

1 **MEETING MINUTES**

2
3 **August 8, 2022**
4 **8:30 A.M. – 5:00 P.M.**

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

6
7 **1. Call to Order by President**

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

10
11 **2. Roll Call**

12 Staff called the roll. A quorum was present.

13
14
15 Board Members Present: Charles Alexander, PhD
16 Juan Armenta, Esq.
17 Jennifer Carlquist, PA-C
18 Jed Grant, PA-C
19 Randy Hawkins, M.D.
20 Diego Inzunza, PA-C
21 Vasco Deon Kidd, PA-C

22
23 Board Members Absent: Sonya Earley, PA-C

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

35
36 **3. Consider Approval of May 9, 2022, Board Meeting Minutes**

37
38 M/ Vasco Deon Kidd S/ Jed Grant to:

39
40 Approve the May 9, 2022, Meeting Minutes.

41

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

42
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 after the State of California was placed into a state of
59 emergency by the Governor, there are various waivers with respect to licensing and
60 administration of COVID-19 vaccines. In coordination with state and local efforts, the
61 Governor extended those with the seventh amendment to the Declaration on March
62 11, 2021; those waivers continue presently, and specifications are available on the
63 Board's website.

64
65 No public comment.

66
67 **6. Executive Officer's Report**

68
69 A. Office Operations

70
71 Ms. Khan reported that the Board is managing ongoing teleworking for staff while
72 continuing to balance office operations.

73
74 B. Personnel

75
76 Effective July 1, 2022, Jasmine Dhillon has been promoted to Staff Services
77 Manager I (SSM I) [Specialist], to serve as the Legislative and Regulatory Specialist
78 for the Board. This is the Board's first SSM I Specialist position. Historically, the
79 incumbent tracking legislation and coordinating all rulemaking activity for the Board
80 has always been from the Associate Governmental Program Analyst (AGPA)
81 classification. However, due to the demand of the position and the high-level
82 involvement in the decision-making process, the position no longer can be sustained
83 at an AGPA level.

84
85 Ms. Dhillon joined the Board on March 8, 2021, as a Legislative and Regulatory
86 Analyst. She has consistently demonstrated her ability to successfully assume
87 increased responsibilities and works independently and tactfully while providing a
88 broad range of high-level complex analytical and consultative duties as they relate to
89 the Board's legislative and regulatory processes.

90
91 C. Annual Report

92
93 As fiscal year 2021-22 came to an end, Board staff worked diligently in submitting its
94 Annual Report to the Department of Consumer Affairs (DCA). The Annual Report is
95 an opportunity for the Board to demonstrate its accomplishments, provide program
96 information such as position counts, board membership, license requirements, fees,

97 continuing education, licensing and enforcement statistics, and regulatory and
98 legislative updates in the past 12 months. The report will undergo DCA's review and
99 approval process before its publication.

100 D. Outreach

101
102
103 Board staff is looking forward to attending the California Academy of PAs (CAPA)
104 Conference (CAPACon) in Carlsbad, California. CAPACon will be held during
105 Physician Assistant Week, October 6 to October 9, 2022. Staff will be available to
106 answer licensee and student questions and disseminate Laws & Regulations
107 booklets relating to the practice of physician assistants (PA). The Board thanks
108 CAPA for the outreach opportunity and looks forward to conducting more outreach
109 events throughout the year to further the Board's strategic goal of informing
110 consumers, licensees, applicants, and other stakeholders about the practice and
111 regulation of the PA profession.

112 E. Information Technology

113
114
115 Development of the instructional video to assist applicants with licensure is currently
116 on hold. The DCA Public Information Officer assigned to assist the Board with the
117 production of the video has taken a promotional opportunity with another state
118 agency. The development of the instructional video will resume once a replacement
119 is hired.

120
121 The redesigned Board website is close to being completed. The site is currently
122 undergoing a final accessibility check and will go live once this process is complete.
123 The new website will include increased functionality, streamline the information
124 presented and a more user-friendly interface.

125
126 The Board continues to utilize its subscriber alert system, social media accounts and
127 website to maximize outreach, which serve as the primary communication tools for
128 licensees and members of the public.

129
130 In response to Mr. Armenta's question of which Board staff members will be
131 attending the conference, Ms. Khan responded that as of now, the attendees will be
132 the Assistant Executive Officer, the Lead Licensing Analyst and the Legislative
133 Specialist. However, this has not been finalized.

134
135 In response to Dr. Hawkins' question of, have there been any issues with the Board
136 attending the CAPA conference, Mr. Armenta stated that in the past the Board has
137 had issues with attempting to coordinate the Board meetings at the same time as the
138 CAPA conference. Due to logistics and timing, the two events have become
139 unaligned.

140
141 Mr. Grant stated that the Board had discussions at previous Board meetings about
142 whether it would be worthwhile to continue to alter the Board's schedule to hold the
143 meeting at the CAPA conference as the Board has done previously. The result of
144 these discussions was that rescheduling the Board's meeting would cause issues
145 with the 100-day limit between meetings. The Board decided by unanimous vote to
146 keep the Board meeting in November, rather than trying to have a meeting in
147 October.

149 No public comment.

150

151 **7. Board Activity Reports**

152

153 A. Licensing

154

155 Licensing Population by Type Report as of July 21, 2022:

156

157 Ms. Caldwell reported that this report provides an overall view of the licensing
158 population and different statuses.

159

160 Total Licensing Population: 23,087

161

161 Current Licenses: 15,881

162

162 Current Inactive: 32

163

163 Temporary Family Support: 2

164

164 Total: 15,915

165

166 Summary of Licensing Activity Report for April 1, 2022, to June 30, 2022:

167

168 Ms. Caldwell reported that this report provides a breakdown of how many applications
169 the Board received for an initial license.

170

171 Initial Applications received – 431

172

172 Licenses issued – 358

173

173 Licenses renewed – 1,685

174

175 Pending Application Workload Report as of July 21, 2022:

176

177 Ms. Caldwell reported that this report provides a breakdown of the workload for the
178 staff members who are overseeing the initial applications. The report gives the
179 Board a general idea of how long it can take to process an application. The first pie
180 chart is the desk age, and this chart reflects how long the application has been with
181 the Board and has been reviewed. The desk age starts once it is assigned to one of
182 the licensing analysts. The second pie chart shows how long the application has
183 been in the system. There is a difference in the time because online applications are
184 not downloaded daily. Applications might wait in the system for a few days before
185 they are assigned to an analyst. However, the analyst does review all of the
186 applications in the date order that they are received.

187

188 The majority of the applications are being licensed within 30 days. Applicants
189 receive an update known as a deficiency letter that lists any deficiencies they may
190 have, or they will receive a congratulatory letter stating they have been licensed.
191 Anything that falls outside of the Board's 30-day window is typically due to the
192 applicant having items that are deficient, such as passing the Physician Assistant
193 National Certifying Examination (PANCE) exam, verification of other health care
194 licenses or certificates, or for waiting on fingerprint results from the Federal Bureau
195 of Investigation (FBI) and Department of Justice (DOJ). The fulfillment of these
196 deficiencies is out of the Board's control.

197

198 In response to Mr. Armenta's question of, is the trend line for processing holding
199 steady, increasing, or decreasing, Ms. Caldwell stated that the Board has been
200 running about three weeks from the time when an applicant submitted the

201 application to the time that they received an update from the Board. July placed the
202 Board a little past the 3-week margin; however, the Board was still under the 30-day
203 window and now the Board is back on track and tightening the 30-day window closer
204 to a 21-day window. This can depend upon the Board staff schedule, the volume of
205 PA schools that are graduating and how many applications the Board is receiving.
206 This can cause an increase in the overall time, but it's still within 30 days, which is
207 also posted on the Board's website.
208

209 In response to Mr. Armenta's question of, whether Ms. Caldwell is satisfied with the
210 current timeline for processing applications, Ms. Caldwell responded yes.
211

212 In response to Dr. Hawkins' question of, what are the numbers of PAs practicing
213 compared to the numbers of PAs retiring and how are those numbers balancing out,
214 Mr. Armenta responded that this question should be addressed when the Board
215 reaches agenda item number 14, with Dr. Alexander and Mr. Grant addressing
216 workforce.
217

218 B. Complaint

219
220 Ms. Melendez reported the following complaint activity for the period of April 1, 2022,
221 to June 30, 2022:
222

- 223 ● Complaints Volume
 - 224 ○ Complaints received: 89
 - 225 ○ Convictions/Arrest Received: 6
 - 226 ○ Total Received: 95
 - 227 ○ Assigned to desk analyst (**may include cases received in previous
228 quarters): 110
 - 229 ○ Pending at intake: 0
- 230 ● Complaints and Investigations
 - 231 ○ Complaints referred for investigation: 24
 - 232 ○ Complaints and investigations closed**: 116
 - 233 ○ Complaints pending at desk analyst**: 269
 - 234 ○ Investigations pending at field**: 76
 - 235 ○ Average age of pending investigation**: 239 days
 - 236 ○ Investigation over 8 months old: 28

237
238 Mr. Armenta stated that he is impressed with the investigation aging report of this
239 year as compared to last year's numbers and it is great to see the downward trend.
240

241 C. Discipline

242
243 Ms. Haydon reported the following discipline activity for the period of April 1, 2022, to
244 June 30, 2022:
245

- 246 ● Suspensions
 - 247 ○ Interim Suspension Order - 0
 - 248 ○ Penal Code Section 23 - 1
- 249 ● Office of the Attorney General Transmittal
 - 250 ○ Cases initiated: 11
 - 251 ○ Cases pending: 43
 - 252 ○ Average age of pending cases: 300 days

- 253 ● Formal Actions Filed/Withdrawn/Dismissed
- 254 ○ Accusations filed: 5
- 255 ○ Accusations Withdrawn/Dismissed: 0
- 256 ● Administrative Outcomes/Final Order
- 257 ○ License Application Denied: 0
- 258 ○ Probationary License Issued: 0
- 259 ○ Public Repeval: 0
- 260 ○ Surrender: 2
- 261 ○ Petition for Reinstatement Granted: 2
- 262 ○ Petition for Reinstatement Denied: 1
- 263 ○ Petition for Termination of Probation Granted: 1
- 264 ○ Petition for Modification of Probation Granted: 0
- 265 ● Citation and Fine
- 266 ○ Citations issued: 1
- 267 ○ Resolved/Closed: 2
- 268 ○ Pending: 2
- 269 ○ Fines Issues: \$5,000
- 270 ○ Fines Received: \$750

271
 272 In response to Mr. Armenta’s request for clarification on the fines issued and fines
 273 received, Ms. Haydon responded that the PAs are given a certain number of days to
 274 comply from the date that the citation is issued. Currently, there are two citations
 275 pending due to fines. As of now the Board has received \$750, and the funds were
 276 placed into the fiscal year where the fine was issued. The PA is presently paying this
 277 fiscal year.

278
 279 In response to Dr. Hawkins’ question of, what is the most common reason that a
 280 license application is denied, Ms. Haydon responded that there are a variety of
 281 reasons, however she cannot narrow it down to one specific situation. Ms. Caldwell
 282 responded that applications get denied due to disciplinary history reported in the
 283 National Practitioner Data Bank (NPDB) report. Once the applicant applies and the
 284 Board has all of their requirements, Board staff complete their review. There are
 285 instances where the Board will base denial on the licensee being on a disciplinary
 286 order from another licensing board. The Board may mirror that and refund their initial
 287 licensing fee. If a criminal conviction shows up on the applicant’s background check,
 288 the Board will then ask for the arrest report and court documents. Once the Board
 289 reviews those documents, Board staff would consider denial based on the
 290 information received.

291
 292 D. Probation

293
 294 Ms. Gerard reported the following probation activity for the period of April 1, 2022, to
 295 June 30, 2022:

- 296 ● Completed Probation – 1
- 297 ● Probation Terminated – 1
- 298 ● Total Probationers – 45
- 299 ○ Active – 37
- 300 ○ Tolled – 8
- 301
- 302
- 303

Ms. Gerard stated that she made on-site visits in the East Bay and Inland areas of

304 northern California this quarter.

305
306 In response to Mr. Armenta's request for Ms. Gerard to elaborate on her
307 experiences with her field visits, Ms. Gerard responded that her field visits are going
308 well. She made some surprise visits and hopes to do it again. She stated that she
309 took a vacation and was ill for a short period of time which caused a pause but that
310 she will resume visits.

311
312 In response to Mr. Armenta's question of, how these surprise visits are received by
313 the probationers, Ms. Gerard responded that she feels some probationers are very
314 caught off guard. There have been some instances where individuals were not at
315 work that day. The Board has created a new form that has required probationers to
316 list their practice location to get a schedule down. When visiting a location, the goal
317 is to book one individual and surprise another, that way it is not a waste of the
318 Board's money to travel.

319
320 In response to Mr. Armenta's question of, are the probationers typically cooperative
321 during the visits, Ms. Gerard responded yes.

322
323 In response to Mr. Grant's question of, has there been any improvement since the
324 last meeting where it discussed the pushback that Ms. Gerard received from the
325 probationer's supervising physicians, Ms. Gerard stated that Mr. Grant may be
326 misremembering, as the issue that she mostly had was that the PA required to have
327 100% on-site supervision before the effective date of their decision; this was when
328 the Board received the most push back from the supervising physicians.

329
330 E. Diversion

331
332 Ms. Gerard reported the following diversion activity for the period of April 1, 2022, to
333 June 30, 2022:

- 334
335
 - Total Active Participants – 3

336
337 In response to Mr. Armenta's question of has this been operating as intended, Ms.
338 Gerard responded yes.

339
340 No public comment.

341
342 **8. Department of Consumer Affairs – Director's Update (DCA Staff) – May**
343 **Include Updates Pertaining to the Department's Administrative Services,**
344 **Human Resources, Enforcement, Information Technology, Communications**
345 **and Outreach, as well as Legislative, Regulatory and Policy Matters.**

346
347 Tonya Corcoran, Compliance and Equity Officer, thanked the Board for allowing her
348 the opportunity to provide a department update. Specific to the Open Meetings Act
349 legislation, the Governor signed Senate Bill 189 on June 30. It reinstated through
350 July 1, 2023, the remote meeting provisions of the Bagley-Keene Open Meeting Act,
351 that were in place during the pandemic. Ms. Corcoran advised that DCA continues to
352 advocate on the Board's behalf, so that the Board may conduct the board meetings
353 in a manner that best serves the business of the Board, while still taking into
354 consideration both costs and public participation. DCA is asking boards to continue
355 to use WebEx as much as possible to allow the public to attend remotely. DCA is

356 also continuing to survey the boards about public meetings to track costs for the
357 meetings, to compare costs for in-person and WebEx meetings. Since this legislative
358 change is only in place for this fiscal year, those surveys have been distributed to all
359 boards and bureaus, and they're being completed within 30 days after each meeting
360 that's being held. Specific to in-person meetings guidelines, if the Board chooses to
361 hold in-person meetings there are some safety measures and best practices. All
362 Board members and staff are expected to follow the state and local public health
363 guidelines that apply in the area where those meetings are being held. It is strongly
364 encouraged that attendees wear a face mask at these public meetings. In addition,
365 prior to any meeting in person or at a remote public location, members need to
366 submit vaccine verification to DCA's Office of Human Resources (OHR) or be
367 subject to COVID-19 testing.
368

369 The Director recently held a meeting on July 5 with executive officers and bureau
370 chiefs to roll out changes to regulation development and approval process. Those
371 changes were discussed and reviewed by the Executive Officer and Bureau Chief
372 Cabinet and then it was shared with all boards and bureaus, including the
373 documentation and flow charts for those processes. DCA is hoping to see
374 regulations moving through the process more quickly.
375

376 Specific to Board and Bureau Relations, Carrie Holmes left DCA on May 13,
377 additionally, Brianna Miller accepted another position and left on June 10.
378 Employees at DCA will share these responsibilities and want to assure that during
379 this transition period DCA will continue to serve and provide the services that DCA
380 did prior to their departure. If the Board needs anything, please feel free to reach out
381 to member relations or call the Executive Office directly.
382

383 Ms. Corcoran stated that she would like to share a few changes in staffing. DCA is
384 pleased to announce that Nicole Le was hired on June 24, as the Deputy Director of
385 Office of Administrative Services. Ms. Le has more than 20 years of state experience
386 and 10 years dedicated to those in the OHR function. Additionally, Olivia Trejo was
387 appointed as Chief of OHR, effective August 1. Ms. Trejo has over 22 years of
388 human resources experience and has served the last nine years within DCA's OHR.
389 Lastly, Taylor Schick was appointed as Chief Fiscal Officer in July. Mr. Schick has
390 more than 16 years of state service experience and he began his career as a Budget
391 Analyst and most recently serving as the DCA Budget Officer.
392

393 For staff and Board members who have submitted travel expense claims, DCA has
394 been notified that there has been a delay in processing and approval of the travel
395 expense claims for the current fiscal year. This would be for July 1 to present, and
396 that is due to setting up the new fiscal year budget in the statewide Fi\$Cal system.
397 DCA does expect those to be resolved in the coming weeks and DCA appreciates all
398 staff and Board members' patience at this time.
399

400 Lastly, a reminder that the current year's final Board Member Orientation Training
401 (BMOT) is coming. BMOT will be held on October 12, and members can register
402 through the department's Learning Management System (LMS). This is a reminder
403 that it is required for all newly appointed or reappointed board members but is also
404 available as a refresher for all members and Executive Officers.
405

406 No public comment.
407

408 **9. Budget Update (DCA Budget Analyst)**

409
410 Suzanne Balkis, DCA Budget Analyst, introduced herself as the Board's budget
411 analyst and explained that she would go over the Board's fund condition statement
412 that currently includes Fiscal Month 11 (FM 11) projections.

413
414 Ms. Balkis reported the Board has used about 36.72% of its expenditure on Personal
415 Services (PS), which includes salaries and benefits; 38.81% for Operating Expenses
416 & Equipment (OE&E), which includes contracts, purchases and travel; and 23.62%
417 on Enforcement, which includes the Office of Administrative Hearings as well as the
418 Office of the Attorney General. The Board has 0.85% in Reversion.

419
420 Fund Condition Report

421
422 The fund condition statement is based on fiscal year (FY) 2020-21 actuals with a
423 beginning balance of \$4.9 million, with prior year (PY) adjustment of about \$70,000,
424 giving the Board an adjusted beginning balance of \$4.8 million. The Board has an
425 overall revenue of \$2.4 million and a total expenditure of \$2.4 million as well. This
426 totals to a fund balance of \$4.8 million, which is about 19 months in reserve. For the
427 Board's current FY 2021-22, the Board has a beginning balance of \$4.8 million and
428 a projected total revenue of about \$2.6 million, with staff tracking an overall
429 projection of FM 11 expenditures of about \$3 million. With those expenditures and
430 revenue, the Board currently has a fund balance of about \$4.4 million, which gives
431 the Board about 16.2 months in reserve. Budget year (BY) is based on Governor's
432 budget and BY +1 is based on realized. The Board has no immediate concerns for
433 this fund.

434
435 Expenditure Projection Report

436
437 The Expenditure Projection Report shows the expenditures reflected in the budget.
438 The report shows that the Board is projecting about \$1.1 million in PS and \$1.9
439 million in OE&E expenses. The Board is showing a total of \$3 million of total
440 expenditures, this created a savings of \$26,000, or 0.85% in savings. Based on
441 these projections there is no immediate concern for the fund.

442
443 In response to Mr. Armenta's question of, what is the BY +1 23/24 based on, Ms.
444 Balkis responded that it is based realized, meaning it is based on the Governor's
445 budget.

446
447 In response to Mr. Armenta's question of, the Board's months in reserve trendline
448 has been moving downward in FY 23/24 to 10 months, is this a cause for concern,
449 Ms. Balkis responded no, the Board is still in an acceptable window.

450
451 In response to Mr. Armenta's question of, what in Ms. Balkis' opinion is an
452 acceptable window, Ms. Balkis responded it is recommended to stay between 12 to
453 24 months to be considered healthy. The Board is a little below 12 months; however,
454 this is still considered in good condition. Anything above three months is not cause
455 for concern.

456 In response to Mr. Armenta's question of, considering what appears to be an
457 inflationary environment, moving forward should the Board be doing something to
458 address that in regard to the months in reserve, Ms. Balkis responded that she is

459 working with Ms. Khan to see what contracts the Board will need to continue moving
460 forward and which ones the Board will no longer need.

461
462 No public comment.

463
464 **10. Update on Medical Consultant Reviewer Program**

465
466 Mr. Melendez shared his experience working with a Medical Consulting Program.
467 Mr. Melendez stated that he had the opportunity to work for the Medical Board of
468 California (MBC) for about 20 years, and in those years, he spent seven years
469 working in the Enforcement Unit as a Complaint Analyst and two of those years as
470 the Medical Consultant Analyst with one other colleague. As the Medical Consultant
471 Analyst, Mr. Melendez was responsible for the recruitment and ongoing
472 maintenance of the pool of medical consultants (MC), roughly 400 employed to
473 perform initial review of consumer complaints and prepare reports related to whether
474 the physician's care was within the standard of care in the medical community. He
475 coordinated with MBC staff on the review of the complaints filed against physicians,
476 physician assistants and midwives as it related to their care and treatment. Mr.
477 Melendez independently identified and contacted MCs to obtain medical reviews to
478 determine whether further investigation was indicated.

479
480 Mr. Melendez stated that the Board's Medical Consulting Program is not something
481 new; the Board adopted the same model that was used at MBC. The Board currently
482 has an MC application that is used for both PAs and physicians to apply for the
483 program. When reviewing the MC applications, Mr. Melendez will confirm that the
484 application is complete with all of the required information and that the licensee
485 meets the minimum requirements to be an MC which include: a current unrestricted
486 license with the Board or MBC, the license is in good standing meaning that their
487 license is clear of complaints filed within the last three years, the candidate has not
488 been retired for more than five years, and the candidate has been practicing a
489 minimum of three years. Mr. Melendez stated that he also has the following
490 desirable qualifications which are prior peer review experience and board
491 certification. For physicians, he checks for board certification from the American
492 Board of Medical Specialties, or a specialty board approved by MBC prior to January
493 1, 2019.

494
495 Once an application is approved, Mr. Melendez requests a contract, and the entire
496 process can take two to three weeks to bring a new MC on board. Most of the time
497 his waiting for the issuance of the contract by DCA. Mr. Melendez is also working
498 with DCA's Information Technology Unit on the creation of an MC recruitment page.
499 This page will provide candidates with information on the requirements and the
500 application. At this time, the Board does not have a go-live date on the website, but
501 the hope is that this will be completed in a timely manner. In the meantime, the
502 Board has a pool of consultants that Mr. Melendez curated from contacts at the MBC
503 and these consultants are reviewing the Board's current cases. Mr. Melendez
504 shared that presently, the Board has four new PAs in the application process. To
505 ensure the Board's new consultants provide complete and informative reports, the
506 Board will have the first few cases reviewed by management and one of the senior
507 consultants.

508 Prior to sending cases to the new consultants, Mr. Melendez will provide them with a
509 sample case review so that they understand what is expected.

510

511 Mr. Melendez explained that complaints are reviewed by the Complaint Analyst to
512 determine what specialty the case falls under. For example, if the PA is supervised
513 by a family medicine physician, the case will be reviewed by a family medicine
514 consultant. Mr. Melendez will contact an MC or several at one time if it is a specialty
515 area for which the Board has a few consultants present, or if he has several cases to
516 be assigned. In his request, Mr. Melendez provides the MC with a summary of the
517 case and the subject's name, so that the MC can determine if there is a conflict of
518 interest. If the MC accepts the case for review, the case materials are then sent via a
519 secure box account with a report form and a billing form.

520
521 Cases are due to the Board in two weeks. Mr. Melendez will then review the report
522 to ensure that the MCs address the concerns cited in the complaint, and the care
523 and treatment provided by the licensee. He also makes sure that the contents of the
524 MC report are limited to the complaint, care and treatment, and personal opinion is
525 not cited. If necessary, Mr. Melendez will contact the MC to discuss concerns or to
526 obtain clarification of a report. If an MC repeatedly fails to adhere to the Board's
527 review procedures, then they are eliminated from the pool of active consultants.
528 However, prior to taking the step, Mr. Melendez or management will work with a
529 consultant to resolve the issue at hand.

530
531 In response to Mr. Armenta's question of, do practicing PAs frequently participate in
532 peer reviews, Mr. Grant responded that yes, when a PA is publishing, they engage
533 in a rigorous peer review process. In terms of case review, that would be based on
534 the published literature, which has gone through the prior peer review process in
535 terms of what the standard of care is as well as textbooks and PAs participate in
536 that, for example, in expert case review, medical malpractice, or in performance
537 improvement at various places where they may work. In practice, PAs are generally
538 engaged in peer reviews if they have a desire to publish, however many practicing
539 PAs choose the PA profession because they want to see patients and they typically
540 will use the same references, texts, and articles for obtaining their information
541 related to the current standard of care that physicians would use.

542
543 In response to Mr. Armenta's question of, when mitigating a case one of the things
544 to look at in terms of qualifications in weighing the credibility of experts are their
545 participation in research and peer review in publications, with this information in
546 mind, should this application be expanded, Dr. Kidd responded that he completes
547 expert reviews of cases and has worked with the legal team to evaluate cases on
548 scope of practice issues. One of the questions that he is often asked is if he has
549 ever participated in peer review literature. Dr. Kidd would need to send his
550 curriculum vitae (CV) with a list of publications. It is in Dr. Kidd's opinion that it's a
551 value and something that should be part of the process. Dr. Kidd's concern centers
552 around three years of experience. Dr. Kidd stated that he feels that an MC should
553 have a minimum of five years' experience of case reviews. Dr. Kidd stated that when
554 he had previously completed case reviews, the years of experience does matter
555 longevity in the position and in that area of specialty. Dr. Kidd inquired as to whether
556 there is an opportunity for Board members to review the CVs of the top tier
557 candidates that the Board is considering on bringing in, because it is important for
558 the for the Board to have a general idea of the qualifications and the experience that
559 these individuals are bringing to the table.

560
561 In response to Mr. Armenta's question of, how would the Board approach expanding
562 the practice minimum as well as the inclusion in item three of the application, any

563 peer review publication experience, how should this be incorporated, Mr. Melendez
564 responded that in his experience working with MBC, his supervisor and
565 management team were the individuals who changed the requirements; however, he
566 does not see why the Board cannot set their own standards. Mr. Melendez would
567 have to verify these changes with the Board's legal department and the standards to
568 make that happen. Mr. Melendez clarified that consultants who are reviewing these
569 cases at the preliminary level, are not the consultants that will testify. This is just to
570 determine whether the case goes to the field or not. If the case is transmitted to the
571 field for further investigation, then there is another program and the experts in that
572 program do a more in-depth review of the case and they will be the ones asked to
573 testify.

574
575 Mr. Kanotz stated it is appropriate for the Board to be involved in setting the
576 standards for the MC application; however, with selecting the candidates, reviewing
577 CVs and the information coming in from applications should be handled by Board
578 staff in terms of the day-to-day operation, personnel, hiring and selecting
579 consultants.

580
581 Dr. Hawkins thanked Mr. Melendez for all of his service to MBC and this area of
582 enforcement.

583
584 In response to Mr. Grant's request to clarify the role of the medical consultant
585 review, Mr. Melendez responded that it is to determine whether if the case has merit
586 and if it needs to move forward to the field for further investigation or closed.

587
588 In response to Mr. Grant's request to clarify that MCs do not provide expert opinion
589 in any kind of proceeding and that it is just an initial case review, Mr. Melendez
590 responded, yes that is correct.

591
592 Mr. Grant stated that he doesn't know that having the requirement for an MC to have
593 a publishing background is a wise decision because one of the things that the Board
594 gets from the applicants is individuals who have an interest in seeing patients but not
595 so much an interest in publishing. Mr. Grant would argue that this is the kind of
596 person the Board would want to complete the MC review, because they are focused
597 on seeing patients and meeting the standard of care, rather than focused on
598 research, which is a different environment. These individuals go to the profession
599 because they want to be in a rural area, taking care of people, not an academic
600 medical research tertiary care center. In terms of the MC, it might be wise to not
601 require any research or publishing, however, the Board ought to require five years of
602 experience and the Board might even add a sub-component of that saying, at least
603 two years of experience in the related specialty, because PAs are generalists. The
604 average PA over the course of a 20-year career works in three different specialties
605 so it's not just the five years of experience overall. The Board might require some
606 experience specialty that they have reviewed.

607
608 In response to Mr. Armenta's question of, does Mr. Grant think that if the Board asks
609 for applicants to list their publications that it may discourage otherwise perfectly
610 good candidates for this initial intake process, Mr. Grant responded that he does not
611 know if it would have a discouraging effect, but that it is a reasonable question to ask
612 if there is any. The Board will most likely see if they have any publications listed in
613 their CV as well, since the Board is asking for their CV. The concern was having
614 publications be a requirement, as this would cut down on the Board's pool of MCs,

615 as most PAs do not participate in research.

616

617 Mr. Armenta stated that maybe a solution could be to ask for applicants to submit
618 their CV in the application process and that this would cover that because anyone
619 publishing their CV would certainly include their peer review publications.

620

621 Mr. Grant stated that because PAs have lateral mobility and practice specialty that
622 the Board might require two years of experience in the case related specialty. For
623 example, if a PA has practiced in primary care, general surgery and emergency
624 medicine, the Board would want them to have some experience in each of those.
625 Maybe now they're practicing in primary care, but they have two years of experience
626 in general surgery. Then they could be an MC for a general surgery case, but the
627 Board wouldn't want a PA reviewing a case that had no experience in general
628 surgery.

629

630 Mr. Melendez stated that when he has a case that he needs to send to an MC for
631 review, he will match the case with the consultant that has the specialty. Another
632 way to see whether they have the experience is by looking at their CV in their
633 application.

634

635 In response to Mr. Grant's question that the Board does not need a written
636 requirement as Mr. Melendez is already completing this process internally, Mr.
637 Melendez responded yes. As the Board's Complaint Analyst, he completes all work
638 needed in complaints including the MC Program. When he was the MC Analyst with
639 the MBC, his focus was the MC Program, and he was sending out anywhere from 34
640 to 50 cases a week to MCs for review. Mr. Melendez also kept a list of MCs with
641 specialties and sub-specialties.

642

643 In response to Mr. Grant's question of how often the list is updated, Mr. Melendez
644 responded that prior to assigning a case to an MC, he would check the licensee's
645 information and if there were changes, he would update the list immediately.

646

647 Mr. Grant stated that he would like to withdraw his comment about the two years of
648 experience in a specialty and agree with Dr. Kidd's suggestion of five years overall
649 experience.

650

651 Mr. Armenta stated that he agrees with Mr. Grant's comment as Mr. Melendez is
652 already ensuring the MC has the adequate experience to review the case.

653

654 Mr. Melendez stated the MC application covers both a physician and a PA and he is
655 in the process of adding a Doctor of Osteopathic Medicine to the application as well
656 as they also supervise PAs. In response to Mr. Melendez's question are there any
657 other changes the Board would like on the application, Mr. Armenta responded that
658 the only change that the Board is hoping for is to add the five-year minimum
659 requirement.

660

661 Ms. Carlquist agreed with Mr. Armenta that she would like the five-year minimum
662 added as well.

663

664 No public comment.

665

666 **11. Report on Medical Board of California Activities**

667
668 Dr. Hawkins, Vice President of MBC, reported the next MBC Board meeting is
669 scheduled virtually later this month, where both disciplinary panels will meet on
670 August 24. The quarterly Board meeting will occur August 25 and on August 26,
671 MBC will have a strategic planning session. The agenda can be reviewed at MBC's
672 website at mbc.ca.gov. The next MBC quarterly newsletter will be available on
673 August 12. Dr. Hawkins stated that he would like to highlight three articles from the
674 report.

675
676 First, MBC's participation in a Senate Business, Professions and Economic
677 Development Committee oversight hearing on May 6 to review some of MBC's 2022
678 enforcement legislative proposals. The purpose of this hearing was to discuss the
679 MBC's enforcement process, deficiencies and opportunities to reform and evaluate
680 MBC's 2022 proposals for statutory updates.

681
682 The second is physician extortion scam update, where scammers posing as law
683 enforcement officers, DEA agents, and Board staff are calling California physicians
684 as part of an extortion scheme. Please note, law enforcement officers, DEA agents,
685 and Board staff will never contact physicians by phone to demand money or any
686 other form of payment. Reporting contact information will be in that newsletter.

687
688 The third is the MBC draft guidelines for prescription of opioid medication for pain.
689 The guidelines were last updated in 2014. MBC released a draft of its updated
690 guidelines on its website and now places the decision of what to prescribe to
691 patients solely on the physician and the needs of the patient. The guidelines highly
692 encouraged physicians to document the prescription decisions, and the patient
693 records, and keep the records up to date. Also incorporates legislations such as
694 mandatory consultation of CURES before prescribing schedule II-IV controlled
695 substances and the requirement to prescribe all controlled substances with certain
696 exceptions electronically.

697
698 Lastly, Kristina Lawson, President of MBC, was the recipient of the Federation of the
699 State Medical Boards award of merit at its 110th Annual Meeting in New Orleans this
700 April. This award is given to individuals in recognition of an activity or contribution
701 that has positively impacted and strengthened the profession of medical licensure
702 and discipline and helped enhance public protection. She was recognized for her
703 steadfast leadership in upholding the mission of the Board while facing harassment,
704 threats, and unwanted political pressure, especially in the COVID-19 era with the
705 rapid rise of misinformation and disinformation by physicians and other health
706 professionals.

707
708 In response to Mr. Grant's question of does the Board have many reports of
709 extortion scams calling the licensees, Ms. Khan responded that the Board did have
710 some earlier in the year. The Board received three or four incidents of licensees
711 reporting that they received calls from individuals claiming to be DCA investigators
712 contacting licensees asking for payments or saying that they have a complaint
713 against them. The licensee immediately called the board. The Board put an alert on
714 the website, which links to the page where there are all the fraud alerts that includes
715 the scam alert and asks licensees to contact the Board directly if they receive any of
716 these calls. Also, that DCA investigators will not be calling any licensees directly for
717 payments.

718 No public comment.

719

720 **12. Review, Consider and Possible Action to Initiate Rulemaking to Add Title**
721 **16, California Code of Regulations (16 CCR) section 1399.XX – Military**
722 **Applicant Temporary License**

723

724 Ms. Halbo reported that the legislature passed a bill indicating that the legislature
725 wanted individuals to be able to obtain a temporary license to military spouses and
726 have a temporary license process in place. The point of that rulemaking process is
727 to have the application with the information that's needed for military applicants that
728 have the qualifications, it would allow them to be able to practice with a temporary
729 license while they proceed with the regular licensure process.

730

731 Ms. Dhillon stated that the text in the memo was provided by DCA and all of the
732 boards that are affected by Assembly Bill 107 will be implementing similar text to
733 what is seen in this memo.

734

735 In response to Mr. Armenta's question of, does this regulation mirror the other
736 regulation the arose from this bill, Ms. Halbo responded yes.

737

738 In response to Mr. Grant's question of how long is the temporary license valid and
739 can it be converted to a regular license, Ms. Halbo responded that it will be valid for
740 a year, and the applicant can finish the regular licensing process at any point during
741 the year and receive a regular license.

742

743 In response to Mr. Grant's question of how long it takes for staff to issue the license,
744 Ms. Dhillon responded that she believes that the licensing staff already prioritizes
745 license military applications, because the Board does have an expedited licensure
746 process in place where staff is able to process those applications within the 30-day
747 timeframe. Currently, the Board's regular license application is also the review for
748 that is also completed within the 30 days, however when this regulation is
749 implemented Board staff will be prioritizing the applications even more, providing a
750 concierge service to those applications. But currently Board staff has no issues
751 prioritizing or expediting those licenses. This, however, provides a framework for the
752 temporary licensing process, which the Board does not have in regulation yet.

753

754 Ms. Halbo stated that many of the medical-related boards have become backed up
755 in processing licenses and there has been constant pressure for that, however the
756 PA Board is in a good place and has good processes. The licensing team
757 processes their licenses in good time. It can take some boards up to 60 days to
758 process a license. By having this process in place, it's clear for someone who has a
759 right to receive a temporary license on how they would go about requesting it.
760 Without this regulation the Board doesn't have any information on how to apply for a
761 temporary license. The applicant will have the pleasant surprise if they also file for a
762 regular license about the same time or within a month or two and it comes quickly.

763

764 M/ Jed Grant S/ Jennifer Carlquist to:

765

766 Motion to approve the proposed regulatory text, adding Title 16, of the California
767 Code of Regulations, section 1399.XX. The Board is also asked to direct staff to
768 submit the text to the Director of the Department of Consumer Affairs and the
769 Business Consumer Services and Housing Agency for review and authorize the

770 Executive Officer to take all steps necessary to initiate the rulemaking process and
 771 make any non-substantive changes to the package. If no adverse comments are
 772 received during the 45-day public comment period and no hearing is requested,
 773 authorize the Executive Officer to take all steps necessary to complete the
 774 rulemaking and adopt the proposed regulations at Section 1399.XX to be
 775 determined on the number as noticed.
 776

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				

777
 778 **13. Regulations – Update on Pending Regulatory Packages**
 779

780 Ms. Dhillon provided the updates for the regulatory packages.

781
 782 1. 16 CCR 1399.514, 1399.615 – SB 697: License Renewal and Continuing Medical
 783 Education Required

784
 785 The revised proposed regulatory language was approved and adopted by the Board
 786 at its November 8, 2021, meeting. Staff will be working on initial documents to
 787 submit for initial review this calendar year.
 788

789 2. 16 CCR 1399.502, 1399.540, 1399.541, 1399.545 - SB 697: SB 697
 790 Implementation

791
 792 The proposed regulatory language was passed by the Board and approved by the
 793 MBC has been revised to address concerns raised by the California Academy of
 794 PAs (CAPA) and DCA’s Legal Affairs Division. The revised proposed regulatory
 795 language was approved and adopted by the Board at its November 8, 2021,
 796 meeting. Staff is currently working on initial documents with regulations counsel and
 797 the Budget Office to submit for initial review.
 798

799 3. 16 CCR 1399.506, 1399.507, 1399.511, 1399.546 – SB 697: Application, Exam
 800 Scores, Addresses, & Recordkeeping

801
 802 The proposed regulatory language passed by the Board has been revised to
 803 address further concerns raised by CAPA and DCA’s Legal Affairs Division. The
 804 revised proposed regulatory language was approved and adopted by the Board at its
 805 November 8, 2021, meeting. Staff submitted initial submission documents for Budget
 806 and Legal review which was completed July 29, 2022. The initial submission
 807 documents have moved to Executive and Agency review, and once approved, the
 808 Notice of the proposed regulatory action will be published in the California Notice
 809 Register to start the 45-day public comment period, likely to be in mid-September.
 810

811 4. 16 CCR 1399.515 – AB 2461: Retired Status to Include Fingerprint Requirement

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

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5. 16 CCR 1399.523 – SB 1441: Implement Uniform Standards Related to Substance Abusing Licensees and Update of Disciplinary Guidelines

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

6. 16 CCR 1399.XX – AB 107: Military Applicant Temporary Licensure

This package was previously discussed on agenda item 12. The proposed regulatory text is to be reviewed, discussed, and potentially adopted and it was just adopted during agenda item 12.

In response to Mr. Grant’s inquiry, that the Board approved regulatory language eight or nine months ago, is this a normal time frame for the amount of time it takes for the bill to complete the approval process, Ms. Dhillon responded that she tries to get through the packages as thoroughly as possible while prioritizing specific packages as well. She is currently working on the SB 697 Implementation and the Address and Record Keeping package, which is moving forward. However, Ms. Dhillon stated that she is the only staff member that is working on these packages as well as the legislative portion for the Board. However, the regulatory process does take quite a bit of time, due to the frequent back and forth with the Legal Affairs Division, the Budget Office, as well as edits going back and forth between herself and the Regulations Counsel. The packages can also get held up with the Office of Administrative Law (OAL), this is dependent on how busy OAL is. Staff do their best to move these packages along DCA has recently been assisting with this as well.

Mr. Armenta stated that he is not surprised by the length of time that it is taking for the for packages to go through. OAL takes a while to process these matters.

Mr. Grant thanked Ms. Dhillon and Ms. Halbo for their reports and all of their hard work.

Ms. Halbo stated that completing regulations is a unique analyst skill, and many analysts get bogged down when the legislature gets frisky and there are a lot of legislative bills that the analyst has to watch. Ms. Halbo stated that she knows to be patient during the legislative sessions because it is a common to be in the position to have legislative and regulatory responsibilities. Ms. Dhillon is learning and picking up speed quickly from practice.

No public comment.

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

Mr. Grant stated that these numbers were last updated about two weeks ago. Currently, there are 287 PA programs across the United States, and in California there are 19 programs with four under development. The most recent addition to the list is the UC San Diego is one that is developing, this is one that the Board was not aware of before. There was another school that was removed from the list due to not having any traction. In terms of programs in California, two have been placed on probation and one has come off probation. If members of the public or Board

865 members are curious about why these programs are on probation, this information
866 can be found at the ARC-PA website. Once a program is placed on probation, it will
867 have a year to fix whatever issue they are having. With the 19 accredited PA
868 programs, there are 883 new graduates per year. Assuming that programs do not
869 have attrition, however many programs do, one could estimate the number to be
870 around 870. It can be hard to find the average number of seats in some of the
871 developing program, in these instances the nationwide average of 46 has been used
872 as a place holder. By using 46, Mr. Grant was able to estimate the annual capacity.
873

874 With the developing programs for the ones that have listed the number of seats in
875 their programs, once those programs come online there will have a little over 1,000
876 to 1,058 PAs graduating every year in the state of California. Which is a lot of
877 growth, about eight or nine years ago, when Mr. Grant first came to the Board there
878 was around seven PA programs in California. This shows the tremendous amount of
879 growth and that individuals who are from California tend to train in California, and if
880 they are from California and train in California, they are more likely to remain in
881 California. There are also students who come to California from out of state,
882 however when there are individuals from California staying within California it is a
883 good thing to help with the PA workforce needs.
884

885 On page 94 of the meeting materials, Mr. Grant included a graphic that comes from
886 the Physician Assistant Education Association website that shows geographically
887 where the programs are located. This graphic does not include the developing
888 programs, only those which have been accredited.
889

890 In response to Dr. Hawkins' question of, what are the workforce numbers looking like
891 for the number of PAs leaving California compared to arriving, Mr. Grant responded
892 that in terms of workforce he does not have California specific data; however, Board
893 staff may have better data that shows at which rate people are retiring. If the Board
894 were to look at the national statistics from the US Bureau of Labor Statistics, they
895 keep track of data for this which has been updated in May of 2021. There is a 31%
896 predicted growth in the profession in this decade with about 12,200 new job
897 openings nationwide per year. If the average number of seats were added up across
898 all of the programs in the United States, it's about 13,000 graduates per year,
899 showing much growth. There are many programs to meet the openings and
900 nationwide. Since California's numbers generally trend right along 10% of the
901 nationwide numbers.
902

903 Ms. Caldwell responded that there was a report that was ran on July 21, and it
904 shows 117 individuals have a retired status.
905

906 Mr. Grant stated that there were other items he came across while preparing this
907 report in terms of PAs per capita and some other data between the US Bureau of
908 Labor Statistics and the American Academy of PAs (AAPA) that he can share in
909 future reports, if this is something that is of interest to the Board.
910

911 Mr. Grant answered a question that previously inquired on distribution. The following
912 information is coming from the 2022 AAPA Annual Survey Report and this reflects
913 the nationwide statistics, but again PAs tend to fall in line under individuals in
914 California. He stated that about 13% of PAs are practicing in family medicine,
915 orthopedic surgery is about 10%, and emergency medicine is about 8%. The
916 professional organization reports urgent care is a separate specialty from family

917 medicine and emergency medicine, which are often combined in other sources.
918 Urgent care is reported as the fourth most common specialty for PAs which is about
919 7.4%. This gives the Board the distribution of what specialties PAs are working in.

920
921 Great growth is seen in the educational programs. These are all programs that are in
922 within their first five years of operation from the accrediting body and the ones that
923 say developing will be seeding a class within the next couple of years. The limiting
924 factor is clinical rotations, as PAs come on and receive provisional accreditation,
925 they must have their clinical rotations for their students set up, even though the
926 students won't enter those clinical rotations for 12 to 15 months. It is good to see a
927 lot of growth there, and that certainly portends well for meeting California's
928 healthcare needs.

929
930 No public comment.

931
932 **15. Report by the Legislative Committee; Discussion and Possible Action to**
933 **Consider Positions Regarding the following Legislation**

934
935 A. AB 646 – Low: Department of Consumer Affairs: Expunged Convictions

936
937 Ms. Dhillon stated that this bill was introduced on February 12, 2021 and is located
938 in the Senate Committee on Appropriations. AB 646 would require programs under
939 DCA that post information on its website about a revoked license due to a criminal
940 conviction to post notification of an expungement after receiving this certified order
941 within 90 days of the Board receiving a certified expungement order related to the
942 conviction for those who reapply for licensure or are relicensed.

943
944 As of the last meeting, no new amendments have been made to this bill. There is an
945 upcoming hearing on August 11. Ms. Dhillon will be monitoring this bill as it is likely
946 that the bill will not pass the Senate by the end of August. The Board has maintained
947 its watch position on this bill.

948
949 B. SB 731 – Durazo: Criminal Records: Relief

950
951 This bill was introduced on February 19, 2021 and is located in the Senate. This bill
952 was recently amended in Assembly on June 23, 2022.

953
954 On May 20, 2021, a Board position letter was sent to the Author's office, opposing
955 the bill unless it was amended to exclude healing arts boards within DCA. However,
956 the Author's office believes that excluding the healing arts boards would undermine
957 the intent of the bill within this sector of employment.

958
959 This bill would expand automatic conviction record relief, for a defendant convicted
960 on or after January 1, 2005, to nonserious, nonsexual, and nonviolent felonies after
961 an individual completes all terms of incarceration, probation, mandatory supervision,
962 post release community service and parole, and a period of four years has elapsed
963 during which the defendant was not convicted of a new felony offense.

964
965 This bill would, commencing July 1, 2023, generally make this arrest record relief
966 available to a person who has been arrested for a felony, including a felony
967 punishable in the state prison, as specified.

968

969 This bill further expands discretionary expungement relief to include felonies where
970 the defendant was sentence to state prison, rather than just realigned felonies, as
971 specified. If the defendant seeks relief under this section for a felony that resulted in
972 a sentence to the state prison, the relief available under this section may only be
973 granted if that felony did not result in a requirement to register as a sex offender
974 pursuant to Chapter 5.5 of Title 9 of Part 1.

975
976 The exclusion of records of arrest and conviction that were granted relief from state
977 summary criminal history information does not apply to records for which the
978 recordholder is required to register as a sex offender, has an active record
979 In the Supervised Release File, or if based on information available in the
980 department's record, it appears the person is currently serving a sentence or if there
981 is an indication of pending criminal charges.

982
983 On this bill the Board has maintained its oppose unless amended position.

984
985 C. AB 562 – Low: Frontline COVID-19 Provider Mental Health Resiliency Act of
986 2021: Health Care Providers: Mental Health Services

987
988 This bill was introduced on February 11, 2021 and is located in the Senate
989 Committee on Appropriations. It has a separate hearing on August 11, 2022, but will
990 likely not progress as it is considered dead.

991
992 As the Board may recall, this bill would require DCA to establish a mental health
993 resiliency program until January 1, 2025, in consultation with relevant boards. The
994 Board will continue to monitor this bill after the hearing.

995
996 D. AB 1306 – Arambula: Health Professions Careers Opportunity Program

997
998 This bill was introduced on February 19, 2021 and is located in the Senate
999 Committee on Appropriations. This bill is no longer being advanced according to the
1000 Author's office as the proposal made it into statute via AB 133.

1001
1002 E. AB 1733 – Quirk: State Bodies: Open Meetings

1003
1004 This bill was introduced on January 31, 2022, and is located in the Assembly
1005 Committee on Governmental Organization. There have been no amendments as of
1006 the last Board meeting. As the Board may recall, this bill specifies the term meeting
1007 under the Bagley-Keene Open Meeting Act, which includes a meeting held entirely
1008 by teleconference as defined. Board staff will be closely monitoring this bill as well.

1009
1010 F. AB 1662 – Gipson: Licensing Boards: Disqualification from Licensure: Criminal
1011 Conviction

1012
1013 This bill was introduced on January 18, 2022 and is located in the Senate
1014 Appropriations Committee. On May 31, 2022, a Board position letter was sent
1015 opposing the bill.

1016
1017 This bill would require a board to establish a process by which prospective
1018 applicants may request a preapplication determination as to whether their criminal
1019 history could be cause for denial of a completed application for licensure by the
1020 board.

1021 The bill would require a board to publish information regarding its process for
1022 requesting a preapplication determination on its internet website and authorize a
1023 board to charge a fee, as specified, to be deposited by the board into the appropriate
1024 fund and available only upon appropriation by the Legislature.
1025

1026 At its May 9, 2022, Board meeting, the Board took an opposed position. There is a
1027 likelihood that this bill will become a much more limited pilot program, that may not
1028 affect the Board according to the legislative analyst that monitors this bill. Board staff
1029 will continue to monitor this bill closely as well for any amendments.
1030

1031 G. AB 657 – Cooper: Healing Arts: Expedited Licensure Process: Applicants
1032 Providing Abortion Services
1033

1034 This bill was introduced on February 12, 2021 and is located in the Senate
1035 Appropriations Committee.
1036

1037 This bill would require the Medical Board of California, the Osteopathic Medical
1038 Board of California, the Board of Registered Nursing, and the Physician Assistant
1039 Board to expedite the licensure process of an applicant who can demonstrate that
1040 they intend to provide abortion services within their scope of practice and would
1041 specify the documentation an applicant would be required to provide to demonstrate
1042 their intent. An applicant may demonstrate their intent to provide abortion services
1043 by providing documentation, including a letter from an employer or health care entity
1044 indicating that the applicant has accepted employment or entered a contract to
1045 provide abortion services, the applicant's starting date, and the location where the
1046 applicant will be providing abortion services, and that the applicant will be providing
1047 abortion services within the scope of practice of their license.
1048

1049 The Board does not anticipate any fiscal impact as a result of this bill; however,
1050 Board staff will continue to monitor this bill for any amendments as it is relatively
1051 new.
1052

1053 H. AB 2626 – Calderon: Medical Board of California: Licensee Discipline: Abortion
1054

1055 This bill is a related bill to AB 657. This bill was introduced on February 18, 2022 and
1056 is located in the Senate Committee on Appropriations.
1057

1058 This bill prohibits the PA Board from suspending or revoking the certification or
1059 license of a PA for performing an abortion so long as they performed the abortion in
1060 accordance with the provisions of the Physician Assistant Practice Act and the
1061 Reproductive Privacy Act.
1062

1063 This bill would also prohibit the board from denying licensure of a PA, because the
1064 person was disciplined in another state in which they are licensed or certified solely
1065 for performing an abortion in that state, or if the person was convicted in that state
1066 for an offense related solely to the performance of an abortion in that state.
1067

1068 This bill contains an urgency clause that will make it effective upon enactment. The
1069 Board does not anticipate any fiscal impact as a result of this bill.

1070 In response to Mr. Armenta's question of are there any bill that Ms. Dhillon would
1071 suggest that Board changes the current position on or take actions on, Ms. Dhillon
1072 responded that the Board has maintained their position on many of the bills.

1073 However, it would be up to the Board if further discussion is needed on AB 657 and
1074 AB 2626 as these are both new bills.

1075
1076 In response to Mr. Grant's question of whether this bill saying that the Board cannot
1077 discipline a licensee for something that they did outside of the state, because the
1078 Board already does not have jurisdiction outside the state, Ms. Dhillon responded
1079 that what she believes is that the bill is specifying if an applicant for a licensure was
1080 convicted in another state or an offense solely related to the performance of an
1081 abortion in that state, that the Board could possibly could not deny the licensure
1082 based on just that.

1083
1084 Mr. Grant stated that he does not see any reason to change any positions on any of
1085 the bills and thanked Ms. Dhillon for her report.

1086
1087 Mr. Armenta commented that AB 657 and AB 2626 are clearly a direct fallout of the
1088 overturning of the Roe vs. Wade and are highly political in nature. However, these
1089 bills do not really impact the business of the Board, so he is not sure that the Board
1090 should take any position at all, support or oppose. Both seem highly politicized, and
1091 that is within the purview of the Legislature itself and it doesn't appear to impact the
1092 Board's ability to carry out the Board's mission statement.

1093
1094 Dr. Kidd stated that he has no opposition to Mr. Armenta's suggestion.

1095
1096 Mr. Grant stated that he agrees with Mr. Armenta and does not feel that the Board
1097 should take a position on AB 657 and AB 2626.

1098
1099 No public comment.

1100
1101 **16. Agenda Items for Next Meeting**

1102
1103 1) Nominations and elections of Board President and Vice President.

1104
1105 2) Setting the Board meeting dates and locations for 2023

1106
1107 3) Update on the Medical Consultant Program.

1108
1109 No public comment.

1110
1111 **17. CLOSED SESSION**

1112
1113 Pursuant to Section 11126(c)(3) of the Government Code, the Board will deliberate
1114 and take action on disciplinary matters.

1115
1116 **18. Adjournment**

1117 Adjournment will immediately follow the closed session and there will be no other
1118 items of business discussed.

1119
1120 Minutes do not reflect the order in which agenda items were presented at the Board
1121 meeting.