

1 **MEETING MINUTES**

2
3
4 **May 10, 2021**

5 **8:30 A.M. – 5:00 P.M.**

6 **Physician Assistant Board Meeting Was Held Via WebEx**

7
8
9 **1. Call to Order by President**

10 President Armenta called the meeting to order at 8:30 a.m.

11
12
13 **2. Roll Call**

14 Staff called the roll. A quorum was present.

15
16
17 Board Members Present: Charles Alexander, PhD
18 Juan Armenta, Esq.
19 Jennifer Carlquist, PA-C
20 Sonya Earley, PA-C
21 Jed Grant, PA-C
22 Randy Hawkins, M.D.
23 Diego Inzunza, PA-C

24
25 Staff Present: Rozana Khan, Executive Officer
26 William Maguire, Attorney
27 Karen Halbo, Regulatory Counsel, Attorney III
28 Julie Caldwell, Lead Licensing Analyst
29 Kristy Voong, Probation Monitor
30 Armando Melendez, Complaint Analyst
31 Christina Haydon, Enforcement Analyst
32 Ariel Gompers, Administrative Analyst
33 Jasmine Dhillon, Legislative/Regulatory Analyst
34 Margarita Soto Aguirre, Licensing Analyst

35
36 **3. Approval of the February 8, 2021 Board Meeting Minutes**

37
38 M/ Jed Grant S/ Sonya Earley to:

39
40 Approve the February 8, 2021 Meeting Minutes.

41

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	X				
Juan Armenta	X				
Jennifer Carlquist	X				
Sonya Earley	X				
Jed Grant	X				
Diego Inzunza	X				

42
43
44 No public comment.

45 **4. Public Comment on Items not on the Agenda**

46
47 (Note: The Board may not discuss or take action on any matter raised during this
48 public comment section that is not included on this agenda, except to decide
49 whether to place the matter on the agenda for a future meeting. [Government Code
50 Sections 11125, 11125.7(a).])
51

52 No public comment.
53

54 **5. Swearing in of Reappointed Board Member**

55
56 Ms. Earley administered the Oath of Office to Mr. Armenta as follows:
57

58 I, Juan Armenta, do solemnly swear or affirm that I will support and defend the
59 Constitution of the United States and the Constitution of the State of California
60 against all enemies, foreign and domestic; that I will bear true faith and allegiance to
61 the Constitution of the United States and the Constitution of the State of California;
62 that I will take this obligation freely, without any mental reservation or purpose of
63 evasion; and that I will well and faithfully discharge the duties upon which I am about
64 to enter.
65

66 **6. Reports**

67
68 a. President's Report
69

70 **DCA Approved Waivers Relating to the Practice of Physician Assistants**

71
72 Mr. Armenta reported that pursuant to the Governor's Executive Order N-39-20, the
73 Director of the California Department of Consumer Affairs (Director) further waives
74 any statutory or regulatory renewal requirements with respect to a professional
75 license issued pursuant to Division 2 of the Business and Professions Code (the
76 Code). The Director temporarily waives any statutory or regulatory requirement that
77 individuals seeking to reactivate or restore a license originally issued pursuant to
78 Division 2 of the Code, including the requirements to reactivate or restore a license
79 to active status.
80

81 Mr. Armenta reported that the waivers related to the practice of physician assistants
82 were further extended to July 1, or until the state of emergency ceases to exist.
83 These waivers suspend the many obstacles to reactivating a retired, inactive, or
84 canceled license, however the waivers do not extend to licenses that have been
85 subject to discipline.
86

87 **Update on Discussion with CAPA Regarding COVID-19 Vaccine Administration**

88
89 Mr. Armenta reported that he received a call from the California Academy of PAs
90 (CAPA) president relative to PAs being disallowed from administering vaccines in
91 one county, even though RNs and EMTs could do so. In turn, Mr. Armenta contacted
92 Congressman Raul Ruiz, an MD and emergency room doctor, and Mr. Ruiz told Mr.
93 Armenta that he would reach out to the congress members in the affected districts.
94 Mr. Ruiz also encouraged Mr. Armenta to advise CAPA to reach out to state and
95 local officials and when Mr. Armenta did so, CAPA advised that they had already
96 contacted the state and local officials. Mr. Armenta thanked CAPA members and

97 elected officials who weighed in and resolved the issue quickly. It did provide a good
98 opportunity for the Board and executive staff to be aware of these communication
99 problems in hopes of avoiding them in the future.

100
101 Mr. Armenta reported that in keeping with the counsel of the Physician Assistant
102 Board's (Board) past presidents, Ms. Earley and he have continued to engage with
103 Executive Officer Ms. Khan regarding updates on operations and other matters of
104 interest that can be reported to the Board.

105
106 b. Executive Officer's Report

107
108 **Pandemic Response**

109
110 Ms. Khan reported that the Board's office is operational and open to the public
111 during the COVID-19 pandemic. Board staff continues to be on a rotational telework
112 schedule and is providing essential services to applicants, licensees, and
113 consumers.

114
115 **Personnel**

116
117 Ms. Khan reported that since the Board last met, staff has successfully filled some
118 critical positions. Effective March 8, 2021, Jasmine Dhillon filled the legislative
119 analyst position. Ms. Dhillon received her bachelor's degree in Business
120 Administration from California State University, Chico. Ms. Dhillon later attended and
121 graduated from the University of the Pacific McGeorge School of Law (McGeorge),
122 with a concentration in business and tax law. While at McGeorge, she worked as a
123 legal clerk. Ms. Dhillon joined state service in September 2020 as a staff services
124 analyst for the Medical Board of California (MBC). During her time there, Ms. Dhillon
125 ensured the MBC complied with all phases of the administrative hearing process and
126 performed complex analytical duties, requiring a thorough knowledge of the
127 Business and Professions Code, the Administrative Procedure Act and regulations
128 of the MBC.

129
130 Effective May 3, 2021, Margarita Soto filled the licensing analyst position, behind
131 Julie Caldwell. Ms. Soto received her bachelor's degree in Child Development and
132 Education from California State University, Sacramento. Ms. Soto joined state
133 service with the MBC in 2017 as an office assistant in the cashiering unit, later
134 promoting to an office technician within the same unit. Ms. Soto was briefly cross-
135 trained in the executive office before eventually transferring to the enforcement team
136 as a consumer services analyst where she worked since March 2020.

137
138 Staffing recruitment efforts are underway to fill the vacant Staff Services Manager I
139 (SSM I) position. As you may recall, this position was approved through the budget
140 change proposal. This is the Board's very first approved SSM I position. An essential
141 component to the mission's success is providing the Board with the proper
142 organization structure based on state approved management to staff ratios. Adding
143 the SSM I position will properly align the Board's management to staff ratio with
144 California Department of Human Resources/staffing-allocation guidelines, which
145 recommends one SSM I should manage three to five professional level staff. The
146 SSM I would directly manage and supervise the licensing and enforcement
147 programs, which would comprise of five analysts and one office technician. The
148 SSM I would also be required to provide general management level support to all

149 Board activities and would report directly to the executive officer.

150
151 **Information Technology**

152
153 Ms. Khan reported that effective February 26, 2021, the Board migrated to the
154 Department of Consumer Affairs (DCA) server. As a result, Board member and staff
155 email extensions have changed to “@dca.ca.gov.” Ms. Khan thanked the DCA Office
156 of Information Services team for the smooth transition and aiding with onboarding.

157
158 To better serve consumers, licensees, and applicants, Board staff continues to work
159 with DCA’s Office of Information Services Internet Team to review and redesign the
160 Board’s website. The new design and layout of the website will streamline the
161 information presented and make it more user friendly. Board staff anticipates the
162 website redesign to be completed by the end of the year. Board staff continues to
163 utilize Facebook and Twitter social media platforms to maximize outreach and
164 communication.

165
166 c. Board Activity Reports

167
168 **Licensing**

169
170 Ms. Caldwell reported that the Licensing Population by Type report provides an
171 overall view of the licensing population and different statuses. As of April 13, 2021,
172 Board’s licensing population is as follows:

173
174 Licensing Population by Type

175
176 Total Licensing Population: 21,118
177 Current Licenses: 14,599
178 Inactive Licenses: 28

179
180 Summary of Licensing Activity Report for January 1, 2021 to March 31, 2021:

181
182 Initial Licensing Applications received – 417
183 Licenses issued – 363
184 Licenses renewed – 1,724

185
186 Pending Application Workload Report as of April 21, 2021:

- 187
188
 - Pending Applications – 354
 - Desk Age:
 - 0-30 days: 154
 - 31-60 days: 51
 - 61-90 days: 38
 - 91 plus days: 111
- 189
190
191
192
193
194

195 Ms. Caldwell reported that the application age begins once the application is
196 received. The desk age begins once the application is assigned to a staff member.
197 While the Board does receive initial applications by mail, most of the initial
198 applications are submitted online and need to be assigned to a staff member. Due to
199 regularly scheduled days off and/or staff’s workload, it may take a few days before
200 the application is assigned to a staff member. Board staff has set a goal of 30 days

201 to complete the initial application review once the application and payment are
202 received. The Board is currently completing the initial application review within 32
203 days.

204
205 The pending application workload includes 49 applications that are unassigned
206 because the individuals have applied online but have not paid the required fee. Staff
207 has reached out to these applicants letting them know that their application will not
208 be processed until the fees are paid.

209
210 Licensing Performance Measures for January 1, 2021 to March 31, 2021:

- 211
212
 - Complete Applications: 91
 - Incomplete Applications: 272

213
214

215 Ms. Caldwell reported that per the Board's request, information instructing PA
216 students on when to apply for licensure is available on the Board's website. Board
217 staff recommends applying no earlier than 45-60 days prior to graduation.

218
219 In response to Ms. Earley's question of whether it would be beneficial to contact the
220 programs and request that they instruct their students to submit their application
221 once they have passed the Physician Assistant National Certifying Examination
222 (PANCE), Ms. Caldwell responded that the time frame that is of a concern is the
223 time frame that is reported on the Licensing Performance Measures, as this depicts
224 how long it takes for staff to complete the initial application review. Telling applicants
225 to apply after sitting for the PANCE, might cause an unwanted delay because they
226 would then have to wait for their application to be reviewed. Now that the Board has
227 two licensing analysts, the 30-day wait time for a review should decrease. Ms.
228 Caldwell stated that the recommendation to apply no earlier than 45-60 days of
229 graduating from a program and/or sitting for the PANCE, should provide staff the
230 opportunity it needs to complete the initial application review and the only delay will
231 be in receiving the passing PANCE score.

232
233 In response to Mr. Grant's question of whether some of the time frames included in
234 the licensing reports will decrease due the increase in staff, Ms. Caldwell responded
235 that the desk age and application age depict how long it is taking for the license to
236 be issued once the application is received. The ages do not reflect how long it is
237 taking staff to review the application, only how long the application is in the system.
238 The volume of applications in the system with 91 days or more includes applications
239 without payment and applications with deficiencies. A milestone marker is added to
240 the applicant's account once the application has been reviewed and deficiencies are
241 noted. Staff's goal is to complete an initial application review within 30 days of
242 receiving the application for licensure and if deficiencies are noted, to add the
243 milestone marker so that the responsibility is placed back on the applicant. Staff
244 hopes to decrease the 30-day target due to the increase of licensing staff. However,
245 the information that's reported on the Pending Application Workload is completely
246 dependent on the applicant and how long it takes for them to comply with the
247 requirements in order for their license to be issued.

248
249 No public comment.

250
251 **Enforcement**

253 Mr. Melendez reported the following enforcement activity for the period of January 1,
254 2021, to March 31, 2021:

- 255 • Complaints – Intake
 - 256 ○ Complaints received – 76
 - 257 ○ Convictions/Arrests Received - 1
 - 258 ○ Assigned to desk analyst (**may include cases received in previous
 - 259 quarters) – 63
 - 260 ○ Pending at intake – 0
 - 261
- 262 • Complaints and Investigations
 - 263 ○ Complaints referred for investigation – 17
 - 264 ○ Complaints and investigations closed** – 82
 - 265 ○ Complaints pending at desk analyst** – 125
 - 266 ○ Investigations pending at field** – 237
 - 267 ○ Average age of pending investigations** – 251
 - 268 ○ Investigation over 8 months old – 35
 - 269

270 Ms. Haydon reported the following formal actions filed, withdrawn, and dismissed for
271 the period of January 1, 2021 to March 31, 2021:

- 272
- 273 • Suspensions
 - 274 ○ Automatic suspension order - 0
 - 275 ○ Cease practice order – 1
 - 276 ○ Interim suspension order – 1
- 277 • Office of Attorney General Cases
 - 278 ○ Cases initiated – 12
 - 279 ○ Cases pending** - 31
 - 280 ○ Average age of pending cases** - 326 days
- 281 • Office of the Attorney General Transmittal
 - 282 ○ Cases initiated – 12
 - 283 ○ Cases pending – 31
 - 284 ○ Average age of pending cases – 326 Days
- 285 • Formal Actions Filed/Withdrawn/Dismissed
 - 286 ○ Accusations filed – 4
 - 287 ○ Accusation and/or Petition to Revoke Probation Filed – 0
- 288 • Administrative Outcomes/Final Order
 - 289 ○ License application denied – 1
 - 290 ○ Probation – 3
 - 291 ○ Public reproof – 1
 - 292 ○ License revocation - 1
 - 293 ○ Surrender – 2
- 294 • Citations and Fines
 - 295 ○ Pending – 0
 - 296 ○ Fines due - \$0
 - 297

298 In response to Mr. Grant's question of what the reason could be for the decrease in
299 the number of complaints being filed, Mr. Melendez responded that the reduction
300 could be attributed to fewer office visits and an increase in telehealth, which gives
301 consumers less opportunity to interact with the PAs.

302
303 In response to Mr. Grant's question of whether there have been any complaints

304 regarding the use of telemedicine, Mr. Melendez responded no.

305
306 Mr. Armenta commented that telemedicine is going to be a practice modality that we
307 will see more frequently and it may be time to think about how to track or analyze
308 complaints that are related to telemedicine as it is something that the Board would
309 want to analyze how its impacting the quality of administration of care. Mr. Melendez
310 stated that he would work on adding those statistics to the report.

311
312 Mr. Grant stated that if the Board was tracking telemedicine it would be helpful to
313 see the category that most of the complaints would fall into. If there is something that
314 the Board can look at from a public safety perspective with telemedicine, to advise
315 licensees or the public about, in terms of ensuring public safety through
316 telemedicine.

317
318 No public comment.

319
320 **Probation**

321
322 Ms. Voong reported the following from page 64 of the Board meeting materials.

323
324 Probation Activity Report as of March 31, 2021:

- 325
326
 - Current Probationers – 64
 - Active – 50
 - Tolling – 14

327
328
329
330 Tolling occurs due to the probationer not practicing in California or the probationer is
331 living out of state and is not on active probation with that state's licensing authority.

332
333 During this quarter, there was one violation of probation for testing positive for
334 controlled substance and the Board issued a cease practice order.

335
336 Period of January 1, 2021 to March 31, 2021:

- 337
338
 - Entered Probation – 3
 - Completed Probation – 2
 - Voluntary Surrender – 0

339
340
341
342 Diversion Program Activity from January 1, 2021 to March 31, 2021:

- 343
344
 - Current Participants – 3
 - Completed Program – 1

345
346
347 In response to Mr. Grant's question of whether any of the probationers have had any
348 issues complying with the terms of their probation due to the COVID-19, Ms. Voong
349 responded no.

350
351 In response to Ms. Earley's question of what stage of the Maximus program do the
352 three individuals fall within and when did they start, Ms. Voong responded that the
353 participants are in the recovery process of the program and the length of the
354 program is determined by their probation terms, as well as their compliance. She

355 believes the three probationers have been in the program for at least two years.

356
357 No public comment.

358 **7. Department of Consumer Affairs – Director’s Update**

359
360
361 Ryan Perez, of DCA Office of Board and Bureau Relations, thanked the Board for
362 allowing him the opportunity to provide a department update. Mr. Perez
363 congratulated Mr. Armenta on his reappointment. COVID-19 has affected every
364 aspect of work for more than a year now and Mr. Perez thanked Ms. Khan and
365 Board staff for working so hard to maintain excellent customer service and to protect
366 the public during these challenging times. DCA offices will remain open with
367 preventative measures in place to safeguard the health and safety of employees and
368 guests. Boards and bureaus are looking ahead to see what changes can be made
369 permanent for efficiency and employee well being, such as telework and eliminating
370 paper processes. Mr. Perez encourages all members and the public, to visit DCA’s
371 COVID-19 webpage for updates and resources on the state’s reopening plan, public
372 health guidance, vaccinator resources, vaccine distribution, and more.

373
374 DCA is receiving many questions regarding when and how boards will be able to
375 meet again in person. While there isn’t a definitive answer there is some clarification
376 that can be offered. The ability for the Board to meet remotely is tied to the
377 Governor’s executive orders and the state of emergency. When these are lifted, the
378 Board will be required to follow all aspects of the Open Meeting Act, including
379 publicly noticed and accessible locations. There is pending legislation on the matter
380 that will make the most relevant provisions of the Governor’s executive orders
381 permanent. For example, AB 885 by Assembly Member Quirk, is one such bill that is
382 being tracked, but it isn’t known when any of this will happen, or if any changes to
383 the law will occur before the state of emergency is lifted. DCA will do all it can to
384 assist the boards and bureaus to transition safely and with enough time to plan for
385 in-person meetings should that be the case.

386
387 Mr. Perez stated one of the top priorities for the Office of Board and Bureau
388 Relations is appointments. Currently the Board has three vacancies; two public
389 members appointed by the Senate Rules Committee and the Governor, and a
390 licensed member appointed by the Governor. DCA, the appointing authorities and
391 Executive Officer Khan, all share in the goal of a fully seated, diverse, and effective
392 Board. Mr. Perez congratulated Ms. Khan on an exceptional job of engaging with
393 DCA early and often to ensure progress is made on the matter. If any members
394 know of any great candidates, or if any members of the public attending the meeting
395 are interested in getting involved, please find the link titled “Board Member
396 Resources” on the homepage of the DCA website, www.dca.ca.gov, to apply for an
397 appointment.

398
399 Mr. Perez advised that 2021 is a mandatory Sexual Harassment Prevention Training
400 year; all employees and board members are required to complete the training. As a
401 reminder, newly appointed and reappointed members, are required to attend Board
402 Member Orientation Training within a year of appointment or reappointment. DCA is
403 excited about the improved training that was developed and updated based on
404 board member feedback and requests. The next offering of this training will be held
405 on June 23, 2021 via WebEx. To register, please visit the Board Member Resource
406 Center at www.dca.ca.gov. Mr. Perez stated that the Office of Board and Bureau

407 Relations is here to help and if assistance is required, to please reach out.

408

409 No public comment.

410

411 **8. Budget Update (DCA Budget Analyst)**

412

413 Paul McDermott, DCA Budget Analyst, introduced himself as the Board's budget
414 analyst in charge of managing the Board's projected budget, projected revenue, and
415 fund condition. Mr. McDermott explained that he would go over the expenditures,
416 revenues, and fund condition in relation to what the Board has had over the last
417 quarter. He is pleased that since the Board last met, the direction of the
418 expenditures and revenue are intact to what it was a quarter ago.

419

420 **Fund Condition Report**

421

422 This report shows the fund as a Board. The Board's revenue streams are located at
423 the top of the report and the expenditures are located toward the bottom of the
424 report. Included in the report for fiscal year (FY) 2019-20 is the repayment of a \$1.5
425 million-dollar General Fund (GF) loan and an interest payment of \$92,000. The GF
426 loan has been paid back and accounted for. The revenue stream for FY 2020-21 is
427 projected to be \$2.6 million, total net resource of about \$77.5 million.

428

429 Total projected expenditures for FY 2020-21 are \$2.7 million, with pro rata costs
430 totaling to \$2.8 million. The Board's projected fund balance is \$4.6 million dollars,
431 which equals an 18.4-month reserve. The reserve is important because if all
432 resources and revenues were to cease, the Board would still be able to operate for
433 18.4 months. A six to twelve-month reserve is considered a healthy fund; the Board
434 is solid at an 18-month reserve. The Board is trending negative, but this is fine
435 because the maximum reserve balance that the Board would want is 24 months.
436 When the Board projects out the budget year, plus two additional years, the Board is
437 back into the strength of a 12-month reserve.

438

439 In response to Mr. Armenta's question of whether the 24 months is a practice rule or
440 is there some statutory or regulatory trigger that causes something to happen at 24
441 months, McDermott responded that there is a statutory mechanism that states that
442 24 months is where the Board needs to adjust how the fees are brought in. The
443 Board does want to keep this well below the 24 months. There have been programs
444 that DCA worked with to get the boards down below the 24 months.

445

446 **Expenditure Projection Report**

447

448 The Expenditure Projection Report shows the expenditures as they were reflected
449 towards the budget. The report shows expenditures from top to bottom, showing
450 personal services such as the Board's salaries and benefits, and the bottom two
451 thirds reflect the Board's operating expenses. The Board's budget for salary
452 expenses is \$1.094 million with a projection of spending \$858,000, a savings of
453 around \$235,000. These savings are attributed to vacancies.

454

455 Operating expenses account for the discretionary, non-discretionary spending, and
456 general expenses. The question always arising is whether there will be a savings in
457 the in-state or out-of-state travel. Due to the pandemic, Mr. McDermott is projecting
458 zero in-state and zero out-of-state travel, allowing a savings of the full-allocated

459 amount of \$33,000. The Board is showing \$1.9 million in operating expenses. When
460 adding operating expenses, salary and benefits, the Board is projected to spend
461 around \$2.7 million. When the \$2.7 million is subtracted from the allocated amount
462 of \$2.8 million, it gives the Board a projected reversion of about \$153,000. The
463 \$153,000 equates to around 5.3% of the allocated budget of \$2.8 million. Just as the
464 goal for the fund condition is a 6-12-month reserve, the goal for the percentage of
465 the reversion is 3-6%, and the Board is at 5.3%, which is good.

466
467 No public comments.

468
469 **Returned from Recess - Roll Call**

470
471 Board Members Present:

472
473 Charles Alexander, PhD
474 Juan Armenta, Esq.
475 Jennifer Carlquist, PA-C
476 Sonya Earley, PA-C
477 Jed Grant, PA-C
478 Randy Hawkins, M.D.
479 Diego Inzunza, PA-C

480
481 **9. Discussion and Possible Action on New Physician Assistant Board Logo**

482
483 Ms. Cave, Information Officer (IO) with the Office of Public Affairs, introduced herself
484 and advised that she is the assigned IO for the Board. Ms. Cave reviewed the final
485 three logo options included in the meeting materials for the Board's decision. The
486 first option shows a stethoscope in the shape of a heart, along with the initials for the
487 Board and the Board's full name down below. It is apparent that this logo is
488 pertaining to health care providers using the heart and the stethoscope, as
489 compared to the previous logo where if an individual who was not related to DCA or
490 the Board was looking at it, they might question what the logo is pertaining to. The
491 logo has three different color options; these options can be revised if the Board
492 decides on a particular look.

493
494 The second option is also apparent that it is pertaining to health care and is
495 specifically on the individual being the giver of the health care. The logo shows a
496 heart, but this time with a head making it out to be a person with a stethoscope. The
497 logo is gender neutral. The stethoscope is telling because if the words "Physician
498 Assistant Board" were removed from the bottom and the viewer just had the image
499 and the acronym PAB, the viewer could come to the conclusion that this has
500 something to do with an individual providing health care, whereas compared to the
501 previous logo that same look, is not available.

502
503 The third option is more abstract because there is no person and the sense is that it
504 is an entity, not an individual. Being that this is the Board and it serves the PA, not
505 an entity, clinic, or hospital, we wanted to provide an alternate option for the Board to
506 choose from. In this logo, there is the use of the stethoscope, circling the cross. The
507 cross is used because it is a typical image that is often used in health care. If the
508 viewer were to only see the cross with the acronym, it might be hard to decipher if
509 the logo is for the Board or the name of a hospital, clinic, or urgent care facility.

511 In response to Ms. Carlquist's suggestion of making the stethoscope in Option 2 red
512 to add contrast, Ms. Cave responded that it would not work if it were in the black and
513 white logo version, but that she can talk with the designers about making it red in the
514 color version.

515
516 In response to Mr. Grant's question of if it would be possible to use a caduceus or
517 other imagery instead of a stethoscope because there are a lot of medical
518 professions that use a stethoscope that are not clinicians or people who function at
519 the level that PAs do, Mr. Grant stated that he does not think that a stethoscope
520 accurately reflects the high-level decision-making that PAs perform. Ms. Cave
521 responded that her team of designers followed the direction that was received from
522 the executive officer to focus on the use of a stethoscope and/or a heart. However, if
523 the Board votes to rework the logo, the design team would accommodate and
524 rework the designs.

525
526 Mr. Inzunza stated that he felt indifferent about whether the use of the stethoscope is
527 incorporated. Regarding the use of the caduceus, this could be viewed as
528 controversial because of the caduceus represents commerce, while the Rod of
529 Asclepius represents medical care.

530
531 Mr. Armenta stated that he did not look at the logo from the perspective of a PA and
532 his only concern is that if the Board were to use the caduceus, then it might be too
533 close to the MBC's logo.

534
535 Mr. Grant commented that PAs are closely related to the MBC. Having the symbol of
536 healing and recognizing that PAs work closely with physicians would be good to
537 have imagery that represents the close relationship between PAs and physicians.
538 Mr. Grant stated that he does not have any major opposition to the stethoscope, but
539 that other imagery might better represent what PAs are and what their
540 responsibilities are in terms of protecting the public.

541
542 Mr. Inzunza stated that he liked the three designs that were brought to the Board
543 using the stethoscope; however, he does see Mr. Grant's point of having a logo that
544 shows a link to the MBC. Mr. Inzunza suggested that the Board vote on one logo
545 being presented and then the design team works with that logo to incorporate the
546 rod of Asclepius or the caduceus to present at the next Board meeting.

547
548 Mr. Armenta supported the idea of the design team incorporate the suggestions
549 made by the members and to take a vote at a future meeting when all the options
550 are available for the Board to view.

551
552 M/ Jed Grant S/ Sonya Earley to:

553
554 Motion to direct staff to direct the design logo team to propose new logos
555 incorporating the Rod of Asclepius or the caduceus.

556

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	X				
Juan Armenta	X				
Jennifer Carlquist	X				
Sonya Earley	X				

Jed Grant	X				
Diego Inzunza	X				

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No public comment.

10. Report on Medical Board of California Activities

Dr. Hawkins reported that the MBC last met on February 4-5, 2021, and MBC’s next meeting is scheduled for May 13-14, 2021. On February 3, 2021 there was a Senate Rules Committee hearing for the three board members who were up for reappointment. On May 12, 2021 there will be a Senate Rules Committee hearing to appoint four board members; three public members and Dr. Hawkins are being considered for reappointment.

The MBC has had three Sunset review oversight hearings. The board went before the Joint Hearing of Senate Business Professionals Educational Development, and the Assembly Business and Professions Committees. The first hearing was held on March 19, 2021, where discussions included an overview of the board, board enforcement and overview of patient impact. The Legislature expressed concern emphasized by the public regarding enforcement timelines, complainant access, and public engagement by the MBC. All the board members agreed the enforcement timelines are too lengthy.

The second Sunset hearing occurred May 15, 2021. The primary areas of discussion included:

- Increasing the medical licensing fee. There has not been a fee increase for licensed physicians in over 14 years and to remain solvent, a fee increase is needed. In addition to increasing the licensing fee, discussions regarding efficiencies that the board may be able to adopt and cost recovery. The MBC currently cannot collect cost recovery fees.
- Post graduate training license and implementation. Presently, to be licensed as a California physician, applicants must complete 36-months of training and 24-months of that training must be within the same program. Previously, an applicant could get a license if they were educated in medical school in the USA or Canada after one year of rotating internship, or two years if the applicant is internationally trained. The objective of this postgraduate training license is public protection by increasing the duration of training. The 24-months is to allow the individual to be viewed over a certain period, to see if there are deficiencies that can be identified and corrected as compared to someone jumping from program to program. There are some concerns about this, for example, residents taking leave and interrupting their training. There is some question of being able to moonlight has come up, because Medi-Cal does not view this license as a free and clear license in the state to practice medicine. There are some challenges that the board is discussing with stakeholders because there are some unintended consequences, and there are some things to be dealt with.
- Mental health and physical wellness. There is a need for recognition for physicians with mental issues to receive care; the rate of physician suicide is

606 up. The MBC removed some questions on the licensing application to avoid
607 making applicants discuss prior mental illness that has been treated and
608 controlled. The Physician Wellness Program has been evolving.

- 609
- 610 • Licensed Midwives Board. The Licensed Midwives Board believes that they
611 should be monitored and regulated by their peers rather than being regulated
612 by other. Currently they fall under the MBC, the MBC supports them having
613 their own individual board. Some of the bigger issues include the problem
614 with vaginal deliveries after c-section and can this be safely done in the
615 home. The language thus far indicates that an obstetrician or a gynecologist
616 would take on some responsibility when the patient attempts to have delivery
617 outside of the hospital.

618

619 Mr. Armenta stated that the topic of regulatory packages the Board operates under
620 looks as though it will be commented upon at the next MBC meeting; the Board
621 anticipates CAPA making a comment on that regulatory package. CAPA has taken a
622 position through their lobbyists that the supervision of PAs by MDs does not
623 necessarily have to coincide in the practice area. This means that there could be a
624 PA practicing PA duties in dermatology, and the supervising physician's specialty is
625 orthopedics. Mr. Armenta explains that from a supervisory point of view, the Board
626 might find this troublesome as the statute calls for competent supervision and this
627 would appear from a statutory interpretation point of view, being competent to
628 perform a particular service includes having the proper supervision and support. Mr.
629 Armenta stated that the Board would like the opportunity to have some input at the
630 MBC meeting to rebut, comment, or amplify the comments that CAPA may make
631 because the Board thinks that their interpretation of the statute is the coincidence of
632 practice areas is irrelevant, and so long as you have a physician willing to attest to
633 supervision, then any specialty can be employed.

634

635 Dr. Hawkins stated while he supports Mr. Armenta's comments, the MBC agenda is
636 set and cannot be changed, so the Board's best course of action would be to speak
637 during public comment.

638

639 Mr. Grant stated that if a physician is going to supervise a health care worker, then it
640 should be required that the supervisor have the requisite knowledge to do so. The
641 language of the Board's proposed regulation does include that someone who is in
642 their usual and customary practice should supervise PAs. For the requirement for
643 general anesthesia, should include the personal presence of the supervising
644 physician. The regulation needs to clarify the law as to what competent means and
645 what the boundaries of appropriate supervision are. Mr. Grant stated he would be
646 happy to talk to the MBC regarding this, but he is currently out of the country and 10
647 hours ahead of Pacific Standard Time (PST). In the past the MBC has invited the
648 Board to attend their meeting to comment when they are discussing approving
649 legislations that impacts the Board, rather than just asking the Board member to
650 comment during public comment. Perhaps this can be done again, or maybe the
651 Board needs to coordinate something with the executive officer of the MBC. Dr.
652 Hawkins stated that this particular agenda item should be discussed around 1:00
653 p.m. PST.

654

655 Mr. Grant asked if any members of the Board had thoughts about practicing with a
656 supervising physician in the practice agreement that is not in the same specialty as
657 the practice. Mr. Armenta invited parallel comments about the topic of general

658 anesthesia presence requirements.

659
660 Ms. Carlquist and Ms. Earley both stated that they feel that Mr. Armenta and Mr.
661 Grant would make a great team to weigh in on these topics during the MBC meeting.

662
663 No public comment.

664
665 **11. Regulations Update and Possible Action on Pending Regulatory Packages.**

666
667 a. Status of 16 CCR sections 1399.525, 1399.526, and 1399.527 – Substantial
668 Relationship Criteria for Denials and Reinstatements, Rehabilitation Criteria for
669 Suspensions and Revocations (implementing AB 2138) Office of Administrative Law
670 approval and effective date January 29, 2021.

671
672 Ms. Halbo informed the Board that the Substantial Relationship Criteria (AB 2138)
673 was approved by the Office of Administrative Law (OAL) and became effective
674 January 29, 2021.

675
676 b. Status of 16 CCR § 1399.523.5 – Required Actions Against Registered Sex
677 Offenders. Public Comment period began 4.2.21 and closes 5.18.21

678
679 This item was initially part of the AB 2138 package and was then pulled out. The
680 public comment period began on April 2, 2021 and will close on May 18, 2021. If
681 there are no public comments, staff will prepare the papers for Legal, the Executive,
682 and Business, Consumer Services and Housing Agency (Agency) to review before
683 final submission to OAL. If there are comments, the staff will bring those comments
684 to the Board for consideration and will prepare draft responses to comments for the
685 Board's approval.

686
687 c. 16 CCR sections 1399.514 and 1399.615 – Renewal of License and Continuing
688 Medical Education required. Staff is working to prepare documents for initial
689 submission to Legal, Executive, and Agency review.

690
691 Ms. Halbo is working with staff to complete the required documents to submit to
692 Legal, the Executive, and Agency review before submission to OAL for the initial
693 publication.

694
695 d. 16 CCR Section 1399.616 – Approved Continuing Medical Education Programs –
696 Implicit Bias. Public Comment period began 4.9.21 and closes 5.25.21

697
698 Public comment began on April 9, 2021 and will close on May 25, 2021. If there are
699 no comments, staff will work with Ms. Halbo to draft final documents and get them
700 approved by Legal, Executive, and Agency, and submit final documents to OAL. If
701 there are comments, staff will bring those comments to the Board for consideration
702 and will prepare draft responses to comments for the Board's approval.

703
704 e. Status of Adopting SB 697 statutory changes. Previously Adopted Draft
705 Regulatory staff is working to prepare documents for initial submission to Legal,
706 Executive, and Agency review. The text language has been split into two packages:
707 i. Amend 16 CCR Sections 1399.502, 1399.540, 1399.541, and 1399.545 – SB
708 697 (Requires MBC review)

- 709 ii. Amend 16 CCR sections 1399.506, 1399.507, 1399.511, 1399.546 –
710 Expedited Licensure (No additional review needed).
711

712 This package includes several Board-approved regulation changes and
713 amendments to different regulations to implement SB 697. A portion of this
714 legislation needs to be reviewed by the MBC because it relates to physician
715 supervision and PA practice directly, while other parts fall into the category of
716 administrative changes needed due to SB 697 changes. This package initially
717 approved as one package was split, and the text requiring the MBC’s review was
718 submitted to MBC Legal Counsel, Carrie Webb, and will be reviewed during the
719 MBC meeting scheduled on May 14, 2021.
720

721 No public comment.
722
723

724 **12. Education/Workforce Development Advisory Committee: Update on** 725 **Physician Assistant Education Programs and Applicants in California.** 726

727 Mr. Grant stated that strong growth continues for the PA profession in California. As
728 of now there are six developing programs and a total of 16 programs in California.
729 Two California programs progressed from provisional accreditation (status given
730 during the first five years that a program is operating), to full accreditation. California
731 still has several provisional programs. A geographic maldistribution, to some extent,
732 of the PA programs in California with the majority being in the Los Angeles and San
733 Diego area, although there is growth in the central coast and to some extent the Bay
734 Area as well. Many PA programs have the goal of supplying health care workforce to
735 underserved areas. As the number of programs grow, so will the number of
736 graduates. Two programs are currently on probation, the accreditation website
737 doesn’t go into any great detail about why they’re on probation but that the program
738 is failing to meet the accrediting bodies standards. This could be for something
739 major or minor, the Board will continue to monitor these programs.
740

741 Currently there are about 884 PA students graduating per year. However, if the
742 developing programs achieve accreditation it will bring the number of California PA
743 graduates up to about 1,019. These numbers do not account for graduates who
744 come from outside of California PA programs. Practice patterns tend to reflect where
745 the PA is from, in other words, PAs who are from California but train outside of the
746 state, don’t always come back. PAs who are from California and train within the
747 state, tend to stay within the state. Some percentage of PAs who train in California
748 tend to stay within the state as well. By looking at these stats, it can help the Board
749 anticipate the workforce needs within California. This growth of PA programs in the
750 state is a good thing. One challenge that PA programs experience is having enough
751 clinical rotations particularly during the COVID-19 pandemic. Programs had to find
752 unique ways of doing this and telemedicine was a big help in this.
753

754 In response to Mr. Armenta’s request to explain the meaning of “number of students
755 per cohort,” Mr. Grant replied that the numbers reflect the number of students that
756 the program has reported that they plan on teaching. When a PA program applies
757 for accreditation from the Accreditation Review Commission on Education for the
758 Physician Assistant (ARC-PA), they have to notify them on how many students they
759 are planning on teaching, in order to have enough clinical rotations at the opening of
760 the program to train that number of students. Columns on the report that have a

761 question mark with an asterisk refers to either the information on the accrediting
762 body's website by the ARC-PA, or on the website of the school itself, but Mr. Grant
763 was unable to locate the number of students that the school is planning on admitting
764 to their program.

765
766 No public comment.

767
768 **Returned from Recess – Roll Call**

769
770 Staff called the roll. A quorum was present.

771
772 Board Members Present:
773 Charles Alexander, PhD
774 Juan Armenta, Esq.
775 Jennifer Carlquist, PA-C
776 Sonya Earley, PA-C
777 Jed Grant, PA-C
778 Randy Hawkins, M.D.
779 Diego Inzunza, PA-C

780
781 **13. Report by the Legislative Committee; Discussion and Possible Action to**
782 **Consider Positions Regarding the following Legislation:**

783
784 Ms. Dhillon thanked the Board for welcoming her and stated that she looks forward
785 to working with the Board and promoting the interests of the Board while protecting
786 the interests of the Board's consumers. Ms. Dhillon presented the following report:

787
788 a. SB 48 – Limon: Dementia and Alzheimer's Disease

789
790 SB 48 is located on the floor of the Senate. The Board wrote a position letter on
791 March 4, 2021, that was sent to the author's office, where the Board requested that
792 the author amend the bill to change the required hours for the continuing education
793 for PA licensee to be four hours, and that the bill should apply to those PA licensees
794 who practice at a specialty where dementia would be a common finding, such as
795 geriatric, internal medicine, or primary care. On March 9, 2021, the bill was amended
796 to reduce the number of continuing education hours for PA licensees to four hours.
797 However, it was not amended to incorporate the Board's request that it apply to
798 those PA licensees who practice in a specialty where dementia would be a common
799 finding. The Board took an oppose unless amended position at its February 8, 2021,
800 Board meeting. The bill is currently up for discussion on how the Board would like to
801 proceed.

802
803 Mr. Grant stated that he feels as though PAs practice in every health care setting
804 and in some of those settings they are not likely to come across patients with
805 dementia. It is a little onerous to require training specific on just dementia. Mr. Grant
806 stated that the providers know their patient population and the type of continuing
807 medical education (CME) most beneficial to them in their practice. To require
808 specific training for a patient population that a PA may simply not see is onerous. He
809 suggested that the Board does not remove their opposition.

810
811 Dr. Hawkins stated that he is in support of Mr. Grant's comment and he has
812 expressed the same views to the MBC.

813
814 In response to Mr. Armenta’s question of what the bill previously required in terms of
815 hours of CMEs, Ms. Dhillon responded that the prior requirement was ten hours.

816
817 In response to Mr. Armenta’s question on whether the reduction from ten hours to
818 four hours changed Mr. Grant or Dr. Hawkins’ position, they responded no.

819
820 Mr. Armenta stated that the Board adopts the position of opposing SB 48. The Board
821 directed staff to thank the Legislative Committee for the reduction of hours, but the
822 Board’s position remains the same.

823
824 b. AB 29 – Cooper: State Bodies: Meetings

825
826 This bill is currently located in the Assembly Committee on Governmental
827 Organization. AB 29 was introduced at the February 8, 2021 Board meeting where
828 the Board took a watch position. This bill would require that notice to include all
829 writings or materials provided for the noticed meeting to a member of the state body
830 by the staff of a state agency, board, or commission, or another member of the state
831 body that are in connection with a matter subject to discussion or consideration at
832 the meeting. The materials must be made available on the state body’s internet
833 website, and to any person who requests the writings or materials in writing, on the
834 same day as the dissemination of the writings and materials to members of the state
835 body or at least 72 hours in advance of the meeting, whichever is earlier. The bill
836 would prohibit a state body from discussing those writings or materials, or from
837 taking action on an item to which those writings or materials pertain, at a meeting of
838 the state body unless the state body has complied with these provisions.

839
840 This bill has the goal of timely transparency. Staff complies with the notice
841 requirements and generally posts the meeting materials between 10 days and 72
842 hours prior to its public meetings. However, staff recognizes that there are some
843 exceptions concerning materials that are provided to the Board, most often public
844 comment too close to the date of the meeting, that would push the Board out of
845 compliance with the posting and dissemination requirements. In addition, since the
846 Board relies on DCA’s Internet Team for posting, and they request documents be
847 provided 10 days in advance of posting, this puts staff in a bind with their
848 burdensome production deadline, resulting in documents posting the same day the
849 materials are disseminated to the Board members.

850
851 Mr. Grant commented that he supports the Board maintaining a watch position as
852 the optics of opposing the bill are not great because the bill deals with being
853 transparent. Mr. Armenta stated that he agreed with Mr. Grant’s comment and that
854 he felt that the Board should continue to take a watch position.

855
856 c. AB 54 – Kiley: COVID-19 Emergency Order Violation: License Revocation

857
858 On April 5, 2021 the bill was amended to remove healing arts boards within the DCA
859 as to who this bill would apply, and the bill failed passage in Committee.

860
861 d. SB 102 – Melendez: COVID-19 Emergency Order Violation: License Revocation

862
863 The bill failed passage in Committee. This bill would have prohibit DCA or the
864 boards within the department from revoking a license or imposing a fine or penalty

865 for failure to comply with any COVID-19 state of emergency orders, or any stay at
866 home orders, unless it can prove lack of compliance resulted in transmission of
867 COVID-19 can be proven.

868
869 e. AB 107 – Salas: Licensure: Veterans and Military Spouses

870 The bill was revised on April 29, 2021 and is currently located with the Assembly
871 Committee on Appropriations. This bill would for specified boards and bureaus
872 expand temporary licensure requirements for military spouses; require boards and
873 bureaus implementing temporary licensure to submit proposed regulations to the
874 department no later than June 15, 2022; and require all boards and bureaus not
875 specified to offer license reciprocity for honorably discharged veterans and military
876 spouses. Numbers four and five listed in the meeting materials are no longer
877 applicable since this was recently amended. This bill would also require the
878 department to submit an annual report to the legislature on military and military
879 spouse licensure. The staff recommendation for this bill is to take a watch position,
880 as this is a new bill that was introduced on December 16, 2020.

881
882 In response to Dr. Hawkins' question of what the objective of this bill is, Ms. Dhillon
883 stated that she believes the objective is to accommodate spouses of individuals in
884 the military by expanding their temporary licenses while they are located in
885 California. This way, when they are relocating, the bill would allow them to maintain
886 a temporary license of no longer than 12-months, while they are practicing in
887 California. The licensed individual would be the military spouse.

888
889 Mr. Grant commented that this bill applies to boards and bureaus that offer a
890 temporary license status, to grant a temporary license to the spouse of a military
891 member. Because the Board doesn't offer a temporary license, this bill would not
892 have an impact on the Board. Mr. Grant requested confirmation of this from Ms.
893 Khan or Ms. Caldwell.

894
895 Ms. Khan responded that this is correct; however, her understanding from this bill,
896 and also from attending meetings at DCA regarding this issue, that if a military
897 spouse is licensed say in New York and have a temporary assignment in California,
898 the spouse would not have to go through the whole licensing process, but be issued
899 a temporary California license. Though the Board does not currently offer reciprocity,
900 if this bill were to pass it would be a pathway for the Board to offer reciprocity. Mr.
901 Grant stated that it would be helpful to know what position the Board should take on
902 this bill by understanding the effect it would have on the Board.

903
904 In response to Mr. Armenta's question of whether the bill would require the Board to
905 make a temporary license status based on reciprocity of another state license, Ms.
906 Khan responded that that is her understanding but she will look into it with staff and
907 reconvene back to the Board.

908
909 In response to Mr. Armenta's question of if the Board currently has a process in
910 place for out-of-state applicants, who are married to a member of the armed forces,
911 to receive an expedited temporary authorization to practice, Ms. Caldwell responded
912 that the Board does offer to expedite applications for individuals who are currently in
913 the military, discharged military personnel, and spouses and domestic partners of
914 military personnel.

915
916 Mr. Armenta stated that subsection (i) reads "this section shall not apply to a board

917 that has a process in place by which an out-of-state license applicant in good
918 standing who is married to an active member processed to expedite temporary
919 authorization to practice.” Since the Board already has the military expedite process
920 in place, he believes that this bill would not apply to the Board. Mr. Grant stated that
921 the issue is we do not currently have a temporary license status.
922

923 Mr. Maguire questioned if the Board has authority based on BPC section 3519.5 on
924 issuing a probationary license as it is his understanding that the Board does not
925 issue those currently, however, it is still good law and what is the status of that
926 particular license type. Mr. Grant stated that the PANCE used to only be offered four
927 times a year, so the Board would issue a probationary license until the PA graduate
928 was able to take their PANCE. If the PA failed the exam the probationary license
929 would be revoked, if they passed, the license would be converted into a regular
930 license. Mr. Grant stated perhaps the Board could issue the same type of license
931 while the Board is processing the license for the military spouse. In response to Mr.
932 Maguire’s question of whether the Board’s decision to stop offering the probationary
933 license was because the PANCE was offered more frequently, Mr. Grant responded
934 yes, that is correct. Once the NCCPA began offering testing at the Pearson VUE
935 testing centers, this made the exam available anytime, it removed the need for the
936 probationary licenses.
937

938 In response to Mr. Maguire’s question of if there is a current statute that authorizes
939 or requires the Board to expedite licenses or is this an internal process, Mr. Grant
940 responded that there is a statute that requires the Board to expedite military
941 members as much as possible. The real difference of this bill is that it would require
942 a temporary license status, which is not currently required. The current law only
943 requires that the Board expedite the review of the application for the military spouse.
944

945 Mr. Armenta stated that BPC section 115.4 is for applicants who were honorably
946 discharged service members, expediting the process for veterans and BPC section
947 115.5 is for applicants who are a spouse or a domestic partner to military members.
948 These sections cover the Board for what AB 107 would have the Board complete for
949 applicants.
950

951 Ms. Caldwell stated that the difference is that AB 107 requires issuance of a
952 temporary license and currently the Board is only required to expedite the licensure
953 process by reviewing their application as priority. The applicant receives their license
954 once they have met all the requirements, versus issuance of a temporary license
955 until the terms and conditions set forth by the Board are met, and then their
956 temporary license would become permanent.
957

958 Mr. Maguire stated that it is likely that the Board would have to create a new avenue
959 for the expedited and temporary licensure. This would apply to all boards and
960 bureaus since this would be a general BPC, which is applicable to all boards and
961 bureaus. It doesn’t seem like the Board has a separate process for the temporary
962 licensure.
963

964 Mr. Grant commented that the issue is reciprocity. Currently the Federation of State
965 Medical Boards is conducting studies and working on an interstate compact that
966 would help in this issue. However, the issue with reciprocity is that if someone was
967 licensed in New York and their spouse comes to California, the Board can check to
968 see if their license is in good standing in that state, but if they do not provide the

969 Board with a list of all the states that they hold or have held a license in, the Board
970 cannot verify everything. If the PA were under investigation, the Board would be
971 unaware. This could bring about an element of risk to the public. Mr. Maguire
972 commented this is a practical issue and perhaps the Board staff may wish to include
973 in any communication they have with the author's office. Mr. Grant stated that he is
974 unsure if there is a way to work with the author on the issue or if the Board needs to
975 take an opposed position due to the temporary license requirement.
976

977 Ms. Khan stated that Ms. Dhillon could contact the author and express the Board's
978 concerns regarding the bill and see how it changes as it progresses through the
979 regulatory process.
980

981 In response to Mr. Armenta's comment that there is a practical barrier since the
982 Board does not have a uniform reporting system that allows the Board the ability to
983 check all 50 states to see if the PA has any pending discipline, Mr. Grant responded
984 that the Federation of State Medical Boards is working on an interstate compact
985 which would address this issue but currently there isn't an interstate compact for this
986 purpose. Mr. Armenta stated that the statute simply requires the applicant to submit
987 a verification from the applicant's original licensing jurisdiction stating that they were
988 in good standing. Good standing does not mean that the applicant does not have an
989 investigation pending. Section (c) states that the Board can revoke the temporary
990 license if the applicant does not comply with the requirements, one of which is
991 submitting an application stating that the applicant is in good standing. If the Board
992 can work with the author to expand not only good standing, but not subject to any
993 active disciplinary proceedings, to force the applicant to disclose and if they have
994 any disciplinary proceedings, then the Board would revoke their license if it found out
995 later.
996

997 Ms. Haydon stated that the Board does have an avenue to see if a licensee has
998 disciplinary actions on their license in another state. The Board can run a query
999 through the National Practitioner Data Bank because all health care licensing entities
1000 are required by federal law to report when any adverse action has been taken
1001 against the licensee. The query has a \$2 cost. Mr. Grant stated that the concern is
1002 that when there is an active investigation, or a complaint being filed, the National
1003 Practitioner Data Bank doesn't receive the report until the complaint and discipline
1004 has been adjudicated. Ms. Khan stated that complaints are confidential, at least in
1005 the state of California, and the Board doesn't receive disclosures. Mr. Armenta
1006 stated he does not feel that it is too much to ask because if the applicant is asking
1007 the Board for expedited temporary consideration because their spouse has been
1008 redeployed, that the applicant disclose that they're not subject to any disciplinary
1009 proceedings in the application. This would protect the public and could be an easy
1010 fix within this statute. Mr. Armenta stated that his recommendation is to see if the
1011 Board can work with the author rather than opposing it.
1012

1013 Mr. Grant stated that when someone in the military receives a permanent change in
1014 station, they are always given several months' notice. As a member of the military,
1015 Mr. Grant does not see a need for this statute. If this bill does pass, the Board will
1016 have to draft regulations for how to implement this and will need to consider some
1017 time and expense to do that as well. Mr. Maguire proposed that the Board might
1018 want to consider a position of support if amended.

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1026

M/ Jed Grant S/ Sonya Earley to:

Watch AB 107 and direct Board staff to contact the author and recommend that they make amendments to allow the Board to require applicant to disclose knowledge of any pending investigations or complaints.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	X				
Juan Armenta	X				
Jennifer Carlquist	X				
Sonya Earley	X				
Jed Grant	X				
Diego Inzunza	X				

1027
1028
1029

No public comment.

1030
1031

f. AB 646 – Low: Department of Consumer Affairs: Expunged Convictions

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1040

This bill is currently located in the Assembly Committee on Business and Professions. AB 646 would require programs under DCA that post information on its website about a revoked license due to a criminal conviction to post notification of an expungement within 90 days of the Board receiving an expungement order related to the conviction for those who reapply for licensure or are relicensed. Additionally, the bill would require boards, on receiving an expungement order, to remove the initial posting on its website that the person’s license was revoked and information regarding arrests, charges, and convictions if the person is not currently licensed and does not reapply for licensure.

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1044

This bill was designed to reduce employment barriers for those people with previous criminal records who have been rehabilitated and whose conviction has been dismissed, or expunged, through the judicial process.

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There is already a process in place for licensees to establish that they are rehabilitated through a petition for reinstatement of a revoked license with the Board. It is through this process the Board can separately decide if a licensee is rehabilitated since the court system may have different criteria than the Board. The licensee’s expungement is taken into consideration at this time and the Board’s disciplinary action, which is separate from the court’s action. However, there is no process in place where the licensee’s disciplinary documents are removed. Although the revocation imposed by the Board resulted from a conviction, it is a distinct action on the license unrelated to the licensee’s criminal record. The purpose of having a licensee’s disciplinary actions on the Board’s website is to allow the consumer to see the nature of the violations so they can make an informed decision when choosing their provider.

1058
1059
1060
1061

The Board may see some minor increases in the revenue if this bill passes as individuals seek expungement and apply for the removal of disciplinary documents or posting of the expungement.

1062
1063 The web posting and removal of documents would fall under the Board's regular pro
1064 rata towards DCA's Office of Information Services and would be minor and
1065 absorbable.

1066
1067 In response to Mr. Armenta's request to confirm that an expungement isn't
1068 necessarily a finding of factual innocence, nor is it compatible with the Board's
1069 petition for rehabilitation, that it simply can be as low as completing the terms of
1070 probation and entitles one to go back and seek expungement except for certain
1071 offenses, Mr. Maguire responded that criminal law is not his area of expertise, but
1072 that the framework described by Mr. Armenta is Mr. Maguire's general
1073 understanding as well. Mr. Maguire stated that he does not believe that there is a
1074 process of providing evidence of rehabilitation similar to what's contained in the
1075 Board's regulations.

1076
1077 In response to Ms. Carlquist's question if this bill will limit the Board's access to the
1078 information and ability to take action, or limit the Board in any way, Mr. Grant
1079 responded that he believes that the intent of this bill is to require boards to remove
1080 documents from their website if someone has their prior conviction expunged. It
1081 does not change any of the Board's processes in terms of the application for
1082 licensure, but states that the board must remove the old documents from the
1083 website. He stated that he does not have any issue with this bill, and that the Board
1084 doesn't need to take any position.

1085
1086 Mr. Maguire stated that he wonders if the author's goal is to not erase the
1087 administrative discipline that boards have potentially imposed on a licensee. This bill
1088 is not asking the Board to immediately reinstate those licensees. Mr. Maguire stated
1089 that he thinks that the bill's goal is to keep history from being posted on a public
1090 website. If the person's previous convictions are not on the Board's website and
1091 they're not licensed, then he does not see harm in removing that.

1092
1093 Mr. Armenta stated that he believes that the context in which this issue would come
1094 up is if the Board takes a license away, due to an underlying criminal conviction such
1095 as fraud, the licensee completes the terms of their probation, and then the individual
1096 goes to court and the court grants an expungement order. All the Board would be
1097 required to do on their website is to remove the entry that states that the license was
1098 revoked based on a criminal conviction. However, internally the Board would still
1099 hold the data. Mr. Maguire stated that he wonders about the author's intent, because
1100 this bill uses the language "revoked." The language that the Board uses when a
1101 licensee is placed on probation is "the license is revoked, which is stayed for a
1102 period of x amount of years of probation." He would like to know if the author's office
1103 is intending to actually affect those who have licenses that are revoked and then
1104 stayed and placed on probation, or literally just revoked. It would be beneficial to
1105 receive clarity on the language of this bill, because what could happen if this law
1106 passes and the Board goes about their normal practices and a licensee tells the
1107 Board that they are on probation and the Board needs to remove their history from
1108 our website. If that individual is still practicing, the public has an interest in seeing
1109 that they are practicing under probation.

1110
1111 In response to Mr. Armenta's question of whether the Board should direct staff to
1112 reach out to the author and seek clarity, Mr. Maguire responded that yes, he would
1113 recommend directing the legislative staff to work with the author's office to express

1114 the Board's concerns and seek clarity on to whom this bill is meant to apply, to
 1115 explain the issue about revocation with immediate stay of that revocation
 1116 implementation of probation. Mr. Maguire offered to assist the legislative staff to
 1117 work with the author's office on this issue.

1118
 1119 M/ Jed Grant S/ Jennifer Carlquist to:

1120
 1121 Watch AB 646 and direct staff to draft a letter or phone call to the author's office with
 1122 the concerns as mentioned by Mr. Maguire.
 1123

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	X				
Juan Armenta	X				
Jennifer Carlquist	X				
Sonya Earley	X				
Jed Grant	X				
Diego Inzunza	X				

1124
 1125 No public comment.

1126
 1127 g. AB 339 – Lee: State and Local Government: Open Meetings

1128
 1129 This bill is located in the Assembly Committee on Local Government. This bill would
 1130 require legislative bodies of local agencies to make available instructions on joining
 1131 the meeting to all non-English speaking persons upon requests and publish the
 1132 instructions in the two most spoken languages other than English within the local
 1133 agency's jurisdiction. However, this bill was amended on May 4, 2021, and so it no
 1134 longer applies to boards and bureaus, but instead applies to city council and county
 1135 board of supervisor's meetings that govern jurisdiction of at least 250,000 people.
 1136 Ms. Dhillon stated that she confirmed that this bill no longer applies to the Board.

1137
 1138 In response to Mr. Armenta's question of whether the Board needs to oppose the bill
 1139 if it does not apply to the Board, Ms. Dhillon responded that she does not think the
 1140 Board needs to oppose the bill since it is no longer applicable.

1141
 1142 Mr. Maguire commented that since the Board has not yet taken a position on this bill,
 1143 a vote is not needed. However, staff may wish to keep an eye on this in case the
 1144 Board is amended back into the bill in the future. Mr. Armenta agreed with Mr.
 1145 Maguire's recommendation that the Board will recommend the legislative staff to
 1146 watch this bill and make sure that the Board does not get amended back into it.

1147
 1148 No public comment.

1149
 1150 h. SB 731 – Durazo: Criminal Records: Relief

1151
 1152 This bill is located in the Senate Committee on Appropriations and was introduced
 1153 on February 19, 2021. This bill would expand upon recent criminal justice reforms by
 1154 creating further mechanism for convictions dismissal. Currently under existing law, a
 1155 person is eligible for arrest record relief if they were arrested on or after January 1,
 1156 2021, and the arrest was for a misdemeanor and the charge was dismissed or
 1157 criminal proceedings have not been initiated within one year after the arrest, or the

1158 arrest was for a felony punishable in the county jail and criminal proceedings have
1159 not been initiated within three years after the date of the arrest.

1160
1161 Also under existing law, a person is eligible for automatic conviction record relief, if
1162 on or after January 1, 2021, they were sentenced to probation and completed it
1163 without revocation or if they were convicted of an infraction or misdemeanor and
1164 other criteria are met.

1165
1166 This bill would expand on the provisions of AB 1076 (Ting, Chapter 578, Status of
1167 2019), which restricted the criminal conviction information supplied to boards in
1168 specific circumstances, by further limiting the conviction information that boards will
1169 receive and be allowed to utilize, including for persons who were convicted of a
1170 felony any time after January 1, 1973, sentenced to state prison, and completed
1171 their sentence. Felony conviction records would be automatically sealed for
1172 individuals who have completed their sentence and have gone two years without
1173 new criminal convictions.

1174
1175 AB 1076 created a new process for the automatic arrest record relief for people
1176 arrested for a misdemeanor or for a felony when the charges were dismissed or
1177 enough time has passed that it is clear there is not intent for criminal proceedings to
1178 go forward. This bill would expand those eligible for relief to those arrested for any
1179 felony, not just those for which the sentence is county jail. If the felony sentence can
1180 be more than eight years, relief shall not be granted until six years have passed,
1181 otherwise relief may be granted after three years have passed.

1182
1183 The purpose of this bill is to permit additional relief by way of withdrawing a plea and
1184 deleting arrest records for the purpose of most criminal background checks. This bill
1185 would have an impact on the PA Board's licensing and enforcement programs, and it
1186 would hinder the Board's ability to carry out its legislative mandate of consumer
1187 protection. Currently, the Board completes an enforcement review for every
1188 applicant with a criminal history, determines whether the crimes committed are
1189 substantially related to the duties of licensure. This bill could significantly diminish
1190 the Board's ability to make these determinations without access to the necessary
1191 arrest and conviction information, unless an exception to allow access to records
1192 granted relief is made for state licensing boards. Staff is suggesting that the Board
1193 take a watch position.

1194
1195 Mr. Grant stated that he is opposed to this bill, since "any felony" is too broad. Mr.
1196 Grant stated that he feels that there are many felonies that are related to PA practice
1197 that the Board would need to know about. The purpose of the Board is to decide
1198 whether their felony conviction is related to practice and whether they are a risk to
1199 the public. If the Board does not have access to that information, then the Board
1200 cannot do its job. Mr. Grant expressed that he would not want a PA with previous
1201 felonies providing health care to his family without the Board vetting them to make
1202 sure that they are not a risk to public safety. Mr. Armenta agreed with Mr. Grant and
1203 stated that he feels the Board should oppose this bill.

1204
1205 Ms. Earley stated that she has discussed this bill with Ms. Carlquist and they have
1206 had the same reservations. She was hoping to see if the legislative staff could
1207 communicate with the author to see if the Board, or other allied health care boards,
1208 could receive special dispensation to receive information.

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M/ Jed Grant S/ Sonya Earley to:

Oppose SB 731 unless amended, direct staff to work with the author communicating that the Board is opposed unless the healing arts boards are exempted from the bill's requirements.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	X				
Juan Armenta	X				
Jennifer Carlquist	X				
Sonya Earley	X				
Jed Grant	X				
Diego Inzunza	X				

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1218

No public comment.

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i. SB 806 – Roth: Physician Assistants: Written Examination

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This bill is located in the Senate Committee on Appropriations. This is the Board's sunset bill. Existing law, the Physician Assistant Practice Act, provides for the licensure and regulation of PAs by the PA Board, which is within the jurisdiction of the MBC of California. The act provides that the Board shall require PAs to take and pass a written examination for licensure. The act provides that the board may make arrangements for the examination to be administered under a uniform examination system. The act, however, requires the Board to establish a passing score and time and place for each examination.

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The bill would remove the requirement that the Board establish a passing score and time and place for each examination since the current examination is administered by the National Commission on Certification of PAs (NCCPA), a private organization. Staff will work with the Business & Professions Committee as the bill moves through the legislative process.

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Ms. Dhillon stated that she is current working with Sarah Mason from the Business and Professions Committee to work on adding any additional edits to the code sections that are applicable in order to remove the Board from the MBC's jurisdiction and in addition to the other suggestions that were included and discussed with Ms. Khan.

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Mr. Armenta stated that the staff recommendation is to support this bill, and he asked the Board if any of them had an objection to supporting this bill.

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1244

M/ Jed Grant S/ Sonya Earley to:

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1246
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1248

Support SB 806.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	X				
Juan Armenta	X				
Jennifer Carlquist	X				

Sonya Earley	X				
Jed Grant	X				
Diego Inzunza	X				

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No public comment.

j. AB 562 – Low: Frontline COVID-19 Provider Mental Health Resiliency Act of 2021: Health Care Providers: Mental Health Services

This bill is relatively new, it was introduced on February 11, 2021 and it is located in the Assembly Committee on Appropriations. This would establish the Frontline COVID-19 Provider Mental Health Resiliency Act of 2021, which would require DCA to establish a mental health resiliency program until January 1, 2025, in consultation with relevant healing arts boards as defined under the amendments listed below. Under the program, DCA would contract with one or more vendors of mental health services, as defined, for the duration of the program. The individual boards would then administer the program and determine eligibility.

Because the goal of this bill is to help health care workers, who want to remain on the frontlines by providing targeted services more immediately and directly available that can improve resiliency. A “frontline COVID-19 health care provider” is a person who provides or has provided consistent in-person health care services to patients with COVID-19. By going through the licensing boards, this bill seeks to help providers who do not have adequate employer-sponsored plans or employee assistance programs, have prohibitively high deductibles, are not ready to establish with a mental health provider, experience delays in finding a provider, or are no longer employed due to early retirement or other change in employment. Because the goal of this bill is to make services available as soon as possible, it is not structured in a way that would require supervision or monitoring nor require the development of a comprehensive program. Rather, the goal would be to contract with prepackaged vendors.

This bill currently does not have a funding source and therefore the cost of the program would be paid from the participating boards’ special funds. To the extent the new cost are not absorbable, the bill as drafted may create the need for license and/or regulatory fee increases. The author notes that funding mechanisms are currently being explored and is committed to ensuring fee increases are not triggered. If there is no outside sound of funding, or if the costs of the program are not absorbable, the author is willing to amend the bill to narrow the bill, including reducing the scope of services.

Staff recommends for the Board to take a watch position since this bill is relatively new and may be amended in the near future.

Mr. Armenta stated that he is troubled by a bill that does not lay out a funding source and looks to shift the funding to the Board without a clear outline. At minimum he would suggest the Board watches this bill to see where this goes and if the author is willing to amend it. Mr. Grant stated that he agrees with Mr. Armenta.

M/ Jed Grant S/ Sonya Earley to:

1297 Watch AB 562 and direct staff to keep an eye on it particularly with respect to
1298 funding.

1299
1300 No public comment.

1301
1302 Dr. Alexander requested that the Legislative Committee review SB 395 and AB
1303 1306. These bills support health care careers opportunity programs that support
1304 students coming from underrepresented backgrounds and low-income.

1305
1306 **14. Agenda Items for the Next Meeting**

1307
1308 1) SB 395 – Healthy Outcomes and Prevention Education Act: excise tax: electronic
1309 cigarettes: Health Careers Opportunity Grant Program, Introduced by Senator
1310 Caballero

1311 2) AB 1306 - Health Professions Careers Opportunity Program, Introduced by
1312 Assembly Member Arambula

1313
1314 No public comment.

1315
1316 **15. Adjournment**

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1318 Adjournment will immediately follow closed session and there will be no other items
1319 of business discussed.

1320
1321 Minutes do not reflect the order in which agenda items were presented at the Board
1322 meeting.

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