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MEETING MINUTES
May 1, 2023
8:30 A.M. – 5:00 P.M.
PHYSICIAN ASSISTANT BOARD
1625 North Market Boulevard
First Floor, Hearing Room # 102
Sacramento, CA 95834

1. Call to Order by President

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

2. Roll Call

Staff called the roll. A quorum was present.

Board Members Present: Charles Alexander, PhD
Juan Armenta, Esq.
Sonya Earley, PA-C
Jed Grant, PA-C
Randy Hawkins, M.D.
Diego Inzunza, PA-C
Vasco Deon Kidd, PA-C
Deborah Snow

Board Members Absent: Jennifer Carlquist, PA-C

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

3. Consider Approval of February 6, 2023, Board Meeting Minutes

M/ Jed Grant S/ Sonya Earley to:

Approve the February 6, 2023, Meeting Minutes.

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

Vasco Deon Kidd	X				
Deborah Snow	X				

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No public comment.

4. Public Comment on items not on the Agenda

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

No public comment.

5. Introduction and Swearing in of New Board Member

Mr. Armenta introduced Deborah Snow as the new member of the Physician Assistant Board (Board). Mr. Armenta stated that Ms. Snow was appointed as a public member to the Board by Toni G. Atkins, Senate President Pro Tempore on February 1, 2023. Ms. Snow previously served two terms as a member of the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board. She received her Bachelor of Arts from California Baptist University in Riverside, majoring in English and Behavioral Science. Ms. Snow is retired from her position as library assistant at the University of California, Riverside and has spent her career working in library professions. Ms. Snow has been involved in consumer advocacy for several years and has authored articles regarding consumer protection issues facing healing arts boards. Ms. Snow is a member of the Humane Society and volunteers with School on Wheels, an organization established to provide tutors to children experiencing homelessness.

Mr. Armenta administered the Oath of Office to Ms. Snow.

6. President’s Report

Mr. Armenta shared that the biweekly meetings have continued to occur with Ms. Khan and Dr. Earley for Board updates. An item that has been of interest is the name change from physician assistant to physician associate. This is receiving a groundswell of support across the country; however, the Board requires legislation action in the form of a bill. This presents the Board with an opportunity as well, as the Board has not seen funding changes since 2005 or 2006 and funding changes are a legislative process. When there is a bill asking only for a name change, it could allow the Board a chance to look at needed funding in other areas that can be added onto the bill. If there is a unified effort between the external stakeholders and Board staff to move forward, the Board could have a good chance at convincing the legislature to approve funding. With increase in costs all around, the Board may see deficits in the future.

No public comment.

7. Executive Officer’s Report

Ms. Khan reported the following information:

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A. Office Operations

The Board is managing ongoing telework for staff while continuing to balance office operations.

B. Personnel

On April 17, 2023, Jennifer Jimenez was hired to fill the Board’s vacant Licensing Analyst position. Ms. Jimenez previously worked with the Board of Barbering and Cosmetology as a Program Technician II in the Licensing Unit. On March 27, 2023, interviews were conducted to fill the vacant Office Technician position which will provide technical and clerical support to the Enforcement and Licensing Programs. Board staff anticipate filling the position soon.

C. CURES Update

The Controlled Substance Utilization Review and Evaluation System (CURES) fee will decrease from \$11 to \$9 annually for licensees expiring on and after July 1, 2023. The fee covers the reasonable regulatory costs of the Department of Justice for operating and maintaining CURES, a critical element in the state’s effort to address the growing danger of opioid addiction stemming from prescription drug abuse.

D. Outreach

On February 25, 2023, Board staff attended the California Academy of PAs (CAPA) conference in Napa. Additionally, staff is looking forward to attending the annual CAPA conference during Physician Assistant Week-October 5-8, 2023, in Anaheim. The Board is grateful for the opportunity provided to the Board by CAPA to attend these exceptional events.

Lead Licensing Analyst Julie Caldwell conducted two licensing presentations for physician assistant students at the Keck School of Medicine of the University of Southern California (USC) on January 30, 2023, and at the University of the Pacific on February 23, 2023.

Staff will be attending the Administrators in Medicine and Federation of State Medical Boards (FSMB) 111th Annual Meeting on May 3-5, 2023, in Minneapolis, MN. The FSMB is a national, non-profit organization that represents the 70-state medical and osteopathic boards, supporting them through education, assessment, research and advocacy while providing services and initiatives that promote patient safety, quality healthcare and regulatory best practices.

E. Information Technology

On March 8, 2023, PAB published its first licensing video to assist applicants with a step-by-step tutorial through the initial application process: <https://youtu.be/K5EZtRpomLQ>. This video is available on YouTube, posted to the Board’s website and shared on the Board’s social media accounts. A special thank you to the staff at the Department of Consumer Affairs (DCA) Office of Public Affairs for their assistance, and to Trisha St. Clair for the voiceover.

148 Mr. Grant informed the Board that an interstate compact allows a license in one
149 state to be used in another state and asked if this will be discussed at the FSMB
150 meeting. Ms. Khan responded that it is on the agenda; however, the interstate
151 compact is not being proposed or discussed by the Board.

152
153 No public comment.

154 **8. Board Activity Reports**

155 A. Licensing

156 Licensing Population by Type Report as of April 18, 2023:

157
158
159
160
161 Current Licenses: 16,576
162 Current Inactive: 32
163 Current Temporary Family Support: 1
164 Military Active: 1
165 Family Support Suspension: 1
166 Delinquent: 2,545
167 Cancelled: 4,704
168 Retired: 159
169 Deceased: 77
170 Error: 2
171 Deleted: 5
172

173 Ms. Caldwell stated the retired population is growing for the Board. When a licensee
174 retires, they must be retiring from the practice all together, not just moving from
175 California to another state.

176 Summary of Licensing Activity Report for January 1, 2023, to March 31, 2023:

177
178
179 Initial Applications received: 456
180 Licenses issued: 405
181 Licenses renewed: 2,091
182

183 Pending Application Workload Report as of April 18, 2023:

184
185 Ms. Caldwell stated the application age captures when an individual submits an
186 application and payment. The desk age captures when the application is assigned to
187 a staff member. Applications are not considered submitted unless they are paid for.
188 The Board has made changes to the online application and asks if the applicant is
189 submitting the payment the same day that they apply. This will eliminate any
190 confusion on why an applicant did not receive their review within the 30-day window.

191
192 This report also breaks down applications that have been awaiting review for 0-30
193 days, 30-31 days, 60-61 days, and 91 days or more. The 91 days or more section
194 does not reflect how long it is taking the licensing team to review the applications but
195 indicates how long the application has been within the system. There are various
196 reasons that can delay the issuance of a license.

197
198 Dr. Earley inquired why the Board has an option for the applicant to not pay the
199 application fee. Ms. Caldwell explained that the applicant is advised in the

200 application instructions that payment is due at the time they apply; however, the
201 system has allowed for the applicant to apply with or without payment. Therefore,
202 the Board has changed the application to ask the applicant if they are planning to
203 pay the application fee. If the applicant answers “no” to this question, the applicant
204 will receive a message advising them that the application will not be processed and
205 to consider applying when they are able to pay.
206

207 Dr. Earley stated that she feels the Board should not have this option and that the
208 applicant should have to pay when they apply. Ms. Caldwell added that Ms. Khan
209 and herself had discussed implementing a 30-day cancellation of the application if
210 payment is not made. This is not currently set up but is being worked on with
211 BreEZe.
212

213 Mr. Grant stated that students who are getting ready to graduate may be dealing
214 with the financial strain that often comes with being a student and it may be
215 beneficial to them to have the option to start the application process and pay later.
216

217 Dr. Earley inquired how much the application fee is, to which Ms. Caldwell answered
218 that there is an \$200 initial licensing fee and an \$25 application fee.
219

220 Licensing Performance Measures Report for January 1, 2023, to March 31, 2023:

221

222 Ms. Caldwell stated that this report provides information on the Board’s target. This
223 report shows that the licensing team is within the 30-day mark. Since the Board
224 hired Ms. Jimenez, she has provided the Board with relief in processing applications.
225

226 Ms. Caldwell also updated the Board that as of April 19, 2023, licensees can now
227 print their own pocket cards when logging into their personal BreEZe account. Also,
228 the Board has not experienced any significant issues since discontinuing the
229 issuance of the plastic pocket card on July 1, 2022. The Board has received some
230 comments, stating that it was nice to receive a plastic card, but nothing that would
231 indicate any undue hardship on the Board’s licensing population.
232

233 Mr. Armenta asked to clarify that there have been zero comments from the licensee
234 population stating that not having the plastic pocket card is an impediment in the
235 workplace. Ms. Caldwell responded that the Board has not had any comments that
236 not having the card is causing an impediment but has had some comments from
237 licensees stating that they prefer the plastic card and that it looks more professional;
238 however, these comments are minimal.
239

240 Dr. Hawkins suggested the option of laminating the cards to extend the life or make
241 it look more professional. Ms. Caldwell added that the Board has received feedback
242 that licensees are laminating the cards.
243

244 Mr. Armenta shared that when the State Bar of California stopped producing the
245 plastic cards, they were missed for one or two years and were not mentioned after
246 that.
247

248 B. Complaints

249

250 Mr. Melendez reported the following complaint activity for the period of January 1,
251 2023, to March 31, 2023:

- 252 ● Complaints Volume
- 253 ○ Complaints received: 132
- 254 ○ Convictions/Arrests Received: 8
- 255 ○ Total Received: 140
- 256 ○ Assigned to desk analyst (**may include cases received in previous
- 257 quarters): 136
- 258 ○ Pending at intake: 0
- 259 ● Complaints and Investigations
- 260 ○ Complaints referred for investigation: 9
- 261 ○ Complaints and investigations closed: 124
- 262 ○ Complaints pending at desk analyst: 320
- 263 ○ Investigations pending at field: 59
- 264 ○ Average age of pending investigation: 338 days
- 265 ○ Investigations over 8 months old: 45
- 266

267 Mr. Armenta stated that there are a few comments from external stakeholders who
268 state that they don't want staff to dedicate so much time investigating complaints
269 based on patients not having optimal outcomes. Mr. Armenta asked Mr. Melendez to
270 share insight on what this might mean. Mr. Melendez stated that there are a series
271 of complaints, but for example in a plastic surgery or dermatology case, where the
272 patient feels that they did not receive the desired outcome; however, the patient
273 signed consent forms that explained the risks.

274
275 Mr. Armenta thanked Mr. Melendez for providing insight on what was possibly meant
276 by the external stakeholders' comment and verifying that the Board does see those
277 kinds of complaints.

278
279 Dr. Kidd asked if some of the concerns related that the PA is obtaining the informed
280 consent as opposed to the physician who is completing the surgery obtaining the
281 informed consent. There could be an issue where patients could claim that they
282 were informed, or not informed, to the consent process but typically, the individual
283 who is responsible for the surgical outcome is the surgeon. This means the informed
284 consent would need to be obtained by the surgeon as opposed to the PA. If there
285 was a concern that the PA obtained the informed consent, then one can argue
286 whether the patient was fully informed of the outcome.

287
288 Dr. Kidd asked if the Board is receiving complaints where the PAs are obtaining
289 informed consent and therefore patients are saying that they were not fully informed
290 of the risks, benefits, and alternatives of the procedure. Mr. Melendez answered that
291 some patients stated that they felt that they might not have been fully informed;
292 however, the Board verifies the medical records, and these cases are also reviewed
293 by a medical consultant (MC).

294
295 Mr. Grant asked Mr. Melendez if he could elaborate about what happens during the
296 time when the cases are pending for 320 days. Mr. Melendez stated that the Board
297 receives the cases, the cases are reviewed, information is requested, and sent to an
298 MC for review. The Board is still building the MC Program and currently has a total
299 of nine MCs. As the Board receives more MCs in a variety of fields, the number of
300 days will decrease.

301
302 Mr. Grant asked to clarify that the numbers of days pending at the desk analyst
303 does not represent cases that are waiting for an analyst to view but are actively

304 being worked on. Mr. Melendez confirmed that this is correct. It means that an initial
305 review is being conducted and information is being gathered; however, requesting
306 information can cause a delay.

307
308 Dr. Earley noted that there is a decrease in the Board's complaints received and
309 assigned to desk analyst; however, there is an increase in the average age of
310 pending investigation and investigations over eight months. Dr. Earley asked Mr.
311 Melendez to elaborate on these increased numbers. Mr. Melendez shared that some
312 of these cases may be a criminal case and the Board has a pending disposition on
313 the case. The case is left open until the disposition changes, then the Board will
314 determine the next course of action.

315
316 Ms. Khan added that the last category is pending at the field, where the case is at
317 the field and Mr. Melendez has referred the case to an investigator.

318
319 Mr. Grant thanks Mr. Melendez for his hard work.

320 321 C. Discipline

322
323 Ms. Haydon reported the following discipline activity for the period of January 1,
324 2023, to March 31, 2023:

- 325
- 326 ● Suspensions
 - 327 ○ Penal Code Section 23: 1
- 328 ● Office of the Attorney General Transmittal
 - 329 ○ Cases initiated: 12
 - 330 ○ Cases pending: 45
 - 331 ○ Average age of pending cases: 357 days
- 332 ● Formal Actions Filed/Withdrawn/Dismissed
 - 333 ○ Accusation and/or Petition to Revoke Probation Filed: 1
- 334 ● Administrative Outcomes/Final Order
 - 335 ○ Probation: 4
 - 336 ○ Surrender: 2
 - 337 ○ Petition for Termination of Probation Granted: 1
- 338 ● Citation and Fine
 - 339 ○ Issued: 2
 - 340 ○ Resolved/Closed: 2
 - 341 ○ Fines Issued: \$1,000
 - 342 ○ Fines Received: \$1,000
- 343

344 D. Probation

345
346 Ms. Gerard reported the following probation activity for the period of January 1,
347 2023, to March 31, 2023:

348
349 Ms. Gerard stated in January, two licensees entered probation and one completed
350 probation. In February, another licensee completed probation. For March, two
351 licensees entered probation, one completed probation, and a licensee who was
352 tolling began their PA practice again. March closed with 34 active probationers and
353 42 total probationers.

354 E. Diversion

355

356 Ms. Gerard reported the following activity for the Diversion Program for the period of
357 January 1, 2023, to March 31, 2023:

- 358 ● Total Active Participants: 2

360 Mr. Armenta asked for confirmation that the Board has not had any new licensees
361 enter the diversion program this year, Ms. Gerard responded that is correct. Ms.
362 Gerard stated that she attends the monthly meetings of the diversion program with
363 all the participating DCA boards. The diversion vendor is reporting low numbers with
364 all the programs.
365

366 Dr. Earley asked if the vendor could explain why their numbers are low, and if this is
367 because of COVID-19. Ms. Gerard stated that she believes the numbers were
368 starting to decline before COVID-19 and the exact reason for the low numbers
369 cannot be identified.
370

371 No public comment.
372

373 **9. Department of Consumer Affairs – Director’s Update**

374
375
376 Judie Bucciarelli, Staff Services Manager from Board and Bureau Relations (BBR) at
377 DCA thanked the Board for its time and provided the following department updates.

378 A. DEI Update

379
380
381 Established last fall, DCA’s Diversity, Equity, and Inclusion (DEI) Steering
382 Committee is composed of 12 executive leaders from the boards, bureaus, and
383 department. The committee has been working on many items including updating the
384 strategic planning process, training, and development of an informational DEI fact
385 sheet.
386

387 Strategic Planning has been updated to embed DEI into the process, which includes
388 a survey, a DEI section in the environmental scan, video messages, and a brief
389 training video. DCA’s SOLID team will work with the board’s executive officer to
390 develop or update the board’s strategic plan.
391

392 In addition, all DCA SOLID trainers will complete a 50-hour DEI training certification
393 program through the University of Massachusetts. Training will also be available to
394 all DCA staff and employees can access and register now for three DEI courses that
395 will be available in June 2023.
396

397 DCA’s first DEI fact sheet has been released. It was developed as an informational
398 tool and includes the Department’s three DEI initiatives, memorializes DCA services
399 that support DEI efforts, and includes DEI terminology, as it applies to DCA.
400

401 B. Board Member Training

402
403 There are two DCA-wide mandatory trainings for 2023, the Sexual Harassment
404 Prevention training and the Information Security Awareness Fundamentals training.
405 Both trainings are available in the Department’s Learning Management System
406 (LMS). All DCA employees and appointees will need to complete the Sexual
407 Harassment Prevention training this year. This training is required every odd-

408 numbered year and is online, self-paced and takes approximately two hours.

409
410 Board members with an assigned DCA email are required to complete Information
411 Security Awareness Fundamentals training. This training addresses everyone's role
412 in protecting DCA data and information. The training is online and required every
413 year.

414
415 For more information, a mandatory training page has been created to help members
416 identify, access, and track specified training. The page includes direct links to
417 mandatory training as well as pertinent information and policies specific to these
418 training courses. To access the training page, members can go to www.dca.ca.gov
419 and click on the DCA Board Member Resource Center page under Required Board
420 Member Training.

421
422 Ms. Bucciarelli announced that the next Board Member Orientation Training
423 (BMOT), will be held on June 20, 2023, in person in Sacramento, and again on
424 October 10, 2023, at a location to be determined. Members can register for this
425 training via LMS. As a reminder, Board members must complete BMOT within one
426 year of their appointment or re-appointment

427
428 The Department and BBR would like to thank all of DCA's board members,
429 executive officers and staff who helped the Department achieve compliance with
430 filing this year's annual Form 700.

431 432 C. Bagley-Keene Open Meeting Act

433
434 Legislation passed last year amending provisions of the Bagley-Keene Open
435 Meeting Act to extend the ability of state bodies, such as DCA's boards and
436 bureaus, to conduct public meetings virtually through July 1, 2023. Absent the
437 passing of new legislation to extend these provisions, DCA's boards and bureaus
438 will not be allowed to conduct meetings virtually after July 1, 2023. DCA is aware of
439 legislation recently introduced – SB 544 (Laird) – which removes certain
440 teleconference requirements from the Open Meeting Act. However, this bill does not
441 include an urgency clause and would not take effect until January 1, 2024.
442 Therefore, boards and bureaus should be prepared to conduct public meetings in
443 person in the interim, beginning July 1, 2023.

444 445 D. Federal Military License Portability Law

446
447 The new law took effect on January 5, 2023, and enables servicemembers and their
448 spouses, who hold professional licenses in a different state to practice in California
449 within the same professional discipline and at a similar scope of practice, if they are
450 required to relocate to California due to their military orders. Since becoming aware
451 of the new law, DCA has been collaborating with Agency on how best to implement
452 it. DCA will share information as it becomes available. In the meantime, should
453 boards receive an inquiry from a servicemember or spouse regarding this new law,
454 please contact DCA Legal Affairs.

455 456 E. Annual Report

457
458 DCA submitted its 2021-22 Annual Report to the Legislature and the report is now
459 available on the DCA website. The Annual Report includes a new design and

460 additional reporting metrics, such as military licensing data now required for all DCA
461 boards and bureaus. DCA hopes that boards and bureaus will take time to review
462 this impressive compilation of the valuable work of the boards and bureaus.

463
464 Dr. Earley inquired if all mandatory trainings have the same due dates, Ms.
465 Bucciarelli responded that the training dates are scheduled by BBR and the two
466 mentioned BMOT dates have been provided by DCA to share with the Board.

467
468 Dr. Earley followed up by asking if the mandatory trainings have expiration dates,
469 Ms. Bucciarelli stated that she does not have that information, but she will find out
470 and share it with Ms. Khan.

471
472 Dr. Kidd asked if he took a Sexual Harassment Prevention training at another
473 institution would it count towards the mandatory training, Ms. Bucciarelli answered
474 that it must be a DCA training.

475 Dr. Hawkins asked why Board members are required to take the defensive driver
476 training, Ms. Bucciarelli answered that the purpose of this is for when employees are
477 traveling, claiming mileage, and submitting travel claims.

478
479 No public comment.

480 481 **10. Budget Update**

482
483 Suzanne Balkis, DCA Budget Analyst, reported the Board's fiscal year (FY) 2022-23
484 Fiscal Month (FM) 8 projection memo, fund condition and expenditure.

485
486 Ms. Balkis reported in FY 2022-23 the Board has a budget of \$3 million, \$59,000.
487 The Board is projected to use 37% of its expenditure on Personal Services (PS)
488 which includes salaries and benefits; 39.22% for Operating Expenses & Equipment
489 (OE&E) which includes contracts, purchases, and travel; and 23% for Enforcement
490 which is for the Office of Administration Hearings (OAH) and Attorney General (AG).
491 The Board is estimated to have 0.78% in Reversion.

492 493 Fund Condition Report

494
495 The fund condition report gives the Board a full year view of the post fund. For the
496 2021-22 actuals, the Board has a beginning balance of \$4.8 million, with the prior
497 year (PY) adjustment of about \$197,000, giving the Board beginning balance of
498 about \$5 million. The Board collected approximately \$2.5 million in revenue and
499 transferred to the general fund (AB 84) of negative \$88,000, giving the Board a total
500 expenditure of about \$3 million. This gives the Board a fund balance of about \$4.5
501 million which is about 17 months in reserve.

502
503 For the Board's current year (CY) 2022-23, which includes the FM8 projections, the
504 Board has a beginning balance of about \$4.5 million, estimated revenue of \$2.7
505 million, and estimated expenditure of \$3.2 million. This gives the Board a fund
506 balance of about \$4 million, which is about 14.8 months in reserve.

507 508 Expenditure Projection Report

509
510 The Board has \$1.1 million in PS and about \$1.9 million in OE&E expenses, for a
511 total of about \$3 million. This has created a savings of about \$24,000 or about

512 0.78%. Ms. Balkis stated that she has no concern for the fund for the current FY.

513
514 Dr. Earley asked since the Board was not meeting in person during the pandemic, is
515 there a rough estimate on how much the Board saved during that time. Renee
516 Milano, Budget Manager, stated the immediate numbers are not available currently,
517 but it is something that can be provided to Ms. Khan later.

518
519 Mr. Armenta asked if other boards are completing a similar analysis to provide data
520 on savings with virtual meetings, Ms. Milano answered that the budget team has had
521 two boards request this information.

522
523 Mr. Armenta asked if DCA will be providing a report in the future that covers how
524 much saving is to be had by holding virtual meetings. Ms. Milano responded that this
525 is possible, and how the Bagley-Keene legislation goes through will impact when the
526 budget team provide the report or when it would be more pertinent to start collecting
527 and organizing the data.

528
529 Mr. Armenta stated that he encourages the budget team to provide the data, as it
530 would seem to be beneficial to take advantage of leveraging the virtual technology to
531 save money. Ms. Milano agrees and adds that having virtual meetings is a large
532 benefit to all the programs.

533
534 No public comment.

535
536 **11. Report on Medical Board of California Activities**

537
538 Dr. Hawkins, Vice President of the Medical Board of California (MBC), reported the
539 MBC met virtually on February 9 and 10, 2023. Significant board activities include
540 the following:

541
542 William Prasifka resigned from the Executive Director position effective at the end of
543 December 2022. Deputy Director Reji Varghese led the staff leadership team after
544 Mr. Prasifka's departure and was appointed as the interim executive director on
545 February 17, 2023. The recruitment for the vacant executive director position is
546 ongoing.

547
548 MBC leadership had its Sunset Hearing before the Business and Professions
549 Committee on March 16, 2023 and is awaiting the outcome of the Legislature. MBC
550 requested physician fee increase to improve its fiscal status.

551
552 The MBC's 2023 first quarter edition newsletter is now online at www.mbc.ca.gov.

553
554 The Enforcement Monitor for MBC requested by DCA is pending.

555
556 MBC had an interim board meeting on March 23, 2023. This meeting went over the
557 evaluation of MBC's position on bills. The next board quarterly meeting will be in
558 person in Sacramento on May 18 and 19, 2023, the agenda has been finalized and
559 is viewable on the website.

560
561 Dr. Earley asked Dr. Hawkins if he will be running for President of the MBC, Dr.
562 Hawkins responded that the Board would have to wait and see.

563

564 No public comment.

565

566 **12. Regulations – Update on Pending Regulatory Packages**

567

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

569

570 1. 16 CCR 1399.514, 1399.615 – SB 697: Renewal of License and Continuing 571 Medical Education Required

572

573 The revised proposed regulatory language was approved and adopted by the Board
574 at its November 8, 2021, meeting. Staff is currently working on initial documents to
575 submit for initial review this calendar year.

576

577 2. 16 CCR 1399.502, 1399.540, 1399.541, 1399.545 – SB 697: SB 697 578 Implementation

579

580 Staff has currently finalized initial documents with regulations counsel and the
581 Budget Office and has submitted for initial review to the Director’s Office.

582

583 3. 16 CCR 1399.506, 1399.507, 1399.511, 1399.546 – SB 697: Application, Exam 584 Scores, Addresses, & Recordkeeping

585

586 Agency approved this package on December 12, 2022, and it was filed with the
587 Office of Administrative Law (OAL) on December 20, 2022. Regulations Counsel
588 Karen Halbo and Ms. Dhillon are working with OAL staff to make any requested
589 changes and to finalize this package.

590

591 4. 16 CCR 1399.515 – AB 2461: Retired Status to Include Fingerprint Requirement

592

593 This regulatory proposal is on hold for 2023 until the above packages are completed.

594

595 5. 16 CCR 1399.523 – SB 1441: Implement Uniform Standards Related to 596 Substance Abusing Licensees and Update of Disciplinary Guidelines

597

598 This regulatory proposal is also on hold for 2023 until the above packages are
599 completed.

600

601 6. 16 CCR 1399.XX – AB 107: Military Applicant Temporary Licensure

602

603 Staff is currently working on initial documents with regulations counsel and the
604 Budget Office to submit for initial review in the next month.

605

606 No public comment.

607

608 **13. Education/Workforce Development Advisory Committee: Update on** 609 **Physician Assistant Education Programs and Applicants in California**

610

611 Mr. Grant reported that there is an increase in the number of PA programs
612 nationwide to 303. California currently has 20 accredited programs, with three
613 programs in development. With the current accredited programs, there are 941 PA
614 graduates within California if all the seats in every program are full. When the three
615 developing programs are running, the Board should have about 1,056 graduates per

616 year. It is important to note that individuals typically go into practice either where
617 they are originally from, where they have family or where they train. If the Board can
618 get more PAs to train in California, it will help the Board meet the workforce goal.
619 There is an average of 47 students per program, which is right on par with the
620 national average.

621
622 Mr. Grant addressed a question regarding diversity within the PA workforce that was
623 asked at the prior Board meeting by Dr. Kidd. Mr. Grant stated that his research
624 showed that diversity is an issue that the PA profession has struggled with. In 2022,
625 researchers at the University of Texas Southwest published a study looking at
626 diversity and students admitted to 139 PA programs between 2014 and 2018 using a
627 system called IPEDS (Integrated Postsecondary Education Data System). They
628 found that amongst PA programs within the United States, there is a big disparity in
629 the number and proportion of racial and ethnic graduates. Of the 34,625 PA
630 graduates, 2,207 were Hispanic and 1,220 or 3.5% were underrepresented
631 minorities.

632
633 The conclusion was that many diverse graduates only came from a small number of
634 top performing programs. When looking at the data, weakness in the study is shown.
635 For example, some of the programs that were chosen as top performers, have a
636 very low number of diverse graduates. The study broke the programs up into
637 divisions and the whole division had low diversity. To use one example, in division
638 six there were three programs identified as top performers and Hispanic graduates,
639 however they graduated five Hispanic students in five years.

640
641 Division four, the second top performers for underrepresented minority graduates,
642 only had five underrepresented minority graduates within five years. The Pacific
643 division scored third best; however, they only included eight programs and this
644 division generally has a higher-than-average diversity compared to other divisions in
645 their study, making the Pacific division not score as well.

646
647 Another important factor to take into context, is that the study did not include the
648 University of Pacific Physician Assistant Program where the average is a 43%
649 graduation rate of underrepresented minority students in the last four years.

650
651 The last piece to look at within this study is that the statistics were compared to the
652 population; however, there are a lot of confounding variables. This issue of diversity
653 within the PA practice is a big focus of the professional association for PA programs,
654 as well as the accrediting body who has added their standards that for a PA program
655 to be accredited, the program must address DEI and admission throughout the
656 program. The Board should expect to see much more changes on this issue moving
657 forward.

658
659 Dr. Kidd asked if there are diversity standards for faculty, Mr. Grant stated that there
660 are, and this was not included in the current report but can be included in the next
661 board meeting.

662
663 Ms. Caldwell asked for guidance on individuals who are entering a program and they
664 received knowledge that the program is going to be on probation. Ms. Caldwell
665 asked what the best way would be to guide these individuals on their resources, the
666 different accreditation statuses and when should students worry about them. Mr.
667 Grant stated that the accreditation statuses are on the report. Ones reporting as

668 developing means the program is still coming together and not accredited. When
669 there's provisional, there are three statuses of accreditation: provisional, continuing,
670 and probation. Provisional programs are programs that are within the first five years
671 of its operation. Continuing means that they've met all the accreditation standards
672 and the program is beyond the first five years. Lastly, probation are programs that
673 have fallen short on meeting some of the accreditation standards and the program is
674 given a short time to correct. Probational programs are required to notify students
675 who are applying. A key takeaway is that sometimes PA applicants will confuse
676 provisional with probation. The school would be the best resource; however, if the
677 student has any questions, they are welcome to reach out to the accrediting body as
678 well.

679
680 Dr. Earley commented that the PA numbers have been increasing exponentially and
681 these numbers show that the PA practice is outpacing the medical schools. Dr.
682 Earley asked whether there is a cap on how many PA programs that the United
683 States is looking to have or is it infinite. Mr. Grant answered that as far as he knows
684 there is no limit; however, these conversations are ongoing all the time. There is no
685 shortage of work in the PA field. The limitation on PA programs is clinical training
686 sites and making sure that the programs are meeting the standards.

687
688 No public comment.

689 **14. Report by the Legislative Committee; Legislative Update**

690
691 Ms. Dhillon reported the following:

692 A. AB 883 (Mathis) Business licenses: United States Department of Defense 693 SkillBridge Program

694
695 This bill requires a board to expedite, and authorize a board to assist in the initial
696 licensure process for an applicant who is an active-duty member of a regular
697 component of the Armed Forces of the United States enrolled in the United States
698 Department of Defense (DOD) SkillBridge program or has served as an active-duty
699 member of the Armed Forces of the United States and was honorably discharged.
700 SkillBridge allows Service Members to gain civilian experience through specific
701 industry training, apprenticeships or internships during the last 180 days of service.
702

703
704 This bill would require staff to update the Board's licensing process to ensure
705 applicants who meet the DOD SkillBridge program criteria can get their license
706 application expedited. Staff projects there will not be an increase in licensing
707 workload related to the new provisions of this bill.
708

709
710 Mr. Grant stated that the only way for applicants to receive a license not only in
711 California but in all states, is to take the Physician Assistant National Certifying
712 Examination (PANCE) and attend an accredited PA program, making the SkillBridge
713 program not applicable to the Board.
714

715
716 Ms. Dhillon stated that she believes that this bill does not bypass the PANCE exam
717 requirement, but would be a way to expedite the application process. Mr. Grant
718 stated that he agrees; however, because the only way to be licensed is to pass the
719 Board exam, and the only way to pass the Board exam is to pass a 27-month long
accredited PA program, which cannot be completed as part of the SkillBridge

720 program.

721
722 Dr. Hawkins asked to define expedite. Ms. Dhillon stated that the Board's licensing
723 program averages 30 to 35 days to issue a license. Expedite means within that time
724 frame, as it takes much longer to license for other boards and bureaus depending on
725 the size of the entity. The Board would be able to fulfill the requirements if the bill is
726 passed.

727
728 Dr. Hawkins stated that 30 days seems very fast; Ms. Dhillon added the Board has a
729 great licensing team.

730
731 Ms. Khan added that the Board expedites applicants who state that they are an
732 asylee or a refugee, as well as applicants who were honorably discharged. This bill
733 would add to this list of applicants the Board could expedite.

734
735 Mr. Armenta asked for clarification that SkillBridge includes more disciplines than
736 just PAs; it would be a wide approach to thousands of potential disciplines to get
737 them licensure. Mr. Grant answered that this is correct.

738
739 Mr. Grant added that by the time an applicant applied for licensure they would have
740 been well beyond the SkillBridge active-duty time.

741
742 The Board did not take a position on this bill.

743
744 B. AB 996 (Low) Department of Consumer Affairs: continuing education: conflict-of-
745 interest policy.

746
747 This bill proposes that boards under DCA develop and maintain a conflict-of-interest
748 policy that would discourage the qualification of any continuing education course if
749 the provider of that course has an economic interest in a commercial product or
750 enterprise directly or indirectly promoted in that course.

751
752 If this bill is passed staff may need to implement regulations in accordance with this
753 bill.

754
755 Mr. Grant inquired if this bill applies to Board members, Ms. Dhillon stated that this
756 bill applies to continuing education course providers. Any of the providers that the
757 Board has that is deemed approved would be impacted by the bill. The Board would
758 have to enforce some regulations regarding promotion or advertisement of one's
759 personal business.

760
761 Mr. Grant stated that he is curious to see what will happen as the controlled
762 substance education course, part of the Board's license renewal process, is
763 delivered by a professional organization in the state; however, if there are other
764 businesses offering this course, it makes one wonder how that works. As this is a
765 continuing medical education (CME) requirement it can cause some issues.

766
767 Mr. Armenta clarified that when a continuing education provider is developing and
768 maintaining a policy, it must do two things; the conflict-of-interest policy requires
769 discouraging qualification of any course if the provider of the course has an
770 economic interest in a commercial product directly or indirectly promoted within that
771 course, and the conflict to be disclosed at the beginning of that course. If there is

772 disclosure, that is what matters.

773
774 Mr. Kanotz added an example for the Speech-Language Pathology and Audiology
775 and Hearing Aid Dispensers Board, the CME courses that are put on by a specific
776 manufacturer of a specific hearing aid. The idea being that courses should provide
777 course content and not be along the lines of infomercials or providing specific
778 information that just relates to one product. This bill isn't about who can and cannot
779 teach a course but is specifically related to a product or enterprise that's being
780 promoted.

781
782 Dr. Earley stated often when lectures are given, they will disclose who they are
783 working with. Dr. Earley asked if this bill is asking for something more than that and
784 whether the Board should put a survey together asking if there is any interest upfront
785 or continue to disclose when starting the lecture. Mr. Kanotz answered that he does
786 not think that this falls under the bill as it only applies if one is going to get up during
787 a continuing education class and state that one is endorsing the service, or a
788 business service that has to do with PA practice or this product and promote it.

789
790 Mr. Armenta stated that this bill places the onus on the provider to develop the
791 conflict-of-interest policy and not on the Board. Mr. Kanotz responded by stating that
792 the Board is the entity that is mentioned in Business and Professions Code section
793 101, to the extent that the Board approves courses or providers; there are some
794 boards that do and some that do not. The Board would not be looking at individual
795 courses but the approved providers.

796
797 Mr. Grant shared that the Board approves course providers for the controlled
798 substance education course.

799
800 Ms. Khan added that there are two ways that licensees can comply with the Board;
801 by maintaining 100 CME hours with the National Commission on Certification of PAs
802 (NCCPA), or by completing 50 hours of CME requirements which must be approved
803 by one of the Board's five course providers.

804
805 Mr. Armenta asked what happens if a PA violates the CME requirement, Mr. Kanotz
806 responded that the Board has authority to disapprove a provider.

807
808 Dr. Earley asked if the Board needs a team to look more in depth at this process to
809 make sure that the Board is providing the appropriate oversight. Ms. Dhillon
810 responded that this is something that the Board can investigate; however, if the
811 Board has the regulations in place, it might be sufficient.

812
813 Dr. Hawkins shared that he attended a meeting at USC and universally the speaker
814 lists their conflict of interests.

815
816 M/ Jed Grant S/ Randy Hawkins to:

817
818 Watch AB 996.

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				
Deborah Snow	X				

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No public comment.

C. AB (McKinnor) 1028 Reporting of crimes: mandated reporters

The bill would require a health practitioner who suspects that a patient has suffered physical injury that is caused by domestic violence, to provide brief counseling, education, or other support, and a warm handoff, or referral to local and national domestic violence or sexual violence advocacy services. The bill would, on and after January 1, 2025, specify that a health practitioner is not civilly or criminally liable for any report made in good faith and in compliance with these provisions.

The Board would need to provide an update of mandated reporting information included on the Board’s website for licensees. This is something that can be done by staff and is supported by the Board’s current pro rata costs through DCA.

Mr. Grant expressed his concern regarding this bill, stating that having the protection of the Penal Code 11166 that states, mandated reporters must report abuse witnessed. This bill would remove that protection, making the care provider responsible to find someone who can assist the patient. As of now this all falls squarely on law enforcement allowing the care provider to assist other patients. Though law enforcement may have some issues, generally they are trustworthy and provide the care and assistance that is needed. Mr. Grant suggested that the Board oppose this bill as it will remove some of the protections and adds an additional burden for the healthcare provider.

Ms. Snow asked what the intent was behind the proposal of the bill. Ms. Dhillon responded that the concern was possibly removing the criminal or civil liability. Ms. Dhillon stated there was a similar bill that was brought up last year as well and this bill is consistent with that previous bill. As Ms. Dhillon recalls, she does not believe the previous bill was passed. Ms. Dhillon stated that she will investigate the intent of the bill and get back to the Board.

Mr. Armenta stated that according to the author of the legislative website, this bill’s intent is to promote health care. An example is, if one thinks that perhaps their spouse is going to get a call from law enforcement because of a head injury, individuals may be more reluctant to go get health care. Mr. Armenta stated that he opposes the bill for the reasons listed by Mr. Grant, but also because by giving discretion to the health care members, the bill places them in a trap. One could say after a survivor of spousal abuse is murdered, the health care provider did not exercise proper discretion and report the abuse and had one done so, the patient might still be alive. This bill places too much responsibility on the health care providers; the Board must protect the health care providers as well.

Dr. Hawkins stated that he feels that the author’s noted argument is a weak one and he agrees with what has been stated by Mr. Grant and Mr. Armenta.

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Dr. Earley stated that she agrees as well.

M/ Jed Grant S/ Juan Armenta to:

Oppose AB 1028.

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				
Deborah Snow	X				

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No public comment.

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877

D. AB 1070 (Low) Physician assistants: physician supervision: exceptions

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Existing law prohibits a physician and surgeon from supervising more than four physician assistants at any one time. This bill would except from that prohibition the supervision of physician assistants performing home health evaluations to gather patient information and perform annual wellness visits, advanced assessments, or health evaluations.

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Staff does not anticipate any fiscal impact as a result of this bill.

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Mr. Grant stated that he personally does not see any issues in this bill; however, he understands the argument, that in an acute care setting and with ratios there, but in a home health setting where they're providing wellness visits and screening for problems. Though there are some home health settings where they adjust medications or change medications to keep patients out of the emergency departments. It is concerning if the bill excludes that capability, then the bill might be unintentionally limiting the capabilities of the PAs who are practicing in home health visits.

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Mr. Armenta stated that the text of the bill states that the four-physician supervision does not apply if the PA is focused solely on performing in-home health evaluations to gather patient information and performing annual wellness visits or health evaluations that do not involve direct patient treatment or prescribing medication.

900
901

Dr. Hawkins stated that he does not have any issues with this bill.

902
903

Mr. Armenta suggested that the Board keep a neutral position.

904
905

E. AB 1707 (Pacheco) Health professionals and facilities: adverse actions based on another state's law

906
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909

This bill would prohibit a healing arts board under DCA from denying an application for a license or imposing discipline upon a licensee on the basis of a civil judgment, criminal conviction, or disciplinary action in another state that is based on the

910 application of another state’s law that interferes with a person’s right to receive
911 sensitive services, that would be lawful in this state. The bill would similarly prohibit a
912 health facility from denying staff privileges to, removing from medical staff, or
913 restricting the staff privileges of a licensed health professional on the basis of such a
914 civil judgment, criminal conviction, or disciplinary action imposed by another state.
915

916 Staff does not anticipate any fiscal impact.

917
918 Mr. Armenta stated that he feels that the Board should support this bill. The Board
919 should not be imposing any type of discipline or retribution on any health care
920 professional that is providing services that are legal in California.

921 Dr. Hawkins stated that he agrees.

922
923 M/ Juan Armenta S/ Sonya Earley to:

924
925
926 Support AB 1707.

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				
Deborah Snow	X				

927
928
929 No public comment.

930
931 F. SB 345 (Skinner) Health care services: legally protected health care activities

932
933 The bill would prohibit a board from denying an application for licensure or
934 suspending, revoking, or otherwise imposing discipline on a licensed person
935 because they were disciplined or convicted of an offense in another state if that
936 disciplinary action was for providing a legally protected health care activity. The bill
937 would further provide that the performance, recommendation, or provision of a
938 legally protected health care activity by a health care practitioner acting within their
939 scope of practice for a patient who resides in a state in which the performance,
940 recommendation, or provision of that legally protected health care activity is illegal,
941 does not, by itself, constitute professional misconduct, upon which discipline or other
942 penalty may be taken.

943
944 The bill defines legally protected health care activity to mean specified acts including
945 exercising rights related to reproductive health care services or gender affirming
946 health care services.

947
948 Staff does not anticipate any fiscal impact as a result of this bill.

949
950 Mr. Armenta stated that this bill contains similar reasoning to the prior Assembly bill;
951 however, this bill contains the Senate counterpart.

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953
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956

M/ Jed Grant S/ Diego Inzunza to:

Support SB 345.

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				
Deborah Snow	X				

957
958

No public comment.

959
960

G. SB 372 (Menjuvar) Department of Consumer Affairs: licensee and registrant records: name and gender changes

961
962

This bill would require boards to update a licensee’s records to include the licensee’s updated legal name or gender upon receipt of government-issued documentation, that demonstrates a legal name or gender change for the licensee. The bill would also require the Board to remove the licensee’s former name or gender from its online license verification system and treat this information as confidential. The bill also requires the Board to establish a process for providing a licensee’s current name or enforcement action record linked to a former name upon receipt of a request that is related to an enforcement action against a licensee, and the request must be completed within 10 business days.

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Staff does not expect a significant fiscal impact effectuated by this bill.

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976

Dr. Hawkins asked if this bill allows a workaround for an individual who has been disciplined to change their name and therefore not be identified as a person who was previously disciplined by the Board. Ms. Dhillon responded that this bill allows a licensee to change their name or gender with the Board if they have done so legally. This bill also provides a way for a licensee to be looked up for enforcement purposes by the public even though they changed their legal name or gender.

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Dr. Hawkins asked how the public would know which name to check, Ms. Dhillon responded the public can do so with the Board’s online verification system or contact the Board.

983
984

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986

Mr. Armenta stated that the process to request this information is an extra step, but it can be completed.

987
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990

Ms. Snow asked when the public searches a PA’s name on the Board’s website, what would indicate that the PA had a previous name. Ms. Khan responded that currently if a PA has changed their name, the previous name will be listed underneath their updated name.

991
992

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994

Mr. Armenta stated that from a website perspective, the writing should be simple enough. This may cross the line of confidentiality, but it should be simple enough to

995 say, "click here to see if the licensee had a former name," then the website can
996 instruct the viewer to submit a Public Records Act request. Mr. Armenta suggests
997 that the Board watches the bill.
998

999 Dr. Earley asked if this name change is similar to an individual changing their name
1000 due to marriage or if this is different. Ms. Dhillon stated that it is part of it but that she
1001 thinks the issue of concern is victims of domestic violence, for example, who would
1002 not want their former names to be listed on the website for their personal protection.
1003

1004 Mr. Armenta stated that's why there is a 10-day period in which the compliance shall
1005 be implemented in compliance with Public Records Act. Then Board has the
1006 discretion under the Public Records Act to respond if that information is protected.
1007

1008 Mr. Kanotz stated that the Department is looking at this bill and there is a
1009 requirement that enforcement documents be placed on the internet. In terms of
1010 public protection, how would members of the public find out about discipline and
1011 other matters from when the licensee had a different name.
1012

1013 Mr. Grant expressed concern with the bill from a public protection standpoint.
1014 Currently, the public has the ability to find out whether their provider has had action
1015 taken against their license; however, if the licensee changes their name and the
1016 public does not have a way to know that, during that time some serious action could
1017 have been taken against their license. Mr. Grant suggested one way to change this
1018 is to redact the name entirely and just have the public search by license number.
1019

1020 Dr. Hawkins asked Mr. Armenta if he still feels that the Board should take a neutral
1021 stance. Mr. Armenta responded that he is persuaded by Mr. Grant's concerns and
1022 agrees that the public needs to know if there is discipline history on an individual's
1023 license.
1024

1025 Mr. Armenta inquired if this bill would apply to every DCA entities, Ms. Dhillon
1026 responded yes.
1027

1028 Dr. Earley stated that it would be helpful if there could be a medium where the Board
1029 can give that information because the public should be able to go into the system
1030 and check and see if somebody has had any discipline. Perhaps the website can
1031 state "no discipline" and if there is any additional information that the public would
1032 want, they must fill out a form.
1033

1034 Mr. Armenta stated that being licensed is also a privilege, and one of those
1035 privileges of responsibility is to make one's record available to the public.
1036

1037 M/ Jed Grant S/ Juan Armenta to:

1038
1039 Oppose SB 372.
1040

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				
Deborah Snow	X				

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No public comment.

H. SB 385 (Atkins) Physician Assistant Practice Act: abortion by aspiration: training

This bill specifies that the required training, necessary for a PA to receive authority from their supervising physician and surgeon to perform abortion by aspiration techniques, must include a clinical and didactic component. This bill also clarifies that a PA who completes requisite training and achieves clinical competency is authorized to perform abortions by aspirations techniques without the personal presence of a supervising physician and surgeon, unless specified by their practice agreement, and that the procedure must be practiced consistent with applicable standards of care, within the PA’s clinical and professional educational and training, and pursuant to their practice agreement. This bill specifies that nothing in these provisions is to be interpreted as authorizing a PA to perform abortion by aspiration techniques after the first trimester of pregnancy.

Staff does not anticipate any fiscal impact as a result of this bill.

Mr. Grant stated that, in principle he is opposed to the bill because it’s completely backwards from everything the Board completed with SB 697. The Board removed itself from mandating what PAs can and can’t do and said that is a decision that the Board wants a PA and the supervising physician to decide.

Dr. Earley stated that this may be the wrong forum because when one is thinking about clinical and didactic, that gets into the educational process and the Board does not mandate that students deliver babies, let alone provide abortions.

Dr. Kidd stated that he agrees with Mr. Grant’s statement that this should be an issue the PA and their supervising physician determine at the practice level.

Mr. Armenta quoted Senator Atkins who introduced this bill, “this year as we watch other states continue to erode access to abortion, it is clear that we need to do everything that we can to increase the number of trained providers available to California, for those who need to come here for reproductive health care.” However, along the lines of what has been said, the Board has already done this, with the supervisorial.

Dr. Earley added another point that the Board had previously discussed is how difficult it can be to get clinical sites. Obstetrician is one of those sites that is heavily coveted because there are not enough of them, then to also require that the PAs must mandate to go through this type of training would be a difficult goal to achieve.

Ms. Khan added that after she had a conversation with the DCA Legislative Affairs unit, where she concluded that this seems like a cleanup bill. SB 1375 updated the training for nurse practitioners but not PAs, and this bill was introduced to make sure that the standards matched.

1089 Mr. Armenta responded that the Board already cleaned up SB 1375 with the
1090 regulation package.

1091
1092 M/ Jed Grant S/ Sonya Earley to:

1093
1094 Oppose SB 385.

1095

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				
Deborah Snow	X				

1096
1097 No public comment.

1098
1099 I. SB 544 (Laird) Bagley-Keene Open Meeting Act: teleconferencing

1100
1101 The bill would require a state body to provide a means by which the public may
1102 remotely hear audio of the meeting, remotely observe the meeting, or attend the
1103 meeting by providing on the posted agenda a teleconference telephone number, an
1104 internet website or other online platform, and a physical address for at least one site,
1105 including, if available, access equivalent to the access for a member of the state
1106 body participating remotely. This bill would essentially implement a procedure for
1107 receiving and swiftly resolving requests for a reasonable modification or
1108 accommodation from individuals with disabilities. This bill was brought to codify the
1109 Governor's Executive Order allowing state boards and commissions the opportunity
1110 to continue holding virtual meetings without being required to list the private
1111 addresses of each remote member or providing public access to private locations.
1112 This bill promotes equity and public participation by removing barriers to Californians
1113 that experience challenges attending physical meetings.

1114
1115 Staff does not anticipate any fiscal impact as a result of this bill.

1116
1117 Dr. Hawkins asked if the main item that this bill asks is that the Board provide a site
1118 for individuals to attend the meetings, Ms. Dhillon stated that is correct, and the
1119 Board would have to have a single staff member available at that location.

1120
1121 Mr. Armenta inquired if the Board is holding the meetings remotely, how would that
1122 not have a fiscal impact. Ms. Dhillon responded that the Board would allocate one
1123 staff member be available if it is requested that accommodations must be provided.

1124
1125 Mr. Armenta asked about travel costs. Ms. Khan stated that this bill states that Board
1126 staff can meet virtually and would eliminate travel. Previously, the Board was
1127 required to make the meeting address accessible to the public and this requirement
1128 would no longer be needed through this bill.

1129
1130 Mr. Armenta asked if this bill is only removing the address component, Ms. Dhillon
1131 responded yes, this bill removes the address requirement as well as providing

1132 accessibility for people who cannot access the meeting.

1133
1134 Mr. Kanotz added that the Board can do virtual meetings now; however, each
1135 location of every Board member would have to be made public and at a public
1136 location in which any member of the public can arrive and attend. This bill would
1137 remove that requirement, which is really the same effect as the statute that is
1138 currently in place from the pandemic.

1139
1140 Dr. Hawkins stated that he thought that the Board would be required to meet in
1141 person when instead the Board would need to make accommodations and make
1142 sure that individuals who want to view and hear the meeting are provided a place
1143 where they can do so. Mr. Kanotz confirmed that it is both, if staff would like to have
1144 a virtual meeting it can be done under the bill; however, there must be one physical
1145 location where the public can attend if they wish to.

1146
1147 Dr. Hawkins stated it is hard to believe that there would not be a fiscal impact if the
1148 Board must have a physical location to the public for viewing and hearing the
1149 meeting that happens to be virtual or in person elsewhere. Ms. Khan responded that
1150 the Board would set up a place for the public to meet at the DCA's hearing room and
1151 this is part of the pro rata that the Board is paying DCA.

1152
1153 Dr. Earley asked to confirm that the Bagley-Keene Open Meeting Act mentioned that
1154 the Board must have a physical location identified for the meeting. With the
1155 pandemic, the Board moved away from this with new provisions and now that the
1156 pandemic is over, the Board must go back to the original Bagley-Keene Open
1157 Meeting Act. This bill would modify the Bagley-Keene Open Meeting Act that the
1158 Board does not have to provide the meeting location but if it does, only one member
1159 of staff is present. Ms. Dhillon confirmed this.

1160
1161 Mr. Kanotz added that if the bill becomes law, no Board member would be required
1162 to be present at the physical location, but the public does need a location to
1163 participate if the Board has a board meeting and is not going to give notice of all the
1164 locations.

1165
1166 Mr. Armenta stated that on July 1, 2023, the authorization to do teleconference
1167 expired. Mr. Kanotz stated as of this date, the Board no longer has the authorization
1168 to waive the requirement to provide the Board members' physical locations where
1169 the public can attend.

1170
1171 Mr. Armenta inquired if the Board is still permitted to have virtual meetings after July
1172 1, 2023, Mr. Kanotz responded yes, as the Board always has. However, as the
1173 Board gets larger it becomes more difficult to hold a teleconference. Another issue
1174 that can occur is, if there are nine teleconference locations and one location
1175 becomes unavailable, the meeting would then need to be canceled. Mr. Armenta
1176 asked if this bill would fix that issue, Mr. Kanotz responds that it does.

1177
1178 Dr. Earley stated that before the pandemic the Board did not have Zoom and took
1179 part in traditional teleconferencing, but now the Board has Zoom the Board has more
1180 flexibility.

1181
1182 M/ Jed Grant S/ Sonya Earley to:

1183

1184
1185

Support SB 544.

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				
Deborah Snow	X				

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No public comment.

J. SB 802 (Roth) Licensing boards: disqualifications from licensure: criminal conviction

Existing law requires a board to notify an applicant in writing if a board decides to deny an application for licensure based solely or in part on the applicant’s conviction history. SB 802 would require that such written notification be carried out within 30 days of that decision.

Staff does not anticipate any fiscal impact as a result of this bill.

Dr. Hawkins asked what is new about this bill, Ms. Dhillon responded the requirement that the notification be made within 30 days.

Mr. Armenta asked if this was unreasonable, Ms. Dhillon stated no.

Dr. Earley asked what the requirement was before, Ms. Dhillon stated that she does not believe that there was a requirement for a timeline of when the Board needed to notify the applicant.

Dr. Hawkins asked where in the process may this occur, as for the MBC it is a high priority to let an applicant know that they’ve been denied. Ms. Khan stated that when an applicant is denied it is done through the licensing process.

Mr. Armenta asked if previously there was notification when an applicant was denied due to conviction history. Ms. Khan stated that the Board would notify the applicant immediately and inform them of their rights for a hearing, there just wasn’t a timeline set.

Mr. Armenta confirmed that the only item this bill is adding is the basis for the 30-days’ notice.

Dr. Kidd added that he does not see any risk to this bill, placing a timestamp on when the Board has to notify the applicant makes sense.

M/ Vasco Deon Kidd S/ Juan Armenta to:

Support SB 802.

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				
Deborah Snow	X				

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Mr. Grant asked Ms. Dhillon when the Board takes a position on a bill whether she sends a letter to the authors, Ms. Dhillon confirmed that she does. Mr. Grant followed up by asking when she sends the letter does she include the reasons for each position, Ms. Dhillon responded in the affirmative.

No public comment.

15. Agenda Items for Next Meeting

1) Discussion on the change in title of the profession from physician assistant to physician associate.

No public comment.

16. CLOSED SESSION

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

RETURN TO OPEN SESSION

17. STRATEGIC PLANNING SESSION

The Board met with members of the DCA’s SOLID team to develop the Board’s strategic plan for 2024-2028.

No public comment.

18. Adjournment

With no further business the meeting was adjourned at 2:56 p.m.

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