

1 **MEETING MINUTES**

2 **May 9, 2022**

3 **8:30 A.M. – 5:00 P.M.**

4 **PHYSICIAN ASSISTANT BOARD**

5 **2005 Evergreen Street – Hearing Room #1150**

6 **Sacramento, CA 95815**

7 **8:30 A.M. – 5:00 P.M.**

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

11 President Armenta called the meeting to order at 8:32 a.m.

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14 **2. Roll Call**

15 Staff called the roll. A quorum was present.

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

24 Staff Present: Rozana Khan, Executive Officer  
25 Michael Kanotz, Attorney III  
26 Kristy Voong, Assistant Executive Officer  
27 Julie Caldwell, Lead Licensing Analyst  
28 Christina Haydon, Enforcement Analyst  
29 Virginia Gerard, Probation Monitor  
30 Jasmine Dhillon, Legislative/Regulatory Analyst  
31 Ariel Gompers, Administrative Analyst  
32 Aurora Morris, Office Technician

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37 **3. Consider Approval of February 7, 2022, Board Meeting Minutes**

38 M/ Jed Grant S/ Sonya Earley to:

39 Approve the February 7, 2022, 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				
Vasco Deon Kidd	X				

43 No public comment.

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

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

51  
52 No public comment.

53  
54 **5. President's Report**

55  
56 A. DCA Approved Waivers Relating to the Practice of Physician Assistants

57  
58 Mr. Armenta stated that the order waiving restrictions on healthcare providers with  
59 an expired, inactive, or lapsed license ordering and administering COVID-19  
60 vaccines, has been extended with no end date but may be amended by the  
61 Governor as circumstances require.

62  
63 B. Presentation of U.S. Flag to the Physician Assistant Board

64  
65 Mr. Grant stated that the flag had been flown over the country of Kuwait on June 16,  
66 2021. After the flag had been flown over headquarters, Mr. Grant had placed it in his  
67 flight gear and brought it on his person and it was carried on a medevac mission on  
68 September 12, 2021, which was almost 20 years to the day after 9/11. Mr. Grant  
69 stated that he wanted to bring the flag back to the Board to show his appreciation of  
70 all the support that he received while serving overseas.

71  
72 Mr. Armenta thanked Mr. Grant for the flag and his service.

73  
74 No public comment.

75  
76 **6. Executive Officer's Report**

77  
78 A. Office Operations

79  
80 Ms. Khan reported that Board staff is managing ongoing teleworking while  
81 continuing to balance office operations. Earlier this year, the Department of General  
82 Services released its Statewide Telework Policy. Since then, office staff have  
83 completed updated agreements.

84  
85 B. Electronic Newsletter

86  
87 On April 18, 2022, the Board issued its first edition of the Physician Assistant Board  
88 Insider electronic newsletter. The current edition and future editions can be found on  
89 the Board's website and social media accounts. The newsletter is another essential  
90 continuing outreach effort to provide important information and Board updates to  
91 applicants, licensees, and consumers, while bringing more awareness to online  
92 services offered by the Board. Ms. Khan stated that she would like to recognize staff  
93 member Jasmine Dhillon for collaborating with the Department of Consumer Affairs'  
94 (DCA) Office of Publications, Design and Editing to create such an impressive  
95 newsletter.

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C. Outreach

On February 26, 2022, Board staff had the pleasure of attending the California Academy of PAs (CAPA) conference in Napa. Staff was available to answer licensee and student questions and disseminate the Laws and Regulations booklets relating to the practice of physician assistants (PA). The Board looks forward to conducting more outreach events throughout the year to further the Board’s strategic goal of informing consumers, licensees, applicants, and other stakeholders about the practice and regulation of the PA profession in an accurate and accessible manner.

The Board has also created a School Presentation Application which is a fillable PDF available on the Board’s website. This application furthers the Board’s outreach attempts as it is a method for California schools to express interest in a presentation from the Board.

D. Information Technology

Board staff continues to work with DCA’s Office of Public Affairs to develop an instructional video to assist applicants with licensure. This video will provide instructions on how to submit an initial application in an effort to reduce confusion with the application process. Once the instructional video is produced and finalized, it will be posted to the Board’s website and shared on the Board’s social media accounts.

The review and redesign of the Board’s website to upgrade to the latest template continues to move forward. On April 27, 2022, the website redesign progress was shared with Board members and staff. The new website will include increased functionality, streamline the information presented and will be more user-friendly.

The Board continues to utilize its subscriber alert system, social media accounts and website to maximize outreach and serve as the primary communication tools for licensees and members of the public.

No public comment.

**7. Board Activity Reports**

A. Licensing

Ms. Caldwell reported that the Licensing Population by Type Report provides an overall view of the licensing population and different statuses. As of April 14, 2022, the Board’s licensing population is as follows:

Licensing Population by Type

- Total Licensing Population: 22,678
- Current Licenses: 15,611
- Current Inactive: 32
- Total: 15,644

Summary of Licensing Activity Report for January 1, 2022, to March 31, 2022:

149 Initial Applications received – 426  
150 Licenses issued – 395  
151 Licenses renewed – 1,842  
152

153 Ms. Caldwell stated that the Board has seen a significant increase of online renewal  
154 and initial application submissions. The Board does still receive some paper  
155 renewals and applications by mail, and the percentage is about 5% to 10%.  
156

157 Pending Application Workload Report as of April 14, 2022:  
158

159 Ms. Caldwell reported that the Pending Application Workload Report provides a  
160 breakdown of the licensing team’s current workload. The desk age is how many  
161 days an application has been assigned to Board staff and the application age is how  
162 many days the application has been with the Board. Currently, when an applicant  
163 applies online, the application first waits in the pending workload, and once licensing  
164 staff downloads the application, the application will then be assigned to a staff  
165 member. Ms. Caldwell reported that there may be some significant delays for some  
166 individuals applying for licensure due to a variety of reasons such as failing the  
167 Physician Assistant National Certifying Examination (PANCE), difficulties in gaining  
168 a verification, delays in receiving fingerprint card reports from the Department of  
169 Justice (DOJ) and Federal Bureau of Investigations (FBI), and disciplinary actions.  
170

171 Licensing Performance Measures for January 1, 2022, to March 31, 2022:  
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173 The Board’s goal is to review the application within the first 30 days of when the  
174 applicant submits it. The licensing team does their best to inform the applicant of  
175 where their application is in the process. If there’s anything that is deficient, the  
176 applicant will receive an update informing them of what items are deficient. The goal  
177 of the licensing team is to license the applicant within five to seven business days  
178 once all deficiencies are fulfilled. If the application is reviewed and they are ready to  
179 be licensed, the Board issues the license the same day that the review was  
180 completed. Many applicants are licensed within the first 30 days.  
181

182 In response to Mr. Armenta’s question of if there is a reason why the Board is using  
183 fingerprint cards instead of live scan, Ms. Caldwell responded that the Board does  
184 provide live scan and fingerprint options. Live scan facilities are for California  
185 residents as well as individuals who are traveling to California to search for jobs or  
186 housing. However, if an individual resides out-of-state and is unable to come into  
187 California to complete a live scan, they are required to submit two fingerprint cards.  
188 There is no channel of communication from state to state, so it must be completed  
189 through the fingerprint card process.  
190

191 In response to Mr. Grant’s question of if an applicant has a criminal background, is it  
192 helpful for them to share information about that in their application or is it better for  
193 the applicant to wait for the Board to contact them, Ms. Caldwell responded that it is  
194 better for the applicant to wait. It is also based on what the Board staff views on the  
195 report from the DOJ and FBI. If the applicant has gone through the steps of having it  
196 expunged or dismissed, sometimes the applicant does not know the difference  
197 between expunged or dismissed and sometimes the state uses those  
198 interchangeably. For example, the applicant can say that they have had the case  
199 dismissed, but this could mean that the individual has done all that needed to be  
200 done with the court to move forward, while expungement means to remove the

201 incident from the individual's record. Sometimes dismissal can mean the same thing.  
202 What is best is to submit the application and if the Board receives a rap sheet, the  
203 Board can then address it with the applicant, asking for an explanation, as well as  
204 documentation from the police department and the court.  
205

206 In response to Dr. Hawkins' question of how many applicants are trained in-state  
207 versus trained out-of-state, Ms. Caldwell responded that the PANCE exam the PAs  
208 take is administered by the National Commission on Certification of Physician  
209 Assistants (NCCPA), who are unable to provide the Board with these statistics. If an  
210 individual goes to school out-of-state, they will have the ability to test anywhere.  
211 There are many individuals who gain their PA education out-of-state but move to  
212 California to practice. If the Board were to create a spreadsheet and look at where  
213 the licensee graduated, the Board would still not gain a good impression of where  
214 the licensee's home base is because they may be going to a school out-of-state  
215 because they were unable to get into a program in California. It is the same within  
216 the NCCPA, the applicants are allowed to register using the state that they are going  
217 to live in and take the exam, the applicant is not required to stay within that state.  
218

219 In response to Dr. Hawkins' question of how motivated students are with returning to  
220 California as many individuals are wanting to move to California for all professions,  
221 Ms. Caldwell responded that the highest volume of applications that the Board  
222 receives are from California residents; however, when the Board sees that there is  
223 additional licensing activity, it gives an indication that the person is already licensed  
224 and working in another state when they applied. But if they are applying and their  
225 education is from another state, one cannot tell if their home base is California or if  
226 they are out-of-state for school.  
227

228 Mr. Grant stated that there are roughly 830 graduates in-state per year and the  
229 Board is licensing around 1,200 to 1,500 a year. Not all California graduates stay in  
230 California, but the Board is licensing 300 to 400 per quarter, thus the Board could  
231 estimate this is the number.  
232

### 233 B. Complaint

234

235 Ms. Voong reported the following complaint activity for the period of January 1,  
236 2022, to March 31, 2022:  
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- 238 ● Complaints: Volume
  - 239 ○ Complaints received: 116
  - 240 ○ Convictions/Arrests Received: 9
  - 241 ○ Total Received: 125
  - 242 ○ Assigned to desk analyst (\*\*may include cases received in previous  
243 quarters): 126
  - 244 ○ Pending at intake: 0
- 245 ● Complaints and Investigations
  - 246 ○ Complaints referred for investigation: 14
  - 247 ○ Complaints and investigations closed\*\*: 119
  - 248 ○ Complaints pending at desk analyst\*\*: 297
  - 249 ○ Investigations pending at field\*\*: 67
  - 250 ○ Average age of pending investigation\*\*: 324 days
  - 251 ○ Investigation over 8 months old: 31

252 Ms. Voong provided an update for the Board regarding adding PAs to the Board's  
253 Medical Consultant (MC) Program. The Board is working on adding an application to  
254 the website for future applicants to the MC Program. Currently, licensees that are  
255 interested can reach out to the Board by sending an email to paboard@dca.ca.gov,  
256 or they may contact Complaint Analyst Armando Melendez and request an  
257 application. The Board is excited to be in the process of bringing on three more  
258 medical consultants and all three applicants are PAs. The PAs have submitted their  
259 applications for approval and if approved, Mr. Melendez will work on the contract  
260 process. Mr. Melendez will provide a more detailed update during the next Board  
261 meeting when he is present.

262  
263 In response to Dr. Kidd's question of who is reviewing the MC applications, Ms.  
264 Voong responded that Mr. Melendez will be reviewing the applications and the  
265 requirements for participating in the MC Program is that the licensee must have a  
266 current valid medical license issued by the Board, there can't be any complaints or  
267 accusations pending, no prior enforcement or disciplinary action, the ability to  
268 maintain high level of confidentiality, provide objective unbiased evaluations and the  
269 ability to articulate and to legibly document findings.

270  
271 Mr. Grant stated that he is happy to hear that the MC Program is coming to fruition  
272 as he has waited a long time to have PAs involved in the initial review of discipline  
273 cases. He looks forward to gaining more information about this program's progress  
274 at the next meeting and would like to thank Board staff for all their hard work to  
275 make this program happen.

276  
277 In response to Ms. Carlquist's question of what are the backgrounds of the PAs who  
278 are applying, Ms. Voong responded that Mr. Melendez has their applications and  
279 she does not have that information available at the moment.

280  
281 Mr. Armenta stated that the Board members would be interested to look over the  
282 resumes and applications of the PAs who submitted for the MC Program and to  
283 relay that message to Mr. Melendez.

284  
285 Mr. Kanotz stated that there is generally a separation between Board member  
286 functions and administrative functions of Board staff in terms of hiring. This is  
287 something that can be discussed a bit more in terms of generally not being a Board's  
288 function to be reviewing applications. For instance, the Board can discuss what  
289 types of applicants the Board is receiving, but actually reviewing applications and  
290 making selections, those are left to the Executive Officer and Board staff to make  
291 those determinations.

292  
293 Mr. Armenta stated that the Board should keep this in mind but also would like to  
294 point out that the sentiment is that if the Board is going to be using this particular  
295 person as a quasi-expert at the intake level, the Board would like to have some  
296 assurance that the qualification process is adequate. However, what Mr. Kanotz is  
297 saying holds merit and the Board needs to make sure to stay away from that line  
298 and give discretion to the Executive Officer.

299  
300 Mr. Kanotz stated that it would be appropriate to give Board staff parameters to  
301 either discuss today or agendaize for a future Board meeting but where the Board  
302 members would cross the line is to review individual curriculum vitae and make  
303 selections.

304 Ms. Carlquist requested that Board staff not hire any PAs for the MC Program before  
305 the item is discussed at the next Board meeting. She further stated that her  
306 concerns are that the Board might hire a podiatry PA or a urology PA who would be  
307 responsible to review cases that are out of their field of practice.  
308

### 309 C. Discipline

310

311 Ms. Haydon reported the following discipline activity for the period of January 1,  
312 2022, to March 31, 2022:

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- Suspensions
  - Penal Code Section 23 - 3
- Office of the Attorney General Transmittal
  - Cases initiated: 10
  - Cases pending: 38
  - Average age of pending cases: 232 days
- Formal Actions Filed/Withdrawn/Dismissed
  - Accusations filed: 5
  - Accusations Withdrawn/Dismissed: 1
- Administrative Outcomes/Final Order
  - Surrender: 2
  - Petition for Reinstatement Denied: 1
  - Petition for Termination of Probation Granted: 1
  - Petition for Modification of Probation Granted: 1
- Citation and Fine
  - Citations issued: 1
  - Pending: 2
  - Fines Issues: \$500

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333 In response to Mr. Armenta's question of whether there is a downward trend of  
334 average age of pending cases, Ms. Haydon responded yes.

335

### 336 D. Probation

337

338 Ms. Gerard reported the following probation activity for the period of January 1,  
339 2022, to March 31, 2022:

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- Completed Probation – 3
- Probation Terminated – 1
- Voluntary Surrender – 1
- Total Probationers – 48
  - Active – 38
  - Tolling – 10

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Ms. Gerard reported that the Board is concentrating on in-person visits and most of these visits are scheduled. However, if she is already in the required area, she will conduct surprise visits with probationers. Sometimes when conducting unannounced visits, one may find the probationer is off and not on schedule for that day. Ms. Gerard is updating the quarterly report to add an additional sheet requiring probationers to list all of their work locations. This would help the Board be better informed of the probationers' practice locations, as well as their schedules so that

355 the Board can facilitate the unannounced in-person visits more effectively.

356  
357 In response to Mr. Armenta's question of how much lack of cooperation or hostility  
358 Ms. Gerard has met or anticipated, Ms. Gerard responded that she has not been  
359 met with much resistance from the probationers but has found more resistance from  
360 the supervising physician.

361  
362 In response to Dr. Hawkins' request for Ms. Gerard to elaborate on her experience  
363 of the employer's reaction to in-person visits, Ms. Gerard responded that upon the  
364 effective date of some decisions, there needs to be 100% on-site supervision and  
365 prior to the effective date, individuals are being utilized without the physician on site.  
366 It comes down to an issue of money, where the facility needs the supervising  
367 physician on the site. It has not been the probationer making the call to complain  
368 when they receive their probation order. It typically has been the individual who has  
369 hired them, who has been using that labor, that has been found to be more resistant.

370  
371 Mr. Grant stated that when these disciplinary orders are given it is the responsibility  
372 of the probationer to make sure that they are compliant with the order. This is  
373 something that the probationer would have to work out with the supervising  
374 physician. The probation monitor is only there to verify that the terms of their  
375 probation are being met. It is the probationer's responsibility to ensure that the  
376 supervising physician understands that these terms must be met in order for the  
377 probationer to continue to work.

#### 378 E. Diversion

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380  
381 Ms. Gerard reported the following diversion activity for the period of January 1, 2022,  
382 to March 31, 2022:

- 383  
384 • Total Active Participants – 3

385  
386 Ms. Gerard reported that the Board has three individuals enrolled in the Diversion  
387 Program. She stated that she has attended the diversion meetings with the other  
388 boards. The Board is cleaning up any COVID-19 remnants and attendees that are  
389 attending meetings in person and decisions have been occurring on a case-by-case  
390 basis on when to let participants check in or have their meetings.

391  
392 In response to Ms. Earley's question of has the Board been doing better since  
393 COVID-19 as she is not seeing many cases, Ms. Gerard stated that it is hard to say  
394 since she has only been with the Board for six months, but it does look like either a  
395 steady or declining number of cases.

396  
397 No public comment.

#### 398 399 **8. Department of Consumer Affairs – Director's Update (DCA Staff) – May** 400 **include Updates Pertaining to the Department's Administrative Services,** 401 **Human Resources, Enforcement, Information Technology, Communications** 402 **and Outreach, as well as Legislative, Regulatory and Policy Matters.**

403  
404 Carrie Holmes introduced herself as the Deputy Director of Board and Bureau  
405 Relations of the DCA and thanked the Board for allowing her the opportunity to  
406 provide a department update. In April, Boards and Bureau Relations sent out the

407 new quarterly newsletter titled "Board Members Did You Know?" The virtual  
408 newsletter was an outreach tool to keep board members informed of department  
409 activities as well as other information which may impact board members. DCA hopes  
410 this newsletter was helpful, and feedback is welcome for future issues. On April 1,  
411 2022, boards and bureaus are meeting in accordance with the Open Meetings Act,  
412 including publicly noticing all meeting locations. Legislation was introduced, which  
413 will permanently allow boards and committees to meet remotely, while also allowing  
414 members of the public to participate. Assembly Bill 1733 (AB 1733) was not heard in  
415 Committee in time to meet a deadline, effectively making this a dead bill. However, it  
416 is likely that these policy discussions will continue in the Legislature. DCA  
417 encourages the Board to share its position with the bill's author and committees if  
418 action is taken today.

419  
420 Ms. Holmes stated that she noticed the Board has the topic of discontinuing the  
421 pocket cards on the agenda. DCA does believe that boards should be looking at  
422 ways to eliminate costs and this can be a great way to do so. There are several  
423 boards within DCA looking into electronic methods to verify and print licenses. DCA  
424 is here to help during these times and to work with the Board to ensure a successful  
425 transition to save Board funds.

426  
427 There are two new members of the executive team who began serving in March with  
428 DCA. Terrence Brass has been selected to serve as chief of DCA's Division of  
429 Investigation (DOI). As the DOI Chief, Mr. Brass will be providing investigation  
430 services to DCA's boards and bureaus. Dadang Prihadi was selected for DCA's  
431 internal audit chief. The audit team provides independent objective and consulting  
432 services to add value and approve department consulting operations.

433  
434 Ms. Holmes provided an update on DCA's Enlighten Licensing Project. This work  
435 group was formed in 2020 to help individual programs streamline and make their  
436 licensing process more effective and efficient by utilizing best practices, information  
437 technology and cost saving measures. The first deep dive was into the Board of  
438 Registered Nursing (BRN). A report will be released soon, with recommendations as  
439 to what can be used by all boards and bureaus. After this successful first round, the  
440 work group will soon begin directing another board or bureau.

441  
442 On a personal note, Ms. Holmes stated that May 13, 2022, will be her last day with  
443 DCA as she is taking time to stay home with her children. Ms. Holmes thanked Ms.  
444 Khan and Board staff for always being a pleasure to work with.

445  
446 Mr. Armenta thanked Ms. Holmes for her presentation and her service to the Board.

447  
448 No public comment.

## 449 450 **9. Budget Update (DCA Budget Analyst)**

451  
452 Suzanne Balkis, DCA Budget Analyst, introduced herself as the Board's budget  
453 analyst in charge of managing the Board's projected budget, projected revenue, and  
454 fund condition. Ms. Balkis explained that she would go over the Board's fund  
455 condition statement that currently includes Fiscal Month 9 (FM 9) projections.

456  
457 Ms. Balkis reported the Board has used about 36.9% of its expenditure on Personal  
458 Services (PS), which includes salaries and benefits; 39% for Operating Expenses &

459 Equipment (OE&E), which includes contracts, purchases and travel; and 20.32% on  
460 Enforcement, which includes the Office of Administrative Hearings as well as the  
461 Office of the Attorney General.

#### 462 Fund Condition Report

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464  
465 The fund condition statement is based on fiscal year (FY) 2020-21 actuals with a  
466 beginning balance of \$4.9 million, with prior year (PY) adjustment of about \$70,000,  
467 giving the Board an adjusted beginning balance of \$4.8 million. The Board has an  
468 overall revenue of \$2.4 million and a total expenditure of \$2.4 million as well, which  
469 totals to a fund balance of \$4.8 million, which is about 19 months in reserve. For the  
470 Board's current FY 2021-22, the Board has a beginning balance of \$4.8 million and  
471 a projected total revenue of about \$2.8 million, with staff tracking an overall  
472 projection of FM 9 expenditures of about \$2.8 million. With those expenditures and  
473 revenue, the Board currently has a fund balance of about \$4.7 million, which gives  
474 the Board about 17.4 months in reserve. The Board's budget for FY 2022-23 is  
475 based on the Governor's budget while FY 2023-24 is based on realized gains. The  
476 Board has no immediate concerns for this fund.

#### 477 Expenditure Projection Report

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479  
480 The Expenditure Projection Report shows the expenditures reflected in the budget.  
481 The report shows that the Board is projecting about \$1.1 million in PS and \$1.8  
482 million in OE&E expenses. The Board is showing a total of \$2.9 million of total  
483 expenditures, this created a savings of \$114,000, or 3.8% in savings. Based on  
484 these projections there is no immediate concern for the fund.

485  
486 In response to Dr. Hawkins' question of how Ms. Balkis came up with 96.22%, and  
487 not 100% for the expenditures to date, Ms. Balkis responded that she listed 96.22%  
488 because the Board still has some budget that has not been spent.

489  
490 In response to Ms. Earley's question if there is a 'use it or lose it' policy with the  
491 money that the Board does not spend; Renee Milano, DCA Budget Manager,  
492 responded the amount that is remaining at the end of the year does revert back into  
493 the fund balance, the Board would be able to keep the money as savings.

494  
495 In response to Mr. Armenta's question of what is the Board's target for months in  
496 reserve, Ms. Milano responded that the standard range is about six to 12 months. As  
497 one can see the Board has a very healthy budget.

498  
499 In response to Mr. Armenta's question of since the Board saved a significant amount  
500 of the budget on in-state travel, if the travel is factored back in, how will this affect  
501 the budget or has this already been factored into the projected report, Ms. Milano  
502 responded that all of the Board's outlying expenditures from budget year, plus one,  
503 and outgoing are actually fully expended with no amount for reversion. The Board  
504 builds in a 3% increase annually for cost of living and it's usually a very conservative  
505 projection in the Board's out years.

506  
507 No public comment.

### 508 **10. Discussion and Possible Action to Discontinue Printed Pocket License**

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511 Ms. Caldwell stated that when the Board last discussed the possibility of  
512 discontinuing the laminated pocket card for when an applicant becomes a licensee  
513 and each time they renew, there were a few concerns. Ms. Caldwell has been  
514 working with the Board's BreEZe liaison to address the concerns. Ms. Caldwell  
515 stated licensees and applicants utilize the external BreEZe site when visiting  
516 breeze.ca.gov, but as staff, the Board has an internal system that is under the  
517 umbrella of BreEZe. Currently, in BreEZe there is a "Quick Start Menu" so when  
518 applicants and licensees create and register for a BreEZe account, it will open to the  
519 quick start menu. From here the applicant/licensee will have a few options; one can  
520 apply for a license, renew a license, and update their address of record, email or  
521 phone number. One function the Board is working on is adding the ability to print the  
522 pocket certificate that carries the same information that is built into the Board's  
523 system that the Board emails and mails to the licensee. This is still a work in  
524 progress, the Board has not received any feedback yet from the BreEZe team on  
525 whether that is an option; however, the option that the Board does have at this time  
526 is when an individual is licensed, they are issued a wall certificate that is  
527 automatically mapped in the BreEZe system and it goes into the print services. The  
528 information is collected by print services and those are mailed out the following day  
529 or within a few days, so the new licensee will get the wall certificate in about a week  
530 of the license being issued.

531  
532 For the pocket card, currently the Board utilizes a vendor, placing card orders every  
533 two weeks due to high weekly costs. The licensee receives the laminated pocket  
534 card about three to four weeks after the license is issued or renewed. There is  
535 mapping in place within BreEZe that the Board can trigger to issue a pocket  
536 certificate and is something that the Board can start implementing in the middle of  
537 June. The Board's current pocket card contract expires on June 30, 2022, and the  
538 issuance of pocket certificate would be in place prior to that expiration. This would  
539 be something that gets mailed to the licensee with a letter letting them know that  
540 their license has been issued or renewed.

541  
542 It is then up to the preference of the licensee to laminate this information and carry it  
543 on their person. It is not a requirement of the Board to have licensees carry the  
544 certificate on their person. Much of the request for the pocket card comes from  
545 Medicare and that would be the insurance organization that is requiring a hard copy  
546 of this card, not necessarily for credentialing within the hospital. Through COVID-19,  
547 many organizations have made some progress with what one is able to provide with  
548 documentation.

549  
550 Ms. Caldwell stated that the Board is asking to discontinue the use of issuing a  
551 laminated pocket card through CI Solutions, who is the Board's vendor. Upon the  
552 issuance of a license or a renewal, the system would generate a pocket certificate,  
553 giving the licensee evidence of licensure. The Board is also hoping that in the future,  
554 the licensee will be able to print their pocket certificate from the quick start menu  
555 once they are logged into BreEZe; however, the Board does have options currently  
556 to provide licensees with an electronic copy of both the wall certificate and pocket  
557 certificate when requested.

558  
559 In response to Mr. Armenta's question if licensees could download the wall  
560 certificate and pocket certificate from BreEZe in the quick start menu, Ms. Caldwell  
561 responded that currently licensees cannot download anything from the quick start  
562 menu, but the plan is to allow the licensee to download a pocket certificate, not the

563 wall certificate.

564  
565 In response to Ms. Earley's question of how much will the Board save, Ms. Caldwell  
566 responded that the Board currently spends about \$2.17 per card and this will be  
567 brought down to \$.70 per card.

568  
569 Mr. Grant commented that there has been an issue in the past of licensees printing  
570 the pocket certificate, laminating them, and stating that they do not last. In response  
571 to Mr. Gant's question if licensees are unable to download their pocket certificates  
572 from BreZE and must contact the office to have one emailed to them, how often  
573 does the Board anticipate Board staff having to resend these certificates; Ms.  
574 Caldwell responded that because she does not handle the phone and monitoring of  
575 the Board's email account any longer, she would not be the best individual to  
576 provide this information. Ms. Caldwell stated that she has noticed that it has been  
577 greatly reduced all through COVID-19. Ms. Gompers shared that the Board receives  
578 requests about twice per week. Ms. Caldwell stated that she does not believe it will  
579 add a lot to the Board's workload.

580  
581 In response to Mr. Grant's question of when the Board issued paper certificates in  
582 the past, how often did the Board receive calls asking for reissuance, Ms. Caldwell  
583 responded that on average per month the Board would receive around half a dozen  
584 calls and it was usually due to the insurance company needing it. Ms. Caldwell  
585 stated it was helpful to ask the licensee if they could identify what the need is for an  
586 actual physical pocket card versus the information that is displayed on the Board's  
587 website, because it is more informative if one goes to the website to search a status  
588 of that individual's license. The license status can change at any time, a disciplinary  
589 action can be implemented, or an accusation could have been filed. If one is looking  
590 up a license this way, it would be more advantageous to pull up the licensee's  
591 details through the website, than to ask for a pocket card that may have been issued  
592 July 1, 2020, and now the licensee is at the tail end of their renewal cycle. That is a  
593 full two years and a lot can change in two years that can hinder their ability to  
594 practice or have limitations to their practice. Ms. Caldwell stated that she has not  
595 received feedback as to why the licensees are being asked to provide the pocket  
596 cards verses verifying the license online. Typically, licensees would state that they  
597 needed a physical card to show employers or insurance and since ordering a new  
598 one would take three to four weeks, the Board would email the licensee the PDF and  
599 that solved the issue.

600  
601 Mr. Grant commented that if a licensee needs that card and the Board is issuing a  
602 durable card that lasts, currently the only reason that the licensee would contact the  
603 Board about the card would be to order a lost or replacement card. The new issue  
604 would be, if the Board starts to issue a non-durable card, the licensee is more likely  
605 to contact the Board since it will not last. When looking at cost savings between the  
606 upfront cost of issuing a durable card or the downline cost of issuing a non-durable  
607 card and having to have the staff receive phone calls and resend the cards to  
608 licensees. In response to Mr. Grant's question of will the Board still be saving money  
609 by issuing a paper card if there will be an increase in calls, Ms. Caldwell responded  
610 that most of the calls that the Board receives regarding the pocket cards are due to  
611 individuals stating that they never received their card, not that they lost their card.  
612 Mr. Grant responded, that is because the Board issue a durable card, but once  
613 Board issues a non-durable paper card, the nature of the calls may change.

614

615 Mr. Armenta stated that the State Bar of California (State Bar) previously issued the  
616 plastic cards without a photo on it. Particularly for criminal practitioners, if one  
617 wanted to go to the jail or prison to visit someone, one would present this card.  
618 These cards were durable, but they got misplaced because they were renewed  
619 every two years. When one called the State Bar to request a new card, it would take  
620 weeks to get a replacement. This was not an issue due to COVID-19, but because  
621 COVID-19 prompted the realization that digitalization can often be better for these  
622 things. Now the jails and prisons do not require them. The State Bar now gives  
623 licensees the ability to print out the paper certificate. When visiting jails or prisons,  
624 they look at individual's driver's license and key in the information to the State Bar  
625 website and verify an individual this way.

626  
627 In response to Mr. Armenta's question of what are the technological barriers of  
628 BreEZe to not being able to perform the needed function, Ms. Caldwell responded  
629 that the Board has not done it yet. The BreEZe team is checking into the  
630 programming aspect of it and the ability for BreEZe to be able to provide that from  
631 the quick start menu. Ms. Caldwell is waiting on an update from the BreEZe liaison  
632 to see if this is a possibility.

633  
634 Mr. Armenta stated it should not be too complicated because the BreEZe team is  
635 just adding a button to the website to print out a card, Ms. Caldwell responded that  
636 the mapping and program must be completed. There are certain things that the  
637 Board would like BreEZe to do that are not an option.

638  
639 In response to Mr. Armenta's question of if the BreEZe system is so limited that  
640 there can't be a radio button to send out a card or print out a card, Ms. Caldwell  
641 responded that it would be an automatic print, but it is not available for licensees  
642 when they log into their account. When an individual receives a license or renews, it  
643 is automatically going to be issued by BreEZe and mailed. Ms. Caldwell stated that  
644 she does not have an answer at this time as to why the BreEZe system is limited,  
645 but there are some functions that she has wanted to offer the Board's licensees or  
646 applicants that have not been available in BreEZe.

647  
648 In response to Mr. Armenta's question of if a PA is confronted with a need for a  
649 pocket card and BreEZe is down, the PA can call the Board and the Board can  
650 immediately dispatch an email, Ms. Caldwell responded that this is correct, and this  
651 is what Board staff are currently doing. This helps ease the frustrating aspect the  
652 licensee experiences with credentialing or Medicare requirements.

653  
654 Mr. Armenta stated that in some jails or prisons people would fake State Bar pocket  
655 cards to go in and get a free visit with their friends when they are not lawyers. This  
656 shows how checking the website is a much safer way to check licensee status.

657  
658 In response to Mr. Armenta's question of when will the Board know of BreEZe  
659 technical capabilities; Ms. Caldwell responded that she just checked with the BreEZe  
660 liaison last week, at this point and time it is still a work and progress. This is  
661 something the Board has been working on since the last Board meeting, so  
662 unfortunately their workload is heavy, the BreEZe team is constantly getting  
663 requests from all the different boards and bureaus that utilize BreEZe. Ms. Caldwell  
664 reported she has touched bases with the BreEZe liaison at least three or four times  
665 over the last three months, to see where the Board is at with the status. Ms. Caldwell  
666 has been told that this is ready to go, for the BreEZe system to issue a pocket

667 certificate once the individual renews or the license is issued. The initial licensee  
668 would get a wall certificate and a pocket certificate, and the renewal would be just  
669 the pocket certificate; that would be mailed to the address of record.

670  
671 Mr. Armenta stated that since Board staff is not getting feedback on why licensees  
672 need the card, perhaps the need for the card is due to the lack of technological  
673 advancement of the individual asking for the card. Ms. Caldwell responded that it  
674 also could be that there are certain requirements that Medicare implements on PAs.  
675

676 In response to Mr. Armenta's question about in terms of budget the contract is  
677 ending on June 30, 2022, if the Board does not do anything the Board will be in a  
678 default position of having to renew that contract, Ms. Caldwell responded that Board  
679 staff has already completed the contract and submitted it to the DCA's Business  
680 Services Office (BSO) and asked an analyst to begin working on it. This would make  
681 the transition go smoothly from June 30 to July 1, with no delays in the issuance of  
682 the cards. If the Board decides not to move forward with renewing the contract,  
683 Board staff would inform BSO to halt processing of the contract.  
684

685 In response to Mr. Armenta's question of how long the contract is traditionally; Ms.  
686 Caldwell responded three years.  
687

688 In response to Mr. Armenta's question of if the Board does not do anything, the  
689 Board will be locked into a contract for three years, Ms. Caldwell responded yes.  
690

691 Mr. Armenta stated that a proposed middle ground could be for the Board to try to  
692 revisit this issue in six months to a year and see if the Board would like to go back to  
693 issuing the pocket cards. If this causes a heavy workload on staff, or BreEZe is  
694 unable to accommodate, the Board can still find a vendor to take the Board's  
695 business.  
696

697 Ms. Caldwell stated that on average it takes about three months to implement a  
698 contract, from the time staff puts out the request for a quote. If Board staff are having  
699 issues with the cards not being in place, they can bring this issue to the Board  
700 before the six months to a year if needed.  
701

702 In response to Mr. Armenta's question of would Ms. Caldwell recommend that the  
703 Board just try discontinuing these cards, Ms. Caldwell responded yes.  
704

705 In response to Ms. Earley's question of for the individuals that called or emailed  
706 asking for their cards and were automatically emailed a paper copy, did that quell  
707 their need; Ms. Caldwell responded, yes, they're assisted over the phone or email  
708 and when they are informed that a card has been sent to their email, the Board did  
709 not hear any further issues.  
710

711 Ms. Caldwell stated that she does not believe that it would be difficult for the  
712 licensee to access their pocket card from their BreEZe account but cannot say a  
713 definitive yes as of now.  
714

715 Mr. Armenta stated that it would appear to be more of a workload than a  
716 technological barrier for the BreEZe team. Ms. Caldwell responded correct, but it is  
717 good that the Board has the mapping already built into the system to start printing  
718 the pocket certificates.

719 In response to Mr. Armenta's question of what the cost was of the previous 3-year  
720 contract with CI Solutions, Ms. Caldwell responded that the previous total was about  
721 \$48,000, and the cost of the new contract is about \$53,000. When breaking this  
722 down, it's about \$2.17 per card versus \$.70 that Print Services can offer the Board.  
723 Print Services is the Board's print services department that the Board currently uses  
724 for the wall certificates.

725  
726 Dr. Hawkins stated that as an individual who visits BreEZe frequently to receive  
727 cases to vote on as a panel member, usually BreEZe is accessible. However, it  
728 would be important to mention that this previous weekend it was down, and he was  
729 unable to review cases. Ms. Caldwell stated that there are periods of maintenance.  
730 Dr. Hawkins stated that Ms. Caldwell also mentioned that there are some other  
731 complexities such as how many individuals are in the queue to get things done,  
732 which is a factor. Ms. Caldwell responded when individuals go online to renew their  
733 license, it is processed upon when they submit the payment. It is not something that  
734 is a holding pattern, the only reason that the license would not update based on the  
735 renewal aspect is if the licensee answered no to the continuing medical education  
736 (CME) question, which the Board is seeing an increase of due to the many COVID-  
737 19 waivers that were implemented where PAs were allowed to answer no to this  
738 question and still renewed without issues. The Board is currently receiving an  
739 increase of phone calls and emails inquiring about how to address this issue of  
740 correcting their license renewal, which requires Board staff to ask for evidence of  
741 CME compliance as well as a statement from the licensee that they answered the  
742 CME question incorrectly. The workload is seamless based upon the licensee  
743 submitting the payment, then the licensee would renew.

744  
745 In response to Dr. Hawkins' question of would it be possible for PAs to download  
746 their pocket cards onto their phones, Ms. Caldwell responded yes, an individual can  
747 take a picture of their card and keep it on their phone for easy access.

748  
749 Dr. Kidd stated that it is telling that the BRN no longer requires pocket cards  
750 because when looking at nurse practitioners, they have the ability to practice through  
751 BRN. As someone who is involved with credentialing, Dr. Kidd stated that he feels it  
752 does not impact their credentialing process, making this something the Board should  
753 potentially consider given the contractual arrangements that are going to be coming  
754 up in terms of the cost related to that. This could be a good opportunity to pilot it and  
755 see if this could work for the Board. If this doesn't work out for the Board due to  
756 workload increasing, Board staff can bring this topic back as an agenda item at a  
757 later Board meeting. From a piloting standpoint, given what COVID-19 has taught  
758 the Board, which is that technology is moving things forward to the digital age and  
759 this is one way the Board could get ahead of that in terms of following suit with some  
760 of the other boards. As a licensee, he has probably taken out his card twice in the  
761 last decade.

762  
763 Ms. Earley stated that she agreed with Dr. Kidd's comment, thanked Ms. Caldwell  
764 for her presentation and stated that she had never had to use her pocket card.

765  
766 Ms. Caldwell stated that as staff they never have had to ask that question before and  
767 Board staff are not as familiar with the needs of the working PA, the environment  
768 and the frequency that the PA would need to physically use the pocket card while  
769 the PA filling is out paperwork, or going into a new employment, going through  
770 credentialing, or providing the card for insurance. This could be something easy for

771 the licensee to access while at work if they need it and they can simply log in and  
772 print it out.

773  
774 M/ Vasco Deon Kidd S/ Sonya Earley to:

775  
776 Motion to eliminate the issuance of the plastic pocket card and instead move to a  
777 paper card and certificate as proposed.

778

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				

779  
780 No public comment.

781  
782 **11. Report on Medical Board of California Activities**

783  
784 Dr. Hawkins, Vice President of the Medical Board of California (MBC), reported the  
785 next quarterly Board and Committee meetings for the MBC will be in person at DCA  
786 headquarters from May 18 to 20, 2022. Both panels will meet on May 18 and the  
787 quarterly Board meeting will be on May 19 and 20. The agenda can be reviewed at  
788 [mbc.ca.gov](http://mbc.ca.gov).

789  
790 Dr. Hawkins reported discussion and possible actions on legislations and regulations  
791 will occur on May 20. Recently, MBC President Kristina Lawson participated in  
792 oversight hearings of the Senate Committee on Business, Professions and  
793 Economic Development. Additionally, Health Quality Investigation Unit (HQIU) and  
794 the Office of the Attorney General presented relative to the MBC's enforcement  
795 process and services provided. The purpose of the hearing was to discuss MBC's  
796 enforcement process, deficiencies and opportunities for reform and evaluating  
797 MBC's 2022 proposals for statutory updates. This is available at the Senate website,  
798 [senate.ca.gov](http://senate.ca.gov). At this hearing, MBC asked the legislators for the following statutory  
799 changes.

800  
801 First, MBC discussed changing the burden of proof to the preponderance of  
802 evidence from its current standard of clear and convincing evidence. Presently, to  
803 discipline a physician, the proof is at the higher level of clear and convincing  
804 evidence. This is different from 40 other state boards, which is a lower level of proof.  
805 If approved, this would be less expensive, less time consuming, and fewer cases  
806 would be closed due to insufficient evidence.

807  
808 The second item was to mandate additional reports regarding physician misconduct.  
809 In this case, a number of organizations who contract physicians would have to report  
810 termination or change in the physicians' status due to disciplinary reasons. If a  
811 company fired a physician for disciplinary reasons, it would be required to report it to  
812 the MBC. These are entities that are not currently reporting it. MBC is hoping to  
813 intervene earlier when a physician receives discipline, as currently, almost all the

814 reports are from consumers reporting. MBC received about 200 reports of 805  
815 reports out of ten thousand reports. MBC is trying to intervene earlier, and this could  
816 be something very valuable for public protection.

817  
818 The third was pausing the statute of limitation for subpoena enforcement. Currently,  
819 some physicians delay giving medical records that are essential to determine if  
820 discipline is warranted and some physicians consciously delay this process. If a  
821 case approaches the statute of limitations, MBC will have to either make a rapid  
822 decision or may not be able to discipline this physician. MBC would like, once a  
823 subpoena is legally presented to the physician, that the clock stops and it doesn't  
824 continue. This would allow MBC to do a better job of public protection.

825  
826 The fourth was the changing the requirements for licensees seeking to modify or  
827 terminate probation or to reinstate their license. Currently, some physicians want to  
828 come off probation early and believe that they have been rehabilitated sufficiently.  
829 Or individuals who surrendered or had their license revoked, would like to be  
830 reinstated. Currently, MBC does not get compensation for the due diligence on  
831 deciding these cases. MBC would like to either change the situation so that MBC  
832 could receive compensation, primarily the physician would have to pay for it, or  
833 exchange when the person can apply for reinstatement or for  
834 modification/termination of probation.

835  
836 Two other agenda items were requested by the committee; the role of the  
837 complainant and the disciplinary process. There have been some comments  
838 regarding complainants being able to come before the panels and present their case  
839 and give additional information. The second was legislation on public access to  
840 details of the board's disciplinary results. These two items are difficult and currently  
841 are not possible to do because if individuals have access to MBC's deliberative  
842 process, then they would change how they would approach the board and try to get  
843 around certain things. And if complainants were to come before the panel, this gets  
844 around the due process that the physician may have.

845  
846 In response to Mr. Armenta's question of whether there is proposed legislation  
847 regarding moving to a preponderance of the evidence standard versus clear and  
848 convincing, Dr. Hawkins responded yes. In response to Mr. Armenta's question if the  
849 MBC has taken a position on this legislation; Dr. Hawkins responded no, but he  
850 stated that he suspects that MBC will vote no on this legislation.

851  
852 In response to Mr. Armenta's question of has there been any gauge of public  
853 support for that legislation, Dr. Hawkins responded there is public support for the last  
854 two. The public wants to be able to bring their complaint to the panels and the  
855 boards to give their side of the story beyond their initial complaint. They want to do it  
856 before a decision is made and if a decision is made that they don't agree with, they  
857 want to be able to come back and give another comment.

858  
859 In response to Ms. Earley's question of whether there was a proposal to have the  
860 time stopped during a subpoena enforcement request, is there a time period that  
861 individuals will have to respond to that initial review, Dr. Hawkins responded yes  
862 there is and there are fines after a certain period of time but the fines do not start  
863 until the judge orders it. If a case is approaching the statute of limitations, sometimes  
864 it influences the outcome of the complaint.

865

866 No public comment.

867

## 868 **12. Regulations – Update on Pending Regulatory Packages**

869

### 870 1. 16 CCR 1399.523.5 – AB 2138: Required Actions Against Registered Sex 871 Offenders

872

873 Ms. Dhillon reported the revised proposed regulatory language was approved and  
874 adopted by the Board at its November 8, 2021, meeting. Agency approved this  
875 package on December 17, 2021, and it was filed with the Office of Administrative  
876 Law (OAL) on December 20, 2021. OAL approved this package on March 3, 2022,  
877 and it becomes effective on July 1, 2022. The regulatory documents for this package  
878 are on the Board’s website under the ‘Laws and Regulations’ tab.

879

### 880 2. 16 CCR 1399.514, 1399.615 – SB 697: License Renewal and Continuing Medical 881 Education Required

882

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

886

### 887 3. 16 CCR 1399.502, 1399.540, 1399.541, 1399.545 SB 697: SB 697 888 Implementation

889

890 The proposed regulatory language passed by the Board and approved by the MBC  
891 has been revised to address concerns raised by CAPA and DCA’s Legal Affairs  
892 Division. The revised proposed regulatory language was approved and adopted by  
893 the Board at its November 8, 2021, meeting. Staff is currently working on initial  
894 documents with Regulatory Counsel Karen Halbo and the Budget Office to submit  
895 for initial review.

896

### 897 4. 16 CCR 1399.506, 1399.507, 1399.511, 1399.546 – SB 697: Application, Exam 898 Scores, Addresses, & Recordkeeping

899

900 The proposed regulatory language passed by the Board has been revised to  
901 address further concerns raised by CAPA and DCA’s Legal Affairs Division. The  
902 revised proposed regulatory language was approved and adopted by the Board at its  
903 November 8, 2021, meeting. Staff provided Regulations Counsel and the Budget  
904 Office with three key initial submission documents and expects to submit the  
905 complete set of all initial submission documents for Legal, Executive, and Agency  
906 review by mid-May of this year.

907

### 908 5. 16 CCR 1399.515 – AB 2461: Retired Status to Include Fingerprint Requirement

909

910 This regulatory proposal is on hold for 2022 until the above packages are completed.

911

### 912 6. 16 CCR 1399.523 – SB 1441: Implement Uniform Standards Related to 913 Substance Abusing Licensees and Update of Disciplinary Guidelines

914

915 This regulatory proposal is on hold for 2022 until the above packages are completed.

916

917 Mr. Armenta commented that there was a lot of work that went into the packages

918 that the Board worked on with CAPA and DCA's Legal Affairs Division. In response  
919 to Mr. Armenta's question of what is the timeline on the initial documents for review;  
920 Ms. Dhillon stated that those packages are the Board's priority at the moment, so it  
921 is the hope that these packages will be completed by the end of 2022.  
922

923 In response to Mr. Armenta's question of how long does it typically take to get the  
924 packages to OAL, Ms. Dhillon responded that the plan is to get the packages to OAL  
925 by October or November at the latest and then OAL has their time period where they  
926 will overlook all the documents and if they have any edits, suggestions, or concerns  
927 they will contact Ms. Halbo or herself. Ms. Halbo and Ms. Dhillon would then  
928 complete their requests. This would typically take about two months once OAL  
929 receives the package and for OAL to give their final stamp of approval.  
930

931 No public comment.  
932

### 933 **13. Education/Workforce Development Advisory Committee: Update on** 934 **Physician Assistant Education Programs and Applicants in California** 935

936 Mr. Grant stated that the total number of accredited PA programs continues to grow,  
937 now approaching 300 nationwide. There are 19 programs in California with four  
938 developing, most of those are geographically distributed in the Southern California,  
939 Los Angeles and San Diego areas. There are four in the Bay area, two in the  
940 Sacramento and Central Valley, and two on the Central Coast. The PA Education  
941 Association Database website was used to get accurate numbers for this report.  
942 These numbers show the Board of how many seats are in each of these programs  
943 and the numbers on the report have been updated to reflect this, as well as the  
944 accreditation status of the various programs. For programs that the Board was  
945 unable to get an accurate number of seats, the national average of 46 will be used to  
946 determine how many graduates the program will have. Currently, of the 19  
947 accredited programs, if every seat is full in each program and all students complete  
948 the program, there will be 883 new PA students graduate every year in California.  
949 With the 23 programs, if all the programs complete the accreditation process,  
950 California will have over 1,058 PA graduates per year.  
951

952 A limiting factor for growth of the PA programs is the clinical rotation sites; some of  
953 these schools have started to have to pay for clinical rotation sites. Historically, PA  
954 programs have not paid, but rather have provided some benefits to the clinical  
955 preceptors, such as offering PAs clinical professorship or CME, but that is changing  
956 in California. This drives up the cost of PA education. There are about 1,300 to  
957 1,400 applications for licensure that come into the Board a year and this accounts  
958 for about 400 out-of-state individuals that are moving to California to practice as a  
959 PA. Around 2013, there were eight accredited PA programs in California, so one can  
960 see there is much growth. There is some pending legislation that may help grow the  
961 workforce and diversify it, which is also needed and a good thing.  
962

963 In response to Dr. Hawkins' question of are the university-based programs an  
964 advantage in terms of providing clinical clerkships rotations for their graduates, Mr.  
965 Grant responded that they're all university based because PA education is all  
966 graduate education. Some of the programs who have an associated medical school  
967 may be at an advantage and they can mix the PA students with the medical  
968 students. It is hard for all programs, because everyone is busy and working hard, to  
969 be a clinical preceptor is an additional workload task on top of everything.

970 In response to Mr. Armenta's question of if there is anything that the Board should  
971 be doing to help facilitate any of those challenges in terms of residency and clinical  
972 preceptorships; Mr. Grant responded that there are PA residencies available but  
973 that's a separate issue. In terms of clinical preceptorships, this is something that has  
974 been investigated and other states have given tax breaks to try to encourage more  
975 training. Mr. Grant stated that he does not have an answer for Mr. Armenta at this  
976 time.

977  
978 In response to Dr. Kidd's question of does the Board know what the honorarium or  
979 cost of being a preceptor is, Mr. Grant responded that it varies by school and this is  
980 something that each training program must determine. Some are paying \$1,000 per  
981 rotation as kind of a common one that that the Board hears and then for hard to  
982 obtain rotations or impacted rotations it can be significantly higher. Most of the time  
983 those are paid to the healthcare organizations and not to the preceptor. It helps to  
984 offset the administrative cost of processing paperwork of the students as well as  
985 some decreased productivity when training a student. The actual cost varies widely  
986 as some programs aren't paying for any and some are paying for all of them. Some  
987 programs have multiple sites across several states and an economy of scale which  
988 they can send their students across multiple states to go to different rotations. This is  
989 helpful for the PA students and possibly California because individuals that are from  
990 California, even though they may do some of their clinical rotations in other states,  
991 they tend to return geographically to where they are from which helps the Board  
992 meet the workforce needs. The paying for rotation will drive up the cost.

993  
994 In response to Dr. Hawkins' question of what specialties PAs are going into, Mr.  
995 Grant responded that he does not have the data with him currently, but he can  
996 include it in the next report. About 35% of PAs practice in primary care with the  
997 remainder practicing in some sub-specialty, but many of the other sub-specialties  
998 would be like emergency medicine, urgent care, etc. It used to be much higher, but it  
999 is lower now.

1000  
1001 Ms. Earley stated that even the medical schools are having to pay for sites as well,  
1002 but the PA programs usually range from \$500 to \$1,000 per student going off-site  
1003 and then if those spaces aren't available, students go out-of-state, which is a cost for  
1004 the school. The school must pay for those out-of-state locations, housing and  
1005 receptors to meet the need.

1006  
1007 Dr. Alexander stated that he has seen an increase in private schools versus public  
1008 schools. It is good to see the University of California (UCs) coming online as a public  
1009 school, this increases access particularly for underrepresented communities. Dr.  
1010 Alexander reminded the Board that there was a statewide commission on workforce  
1011 diversity that was created a couple years ago. The state has taken interest in this in  
1012 terms of trying to increase the diversity of the health workforce. The cost of PA  
1013 programs is expensive, particularly at private schools, and it would be great to see  
1014 more public schools. California has one California State University (CSU) and two  
1015 UCs and given that there is several CSUs and UCs it seems as though that the  
1016 Board should be encouraging more public access to PA programs.

1017  
1018 No public comment.

1019  
1020 **14. Report by the Legislative Committee; Discussion and Possible Action to**  
1021 **Consider Positions Regarding the following Legislation**

1022 A. AB 646 – Low: Department of Consumer Affairs: Expunged Convictions

1023  
1024 Ms. Dhillon stated that this bill was introduced on February 12, 2021, and is located  
1025 in the Senate Committee on Appropriations. AB 646 would require programs under  
1026 DCA that provide information on its website about a revoked license due to a  
1027 criminal conviction to post notification of an expungement within 90 days of the  
1028 Board receiving an expungement order related to the conviction for those who  
1029 reapply for licensure or are relicensed. This bill would also require boards, on  
1030 receiving an expungement order, to remove the initial posting on its online license  
1031 research system that the person’s license was revoked and information regarding  
1032 arrests, charges, and convictions, if the person is not currently licensed and does not  
1033 reapply for licensure.

1034  
1035 This bill was amended to require the Board to charge a fee of \$25 to the person to  
1036 cover the reasonable regulatory cost of administering the bill’s provisions unless  
1037 there is no associated cost.

1038  
1039 At the August 9, 2021, meeting, the Board chose to maintain its watch position and  
1040 staff is continuing to monitor this bill.

1041  
1042 The web posting, and removal of documents would fall under the Board’s regular pro  
1043 rata towards DCA – Office of Information Services – services and would be minor  
1044 and absorbable. However, these costs may be offset by the \$25 fee on a person  
1045 seeking to have information updated or removed because of an expungement order.

1046  
1047 The Board maintained its watch position on this bill.

1048  
1049 B. SB 731 – Durazo: Criminal Records: Relief

1050  
1051 This bill was introduced on February 19, 2021, but is considered dead as it failed  
1052 passage on the Assembly floor.

1053  
1054 The Board maintained its opposed position on this bill.

1055  
1056 C. AB 562 – Low: Frontline COVID-19 Provider Mental Health Resiliency Act of  
1057 2021: Health Care Providers: Mental Health Services

1058  
1059 This bill was introduced on February 11, 2021, and is located in the Senate  
1060 Committee on Appropriations. This bill would establish the frontline COVID-19  
1061 Provider Mental Health Resiliency Act of 2021, which would require DCA to establish  
1062 a mental health resiliency program until January 1, 2025, in consultation with the  
1063 relevant boards.

1064  
1065 At the August 9, 2021, meeting the Board chose to maintain its watch position and  
1066 staff will continue to monitor this bill.

1067  
1068 This bill currently does not have a funding source and therefore the cost of the  
1069 program would be funded through the participating boards or DCA pro rata. The  
1070 author notes that funding mechanisms are currently being explored and is committed  
1071 to ensuring license fees are not triggered. If there is no outside source of funding or  
1072 if the costs of the program are not absorbable, the author is willing to amend the bill  
1073 to narrow the bill substantially or look for a different funding source down the road.

1074 The Board maintained its watch position.

1075

1076 D. AB 1306 – Arambula: Health Professions Careers Opportunity Program

1077

1078 This bill was introduced on February 19, 2021, and is located in the Senate  
1079 Committee on Appropriations. This bill has not been amended as of the last meeting.  
1080 At its August 9, 2021, Board meeting, the Board took a support position and staff is  
1081 continuing to monitor this bill

1082

1083 The author's office does not anticipate any cost to the healing arts boards.

1084

1085 The Board maintained its support position.

1086

1087 E. AB 1733 – Quirk: State Bodies: Open Meetings

1088

1089 The Board was informed after this report was created that this bill is essentially  
1090 dead, making this bill no longer a concern.

1091

1092 In response to Mr. Armenta's question of does the Board need to take a stance  
1093 when the bill is dead, Mr. Kanotz responded that the Board could still take a position  
1094 on this bill, there may be other legislation that's like this bill. This was the bill that  
1095 appeared might be moving forward with regard to holding virtual meetings.

1096

1097 Mr. Armenta stated that he feels that this is an excellent bill that should be  
1098 considered as virtual meetings are the way of the future. However, considering its  
1099 apparent mootness the Board may not need to take a position.

1100

1101 F. AB 1662 – Gipson: Licensing Boards: Disqualification from Licensure: Criminal  
1102 Conviction

1103

1104 This bill was introduced on January 18, 2022, and is located in the Assembly  
1105 Committee on Appropriations.

1106

1107 This bill was recently amended on April 27, 2022. This bill essentially required a  
1108 Board to establish a process by which prospective applicants may request a pre-  
1109 application determination as to whether their criminal history could be cause for  
1110 denial of a completed application for licensure by the Board. The bill provides that  
1111 the pre-application determination among other things may be requested by the  
1112 prospective applicant at any time prior to the submission of an application and would  
1113 require the Board to include specified written information regarding the criteria used  
1114 to evaluate criminal history and how the prospective applicant may challenge a  
1115 denial by the Board. The bill also provides that the pre-application determination  
1116 does not constitute a denial or disqualification of an application and would prohibit  
1117 requiring a pre-application determination for licensure or for participation in any  
1118 education or training program. This bill would require a board to publish information  
1119 regarding its process for requesting a pre-application determination on its internet  
1120 website and authorize the Board to charge a fee as specified to be deposited by the  
1121 Board into the appropriate fund and available only upon appropriation by the  
1122 legislature. This bill would require that the Board provide in writing a summary of the  
1123 criteria used by the Board to consider whether a crime is substantially related to the  
1124 qualifications, functions, or duties of the business or profession it regulates. It would  
1125 also be required to provide the processes for an applicant to request a copy of the

1126 applicant's complete conviction history. This would also provide that the applicant  
1127 would have the right to appeal the Board's decision, as well as any existing  
1128 procedure that the Board has for the prospective applicant to challenge the decision  
1129 or to request reconsideration following the denial of a completed application. The  
1130 Board may charge a fee to a prospective applicant and the amount not to exceed the  
1131 lesser of \$50 or the reasonable cost of administering this section.  
1132

1133 This bill would increase staff's workload because determination requests must be  
1134 made by staff when requested by an individual. The Board estimates it would  
1135 receive three to five pre-application determination requests per year. This would  
1136 likely increase 10-15 hours of staff time total per request, divided between one Staff  
1137 Services Analyst, one Associate Governmental Program Analyst and the Executive  
1138 Officer. This could also require the Board to seek advice from a Deputy Attorney  
1139 General for more complicated cases. Since the Board is authorized to charge a fee  
1140 of \$50, the reasonable cost of administering this bill would be covered.  
1141

1142 In response to Mr. Armenta's question of there is an estimate of three to five pre-  
1143 application determination requests per year, what is the reasoning of how the Board  
1144 came to that estimation, Ms. Dhillon responded that as of now with applicants who  
1145 are denied based on their criminal history, the Board receives roughly two to three a  
1146 year. The Board is estimating maybe about one or two increases in the year. It is  
1147 hard to determine that because the Board does not have a process in place for this.  
1148 This is just an estimate, and it can change if this bill does moves forward. The Board  
1149 must also take into consideration that the individuals who will be applying for these  
1150 letters, could possibly not even be in the process of getting their PA license. They  
1151 may just be considering getting their PA license and want to know what their options  
1152 are. There could be a chance of an increase in individuals who apply for the  
1153 predetermination letters, this is only a rough estimate based on how many requests  
1154 the Board currently receives.  
1155

1156 Mr. Grant stated that if an individual is thinking of attending PA school and has a  
1157 criminal background and the individual wants to know if that criminal background is  
1158 going to preclude them from going, they might retain some counsel to guide their  
1159 decisions. This bill appears to be a cost shift from the person obtaining counsel to  
1160 help them understand the law to the PA Board, which in Mr. Grant's opinion is not  
1161 the Board's job. The PA may not be able to attend the school because the clinical  
1162 rotations require the PAs to pass a background check. The individual would need to  
1163 check with the programs first, whether or not the Board states that the PA would be  
1164 able to attend a program in the first place. This would also be a big cost shift and  
1165 would increase the Board's workload for something that does not relate to the  
1166 Board's mission.  
1167

1168 In response to Mr. Armenta's question of are there other jurisdictions that have done  
1169 this, Ms. Dhillon responded none that she is aware of.  
1170

1171 In response to Mr. Armenta's question of what would be the disqualification  
1172 convictions for a PA, Mr. Grant responded that he believes it would be crimes that  
1173 are determined to be substantially related to PA practice. It may be dishonesty in  
1174 terms of billing, extortion, etc. Mr. Grant stated that he believed that the PA's crimes  
1175 would be substantially related and that an attorney could sit down and read the law  
1176 with an individual who is considering attending PA school and inform them that they  
1177 have these convictions and that there is a nexus between this profession and these

1178 crimes that needs consideration. This does not feel like a responsibility for the Board  
1179 but for the PA.

1180  
1181 Mr. Armenta commented that the language in the regulation is substantially related.  
1182 If an individual wants to try to get their PA license despite their convictions, then they  
1183 would need to speak with a lawyer and see how to get their convictions expunged.  
1184 Mr. Armenta stated that he agrees with Mr. Grant and Ms. Dhillon's observations are  
1185 correct in that the Board will receive many individuals who may not be very serious  
1186 about PA school and trigger a significant cost for the Board. Mr. Armenta stated that  
1187 he would oppose this based on the resource allocation.

1188  
1189 Dr. Hawkins stated that he agrees with Mr. Grant and Mr. Armenta. MBC was not  
1190 positive that this was a shift that puts the Board in a position where the Board may  
1191 be saying something the Board can't maintain. The Board may make a comment  
1192 and it may backfire; this bill is probably going to be opposed by MBC.

1193  
1194 Ms. Earley stated that she agrees as well. In the past, it was encouraged to call the  
1195 Board to see for instance if they had a DUI conviction what would that pose if that  
1196 individual had gone through a PA program. What would the Board do, and Board  
1197 staff would give them some generalities? However, with different cases one can see  
1198 that as mentioned earlier they might not even get through the process because once  
1199 their record is pulled, they may not be able to get any clinical rotations. They may  
1200 not be able to stay in PA school depending on when they bring that information to  
1201 light. There are a lot more things that need to be considered in situations like this but  
1202 to read it this way, Ms. Earley placed her vote as a no because it places the burden  
1203 on the Board. This would present a challenge when the Board does not have the  
1204 case information readily available to make that determination or the man and woman  
1205 hours that have to go into to looking through the matter that is not cost efficient.

1206  
1207 In response to Dr. Alexander's question of would the Board feel different if there was  
1208 a cost for pre-application submission; Mr. Armenta responded that even if the Board  
1209 had a cost shift to the applicant, the Board would still be consuming resources.  
1210 There is a concern of what type of liability the Board would incur for even issuing an  
1211 opinion letter that would say an individual is eligible and later that they're not. One  
1212 could then try to argue that the Board is responsible for the school fees. This is a bill  
1213 that is admirable in its goal but not well thought out.

1214  
1215 Ms. Earley stated that she agrees and does not think that the Board should support  
1216 this bill because of the ramifications, because PA schools are upwards towards  
1217 \$150,000. To make that a cost for the Board, from the Board's standpoint, to allocate  
1218 individuals to do that, there would be no cost savings. If the individual finished  
1219 school and the Board had a chance to look through their file and rendered them a  
1220 no, this could end in lawsuits.

1221  
1222 In response to Dr. Alexander's question of, you as an individual paid for the effort  
1223 would this be something that would be reconsidered; Ms. Earley responded no, but  
1224 that's where the lawyers would come in.

1225  
1226 In response to Mr. Grant's question of how does this fall under the Board's mission  
1227 of public protection, Mr. Armenta responded that Mr. Grant made an excellent point.

1228  
1229 Ms. Earley stated that in the past most people would call to see if it was something

1230 viable for them to do. However, this takes it to another level of having to look through  
1231 all that egregious information and render something. This takes the Board further out  
1232 of the Board's scope of practice. Mr. Armenta responded that the Board would be  
1233 issuing an opinion letter.  
1234

1235 Dr. Hawkins commented that the Board increasingly views the bills, and the Board is  
1236 asked to give their opinions. One thing that is supposed to help Board members  
1237 figure out whether the Board should be involved is does it speak to the Board's  
1238 mission, because they spend so much time, activity, money and dialogue.  
1239 Sometimes individuals are pulled into things that they don't have to be involved in  
1240 because it doesn't speak to Board's core. Anyone can have an opinion but maybe  
1241 you don't have to have an opinion on everything that doesn't really get to what we  
1242 were charged with doing.  
1243

1244 M/ Juan Armenta S/ Sonya Earley to:

1245  
1246 Motion to oppose AB 1662 and to direct staff to send a letter to the author's office.  
1247

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				

1248  
1249 No public comment.

1250  
1251 **15. Agenda Items for Next Meeting**

1252  
1253 1) Update on the Medical Consultant Reviewer Program and the parameters of the  
1254 medical consultant selection.

1255  
1256 No public comment.

1257  
1258 **16. CLOSED SESSION**

1259  
1260 A. Pursuant to Section 11126(a)(1) of the Government Code, the Board will conduct  
1261 the annual evaluation of performance of the Executive Officer.

1262  
1263 B. Pursuant to Section 11126(c)(3) of the Government Code, the Board will  
1264 deliberate and take action on disciplinary matters.

1265  
1266 **17. Adjournment**

1267 Adjournment will immediately follow the closed session and there will be no other  
1268 items of business discussed.

1269  
1270 Minutes do not reflect the order in which agenda items were presented at the Board  
1271 meeting.