

ARIZONA STATE SENATE

RESEARCH STAFF



TO: JOINT LEGISLATIVE AUDIT COMMITTEE
Senator Robert Blendu, Chairman
Representative John Nelson, Cochair

HEATHER OWENS
LEGISLATIVE RESEARCH ANALYST
HEALTH COMMITTEE
Telephone: (602) 926-3171
Facsimile: (602) 926-3833

DATE: December 3, 2007

SUBJECT: Sunset Review of the Regulatory Board of Physician Assistants

Attached is the final report of the sunset review of the Regulatory Board of Physician Assistants, which was conducted by the Senate Health and House of Representatives Health Committee of Reference.

This report has been distributed to the following individuals and agencies:

Governor of the State of Arizona
The Honorable Janet Napolitano

President of the Senate
Senator Tim Bee

Speaker of the House of Representatives
Representative James Weiers

Senate Members
Senator Tom O'Halleran, Cochairman
Senator Barbara Leff
Senator Paula Aboud
Senator Thayer Verschoor
Senator Amanda Aguirre

House Members
Representative Bob Stump, Cochairman
Representative Nancy Barto
Representative Rick Murphy
Representative David Bradley
Representative Linda Lopez

Regulatory Board of Physician Assistants
Arizona State Library, Archives & Public Records
Office of the Auditor General

Senate Majority Staff
Senate Research Staff
Senate Minority Staff
Senate Resource Center

House Majority Staff
House Research Staff
House Minority Staff
Chief Clerk

HO/jas
Attachment

***Senate Health and House of Representatives Health
Committee of Reference Report***

REGULATORY BOARD OF PHYSICIAN ASSISTANTS

Background

Pursuant to Arizona Revised Statutes (A.R.S.) § 41-2953, the Joint Legislative Audit Committee (JLAC) assigned the sunset review of the Regulatory Board of Physician Assistants (Board) to the Senate Health and House of Representatives Health Committee of Reference.

The Board was established in 1984 to regulate the physician assistant (PA) profession. The mission of the Board is to protect public safety through the licensing, regulation and education of physician assistants. The Board's duties include: licensing and regulating PAs; reviewing the credentials of applicants for licensure; establishing fees; developing standards to govern the profession; initiating investigations, disciplining and rehabilitating PAs as necessary; and approving notifications of supervision from physicians who intend to supervise a PA.

Pursuant to A.R.S. § 32-2506, the State Treasurer collects all monies received by the Board and deposits ten percent of the monies and all civil penalties imposed on licensees into the state General Fund. The remaining 90 percent of monies received are deposited in the Arizona Medical Board Fund and are used by the Board for all necessary Board expenses.

Committee of Reference Sunset Review Procedures

The Committee of Reference held one public meeting on November 6, 2007, to review the Board's responses to the sunset factors as required by A.R.S. § 41-2954, subsections D and F, and to hear public testimony. The Board's responses to the 12 sunset factors and four additional questions are attached.

Committee of Reference Recommendations

The Committee of Reference recommends continuing the Board for ten years.

Attachments

1. Staff memo.
2. Sunset report requirements pursuant to A.R.S. § 41-2954, subsections D and F.
3. Meeting notice.
4. An excerpt of the minutes of the Committee of Reference meeting relating to the Board.

ARIZONA STATE SENATE

RESEARCH STAFF



TO: MEMBERS OF THE HOUSE AND SENATE
HEALTH COMMITTEE OF REFERENCE

HEATHER OWENS
ASSISTANT ANALYST
HEALTH COMMITTEE
Telephone: (602) 926-3171
Facsimile: (602) 926-3833

DATE: October 25, 2007

SUBJECT: Sunset Review of the Regulatory Board of Physician Assistants

The Arizona Regulatory Board of Physician Assistants (Board) is scheduled to sunset on July 1, 2008. The following is a brief description of the history and duties of the Board, as well as the Board's response to the sunset questionnaire. A public meeting is scheduled for November 6, 2007, to review, discuss and make a final recommendation on the Board's continuation. If you have any questions or need further assistance, please feel free to contact me.

BOARD HISTORY AND MISSION

The Board was established in 1984 to regulate the physician assistant profession. A physician assistant (PA) is a person who is licensed to practice medicine under the supervision of a physician. PAs may perform services such as taking medical histories, conducting physical examinations, ordering and interpreting lab tests, assisting in surgery, diagnosing illnesses, developing treatment plans, making referrals as appropriate, performing minor surgery, counseling patients and prescribing medications. A physician must submit a notification of supervision to the Board, notifying the Board that the physician intends to supervise a PA, before the PA may begin working.

The mission of the Board is to protect public safety through the licensing, regulation and education of physician assistants.

ORGANIZATION AND DUTIES

The Board consists of the following ten members appointed by the Governor: four licensed PAs; two public members; two licensed and actively practicing osteopathic physicians, one of whom supervises a physician assistant at the time of appointment; and two licensed and active allopathic physicians, one of whom supervises a physician assistant at the time of appointment. Board members serve four-year terms ending on July 1. The executive director of the Arizona Medical Board (AMB) serves as the executive director of the Board and the staff of the AMB carries out the administrative duties of the Board.

The Board's duties include: licensing and regulating PAs; reviewing the credentials of applicants for licensure; establishing fees; developing standards to govern the profession; initiating investigations, disciplining and rehabilitating PAs as necessary; and approving notifications of supervision from physicians who intend to supervise a PA. The Board licenses over 1,500 PAs in Arizona and, in FY 2006-2007, approved license applications in an average of 17 days. In the same fiscal year, the Board resolved 69 complaints against PAs, 10 of which resulted in disciplinary action.

MEMORANDUM

October 25, 2007

Page 2

FISCAL ISSUES

Since the administrative staff of the Board is also the staff of the AMB, the Board's budget is included in the AMB's budget. The AMB's total operating budget in FY 2007-2008 is \$5,567,700. The AMB currently has 58.5 full-time equivalent (FTE) positions. Pursuant to A.R.S. § 32-2506, the State Treasurer collects all monies received by the Board and deposits ten percent of the monies and all civil penalties imposed on licensees into the state General Fund. The remaining 90 percent of monies received are deposited in the Arizona Medical Board Fund and are used by the Board for all necessary Board expenses.

LEGISLATIVE ISSUES

The Board identifies one issue for which it anticipates requesting a statutory change. The Board would like to better define the relationship between physicians and PAs and set parameters for the frequency of contact between the physician and the PA. The Board has a subcommittee that is studying this issue and is in the process of formulating recommendations with the AMB.

HO/jas



**Arizona Regulatory Board of
Physician Assistants**

9545 East Doubletree Ranch Road • Scottsdale, Arizona 85258-5514
Telephone: 480-551-2700 • Toll Free: 877-255-2212 • Fax: 480-551-2704
Website: www.azpa.gov • Email: questions@azpa.gov

Janet Napolitano
Governor

Timothy C. Miller, J.D.
Executive Director

Amanda J. Diehl, M.P.A., C.P.M.
Deputy Executive Director

Joan M. Reynolds, M.M.S., P.A.-C.
Chair

Peter C. Wagner, D.O.
Vice-Chair

August 22, 2007

Ms. Beth Kohler Lazare
Arizona State Senate
1700 West Washington
Phoenix, AZ 85007

Dear Ms. Lazare:

Thank you for providing the Arizona Regulatory Board of Physician Assistants the opportunity to address the Joint Legislative Audit Committee's sunset review. The agency's responses are as follows:

1. *The objective and purpose in establishing the agency.*

The Board protects Arizona citizens through licensing and regulating physician assistants. The agency processes applications for licenses, handles complaints against physician assistants and disseminates information pertaining to physician assistants and the regulatory process. There are currently 1,572 physician assistants licensed in Arizona.

2. The effectiveness with which the agency has met its objective and purpose and the efficiency with which it has operated.

The agency has concentrated on refining its policies and procedures to promote an efficient work environment. The agency staffs both the Arizona Medical Board and Arizona Regulatory Board of Physician Assistants and the agency's processes for both boards are the same.

In the last fiscal year, the agency received 216 physician assistant license applications, a 6.3 percent increase from the previous fiscal year, and approved license applications in an average of 17 days. Staff also completed a total of 1,480 investigations (MD and PA) on an average of 123 cases a month. The agency currently has an open caseload of 15 PA cases and all but one case were initiated in 2007.

3. *The extent to which the agency has operated in the public interest.*

The agency operates in the public interest by protecting citizens against the unsafe practice of health care tasks by physician assistants. The agency has processes in place to streamline the investigative process and promptly address complaints against physician assistants. A portion of this process includes personally contacting each complainant to ensure all pertinent information is received. Furthermore, this process identifies physician assistants who may pose an imminent threat to public health and safety and prompts staff to investigate those cases on a fast track basis to determine if a summary action is warranted. In the last fiscal year, the Board took two such summary actions.

Additionally, the agency operates in the public interest by: timely licensing qualified applicants; posting all meeting agendas, minutes and Board actions on its website for public viewing; and identifying and addressing policy issues affecting public health and safety.

4. *The extent to which rules adopted by the agency are consistent with the legislative mandate.*

With the exceptions as identified in question #8, the agency's rules are consistent with the legislative mandate.

5. *The extent to which the agency has encouraged input from the public before adopting its rules and the extent to which it has informed the public as to its actions and their expected impact on the public.*

The agency encourages stakeholder involvement in its policy decision making. The agency maintains email distribution lists of stakeholders involved in particular issues and notifies them of upcoming meetings. The Board's Physician Assistant Supervision Subcommittee attracts a number of stakeholders at each meeting and invites their comments before and during Subcommittee meetings.

6. *The extent to which the agency has been able to investigate and resolve complaints that are within its jurisdiction.*

The agency receives, on average, five complaints against physician assistants every month. Every complaint is evaluated and if they fall within the Board's jurisdiction, they are opened, prioritized, and brought before the Board in a timely manner. In fiscal year 2007, the agency resolved 69 cases against physician assistants. Ten of those cases resulted in disciplinary action, including five loss of licenses, one practice restriction, three Letters of Reprimand, and one order for Probation.

7. *The extent to which the Attorney General or any other applicable agency of state government has the authority to prosecute actions under the enabling legislation.*

The agency's Executive Director has the authority to provide assistance to the Attorney General in preparing, signing and executing disciplinary orders and notices of hearings as directed by the Board and to directly refer cases to formal hearing. (A.R.S. §32-2505). Additionally, the agency's statutes classify physician assistant conduct that is considered to be a Class 6 felony, prompting referral to the Attorney General's Office for prosecution (A.R.S. §32-2554) and authorizes the Superior Court to issue an injunction against physician assistants who perform health care tasks that the Court determines will or may cause irreparable damage to the public health and safety (A.R.S. §32-2555).

8. *The extent to which the agency has addressed deficiencies in its enabling statutes that prevent it from fulfilling its statutory mandate.*

The agency recognized a deficiency in its rules and statutes regarding physician assistant supervision and has developed a Subcommittee to make recommendations for statutory and Rule changes. This Subcommittee is now in the process of harmonizing its recommendations with the Arizona Medical Board. Together, these boards intend to better define the dependent relationship between physicians and physician assistants; establish acceptable parameters for the frequency and nature of required weekly meetings between the physician and physician assistant, and ensure patient safety through proper supervision.

The recommendations from this committee will go to the Board's Rules Subcommittee (currently on hold) to create a comprehensive rule package for approval.

9. *The extent to which changes are necessary in the laws of the agency to adequately comply with these factors.*

The agency anticipates that the issue identified in question #8 will require statutory and rule changes.

10. *The extent to which the termination of the agency would significantly harm the public health, safety or welfare.*

It is the agency's mission to protect public safety through the judicious licensing, regulation, and education of physician assistants. Physician assistants are used widely throughout the State, in every form of practice including urban emergency department settings, physician offices and rural underserved areas. Physician Assistants are critical to helping resolve the shortage of health care providers. Termination of the agency would significantly decrease the availability of safe health care providers to Arizona's citizens and the appropriate oversight of a subset of health care practitioners who can practice quite advanced medicine such as minor surgical procedures and prescribing narcotics.

11. *The extent to which the level of regulation exercised by the agency is appropriate and whether less or more stringent levels of regulation would be appropriate.*

The agency strives to find regulatory balance that is appropriate and that does not infringe on a physician assistant's ability to make the right judgment when performing health care tasks. Current statutes and rules adequately address the vast majority of physician assistant practice and on going policy discussions center around this issues. The agency is confident that physician assistants are regulated in a manner consistent with public and professional expectations.

12. *The extent to which the agency has used private contractors in the performance of its duties and how effective the use of private contractors could be accomplished.*

The agency uses a private contractor for the monitoring and rehabilitation of physician assistants with substance abuse issues. The agency oversees the contractor, obtains quarterly reports regarding each participant, and has processes in place to ensure physician assistants who relapse are promptly reported to the agency for action.

Additionally, the agency has developed a strategic plan to address the following issues:

- Promotion of public safety through the examination of compelling healthcare issues, in collaboration with licensees, academic institutions, healthcare associations, state agency boards, state medical boards, and other stakeholders;
- Promote best practices through the education of licensees, stakeholders and the general public;
- Enhancement of licensing, regulatory and information dissemination processes, as well as increased capacity for performance measurement, through improved information technology and other process improvements;
- Protection of the public through the identification and rehabilitation of impaired physicians and physician assistants; and
- Encourage continuous quality improvement through staff member development and performance evaluation.

The agency's strategic plan (attached) outlines associated goals, objectives and performance measures to ensure the above listed issues are appropriately and timely addressed. The Arizona Regulatory Board of

Physician Assistants is the only Board in this State that licenses and regulates physician assistant practice and therefore, its objectives do not duplicate or conflict with other agencies in this respect. There are policy areas, such as physician assistant supervision, that may come in conflict with the Arizona Medical Board; however, both boards work together to ensure each entity concentrates on the area of practice relative to the licensees they regulate. Eliminating the Arizona Regulatory Board of Physician Assistants would do a disservice to Arizona's citizens by removing the regulatory authority of over 1,500 licensees. Additionally, physician assistant practice is unique and deserving of a regulatory board that understands and is actively involved in the policy and rule decisions that affect physician assistant practice. Combining this Board with another board, such as the Arizona Medical Board, would shift the regulatory focus of these healthcare providers to a board with a different perspective.

Thank you again for allowing the Arizona Regulatory Board of Physician Assistants to provide the Joint Legislative Audit Committee the opportunity to share its responses during the sunset review process. If you have further questions, please do not hesitate to contact me.

Sincerely,



Timothy C. Miller, J.D.
Executive Director

MULTI-YEAR AGENCY STRATEGIC PLAN (FY 2008-2010)

ARIZONA MEDICAL BOARD

And

ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS

Contact: Timothy Miller, J.D., Executive Director

Phone (480) 551-2791

A.R.S. §32-1401 *et.seq.* and A.R.S. §32-2501 *et.seq.*

Mission:

The mission of the agency is to protect public safety through the judicious licensing, regulation, and education of physicians and physician assistants.

Vision:

Protection of the Public through Regulatory Excellence

Agency Description:

The Agency staff supports two Boards – the Arizona Medical Board, which licenses and regulates allopathic physicians, and the Arizona Regulatory Board of Physician Assistants, which licenses and regulates physician assistants. The Agency processes applications for licenses, handles public complaints against licensees, and disseminates information pertaining to licensees and the regulatory process. The two Boards determine and administer disciplinary action in the event of proven violations of their respective practice acts. Together, the Boards regulate over 20,000 licensees.

Principles:

- Protection of the public comes first
- Arizona citizens deserve competent, qualified physicians and physician assistants
- Optimal resource utilization is best realized through a streamlined process of licensee regulation
- Excellent regulation requires excellent staff
- Progress is accelerated through collaboration with others and the use of advanced technology
- Licensees with health problems which affect their practice should be provided with the opportunity for rehabilitation whenever possible

Strategic Issues:

Issue #1: Promotion of public safety through the examination of compelling healthcare issues, in collaboration with licensees, academic institutions, healthcare associations, state agency boards, state medical boards, and other stakeholders

The Arizona Medical Board and the Arizona Regulatory Board of Physician Assistants continually strive to proactively explore areas influencing healthcare delivery and public safety. By continuing efforts to partner with the licensees, academic institutions, health care associations, regulatory boards and other governmental agencies, the Board will play an integral part in addressing issues of importance to the general public, including participation in statewide disaster planning efforts, and involvement in other compelling issues which significantly impact healthcare provision and regulation.

Issue #2: Promote best practices through the education of licensees, stakeholders, and the general public

By virtue of their roles, the Arizona Medical Board and the Arizona Regulatory Board of Physician Assistants are in a prime position to identify and address the regulatory and healthcare issues that are most often the subject of confusion and debate among healthcare professionals, stakeholders, and the general public. These issues are becoming more complex as the role of technology in healthcare expands, and the use of allied health care providers in healthcare delivery increases. A variety of venues will be utilized to educate licensees, stakeholders, and the general public regarding substantive policy statements developed, rules promulgated, and educational materials prepared to address these issues.

Issue #3: Enhancement of licensing, regulatory, and information dissemination processes, as well as increased capacity for performance measurement, through improved information technology and other process improvements.

Through comments provided on Board customer satisfaction surveys, it is clear that e-licensing and e-renewal is a service much desired by license applicants and licensees. A new information system, scheduled for implementation early in fiscal year 2008, is expected to make e-licensing and e-renewal a reality. The new information system is also expected to streamline licensing and regulatory processes by integrating functions that now must be done manually by staff. Performance measurement capacity is also expected to improve, with new opportunities for automated reporting of key performance indicators. As with any transition to a new information system, unanticipated implementation challenges are likely to arise during the first several months after the new system is in place. During this transition period, the agency's focus will be to maintain current levels of performance while effectively addressing these implementation issues. Once any implementation issues are overcome, it is expected that the new information system will lead to increased efficiency in licensing and regulatory processes. Another area that will be the focus of process improvement efforts is the current backlog of cases awaiting formal hearing. Although great progress has been made in reducing the amount of time taken to investigate a complaint, if a case goes to formal hearing, may take a year or more before the case is adjudicated. Strategies for reducing the back log of cases currently awaiting formal hearing will be aggressively pursued.

Issue #4: Protection of the public through the identification and rehabilitation of impaired physicians and physician assistants

The Arizona Medical Board's Monitored Aftercare Program is a confidential program for the treatment and rehabilitation of doctors of medicine and physician assistants who are impaired by alcohol or drugs. The Board also has the statutory authority to create a confidential Physician Health Program, similar to the Board's existing Monitored Aftercare Program, for allopathic physicians and physician assistants who have a medical, psychiatric, psychological, or behavioral health disorder that may impair the licensee's ability to practice safely. The Board intends to explore different methods of creating a Physician Health Program, including the possibilities of integrating the Physician Health and Monitored Aftercare Programs into one program and collaborating with other healthcare professional licensing boards to create a common program that could be used by all boards that monitor licensees with health and/or substance abuse problems. In conjunction with this effort, the Board plans to further refine its ability to collect and analyze statistics pertinent to this licensee population.

Issue #5: Encourage continuous quality improvement through staff member development and performance evaluation

In early 2007, Board staff members responded to an Arizona State Government Employee Survey which explored employee attitudes regarding various aspects of employment. The results of this survey were, overall, very favorable for the Arizona Medical Board as compared to statewide survey results, indicating board staff members were more satisfied with more aspects of their employment than state employees in general. However, survey questions pertaining to job training/professional development opportunities and performance evaluation were rated lower by Board staff members, as compared to the responses of state employees in general. In an effort to address these issues, the agency intends to review its current practices pertaining to performance evaluation and staff training/professional development opportunities, and implement strategies to improve agency performance in these areas.

Agency Goals:

Goal 1: To increase activities devoted to addressing public safety, healthcare and regulatory issues of importance to licensees, stakeholders, and the general public through collaboration with others, policy making, and information dissemination

Objective 1.1 (2008-2010): Increase time spent addressing public safety, healthcare or regulatory issues through subcommittee discussion and adoption of relevant substantive policy statements and rules

Performance Measures:

1.1.1 Number of new Board subcommittees formed

- *FY 06 actual: 3*
- *FY 07 estimate: new measure – no FY 07 estimate*
- *FY 07 actual: 4*
- *FY 08 estimate: 2*
- *FY 09 estimate: 2*
- *FY 10 estimate: 2*

1.1.2 Number of active Board subcommittees

- *FY 06 actual: 2*
- *FY 07 estimate: new measure – no FY 07 estimate*
- *FY 07 actual: 6*
- *FY 08 estimate: 4*
- *FY 09 estimate: 4*
- *FY 10 estimate: 4*

1.1.3 Number of substantive policy statements, guidelines, rules, or rule revisions adopted

- *FY 06 actual: 6*
- *FY 07 estimate: new measure – no FY 07 estimate*
- *FY 07 actual: 3*
- *FY 08 estimate: 5*
- *FY 09 estimate: 4*
- *FY 10 estimate: 3*

Objective 1.2 (2008-2010): Increase Board participation in interagency committees, projects, task forces, conferences and at other venues where public safety, healthcare or regulatory issues are discussed

Performance Measures:

1.2.1 Number of interagency committees, projects, or task forces in which agency staff or Board members participate

- *FY 06 actual: 4*
- *FY 07 estimate: 4*
- *FY 07 actual: 10*
- *FY 08 estimate: 11*
- *FY 09 estimate: 12*
- *FY 10 estimate: 13*

1.2.2 Number of conferences attended by agency staff or Board members

- *FY 06 actual: 5*
- *FY 07 estimate: 3*
- *FY 07 actual: 5*
- *FY 08 estimate: 6*
- *FY 09 estimate: 7*
- *FY 10 estimate: 8*

Objective 1.3 (2008-2010): Increase the availability of educational and regulatory information to licensees, stakeholders, and the general public

Performance Measures:

1.3.1 Number of newsletters published

- *FY 06 actual: 2*
- *FY 07 estimate: new measure – no FY 07 estimate*
- *FY 07 actual: 2*
- *FY 08 estimate: 3*
- *FY 09 estimate: 4*
- *FY 10 estimate: 4*

1.3.2 Number of public speaking engagements

- *FY 06 actual: 33*
- *FY 07 estimate: 35*
- *FY 07 actual: 33*
- *FY 08 estimate: 35*
- *FY 09 estimate: 38*
- *FY 10 estimate: 41*

1.3.3 Number of press releases, health advisories, and other notifications published on the Board website or transmitted to licensees via e-mail blasts

- *FY 06 actual: new measure – no prior year count*
- *FY 07 estimate: new measure – no FY07 estimate*
- *FY 07 actual: 31*
- *FY 08 estimate: 34*
- *FY 09 estimate: 37*
- *FY 10 estimate: 40*

Goal 2: To improve efficiency of licensing, regulatory, and information dissemination processes

Objective 2.1 (2008): To maintain prior year performance levels in license processing during transition to a new information system

Objective 2.1 (2009-2010): To improve upon prior year performance levels in license processing

Performance Measures:

2.1.1 Average time to approve an MD license from receipt of application

- *FY 06 actual: 36*
- *FY 07 estimate: new measure – no FY07 estimate*
- *FY 07 actual: 24*
- *FY 08 estimate: 24*
- *FY 09 estimate: 23*
- *FY 10 estimate: 22*

2.1.2 Average time to approve a PA license from receipt of application

- *FY 06 actual: 29*
- *FY 07 estimate: new measure – no FY07 estimate*
- *FY 07 actual: 17*
- *FY 08 estimate: 17*
- *FY 09 estimate: 16*
- *FY 10 estimate: 15*

2.1.3 Average number of days to process an initial medical doctor application upon receipt of completed application (*locked budget measure*)

- *FY 06 actual: 2*
- *FY 07 estimate: 2*
- *FY 07 actual: 1.6*
- *FY 08 estimate: 2*
- *FY 09 estimate: 2*
- *FY 10 estimate: 2*

2.1.4 Average number of days to process a medical doctor renewal upon receipt of completed application (*locked budget measure*)

- *FY 06 actual: 1.2*
- *FY 07 estimate: 2*
- *FY 07 actual: 1.1*
- *FY 08 estimate: 2*
- *FY 09 estimate: 2*
- *FY 10 estimate: 2*

2.1.5 Average score of agency-wide customer service satisfaction surveys (scale of 1-8) (*locked budget measure*)

- *FY 06 actual: 7.9*
- *FY 07 estimate: 7.8*
- *FY 07 actual: 7.9*
- *FY 08 estimate: 7.5¹*
- *FY 09 estimate: 7.5*
- *FY 10 estimate: 7.5*

Objective 2.2 (2008): To maintain prior year performance levels in complaint investigation and case resolution during transition to a new information system

Objective 2.2 (2009-2010): To improve upon prior year performance levels in complaint investigation and case resolution

Performance Measures:

2.2.1 Average number of days to complete a medical doctor investigation (*locked budget measure*)

- *FY 06 actual: 201*
- *FY 07 estimate: 180*
- *FY 07 actual: 119*
- *FY 08 estimate: 120*
- *FY 09 estimate: 120*
- *FY 10 estimate: 120*

2.2.2 Average number of days to complete a physician assistant investigation (*locked budget measure*)

- *FY 06 actual: 194*
- *FY 07 estimate: 180*
- *FY 07 actual: 108*
- *FY 08 estimate: 120*
- *FY 09 estimate: 120*
- *FY 10 estimate: 120*

¹ Methodology for calculating satisfaction survey results will change beginning FY08

2.2.3 Average number of days to resolve a medical doctor case (*locked budget measure*)

- *FY 06 actual: 276*
- *FY 07 estimate :220*
- *FY 07 actual: 179*
- *FY 08 estimate: 180*
- *FY 09 estimate: 180*
- *FY 10 estimate:180*

2.2.3 Average number of days to resolve a physician assistant case (*locked budget measure*)

- *FY 06 actual: 282*
- *FY 07 estimate: 240*
- *FY 07 actual: 150*
- *FY 08 estimate: 180*
- *FY 09 estimate: 180*
- *FY 10 estimate: 180*

2.2.4 Percent of open investigations greater than 6 months old (M.D.)

- *FY 06 actual: 36%*
- *FY 07 estimate: 35%*
- *FY 07 actual: 4%*
- *FY 08 estimate: 5%*
- *FY 09 estimate: 5%*
- *FY 10 estimate: 5%*

2.2.5 Percent of open investigations greater than 6 months old (P.A.)

- *FY 06 actual: 44%*
- *FY 07 estimate: 40%*
- *FY 07 actual: 7%*
- *FY 08 estimate:5%*
- *FY 09 estimate: 5%*
- *FY 10 estimate: 5%*

2.2.6 Number of Medical Doctor cases referred to formal hearing (*locked budget measure*)

- *FY 06 actual: 57*
- *FY 07 estimate: 35*
- *FY 07 actual: 37*
- *FY 08 estimate: 37*
- *FY 09 estimate: 37*
- *FY 10 estimate: 37*

Objective 2.3 (2008): To maintain prior year performance levels in responding to public records and other public information requests during transition to a new information system

Objective 2.3 (2009-2010): To improve upon prior year performance levels in responding to public records and other public information requests

Performance Measures:

2.3.1 Average number of days to respond to public records requests

- *FY 06 actual: 5*
- *FY 07 estimate: 7*
- *FY 07 actual: 4*
- *FY 08 estimate: 7*
- *FY 09 estimate: 7*
- *FY 10 estimate: 7*

2.3.2 Average number of days to respond to e-mails received through Questions@azmd.gov or Questions@azpa.gov

- *FY 06 actual: new measure – no prior year count*
- *FY 07 estimate: new measure – no FY 07 estimate*
- *FY 07 actual: 0.6*
- *FY 08 estimate: 1*
- *FY 09 estimate: 1*
- *FY 10 estimate: 1*

Goal 3: To increase protection of the public by promoting rehabilitation of licensees who are impaired by alcohol or drugs, or who have a medical, psychiatric, psychological, or behavioral health disorder that may impair the licensee's ability to practice safely.

Objective 3.1 (2008-2010): To identify and monitor the rehabilitation of licensees with alcohol or other substance abuse or dependency, or with a medical, psychiatric, psychological, or behavioral health disorder that may impair the licensee's ability to practice safely.

Performance Measures:

3.1.1 Number of MAP participants who completed the program successfully

- *FY 06 actual: new measure – no prior year count*
- *FY 07 estimate: new measure – no FY 07 estimate*
- *FY 07 actual: 15*
- *FY 08 estimate: 16*
- *FY 09 estimate: 17*
- *FY 10 estimate: 18*

3.1.2 Number of participants in the MAP as of June 30

- *FY 06 actual: 103*
- *FY 07 estimate: new measure – no FY 07 estimate*
- *FY 07 actual: 108*
- *FY 08 estimate: 113*

- *FY 09 estimate: 118*
- *FY 10 estimate: 123*

3.1.3 Number of licensees being monitored for medical, psychiatric, psychological, or behavioral health issues as of June 30, excluding MAP participants.

- *FY 06 actual: 27*
- *FY 07 estimate: new measure – no FY 07 estimate*
- *FY 07 actual: 29*
- *FY 08 estimate: 31*
- *FY 09 estimate: 33*
- *FY 10 estimate: 35*

Goal 4: To increase training, professional development, and performance evaluation opportunities for Agency staff

Objective 4.1 (2008-2010): Increase the availability of professional growth, training opportunities, and updated job reference materials available to Board staff members

Performance Measures:

4.1.1 Number of staff members who attended one or more Board-funded trainings, seminars, or conferences

- *FY 06 actual: new measure – no prior year count*
- *FY 07 estimate: new measure – no FY 07 estimate*
- *FY 07 actual: 20*
- *FY 08 estimate: 22*
- *FY 09 estimate: 24*
- *FY 10 estimate: 26*

4.1.2 Percent of employees who agree that they receive the training they need to do their job well

- *FY 06 actual: new measure – no prior year count*
- *FY 07 estimate: new measure – no FY 07 estimate*
- *FY 07 actual: 54.5%*
- *FY 08 estimate: 58%*
- *FY 09 estimate: 60%*
- *FY 10 estimate: 63%*

4.1.3 Percent of employees who believe the Agency supports their participation in training opportunities to improve job skills

- *FY 06 actual: new measure – no prior year count*
- *FY 07 estimate: new measure – no FY 07 estimate*
- *FY 07 actual: 37.1%*
- *FY 08 estimate: 46%*
- *FY 09 estimate: 55%*
- *FY 10 estimate: 64%*

4.1.4 Percent of employees who believe the Agency supports their participation in education and professional development opportunities

- *FY 06 actual: new measure – no prior year count*
- *FY 07 estimate: new measure – no FY 07 estimate*
- *FY 07 actual: 42.4%*
- *FY 08 estimate: 47%*
- *FY 09 estimate: 53%*
- *FY 10 estimate: 59%*

Objective 4.2 (2008-2010): Increase formal performance evaluation activities

Performance Measures:

4.2.1 Number of staff members with a written performance evaluation completed within the past year

- *FY 06 actual: new measure – no prior year count*
- *FY 07 estimate: new measure – no FY 07 estimate*
- *FY 07 actual: 0*
- *FY 08 estimate: 80%*
- *FY 09 estimate: 90%*
- *FY 10 estimate: 100%*

4.2.2 Percent of employees who agree that they provide input into performance planning and evaluation

- *FY 06 actual: new measure – no prior year count*
- *FY 07 estimate: new measure – no FY 07 estimate*
- *FY 07 actual: 55.2%*
- *FY 08 estimate: 57%*
- *FY 09 estimate: 59%*
- *FY 10 estimate: 61%*

ARIZONA STATE SENATE

INTERIM MEETING NOTICE OPEN TO THE PUBLIC

SENATE HEALTH AND HOUSE HEALTH COMMITTEE OF REFERENCE

Date: Tuesday, November 6, 2007

Time: 9:30 A.M.

Place: SHR 1

AGENDA

1. Call to Order
2. Opening Remarks
3. Sunset Review of the Board of Homeopathic Medical Examiners
 - Presentation by Auditor General
 - Response by Board of Homeopathic Medical Examiners
 - Public Testimony
 - Discussion
 - Recommendations by the Committee of Reference
4. Sunset Review of the Regulatory Board of Physician Assistants
 - Presentation by Regulatory Board of Physician Assistants
 - Public Testimony
 - Discussion
 - Recommendations by the Committee of Reference
5. Sunset Review of the Board of Behavioral Health Examiners
 - Presentation by Board of Behavioral Health Examiners
 - Public Testimony
 - Discussion
 - Recommendations by the Committee of Reference
6. Sunset Review of the Acupuncture Board of Examiners
 - Presentation by Acupuncture Board of Examiners
 - Public Testimony
 - Discussion
 - Recommendations by the Committee of Reference
7. Sunset Review of the Board of Occupational Therapy Examiners
 - Presentation by Board of Occupational Therapy Examiners
 - Public Testimony
 - Discussion
 - Recommendations by the Committee of Reference

8. Sunrise application of the Arizona Alliance of Non-Physician Surgical Assistants
 - Presentation by Arizona Alliance of Non-Physician Surgical Assistants
 - Public Testimony
 - Discussion
 - Recommendations by the Committee of Reference
9. Sunrise application of the Southern Arizona Behavioral Health Coalition
 - Presentation by Southern Arizona Behavioral Health Coalition
 - Public Testimony
 - Discussion
 - Recommendations by the Committee of Reference
10. Sunrise application of the Arizona Dental Association
 - Presentation by Arizona Dental Association
 - Public Testimony
 - Discussion
 - Recommendations by the Committee of Reference
11. Sunrise application of Radiology Practitioner Assistants
 - Presentation by Radiology Practitioner Assistants
 - Public Testimony
 - Discussion
 - Recommendations by the Committee of Reference
12. Adjourn

Members:

Senator Tom O'Halleran, Co-Chair
Senator Paula Aboud
Senator Amanda Aguirre
Senator Barbara Leff
Senator Thayer Verschoor

Representative Bob Stump, Co-Chair
Representative Nancy Barto
Representative David Bradley
Representative Linda Lopez
Representative Rick Murphy

10/18/07
10/19/07
sp

Persons with a disability may request a reasonable accommodation such as a sign language interpreter, by contacting the Senate Secretary's Office: (602)926-4231 (voice). Requests should be made as early as possible to allow time to arrange the accommodation.

ARIZONA STATE LEGISLATURE
Forty-eighth Legislature – First Regular Session

**SENATE HEALTH AND HOUSE HEALTH
COMMITTEE OF REFERENCE**

Minutes of Interim Meeting
Tuesday, November 6, 2007
Senate Hearing Room 1 – 9:30 a.m.

Chairman O'Halleran called the meeting to order at 9:32 a.m. and attendance was noted by the secretary.

Members Present

Senator Tom O'Halleran, Co-Chair
Senator Amanda Aguirre
Senator Barbara Leff
Senator Thayer Verschoor

Representative Bob Stump, Co-Chair
Representative Nancy Barto
Representative David Bradley
Representative Linda Lopez
Representative Rick Murphy

Members Absent

Senator Paula Aboud

Speakers Present

Kim Hildebrand, Performance Audit Manager, Office of the Auditor General
Todd Rowe, Board of Homeopathic Medical Examiners
Christine Springer, Board of Homeopathic Medical Examiners
Jerry Weinsheink, representing himself
Marianne Cherney, representing herself
Neil Garfield, Association for Public Access to Medicine
Barney Nugent, representing himself
Linda Heming, CHOICE
Iris Bell, Doctor, Arizona Homeopathic and Integrative Medical Association
Cliff Heinrich, Doctor, representing himself
Kathleen Fry, Doctor, representing herself
Denise Nugent, representing herself
Lee Bakunin, Attorney, representing herself
Bruce Shelton, Doctor, Arizona Homeopathic and Integrative Medical Association
Amanya Jacobs, Director of Evolution of Self School of Homeopathy
Cindy Zukerman, representing herself
Shelly Malone, representing herself
Stan Klusky, representing himself
Gladys Conroy, representing herself

Joan Reynolds, Regulatory Board of Physician Assistants
Debra Rinaudo, Board of Behavioral Health Examiners
Stuart Goodman, Board of Behavioral Health Examiners
Bev Hermon, BH Consulting
Richard Poppy, Therapeutic Practitioners Alliance of Arizona (The Alliance)
Rachael Hopkins, representing herself
Ronald Anton, representing himself
Josephine Sbrocca, representing herself
Cedric Davis, Board of Behavioral Health Examiners
Della Estrada, Arizona Acupuncture Board of Examiners
Kathryn Babits, Arizona State Board of Occupational Therapy Examiners
Eugene Smith, Arizona Alliance of Non-Physician Surgical Assistants
Susie Cannata, Arizona Alliance of Non-Physician Surgical Assistants
Rory Hays, Arizona Nurses' Association
Scott Leckie, Radiology Practitioner Assistants
Jane Van Valkenburg, Certification Board for Radiology Practitioner Assistants (CBRPA)
Mary Connell, M.D., representing herself
Christine Lung, American Society of Radiologic Technologists (ASRT)
John Gray, Grand Canyon University
Joyce Geysler, Arizona Radiological Society
James Abraham, National Society of Radiology Practitioner Assistants
Heather Owens, Senate Health Analyst
Aubrey Godwin, Medical Radiologic Technology Board of Examiners (MRTBE)
Teresa Rodgers, Behavioral Health Coalition of Southern Arizona
David Giles, Behavioral Health Coalition of Southern Arizona
Holly Baumann, Southwest Autism Research and Resource Center
John MacDonald, Arizona Dental Association (ADA)
Rick Murray, Arizona Dental Association
Anita Elliott, Arizona Dental Association
Nicole Laslavic, Arizona State Dental Hygienists' Association
Janet Midkiff, Arizona State Dental Hygienists' Association
Nicole Albo, Arizona Dental Assistants' Association
Alisa Feugate, Arizona Dental Hygienists' Association

OPENING REMARKS

Chairman O'Halleran welcomed everyone and requested that the speakers keep their comments as brief as possible, as the committee members are well-versed in the issues to be discussed today.

SUNSET REVIEW OF THE BOARD OF HOMEOPATHIC MEDICAL EXAMINERS

Presentation by Auditor General

Kim Hildebrand, Performance Audit Manager, Office of the Auditor General, gave a presentation on their findings issued in August, 2007 (Attachment 1). She described the history

Chairman O'Halleran reconvened the committee at 12:07 p.m.; all members were present except Senator Aboud.

SUNSET REVIEW OF THE REGULATORY BOARD OF PHYSICIAN ASSISTANTS

Presentation by Regulatory Board of Physician Assistants

Joan Reynolds, Regulatory Board of Physician Assistants, addressed the committee to describe the Board composition, the number of Physician Assistants in Arizona, and the two training programs in Arizona. She stated that the Board exists to protect Arizonans' health and to monitor, license, and regulate physician assistants.

Recommendations by the Committee of Reference

Cochairman Stump moved that the Senate and House Health Committee of Reference recommend the continuation of the Regulatory Board of Physician Assistants for ten years. The motion carried by a voice vote.

SUNSET REVIEW OF THE BOARD OF BEHAVIORAL HEALTH EXAMINERS

Presentation by Board of Behavioral Health Examiners

Debra Rinaudo, Board of Behavioral Health Examiners, addressed the committee to explain that the Board was originally established to offer a system of voluntary certification in four disciplines:

1. marriage and family therapy,
2. professional counseling,
3. social work, and
4. substance abuse counseling.

She stated that the Board is responsible for protecting the public by ensuring that certified professionals met minimum standards in education and training, and investigating and taking action on complaints. In 2003, mandatory licensure of psychotherapy was added to its responsibilities. She stated that grandfathering those with certification into licensed status was allowed.

Since 2004, due to licensure, there has been a dramatic increase in complaints and the Board has a complaints backlog and must triage the complaints in order to address the most serious quickly.

Senator Leff asked what happens to the less serious complaints; Ms. Rinaudo replied that all are investigated, but that those not dealing with client harm are deemed less serious. Ms. Rinaudo added that additional investigators will be hired in FY 2008 which will allow the Board to eliminate the backlog.

Ms. Rinaudo discussed the two-year provisional license granted those who are licensed in other states and who must work under direct supervision before they can obtain a full license. She described the confidential impaired professionals program designed to encourage early self-

Janet Midkiff, Arizona State Dental Hygienists' Association, stated that they support the concept of training community people to be dental health representatives, and that the definition of the COHR does make sense to them. She stated concerns about the education, licensing, or certification of the people who fill the COHR positions. She said that her organization would like to work with the ADA and to be a part of the access to care issue.

Nicole Albo, Arizona Dental Assistants' Association, stated her support for the COHR program provided that the positions will be filled by certified dental assistants with additional training components. She stated that she has been working with the ADA to develop a curriculum for expanded COHR training.

Representative Murphy asked if the committee could approve the concept but not specify the details, letting the Legislative process do that. Mr. Murray stated that the supervision issue is the biggest concern.

Alisa Feugate, Arizona Dental Hygienists' Association, stated that she supports the concept of the COHR but is neutral on the application at this time due to concerns about supervision and scope of practice.

Recommendations by the Committee of Reference

Cochairman Stump moved that the Senate and House Health Committee of Reference recommend that the Legislature amend the statutes of the Arizona Board of Dental Examiners to create a new certified professional, the Community Oral Health Representative, to coordinate community-based oral health promotion and provide specified dental care under the general supervision of a licensed dentist. The motion carried by a voice vote.

Without objection, the meeting adjourned at 4:15 p.m.

Jane Dooley, Committee Secretary
November 6, 2007

(Original minutes, attachments and audio on file in the Office of the Chief Clerk; video archives available at <http://www.azleg.gov/>)