

1 **MEETING MINUTES**

2
3 **August 9, 2021**
4 **8:30 A.M. – 5:00 P.M.**

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

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

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9 President Armenta called the meeting to order at 8:31 a.m.

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11 **2. Roll Call**

12
13 Staff called the roll. A quorum was present.

14
15 Board Members Present: Charles Alexander, PhD
16 Juan Armenta, Esq.
17 Sonya Earley, PA-C
18 Jed Grant, PA-C
19 Randy Hawkins, M.D.
20 Diego Inzunza, PA-C

21
22 Staff Present: Rozana Khan, Executive Officer
23 William Maguire, Attorney
24 Karen Halbo, Regulatory Counsel, Attorney III
25 Kristy Voong, Staff Services Manager I
26 Julie Caldwell, Lead Licensing Analyst
27 Armando Melendez, Complaint Analyst
28 Christina Haydon, Enforcement Analyst
29 Jasmine Dhillon, Legislative/Regulatory Analyst
30 Ariel Gompers, Administrative Analyst
31 Margarita Soto Aguirre, Licensing Analyst

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33 **3. Approval of the May 10, 2021 Board Meeting Minutes**

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35 M/ Jed Grant S/ Sonya Earley to:

36
37 Approve the May 10, 2021 Meeting Minutes.

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

39
40 No public comment.

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

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

48 No public comment.
49

50 **5. Reports**

51 a. President's Report

52 Mr. Armenta congratulated Mr. Maguire on his promotion, stating that the Board is
53 sad to lose him but is happy to hear of his advancement in his career.
54

55 The Board has continued its collaborative efforts with California Academy of PAs
56 (CAPA) to implement Senate Bill (SB) 697. Proposed regulatory text to implement
57 SB 697 was presented by Medical Board of California (MBC) at its May 14, 2021
58 Board meeting. CAPA did not make any comments. MBC adopted the proposed text
59 without any changes.
60
61

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

63 Mr. Armenta reported that the waivers related to the practice of physician assistants
64 were further extended to September 30, 2021, or until the state of emergency
65 ceases to exist.
66

67 These waivers are related to licensing, renewal of a license, and restoration or
68 reactivation of a license due to the COVID-19 emergency, however, the waivers do
69 not extend to licenses that have been subject to discipline.
70

71 The other waivers allow for easier vaccinations by practitioners and students, due to
72 the COVID-19 emergency.
73

74 **The American Academy of Physician Assistants House of Delegates Title 75 Change of PA Profession**

76 Ms. Earley reported that on May 24, 2021, the American Academy of Physician
77 Assistants (AAPA) House of Delegates passed a resolution affirming "Physician
78 Associate" as the official title for the Physician Assistant (PA) profession, by a
79 majority vote of 198 to 68. Discussions have begun to implement that policy,
80 however, it is inappropriate for PAs to refer to themselves as Physician Associates
81 until legislative and regulatory changes are made to incorporate the new title.
82 Additionally, the American Medical Association (AMA) and the American
83 Osteopathic Association (AOA) have weighed in on their concerns. The AAPA
84 legislative CEO, Lisa Gables, has also responded to those concerns and stressed
85 the organization's commitment to collaboration and patient centered practice. Ms.
86 Gables also explained that this new title will help patients better understand the
87 training and expertise of PAs. Removing the word "assistant" from the title will help
88 clear up a common misconception that PAs simply assist physicians, when in fact,
89 they diagnose, treat and care for patients. Originally the AAPA was incorporated as
90 the American Association of Physician's Assistants. In June 1971, this name was
91 then changed to the American Academy of Physicians Associates, and in February
92
93
94

95 1972, the American Academy of Physician’s Assistants was incorporated. The
96 apostrophe was eventually dropped leaving the organization with the current title
97 that the AAPA holds today.

98
99 In the 1970’s, Yale’s PA Program was incorporated using the title “physician
100 associate” and currently they still hold the name “Yale Physician Associate
101 Program.” Some programs in the physician assistant community are going back to
102 their roots and it can be seen how this has played out through the history, moving
103 back to the physician associate title is not new, but where the ramifications come in
104 2021 is understandable.

105
106 In response to Dr. Hawkins’ question as to whether there would be any fiscal
107 implications related to the change of the title, Ms. Earley responded that she would
108 anticipate that the name change would come with ease, however she would be
109 remiss if she did not expect that there would be some monetary costs. This would be
110 attributed to changing logos and such. Ms. Khan stated that the Board would need to
111 do a fiscal analysis on what the cost might be and what changes would need to be
112 implemented.

113
114 b. Executive Officer’s Report

115
116 **Pandemic Response**

117
118 Ms. Khan reported that the Board’s office remains operational and open to the public
119 during the COVID-19 pandemic. Board staff continues to be on a rotational telework
120 schedule while ensuring operational needs are met.

121
122 **Personnel**

123
124 Ms. Khan reported that since the Board last met, staff has successfully filled some
125 critical positions. Effective June 16, 2021, Kristy Voong, the Board’s probation
126 monitor filled the staff services manager I position. Ms. Voong received her
127 bachelor’s degree in Social Work from California State University, Sacramento. Ms.
128 Voong previously worked at a non-profit organization, providing case management
129 services to dually diagnosed adults with mental illness and developmental
130 disabilities. Ms. Voong was later promoted to a team leader position within this
131 organization, to oversee and monitor a new program, where she provided program
132 development and direct supervision to staff. Ms. Voong joined state service in 2014,
133 and has served as an enforcement analyst for the Medical Board, Physician
134 Assistant Board (PAB) and the Podiatric Medical Board. She was later promoted to a
135 probation analyst with the Medical Board. Ms. Voong joined the PAB in September
136 2019 as the probation monitor. Ms. Voong will oversee the licensing and
137 enforcement programs, as well as provide general managerial support to all PAB
138 activities. Ms. Khan asks the Board to join her in congratulating Ms. Voong on her
139 promotion and welcoming her into her new role.

140
141 Recruitment efforts are underway to fill the vacant probation monitor position behind
142 Ms. Voong. Board staff anticipates filling the position soon. During this time, Ms.
143 Voong has graciously continued to work in this position. Once the position is filled
144 the Board will be fully staffed.

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Information Technology

Board staff continues to review and redesign the Board’s website to upgrade to the latest template. The new design and layout of the website will streamline the information presented and make it more user friendly. Board staff anticipates the website redesign to be completed by the end of the year. Along with Facebook and Twitter, Board staff is also utilizing a subscriber alert system and its website to serve as the primary communication tools to maximize outreach and communication.

c. Board Activity Reports

Licensing

Ms. Caldwell reported that the Licensing Population by Type report provides an overall view of the licensing population and different statuses. As of July 15, 2021, Board’s licensing population is as follows:

Licensing Population by Type

Total Licensing Population: 21,495
Current Licenses: 14,835
Inactive Licenses: 29
Temporary Family Support: 1

In response to Mr. Armenta’s question of what does “Temporary Family Support” mean, Ms. Caldwell responded that there has been a hold placed on that licensee, giving the individual a six-month allowance of time on their license so they can comply with terms and conditions for any alimony or child support that they may be in arrears.

Summary of Licensing Activity Report for April 1, 2021 to June 30, 2021:

Initial Applications received – 406
Licenses issued – 324
Licenses renewed – 1,670

Pending Application Workload Report as of July 15, 2021:

- Pending Applications – 282
- Desk Age:
 - 0-30 days: 175
 - 31-60 days: 36
 - 61-90 days: 11
 - 91 plus days: 60

Ms. Caldwell reported that the Pending Application Workload report provides the Board a glimpse of the overall desk age of the applications that the Board has on file now. The majority of the applications on file have been assigned within the 30-day range, however there are some applications that do fall outside of the 30-day range. The 30-day range refers to how long the application has been in the system, not when the application will be reviewed. Currently, staff is reviewing applications that have been received on or around July 12, 2021, placing the Board within the one-

199 month review margin. This means that an applicant should expect to hear from the
200 Board within three to four weeks. The average desk age and application age will
201 differ slightly, due to when the application is assigned to a staff member, making it
202 slightly higher than the desk age.

203
204 Licensing Performance Measures for April 1, 2021 to June 30, 2021:

- 205
- 206 • Complete Applications: 54
- 207 • Incomplete Applications: 270
- 208

209 Ms. Caldwell reported that the target of 20-days was set back in 2013, during this
210 time applicants were being licensed within two weeks to thirty days. There were
211 fewer schools across the nation as well as in California, and currently the workload
212 has increased. The Board is currently working toward increasing the target time to
213 align more realistically with what the Board is seeing now with a 30-day target.

214
215 In response to Mr. Armenta's question of will the change or modification in the target
216 date, other than internal performance measurements, have any downstream effects
217 fiscally, or from a regulatory standpoint, Ms. Caldwell responded no.

218
219 Ms. Caldwell reported that when an application is received and assigned to a staff
220 member, it may take a couple of weeks to review. During the review process, staff
221 verifies that all required documents are submitted. Deficiencies are noted, if required
222 document are not submitted. Staff will then set an application milestone marker
223 within the applicant's account. The milestone marker is an indicator that the
224 applicant must fulfill the deficiencies before the application is complete. For example,
225 if an applicant applies, but has not graduated from their program and has not passed
226 the Physician Assistant National Certifying Examination (PANCE), the Board will
227 note those two deficiencies and inform the applicant by letter. This is not tracked
228 within the Board's reports. Therefore, the 30-day target date is to complete the initial
229 review within a 30-day period and report any deficiencies found. There is an end
230 date for the internal milestone marker, the applicant graduated from the program,
231 takes the PANCE, and the Board obtains the score from the National Commission
232 on Certification of Physician Assistants (NCCPA). If that is the last requirement that
233 is needed to complete the application, the date that the Board received the score
234 would be the end milestone marker. Ms. Caldwell stated that she is working with
235 staff to get another report that will depict how much responsibility and the length of
236 time is sitting on the Board's shoulders to perform reviews. From the time the Board
237 receives an application, to the time an applicant gets an update is within that 30-day
238 range.

239
240 **Complaint**

241
242 Mr. Melendez reported the following complaint activity for the period of April 1, 2021,
243 to June 30, 2021:

- 244
- 245 • Complaints – Volume
- 246 ○ Complaints received – 128
- 247 ○ Convictions/Arrests Received - 0
- 248 ○ Assigned to desk analyst (**may include cases received in previous
- 249 quarters) – 134
- 250 ○ Pending at intake – 0

- 251 • Complaints and Investigations
- 252 ○ Complaints referred for investigation – 22
- 253 ○ Complaints and investigations closed** – 59
- 254 ○ Complaints pending at desk analyst** – 142
- 255 ○ Investigations pending at field** – 86
- 256 ○ Average age of pending investigations** – 272
- 257 ○ Investigation over 8 months old – 37
- 258

259 Mr. Melendez reported that at the last Board meeting there was a question of how
260 many complaints were received that involved telemedicine. At this time, the Board
261 does not have a BreZE code that will provide the Board with this information.
262 However, Mr. Melendez did take a manual count of how many complaints the Board
263 received that involved telemedicine and the count was two cases. It was mentioned
264 in the complaint that the initial appointment was done via video conference.

265
266 In response to Mr. Armenta’s question regarding investigations aging, Mr. Melendez
267 responded that because this information would come from the field, he would not be
268 able to give an answer as to what is attributing to these changes. Field staff are
269 working closely with the Board, and if they need information from the Board, it is
270 provided. The field staff are resolving cases much more quickly.

271
272 Mr. Armenta responded that it would be great if Mr. Melendez could work to
273 understand the factors contributing to these positive improvements so that the Board
274 can continue to see these trends.

275 **Discipline**

276
277
278 Ms. Haydon reported the following formal actions filed, withdrawn, and dismissed for
279 the period of April 1, 2021 to June 30, 2021:

- 280
- 281 • Suspensions
- 282 ○ Cease practice order – 0
- 283 ○ Interim suspension order – 2
- 284 • Office of the Attorney General Transmittal
- 285 ○ Cases initiated – 15
- 286 ○ Cases pending – 39
- 287 ○ Average age of pending cases – 294 Days
- 288 • Formal Actions Filed/Withdrawn/Dismissed
- 289 ○ Accusations filed – 8
- 290 ○ Accusation and/or Petition to Revoke Probation Filed – 0
- 291 • Administrative Outcomes/Final Order
- 292 ○ License application denied – 0
- 293 ○ Probation – 0
- 294 ○ Public reproof – 0
- 295 ○ License revocation - 0
- 296 ○ Surrender – 1
- 297 • Citation and Fine
- 298 ○ Citations issued – 4
- 299 ○ Citation resolved – 1
- 300 ○ Pending – 3
- 301 ○ Fines issues - \$0

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- Fines received - \$0

Mr. Armenta stated that he would like Ms. Haydon to please highlight the factors that are causing this improvement so that the Board can keep that in mind in the future moving forward.

Mr. Grant stated that he noticed there were two or three Penal Code Section 23 (PC 23) suspensions reported on Ms. Haydon's previous report for the last quarter and that there were no complaints reported regarding arrests or convictions. It is his understanding that PC 23 suspensions are issued during a criminal proceeding. Ms. Haydon responded that she believes the two suspensions on the report were Interim Suspension Orders (ISO) and not PC 23 suspensions. She stated that the report gaps the two suspension types together on the reports and that she would look further into the details of the report and get back to Mr. Grant.

In response to Mr. Grant's question of whether there is a situation where an ISO or PC 23 might be filed where someone has not been arrested, Ms. Haydon responded that PC 23 are filed only when an individual has been arrested.

Probation

Ms. Voong reported the following from page 69 of the Board meeting materials.

Probation Activity Report from April 1, 2021 to June 30, 2021:

- Entered Probation – 1
- Completed Probation – 3
- Voluntary Surrender – 1
- Total Probationers – 61
 - Active – 47
 - Tolling – 14

Ms. Voong reported that previously Mr. Grant had inquired regarding a noticeable increase in submission of late reports by the probationer or their supervising physician, however, typically the probationer will provide an update with an explanation of why the report is late and the Board grants the probationer an extension.

In response to Mr. Grant's question of does Ms. Voong believe that delay that the Board is receiving has a correlation to COVID-19, Ms. Voong responded that she does believe that there is a correlation with the pandemic because many probationers have stated that they are behind at the clinic due to there being less staff on duty, and that their supervising physician has more duties and is not available to assist them.

Diversion

Ms. Voong reported the following from page 71 of the Board meeting materials.

Diversion Program Activity from April 1, 2021 to June 30, 2021:

- 353 • Total Active Participants – 3
- 354 • Entered Program – 0

355
356 No public comment.

357 **6. Department of Consumer Affairs (DCA) – Director’s Update**

358 Brianna Miller, of the DCA Office of Board and Bureau Relations, thanked the Board
359 for allowing her the opportunity to provide a department update. Ms. Miller stated
360 that one of the top priorities of Board and Bureau Relations is appointments, and
361 currently the Board has three vacancies; two public positions, and a licensee
362 position. DCA and all the appointing authorities share the goal of a fully seated,
363 diverse, and effective Board. Filling current and upcoming vacancies is a priority and
364 if any members know of any great candidates or if any members of the public are
365 interested in serving, please find the link titled “Board Member Resources” on the
366 homepage of the DCA website, www.dca.ca.gov, to apply for an appointment.
367

368
369
370 On July 26, the Governor announced enhanced safety measures for employees in
371 health care settings. To combat the spread of COVID-19 and protect vulnerable
372 communities, California is implementing a standard to require state workers and
373 workers in health care settings, to either show proof of full vaccination, or be tested
374 at least once a week. Workers who do not show proof of vaccination will be
375 subjected to regular COVID-19 testing and will be required to wear appropriate PPE.
376 Questions from licensees about the health care worker requirements can be directed
377 to the California Department of Public Health (CDPH). Requirements for state
378 workers are being implemented by DCA and DCA appreciated the assistance of
379 staff. The Office of Board and Bureau Relations will be in touch with additional
380 information as it is received on this effort. Statewide guidance for the use of face
381 coverings from the CDPH remains in place, unless a local health jurisdiction issues a
382 stricter public health ordinance tailored for the situation in their communities.
383 Recently there was several counties including Los Angeles and Sacramento
384 counties that have issued health orders that required face masks to be worn by both
385 vaccinated and unvaccinated individuals while indoors. Ms. Miller encouraged all
386 members of the public to visit DCA’s COVID-19 webpage for updates and resources
387 on the state’s reopening plan, public health guidance, vaccinator resources, vaccine
388 distribution, and more.

389
390 Remote meetings will continue and DCA is receiving many questions regarding
391 when and how boards will be able to meet again in person and whether they can
392 continue to meet remotely. The ability for the Board to meet remotely is tied to the
393 Governor’s executive order and the state of emergency. The executive order
394 allowing remote meetings is set to expire on September 30, 2021, after which time
395 boards will be required to follow all aspects of the Open Meetings Act, including
396 having publicly noticed and accessible locations, unless a change in law occurs. It
397 has been recognized that there is a great cost saving aspect to having remote
398 meetings and increased public participation has been associated with remote
399 meetings as well. DCA will do all it can to assist the boards and bureaus to transition
400 safely and with enough time to plan for in-person meetings and keep all boards
401 informed of any changes to meeting requirements.
402 Boards and Bureaus are looking ahead to see what changes can be made
403 permanent for efficiency and employee wellbeing, including telework and eliminating
404 paper processes.

405
406 Ms. Miller advised that 2021 is a mandatory Sexual Harassment Prevention Training
407 year and all employees and Board members are required to complete the training.
408 This training can be accessed in the Learning Management System (LMS), DCA's
409 training portal. Profiles have been created for all employees within LMS, and the
410 Office of Board and Bureau Relations has informed the executive officer of the steps
411 that will need to be taken to log in and access the training. Board and Bureau
412 Relations is also happy to assist with any questions or concerns about transitioning
413 to LMS. Ultimately, LMS will house employee training records and can be used to
414 sign up for other mandatory trainings. LMS now includes the ability to register for the
415 Board Member Orientation Training (BMOT). As a reminder, newly appointed and
416 reappointed Board members are required to attend BMOT within a year of
417 appointment or reappointment. The next offering of this training will be held on
418 October 13, 2021, via WebEx. Ms. Miller stated that the Office of Board and Bureau
419 Relations is here to help and if assistance is required, to please reach out.

420
421 In response to Mr. Armenta's question of does this mean that the November Board
422 meeting will be held in person, Ms. Miller responded that information is fluid at the
423 moment and Board and Bureau Relations will continue to keep everyone apprised
424 as information is released. At the moment, the executive order ends on September
425 30, but this is subject to change.

426
427 No public comment.

428 429 **7. Budget Update (DCA Budget Analyst)**

430
431 Suzanne Balkis, DCA Budget Analyst, introduced herself as the Board's budget
432 analyst in charge of managing the Board's projected budget, projected revenue, and
433 fund condition. Ms. Balkis explained that she would go over the expenditures,
434 revenues, and fund condition in relation to what the Board has had over the last
435 quarter.

436 437 **Fund Condition Report**

438
439 The fund condition statement uses Fiscal Month 11 (FM 11) projections for the fiscal
440 year (FY) 2020-21. The Board projected the beginning balance of about \$4.8 or 4.9
441 million and that the Board has projected revenue of about \$2.3 million coming in.
442 The Board is tracking an overall projected FM 11 expenditure of \$2.5 million, with
443 that expenditure and revenue, the Board has a fund balance of \$4.8 million giving
444 the Board 18.4 months in reserve. This means if the Board were to have no new
445 income coming in, the Board would still be able to cover 18.4 months of expenses
446 and have no immediate concerns for the fund.

447 448 **Expenditure Projection Report**

449
450 The Expenditure Projection Report shows the expenditures as they were reflected
451 towards the budget. The report shows that the Board is projecting about \$741,000 in
452 personal services and \$1.8 million Operating Expenses & Equipment (OE&E)
453 expenses. The Board is showing a total of \$2.5 million of total expenditure, this
454 created a saving of \$376,000, adding up to 13% savings. Based on this projection
455 there is no concern for the fund and the Board is in a good place.

456

457 In response to Mr. Grant's question of what the recommended months of reserve is
458 and advise if the Board should look into fee increase in a few years, Renee Milano,
459 Budget Manager, responded that it is important to note that the fund condition
460 expenditures are projected as fully expended, as if the Board will fully utilize all of its
461 expenditure authority. There is usually a reversion amount, but those projections are
462 relatively high. It is recommended to have 12 to 13 months in reserve.

463
464 No public comment.

465 466 **8. Discussion and Possible Action on New Physician Assistant Board Logo**

467
468 Ms. Voong reported that during the last meeting on May 10, Public Information
469 Officer (IO) Michelle Cave, presented the Board with three logo options designed by
470 the Office of Publications Design and Editing team. All three logos incorporated a
471 stethoscope in its design. During discussion, Board members suggested
472 incorporating the Rod of Asclepius or the caduceus instead of a stethoscope to
473 accurately reflect the high level of decision-making that PAs perform. Also, as PAs
474 are closing related to the Medical Board, having the symbol of healing, and
475 recognizing that PAs work closely with physicians, that it would be good to have
476 imagery that represents that close relationship. The Board made a motion to direct
477 staff to direct the design logo team to propose new logos that incorporates the Rod
478 of Asclepius or the caduceus. Staff met with the design team and discussed the
479 suggestions made at the Board meeting. The design team conducted research on
480 both the Rod of Asclepius and the caduceus. Only the Rod of Asclepius was
481 historically accurate as a representation of medicine. The design team moved
482 forward with creating the new logos and incorporated the medical symbol. The new
483 logos were then brought forward for staff to vote. The top two logos were selected
484 and are now incorporated with the previous three logos for review and consideration.
485 Ms. Voong stated that there are currently four DCA entities using the Rod of
486 Asclepius or the caduceus in their logo.

487
488 The first option shows the Rod of Asclepius along with the initials for the Board, with
489 the Board's full name to the right. This is a simple and clean design, with a single
490 serpent circling the staff. As many health care entities use the Rod of Asclepius as it
491 represents medicine, the viewer will recognize this logo as a health care entity.

492
493 The second option also shows the Rod of Asclepius but with an oval background,
494 along with the initials for the Board, and the Board's full name below. The
495 background incorporated in this design gives the logo a more substantial look.
496 Again, the viewer may recognize this logo as a health care entity.

497
498 The third option, shows a stethoscope in the shape of a heart along with the initials
499 for the Board and the Board's full name below. It is apparent that this logo is
500 pertaining to health care providers using the heart and the stethoscope. If an
501 individual who was not related to DCA or the Board was looking at it, they might
502 question what the logo is pertaining to.

503 The fourth option is also apparent that it is pertaining to health care and is
504 specifically on the individual being the giver of the health care. The logo shows a
505 heart, but this time with a head making it out to be a person with a stethoscope. The
506 logo is gender neutral. If the words "Physician Assistant Board" were removed from
507 the bottom and the viewer just had the image and the acronym PAB, the viewer
508 could come to the conclusion that this has something to do with an individual

509 providing health care.

510
511 The fifth option is more abstract because there is no person and the sense is that it
512 is an entity, not an individual. In this logo, there is a stethoscope circling the cross.
513 The cross is used because it is a typical image that is often used in health care. If
514 the viewer were to only see the cross with the acronym, it might be hard to decipher
515 whether the logo is for the Board or the name of a hospital, clinic, or urgent care
516 facility.

517
518 Mr. Armenta stated that he would like the Board to be able to resolve this today, and
519 that he is hopeful that the members can come to a decision on a design that
520 everyone can agree on. Mr. Armenta stated that he liked logos one and five.

521
522 Ms. Earley stated that when looking at the historical information about the Rod of
523 Asclepius, she liked the first logo and it also seems to be consistent with historical
524 physician assistant records.

525
526 Mr. Grant stated that he liked option one.

527
528 Dr. Hawkins stated that he was partial to options one and four. Dr. Hawkins felt that
529 the new look shows humanity and compassion, the stethoscope around the person's
530 neck looks appropriate, however, he could go with option one as well.

531
532 Mr. Inzunza stated that he is partial to one and four, one being his first choice.

533
534 Ms. Voong stated that before the Board members make a motion, they needed to
535 choose a color option.

536
537 Mr. Armenta asked the Board members to state if they like color options A or B.

538
539 Ms. Earley stated that she liked color option A.

540
541 Mr. Grant stated that he liked color option A.

542
543 M/ Juan Armenta S/ Jed Grant to:

544
545 Motion to adopt logo option One A.

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

547
548 No public comment.

549
550 **9. Report on Medical Board of California Activities**

552 Dr. Hawkins reported that the MBC last met virtually on May 13-14, 2021. Dr.
553 Hawkins stated that during this meeting, he was elected vice president of the MBC.
554 Four governor appointed members of the MBC had senate confirmation hearings on
555 May 5, and were subsequently approved by the legislature, and Dr. Hawkins was
556 among those confirmed by re-appointment to the MBC. On June 24, MBC held a
557 special meeting focusing on the post-graduate training license. On July 29, MBC
558 held a special public stakeholder meeting. The next MBC quarterly meeting will be
559 held on August 18-19, and the agenda is available on the Board's website. Dr.
560 Hawkins drew particular attention to a presentation on August 19, regarding
561 substance-abusing healing arts licensees, and although it is directed towards
562 physicians, it is instructive for all medical practitioners.

563
564 Mr. Armenta, Ms. Earley and Mr. Alexander congratulated Dr. Hawkins on his
565 reappointment and becoming vice president of the MBC.

566
567 No public comment.

568
569 **10. Discussion and Possible Action to Initiate Rulemaking to Amend Title 16,**
570 **California Code of Regulations (16 CCR) section 1399.515 – Return From**
571 **Retired Status to include Fingerprint Requirement**

572
573 Ms. Halbo informed the Board that there was a change in the law in 2018, that the
574 Board is required to notify the Department of Justice (DOJ) when a licensee can no
575 longer renew their license. The DOJ then stops reporting subsequent state or federal
576 arrests or dispositions. The DOJ is trying to reduce the amount of information that
577 they must send out for individuals who are not active licensees and who do not plan
578 on being active in the future. However, Ms. Khan brought up the issue that if the
579 Board has an individual who wants to come back from retired license status, the
580 Board does not have information on them. Due to this, the Board needs to include in
581 the application to return to active practice, a requirement that they provide
582 fingerprints. The memorandum shows the language that would be added to the
583 regulation, so that licensees are required to provide the Board with fingerprints when
584 they return from retired to active status. It may be that not many licensees will do
585 this, but it is important to have this in place so that if a licensee does choose to come
586 back, the Board will receive a report, as to any of the criminal activities that the
587 Board would need to know about before allowing an individual to renew their license.

588
589 Mr. Grant, Mr. Armenta and Ms. Earley stated that they agree with this being
590 important and thank PAB staff for working hard to keep consumers safe by spotting
591 these loopholes in the system.

592
593 M/ Jed Grant S/ Sonya Earley to:

594
595 Motion to approve the regulatory text that is in the materials and to direct the staff to
596 submit to the Director of the DCA and Business Consumer Services and Housing
597 Agency (Agency) for review and if no adverse comments are received, authorize the
598 Executive Officer to take all steps necessary to initiate the rulemaking process, and
599 make non-substantive changes to the package and if no comments are received
600 within the 45-day comment period and no hearing is requested, authorizing the
601 Executive Officer to take all steps necessary to complete the rulemaking and adopt
602 the proposed regulations at section 1399.515 as noticed.

603

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.

11. Consideration of and Possible Action on Comments Received on April 12, 2021 from Professional Boundaries Inc. (PBI) Education re: Proposal to Amend 16 CCR section 1399.616 – Implicit Bias Continuing Medical Education (CME)

Ms. Halbo reported that there was an email received during the public comment period from Catherine Caldicott, where she asks if this regulation restricts the number of courses available. What she is asking, is for the Board to define in greater detail the meaning of “direct patient care component” as used in the proposed amendments, an item that is straight out of the statutory language. Putting definitions into regulations can be challenging, and Ms. Halbo does not recommend that the Board try to define beyond what the legislature has provided. Ms. Halbo stated that she does not believe that Ms. Caldicott’s misunderstanding or concern, gives the Board reason to change the rulemaking. The rulemaking is straightforward, the Board discussion and the suggested response is what the Board would put in the Final Statement of Reasons, the language comes directly from the statute. The Continuing Medical Education (CME) courses that are required by the statute involve direct patient care, and as all PAs know, there is a lot of work that is not direct patient care, including taking care of records and more. The courses must use a reasonable interpretation of what the simple language is. The recommendation from legal was, for the Board to adopt the response in the memo as the reason for why the Board has chosen not to make a change, in that the language is clear, it comes from the statute, the Board believes the majority of individuals can read and understand it, and that the board should move forward with the rulemaking.

Mr. Armenta commented that he agrees with Ms. Halbo, that where statues and regulations are already enacted, generally it can be a slippery slope to re-engineer, from a statutory interpretation standpoint. Those definitions are what the legislature intended; this can be beyond any board’s purview once these things are already in place, making this a dangerous road to go down.

M/ Juan Armenta S/ Sonya Earley to:

Motion to reject the public comment received during the 45-day comment period and adopt the response provided above for inclusion in the Final Statement of Reasons. The Board is also asked to direct staff to take all steps necessary to complete the rulemaking process including filing of the final rulemaking package with the Office of Administrative Law (OAL) and authorize the Executive Officer to make any technical or non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed amendments to 16 CCR 1399.616 as

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noticed.

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

650

No public comment.

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12. Regulations – Update and Possible Action on Pending Regulatory Packages

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656

Ms. Halbo informed the Board that the Substantial Relationship Criteria (AB 2138) was approved by the OAL and became effective January 29, 2021. This is left on the materials because it is being tracked by the Director’s Office for the regulation unit.

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Mr. Grant stated that when looking at the documents that were submitted, from the time that the regulatory text that was approved, to the time that it was effective, it looks to be exactly two years. Ms. Halbo responded that it is a slow process, but some of this time goes into making sure that there is time for thoughtful review, and that the public has opportunity to give input. The fact that the Board’s regulations involve public input is what differentiates democracy from other governments where they just make rules and you don’t know why or how and give your input.

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a. Status of 16 CCR sections 1399.523.5 – Required Actions Against Register Sex Offenders. Public comment period began 4.2.21 and closed 5.18.21

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Ms. Halbo reported that Board had a 45-day comment period, Ms. Dhillon is now working on getting the final documents to legal and then it will go through the Director and Agency and it will be submitted to OAL. This one will be completed by the end of 2021.

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

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Ms. Halbo stated that this is currently in the process of being reviewed by Legal and once reviewed, it will move into the Director’s Office and then to Agency.

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c. 16 CCR Section 1399.616 – Approved Continuing Medical Education Programs – Implicit Bias. Public comment period began 4.9.21 and closed 5.25.21

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685

This has been through the public comment process and Ms. Dhillon is gathering the documents together to submit to Legal, to the Director, and then to Agency. Lastly the documents are filed with OAL.

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d. Status of Adopting SB 697 statutory changes. Staff is working to prepare

690

691 documents for initial submission to Legal, Executive, and Agency review. The text
692 language has been split into two packages

- 694 i. Amend 16 CCR sections 1399.502, 1399.540, 1399.541, and 1399.545 – SB
695 697 Implementation (5.14.2021 Medical Board approved proposed text)
- 696 ii. Amend 16 CCR sections 1399.506, 1399.507, 1399.511, 1399.546 –
697 Expedited Licensure (No Medical Board review was required)

698
699 This was split into two packages due to one needing to be reviewed by the MBC and
700 the second that was not about PA practice but about changing applications, updating
701 exams, and having these provisions reflect the SB 697 changes. Currently, the
702 larger package with more substantive issues, has staff in dialogue with the major
703 stakeholder, CAPA. There will be a future meeting with CAPA, to take some input,
704 as they have expressed more concerns about the language despite the approval of
705 the MBC. CAPA's input and citations have been very useful and gave the Board an
706 opportunity to consider whether to make these changes prior to the formal
707 rulemaking process.

708
709 In the package regarding the exam applications, the Board needs to have staff get
710 the initial notice documents together. However, this is a lower priority than finishing
711 the two packages that are ready to go final.

712
713 In the package regarding uniform standards, staff are currently working on getting
714 the language together.

715
716 In the package regarding retired status to include the fingerprint requirement, this
717 has now passed the voting process and is being prepped for public comment.

718
719 In response to Mr. Grant's question, after the MBC has already approved proposed
720 language to implement SB 697, if the Board changes the language would this then
721 need to go back to the MBC and secondly, would these be closed discussions with
722 just board leadership, or would this be discussed in an open board meeting, Ms.
723 Halbo responded that she believes that if the Board voted to make these changes,
724 the package would then go back to the MBC for approval. However, the initial
725 meetings would be just with board leadership to hear what CAPA has to say and
726 understand their reasoning.

727
728 Mr. Armenta commented that there has been discussion with the president of CAPA,
729 to have future meetings with stakeholders and board leadership, to gain their
730 continuing input, this has not been scheduled but it has been anticipated to occur in
731 the distant future.

732
733 No public comment.

734
735 **13. Education/Workforce Development Advisory Committee: Update on**
736 **Physician Assistant Education Programs and Applicants in California.**

737
738 Mr. Grant reported that in terms of change from the previous Board meeting there
739 has not been a significant change within California. The accreditation group only
740 meets a couple of times a year. The document within the meeting materials
741 represents the most up-to-date accreditation decisions that have been made. There
742 are 273 PA programs across the country, and there are seventeen accredited

743 programs in California with four programs in development. The developing programs
744 are at various states along the pathway to becoming accredited, admitting students,
745 and having continuing accreditation. Developing programs have met with the
746 accrediting body and stated their intent to take students. Some of these schools
747 may be working on accepting their first class. Once that first class matriculates or
748 just before they matriculate the accrediting body will grant them provisional
749 accreditation. This means that they place students into seats and they're teaching
750 within the first 5 years of their program, so they may have had three of four classes
751 graduate and they still have provisional accreditation.

752
753 Some programs can have continued accreditation, this can be awarded for up to 10
754 years although the programs submit an annual report to their accrediting body. The
755 accreditation visits can vary, anywhere from one or two years, all the way out to ten
756 years between visits depending on the programs demonstrated compliance, and
757 how their annual reports are going.

758
759 On the chart in the meeting material you will notice it is color coordinated. The colors
760 represent where the programs are located. In Southern California area, there are a
761 lot of programs there as it is densely populated. However, we have many people in
762 rural areas that are underserved just as we have many people in urban areas who
763 are underserved as well. The reason behind where the programs are located is
764 important, because, the first twelve to fourteen months are didactic. It is modeled
765 after medical school training, so the PAs would be in a classroom for the first twelve
766 to fourteen months and then the next twelve to fourteen months, depending on the
767 length on the program, the students are out on clinical rotations which are often near
768 the schools. Some of the schools have rotations that are all over the state or all over
769 the country. Many programs have rotations that are geographically within a few
770 hundred miles from the school. Some students on those rotations will be offered jobs
771 and they will remain in those areas so if we have PA training programs and schools
772 that have clinical rotations within California, particularly in areas that are
773 underserved or rural, where it is hard to place providers. If those providers are
774 offered jobs in those areas, the PA students that are about to graduate are offered
775 jobs in those areas they would be more likely to help meet the workforce needs for
776 health care in those areas. Therefore, having this discussion is important, and there
777 is an emphasis of the geographic locations depicted by the different colors on the
778 report, so the Board can see where some of our homegrown PAs return to practice.
779 Though this does not include out-of-state PAs that gain employment in California,
780 but it does give the Board an idea of where many of the PA graduates are finding
781 work.

782
783 The numbers listed on the chart represent the numbers of seats per class. Most
784 programs have two to three classes occurring at one time, there will be the first-year
785 students and second-year students. The average length of a program is twenty-
786 seven to twenty-eight months, and there will also be some third-year students
787 around. In some cases, the number of seats per class can be a challenge to find,
788 there was a website that had the seats per class listed. However, due to the
789 pandemic the website listing was removed, as inaccuracies were a concern. Mr.
790 Grant gave a special thanks to Ms. Gompers, who helped find many of these
791 numbers. Mr. Grant also stated that there were some numbers that they were both
792 unable to find in the developing programs and on the chart, there is a question mark
793 to show that this data is not found. The programs that have an asterisk next to it, this
794 means there is an anticipation that the class size is going to hold an average number

795 of students, this average being forty-six students.

796
797 The number of 884 PA graduates per year, is an accurate number right now of
798 currently accredited programs how many students are graduating every year, if they
799 don't have any attrition. By 2022, if many of these developing programs come online,
800 that will increase almost 200 to 1,019. This is important just to know every year there
801 is a thousand new providers, and if these providers stay in California, they are going
802 to need to be licensed and then we have people coming in from out-of-state as well.

803
804 Currently, the U.S. Bureau of Labor Statistics reports that there's an expected 31%
805 growth in the PA profession in the next ten years. So, the Board can expect that we
806 will continue to have growth in PA programs and growth in PA applicants for
807 licensure in California. Mr. Grant stated that he feels that the Board, as part of the
808 strategic plan, should increase the size of the Board's staff to make a reasonable
809 workload for staff, that he is pleased to see that these positive changes are coming
810 to fruition, and gave recognition to the Board staff for their hard work in years past.

811
812 There are a couple of programs on probation, which can be for any number of
813 reasons, and the accrediting body lists probation as not being in compliance with
814 accreditation requirements. There are hundreds of accreditation requirements, and
815 the typical accreditation packet is thousands of pages long. Due to this, programs
816 will often have various minor citations. Typically, if a program is on probation, there
817 is a significant concern about the program's ability to maintain the educational
818 standard that the accrediting body is requiring. Programs usually work very hard to
819 get off probation and there are two programs on probation now.

820
821 In response to Mr. Armenta's question of does Mr. Grant feel that the Board is
822 meeting capacity, and is there anything that the Board should be doing more of, or
823 does the data match up with the trend lines that are expected for the future, Mr.
824 Grant responded that it is important that the Board is not a barrier to licensure or PA
825 practice within the state. Therefore, it is important for the Board to continue to work
826 with a professional organization within California, as the Board needs to protect the
827 public, while also preventing from being a barrier to practice. Having these numbers
828 available and knowing the health care needs of California, it is important that the
829 Board appropriately staffs the Board and write regulations to make sure that the
830 people that are coming to practice in the state can get in and see patients and do so
831 safely. Dr. Alexander stated that the growth in PA programs is parallel to the growth
832 of the number of students interested in the PA profession. Being at the University of
833 California, Los Angeles (UCLA), Dr. Alexander has seen many pre-med students
834 reconsidering going into medicine from the physician side to looking at the PA
835 programs showing up within the state.

836
837 In response to Dr. Alexander's question if the list of PA program on the Board's
838 website, Ms. Khan responded, yes, it is located under the applicants tab.

839
840 No public comment.

841
842 **14. Report by the Legislative Committee; Discussion and Possible Action to**
843 **Consider Positions Regarding the following Legislation:**

844
845 Ms. Dhillon stated that she would be presenting the legislative update report:

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a. SB 48 – Limón: Medi-Cal: Annual Cognitive Health Assessment

The Board at the May 10, 2021 meeting chose to maintain its oppose unless amended position and directed staff to inform the Author’s office of this position, with a letter suggesting that the bill only apply to those physician assistant licensees who practice in a specialty where dementia would be a common finding, such as geriatric, internal medicine, or primary care. This letter was sent and on May 28, 2021, the bill was amended to incorporate the Board’s request that it apply to those physician assistant licensees who practice in a specialty where dementia would be a common finding. However, on June 21, 2021, the bill was further amended to delete any reference to the Physician Assistant Board and its continuing education requirements.

As amended, the bill expands the schedule of benefits to include an annual cognitive health assessment for Medi-Cal beneficiaries who are 65 years of age or older if they are otherwise ineligible for a similar assessment as part of an annual wellness visit under the Medicare Program. This bill was completely amended and does not refer to the Physician Assistant Board or its continuing educational requirements any longer.

In response to Mr. Grant’s question of if this bill no longer applies to the Physician Assistant Board, should the Board remove the opposed position from it, Mr. Maguire responded that this would be helpful to the author and that the Board should vote to have staff write a letter to the author informing them that the Board will be removing their opposed position to the bill.

M/ Juan Armenta S/ Sonya Earley to:

Withdraw the Board’s opposition position and change it to watch only and direct staff to issue that communique to the author’s office so that they are aware of the Boards change in position.

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

No public comment.

b. AB 29 – Cooper: State Bodies: Meetings

At its May 10, 2021 meeting, the Board chose to maintain its watch position.

There are three main provisions of this bill:

1. Require that notice to include all writings or materials provided for the noticed meeting to a member of the state body by the staff of a state agency, board,

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- 890 or commission, or another member of the state body that are in connection
891 with a matter subject to discussion or consideration at the meeting.
892 2. Require those writings or materials pertaining to the meeting be made
893 available on the state body's internet website, and to any person who
894 requests the writings or materials in writing, on the same day as the
895 dissemination of the writings and materials to members of the state body or at
896 least 72 hours in advance of the meeting, whichever is earlier.
897 3. Prohibit a state body from discussing those writing or materials, or from taking
898 action on an item to which those writings or materials pertain, at a meeting of
899 state body unless the state body has complied with these provisions.
900

901 The Board decided to leave the bill at a watch position.
902

903 c. AB 107 – Salas: Licensure: Veterans and Military Spouses
904

905 This bill is located in the Senate Committee on Military and Veterans Affairs.
906

907 This bill requires all boards under DCA to issue a temporary license to practice a
908 profession or vocation to an applicant after appropriate investigation, if they meet the
909 following requirements:

- 910 • They are married to or in a domestic partnership of legal union with an active
911 duty member of the U.S. Armed Forces who is assigned to active duty in this
912 state.
- 913 • They hold a current, active, and unrestricted license to practice the same
914 profession in another state or territory of the U.S.
- 915 • They submit an application to the Board, included a signed affidavit attesting
916 that they meet all the requirement for the temporary license. It must also
917 include written verification from their original licensing jurisdiction stating their
918 license is in good standing.
- 919 • They have not committed any act that would have constituted grounds for
920 denial, suspension, or revocation of the license under California law. They
921 also must not have been disciplined by another licensing entity or be the
922 subject of an unresolved complaint, review, or disciplinary proceeding by
923 another licensing entity.
- 924 • They must provide fingerprints upon request by a board.
- 925 • The Board shall request a fingerprint-based criminal history information check
926 from the Department of Justice in accordance with subdivision (u) of Section
927 11105 of the Penal Code and the Department of Justice shall furnish state or
928 federal criminal history information in accordance with subdivision (p) of
929 Section 11105 of the Penal Code.
- 930 • They must pass a California law and ethics examination if the Board requires
931 one.
932

933 This bill requires that a temporary license expires 12 months after issuance, upon
934 issuance of an expedited license, a standard license, or a license by endorsement,
935 whichever occurs first.
936

937 As written, this bill requires that to obtain a temporary license, the military spouse
938 must hold a current license in the same profession in another state, however it does
939 not require the following:

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- That the licensing requirements in the other state in which the person holds a license be substantially equivalent to the requirements in California.
 - That the clinical exam be passed.
 - That the applicant's degree be from an accredited or approved educational institution.
 - That the denial of a permanent license would invalidate a temporary license.

949 Each applicant's education and experience is examined by the Board licensing
950 evaluator during the review of the application. By passing this review could
951 jeopardize consumer protection.

952

953 Mr. Armenta stated that the Board took a watch position at the last meeting.

954

955 Mr. Grant stated that he has concerns with the written verification from "original
956 licensing state" and he does not see anywhere in this bill that covers if the applicant
957 has licenses in multiple states. The applicant may only submit one license that is in
958 good standing but withholds another license with history. Permanent changes of
959 station orders in the military, typically come out eight to ten months in advance,
960 giving the applicant enough time to be licensed under our current system, especially
961 since we already expedite them. This leaves opportunity for loopholes that the Board
962 will need to close if the bill passes. Mr. Grant suggested that the Board send a letter
963 to the author expressing these concerns and maybe take a support if amended
964 position as the language needs to be tightened to an extent that the Board can
965 ensure that applicants are meeting the same requirements that they would in
966 California, and that if they don't they would have to.

967

968 Mr. Armenta agreed with Mr. Grant's suggestion about sending a letter to the author
969 explaining the Board's concerns.

970

971 Board members had a discussion and came to the agreement to have staff write a
972 letter to the author gently raising awareness of the Board's concerns.

973

974 In response to Ms. Dhillon's question of whether the Board wish to keep the watch
975 position or go with the support if amended position, Mr. Armenta stated that he feels
976 that the Board should leave it at watch and see what kind of input the Board receives
977 from the letter that is sent out. The other Board members stated that they agree.

978

979 Mr. Grant stated to include the four bullet points that list what the bill requires in the
980 letter, letting the author know that this is what the Board is concerned about.

981

982 The Board continued the watch position and will issue a letter along with
983 specifications that Mr. Grant laid out.

984

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

986

987 At its May 10, 2021 meeting, the Board took a watch position.

988

989 This is a two-year bill located in the Assembly Committee on Business, Professions,
990 and Consumer Protection.

991 AB 646 would require a program under the DCA that post information on its website
992 about a revoked license due to a criminal conviction to post notification of an
993 expungement within 90 days of the board receiving an expungement order related to
994 the conviction for those who reapply for licensure or are relicensed. Additionally, the
995 bill would require boards, on receiving an expungement order, to remove the initial
996 posting on its website that the person's license was revoked and information
997 regarding arrests, charges, and convictions if the person is not currently licensed
998 and does not reapply for licensure. This bill applies to all expungement orders,
1000 regardless of the conviction. However, the bill applies to former licensees that did
1001 not have the option for probation. In addition, the former licensee may not practice in
1002 the field they were formally licensed.

1003
1004 As discussed at the last Board meeting, there was a question of whether this would
1005 apply to licenses that are under probation, Ms. Dhillon stated that she had been in
1006 contact with the author's staff and staff stated that it would not apply to licenses that
1007 are under probation status.

1008
1009 Mr. Grant stated that he does not see an issue with this bill if a licensee completed
1010 their probation and had their record expunged through the courts, there shouldn't be
1011 a reason for the Board to keep on record.

1012
1013 The Board decides to leave the bill at a watch position.

1014
1015 e. SB 731 – Durazo: Criminal Records: Relief

1016
1017 At its May 10, 2021 meeting, the Board chose to take an oppose unless amended
1018 position.

1019
1020 This bill would expand upon recent criminal justice reforms by implementing a system
1021 to prospectively and retroactively seal conviction and arrest records. On May 20,
1022 2021, a Board position letter was sent to the Author's office, opposing the bill unless it
1023 was amended to exclude healing arts boards within the Department of Consumer
1024 Affairs. The author's office responded by saying that they believe excluding the
1025 healing arts boards would undermine the intent of the bill within this sector of
1026 employment.

1027
1028 This bill would:

- 1029 • Expand automatic arrest record sealing to felony arrests, if the individual was
1030 neither charged not convicted either six years after the arrest, or otherwise
1031 three years after the arrest for less serious felonies.
 - 1032 • Expand automatic conviction record relief, for a defendant convicted, on or
1033 after January 1, 2005, to nonserious, nonsexual, and nonviolent felonies after
1034 an individual completes all terms of incarceration, probation, mandatory,
1035 supervision, post release supervision and parole, and a further period of four
1036 years without any new convictions.
 - 1037 • Allow individuals convicted of a felony to a petition the court for sealing relief
1038 after completing all terms of incarceration, probation, mandatory supervision,
1039 post release supervision and parole, and a further period of two years without
1040 any new convictions. These petitions are done on a case-by-case basis, with
1041 final decision-making authority retained by the courts.
- 1042

1043 The exclusion of records of arrests and convictions that were granted relief from
1044 state summary criminal history information above does not apply to records for
1045 which the recordholder is required to register as a sex offender, has an active record
1046 in the Supervised Released File, or if based on information available in the
1047 department's record, it appears the person is currently serving a sentence or if there
1048 is an indication of pending criminal charges. The exclusion of records also does not
1049 apply if the records are required to be disseminated by federal law.

1050
1051 Mr. Grant stated this bill would be bad for the Board and for the public, and it is
1052 dangerous. The Board is currently reviewing applications with convictions and
1053 determining whether the individual can be licensed. What this bill does, is take away
1054 the Board's right to decide on whether the individual should be licensed by removing
1055 the information.

1056
1057 The Board kept their oppose unless amended position.

1058
1059 f. SB 806 – Roth: Healing Arts

1060
1061 At its May 10, 2021 meeting, the Board chose to take a support position.

1062
1063 This bill located in the Assembly Committee on Business & Professions. This bill
1064 was amended on July 13, 2021 to be the Board's sunset bill. In addition to extending
1065 the sunset date for the PAB until January 1, 2026, this bill would make various
1066 statutory changes to reflect the independence of the PAB as a standalone board.
1067 The bill would remove a number of outdated references to the PAB having to consult
1068 with or receive prior approval from the MBC prior to taking certain actions.
1069 Additionally, this bill removes the requirement that the Board establish a passing
1070 score and time and place for each examination since the current examination is
1071 administered by the NCCPA, a private organization.

1072
1073 The Board kept their support position.

1074
1075 g. AB 562 – Low: Frontline COVID-19 Provider Mental Health Resiliency Act of
1076 2021: Health Care Providers: Mental Health Services

1077
1078 At its May 10, 2021 meeting, the Board chose to take a watch position.

1079
1080 This bill is located in the Senate Committee on Appropriations. This would establish
1081 the Frontline COVID-19 Provider Mental Health Resiliency Act of 2021, which would
1082 require DCA to establish a mental health resiliency program, until Jan 1, 2025, in
1083 consultation with relevant health arts boards. Under the program, the DCA would
1084 contract with one or more vendors of mental health services, as defined, for the
1085 duration of the program. The individual boards would be required to notify licensees
1086 and professionals of the program, establish application requirements – including that
1087 the applicant was a frontline COVID-19 worker, and require that all eligible licensees
1088 be granted access to the program. An applicant who knowingly makes a false
1089 statement on an application for the program is guilty of a misdemeanor.

1090
1091 The concerns that the Board had discussed at the last meeting, were in regard to the
1092 funding of this program. Ms. Dhillon was in contact with the author staff to gain
1093 information on this and she learned that the bill currently does not have a funding
1094 source and would therefore the costs of the program would be funded through the

1095 participating boards or DCA pro rata. The author notes that funding mechanism are
1096 currently being explored and is committed to ensuring license fee increase are not
1097 triggered. If there is no outside source of funding, or if the costs of the program are
1098 not absorbable, the author is willing to amend the bill to narrow the bill substantially
1099 or look for a different funding source down the road.

1100
1101 The Board kept their watch position.

1102
1103 h. SB 395 – Caballero: Excise tax: Electronic Cigarettes: Health Careers Opportunity
1104 Grant Program: Small and Rural Hospital Relief Program

1105
1106 This bill is located in the Assembly Committee on Appropriations. This bill
1107 establishes the Health Careers Opportunity Grant Program (HCOP) under the
1108 administration of the Health Professions Education Foundation (HPEF) for the
1109 purpose of improving access by underrepresented students from disadvantaged
1110 backgrounds to health profession programs offered by the state’s public
1111 postsecondary education intuitions. This bill requires HPEF, in providing grants to
1112 eligible entities, to prioritize applicants that reflect a comprehensive approach to
1113 establishing, enhancing, and expanding health educational programs that propose to
1114 increase the number of underrepresented students from disadvantaged
1115 backgrounds pursuing a health professions career.

1116
1117 According to Office of Statewide Health Planning and Development (OSHPD), HPEF
1118 was established in 1987 and is the state’s only nonprofit foundation statutorily
1119 created to encourage persons from underrepresented communities to become
1120 health professionals and increase access to health providers in medically
1121 underserved areas. Supported by grants, donations, licensing fees, and special
1122 funds, HPEF provides scholarship and loan repayment programs to students and
1123 graduates who agree to practice in California’s medically underserved communities.
1124 Housed in OSHPD, HPEF has given 17,771 awards totaling more than \$219 million
1125 to allied health, nursing, mental health and medical students and recent graduates
1126 practicing in all 58 counties of California.

1127
1128 This bill was introduced February 11, 2021 making it relatively new.
1129 In response to Mr. Armenta’s question of what the fiscal impact to the Board would
1130 be in terms of license fees and such, Ms. Dhillon responded that she does not have
1131 this information, but she will look into it.

1132 Dr. Hawkins stated that HPEF has an excellent mission and track record with funds
1133 being supported by licensing fees significant from the MBC. HPEF previously and
1134 currently housed under the OSHPD. The OSHPD has been elevated to a
1135 department with many other responsibilities and duties. The program will continue,
1136 and funding has not been an issue.

1137
1138 Dr. Alexander stated that this program is administered by the federal government
1139 and it has been around for a long time. The program has been instrumental in
1140 diversifying the health professions. What this bill does is it gives money for the state
1141 for educational entities to replicate what is being done at the federal level, and the
1142 federal program has dramatically cut back on funding these programs. This would be
1143 a great bill for the Board to support.

1144
1145 In response to Mr. Armenta’s question of what is your thoughts on the Board waiting
1146 on the financial analysis to issue support, Ms. Dhillon said that this bill is very new

1147 and that she can do the analysis and the Board can discuss the bill with her findings
1148 at the next meeting.

1149
1150 In response to Mr. Maguire’s question of the bill passed the first house and is now
1151 on the second, is this correct, Ms. Dhillon responded, yes.

1152
1153 Mr. Maguire stated this bill has been referred to Committee on Appropriations on
1154 July 15. On May 17 it was placed on Appropriation suspense file, and it has a set
1155 hearing on May 20. The bill passes out of Committee, read a second time, read a
1156 third time in Assembly, referred to on tax and health. Passed out of that Committee
1157 as amended and referred to Appropriation. From looking at how fast this bill is
1158 moving, if the Board has a strong opinion on it, it may not be the best course of
1159 action to wait.

1160
1161 Dr. Alexander stated that this bill may be moving rapidly because there was a
1162 commission that looked at the future of health care providers in the state, and it
1163 identified areas that the Board could fuel in order to help move the number of health
1164 care providers into these professions and pipeline programs seem to be one of the
1165 most effective way to do this.

1166
1167 M/ Charles Alexander S/ Sonya Earley to:

1168
1169 Support SB 395 and direct staff to take the appropriate steps to signal the Board’s
1170 support.

1171

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

1172 No public comment.

1173
1174 i. AB 1306 – Arambula: Health Professions Careers Opportunity Program

1175 This bill was introduced on February 19, 2021 and it has also progressed quickly.

1176 This bill is located in the Senate Committee on Appropriations. This bill permits
1177 OSHPD to undertake the following through the Health Professions Career
1178 Opportunity Program (HCOP):

1179 a) Fund 20 pilot programs to serve 4,800 students, with: five programs each at
1180 University of California (UC) campuses, California State University (CSU), and
1181 California Community College (CCC) campuses; and, up to five programs located at
1182 private universities;

1183 b) Secure ongoing funding and establish statewide infrastructure to develop,
1184 implement, and manage the pilot program; and,

1185 c) Fund internships and fellowships to enable more students to compete for
1186 admission to graduate health professions schools or employment in the field,
1187 including, but not limited to:

1188 i) Paid summer internships for college students in community health centers, public
1189 health departments, public behavioral health settings, and with providers serving
1190 older adults, as well as community-based initiatives that promote health equity;

1191 ii) One-year post undergraduate fellowships for in-depth, pre-graduate school
1192 experience in primary care and prevention behavioral health, and older adult health;
1193 and iii)
1194 Create 1000 postbaccalaureate reapplicant slot annually at existing US, CSU, and
1195 private California-based programs and the provision of student scholarship for
1196 reapplicant postbaccalaureate students to cover 100% of program tuition.
1197

1198 This bill requires priority to be given to campuses with large number of
1199 underrepresented people of color and low-income students, demonstrated
1200 commitment to diversity and associated institutional change, a track record of
1201 providing tailored student support, and strong health professions school
1202 partnerships.
1203

1204 This bill requires OSHPD to administer a competitive application process for
1205 interested institutions and five-year pilot program grant, provide technical assistance
1206 to applicants, serve as a repository for best practices, conduct pilot program
1207 evaluations, and advocate on behalf of pilot programs.
1208

1209 In response to Mr. Armenta's question of is it correct to assume that this bill is
1210 moving at the same pace as SB 395, Ms. Dhillon stated yes.
1211

1212 Dr. Hawkins stated that he is on HPEF and interacts with OSHPD on a regular basis.
1213 The idea of pipelines and diversity are great, and this must be a new program.
1214

1215 In response to Mr. Armenta's question of what is a re-applicant slot, Dr. Alexander
1216 responded that it is a post-baccalaureate programs for students who spend an
1217 additional year beyond the baccalaureate degree in a formal program, improving
1218 their academic profile for reapplication to medical school. Some students are denied
1219 when they apply to medical school, and so there are several schools around the
1220 country that will take students who have been denied and provide a year-long
1221 experience. Supporting their academic record, giving them experience and
1222 exposure, and then helping them reapply to medical school.
1223

1224 In response to Mr. Grant's question of would this cover PA programs as well, or is it
1225 only for medical schools, Dr. Alexander responded that these programs are for
1226 health professionals and this would include PAs as well.

1227 Mr. Grant stated that the school he works at currently receives about 4,000
1228 applicants per year for about 45 seats. There are a number of these post-
1229 baccalaureate pathway programs that prepare people for PA school and medical
1230 school. However, there is a concern that when looking at the curriculum, many of
1231 these programs are not well organized. A good question to ask the author of the bill
1232 would be is if there is going to be a unified curriculum, an accreditation, or a basic
1233 pilot to see how different programs work. Also how is this being funded.
1234

1235 Dr. Alexander stated that there are more formal post-baccalaureate and then there
1236 are informal postbaccalaureate. The informal post-baccalaureate programs have a
1237 set curriculum, for example, the UC has a consortium of, five schools that conduct
1238 postbaccalaureate and those five schools have a set curriculum, and a pathway to
1239 help students get into medical school. The dental school started something similar
1240 years ago as well, and they have a real set curriculum that prepares students for
1241 dental school. Most time the professional schools, work with these post-
1242 baccalaureate programs, to help line up a curriculum that will make their students

1243 competitive and prepared to move to the next level. Admittedly, there are some
1244 schools that claim to have post-baccalaureate programs but they are very
1245 unstructured and they have a curriculum but it's not a set or standard curriculum that
1246 students would take, and they work with a pre-health advisor, helping these students
1247 select courses that will help them reapply or apply these professional schools. That
1248 would be a concern, but there are programs that have been long established for
1249 years and will prepare and have set curriculums for students that are interested in
1250 these post-baccalaureate programs.

1251
1252 Mr. Grant expressed that this answers his questions and concerns.

1253
1254 Mr. Armenta requested a fiscal analysis from Ms. Dhillon.

1255
1256 M/ Charles Alexander S/ Sonya Earley to:

1257
1258 Support AB 1306 and direct staff to issue appropriate communications to the
1259 author's office.

1260

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

1261
1262 No public comment.

1263
1264 **15. Agenda Items for the Next Meeting**

1265
1266 No public comment.

1267
1268 **16. Adjournment**

1269
1270 Adjournment will immediately follow closed session and there will be no other items
1271 of business discussed.

1272
1273 Minutes do not reflect the order in which agenda items were presented at the Board
1274 meeting.

1275