
CONSENT

Bill No: SB 1376
Author: Wahab (D)
Introduced: 2/20/26
Vote: 21

SENATE BUS., PROF. & ECON. DEV. COMMITTEE: 9-0, 3/23/26
AYES: Wahab, Choi, Archuleta, Caballero, Grayson, Niello, Smallwood-Cuevas,
Strickland, Umberg
NO VOTE RECORDED: Arreguín, Menjivar

SENATE APPROPRIATIONS COMMITTEE: Senate Rule 28.8

SUBJECT: Physician assistants

SOURCE: Author

DIGEST: This bill deletes an obsolete requirement that the independent Physician Assistant Board (PAB) be required to obtain approval from the Director of the Department of Consumer Affairs (DCA) to hold meetings.

ANALYSIS:

Existing law:

- 1) Regulates physician assistant (PA) practice under the Physician Assistant Practice Act. (Business & Professions Code (BPC) §§ 3500–3545)
- 2) Establishes the PAB within the DCA, until January 1, 2030, to administer and enforce the Physician Assistant Practice Act. (BPC §§ 101(af), 3504)
- 3) Authorizes PAB to convene from time to time as deemed necessary by PAB and specifies that notice of each meeting must be given at least two weeks in advance to persons and organizations who express an interest in receiving notification. Requires PAB to receive permission from the DCA director to meet more than six times annually and specifies that the Director must approve

meetings that are necessary for PAB to fulfill its legal responsibilities. (BPC § 3508)

This bill deletes the requirement for PAB to receive permission of the DCA Director to meet more than six times annually and for the Director to approve meetings that are necessary for PAB to fulfill its legal responsibilities.

Background

The regulation of PAs began in California in 1975 with the passage of the Physician Assistant Practice Act. Prior to the regulation of PAs by an independent regulatory board, the Physician Assistant Examining Committee (Committee), within the jurisdiction of the Medical Board of California (MBC), was responsible for oversight of the PA professions. SB 1236 (Price, Chapter 332, Statutes of 2012), established a stand-alone PAB. While many of the Committee's regulatory activities were handled by the new PAB, it did maintain a shared services agreement with the MBC for a portion of the PAB's enforcement work until the prior sunset review oversight of PAB transitioned the Board away from shared services, relying on its own internal programs.

PAs make clinical decisions and provide a broad range of diagnostic, therapeutic, preventative and health maintenance services. Examples of services offered by a PA include ordering x-rays and laboratory tests, performing diagnoses, administering immunizations, providing referrals within the healthcare system, performing minor surgery, and acting as first or second assistants during surgery.

PAs are medical professionals that work under the supervision of licensed physicians. In California, physicians may supervise up to four PAs at a time, except for in limited home healthcare settings, in which a physician may supervise up to eight PAs. PAs can make any clinical decision or render any healthcare service that a physician can, subject to the constraints of a written practice agreement between the PA and their supervising physician.

The PAB's primary responsibility is protecting consumers by reviewing license applicants to ensure they meet licensure requirements, expeditiously investigating and coordinating disciplinary matters, and managing a diversion and monitoring program for PAs who have alcohol or substance abuse issues. The PAB currently oversees a license population of over 18,000 PAs in the state.

PAB is an independent entity; the Director of DCA does not approve when any other independent boards, comprised of members appointed by the Legislature and

Governor, are able to meet. This bill deletes this obsolete requirement and further recognizes PAB's role as a standalone regulatory board.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

SUPPORT: (Verified 4/13/26)

None received

OPPOSITION: (Verified 4/13/26)

None received

Prepared by: Elissa Silva / B., P. & E.D. / 916-651-4104
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