

MEETING MINUTES

February 7, 2022

8:30 A.M. – 5:00 P.M.

Physician Assistant Board Meeting Was Held Via WebEx

1. Call to Order by Vice President

Vice President Earley called the meeting to order at 8:30 a.m.

2. Roll Call

Staff called the roll. A quorum was present.

Board Members Present: Charles Alexander, PhD
Jennifer Carlquist, PA-C
Sonya Earley, PA-C
Jed Grant, PA-C
Randy Hawkins, M.D.
Diego Inzunza, PA-C
Vasco Deon Kidd, PA-C

Staff Present: Rozana Khan, Executive Officer
Michael Kanotz, Attorney III
Karen Halbo, Regulatory Counsel, Attorney III
Kristy Voong, Assistant Executive Officer
Julie Caldwell, Lead Licensing Analyst
Armando Melendez, Complaint Analyst
Christina Haydon, Enforcement Analyst
Jasmine Dhillon, Legislative/Regulatory Analyst
Ariel Gompers, Administrative Analyst
Margarita Harrington, Licensing Analyst
Virginia Gerard, Probation Monitor

3. Consider Approval of November 8, 2021, Board Meeting Minutes

M/ Vasco Deon Kidd S/ Jed Grant to:

Approve the November 8, 2021, Meeting Minutes.

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

No public comment.

4. Public Comment on items not on the Agenda

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

No public comment.

5. President's Report

A. Department of Consumer Affairs (DCA) Approved Waivers Relating to the Practice of Physician Assistants

Ms. Earley reported that the DCA waivers relating to the practice of physician assistants have been extended to allow for a better pandemic response. The waivers were extended to April 1, 2022.

No public comment.

6. Executive Officer's Report

A. Pandemic Response

Ms. Khan reported that Board staff continue to be on a rotational telework schedule while ensuring operational needs are met. Staff are in the office at least three days per week, while maintaining the appropriate social distancing guidelines.

B. Information Technology

Ms. Khan reported that the California Department of Justice has awarded the contract for prescription data collection services for the Controlled Substances Utilization Review and Evaluation System (CURES) to a new vendor, Bamboo Health. This change becomes effective February 9, 2022. The Board has released information via subscriber alert system, advising licensees of the change. In addition, information is displayed on the Board's website, including a notice from the Department of Justice, released on January 18, 2022.

C. Electronic Newsletter

Board staff are currently working on developing an electronic newsletter to provide updates on regulatory matters and topics of interest. The electronic newsletter will be issued quarterly. Staff are anticipating that the first issue of the electronic newsletter will be disseminated sometime in April 2022. Special thanks to Jasmine Dhillon for leading this effort.

D. Information Technology

Board staff continues to work with DCA's Office of Public Affairs to develop an instructional video to assist applicants and licensees. This video will provide instructions on how to submit an initial application in an effort to reduce any confusion with the application process. Once the instructional video is produced and

96 finalized, it will be posted on the Board's website and shared on the Board's social
97 media accounts. The review and redesign of the Board's website to upgrade to the
98 latest template continues to move forward. The new design and layout of the website
99 will streamline the information presented and make it more user friendly.

100
101 Lastly, the Board continues to utilize the subscriber alert system, social media
102 accounts and website to maximize outreach and serve as the primary
103 communication tool for licensees and members of the public.

104
105 In response to Ms. Earley's question of what the timeline is for the
106 instructional video and the website update, Ms. Khan stated that she cannot give an
107 exact date for both the instructional video or the website but the Board is hoping to
108 have it completed by the end of this calendar year.

109
110 In response to Dr. Alexander's question of who the target audience for the electronic
111 newsletter is, Ms. Khan responded that the target audience would be the Board's
112 licensees and the public as well.

113
114 No public comment.

115 116 **7. Board Activity Reports**

117 118 A. Licensing

119
120 Ms. Caldwell reported that the Licensing Population by Type Report provides an
121 overall view of the licensing population and different statuses. As of January 13,
122 2022, the Board's licensing population is as follows:

123 124 Licensing Population by Type

125
126 Total Licensing Population: 22,302
127 Current Licenses: 15,376
128 Current Inactive: 33
129 Current Temporary Family Support: 2
130 Total: 15,411

131 132 Summary of Licensing Activity Report for October 1, 2021, to December 31, 2021:

133
134 Initial Applications received – 399
135 Licenses issued – 429
136 Licenses renewed – 1,645
137

138 In response to Ms. Earley's question of does the Board have any issues with license
139 renewals on BreEZe, Ms. Caldwell responded no, as it is rare that the Board
140 receives a call that a licensee is having an issue making a payment. Most staff find
141 that there is a learning curve for the user to learn how to use the system. To tackle
142 this issue, there is a support team that the licensee can be transferred to when
143 Board staff are unable to assist internally.

144 145 Pending Application Workload Report as of January 20, 2022:

146

Ms. Caldwell reported that the Pending Application Workload Report provides the Board with an idea of how many applications the Board has, as well as the desk age of the applications on hand. The application age begins when an applicant submits both an application and payment. The desk age begins when the application is assigned to an analyst. It can take a few days for an application to get assigned to an analyst depending on the schedule and workload, however most applications are being reviewed in less than 30 days. Currently, licensing staff are at a three-week mark for reviews. Applications can be pending for multiple reasons; for instance, the applicant may not have passed their Physician Assistant National Certifying Examination (PANCE), the applicant may be having issues receiving a verification from another state agency, or there may have been some delays on background checks. These applications are reviewed within the 30-day range and applicants are provided with an update on the status of their application.

Licensing Performance Measures for October 1, 2021, to December 31, 2021:

Ms. Caldwell reported that the Licensing Performance Measures Report gives the Board an overall idea of how long it takes to process an application. The report shows the target is 30 days to review and complete an application. If the application is reviewed and there are no deficiencies, it will be completed and a license will be issued the same day. If there are deficiencies noted, the applicant is provided a deficiency letter. This report shows that the Board is within the target range of 30 days.

B. Complaint

Ms. Khan reported the following complaint activity for the period of October 1, 2021, to December 31, 2021:

- Complaints: Volume
 - Complaints received: 86
 - Convictions/Arrests Received: 6
 - Total Received: 92
 - Assigned to desk analyst (**may include cases received in previous quarters): 92
 - Pending at intake: 0
- Complaints and Investigations
 - Complaints referred for investigation: 8
 - Complaints and investigations closed**: 105
 - Complaints pending at desk analyst**: 202
 - Investigations pending at field**: 73
 - Average age of pending investigation**: 210 days
 - Investigation over 8 months old: 29

In response to Mr. Grant's question of whether or not the numbers reflect the fiscal year dates from June until February, or is it reflecting the numbers from October, Ms. Khan responded that the numbers reported reflect the second quarter, from October 1 to December 31, however, the report also provides cumulative data from the beginning of the fiscal year— July 2021 through December 2021.

In response to Ms. Earley's question whether there are any known factors that are attributing to the increase of convictions and arrests, Mr. Melendez responded no,

there are cases that are open but there are delays within the court systems, leading to delays in receiving convictions.

In response to Mr. Grant's question regarding progress in hiring physician assistants (PAs) for the initial case review, Mr. Melendez responded that Board staff are looking into the process and that staff is setting up a meeting with legal counsel to advise the Board on the best way to move forward. Mr. Melendez stated that he is still in the process of choosing physicians for the program, but the goal is to eventually have PAs as well.

Mr. Grant stated the importance of having PAs involved in the initial case review to see whether there is merit to proceed.

Ms. Carlquist and Ms. Earley both stated that they agree with Mr. Grant's statement.

Mr. Melendez stated that he will work with legal counsel and update the Board at the next Board meeting.

C. Discipline

Ms. Haydon reported the following formal actions filed, withdrawn, and dismissed for the period of October 1, 2021, to December 31, 2021:

- Office of the Attorney General Transmittal
 - Cases initiated: 11
 - Cases pending: 35
 - Average age of pending cases: 203 days
- Formal Actions Filed/Withdrawn/Dismissed
 - Accusations filed: 1
- Administrative Outcomes/Final Order
 - License Application Denied: 1
 - Probation: 2
 - Public Reprimand: 1
 - Surrender: 1
 - Petition for Reinstatement Granted: 1
- Citation and Fine
 - Citations issued: 3
 - Citation resolved: 2
 - Pending: 2

In response to Mr. Grant's question of what it means when a citation is pending, Ms. Haydon responded that this means that the Board is waiting for the individual to comply with paying the fine or the order of abatement. This could require the licensee to take courses as well.

In response to Mr. Grant's question pertaining to if there is a time limit for the licensee to comply, Ms. Haydon responded yes, there is a period of 60 days.

D. Probation

Ms. Gerard reported the following from page 59 of the Board meeting materials.

251 Probation Activity Report from October 1, 2021, to December 31, 2021:

- 252
- 253 ● Total Probationers – 53
 - 254 ○ Active – 44
 - 255 ○ Tolling – 9
- 256

257 Ms. Gerard reported that she has been able to make some site visits.

258

259 In response to Mr. Grant's questions of whether staff weren't able to conduct site
260 visits because of COVID-19 and when those site visits were made, and if
261 compliance with the requirements of the probation were being met or if there have
262 been some problems due to COVID-19; Ms. Gerard responded that she is the first
263 full time probation monitor employed with the Board, and this could be the reason
264 why the Board is now starting field visits. Ms. Gerard also stated that she has not
265 taken note of any current issues regarding compliance due to COVID-19 restrictions.

266

267 E. Diversion

268

269 Ms. Gerard reported the following from page 61 of the Board meeting materials.

270

271 Diversion Program Activity from October 1, 2021, to December 31, 2021:

272

- 273 ● Entered Maximus – 1
 - 274 ● Completed Maximus – 2
 - 275 ● Total Active Participants – 3
- 276

277 No public comment.

278

279 **8. Department of Consumer Affairs – Director's Update (DCA Staff)**

280

281 Brianna Miller, of DCA Office of Board and Bureau Relations, thanked the Board for
282 allowing her the opportunity to provide a department update. Ms. Miller stated that
283 DCA appreciates all board members and staff who continue to serve through a
284 pandemic that has affected all of DCA in many ways. California and DCA have
285 continued to adhere to health and safety mandates to protect employees,
286 consumers and California's communities from the spread of COVID-19. Ms. Miller
287 stated that all members as State representatives are expected to adhere to the State
288 and local guidelines, while carrying out all duties. State employees must show proof
289 of vaccination or be subject to regular COVID-19 testing and face coverings are still
290 required in all indoor public settings, regardless of vaccination status. DCA's testing
291 program has expanded to additional sites; home testing for qualified employees and
292 voluntary testing for fully vaccinated employees are also available.

293

294 On January 5, 2022, Governor Newsom signed an executive order that extends the
295 sunset date of Assembly Bill 361, allowing boards and committees to meet remotely
296 without listing Board member locations, through March 31, 2022. DCA and its
297 boards and bureaus have recognized the benefits of remote meeting options,
298 including greater public participation, reduced cost from travel and the ability for
299 members and the public to participate when in-person meetings might be unsafe due
300 to COVID-19 circulation or exposure.

301

302 On January 31, 2022, Assembly member Quirk introduced new legislation,

Assembly Bill 1733 (AB 1733) which would permanently allow boards and committees to meet remotely while also providing both virtual and physical options for members of the public to participate. If this bill is passed by the Legislature and signed, it would take effect immediately.

DCA cannot be certain that AB 1733 will be enacted or when, and due to this, boards need to prepare for in-person meetings after March 31. Many boards may choose to hold one or more meetings in person to allow members to connect and to complete business, such as strategic planning that may be more effective face to face. Before attending any in-person board meetings, members must first verify full vaccination with the Office of Human Resources or participate in COVID-19 testing. The deadline to submit vaccination proof was January 31, but if any members have not yet done so, member participation will still assist DCA in planning for testing at future meetings. Ms. Miller also expressed her appreciation for the flexibility of Board members, staff, and the public, in navigating this changing pandemic together. Ms. Miller stated that she is optimistic about the future and looks forward to seeing all staff in person one day.

Whether meeting remote or in-person, DCA wants to help keep all boards fully seated with excellent members and diverse voices. Currently, the Board has two vacancies; public members appointed by the Governor and the Senate Rules Committee. DCA's communications team recently released a new communications toolkit to assist boards with member recruitment and it is available in multiple languages. Board members can also encourage individuals who are interested in appointments to visit the "Board Member Resources" center, which is accessible via the web page www.dca.ca.gov to apply for an appointment.

Ms. Miller stated that she would like to make a note on one of the Board's agenda items from today's meeting. The Board will be discussing agenda item 11, the discontinuation of the pocket card licenses. DCA believes that all boards should be looking at ways to eliminate costs and this is one way to do so. With technology changing and bringing about the changes in the way everyone does business, these efficiencies are now becoming a reality. There are several boards within DCA looking at electronic methods to verify and print licenses. For instance, the Medical Board of California (MBC) is eliminating its plastic hard cards in an effort to find cost savings as well as other boards looking to eliminate printing renewal licenses. DCA is here to help during these times and can work with staff to ensure a successful transition to save board funds.

As DCA looks to the future, Director Kimberly Kirchmeyer continues to lead the department toward continual improvement in excellent service. DCA is pleased to announce that Tonya Corcoran has been selected to serve as the Department's first Compliance and Equity Officer effective March 2, 2022. Ms. Corcoran brings invaluable expertise, insight, and years of hands-on experience with DCA's boards and bureaus to this position, having most recently served as Chief Deputy Registrar at the Contractors State License Board. As a special advisor, the Compliance and Equity Officer will provide leadership and policy direction related to quality improvement measures such as performance assessment, quality assurance, incident management, risk management, regulatory compliance and will help to improve DCA's organizational equity culture. This position will also oversee DCA's SOLID Training Services, the Organizational Improvement Office, the Equal Employment Opportunity Office and the Internal Audit Office. Bringing these offices

355 together under Ms. Corcoran's experienced leadership will be a tremendous benefit,
356 allowing DCA to better identify and analyze emerging issues department wide and
357 provide timely solutions to DCA's divisions, boards, and bureaus.

358
359 Lastly, a reminder about required Board member trainings and paperwork
360 requirements. Each year Board members are required by law to file a Form 700
361 before April 1, or face penalties from the Fair Political Practices Commission
362 (FPPC). DCA requests members to file as soon as possible. DCA's filing officer and
363 legal counsel are available for anyone who needs assistance. Board members who
364 are recently appointed or reappointed need to attend the Board member orientation
365 training within a year of that appointment date. Board members can register for the
366 orientation through the Learning Management System (LMS) which is DCA's training
367 portal. Live virtual training will be held March 9, June 15, and October 12, 2022. This
368 is a required training for newly appointed or reappointed members, but DCA also
369 encourages it for any member who seeks a refresher. Board and Bureau Relations
370 is more than happy to assist with any questions.

371
372 Ms. Earley thanked Ms. Miller for the helpful information and the reminders, stating
373 that the reminders are helpful to keep the Board members on task.

374
375 In response to Dr. Hawkin's question on what would be used instead if the Board
376 eliminated the plastic pocket cards, in terms of identifying a PA as a health care
377 provider; Ms. Miller responded that boards are using the DCA's website that has live
378 up-to-date information and some boards are exploring the option of using QR codes
379 as well.

380
381 No public comment.

382 383 **9. Budget Update (DCA Budget Analyst)**

384
385 Suzanne Balkis, DCA Budget Analyst, introduced herself as the Board's budget
386 analyst in charge of managing the Board's projected budget, projected revenue, and
387 fund condition. Ms. Balkis explained that she would go over the Board's fund
388 condition statement that currently includes Fiscal Month (FM 5) projections.

389 390 Fund Condition Report

391
392 This report shows the fund as a Board. The fund condition statement is based on
393 fiscal year (FY) 2020-21 actuals with a beginning balance of \$4.8 million, with prior
394 year (PY) adjustment of about \$70,000, giving the Board an adjusted beginning
395 balance of \$4.8 million. The Board has an overall revenue of \$2.3 million and a total
396 expenditure of \$2.3 million as well, which totals to a fund balance of \$4.7 million,
397 which is about 18 months in reserve. For the Board's current FY 2021-22, from FM 5
398 projections, the Board has a beginning balance of \$4.7 million and a projected total
399 revenue of about \$2.8 million, with staff tracking an overall projection for FM
400 expenditures of about \$3 million. With those expenditures and revenue, the Board
401 currently has a fund balance of about \$4.5 million, which gives the Board about 16.9
402 months in reserve. The Board's budget in FY 2022-23 is based on the Governor's
403 budget while FY 2023-24 is based on realized gains. The Board has no immediate
404 concerns for this fund.

405 406 Expenditure Projection Report

The Expenditure Projection Report shows the expenditures reflected in the budget. The report shows that the Board is projecting about \$1.1 million in Personal Services and \$1.7 million in Operating Expenses & Equipment (OE&E) expenses. The Board is showing a total of \$2.9 million of total expenditures, this created a savings of \$92,000, or 3% in savings. Based on these projections there is no concern for the fund and the Board is in a good place.

Ms. Balkis stated that she received information to answer a question that was inquired at the last Board meeting in regard to the months in reserve and in-state travel. From the budget perspective, a good goal is to see six months in reserve. For in-state travel in 2019, the Board spent about \$43,000, but in 2021 the Board spent less than \$100 on in-state travel.

In response to Ms. Earley's question about whether or not the majority of the Board's savings come from aspects related to the pandemic, such as lack of traveling; Ms. Balkis responded yes, however sometimes there will be expenses that are related to the pandemic such as equipment or other items. This can cause the Board to have savings in travel, but an increase in purchasing expenditures.

In response to Ms. Earley's question whether there is a cap with the reserve before the Board starts losing money; Ms. Balkis responded that the statute states as long as it is less than two years. The Board is below two years, being at 16.9 months in reserve.

Mr. Grant stated that he knows from prior experience from going over the two-year fund reserve limitation, the Board would have to do a fund reversion to licensees and if the Board goes under, they will have to explore changing fees or canceling expenditure items. Therefore, a reserve of six to 18 months is where the Board has tried to stay historically.

No public comment.

10. Discussion and Possible Action Setting Schedule for 2022 Board Meeting Dates and Locations

Ms. Earley stated that the proposed meeting dates are May 9, August 8, and October 7, 2022. The Board anticipates transitioning from virtual meetings, and if AB 1733 is enacted, it will give the Board the ability to have in-person as well as virtual meetings. The Board may also hear more about location for the May 9 meeting. The October 7 meeting will be a little early to be in conjunction with the California Academy of PAs (CAPA) conference, that is going to be held in Carlsbad. The MBC meetings will be held May 19 through 20, August 25 through 26, and December 1 through 2, 2022.

In response to Mr. Grant's concern of exceeding the 100-day timeframe between the October meeting and the February meeting in 2023; Ms. Earley responded that this is a good point as the Board tries to keep the meetings 100 days apart and the Board would probably have to move one of the meetings. Ms. Khan stated that during the January meeting, Board staff would need to report data from October, November and December, so there should be no problems moving the February meeting to January so long as the Board is able to run the reports.

Mr. Grant stated that if the meeting falls within the timeframe of 100 days and does not cause any undue burden on the Board staff, it would be good to have the meeting in conjunction with the CAPA conference, as it also meets the requirement that the Board have a meeting in Southern California.

Ms. Khan stated that the Board cannot have the meeting later than January 15, 2023, in order to fall within the timeframe of 100 days.

Mr. Grant stated that a meeting within the first two weeks of the new year might be problematic for some staff members and is a factor to consider if the Board goes ahead with an October meeting. Another factor to consider is that even though it is nice to do the Board meetings in conjunction with the CAPA meetings, historically there has been little to no participation from the licensee members that are present at that conference.

Mr. Grant stated that historically the Board has tried to have the last meeting of the year in early November because it will give the Board more time for the February meeting. If the Board is not going to do the meeting in October, then it could be held on November 7.

In response to Dr. Kidd's question of whether the Board markets these meeting dates to CAPA participants, Ms. Earley responded that she believes there has always been some outreach but she is not sure on what level.

In response to Mr. Grant's question of whether having a Board meeting in the first two weeks of the new year put an undue burden on the staff due to holidays that staff might have scheduled vacations; Ms. Khan responded that she believed it would be an acceptable burden.

In response to Ms. Khan's question about if the Board moves the November meeting, would the Board still be part of the CAPA outreach program and have the complimentary booth for exhibition; Mr. Grant responded that historically CAPA has always been a wonderful partner and provided great outreach for the Board,. It is not anticipated that CAPA would take the booth away from the Board if they are not having the meeting there. However this is something that would need to be confirmed with CAPA.

Ms. Khan then stated that November 7, 2022, would be a better date to remove the possibility of stress.

In response to Dr. Kidd's question of whether one of the proposed meeting dates were going to coincide with the CAPA Conference, Mr. Grant responded that the Board is not going to have the meeting at the CAPA Conference because of the undue burden it would place upon the Board staff. This would move the October 7 Board meeting to November 7.

M/ Jed Grant S/ Vasco Deon Kidd to:

Motion to conduct the meetings on May 9, 2022, August 8, 2022, and November 7, 2022.

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

Public comment: Teresa Chien, Executive Director of CAPA, stated that she is still relatively new to CAPA's institutional history and that she had only been with CAPA for two years. Ms. Chien stated that she does not sense that the PAs find attending the PA Board meetings particularly important. When the PAs attend the CAPA conference, it is primarily for the continuing medical education (CME) and networking opportunities for other PAs. Ms. Chien stated CAPA is happy to keep the complimentary booth available for the PA Board at the October CAPA Conference meeting.

Dr. Kidd suggested if at the end of the CAPA Conference a survey is offered to the PAs, that might offer the PA Board some insight as to why the PAs may not feel the need to attend the PA Board meetings.

Mr. Grant stated that in the past, the PA Board meetings were held at the same time as some of the CME sessions and no CME credits were granted for attending Board meetings and that this could be part of the issue as well. Holding the PA Board meeting the day before the CAPA Conference might be helpful.

11. Discussion and Possible Action to Discontinue Printed Pocket License

Ms. Caldwell stated that the Physician Assistant Board (PAB) is proposing to make license verification more effective for its consumers and licensees. PAB would like to take the necessary steps to eliminate the issuance of pocket licenses upon initial licensure or renewal for the reasons discussed hereafter.

The first reason is consumer protection. Initially, the primary reason for issuing a pocket license was to provide a means to verify the status of a physician assistant's license at any given time. At one point in time, this was the only way to verify the status of a license, aside from calling the PAB. When online verification began in 2005, the PAB continued to issue pocket licenses as online verification was not as widely accepted as an official record. The pocket license was considered the primary and most reliable source of license verification. However, online services have become a standard cost-saving, environmentally friendly and reliable method of doing business.

The Department of Consumer Affairs License Search is updated in real-time as a license is renewed, or anytime the status is changed. An easy access "License Search" button is available on the home page of the PAB website. Consumers, employers, or any interested party can verify the license status online 24 hours a day, seven days a week. License status can change at any time during a two-year licensing period. The status can change from Active to Inactive, Inactive to Active, Retired, and licensees can be disciplined which could have an immediate effect on

their license status. If PAB staff updated the status of a license in the BreEZe system, it is reflected immediately online, and the pocket license becomes invalid. For these reasons, the online license verification system has become the optimal license verification source for consumer protection.

The second reason is that it is more environmentally friendly. The California Board of Registered Nursing (BRN) and the Physical Therapy Board of California (PTBC) no longer provide pocket licenses citing the following reasons: 1) Facilitating access to accurate license information; 2) operating with environmental awareness by eliminating paper; and 3) significant cost savings in printing, paper and postage. The elimination of the pocket license would abolish the Board's need to purchase the printing and mailing services of pocket licenses through a third-party. This would significantly reduce the use of plastic, paper, and postage required to create and deliver pocket licenses, which would lessen our impact on the environment.

The third reason is cost savings. In addition to the environmental benefits of eliminating pocket cards, there are significant cost savings for the Board as well. The cost of issuing pocket cards for fiscal year 2021-2022 was an estimated \$17,467. The Board would no longer need to contract with a third-party company to create and mail the pocket licenses, which would result in the Board saving on these costs each year.

Ms. Caldwell stated that there is an attachment that shows a sample of the current pocket card in the meeting materials and the pocket card does not contain a status of the license, but it does show the expiration date. This is also available as a PDF version when a license is issued or renewed. This is a system-generated within BreEZe and this is something that the Board staff can provide to a licensee moving forward attached to an email. The second attachment gives an idea of what an individual can see when visiting the license verification tool. This tool does offer all the basic information that is on the pocket card, as well as the original issuance state, along with the expiration date, the current status, public records and public documents.

Mr. Grant stated that the pocket license doesn't serve as a status verification purpose, but more so for the purposes of identification. An example would be if a PA is on an airplane and asked to help someone, the pocket license allows the flight attendant to verify that the individual is a licensed PA. Another example is if there is an accident, the PA can identify themselves to law enforcement as a medical professional. Mr. Grant stated that he felt that the pocket licenses play a valuable role and is something the Board should not get rid of. Ms. Miller stated that the Physical Therapy Board removed their need for pocket cards, however, there might not be a need for a physical therapist to identify themselves in urgent times of need. If the Board does not provide the pocket card, then it would require the PAs to then print and laminate the cards bringing an extra cost to the PA when they are already paying their renewal fee.

Ms. Carlquist stated that she agrees with Mr. Grant, as a PA she has had to use her pocket license many times in various emergency situations and it pains her to think if she did not have her card what might have happened to the fellow airline passenger, because she could not prove that she was a PA.

606 Dr. Kidd stated that he was on a flight where he had to assist a passenger that was
607 having a medical episode and at the time he did not have a pocket license on his
608 person. The only thing that the flight attendant asked was just his license number
609 and that sufficed, given the current situation and the need to render emergency aid.
610

611 Ms. Earley stated that she can see the reasons on both sides why the Board should
612 and should not get rid of the pocket licenses. Seeing how it would save money for
613 the Board, it was also nice to hear how these pocket cards have helped those
614 patients in emergencies.
615

616 In response to Dr. Alexander's question of if the Board can make a digital copy of
617 the pocket licenses; Ms. Caldwell responded that the digital copy of the pocket
618 licenses would be a PDF and would contain the same information and could be
619 emailed to all licenses upon renewal. This would increase the workload for staff. The
620 Board does have a significant amount of mail that gets returned due to address
621 issues. Board staff does their best to reach out to licensees by phone and email to
622 get those pocket cards back to them. The pocket card is created when the licensee
623 renews, as well as the PDF version that is easily accessible for all Board staff to
624 attach to an email and provide it to a licensee at any time.
625

626 In response to Dr. Alexander's question about whether the PDF version of the
627 pocket license can be emailed by request or if it is emailed automatically; Ms.
628 Caldwell responded that currently Board staff email the PDF by request. The Board
629 does receive calls from licensees stating that they have not received their pocket
630 cards and this is causing issues with credentialing and the Board will then provide
631 the licensee with the PDF of the pocket card.
632

633 In response to Mr. Grant's question of would the PDF version of pocket licenses be
634 available automatically upon renewal or would this have to be rendered upon
635 request; Ms. Caldwell responded that currently it is only offered upon request by
636 calling or emailing the Board. The Board would have to check within the capability of
637 BreZE to see if the PDF could be issued automatically once the license is renewed.
638

639 Mr. Grant stated that he would be more comfortable voting for this if he knew that
640 there would be an automatic PDF of the pocket license sent to the licensee.
641 However, if the licensee has to call and make this request, this creates an additional
642 step in licensing or renewing a license, which is problematic because the licensee
643 will need this for their employers, credentialing, or for emergency situations.
644

645 Dr. Alexander stated as a person of the public he would want some type of
646 verification that the individual who is helping him or someone in his family is indeed
647 a health care provider. In an emergency he is unsure how this could be verified
648 without the pocket licenses.
649

650 In response to Dr. Kidd's question of if there can be a PDF of the pocket license
651 automatically sent to all PAs upon being licensed and renewal and whether this
652 something the Board can look into; Ms. Caldwell responded that Board staff will work
653 with IT support to see what the Board's options are for the system to either have an
654 automatic printable PDF of the pocket card available for each licensee upon
655 licensing and renewal within BreZE, or have an automatic email sent out to each
656 licensee upon renewal that contains a PDF of their pocket card. However, an issue
657 with the BreZE system is that not all licensees have an email in the system. All

licensees are required to have a phone number on file, but an email is not required. This could present an issue for individuals who are relying upon a pocket card to be emailed directly to them. This issue can be revisited once the Board's options are worked out.

In response to Dr. Kidd's question of whether there is a reason why the Board does not require licensees to keep an email address on file; Ms. Khan responded that an email is not a mandatory requirement by statute or by regulation, so the Board has made this optional for PAs.

In response to Ms. Earley's question of whether the system allow the Board to send the PDF of the pocket card through a text message format, since the Board has the licensee's phone number; Ms. Caldwell responded, not to her knowledge. However this could create an issue as the phone number on file can be the licensee's cell phone, home phone or work phone, so many of these numbers would not be set up to receive text messages.

In response to Mr. Inzunza's question of if a licensee does not have an email address in the system when the licensee renews, would that individual be able to input an email address for the PDF to be sent; Ms. Caldwell responded that hopefully after Board staff speaks with the developers or the BreEZe liaison, the Board will have an answer on whether or not this is a possibility.

M/ Jed Grant S/ Vasco Deon Kidd :

Motion to direct Board staff to work with BreEZe and relevant IT entities to verify that an electronic version of the pocket card would be automatically emailed or readily available to licensees renewing and to report back to the Board by the next meeting.

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

Public comment: Ms. Khan read a written public comment submitted by past Board President Robert Sachs. Mr. Sachs stated he reviewed the agenda item 11 to discontinue the plastic pocket license. Mr. Sachs was on the Board when the Board fought to create this form to provide the Board's licensees a durable form of identification as a physician assistant. The website is great but if a licensee is stopped by law enforcement or attempting to gain access to a hospital, it is a very important form of identification. The licensee needs to have something to prove they are licensed at that moment. The paper license which they had for years has a life expectancy of about six weeks before it falls apart. Thus, the Board created the plastic license. Mr. Sachs urges the Board to keep the plastic license.

Returned from Recess - Roll Call

Board Members Present:

Charles Alexander, PhD
Jennifer Carlquist, PA-C
Sonya Earley, PA-C
Jed Grant, PA-C
Randy Hawkins, M.D.
Diego Inzunza, PA-C
Vasco Deon Kidd, PA-C

12. Report on Medical Board of California Activities

Dr. Hawkins stated that the quarterly Board meetings and the committee meeting of the MBC will be virtual this month. Panel A will meet on February 9, and the quarterly Board meeting will meet on February 10 and 11, 2022. The agenda can be reviewed at www.mbc.ca.gov.

Dr. Hawkins shared two educational presentations and encouraged all interested staff, board members and PAs to view. The first presentation will be on February 10 at 2:00 p.m. and the topic is on chronic intractable pain treatment. This presentation will be held by Dr. Mackey, who is an expert in this area. The second presentation is on February 11, at 9:00 a.m. This presentation will be on integrating cultural and linguistic competency and continuing medical education.

There are several important items that are limiting the MBC in their mission of public protection. The MBC recently shared the Board's 2022 Legislative Request with members of the California State Legislature. The MBC highlighted two proposals related to the resources and enforcement important to the Board's mission. The first proposal was underfunding and the need to have the necessary physician license fee increase. The MBC was awarded a minimal fee increase, instead of the amount requested and required. Prior to this, the last licensing fee increase was 15 years ago. The second proposal was the burden of proof required to discipline. The MBC's burden of proof required to investigate and discipline physicians need to change to be in line with many other medical boards of the United States. The other boards, 41 out of 50, required a standard of preponderance of the evidence, rather than the MBC's higher burden of clear and convincing proof to reasonable certainty. A recommended change would be to ensure the MBC can more efficiently fulfill its mission to protect California's health care consumers and promote access to proper medical care. There were several other proposals that were approved, and these are included in the MBC's sunset and in the report that was sent to the 2022 Legislative Request.

There are other issues that may have been viewed in the media, this being the inaccurate representation that the MBC protects physicians and not the public. There has been a lot of press and several interviews by Board leadership, the Los Angeles Times and on national television. The second issue was the confrontation of the president of the MBC by an out-of-state entity with audio and video at her home and her business.

No public comment.

752 **13. Regulations**

753
754 1. 16 CCR 1399.523.5 – AB 2138: Required Actions Against Registered Sex
755 Offenders

756
757 Ms. Dhillon stated that this revised proposed regulatory language was approved and
758 adopted by the Board at its November 8, 2021, meeting. Agency approved this
759 package on December 17, 2021, and it was filed with the Office of Administrative
760 Law (OAL) on December 20, 2021. Ms. Dhillon stated that she is currently working
761 with OAL and the Department of Finance to ensure that this package is finalized and
762 approved as soon as possible. The Board should expect this package to be
763 approved in the coming months.

764
765 2. 16 CCR 1399.514, 1399.615 – SB 697: License Renewal and Continuing Medical
766 Education Required

767
768 The revised proposed regulatory language was approved and adopted by the Board
769 at its November 8, 2021, meeting. Staff will be working on initial documents to
770 submit for initial review this year.

771
772 3. 16 CCR 1399.616 – AB 241: Implicit Bias Training in Approved Continuing
773 Medical Education Programs

774
775 Ms. Dhillon stated that final documents were sent to Legal and Agency for review
776 and once approved, the package was filed with OAL on December 13, 2021. OAL
777 approved this package on January 25, 2022, with an effective date of April 1, 2022.
778 The documents for this package have been posted on the Board's website.

779
780 Ms. Earley asked about the Implicit Bias approved curriculum, what the curriculum is
781 and whether or not the Board received this curriculum. Also, if the Board has the
782 manpower to conduct the audit of the CME providers and the curriculum; Ms. Dhillon
783 responded that she would have to look over the package again and get back to her
784 with an answer. Ms. Khan responded that she believes that the Board does have the
785 manpower to conduct the audit through the licensing unit.

786
787 Dr. Kidd asked about the curriculum and if there will be a one-off session, as some
788 institutions have six modules that must be completed for implicit bias training. Dr.
789 Kidd requested staff to look into the exact requirements.

790
791 Mr. Grant stated that while summaries of the packages are very helpful, it would also
792 be good for the Board to see the full text. It can sometimes be difficult for the Board
793 members to remember the language that they have previously approved, especially
794 if it has not been published yet as a part of the law in the Board's book, so it could
795 be a useful refresher.

796
797 Ms. Halbo stated the change to the regulatory section on implicit bias simply added
798 that starting January 1, 2022, any CME course that has a direct patient care
799 component must have a curriculum for an understanding of implicit bias pursuant to
800 section 3524.5 of the Business and Professions Code (BPC). The regulations do not
801 give out specifics but basically cites the law and says individuals must have what the
802 law states is implicit bias education. In this case, staff would need both the
803 regulation language and the law to cite in order to answer any questions. Under BPC

3524.5, subdivision (d), it states that to be a sufficient continuing education course, it must address one of a combination of examples of how implicit bias effects perceptions and treatment decisions of PA's leading to disparities in health outcomes, or strategies to address how unintended biases in decision making may contribute to health care disparities by shaping behavior and producing differences in medical treatment along the lines of race, ethnicity, gender identity, sexual orientation, age, socioeconomic status or other characteristics. Since the law had a good description of what the Legislature is looking to have these courses do; the change to the regulation is simply to follow the law. Starting in January 2022, individuals must have specific continuing education when giving a course regarding the direct patient care component.

In response to Dr. Kidd's question of does this apply to implicit bias courses that are not CME certified; Ms. Halbo responded that the regulation is referring to a CME course. Given how deep this issue is within society, individuals are going to need to learn these lessons in different ways with different speakers. However, the regulations state that any course that has this direct patient care must have at least this education. If a speaker does not go through the motions that allow them to give credits as a course, then that would not count towards the requirement.

Dr. Kidd thanked Ms. Halbo and stated that Ms. Halbo made a great point, that there needs to be a CME approved course as some licensees may think that they are already receiving their CME from their home institution and therefore it meets the requirements. It is imperative that it is underscored so that individuals in California know exactly what the requirement is.

In response to Mr. Grant's question of whether this bill is directed at CME providers and not licensees; Ms. Halbo responded that is correct, it's getting to the licensees by saying the providers cannot actually adequately discuss direct patient care unless the providers first address what the research shows.

Mr. Grant stated that he remembers having conversations about this bill and feels that if one is going to give CME courses in California, they need to include implicit bias training, to which all PAs need to be refreshed. However, there are not any requirements for licensees to actively seek this out, but rather if one is a CME provider offering CME in California for PA's they must include implicit bias in whatever they are presenting if it has anything to do with patient care.

Ms. Halbo stated that the Legislature ensured all aspects in the bill are aimed at the providers.

Mr. Grant stated that this clarifies who is getting a CME within California, the Board knows that it is required to be a part of it now. This way PAs do not need to try and figure out what courses count towards CME and which do not, if it's a CME in California that's approved, then it'll be included in there.

4. 16 CCR 1399.502, 1399.540, 1399.541, 1399.545 – SB 697: SB 697 Implementation

The proposed regulatory language approved by the Board and approved by the MBC has been revised to address concerns raised by CAPA and DCA's Legal Affairs Division. The revised proposed regulatory language was approved and

adopted by the Board at its November 8, 2021, meeting. Staff are currently working on initial documents with regulations counsel to submit for initial review.

5. 16 CCR 1399.506, 1399.507, 1399.511, 1399.546 – SB 697: Applications, Exam Scores, Addresses, & Recordkeeping

The proposed regulatory language approved by the Board has been revised to address further concerns raised by CAPA and DCA's Legal Affairs Division. The revised proposed regulatory language was approved and adopted by the Board at its November 8, 2021, meeting. Staff is currently working on initial documents with regulations counsel to submit for initial review.

In response to Mr. Grant's question if this is the regulatory package addressed in the bill that the Governor signed last year eliminating the requirement that the Board establishes a passing score and time and place for each examination; Ms. Dhillon responded that she believed what Mr. Grant was referring to is the technical code section amendment that was made through SB 806. Those were changes made to certain statutes but that is different from the package that was being discussed earlier. Regarding those changes that were made and updated, one could look up the code section that discussed the Board implementing the time and date for the exam and one can see that it has been amended to reflect the changes that were passed with SB 806.

In response to Mr. Grant's question of how is what was done in SB 806 different than SB 697 Applications, Exam Score, Addresses and Record Keeping; Ms. Dhillon responded that SB 697 Applications, Exam Score, Addresses and Record Keeping are regulatory changes to the Board's regulations that the Board implements and those are in accordance with the changes that were addressed in SB 697. The Board is now proposing amendments to the Board's regulations, whereas the changes in question are changes to the BPC section in which technical changes were made. Those changes were made with the passage of SB 806.

In response to Mr. Grant's question of whether there is overlap in SB 697 and SB 806 as they both cover the same topic and when regulations are amended under one, they would also have to be changed under the other; Ms. Dhillon responded that the code section that was changed with SB 806 initially authorized the Board to set the time and date for the examination. Whereas now that is with the NCCPA, authorizing the NCCPA to set the time and date for the exam. These regulations that the staff are currently working on to amend the SB 697 changes, those are regulations that further explain the process and requirements regarding Applications, Exam Score, Addresses and Record Keeping. The code section that authorizes the NCCPA to issue the time and date for the exam has already been amended through SB 806.

6. 16 CCR 1399.515 – AB 2461: Retired Status to Include Fingerprint Requirement

Ms. Dhillon stated that staff will be working on these documents, however this package does not take priority over the packages that have been previously discussed.

7. 16 CCR 1399.523 – SB 1441: Implement Uniform Standards Related to Substance Abusing Licensees and Update of Disciplinary Guidelines

Staff will begin the documents and proposed texts for this package, however there are other packages that are higher priority that need to be completed before staff can get started on this package.

No public comment.

14. Education/Workforce Development Advisory Committee: Update on Physician Assistant Education Programs and Applicants in California

Mr. Grant stated that both he and Dr. Alexander update their reports every Board meeting to keep the Board apprised of what is going on with both PA education and workforce. The total number of programs within the United States is 282 with about 35 currently in development. In California, there are 18 PA programs with four in development, which means they have begun the accreditation pathway track, with the accrediting body, which is the Accreditation Review Commission on Education for the Physician Assistant (ARCPA).

The geographic distribution is sorted by color with most of the programs in California in the Los Angeles and San Diego areas. There are four in the Bay Area, two in Sacramento and two on the Central Coast. The numbers for class size were originally obtained from a Physician Assistant Education Association database, and unfortunately with COVID-19, this database has not been updated. In order to get accurate data, one must visit each individual program's website to determine the cohort size and specifically in developing program websites it can be difficult to locate this data. Board staff assisted in October, where some of this data was located. Some data could not be located, whether this was due to the website not being clear or the data was unable to be confirmed, the Board is using the national average of 46.

If the Board looks at their current annual capacity from programs within California, assuming that every seat is filled and that every student that matriculates, graduates; there are about 856 graduating each year. And then when the programs that are currently developing hit their full expansion, there should be around 1,000 and 1,035 graduates a year within California. The Board is licensing roughly 1,200 PAs a year and the Board is receiving applications from outside the state as well.

There is much growth in California PA programs. Back in 2013 there were only six or eight programs in California. It is great to see this growth of PA education within California. Majority of PA students tend to either return to where they came from or stay where the school is. This helps the Board know where the PA is going to practice and what's going to be happening with the workforce growth within California, in terms of PAs in the next few years.

Most schools have application pools that are robust with 100 qualified applicants for each available seat. This growth can be expected to continue within the next several years. The Bureau of Labor Statistics estimates roughly a 30% growth in the PA profession nationwide in the next 10 years. The Board can expect to see this growth continue within California as well with the growth of these programs. Mr. Grant stated that he felt it showed a good foresight for Ms. Khan to make sure that the Board was fully staffed to keep up with the demand.

Ms. Earley thanked Dr. Alexander and Mr. Grant for their report and stated that California started off with about seven PA programs a little over a decade ago and

California now has more than tripled in its school capacity since that time. California continues to grow and meet the health care demands of the state and the United States. It can be anticipated that the PA profession will continue to proliferate over the next few years. The PA profession was created to help in the shortage in medical care and so PAs continue to do just that. It is good to see how the PA practice is growing and where the practice is anticipated to grow into the future.

In response to Dr. Kidd's question about as one starts to see proliferation of these programs, has one noticed issues with clinical site acquisition related to program growth; Mr. Grant responded that the largest limiting factor within the program's growth is the clinical sites. The PA training model; the first half, or maybe a little over half of the PA training program includes mostly didactic instruction in the classroom, but the second half is analogous to medical school, includes clinical rotations at various rotation sites. There are nine rotations that are required by the accrediting body and then several electives and those rotations are done in hospitals, clinics, and various places all around the state and country.

Most of the providers serving as clinical preceptors may have clinical faculty appointments. Most of the programs in California are not associated with medical schools, which means that most of those clinical preceptors are practicing PAs and physicians out in the community that are training PAs, so that they will return to the community and practice to help meet the workforce needs. When discussing being in a pandemic and already having a very heavy workload, sometimes training students on top of that can be overwhelming. It can be a limiting factor for growth and programs particularly in PA programs that have large numbers of students. For example, if the national average is 45 and in California is 46 students, but if a program has more than that, then you must have at least nine clinical sites for students with nine clinical rotations for each student. That gets to be quite a large number of clinical rotations. The accrediting body does a great job of making sure that the rotations are adequate and properly staffed by appropriate licensed preceptors that are qualified to train. They are doing this to help the workforce need and when the pandemic hit the workload became severe; many people did not have the capacity to do that. The biggest limiting factor is that PAs don't have enough clinical sites.

Ms. Earley stated that due to the pandemic many clinical sites have gone down, and the PAs continue to request that these sites come back online. However, this is a pandemic and though COVID-19 waxes and wanes, it does hamper the ability to have substantial clinical sites for the PA students.

No public comment.

15. Report by the Legislative Committee; Discussion and Possible Action to Consider Positions Regarding the following Legislation

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

Ms. Dhillon stated that this is a two-year bill that is currently in the Senate on its first reading. This bill was amended in Assembly on January 24, 2022, the amendment provision states that this bill would require the Board to charge a fee of \$25 to the person to cover the reasonable regulatory cost of administering the bill's provisions, unless there are no associated costs with implementing this bill. As a summary, this

bill would require programs who post information on their website about a revoked license due to a criminal conviction, to post a notification of expungements within 90 days of the Board receiving an expungement order related to the conviction for those who reapply for licensure or are relicensed. At the Board's August 9, 2021, meeting; the Board chose to maintain its watch position on this bill. The Board may see some minor increases in revenue if this bill passes as individuals seek expungements and apply for the removal of disciplinary documents or posting of the expungements. The web posting and removal of documents would fall under the Board's regular pro rata towards DCA Office of Information Services and would be minor and absorbable. However, these costs may be offset by the \$25 fee charged to the person whose license was revoked.

In response to Ms. Earley's question of whether the \$25 fee change the Board's watch position; Mr. Grant responded with a clarification that the \$25 fee is only being charged to individuals who are seeking expungements.

B. SB 731 – Durazo: Criminal Records: Relief

This bill is located in the Assembly Committee on Appropriations. On September 10, 2021, this bill was refused passage, but the motion to reconsider was continued as of January 25, 2022. Staff will continue to monitor this bill for any updates that may be coming, but as of the last Board meeting, there has not been any new update to this bill.

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

This bill is located in the Senate Committee on Appropriations. At the Board's August 9, 2021, meeting, the Board chose to maintain its watch position. There has not been any substantive update or amendments to this bill as of the last Board meeting.

D. AB 1306 – Arambula: Health Professions Careers Opportunity Program

This bill is located in the Senate Committee on Appropriations. At the Board's August 9, 2021, Board meeting, the Board took a support position and there have been no updates as of the last Board meeting to this bill as well, but the Board will continue to monitor this bill.

No public comment.

16. Agenda Items for Next Meeting

1) Additional information about the PDF availability of pocket licenses.

2) Update on including PAs as medical consultants to conduct preliminary review of complaints.

No public comment.

17. CLOSED SESSION

A. Pursuant to Section 11126(a)(1) of the Government Code, the Board will conduct the annual evaluation of performance of the Executive Officer.

B. Pursuant to Section 11126(c)(3) of the Government Code, the Board will deliberate and take action on disciplinary matters.

18. Adjournment

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

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