The State Regulatory Agency and You
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Arizona Regulatory Board of Physician Assistants
Student Professional Development Track
2016 ASAPA Spring Conference
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General Mission of Regulatory Agencies
To protect the public safety through judicious licensing, regulation and education of physician assistants

Arizona Regulatory Board Structure (ARBoPA)
11 members, appointed by Governor
5 PAs
2 DOs
2 MDs
2 Public Members
Four year appointment; may be reappointed to one additional term
Board meets quarterly; more often if issues arise that require immediate action
All discussions held in public session. Live video streaming and archives online.
In comparison: Ohio Board Structure

12 members, appointed by Governor

- 7 MDs
- 1 DO
- 1 DPM
- 3 Consumers

Five year appointment; may be reappointed
Board meets monthly
All discussions held in public session

ARBoPA Operations

Overseen by Executive Director
Shared investigative and support staff with the Arizona Medical Board

The Arizona Regulatory Board of Physician Assistants licenses and regulates over 2,600 physician assistants. Of those, approximately 1,872 practice in the state.

www.azpa.org

Comparison of ARBoPA Annual Report

<table>
<thead>
<tr>
<th>Year</th>
<th># of PAs licensed in AZ</th>
<th># new licenses issued</th>
<th>Ave # days to issue a license</th>
<th># investigations opened</th>
<th># PAs in monitoring program</th>
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<tbody>
<tr>
<td>2009</td>
<td>1,711</td>
<td>204</td>
<td>20</td>
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<td>2010</td>
<td>1,823</td>
<td>190</td>
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<td>2011</td>
<td>1,945</td>
<td>217</td>
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<td>2,339</td>
<td>279</td>
<td>14</td>
<td>60</td>
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<td>2015</td>
<td>2,549</td>
<td>220</td>
<td>10</td>
<td>84</td>
<td>20</td>
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</table>
What is licensure?

- Before PAs can practice, they must apply for and obtain authorization from the state → all states and District of Columbia call this authorization process “licensure”
- In one state (OH) it is called “registration”
- While some qualifications for PA licensure differ from state to state, all states and DC require that applicants meet the following criteria:
  1) graduation from an accredited PA program
  2) passage of the NCCPA’s Physician Assistant National Certifying Exam (PANCE)

Why is licensure required?

To protect the public by ensuring that persons providing medical care meet sufficient standards of education, training, competence and ethics

State Laws and Statutes
Areas that all state laws address

- Scope of Practice
- Prescribing/Dispensing
- Supervision
- PA/Physician ratio
- Application/Qualifications for licensure
- Continuing Medical Education or licensure maintenance requirements
- Fee schedule
- Regulatory agency
- Disciplinary cause/actions

Grounds for Discipline

38 grounds for action in AZ. Examples...

- Impairment of ability to practice due to chemical dependency (drugs or alcohol)
- Failure to use or affix initials “PA” or “PA-C” after name on charts, prescriptions or professional correspondence
- Failure to abide by HIPPA regulations
- Failing or refusing to maintain adequate patient records

ARIZ. REV. STAT. ANN. §32-2501

Grounds for Discipline

Prescribing specifically...

- All prescription orders issued by PA shall contain the name of the supervising physician.
- Self-administration of any controlled substance
- Prescribing controlled substances to immediate family members
- Writing a schedule II or III controlled substance for >30 days or outside prescribing authority delegated to PA in Physician/PA delegation agreement
Adjudication Process

- **Stage 1 (Findings):**
  - Complaint is filed
  - Intake personnel determine if under agency jurisdiction
  - Complaint is assigned a Lead Investigator
  - Contacts complainant and explains process
  - Quality of care cases always need a medical review so it is assigned a Chief Medical Consultant (CMC).
  - If allegation is not substantiated, CMC will forward to Executive Director (ED) for dismissal.
  - If dismissed, ED signs letter to complainant and licensee notifying of dismissal.

- **Stage 2 (Recommendation):**
  - Medical Consultant report and underlying documents are sent to Licensee.
  - Licensee given an opportunity to respond to the specific allegations and findings of the medical consultant.
  - Case, documentation, findings are sent to Staff Investigational Review Committee (SIRC).
  - SIRC is made up of:
    - Investigations Officer Manager
    - Chief Medical Consultant
    - Board Operations Manager
    - An Assistant Attorney General (AAG) is also present for legal advice

- **Stage 2 (continued):**
  - SIRC analyzes the case to determine its accuracy and completeness.
  - Each member must agree that the investigation is ready to move forward with adjudication.
  - At the end of analysis, SIRC develops a recommendation for disciplinary or non-disciplinary action.
Adjudication Process

- Types of Disciplinary Recommendations
  - Letter of Reprimand
  - Decree of Censure
  - plus Probation
  - plus Practice Restriction
  - Suspension of License (<1 year)
  - Revocation of License (5 years)
  - Permanent Revocation of License
  - Denial of Licensure

- Types of Non-Disciplinary Recommendations
  - Advisory Letter
  - Continuing Medical Education

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Adjudication Process

- Stage 3 (Processing):
  - Majority of cases are now referred to the Board for final disposition
  - For any SIRC recommendation for license suspension or revocation or any highly complex cases → ED may forward case to Office of Administrative Hearings (OAH).
  - During this stage, licensees are typically given an option of 3 paths:
    - Come before Board for Formal Interview
    - Consent Agreement
    - Request Formal Hearing with OAH

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Adjudication Process

- Stage 4 (Adjudication):
  - Board adjudicates the matter to determine final disposition
  - During formal interview before the Board:
    - Staff will present a summary of the case
    - Licensee will have 5 minutes for a brief statement
    - Board members will ask questions of licensee
    - PA may bring legal representation
    - Typically a motion/decision is made same day in presence of licensee
  - Licensee has 35 days to appeal a decision of the Board
### Actions involving PAs (Arizona)

<table>
<thead>
<tr>
<th>Year</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
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<td>Total actions involving PAs</td>
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<td>24</td>
<td>28</td>
<td>22</td>
<td>16</td>
<td>39</td>
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<tr>
<td>Advisory Letter</td>
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<td>12</td>
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<td>Non-disciplinary CME</td>
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<td>3</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>2</td>
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<tr>
<td>Probation</td>
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<td>0</td>
<td>1</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>6</td>
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<tr>
<td>Practice Restriction</td>
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<td>1</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>1</td>
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<tr>
<td>Decree of Censure</td>
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<td>1</td>
<td>3</td>
<td>3</td>
<td>0</td>
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<tr>
<td>Letter of Reprimand</td>
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<td>3</td>
<td>2</td>
<td>2</td>
<td>0</td>
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<tr>
<td>Revocation of License</td>
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<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
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### Actions involving PAs (Ohio)

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<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
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<tr>
<td>Total actions involving PAs</td>
<td>11</td>
<td>12</td>
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<td>9</td>
<td>13</td>
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<tr>
<td>Revocation</td>
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<td>0</td>
<td>0</td>
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<td>Licensure denial</td>
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All disciplinary actions taken by Medical Board: 187, 211, 209, 217, 204
CASE #1 – IMPAIRMENT

Complaint submitted by clinic office staff that PA may be practicing impaired.
Investigation revealed PA has history of chemical dependency and was practicing medicine under the influence. Investigation further revealed PA was prescribing controlled substances to himself.

Result: License suspended due to PA’s inability to practice safely because of chemical dependency; conditions set for license reinstatement and monitoring by Regulatory Board established.

PA mandated to attend 3-month treatment at inpatient facility approved by the Regulatory Board, complete 15-20 hours of intensive CME in controlled substance prescribing, and minimum of 5 years monitoring. PA license reinstated following completion of inpatient treatment and CME.

CASE #2 – IMPAIRMENT

PA disclosed arrested and charged with DUI on annual license renewal.
PA has had no other complaints or issues with the board.

Action taken: Board ordered interim order of practice restriction until PA evaluated by PHP (Physician Health Program). It was determined through this costly evaluation the PA had an issue with alcohol abuse.

Result: PA agreed to enter into a confidential stipulated rehabilitation agreement and the Board determined practice restriction was not necessary. The PA was issued a Letter of Reprimand and Probation for 3 years.

CASE #3 – PRACTICING WITH EXPIRED LICENSE

Board initiated a case upon receiving PA’s reapplication for licensure after she became aware that she allowed her Arizona PA license expire but had continued to treat patients. She had seen approximately 482 patients while practicing with an expired license.
PA immediately completed renewal application upon discovering the error.

Investigation revealed the PA had no other complaints or disciplinary actions in the past. However, it was determined that the PA was also practicing without a required delegation agreement signed by the PA and Supervising Physician.

Result: An advisory letter was issued admonishing the PA for performing healthcare tasks without a license and delegation agreement. The supervising physician also received an advisory letter for failure to complete a delegation agreement. This matter did not rise to the level of discipline but would result in further Board action if occurred again.
DELEGATION AGREEMENTS IN AZ

A.R.S. 32-2531 (H)(4): Maintain a written agreement with the physician assistant. The agreement must state that the physician will exercise supervision over the physician assistant and retains professional and legal responsibility for the care rendered by the physician assistant. The agreement must be signed by the supervising physician and the physician assistant and updated annually. The agreement must be kept on file at the practice site and made available to the board on request.

- The agreement must include:
  - A statement that the physician will exercise supervision over the PA and retain professional and legal responsibility for the care rendered by the PA;
  - Signatures of the supervising physician and the PA;
  - An annual update;
- In addition, the physician and PA team must ensure that:
  - The PA’s scope of practice is identified, including prescribing authority;
  - The delegation of medical tasks is appropriate to the PA’s level of competence;
  - The relationship of, and access to, the supervising physician is defined; and
  - A process for evaluation of the PA’s performance is established.

CASE #4 – PRESCRIBING TO SUPERVISING PHYSICIAN

Board initiated a case after receiving an anonymous complaint alleging PA had inappropriately prescribed medications to his supervising physician (SP).

Upon investigation, it was found the PA had been prescribing Percocet, Ritalin, Ambien, and Androgel to his supervising physician over a 4 year period. There was entries in medical chart of “initial” visit and examination but remainder were either identified as copies or very limited. Investigation by Medical Consultant was not focused on the prescribing to the supervising physician which can be legal. The findings were more of a deviation from the standard of care and potential harm for the following:
- Prescribing long term controlled substances without review of past medical records and adequate monitoring for compliance
- Prescribing controlled substances without performing adequate work up and multidisciplinary approach
- Failure to maintain adequate medical records

RESULT: Letter of Reprimand with 1 year probation. Licensee required to complete 15-20 hours of intensive Category I CME regarding prescribing and upon CME completion chart review by monitoring company at expense of the PA.

PA signed consent agreement.

Relationship between SP and PA not severed based on the responses from both that documented the devastating effect it would have on the practice and the patients they serve.
No. A.A.C. R4-17-203.D states:
"Upon issuing regular license to an applicant, the Board is also approving the applicant to issue prescriptions or dispense or issue Schedule II or Schedule III controlled substances." A physician assistant may prescribe up to 30 days of Schedule II and III controlled substances if the Delegation Agreement on file at the practice site includes delegation by the PA’s supervising physician(s) to prescribe Schedule II and III controlled substances, and the PA has a current DEA registration with matching authority. (A.R.S. 32-2532(A)(1).

All prescription orders issued by a physician assistant shall contain the name, address and telephone number of the supervising physician. (A.R.S. 32-2532(B). This includes written and electronic prescriptions.

Pursuant to A.R.S. 32-2532 (B), if the physician assistant is supervised by more than one supervising physician, only one name must appear on the prescription order.

Contact Information

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