JOINT LEGISLATIVE SUNSET REVIEW COMMITTEE FINDINGS AND RECOMMENDATIONS

Review and Evaluation of the Physician Assistant Committee

Report to the
Department of Consumer Affairs

APRIL, 1998

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1.

OVERVIEW OF THE CURRENT REGULATORY PROGRAM OF THE PHYSICIAN ASSISTANT EXAMINING COMMITTEE (PAEC)

BACKGROUND AND DESCRIPTION OF THE PROFESSION AND THE BOARD

The Physician Assistant (PA) profession began in part because of the availability of a number of Vietnam-trained and experienced "medics" who were returning to civilian life and had years of clinical experience and training. The American Medical Association convened a number of health care and medical groups to discuss the creation of a new kind of health care provider, the "physician assistant."
Since that time, all states, except for one (Mississippi), have come to recognize the PA profession and depend upon licensure as a way to regulate this health care provider.

PA's today are trained medical professionals who work under the supervision of an approved supervising physician. They are trained to obtain a complete history of a patient's health problem, conduct a thorough examination of the patient, order appropriate tests, and reach a diagnosis. If so authorized, they may also initiate treatment of the patient and "transmit" prescriptions. PA's may perform these activities as long as they at least stay in electronic contact with their supervising physician. PA's may practice in any setting, including licensed health care facilities, out-patient settings, patients' residences, residential facilities, and hospices.

The scope of practice for physician assistants is defined both in statute, Section 3502 of the B&P Code, and clarified further in regulation. Any changes in regulation must be approved by the Medical Board.

Titles used by California practitioners of this occupation are "Physician Assistant" (PA), "Licensed Physician Assistant " (PA), "Physician Assistant-Certified" (PA-C), and "Physician Associate" (PA). The title Physician Assistant-Certified indicates that a person has passed an examination given by a national accrediting organization, while a "Physician Associate" designates graduation from a particular type of educational program. The use of the title "Physician Assistant," or other title indicating or implying that a person is a physician assistant, is protected under Section 3503 of the Business & Professions Code (B&P Code).

The Physician Assistant Examining Committee (PAEC) regulates these PA's and approves their educational programs. The Committee also registers supervising physicians of PAs. If there is any question involving the approval of a supervising physician, the application is forwarded to the Medical Board.

PAEC was created in 1975, simultaneous to the licensing act. At that time, the Legislature was concerned about the existing shortage and geographic maldistribution of health care services in California, and specifically set out in statute the intent to create this new category of health professional and promote the utilization of physician assistants by physicians.

The PAEC is composed of nine (9) members. Seven (7) licensed professional members are appointed by the Governor. Two (2) are public members appointed by the Legislature. The qualifications for the PAEC members are as follows:

- Three (3) are licensed physician assistants.
- One (1) is a physician member of the Medical Board.
- One (1) is an approved supervising physician.
- One (1) is a physician representing a California medical school.
- One (1) is an educator from an approved training program for PAs.
- Two (2) are public members.

Improvements, which PAEC has made over the past four years, include:

(1) Developed a Policy Manual in 1995, to clearly delineate PAEC's member functions, duties, responsibilities, and standards of conduct. Also adopted policies and procedures to delineate staff functions.

(2) Adopted rules and standards of professional conduct.

(3) Adopted a Strategic Plan for 1997-2002, with specific goals and objectives, and created as an addendum an action plan.

(4) Conducted a study between 1995 and 1996 of staff utilization and effectiveness in communicating with the public and licensees. The study indicated that the response by PAEC to the public is exceptional, and have begun implementing recommendations made by the study.

(5) Adopted Disciplinary Guidelines in 1996.
There are approximately **2,775** physician assistants licensed with PAEC.
The following provides licensing data for the past four years:

LICENSING DATA FOR PHYSICIAN ASSISTANTS	FY 1993/94	FY 1994/95	FY 1995/96	FY 1996/97
Total Licensed	Total: **2,367**	Total: **2,509**	Total: **2,614**	Total: **2,775**
Applications Received	Total: **222**	Total: **243**	Total: **300**	Total: **271**

Applications Denied	Total: **1**	Total: **0**	Total: **1**	Total: **3**
Licenses Issued	Total: **212**	Total: **195**	Total: **251**	Total: **241**
Renewals Issued	Total: **1,142**	Total: **1,289**	Total: **1,149**	Total: **1,201**
Statement of Issues Filed	Total: **1**	Total: **0**	Total: **0**	Total: **0**
Statement of Issues Withdrawn	Total: **0**	Total: **0**	Total: **0**	Total: **0**
Licenses Denied	Total: **1**	Total: **0**	Total: **0**	Total: **0**
Licenses Granted	Total: **1**	Total: **0**	Total: **0**	Total: **0**

There are approximately **8,356** supervising physicians approved by PAEC and the Medical Board, and **80** approved training programs for physician assistants.
The following provides the number of supervising physicians assistants and training programs approved over the past four years:

OTHER LICENSURE CATEGORIES	FY 1993/94	FY 1994/95	FY 1995/96	FY 1996/97
Total Licensees (By Type)	Total: **6,049**	Total: **6,713**	Total: **7,613**	Total: **8,356**
Supervising Physicians	5,973	6,635	7,533	8,276
Training Programs	76	78	80	80
Licenses Issued (By Type)	Total: **1,303**	Total: **1,214**	Total: **1,413**	Total: **1,415**
Supervising Physicians	1,302	1,212	1,411	1,415
Training Programs	1	2	2	0
Renewals Issued (By Type)	Total: **1,548**	Total: **2,581**	Total: **2,627**	Total: **3,066**
Supervising Physicians	1,548	2,581	2,627	3,066

BUDGET AND STAFF

Current Fee Schedule and Range

The PAEC's sources of revenue are licensing and renewal fees from physician assistants, physician supervisors, and training programs of PAs. No general fund monies are used to fund the operation of the PAEC. Renewal of the PA and physician supervisors approval is on a biennial basis. No

request for fee increases are anticipated for the next several years. The PAEC was able to reduce fees of supervising physicians by 50% between May 1994 and September 1996 (from $150 to $75).

Fee Schedule	Current Fee	Statutory Limit
Application Fee	$ 25	$25
Fingerprint Processing Fee	$ 60	Actual Costs
Original License Fee	$ 100	$ 250
Renewal Fee	$ 150	$ 300
Renewal Fee - Supervising Physician	$ 75	$ 300
Training Program Approval Application	$ 75	$ 500
Training Program Approval	$ 25	$ 100

Revenue and Expenditure History

In comparison to larger boards and committees, PAEC's revenue collection, budget and staff are modest. There are currently 4 full-time staff, including the executive officer, and 1 part-time staff person. During 1997-98 and 1998-99, the principal projected sources of revenue will continue to arise from fees for application, initial licensure, and license renewal. While the revenues and expenditures have remained relatively stable for some time [see table below], they also should prove adequate for the projected activities of the PAEC.

REVENUES	ACTUAL				PROJECTED	
	FY 92-93	FY 93-94	FY 94-95	FY 95-96	FY 96-97	FY 97-98
Licensing Fees	$590,271	$771,090	$626,585	$681,760	$587,550	$605,350
Fines & Penalties	$12,725	$8,845	$10,900	$10,575	$9,000	$10,250
Other	$497	$1,394	$646	$725	$0	$0
Interest	$33,715	$25,625	$54,092	$60,485	$40,000	$40,000
Transfer In					$84,185	$95,066
TOTALS	**$637,208**	**$806,954**	**$692,223**	**$753,545**	**$728,735**	**$758,666**

EXPENDITURES	FY 92-93	FY 93-94	FY 94-95	FY 95-96	FY 96-97	FY 97-98
Personnel Services	$184,250	$229,859	$256,330	$244,757	$250,464	$253,362
Operating Expenses	$393,340	$380,716	$405,670	$475,923	$506,937	$513,638
(-) Reimbursements					($8,000)	($8,000)
TOTALS	**$577,590**	**$610,575**	**$662,000**	**$720,680**	**$749,401**	**$759,000**

Expenditures by Program Component

[Was not available at time of report.]

EXPENDITURES BY PROGRAM COMPONENT	FY 93-94	FY 94-95	FY 95-96	FY 96-97	Average % Spent by Program
Enforcement					
Licensing					
Administration					
Examination					
Diversion					
Other					
TOTALS					

Fund Condition

[Was not available at time of report.]

ANALYSIS OF FUND CONDITION	FY 93-94	FY 94-95	FY 95-96	FY 96-97	FY 97-98 (Projected)	FY 98-99 (Projected)
Total Reserves, July 1						
Total Rev. & Transfers						
Total Resources						
Total Expenditures						
Reserve, June 30						
MONTHS IN RESERVE						

LICENSURE REQUIREMENTS

Education, Training and Examination Requirements for Physician Assistants

The requirements for PA licensure in California are: (1) that an applicant be a graduate of a PA training program approved by the PAEC, or be a graduate of a U.S. or Canadian medical school; and, (2) pass the required national licensing examination. There is not experience requirement, however, the candidate for licensure is required to have completed, during training, no less than a three-month preceptorship in outpatient practice of a physician or equivalent experience.

Note that the requirement above creates a “second pathway” to licensure by being a graduate of a U.S. or Canadian medical school. This second pathway has only been pursued once in the last twenty years. PAEC is recommending to eliminate this second licensure pathway.

The required licensing examination is the Physician Assistant National Certifying Examination (PANCE), administered by the National Commission on Certification of Physician Assistants (NCCPA). Additionally, there is a provision of law for "interim approval" if an applicant has graduated from an approved training program and is waiting to sit for the examination for the first time.

The PANCE exam was administered once a year up until the end of 1996, it is now being provided twice a year, in April and October. NCCPA is considering computerized testing in the near future. Periodic task analyses and role delineation studies were conducted in 1972, 1979, and 1986, to determine content specifications of the exam. An updated study of core competencies is planned for 1997-98. Approximately 80% of candidates pass the PANCE [see table below].

PHYSICIAN ASSISTANT NATIONAL CERTIFYING EXAMINATION (PANCE) PASS RATE				
	NATION-WIDE		CALIFORNIA ONLY	
YEARS	TOTAL CANDIDATES	PASSAGE RATE	TOTAL CANDIDATES	PASSAGE RATE
1992		85%		84%
1993		82%		77%
1994		87%		81%
1995		89%		82%
NOTE:				

PAEC is unable to determine the average time it takes from submission of an application to when a license is issued. They indicate that the candidate usually graduates in June, will sit for the exam in October, receive the results by December, and be issued a license by January, a period of 10 weeks (70 days) from examination to receipt of license, and six months from the time of graduation. However, the PAEC has indicated in regulation (Section 1399.512, Division 13.8, Title 16) that median processing time, from time of receipt of the initial application until a final decision on the application is made, should be 128 days. It is unknown whether PAEC is meeting this requirement. [See Table Below]

AVERAGE DAYS TO RECEIVE LICENSE	FY 1995/96
Application to Examination	Unknown
Examination to Issuance	70
Total Average Days	**Unknown**

Continuing Education/Competency Requirements

There are no requirements for California PA license renewal to pursue continuing education. PAEC seems to indicate that the current oversight is sufficient to assure continuing competency of the PA in the profession. National certification requires 100 hours of continuing education every two years and successfully completing an NCCPA re-certifying exam every six years. Also, peer review, while not required by the PAEC, does occur in multi-specialty groups and in HMO's. Additionally, every PA practicing in a hospital setting must obtain "hospital privileges" wherein all tasks are evaluated through peer review and/or quality review by either a hospital medical staff committee or an Interdisciplinary Practice Committee.

Comity/Reciprocity With Other States

California's requirements are unique in one significant way when compared to other states. Although most other PA training programs nation-wide are accredited by CAAHEP, and such accreditation is deemed entirely acceptable by the other states, PAEC is mandated by law to also issue its own approval of accredited training programs. Graduates of PA programs, which may have been approved by CAAHEP, but have not been approved, as yet, by PAEC, will be denied licensure in this state.

PAEC is recommending to end its approval-authority over PA training programs so California would become more consistent with the national model. This would provide for more uniform reciprocity with other states.

International issues of reciprocity do not arise since other countries do not license PAs and do not have any training programs comparable to those received by
U.S. trained PAs. However, international medical graduates may wish to become PAs without graduation from an approved PA program, as the current "second pathway" to licensure allows. PAEC has discussed this issue, but has no "declaratory decision" at this time, even though they are recommending to eliminate the "second pathway" to licensure.

Approval Requirements for Supervising Physicians

PAEC must issue approval of applicants for supervising physicians if their applications are complete and staff has no questions concerning the information in the application. However, all questionable applications have to be referred to the Medical Board's Division of Licensing for determination of whether an approval to supervise a PA should be granted or denied.

PAEC is recommending to eliminate its involvement in approving supervising physicians.

Approval Requirements for PA Training Programs

Generally, the PA educational or training program must be part of an educational institution accredited by an accrediting agency recognized by the Council on Postsecondary Accreditation, or U.S. Department of Education, and which are affiliated with clinical facilities which meet the standards published for such facilities by the CAAHEP. In most instances, accreditation of the specific program by CAAHEP is sufficient.

PAEC will request the PA training program to self-certify that it meets the accreditation requirements, and that it also meets the curriculum requirements as specified in regulation. Once training programs are approved, they are not required to renew their California approval (although there exists annual self-certification). PAEC performs no inspections or site visits of these programs, nor has there been any indication of the need to do so.

ENFORCEMENT ACTIVITY

ENFORCEMENT DATA	FY 1992/93	FY 1993/94	FY 1994/95	FY 1995/96
Inquiries	Total:	Total:	Total:	Total: **25,000** (Average)
Complaints Received (Source)	Total: **65**	Total: **84**	Total: **69**	Total: **106**
Public	31	26	32	52
Licensees	5	8	4	3
Other	29	50	33	51
Complaints Filed (By Type)	Total: **65**	Total: **84**	Total: **68**	Total: **106**
Unlicensed Activity*	20	19	11	27
Competence/Negligence	15	12	18	27
Unprofessional Conduct	15	29	14	28
Personal Conduct	5	15	16	12
Fraud	4	2	3	2
Health & Safety	6	7	5	4
Other	0	0	1	6
Complaints Closed	Total: **66**	Total: **71**	Total: **73**	Total: **101**
Compliance Actions	Total: **33**	Total: **78**	Total: **184**	Total: **257**
ISOs & TROs Issued	0	0	0	0
Citations and Fines	0	0	0	0
Cease & Desist/Warning	0	0	0	0
Public Letter of Reprimand	0	1	0	3
Investigations Commenced	Total: **40**	Total: **52**	Total: **51**	Total: **54**
Referred for Criminal Action	Total: **0**	Total: **1**	Total: **0**	Total: **0**
Referred to AG's Office	Total: **11**	Total: **10**	Total: **8**	Total: **19**

Accusations Filed	13	8	9	11
Accusations Withdrawn	0	0	2	0
Accusations Dismissed	0	0	0	0
Stipulated Settlements	Total: **4**	Total: **6**	Total: **5**	Total: **9**
Disciplinary Actions	Total: **4**	Total: **11**	Total: **5**	Total: **9**
Revocation	0	4	0	2
Voluntary Surrender	0	0	0	2
Suspension Only	0	0	0	0
Probation with Suspension	0	1	0	1
Probation	4	6	5	4
Probation Violations	Total: **0**	Total: **0**	Total: **1**	Total: **0**
Revocation or Surrender	0	0	1	0
***Unlicensed category includes PAs practicing without adequate supervision.**				

Enforcement Program Overview

The PAEC receives very few complaints from the public, approximately 70 to 90 per year. The largest number of complaints filed deal with competence and negligence issues, unprofessional conduct, and practicing without adequate supervision. In responding to these complaints, PAEC has had no situation arise where it could use its cite and fine authority.

About 60% of complaints filed are referred to investigation, and approximately 10% may have an accusation filed by the Attorney General's Office. About 8% of complaints filed will end up with some disciplinary action being taken against the licensee. There has only been 6 revocations of a license over the past four years, and 2 placed on probation. [See Table Below]

NUMBER AND PERCENTAGE OF COMPLAINTS DISMISSED, REFERRED FOR INVESTIGATION, TO ACCUSATION AND FOR DISCIPLINARY ACTION				
	FY 1992/93	**FY 1993/94**	**FY 1994/95**	**FY 1995/96**
COMPLAINTS RECEIVED	**65**	**84**	**69**	**106**
Complaints Closed	66 (101%)	71 (85%)	73 (105%)	101 (85%)
Referred for Investigation	40 (62%)	52 (62%)	51 (74%)	52 (49%)
Accusations Filed	13 (20%)	8 (10%)	9 (13%)	11 (10%)
Disciplinary Actions	4 (6%)	11 (13%)	5 (7%)	9 (8%)

Case Aging Data

The number of days to process complaints has been steadily declining. However, the time its takes to file an accusation, to final disposition of the case, has been increasing over the past four

years. The time it takes to investigate a case has stayed rather constant. Overall, it can take an average of three years or more to reach a final decision on a case. [See Table Below]

AVERAGE DAYS TO PROCESS COMPLAINTS, INVESTIGATE AND PROSECUTE CASES				
	FY 1992/93	FY 1993/94	FY 1994/95	FY 1995/96
Complaint Processing	118	98	96	79
Investigation	202	242	244	273
Pre- and Post-Accusation*	590	561	920	739
TOTAL AVERAGE DAYS**	**910**	**901**	**1,258**	**1,091**

*Case assigned to Attorney General's Office to final decision adopted by PAEC.
**From date complaint received to date of final disposition of disciplinary case.

The table below shows that 65% of investigations are closed within one year, and about 25% closed within two years, and another 13% of cases taking two years or longer. Only about 8% of cases are closed by the Attorney General (AG) within one year, and about 42% in two years, but the remaining 50% can take from two to over four years. The number of disciplinary cases pending with the AG has remained rather constant. There does not appear to be any backlog of cases.

INVESTIGATIONS CLOSED WITHIN:	FY 1992/93	FY 1993/94	FY 1994/95	FY 1995/96	AVERAGE % CASES CLOSED
90 Days	3	5	6	7	**12%**
180 Days	10	11	2	12	**21%**
1 Year	13	17	22	18	**32%**
2 Years	12	8	6	14	**25%**
3 Years	1	4	3	6	**11%**
Over 3 Years	0	1	1	0	**2%**
Total Cases Closed	**39**	**46**	**40**	**57**	
AG CASES CLOSED WITHIN:	**FY 1992/93**	**FY 1993/94**	**FY 1994/95**	**FY 1995/96**	**AVERAGE % CASES CLOSED**
1 Year	0	1	1	0	**8%**
2 Years	0	3	1	5	**42%**
3 Years	1	5	1	1	**8%**
4 Years	3	3	2	2	**17%**
Over 4 Years	0	1	4	4	**33%**
Total Cases Closed	**4**	**13**	**9**	**12**	
Disciplinary Cases Pending	**26**	**23**	**20**	**27**	

Cite and Fine Program

Since acquiring the cite and fine authority, and issuing regulation in March 1966, the PAEC indicates that no complaints have been received for which this remedy would be appropriate, and thus no citations have been issued.

Diversion Program

The PAEC operates a diversion program for substance-abusing licensees, under authority granted under Section 3534 *et seq*. of the B&P Code. Currently administered under the auspices of the Occupational Health Services, Inc. (OHS), the goal of the program is to rehabilitate licensed physician assistants whose competency is impaired due to the use of dangerous drugs or the abuse of alcohol. The costs of the program are totally borne by the PA Fund and licensees who participate in the program. The contract costs borne by the PAEC budget are indicated in the table below.

Licensees enter the program voluntarily or are referred by the PAEC as part of the disciplinary process. Once accepted into the program, the OHS's Diversion Evaluation Committee evaluates the participant. On the basis of the assessment, the Committee may require the participant (if a voluntary referral) to suspend practice as part of acceptance to the program, or if a referral for disciplinary reasons, the disciplinary decision itself may require the licensee to suspend his or her practice. It is unknown if any participant has ever had to suspend their practice while participating in the diversion program.

Mandatory participation lengths in the program can vary from one to five years, though seldom is less than three years permitted. Information about a person's voluntary participation in the program is treated as a confidential matter. The enforcement program of the PAEC is only made aware of the identity of the person if the participant is terminated from the program.

As indicated in the table below, there has only been 1 successful completion of a participant in this program since it's inception in 1992, at a cost of $48,000 for the past four years.

DIVERSION PROGRAM STATISTICS	FY 1992/93	FY 1993/94	FY 1994/95	FY 1995/96
Total Program Costs	$30,000*	$4,800	$8,000	$5,200
Total Participants	5	5	5	5
Successfully Completed	**0**	**0**	**1**	**0**

*At the diversion program's inception in 1992, the PAEC initially secured a fixed-fee contract with OHS for a maximum number of participants. In the following year, they renegotiated a fee-for-services contract for the number of actual participants -- hence the decrease in costs.

Results of Complainant Survey

The JLSRC directed all board's and committee's under review this year, to conduct a consumer

satisfaction survey to determine the public's views on certain case handling parameters. (The Department of Consumer Affairs currently performs a similar review for all of its bureau's.) The JLSRC supplied both a sample format and a list of seven questions, and indicated that a random sampling should be made of closed complaints for FY 1996/97. Consumers who filed complaints were asked to review the questions and respond to a 5-point grading scale (i.e., 5=satisfied to 1=dissatisfied).

With only 12 responses to the survey, it is difficult to make any valid assessment of the overall services provided by the PAEC to complainants. However, the table below provides the results.

CONSUMER SATISFACTION SURVEY RESULTS*					
QUESTIONS	**RESPONSES**				
# Surveys Mailed: 52 **# Surveys Returned: 12 (23%)**	***SATISFIED***			***DISSATISFIED***	
	5	***4***	***3***	***2***	***1***
1. Were you satisfied with knowing where to file a complaint and whom to contact?	58%	25%	8%	0%	8%
2. When you initially contacted the Board, were you satisfied with the way you were treated and how your complaint was handled?	33%	25%	25%	0%	17%
3. Were you satisfied with the information and advice you received on the handling of your complaint and any further action the Board would take?	17%	33%	8%	17%	25%
4. Were you satisfied with the way the Board kept you informed about the status of your complaint?	8%	42%	0%	8%	42%
5. Were you satisfied with the time it took to process your complaint and to investigate, settle, or prosecute your case?	33%	8%	17%	0%	75%
6. Were you satisfied with the final outcome of your case?	8%	8%	8%	0%	75%
7. Were you satisfied with the overall service provided by the Board?	33%	25%	8%	0%	33%

ENFORCEMENT EXPENDITURES AND COST RECOVERY

Average Costs for Disciplinary Cases

Average investigation costs are lower than most boards, however the average costs for the Attorney General's Office are just about the same. [See Table On Next Page]

Cases which cost more to investigate and prosecute involve violations of personal conduct, unprofessional conduct, and health and safety laws. The hourly rate for investigators for FY 95/96 was $83.21 per hour, while the hourly rate for the Attorney General's Office was $98 per hour for FY 95/96.

AVERAGE COST PER CASE INVESTIGATED	FY 1993/94	FY 1994/95	FY 1995/96	FY 1996/97
Cost of Investigation & Experts	$46,475	$57,608	$50,690	$99,251
Number of Cases Closed	38	46	40	57
Average Cost Per Case	$1,223	$1,252	$1,267	$1,741
AVERAGE COST PER CASE REFERRED TO AG	**FY 1993/94**	**FY 1994/95**	**FY 1995/96**	**FY 1996/97**
Cost of Prosecution & Hearings	$97,490	$88,609	$68,244	$95,231
Number of Cases	11	10	8	19
Average Cost Per Case	$8,863	$8,860	$8,530	$5,012
AVERAGE COST PER DISCIPLINARY CASE	**$10,086**	**$10,112**	**$9,797**	**$6,753**

Cost Recovery Efforts

The PAEC has continued to increase its cost recovery efforts, but amounts are small compared to overall enforcement expenditures. [See Table Below]

COST RECOVERY DATA	FY 1993/94	FY 1994/95	FY 1995/96	FY 1996/97
Enforcement Expenditures	$143,966	$146,966	$118,944	$194,482
Potential Cases for Recovery*	11	10	8	19
Amount Collected	**$200**	**$600**	**$1,350**	**$2,350**

*The "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on a violation, or violations, of the Medical Practice Act.

RESTITUTION PROVIDED TO CONSUMERS

At this time, the PAEC feels that policies such as restitution are both unnecessary, and would represent the PAEC's duplication of efforts already made by other entities of government

COMPLAINT DISCLOSURE POLICY

The PAEC policy states, in part, that: "Information concerning citations or citations and fines shall be disclosed once the citation or citations and fine becomes final." A citation or fine becomes final no more that 60 days after it is issued. Disciplinary action taken by the PAEC is disclosed to the public through different publications it produces, or upon public request. (Internet and e-mail capabilities are planned for the future.)

CONSUMER OUTREACH AND EDUCATION

The PAEC provides information to consumers regarding its role and how to file complaints against practitioners through an toll-free (800) number, through it's newsletters and brochures, speaking engagements, press releases and public affairs announcements, and by responding to inquiries.

2.

IDENTIFIED ISSUES, RECOMMENDATIONS, AND FINAL ACTION OF THE JOINT LEGISLATIVE SUNSET REVIEW COMMITTEE REGARDING THE PHYSICIAN ASSISTANT EXAMINING COMMITTEE (PAEC)

ISSUE #1. Should the State licensing of physician assistants be continued?

Recommendation: ***Both the Department and Committee staff recommended that the licensing and regulation of physicians' assistants by the State of California be continued.***

Vote: ***The Joint Committee adopted the recommendation of the Department and Committee staff by a vote of 6-0.***

Comment: Regulation of the Physician Assistant (PA) profession is made necessary by the critical roles performed by physician assistants, and the potential for serious harm to the public's life, health and safety if the practice of a physician assistant is performed by an unqualified or incompetent practitioner. PAs provide primary health care and specialty health care-related services to their patients. Such practice requires a high degree of education, training, and experience. Even though supervised by physicians, they can perform any medical services which they are competent to perform and which are consistent with their education, training and experience, and which are delegated in writing by a supervising physician. Procedures, treatment and diagnosis can be performed without the presence of the supervising physician as long a PA consults with the supervising physician, who is ultimately responsible for the patient's care. In effect, the physician assistant stands in the shoes of the physician in performing a variety of medical services. All but one state regulate PAs.

ISSUE #2. Should the scope of practice for physician assistants be expanded to include prescriptive authority to provide for more effective utilization of physician assistants by physicians as recommended by PAEC?

Recommendation: ***Both the Department and Committee staff recommended that all proposals to further expand the scope of physician assistants practice should be evaluated on a case-by-case basis and subjected to the requirement of "sunrise" review. However, Committee staff recommends that the Legislature should give careful consideration to expanding the current authority of physician assistants, which currently only allows the transmittal of prescriptions.***

Vote: ***The Joint Committee adopted the recommendation of the Department and Committee staff by a vote of 6-0.***

Comment: PAs were granted recent authority to "transmit" prescriptions, but not for the full spectrum of drugs, and only if the "transmittal" originates from a supervising physician. The PAEC is recommending that PAs be granted full prescriptive authority.

During every Legislative Session, bills are introduced to expand the scope of practice for certain categories of health care professionals. Often these proposals are not carefully substantiated and may have substantial impact on practice of a health care practitioner. This results in discussion over whether there is a need to expand the practice of this particular health care professional, the educational and training requirements, and the ability of the professional to provide this new procedure or service to their patients. The current law, Section 9148 et seq. of the Government Code, and the rules of the Senate Business and Professions Committee, require proponents of such proposals to go through a "sunrise" process, similar to the sunset review process, where proponents who wish to expand a particular health care professionals practice must provide justification and substantiation for the new licensure classification. This enables the Legislature to sufficiently evaluate the merits of the proposal. It also enables any affected persons and related occupational groups to carefully assess the impact of the proposal prior to consideration in the legislative process, so that Legislators can be provided with a thorough and balanced evaluation.

It is the opinion of committee staff, however, that the Legislature should give careful consideration to allowing physician delegation of prescriptive authority to physician assistants. Currently, forty states allow for such authority, with
thirty-one of those states allowing PAs to even prescribe controlled medications. Additionally, federally employed PAs have been granted prescriptive privileges by most agencies. National surveys indicate that PAs have been safe prescribers. Studies also show that a higher percentage of PAs practice in medically underserved areas where PA prescriptive authority is granted.

ISSUE #3. Should the alternative path to licensure, which allows graduates of medical schools to become physician assistants, be eliminated as recommended by the PAEC?

Recommendation: ***No recommendation at this time. The PAEC should provide further evidence on the impact, if any, of this change to international medical graduates (IMGs) and what steps could be taken to assure fair treatment of IMGs in meeting the requirements for licensure as a physician assistant.***

Comment: The PAEC is recommending that a single educational path to PA licensure be developed. They argue that the current "alternative" path, through training to be a physician in a U.S. or Canadian medical school, ignores the complexity and sophistication of current PA practice. PAEC also indicates that no graduate of a medical school has ever applied for and been licensed as a PA.
However, there are international medical graduates (IMGs) who do apply for PA licensure. They are required, however, to have completed a PA training program before they can take the national test (the National Commission on Certification of Physician Assistants Exam). PAEC believe this is a unique situation and does not believe they should be allowed to practice as a PA just because they have graduated from a international medical school. Although PAEC does not believe that fast track education programs should be created for IMGs who wish to become PAs, they recommend approaching both the state and federal government to appropriate the monies necessary for the enactment of PA programs strictly for IMGs that are already written in statute and merely awaiting the necessary funds.

ISSUE #4. Should limited liability provisions and good Samaritan laws be extended to physician assistants as recommended by the PAEC?

Recommendation: ***Both the Department and Committee staff concurred with the recommendation of PAEC. However, PAEC should provide to the Joint Committee which particular limited liability provisions and good Samaritan laws should apply to PAs.***

Vote: ***The Joint Committee adopted the recommendation of the Department and Committee staff by a vote of 6-0.***

Comment: The PAEC believes that Good Samaritan and limited liability laws should extend to PA professionals, and has indicated that it will seek appropriate legislation. However, it is not clear which laws would, or should apply to PAs. PAEC should at least submit proposed language, or reference those laws which should be applicable to the practice of a PA.

ISSUE #5. Should the PAEC still be required to approve supervising physicians of physician assistants?

Recommendation: ***The Department did not address this issue. Committee staff recommended that the requirement for PAEC to approve supervising physicians sunset within two years. In the meantime, the PAEC and the Medical Board should evaluate whether there would be any impact on a physicians ability to properly supervise a PA without approval, and what budgetary changes may be necessary if the fee for the supervising physician is no longer required.***

Vote: ***The Joint Committee adopted the recommendation of Committee staff by a vote of 6-0.***

Comment: PAEC has no other authority than to process the applications for supervising physicians. If there is some question concerning the information in the application, it must be

referred to the Medical Board's Division of Licensing for determination of whether approval should be granted or denied. PAEC believes the approval process by the PAEC and the Medical Board for supervising physicians of PAs may no longer be necessary. Many states do not require a formal application process for supervision privileges. It has also been indicated that elimination of supervisory approval could lead to more efficient hospital staff scheduling.

Currently, it is cumbersome to pair physicians to physician assistants because resident physicians frequently rotate throughout a hospital's various departments. Then, too, a growing number of PAs, who choose to work on-call at any number of healthcare facilities, are hindered by the current requirement to work only with physicians approved to supervise and must establish entirely new supervisory agreements with each physician prior to practice. Also, it does not appear as if any physicians applying to become supervising physicians have ever been rejected by the Medical Board.

ISSUE #6. Should supervising physicians be allowed to supervise <u>four</u> physician assistants rather than just <u>two</u>, as recommended by PAEC?

<u>Recommendation</u>: ***The Department did not address this issue. Committee staff concurred with the recommendation of PAEC to allow physicians to supervise at least <u>four</u> physician assistants, as long as the supervising physician and physician assistants are not involved in a more complicated medical specialty.***

<u>Vote:</u> ***The Joint Committee adopted the recommendation of Committee staff by a vote of 6-0.***

<u>Comment</u>: Current law allows for only 2 PAs to be supervised by a physician. PAEC supports a change to this law, to allow an approved supervising physician to supervise up to four PAs at any one time, where the tasks and complexity of medicine are relatively straightforward. They believe that the ratio of supervisor to PA could be safely increased. However, in more complicated medical specialty areas, such as cardio-thoracic surgery for example, one-to-one supervision may be required. Other states, as indicated by PAEC, allow for 4 PAs to be supervised by each supervising physician. PAEC also believes that access and availability to health care in underserved inner city and rural areas could also be increased by allowing a four-to-one supervisory relationship. Legislation to make this change has been introduced by Senator Maddy (SB 1386).

ISSUE #7. Should current requirement for PAEC to approve Physician Assistant training programs in California be eliminated, as recommended by PAEC?

<u>Recommendation</u>: ***The Department recommended that PAEC retain final statutory approval authority, but promulgate regulations to allow them to rely on recognized accrediting bodies. Committee staff concurred with the Department. However, it appeared as if PAEC would need further clarification of their statutory authorization to recognize another accrediting organization, and could not do so through the regulatory process. Committee staff recommended changing Section 3513 of the Business and Professions***

Code to reflect the recommendation of the Department.

Vote: ***The Joint Committee adopted the recommendation of the Department and Committee staff by a vote of 6-0.***

Comment: PAEC argues that PA training programs are already being evaluated based virtually on the same criteria by a national accrediting organization, the Commission on Accreditation of Allied Health Education Programs (CAAHEP). The PAEC believes its current accreditation program to be both redundant and unnecessary, and that the PAEC should defer that duty to the CAAHEP. Absolving the PAEC of this entirely redundant responsibility would enable PAEC to better invest its time into other more critical areas involving the regulation of PAs.
The Department believes, however, that the PAEC should at least retain final approval authority if for any reason requirements at the national level may no longer be applicable to California training programs.

ISSUE #8. Should the diversion program of the PAEC be continued?

Recommendation: ***The Department recommended that the PAEC, the Medical Board, the Department, other boards with diversion programs, and the Legislature research an appropriate approach to privatizing diversion programs with special attention to the existing participants. Committee staff concurred with this recommendation and recommended that the Medical Board, in conjunction with other boards providing diversion programs, report to the Joint Committee by September 1, 1999, on a plan to privatize diversion programs.***

Vote: ***The Joint Committee did not adopt the recommendation of the Department and Committee staff by a vote of 3-3.***

Comment: The PAEC operates a diversion program for substance-abusing licensees, under authority granted under Section 3534 *et seq*. of the B&P Code. Currently administered under the auspices of the Occupational Health Services, Inc. (OHS), the goal of the program is to rehabilitate licensed physician assistants whose competency is impaired due to the use of dangerous drugs or the abuse of alcohol. The costs of the program are totally borne by the PA Fund and licensees who participate in the program. Since the inception of this program in 1992, there has only been 1 successful completion of a participant in this program at a cost of $48,000 over the past four years to the PAEC budget (FY 1997/97 costs were not provided).

ISSUE #9. Is the PAEC meeting its legislative mandate to encourage the utilization of physician assistants by physicians in underserved areas of the State, and to allow for development of programs for the education and training of physician assistants?

Recommendation: ***The Department did not address this issue. Committee staff recommended that the PAEC consult with the Office of Statewide Health Planning to assess whether PAs are being appropriately utilized in underserved areas, and with other appropriate agencies and educational institutions, to assure that programs are being developed for the education and training of PAs. Recommendations for improvement in both of these areas should be forwarded to the Legislature for consideration by March 1, 2000.***

Vote: ***The Joint Committee adopted the recommendation of Committee staff by a vote of 6-0.***

Comment: It is not clear what PAEC is doing in respect to both of these mandates. Are PAs being under-utilized in certain geographic locations, and is PAEC furthering the development of training programs? PAEC was asked why there are so few graduates of physician assistant training programs (approximately 250 who apply for licensure each year)? PAEC indicated that they have students applying to enter these programs, but limited positions are available. For example, they stated that Stanford University experienced approximately 1000 applications for 50 positions in the training program. PAEC blames this on lack of state monies and federal funding. There are currently 80 training programs approved by PAEC, but only 5 approved over the past four years. It is not clear if PAEC has ever brought this issue and problem to the attention of the Legislature.

ISSUE #10. Should the Physician Assistant Examining Committee continue to be under the jurisdiction of the Medical Board, be given statutory independence as an independent board, merged with the Medical Board, or should its operations and functions be assumed by the Department of Consumer Affairs?

Recommendation: ***Both the Department and Committee staff recommended that the Physician Assistant Examining Committee continue as the agency responsible for the regulation of the practice of physician assistants. Committee staff recommended that the sunset date of the Board be extended for four years (to July 1, 2003). In the meantime, the Board should evaluate whether merger with the Medical Board would be more efficient and effective in regulating the profession of physician assistants, and present a possible plan for merger at the time of their next sunset review.***

Vote: ***The Joint Committee adopted the recommendation of the Department and Committee staff by a vote of 6-0.***

Comment: If the requirement for the PAEC to approve supervising physicians is eliminated in two years, along with its responsibility for approving training programs for physician assistants, the only other responsibilities of PAEC will be to review applications for PAs, provide time and place for the national examination, and discipline PAs when necessary. However, there is little enforcement activity involving PAs, and the Medical Board has ultimate responsibility for investigating and prosecuting cases. (The PAEC receives few complaints per year. Last year was the highest number of complaints received with 106. PAEC will refer about 50% of these complaints for investigation by the Medical Board and resolve or dismiss the rest. About 10% of

these complaints will be forwarded to the Attorney General for filing of an accusation against the licensee. On average, over the past four years, only about 7 cases per year ended up with some disciplinary action being taken, with either revocation of the license (6 over past four years), or in most instances, probation with conditions. The PAEC has also indicated, that no situation has arisen, since it passed regulations in March, 1996, to use its cite and fine authority.)

The Medical Board also approves all regulations proposed by PAEC. PAs are also supervised and closely monitored by physicians and are not involved in independent practice. The Joint Committee may want to consider allowing the PAEC to sunset in the future, and establish an advisory committee under the Medical Board made up of physician assistants. However, the PAEC and the profession should be given an opportunity to present a plan for merger with the Medical Board.

ISSUE #11. Should the composition of the PAEC be changed to increase public representation.

Recommendation: ***This Board has 9 members, of which 3 are licensed physician assistants, 3 physicians, 2 are public members, and 1 is an educator from a PA Training Program. The Department generally recommends a public member majority and an odd number of members for regulatory boards. For the PAEC, the Department recommended an increase in public membership to improve balance consistent with those guidelines. Committee staff concurred with the Department, and recommended adding two more public members to the Board (one of which should be a public member of the Medical Board) and removing two of the physician members. The composition of the Board would still be 9 members, but with 4 licensed physician assistants, 4 public members, and 1 physician.***

Vote: ***The Joint Committee adopted the recommendation of the Department and Committee staff by a vote of 5-0.***

Comment: The current composition of the PAEC is made up of 3 PA's, 3 physicians, 2 public members and 1 educator from a PA training program, for a total of 9 members. The PAEC is recommending to change the composition to 4 PA's, 3 public members, 1 physician, and 1 representative from the Medical Board (either public member or physician) to be chosen by the Governor. Committee staff recommends that the 1 representative from the Medical Board should be a public member.

ISSUE #12. Should the PAEC reduce licensing fees for physician assistants and eliminate the licensing fee for supervising physicians?

Recommendation: ***Department did not address this issue. Committee staff recommended that the PAEC continue reducing fees for supervising physicians, and if necessary physician assistants, to maintain no more than three to six months in reserve for operating expenses. However, consideration should be made to maintaining an adequate budgetary reserve if the fee for supervising physicians is eliminated entirely within two years.***

Vote: ***The Joint Committee adopted the recommendation of Committee staff by a vote of 6-0.***

Comment: The PAEC currently has a budget reserve of approximately $1.2 million(or 18.7 months), and by FY 2000/01, the PAEC will have a reserve of over $1.4 million (or 20.8 months). It was recommended by the Joint Committee, that boards maintain at least three months reserve, but no more than six months. If there is excess beyond six months, then the board should consider reducing fees for licensees. (The PAEC did reduce fees for supervising physicians in 1994 and 1996, from $150 to $75.) However, the PAEC should take into consideration the elimination of the license fee for supervising physicians within two years in maintaining adequate budgetary reserves. This should not adversely impact the overall budget of the PAEC. Based on the number of supervising physicians approved in FY 95/96 (8,276), and the amount of the biennial renewal fee of $75, the PAEC should still have sufficient revenue sources and reserves to continue its current programs.

ISSUE #13. Should the name of the Physician Assistants Examining Committee be changed to "Physicians Assistants Committee," as recommend by PAEC?

Recommendation: ***Both the Department and Committee staff recommended changing the name of this committee to the "Physician Assistants Committee."***

Vote: ***The Joint Committee adopted the recommendation of the Department and Committee staff by a vote of 6-0.***