



CAPA Legislative & Regulatory Milestones

- **1982:** CAPA makes a first formal introduction to all CA legislators by mailing out an information packet to each
- **1982:** CAPA opposes Office of Family Planning's requirement that all PAs working in clinics contracting with OFP get special family planning training
- **1983:** CAPA initiates AB 644, a bill allowing PA Professional Corporations and PAs may become shareholders in Medical Corporations – Bill passes
- **1983:** CAPA initiates AB 1880, a bill increasing the number of PAs who sit on the PA licensing board from 2 to 3. This bill clarified in regulation that PAs are licensed professionals
- **1983:** CAPA introduces SB 894 – CAPA's first attempt at getting prescribing privileges for California PAs
- **1986:** CAPA uses all of its efforts and resources to kill AB 3043, a bill which would have had a devastating impact on PA practice in California
- **1989:** CAPA initiates AB 1912, a bill granting PAs the authority to do certain DMV physicals and sign certain DMV forms
- **1990:** CAPA does its homework, lays the groundwork and gears up to introduce the PA prescriptive bill
- **1991:** AB 535, a bill allowing PAs to administer methadone
- **1991:** CAPA works with Blue Cross of California to successfully change its policy regarding payment of services by PAs
- **1991:** A disastrous opinion by the California Attorney General is received and CAPA begins a long and serious battle to preserve the viability of PA practice in California
- **1992:** CAPA's work pays off. PA regulations enacted clarifying that PAs are "agents of their supervising physician" and may issue orders to nurses among other things
- **1992:** In response to the AG opinion, legislation that would all but do away with PA practice in California is introduced by Tricia Hunter on behalf of the California Nurses Association
- **1992:** CAPA, again using all of its energy and resources fights to successfully kill AB 569. A huge win for California PAs
- **1993:** CAPA finishes final preparation to introduce SB 1642 - the PA Prescriptive Bill
- **1993:** PAs can provide services in declared disasters without oversight by regular SP

- **1993:** International Medical Graduates who cannot be physicians in the U.S. want to be PAs. CAPA creates a task force to address this issue.
- **1994:** SB 1642 is signed into law. PAs can issue written prescription drug orders
- **1995:** CAPA's work to educate the California Pharmacy Board pays off. The CPB acknowledges that PAs may write drug orders for Schedule II through V meds
- **2001:** Special supervisory license and fees for supervising physicians (SPs) were eliminated
- **2001:** PAs can supervise MAs in community and free clinics (SB 111)
- **2002:** CAPA introduces SB 1558, a bill that allows PAs to sign for the request and receipt of pharmaceutical samples
- **2002:** SPs permitted to supervise up to 4 PAs in certain medically underserved areas
- **2002:** Labor Code revised to clarify that PAs may treat Workers' Comp patients
- **2004:** Co-signature requirement for Drug Orders lessened, except for Schedule II
- **2005:** CAPA sponsored legislation to expand MA supervision by PAs to other outpatient settings (this bill did not pass)
- **2006:** CAPA works to clarify the issue of chart co-signature for Medi-Cal patients and sponsors legislation which would allow PAs to sign for disability placards. CAPA works to kill SB 1423 – a bill which would negatively change PA supervision.
- **2007:** CAPA sponsored AB 3 which removed many long-standing problems which burdened our physician partners and provided barriers to our patients seeking our care. AB 3 specifically addressed four major issues:
 - Patient-Specific Authority for scheduled medications
 - Ratios of Supervising Physicians to Physician Assistants
 - Chart Countersignature
 - Medi-Cal Covered Procedure Codes
- **2007:** CAPA also sponsored AB 139 which clarified an inconsistency in existing law by allowing physician assistants to conduct medical examinations on applicants seeking a license to drive a school bus, youth activity bus, farm labor vehicle and paratransit vehicles.
- **2008:** AB 638 created a program which assumes the student loans up to a total of \$20,000 for physician assistants who agree to work in a medically underserved area for four years.
- **2009:** CAPA sponsored SB 171 which clarifies an inconsistency in existing law by allowing physician assistants to conduct medical examinations on applicants seeking employment by a school district or a county superintendent of schools.
- **2009:** CAPA sponsored AB 356 which allows physician assistants to sit for the RHB-CDHCS radiography and fluoroscopy exams and be eligible for the accompanying permits.
- **2010:** CAPA sponsored SB 1069 which allows PAs to sign numerous types of patient medical forms which previously specifically required a physician signature.

- **2011:** CAPA sponsored SB 233 in response to an audit which threatened the jobs of PAs working in the Emergency Department. This bill clarified that PAs in California can provide evaluation, treatment and specialty consultation in the Emergency Department setting
- **2013:** CAPA sponsored SB 352 which would eliminate legal restrictions and barriers to efficient coordinated care by allowing physicians to delegate the task of MA supervision to a PA, NP or CNM across all outpatient medical settings where they currently function, without requiring the physician's presence.
- **2013:** CAPA sponsored SB 494 which authorize health plans to assign additional enrollees (patients) to a primary care practice/physician based on the use of a PA.
- **2013:** CAPA co-sponsored AB 1208 which established the Patient Centered Medical Home Act of 2013 and would define a "medical home" and a "patient centered medical home" for purposes of the Act to refer to a health care delivery model in which a patient establishes an ongoing relationship with a licensed health care provider.
- **2014:** CAPA sponsored SB 1083 which amends the Physician Assistant Practice Act to authorize a PA to certify Employment Development Department (EDD) disability claims, after performance of a physical examination by the PA under the supervision of a physician and surgeon. The bill also expands the definition of practitioner to include a PA.
- **2015:** CAPA sponsored SB 337. This key legislation removes barriers to working in teams with PA creating new, innovative and more meaningful ways to document supervision. It also reduces the number of Schedule II medical records which need to be reviewed from 100% to 20% if the PA has completed a specific, approved 6-hour controlled substances education course.