



# SB 697 - Fewer Restrictions and Increased Professional Dignity

## Repeals Limitation of Supervising Physician's Usual and Customary Practice/Specialty

### CURRENT LAW

As an agent of the supervising physician, the physician shall delegate to a PA only those tasks and procedures within the physician's specialty or usual and customary practice and with the patient's health and condition.



Reference:  
**PA PRACTICE ACT**  
BPC § 3502

### AFTER JANUARY 1, 2020

Without delegated authority, the PA's medical services are not limited to the practice type of the physician.

## Repeals Information Needed on a Prescription

### CURRENT LAW

A prescription shall contain the printed name, address and telephone number of the supervising physician and the PA.



Reference:  
**PA PRACTICE ACT**  
BPC § 3502.1 & § 4040

### AFTER JANUARY 1, 2020

No requirement for the name, address or phone number of a supervising physician on the prescription.

## Repeals Chart Co-signature Requirements

### CURRENT LAW

A PA must have 100% of their medical records cosigned within 30 days or if functioning under protocols, then at minimum 5% of medical records cosigned within 30 days or have 10 medical record review meetings at least 10 months of the year.



Reference:  
**PA PRACTICE ACT**  
BPC § 3502

### AFTER JANUARY 1, 2020

No co-signatures or medical record review meetings required by law.

## Repeals Delegation of Services Agreement

### CURRENT LAW

In a Delegation of Services Agreement (DSA) a physician "delegates" which medical services a PA can perform as an extension of, and an agent of, the supervising physician.



Reference:  
**PA PRACTICE ACT**  
BPC § 3502.3

### AFTER JANUARY 1, 2020

The DSA and the delegated relationship it represents is not mandated by law.

## Repeals Formulary Requirements

### CURRENT LAW

To issue a drug order, a written, practice-specific formulary must specify all criteria for use and contraindications of authorized drugs and devices.



Reference:  
**PA PRACTICE ACT**  
BPC § 3502.1

### AFTER JANUARY 1, 2020

No legal requirement to list specific use criteria and contraindications for drugs and devices.

## Repeals Protocols for Supervision

### CURRENT LAW

Protocols must address diagnosis (symptoms, signs, diagnostic studies, drugs & education), management, procedures (education, consent, technique & followup) and be signed by the supervising physician and PA.



Reference:  
**PA PRACTICE ACT**  
BPC § 3502

### AFTER JANUARY 1, 2020

No protocols are required by law.

# The Practice Agreement – Not a DSA by Another Name

As a benefit of CAPA membership, CAPA has prepared sample Practice Agreements.\*\*\* There are different sample agreements for those PAs holding a certificate of completion of an approved Controlled Substances Education Course and those who don't. Holding a certificate of completion of an approved Controlled Substances Education Course enables the Practice Agreement to authorize furnishing and ordering of schedule II medications. Further options exist for those who provide only outpatient care and those who at times provide care within a general acute care hospital.

As of January 1, 2020, California Law requires every practicing PA to enter into a Practice Agreement. A Practice Agreement is a written document, developed through collaboration among one or more physicians and surgeons at the practice and one or more PAs, that defines the medical services the PAs are authorized to perform in that particular practice. The Practice Agreement must be signed by the PA and one or more physicians, or a physician who is authorized to approve the Practice Agreement on behalf of the staff of the physicians of an organized health care system.\*

**A Practice Agreement is not simply a renamed version of the former Delegation of Services Agreement (DSA). The documents are quite different.** New to California as of January 1, 2020, the medical services that a PA may provide will be determined at the practice level with physician supervision, based on a Practice Agreement and an individual PA's competency, education, training, and experience. Factors at the practice level, such as facility credentialing/privileging, malpractice coverage, the standard of care, etc. may further define those medical services a PA may provide. No longer is the section of regulations entitled: Medical Services Performable limiting, and no longer are the medical services you provide "delegated."\*\*\* It is no longer necessary to couple the services you are competent and capable to provide with one particular supervising physician. **Your Practice Agreement is literally an agreement "with the practice."**

A single Practice Agreement can cover each and every PA providing professional medical services in the practice who signs the Practice Agreement. Alternatively, the practice may choose to have separate and unique practice agreements for different PAs or segments of PAs within the practice based on their education, training, experience and competency.

The components of the Practice Agreement are defined in the PA Practice Act (Business and Professions Code § 3500).

**Important note:** The Practice Agreement may be signed by a physician who is authorized on behalf of the physicians on the staff of the organized health care system. The signing physician may or may not also be a supervising physician. Unless a physician signing the Practice Agreement is also a supervising physician, they would not be responsible for the medical services provided by the PA. A supervising physician is responsible for the medical services provided by a PA only during the time when they are actually serving in their role as a supervising physician.

**Important note:** If a practice is not administratively prepared for a Practice Agreement on January 1, 2020, a DSA established and signed by the PA and supervising physician prior to December 31, 2019 will satisfy the requirement. Any changes to a DSA after January 1, 2020, or any new PA hired to a practice after January 1, 2020, must have a Practice Agreement and cannot rely on a DSA.

\*\*\*"Organized health care system" includes a licensed clinic as described in Chapter 1 (commencing with Section 1200) of Division 2 of the Health and Safety Code, an outpatient setting as described in Chapter 1.3 (commencing with Section 1248) of Division 2 of the Health and Safety Code, a health facility as described in Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code, a county medical facility as described in Chapter 2.5 (commencing with Section 1440) of Division 2 of the Health and Safety Code, an accountable care organization, a home health agency, a physician's office, a professional medical corporation, a medical partnership, a medical foundation, and any other entity that lawfully provides medical services and is in compliance with Article 18 (commencing with Section 2400) of Chapter 5. (Business and Professions Code §3501(j)).

\*\*Although not required, a Practice Agreement may designate a PA as an agent of the supervising physician and the PA would be limited to delegated medical services.

\*\*\*The information and sample documents here and on the CAPA website are being provided for general informative purposes only and is not legal advice or a substitute for legal counsel. Given that the medical services performed by PAs can vary greatly from practice to practice, the reader should contact their attorney to obtain legal advice tailored to their specific circumstances.

# California Law No Longer Mandates Chart Reviews or Requires Chart Co-signature

by PA Bob Miller; Chair, Professional Practice Committee

In 2019, SB 697 (Caballero) was passed by the California Senate and Assembly and was signed by Governor Gavin Newsom on October 9, 2019. The bill went through Senate and Assembly committees and floor votes with zero “no” votes. Supporters of this bill recognized the need to make the changes in our PA Practice Act to reflect the quality of healthcare delivery by PAs in our state and to reduce unnecessary administrative burdens imposed by outdated statutes. There will be a paradigm shift for PAs practicing in California with the new laws going into effect on January 1, 2020.

Among other changes, the law will no longer require medical chart reviews or co-signatures by a supervising

physician (SP). Before SB 697 there were somewhat confusing requirements for chart review, dating and co-signing of medical records by the SP – some within 30 days, others within 7 days. These laws and regulations led to unclear interpretations and layers of administrative challenges to try to remain in compliance.

The PA Board (PAB) also may, as a condition of enforcement or reinstatement of a license, require the review or countersignature of medical records for a specified duration. [CAPA](#)

## The End Has Come For Delegation of Services Agreements (DSA), Protocols and Formularies

by PA Bob Miller; Chair, Professional Practice Committee

The new statutes provided by the passing of SB 697 (Caballero) have gone a long way in bringing the PA Practice Act more in line with current capabilities of PAs practicing in California. Laws and regulations, initially established in the '70s for a fledgling, new and untested profession, were important to give our young profession structure and direction. Several decades of advances in PA education and training have evolved the profession into producing very high-quality healthcare professionals. However, California laws and regulations for PA practice have not kept pace with the continuing advances and the professional standards of healthcare delivery by PAs.

Until now, every medical service provided by a PA required delegated authority from a supervising physician in a written document, which came to be known as the Delegation of Services Agreement (DSA). As a result of SB 697, the DSA will no longer be required by law. Instead the *Practice Agreement* (see page 20 for a sample) is a written document, developed through collaboration among one or more physicians and surgeons *at the practice* and one or more PAs, that defines the medical services the PAs are authorized to perform *in that particular practice*. No longer is the section of regulations

entitled: *Medical Services Performable* limiting, and no longer are the medical services you provide “delegated.” **You own your scope.** It is no longer necessary to couple the services you are competent and capable to provide with one particular supervising physician. Your *Practice Agreement* is literally an agreement “with the practice.”

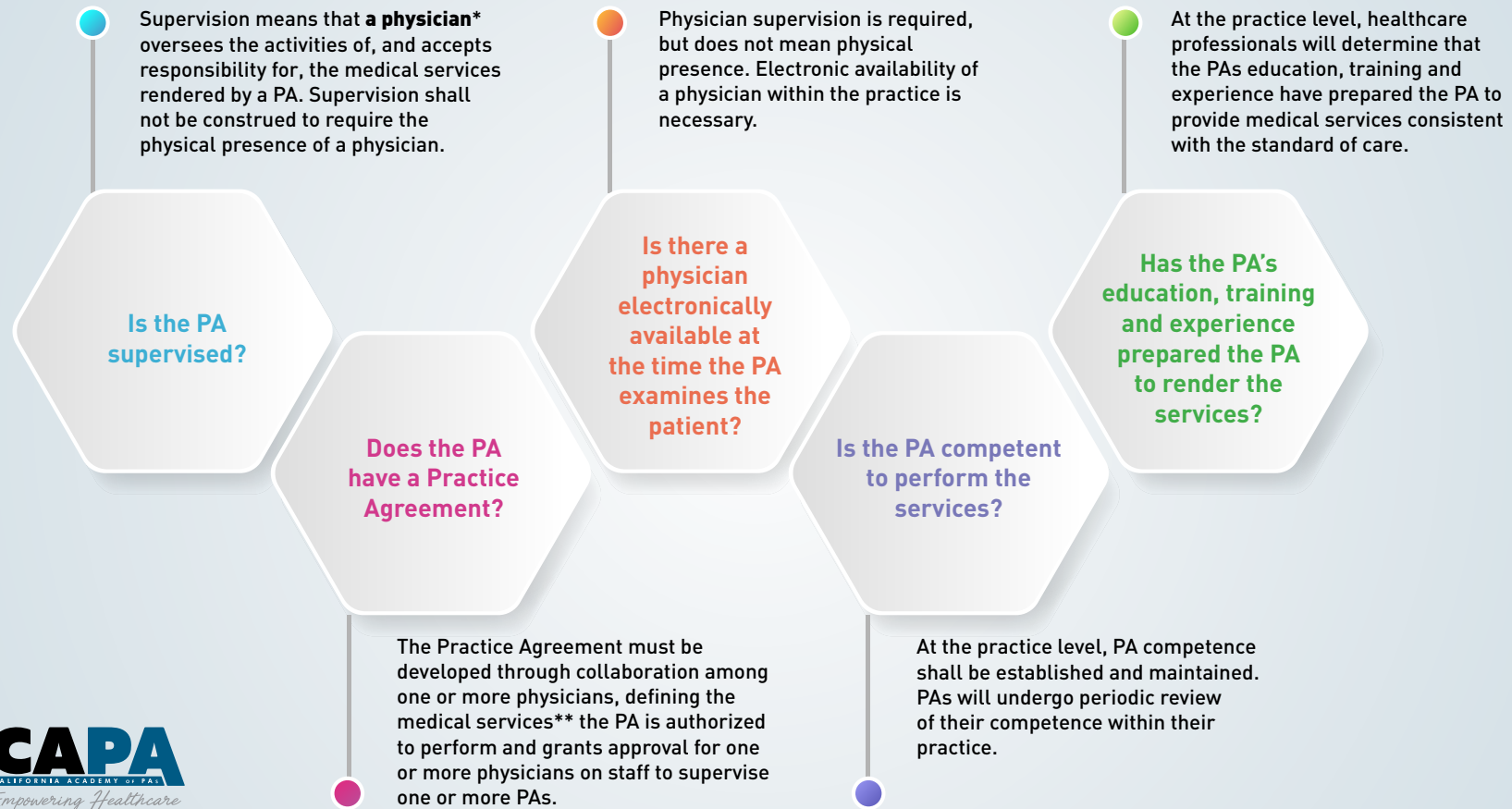
Additionally, the law will no longer require protocols and formularies, which were mandated to specify practice-specific criteria for the use of a particular drug or device and any contraindications for the selection. Currently, the majority of PAs in California also function under protocols governing diagnosis and management as well as medical procedures. Currently, protocols are to be developed by the supervising physician or adopted from, or referenced to, texts or other sources and are signed by both the physician and PA.

Please note, if a practice is not administratively prepared for a *Practice Agreement* on January 1, 2020, a DSA established and signed by the PA and physician supervisor prior to December 31, 2019 will satisfy the requirement. New hires to a practice after January 1, 2020 must have a *Practice Agreement* in place. [CAPA](#)

## Guiding Questions for PAs and Physicians and the Medical Practices That Employ Them

Beginning January 1, 2020, PAs will no longer be *delegated* the authority to perform particular medical services. Instead, an agreement with the practice will define medical services a PA may provide *within* that practice.

**How will practices determine if a PA is authorized to (fill in this blank with a medical service)?**



The answers to these five questions will be your guide to many questions. In general, **if you answer YES to all 5 questions**, then it would appear that the PA may provide that service (unless otherwise restricted by the practice and/or other provisions of CA law that may impose restrictions or conditions).

\*Beginning January 1, 2020, there is no requirement that a physician who supervises PA(s) in the practice share a particular area of medicine or specialty.

\*\*Pay attention to provisions of CA law that may impose restrictions or conditions.

The content of this document is being provided for general informative purposes only and is not legal advice or a substitute for legal counsel. Given that the medical services performed by PAs can vary greatly from practice to practice, the reader should contact their attorney to obtain legal advice tailored to their specific circumstances.



**SB-697 Physician assistants: practice agreement: supervision.** (2019-2020)

**SECTION 1.** Section 3500 of the Business and Professions Code is amended to read:

**3500.** In its concern with the growing shortage and geographic maldistribution of health care services in California, the Legislature intends to establish in this chapter a framework for ~~development of a new~~ *another* category of health manpower—the physician assistant.

The purpose of this chapter is to encourage the ~~more~~ effective utilization of the skills of ~~physicians,~~ *physicians* and *surgeons, and* physicians and *surgeons and* podiatrists practicing in the same medical group practice, by enabling them to ~~delegate health care tasks to work with~~ qualified physician assistants ~~where this delegation is consistent with the patient's health and welfare and with the laws and regulations relating to physician assistants;~~ *to provide quality care.*

This chapter is established to encourage the ~~utilization of physician assistants by physicians, and by physicians and podiatrists;~~ *coordinated care between physician assistants, physicians and surgeons, podiatrists, and other qualified health care providers* practicing in the same medical group, and to provide ~~that existing legal constraints should not be an unnecessary hindrance to the more effective provision of~~ health care services. It is also the purpose of this chapter to allow for innovative development of programs for the education, training, and utilization of physician assistants.

**SEC. 2.** Section 3501 of the Business and Professions Code is amended to read:

**3501.** ~~(a)~~ -As used in this chapter:

~~(1)~~ *(a)* "Board" means the Physician Assistant Board.

~~(2)~~ *(b)* "Approved program" means a program for the education of physician assistants that has been formally approved by the board.

~~(3)~~ *(c)* "Trainee" means a person who is currently enrolled in an approved program.

~~(4)~~ *(d)* "Physician assistant" *or "PA"* means a person who meets the requirements of this chapter and is licensed by the board.

~~(5)~~ *(e)* "Supervising physician" or "supervising physician and surgeon" means a physician and surgeon licensed by the Medical Board of California or by the Osteopathic Medical Board of California who supervises one or more physician assistants, who possesses a current valid license to practice medicine, and who is not currently on disciplinary probation ~~for improper use~~ *prohibiting the employment or supervision* of a physician assistant.

~~(6)~~ *(f) (1)* "Supervision" means that a licensed physician and surgeon oversees the activities of, and accepts responsibility for, the medical services rendered by a physician assistant. *Supervision, as defined in this subdivision, shall not be construed to require the physical presence of the physician and surgeon, but does require the following:*

*(A) Adherence to adequate supervision as agreed to in the practice agreement.*

*(B) The physician and surgeon being available by telephone or other electronic communication method at the time the PA examines the patient.*

*(2) Nothing in this subdivision shall be construed as prohibiting the board from requiring the physical presence of a physician and surgeon as a term or condition of a PA's reinstatement, probation, or imposing discipline.*

~~(7)~~ (g) "Regulations" means the rules and regulations as set forth in ~~Chapter Division~~ 13.8 (commencing with Section 1399.500) of Title 16 of the California Code of Regulations.

~~(8)~~ (h) "Routine visual screening" means ~~uninvasive~~ *noninvasive*, nonpharmacological simple testing for visual acuity, visual field defects, color blindness, and depth perception.

~~(9)~~ (i) "Program manager" means the staff manager of the diversion program, as designated by the executive officer of the board. The program manager shall have background experience in dealing with substance abuse issues.

(j) *"Organized health care system" includes a licensed clinic as described in Chapter 1 (commencing with Section 1200) of Division 2 of the Health and Safety Code, an outpatient setting as described in Chapter 1.3 (commencing with Section 1248) of Division 2 of the Health and Safety Code, a health facility as described in Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code, a county medical facility as described in Chapter 2.5 (commencing with Section 1440) of Division 2 of the Health and Safety Code, an accountable care organization, a home health agency, a physician's office, a professional medical corporation, a medical partnership, a medical foundation, and any other entity that lawfully provides medical services and is in compliance with Article 18 (commencing with Section 2400) of Chapter 5.*

~~(10)~~ (k) ~~"Delegation of services- "Practice~~ agreement" means the ~~writing that delegates to a physician assistant from a supervising physician- writing, developed through collaboration among one or more physicians and surgeons and one or more physician assistants, that defines~~ the medical services the physician assistant is authorized to perform ~~consistent with subdivision (a) of Section 1399.540 of Title 16 of the California Code of Regulations- pursuant to Section 3502 and that grants approval for physicians and surgeons on the staff of an organized health care system to supervise one or more physician assistants in the organized health care system. Any reference to a delegation of services agreement relating to physician assistants in any other law shall have the same meaning as a practice agreement.~~

~~(11)~~ (l) "Other specified medical services" means tests or examinations performed or ordered by a ~~physician assistant- PA~~ practicing in compliance with this chapter or regulations of the ~~board or the~~ Medical Board of California promulgated under this chapter.

~~(12) "Medical records review meeting" means a meeting between the supervising physician and surgeon and the physician assistant during which medical records are reviewed to ensure adequate supervision of the physician assistant functioning under protocols. Medical records review meetings may occur in person or by electronic communication.~~

~~(b) A physician assistant acts as an agent of the supervising physician when performing any activity authorized by this chapter or regulations adopted under this chapter.~~

**SEC. 3.** Section 3502 of the Business and Professions Code is amended to read:

**3502.** (a) *Notwithstanding any other law, a PA may perform medical services as authorized by this chapter if the following requirements are met:*

~~(a) (1) Notwithstanding any other law, a physician assistant may perform those medical services as set forth by the regulations adopted under this chapter when the services are rendered- The PA renders the services~~ under the supervision of a licensed physician and surgeon who is not subject to a disciplinary condition imposed by the Medical Board of California ~~or by the Osteopathic Medical Board of California~~ prohibiting that supervision or prohibiting the employment of a physician assistant. ~~The medical record, for each episode of care for a patient, shall identify the physician and surgeon who is responsible for the supervision of the physician assistant.~~

(2) *The PA renders the services pursuant to a practice agreement that meets the requirements of Section 3502.3.*

(3) *The PA is competent to perform the services.*

(4) *The PA's education, training, and experience have prepared the PA to render the services.*

(b) (1) Notwithstanding any other law, a physician assistant performing medical services under the supervision of a physician and surgeon may assist a doctor of podiatric medicine who is a partner, shareholder, or employee in the same medical group as the supervising physician and surgeon. A physician assistant who assists a doctor of podiatric medicine pursuant to this subdivision shall do so only according to patient-specific orders from ~~the a~~ supervising physician and surgeon.



(2) ~~The A~~ supervising physician and surgeon shall be ~~physically~~ available to the physician assistant for consultation when ~~that~~ assistance is ~~rendered~~ *rendered pursuant to this subdivision*. A physician assistant assisting a doctor of podiatric medicine shall be limited to performing those duties included within the scope of practice of a doctor of podiatric medicine.

~~(c) (1) A physician assistant and his or her supervising physician and surgeon shall establish written guidelines for the adequate supervision of the physician assistant. This requirement may be satisfied by the supervising physician and surgeon adopting protocols for some or all of the tasks performed by the physician assistant. The protocols adopted pursuant to this subdivision shall comply with the following requirements:~~

~~(A) A protocol governing diagnosis and management shall, at a minimum, include the presence or absence of symptoms, signs, and other data necessary to establish a diagnosis or assessment, any appropriate tests or studies to order, drugs to recommend to the patient, and education to be provided to the patient.~~

~~(B) A protocol governing procedures shall set forth the information to be provided to the patient, the nature of the consent to be obtained from the patient, the preparation and technique of the procedure, and the followup care.~~

~~(C) Protocols shall be developed by the supervising physician and surgeon or adopted from, or referenced to, texts or other sources.~~

~~(D) Protocols shall be signed and dated by the supervising physician and surgeon and the physician assistant.~~

~~(2) (A) The supervising physician and surgeon shall use one or more of the following mechanisms to ensure adequate supervision of the physician assistant functioning under the protocols:~~

~~(i) The supervising physician and surgeon shall review, countersign, and date a sample consisting of, at a minimum, 5 percent of the medical records of patients treated by the physician assistant functioning under the protocols within 30 days of the date of treatment by the physician assistant.~~

~~(ii) (c) The supervising~~ *Nothing in regulations shall require that a* physician and surgeon ~~and physician assistant shall conduct a medical records review meeting at least once a month during at least 10 months of the year. During any month in which a medical records review meeting occurs, the supervising physician and surgeon and physician assistant shall review an aggregate of at least 10 medical~~ *review or countersign a medical record of a patient treated by a physician assistant, unless required by the practice agreement. The board may, as a condition of probation or reinstatement of a licensee, require the review or countersignature of* records of patients treated by ~~the physician assistant functioning under protocols. Documentation of medical records reviewed during the month shall be jointly signed and dated by the supervising physician and surgeon and the physician assistant.~~ *a physician assistant for a specified duration.*

~~(iii) The supervising physician and surgeon shall review a sample of at least 10 medical records per month, at least 10 months during the year, using a combination of the countersignature mechanism described in clause (i) and the medical records review meeting mechanism described in clause (ii). During each month for which a sample is reviewed, at least one of the medical records in the sample shall be reviewed using the mechanism described in clause (i) and at least one of the medical records in the sample shall be reviewed using the mechanism described in clause (ii).~~

~~(B) In complying with subparagraph (A), the supervising physician and surgeon shall select for review those cases that by diagnosis, problem, treatment, or procedure represent, in his or her judgment, the most significant risk to the patient.~~

~~(3) Notwithstanding any other law, the Medical Board of California or the board may establish other alternative mechanisms for the adequate supervision of the physician assistant.~~

~~(d) No medical services may be performed under this chapter~~ *This chapter does not authorize the performance of medical services* in any of the following areas:

(1) The determination of the refractive states of the human eye, or the fitting or adaptation of lenses or frames for the aid thereof.

(2) The prescribing or directing the use of, or using, any optical device in connection with ocular exercises, visual training, or orthoptics.

(3) The prescribing of contact lenses for, or the fitting or adaptation of contact lenses to, the human eye.

(4) The practice of dentistry or dental hygiene or the work of a dental auxiliary as defined in Chapter 4 (commencing with Section 1600).

(e) This section shall not be construed in a manner that shall preclude the performance of routine visual screening as defined in Section 3501.

(f) ~~Compliance— Notwithstanding any other law, a PA rendering services in a general acute care hospital as defined in Section 1250 of the Health and Safety Code shall be supervised by a physician assistant and supervising physician and surgeon with this section shall be deemed compliance with Section 1399.546 of Title 16 of the California Code of Regulations, and surgeon with privileges to practice in that hospital. Within a general acute care hospital, the practice agreement shall establish policies and procedures to identify a physician and surgeon who is supervising the PA.~~

**SEC. 4.** Section 3502.1 of the Business and Professions Code is amended to read:

**3502.1.** ~~(a) —In addition to the medical services authorized in the regulations adopted by the Medical Board of California, pursuant to Section 3502, and except as prohibited by Section 3502, while under the supervision of a licensed physician and surgeon or physicians and surgeons authorized by law to supervise a physician assistant, a physician assistant may administer or provide medication to a patient, or transmit orally, or in writing on a patient's record or in a drug order, an order to a person who may lawfully furnish the medication or medical device pursuant to subdivisions (c) and (d): a PA may furnish or order a drug or device subject to all of the following:~~

~~(a) The PA shall furnish or order a drug or device in accordance with the practice agreement and consistent with the PA's educational preparation or for which clinical competency has been established and maintained.~~

~~(b) (1) A supervising practice agreement authorizing a PA to order or furnish a drug or device shall specify which PA or PAs may furnish or order a drug or device, which drugs or devices may be furnished or ordered, under what circumstances, the extent of physician and surgeon who delegates authority to issue a drug order to a physician assistant may limit this authority by specifying the manner in which the physician assistant may issue delegated prescriptions. supervision, the method of periodic review of the PA's competence, including peer review, and review of the practice agreement.~~

~~(2) Each supervising physician and surgeon who delegates the authority to issue a drug order to a physician assistant shall first prepare and adopt, or adopt, a written, practice specific, formulary and protocols that specify all criteria for the use of a particular drug or device, and any contraindications for the selection. Protocols for In addition to the requirements in paragraph (1), if the practice agreement authorizes the PA to furnish a Schedule II controlled substances substance, the practice agreement shall address the diagnosis of the illness, injury, or condition for which the PA may furnish the Schedule II controlled substance is being administered, provided, or issued. The drugs listed in the protocols shall constitute the formulary and shall include only drugs that are appropriate for use in the type of practice engaged in by the supervising physician and surgeon. When issuing a drug order, the physician assistant is acting on behalf of and as an agent for a supervising physician and surgeon. substance.~~

~~(b) "Drug order," for purposes of this section, means an order for medication that is dispensed to or for a patient, issued and signed by a physician assistant acting as an individual practitioner within the meaning of Section 1306.02 of Title 21 of the Code of Federal Regulations. Notwithstanding any other provision of law, (1) a drug order issued pursuant to this section shall be treated in the same manner as a prescription or order of the supervising physician, (2) all references to "prescription" in this code and the Health and Safety Code shall include drug orders issued by physician assistants pursuant to authority granted by their supervising physicians and surgeons, and (3) the signature of a physician assistant on a drug order shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.~~

~~(c) A drug order for any patient cared for by the physician assistant that is issued by the physician assistant shall either be based on the protocols described in subdivision (a) or shall be approved by the supervising physician and surgeon before it is filled or carried out.~~

~~(1) (c) A physician assistant shall not administer or provide a drug or issue a drug order for a drug other than for a drug listed in the formulary without advance approval from a supervising The PA shall furnish or order drugs or devices under physician and surgeon for the particular patient. At the direction and under the supervision of a supervision. This subdivision shall not be construed to require the physical presence of the physician and surgeon, a physician assistant may hand to a patient of the supervising physician and surgeon a~~



~~properly labeled prescription drug prepackaged by a physician and surgeon, manufacturer as defined in the Pharmacy Law, or a pharmacist. but does require the following:~~

*(1) Adherence to adequate supervision as agreed to in the practice agreement.*

*(2) The physician and surgeon be available by telephone or other electronic communication method at the time the PA examines the patient.*

~~(2) (d) A (1) -physician assistant shall not administer, provide, or issue a drug order to a patient for~~ *Except as provided in paragraph (2), the PA may furnish or order only those* Schedule II through Schedule V controlled substances ~~without advance approval by a supervising physician and surgeon for that particular patient unless the physician assistant has completed an education course that covers controlled substances and that meets standards, including pharmacological content, approved by the board. The education course shall be provided either by an accredited continuing education provider or by an approved physician assistant training program. If the physician assistant will administer, provide, or issue a drug order for Schedule II controlled substances, the course shall contain a minimum of three hours exclusively on Schedule II controlled substances, including the risks of addiction associated with their use. Completion of the requirements set forth in this paragraph shall be verified and documented in the manner established by the board prior to the physician assistant's use of a registration number issued by the United States Drug Enforcement Administration to the physician assistant to administer, provide, or issue a drug order to a patient for a controlled substance without advance approval by a supervising physician and surgeon for that particular patient.~~ *under the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code) that have been agreed upon in the practice agreement.*

~~(3) Any drug order issued by a physician assistant shall be subject to a reasonable quantitative limitation consistent with customary medical practice in the supervising physician and surgeon's practice.~~

~~(d) (2) A written drug order issued pursuant to subdivision (a), except a written drug order in a patient's medical record in a health facility or medical practice, shall contain the printed name, address, and telephone number of the supervising physician and surgeon, the printed or stamped name and license number of the physician assistant, and the signature of the physician assistant. Further, a written drug order for a controlled substance, except a written drug order in a patient's medical record in a health facility or a medical practice, shall include the federal controlled substances registration number of the physician assistant and shall otherwise comply with Section 11162.1~~ *The PA may furnish or order Schedule II or III controlled substances, as defined in Sections 11055 and 11056, respectively, of the Health and Safety Code. Except as otherwise required for written drug orders for controlled substances under Section 11162.1 of the Health and Safety Code, the requirements of this subdivision may be met through stamping or otherwise imprinting on the supervising physician and surgeon's prescription blank to show the name, license number, and if applicable, the federal controlled substances registration number of the physician assistant, and shall be signed by the physician assistant. When using a drug order, the physician assistant is acting on behalf of and as the agent of a* Code, *in accordance with the practice agreement or a patient-specific order approved by the treating or* supervising physician and surgeon.

*(e) (1) The PA has satisfactorily completed a course in pharmacology covering the drugs or devices to be furnished or ordered under this section or has completed a program for instruction of PAs that meet the requirements of Section 1399.530 of Title 16 of the California Code of Regulations, as that provision read on June 7, 2019.*

~~(e) (2) The supervising A physician and surgeon shall use either of the following mechanisms to ensure adequate supervision of the administration, provision, or issuance by a physician assistant of a drug order to a patient for Schedule II controlled substances:~~ *through a practice agreement may determine the extent of supervision necessary pursuant to this section in the furnishing or ordering of drugs and devices.*

~~(1) The medical record of any patient cared for by a physician assistant for whom the physician assistant's Schedule II drug order has been issued or carried out shall be reviewed, countersigned, and dated by a supervising physician and surgeon within seven days.~~

~~(2) (3) If the physician assistant has documentation evidencing the successful completion of an education~~ *PAs who hold an active license, who are authorized through a practice agreement to furnish Schedule II controlled substances, and who are registered with the United States Drug Enforcement Administration, and who have not successfully completed a one-time course in compliance with Sections 1399.610 and 1399.612 of Title 16 of the California Code of Regulations, as those provisions read on June 7, 2019, shall complete, as part of their*

*continuing education requirements, a course that covers Schedule II controlled substances, and ~~that controlled substance education course (A) meets~~ the risks of addiction associated with their use, based on the standards developed by the board. The board shall establish the requirements for satisfactory completion of this subdivision. Evidence of completion of a course meeting the standards, including pharmacological content, established in Sections 1399.610 and 1399.612 of Title 16 of the California Code of Regulations, and ~~(B) is provided either by an accredited continuing education provider or by an approved physician assistant training program, the supervising physician and surgeon shall review, countersign, and date, within seven days, a sample consisting of the medical records of at least 20 percent of the patients cared for by the physician assistant for whom the physician assistant's Schedule II drug order has been issued or carried out. Completion of the requirements set forth in this paragraph shall be verified and documented in the manner established in Section 1399.612 of Title 16 of the California Code of Regulations. Physician assistants who have a certificate of completion of the course described in paragraph (2) of subdivision (c) shall be deemed to have met the education course requirement of this subdivision. as those provisions read on June 7, 2019, shall be deemed to meet the requirements of this section.~~*

*(f) ~~All physician assistants who are authorized by their supervising physicians to issue drug orders for controlled substances shall register with the United States Drug Enforcement Administration (DEA). For purposes of this section:~~*

*(1) "Furnishing" or "ordering" shall include the following:*

*(A) Ordering a drug or device in accordance with the practice agreement.*

*(B) Transmitting an order of a supervising physician and surgeon.*

*(C) Dispensing a medication pursuant to Section 4170.*

*(2) "Drug order" or "order" means an order for medication that is dispensed to or for an ultimate user, issued by a PA as an individual practitioner, within the meaning of Section 1306.02 of Title 21 of the Code of Federal Regulations.*

*(g) ~~The board shall consult with the Medical Board of California and report during its sunset review required by Article 7.5 (commencing with Section 9147.7) of Chapter 1.5 of Part 1 of Division 2 of Title 2 of the Government Code the impacts of exempting Schedule III and Schedule IV drug orders from the requirement for a physician and surgeon to review and countersign the affected medical record of a patient. Notwithstanding any other law,~~ (1) a drug order issued pursuant to this section shall be treated in the same manner as a prescription of a supervising physician; (2) all references to "prescription" in this code and the Health and Safety Code shall include drug orders issued by physician assistants; and (3) the signature of a PA on a drug order issued in accordance with this section shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.*

**SEC. 5.** Section 3502.3 of the Business and Professions Code is amended to read:

**3502.3.** *(a) (1) A practice agreement shall include provisions that address the following:*

*(A) The types of medical services a physician assistant is authorized to perform.*

*(B) Policies and procedures to ensure adequate supervision of the physician assistant, including, but not limited to, appropriate communication, availability, consultations, and referrals between a physician and surgeon and the physician assistant in the provision of medical services.*

*(C) The methods for the continuing evaluation of the competency and qualifications of the physician assistant.*

*(D) The furnishing or ordering of drugs or devices by a physician assistant pursuant to Section 3502.1.*

*(E) Any additional provisions agreed to by the physician assistant and physician and surgeon.*

*(2) A practice agreement shall be signed by both of the following:*

*(A) The physician assistant.*

*(B) One or more physicians and surgeons or a physician and surgeon who is authorized to approve the practice agreement on behalf of the staff of the physicians and surgeons on the staff of an organized health care system.*

*(3) A delegation of services agreement in effect prior to January 1, 2020, shall be deemed to meet the requirements of this subdivision.*

*(4) A practice agreement may designate a PA as an agent of a supervising physician and surgeon.*

*(5) Nothing in this section shall be construed to require approval of a practice agreement by the board.*

~~(a) (b)~~ Notwithstanding any other ~~provision of~~ law, in addition to any other practices that meet the general criteria set forth in this chapter or ~~the regulations adopted by the board or the~~ Medical Board of ~~California's regulations for inclusion in a delegation of services agreement, a delegation of services~~ California, a practice agreement may authorize a ~~physician assistant~~ PA to do any of the following:

(1) Order durable medical equipment, subject to any limitations set forth in Section 3502 or the ~~delegation of services~~ *practice* agreement. Notwithstanding that authority, nothing in this paragraph shall operate to limit the ability of a third-party payer to require prior approval.

(2) For individuals receiving home health services or personal care services, after consultation with ~~the supervising physician,~~ *a supervising physician and surgeon*, approve, sign, modify, or add to a plan of treatment or plan of care.

(3) After performance of a physical examination by the ~~physician assistant~~ PA under the supervision of a physician and surgeon consistent with this chapter, certify disability pursuant to Section 2708 of the Unemployment Insurance Code. The Employment Development Department shall implement this paragraph on or before January 1, 2017.

~~(b) (c)~~ ~~Nothing in this~~ *This* section shall *not* be construed to affect the validity of any ~~delegation of services~~ *practice* agreement in effect prior to the ~~enactment~~ *effective date* of this section or those adopted subsequent to ~~enactment~~ *the effective date of this section*.

**SEC. 6.** Section 3509 of the Business and Professions Code is amended to read:

**3509.** It shall be the duty of the board to:

(a) Establish standards and issue licenses of approval for programs for the education and training of physician assistants.

(b) Make recommendations to the Medical Board of California concerning the scope of practice for physician assistants.

~~(c) Make recommendations to the Medical Board of California concerning the formulation of guidelines for the consideration of applications by licensed physicians to supervise physician assistants and approval of such applications.~~

~~(d)~~ (c) Require the examination of applicants for licensure as a physician assistant who meet the requirements of this chapter.

**SEC. 7.** Section 3516 of the Business and Professions Code is amended to read:

**3516.** (a) Notwithstanding any other provision of law, a physician assistant licensed by the board shall be eligible for employment or supervision by ~~any~~ *a* physician and surgeon who is not subject to a disciplinary condition imposed by the Medical Board of California prohibiting that employment or supervision.

(b) ~~No~~ *Except as provided in Section 3502.5, a* physician and surgeon shall *not* supervise more than four physician assistants at any one ~~time, except as provided in Section 3502.5.~~ *time*.

(c) The Medical Board of California may restrict a physician and surgeon to supervising specific types of physician assistants including, but not limited to, restricting a physician and surgeon from supervising physician assistants outside of the field of specialty of the physician and surgeon.

**SEC. 8.** Section 3516.5 of the Business and Professions Code is repealed.

~~**3516.5.** (a) Notwithstanding any other provision of law and in accordance with regulations established by the Medical Board of California, the director of emergency care services in a hospital with an approved program for the training of emergency care physician assistants, may apply to the Medical Board of California for~~

~~authorization under which the director may grant approval for emergency care physicians on the staff of the hospital to supervise emergency care physician assistants.~~

~~(b) The application shall encompass all supervising physicians employed in that service.~~

~~(c) Nothing in this section shall be construed to authorize any one emergency care physician while on duty to supervise more than four physician assistants at any one time.~~

~~(d) A violation of this section by the director of emergency care services in a hospital with an approved program for the training of emergency care physician assistants constitutes unprofessional conduct within the meaning of Chapter 5 (commencing with Section 2000).~~

~~(e) A violation of this section shall be grounds for suspension of the approval of the director or disciplinary action against the director or suspension of the approved program under Section 3527.~~

**SEC. 9.** Section 3518 of the Business and Professions Code is amended to read:

**3518.** The board shall keep ~~current, two separate registers, one for approved supervising physicians and one for licensed physician assistants, by specialty if applicable. These registers~~ *a current register for licensed PAs, if applicable. The register* shall show the name of each licensee, ~~his or her~~ *the licensee's* last known address of record, and the date of ~~his or her licensure or approval.~~ *the licensee's licensure.* Any interested person is entitled to obtain a copy of the register in accordance with the Information Practices Act of 1977 (Chapter 1 (commencing with Section 1798) of Title 1.8 of Part 4 of Division 3 of the Civil Code) upon application to the board together with a sum as may be fixed by the board, which amount shall not exceed the cost of this list so furnished.

**SEC. 10.** Section 3521 of the Business and Professions Code is repealed.

~~**3521.** The fees to be paid for approval to supervise physician assistants are to be set by the board as follows:~~

~~(a) An application fee not to exceed fifty dollars (\$50) shall be charged to each physician and surgeon applicant.~~

~~(b) An approval fee not to exceed two hundred fifty dollars (\$250) shall be charged to each physician and surgeon upon approval of an application to supervise physician assistants.~~

~~(c) A biennial renewal fee not to exceed three hundred dollars (\$300) shall be paid for the renewal of an approval.~~

~~(d) The delinquency fee is twenty five dollars (\$25).~~

~~(e) The duplicate approval fee is ten dollars (\$10).~~

~~(f) The fee for a letter of endorsement, letter of good standing, or letter of verification of approval shall be ten dollars (\$10).~~

**SEC. 11.** Section 3522 of the Business and Professions Code is repealed.

~~**3522.** An approval to supervise physician assistants shall expire at 12 midnight on the last day of the birth month of the physician and surgeon during the second year of a two year term if not renewed.~~

~~The Medical Board of California shall establish a cyclical renewal program, including, but not limited to, the establishment of a system of staggered expiration dates for approvals and a pro rata formula for the payment of renewal fees by physician and surgeon supervisors.~~

~~To renew an unexpired approval, the approved supervising physician and surgeon, on or before the date of expiration, shall apply for renewal on a form prescribed by the Medical Board of California and pay the prescribed renewal fee.~~

**SEC. 12.** Section 3527 of the Business and Professions Code is amended to read:

**3527.** (a) The board may order the denial of an application for, or the issuance subject to terms and conditions of, or the suspension or revocation of, or the imposition of probationary conditions upon a ~~physician assistant~~ *PA* license after a hearing as required in Section 3528 for unprofessional conduct that includes, but is not limited to, a violation of this chapter, a violation of the Medical Practice Act, or a violation of the regulations adopted by the board or the Medical Board of California.

(b) The board may order the denial of an application for, or the suspension or revocation of, or the imposition of probationary conditions upon, an approved program after a hearing as required in Section 3528 for a violation of this chapter or the regulations adopted pursuant thereto.

~~(c) The Medical Board of California may order the denial of an application for, or the issuance subject to terms and conditions of, or the suspension or revocation of, or the imposition of probationary conditions upon, an approval to supervise a physician assistant, after a hearing as required in Section 3528, for unprofessional conduct, which includes, but is not limited to, a violation of this chapter, a violation of the Medical Practice Act, or a violation of the regulations adopted by the board or the Medical Board of California.~~

~~(d) (c) Notwithstanding subdivision (c), the Division of Medical Quality of the Medical Board of California, in conjunction with an action it has commenced against a physician and surgeon, may, in its own discretion and without the concurrence of the Medical Board of California, order the suspension or revocation of, or the~~ *The Medical Board of California may order the* imposition of probationary conditions ~~upon, an approval upon a physician and surgeon's authority~~ to supervise a ~~physician assistant, PA,~~ after a hearing as required in Section 3528, for unprofessional conduct, which includes, but is not limited to, a violation of this chapter, a violation of the Medical Practice Act, or a violation of the regulations adopted by the board or the Medical Board of California.

~~(e) (d)~~ The board may order the denial of an application for, or the suspension or revocation of, or the imposition of probationary conditions upon, a ~~physician assistant- PA~~ license, after a hearing as required in Section 3528 for unprofessional conduct that includes, except for good cause, the knowing failure of a licensee to protect patients by failing to follow infection control guidelines of the board, thereby risking transmission of bloodborne infectious diseases from licensee to patient, from patient to patient, and from patient to licensee. In administering this subdivision, the board shall consider referencing the standards, regulations, and guidelines of the State Department of Public Health developed pursuant to Section 1250.11 of the Health and Safety Code and the standards, regulations, and guidelines pursuant to the California Occupational Safety and Health Act of 1973 (Part 1 (commencing with Section 6300) of Division 5 of the Labor Code) for preventing the transmission of HIV, hepatitis B, and other bloodborne pathogens in health care settings. As necessary, the board shall consult with the Medical Board of California, the *Osteopathic Medical Board of Podiatric Medicine, the California, the Podiatric Medical Board of Dental Examiners, California, the Dental Board of California,* the Board of Registered Nursing, and the Board of Vocational Nursing and Psychiatric ~~Technicians, Technicians of the State of California~~ to encourage appropriate consistency in the implementation of this subdivision.

The board shall seek to ensure that licensees are informed of the responsibility of licensees and others to follow infection control guidelines, and of the most recent scientifically recognized safeguards for minimizing the risk of transmission of ~~blood-borne~~ *bloodborne* infectious diseases.

~~(f) (e)~~ The board may order the licensee to pay the costs of monitoring the probationary conditions imposed on the license.

~~(g) (f)~~ The expiration, cancellation, forfeiture, or suspension of a ~~physician assistant- PA~~ license by operation of law or by order or decision of the board or a court of law, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee shall not deprive the board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.

**SEC. 13.** Section 3528 of the Business and Professions Code is amended to read:

**3528.** Any proceedings involving the denial, suspension, or revocation of the application for licensure or the license of a ~~physician assistant, the application for approval or the approval of a supervising physician, or the PA or the~~ application for approval or the approval of an approved program under this chapter shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

**SEC. 14.** *The provisions of this measure are severable. If any provision of this measure or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.*

**SEC. 15.** *No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a*

*crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.*