions Code authorize collection of your SSN or ITIN. Your SSN or ITIN will be used exclusively for tax enforcement purposes, for investigation of tax evasion and violations of cash-pay reporting laws as set forth in Section 329 of the Unemployment Insurance Code, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of license or examination status by a licensing or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or ITIN, your application for initial licensure will not be processed AND you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

STATE TAX OBLIGATION NOTICE:

Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board. You are obligated to pay your state tax obligation and your license may be suspended or denied if the state tax obligation is not paid.

PA1

MILITARY EXPERIENCE/LICENSE HISTORY

10. Are you serving in, or have you previously served in, the United States military? Yes No

11. Are you married to, or in a domestic partnership or other legal union, with an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders? Yes No

If "Yes", please see instructions for further documentation required to expedite licensure.

12. Have you ever applied for a California physician assistant license? Yes No

13. Are you, or have you ever been, licensed or otherwise registered in any manner in any state, country, or with any federal agency in any healthcare occupation? Yes No

If "Yes", please complete Form PA67 and the National Practitioner Data Bank Report, see instructions. Please list type of license, state, license number, issue date, expiration and current status. Use a separate sheet of paper if necessary.

Type of License	State or Country	License Number	Date of Licensure		Current Status of License (active, inactive, suspended, revoked, probation, other, explain)
			From:	To:	

MALPRACTICE HISTORY

14. Has a claim or action ever been filed against you for the practice of medicine that resulted in a malpractice settlement in excess of \$30,000 or resulted in any judgment or arbitration award of any amount? Yes No
 (Business and Professions Code section 801.1)

Written Exam

DISCIPLINARY HISTORY

QUESTIONS 15 - 18: If you answer "YES" to any of the questions in this section, please provide ALL official documentation regarding the matter, in addition to a written narrative description. If applicable, an applicant should also provide official hearing/court documents and original letters of explanation from training program directors or other appropriate authorities.

15. Have you ever had a healthcare license or certificate, or narcotics (controlled substance) permit denied or disciplined by this State, any other state, agency of the federal government, or another country, or have you ever surrendered such a license, certificate or permit? Yes No

PA2

DISCIPLINARY HISTORY (continued)

16. Have you ever had charges filed against a healthcare license that you currently hold or held in the past, including charges that are still pending or charges that were dropped? Yes No

If "Yes", to either #15 or #16, give details (locations, dates, rulings). Use a separate sheet of paper if necessary.

State	Date	Charge	Disposition

17. Have you ever withdrawn from, or been suspended, dismissed or expelled from a physician assistant training program or have you ever taken a leave of absence from such a program? If "Yes", please attach a written explanation. Yes No

If "Yes", please attach a written explanation.

18. Have you ever been charged with, or been found to have committed unprofessional conduct, professional incompetence, gross negligence or repeated negligent acts or malpractice by any licensing board, other agency, or hospital or has any disciplinary action ever been filed or taken regarding any healthcare license which you now hold or have ever held, or is any such action pending? Include any disciplinary actions by the U.S. Military, U.S. Public Health Service or other U.S. governmental agency. If YES, provide details: Yes No

If "Yes", provide details:

State	Date	Charge	Disposition

19. Have you ever been denied a license, permission to practice medicine or any other healthcare occupation, or denied permission to take an examination in any country, or U.S. federal jurisdiction, or is any such action pending. Yes No

If "Yes", provide details:

State	Date of Denial	Reason for Denial

DISCIPLINARY HISTORY (continued) PRACTICE IMPAIRMENT OR LIMITATIONS

For any of the boxes checked YES above/below, please submit complete official medical, psychiatric and treatment records related to the specific medical or psychiatric issue, evidence of ongoing rehabilitation treatment, and a personal written statement identifying and describing the mental illness, disease, disorder, or other condition. Completion of an authorization and release of medical or psychiatric records form may be required by the Board to finalize the application process.

20. Have you ever been diagnosed or treated for a medically recognized mental illness, disease or disorder that would currently interfere with your ability to practice medicine? (See instructions for further details.) Yes No
21. Do you have a current physical or mental impairment related to drugs or alcohol? Yes No
22. Have you been adjudicated by a court to be mentally incompetent or are you currently under a conservatorship? Yes No

If you answered "Yes" to question 22, please submit copies of official court documents regarding the legal proceedings.

CRIMINAL RECORD HISTORY

For each conviction disclosed, you must provide CERTIFIED copies of arresting agency reports and CERTIFIED copies of court documents, including a plea form and court docket and a detailed written narrative description of the incident that led to the conviction. All documents will need to be provided directly by the issuing agency to the Board. If documents were purged by arresting agency and/or court, a letter of explanation from these agencies is required. YOU ARE REQUIRED TO INCLUDE ANY CONVICTION THAT HAS BEEN SET ASIDE AND DISMISSED OR EXPUNGED, OR WHERE A STAY OF EXECUTION HAS BEEN ISSUED.

23a. Have you ever been convicted of or plead nolo contendere to ANY criminal or civil offence in the United States, its territories, or a foreign country? This includes every citation or infraction (including traffic violations resulting in fines over \$300), misdemeanor and/or felony.

Convictions that were adjudicated in the juvenile court or convictions under California Health and Safety Code sections 11357(b), (c), (d), and (e) or sections 11360(b) which are two years old or older should NOT be reported. Convictions that were later dismissed pursuant to sections 1203.4, 1203.4a, or 1203.41 of the California Penal Code or equivalent non-California law MUST be disclosed.

Proof of Dismissal: If you have obtained a dismissal of your conviction(s) pursuant to Penal Code sections 1203.4, 1203.4a, or 1203.41, please submit an original certified copy of the court order dismissing the conviction(s) with your application.

Yes No

- 23b. Is any appeal related to the above pending? Yes No
- 23c. Have you had any conviction dismissed/expunged? Yes No
- 23d. Was a stay of execution of the court's judgment in your case issued? Yes No

Violation and Location	Date	Penalty or Disposition

CRIMINAL RECORD HISTORY (continued)

24. Are you required to register as a sex offender in California or in another state, territory or under federal law? Yes No

(Title 16 California Code of Regulations section 1399.523.5)

PHOTOGRAPH

TOP OF PHOTO

INSTRUCTIONS

Photographs must be of head and shoulders only.

Attach a 2" x 2" (approximate size) photograph in this space.

Scanned, altered, or Polaroid photos are not acceptable.

BOTTOM OF PHOTO

NOTICE OF COLLECTION OF PERSONAL INFORMATION
All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will delay the processing of your application and may result in the application being rejected as incomplete. The information provided will be used to determine your qualifications for licensure per Section 3519 of the California Business and Professions Code and Title 16, California Code of Regulations section 1399.506, which authorizes the collection of this information. The information on your application may be transferred to other medical licensing authorities, the Federation of State Medical Boards, other governmental or law enforcement agencies to perform their statutory or constitutional duties, or otherwise transferred or disclosed as provided in California Civil Code Section 1798.24. You have the right to review your application and your files except information that is exempt from disclosure as provided in Civil Code section 1798.40, or as otherwise provided by the California Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act or pursuant to court order. The Executive Officer is responsible for maintaining the information in this form and may be contacted at 2005 Evergreen Street, Suite 1100, Sacramento, CA 95815, telephone number (916) 561-8780 regarding questions about this notice or access to records.

CERTIFICATION

I hereby certify, under penalty of perjury under the laws of the State of California, that I have read the questions in the foregoing application and that all information, statements, attachments and representations provided by me in this application are true and correct. By submitting this application and signing below, I am granting permission to the Board or its assignees and agents to verify the information provided and to perform any investigation pertaining to the information I have provided as the Board deems necessary.

My signature on this application, or copy thereof, authorizes the National Practitioner Data Bank and the Federal Drug Enforcement Agency to release any and all information required by the Physician Assistant Board of California.

NOTICE: FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS GROUNDS FOR DENYING OR REVOKING A LICENSE.

Printed Name of Applicant: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

PA5



PHYSICIAN ASSISTANT TRAINING PROGRAM CERTIFICATION



Print or Type

(Read instructions before completing)

(A): TO BE COMPLETED BY APPLICANT				
1. Name	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Last</td> <td style="width: 33%; border: none;">First</td> <td style="width: 33%; border: none;">Middle</td> </tr> </table>	Last	First	Middle
Last	First	Middle		
2. Mailing Address	Number and Street (include apartment number, if applicable)			
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">City</td> <td style="width: 33%; border: none;">State</td> <td style="width: 33%; border: none;">Zip Code</td> </tr> </table>	City	State	Zip Code
City	State	Zip Code		
3. Telephone Numbers				
Home	Cell			
(B): TO BE COMPLETED BY PROGRAM				
<p>This certifies that _____ of _____, matriculated NAME ADDRESS in _____ and has attended this institution NAME OF PA PROGRAM from _____, _____, to _____, _____, successfully completing the training for licensure as a Physician Assistant as set forth in the Physician Assistant regulations.</p>				
<p><i>For a "Yes" response to ANY of the following questions, the training program should provide a brief written explanation on a separate attachment.</i></p>				
1. Did this individual ever take a leave of absence from their medical education?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Was this individual ever placed on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Was this individual disciplined or under investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Were there incident reports regarding this individual ever filed by instructors?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5. Were any limitations or special requirements imposed on this individual because of questions of academic or disciplinary problems, or for any other reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
CERTIFICATION				
<p style="text-align: center; font-size: 1.2em;">OFFICIAL SEAL</p> <p style="margin-top: 20px;">After completion by the approved Program, this form must be mailed by the Program to the Board at the address below.</p> <p>FAXES ARE NOT ACCEPTABLE.</p>	<p>Signed and the school seal affixed this _____ day of _____, _____</p> <p>By _____</p> <p>Title _____</p>			

PA6



VERIFICATION OF LICENSURE PHYSICIAN ASSISTANT OR OTHER HEALTHCARE PROFESSIONAL



Instructions to the Applicant: Please complete Part I below and forward a copy of this form to **ALL** states, territories, licensing or registration jurisdictions where you have **EVER** been licensed or registered, including any other health care professions. Copy this form as needed. Please type or print legibly.

PART I: TO BE COMPLETED BY APPLICANT

1. Name	Last	First	Middle
2. Other Names Used (Including Birth Name)		3. Date of Birth	MM/DD/YY
4. Mailing Address	Number and Street (include apartment number, if applicable)		
	City	State	Zip Code
5. Applicant Signature		5. Date of Signature	

I hereby authorize your agency to release information concerning my licensure/registration/certification status. Please return this completed form to the Board at the address listed below. All questions must be answered.

PART II: TO BE COMPLETED BY STATE BOARD OR OTHER LICENSING JURISDICTION

Instructions to the Licensing Agency: Please complete Part II below for the applicant identified above and mail this document directly to the Physician Assistant Board. **Faxes are not acceptable.**

License Type	State	License Number	Issue Date	Expiration Date

If YES to any of the following questions, please provide any information and documentation which may be released, including charges and final disposition.

1. Have any complaints been filed against the license? Yes No Unable to answer
2. Is there any pending investigation regarding the license? Yes No Unable to answer
3. Has any disciplinary activity been taken regarding this license? Yes No Unable to answer

CERTIFICATION

OFFICIAL SEAL

Verified by _____
Signature

Print Name _____

Title _____

Date _____

Telephone Number _____

PA7



PHYSICIAN ASSISTANT BOARD



BIRTH MONTH LICENSURE REQUEST

California licensing regulations specify that a license expires at 12 midnight on the last day of the birth month of the licensee during the second year of a two year term. If you are licensed in your birth month, your initial license will be valid for a full 24-month term. If you are licensed in a month other than your birth month, the term of your *initial license* will be less than 24-months (Business and Professions Code section 3523)

Please indicate your preference by checking one of the options listed below.

I would like to wait until my birth month of _____ to be licensed.

I would like to be licensed as soon as my application is processed. I understand and acknowledge my *initial license* will be valid for less than a 24-month term.

Printed Name of Applicant: _____

Date of Birth: _____

Signature of Applicant: _____

Date: _____

Please return the form using one of the following methods:

1. Submit the completed form with your initial application.
2. Fax the completed form to the Board at (916) 263-2671
3. Mail the completed form to the address listed below.

PA8

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: <u>A0433</u> Code assigned by DOJ	Type of Application: <u>License</u>
Job Title or Type of License, Certification or Permit: <u>Physician Assistant</u>	

Agency Address Set Contributing Agency: <u>Physician Assistant Board</u>		<u>06339</u> Mail Code (five digit code assigned by DOJ)
Agency authorized to receive criminal history information		
<u>2005 Evergreen Street, Suite 1100</u>		<u>Licensing Staff</u> Contact Name (Mandatory for all school submissions)
Street No.	Street or P.O. Box	
<u>Sacramento</u>	<u>CA</u>	<u>95815</u> Contact Telephone No.
City	State	Zip Code

Name of Applicant: (please print) _____ Last First MI		
Alias: _____ Last First	Driver's License No. _____	
Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL- <u>N/A</u> Agency Billing Number (if applicable)
Height: _____	Weight: _____	Misc. No: _____
Eye Color: _____	Hair Color: _____	Home Address: _____ Street or P.O. Box
Place of Birth: _____	City, State and Zip Code	
SOC: _____		

Your Number: _____ OCA No. (Agency Identifying No.)	Level of Service <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI
If resubmission, list Original ATI No. _____	

Employer: (Additional response for agencies specified by statute) This Section is not applicable		
Employer Name _____		
Street No.	Street or P.O. Box	Mail Code (five digit code assigned by DOJ)
City	State	Zip Code
() Agency Telephone No. (optional)		

Live Scan Transaction Completed By: _____ Name of Operator	Date: _____	
Transmitting Agency _____	ATI No. _____	Amount Collected/Billed _____