

**MEETING MINUTES**  
**August 4, 2023**  
**8:30 A.M. – 5:00 P.M.**  
**PHYSICIAN ASSISTANT BOARD**  
**Hilton San Diego Gaslamp Quarter**  
**401 K Street, Santa Rosa Room**  
**San Diego, CA 92101**

**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.  
Jennifer Carlquist, PA-C  
Sonya Earley, Ed.D, PA-C  
Jed Grant, DMSc, PA-C  
Randy Hawkins, M.D.  
Diego Inzunza, PA-C  
Vasco Deon Kidd, DMSc, PA-C  
Deborah Snow (arrived at 8:35 a.m.)

Staff Present: Rozana Khan, Executive Officer  
Michael Kanotz, Attorney III (via video conference)  
Karen Halbo, Regulatory Counsel, Attorney III  
Jasmine Dhillon, Legislative/Regulatory Specialist  
Julie Caldwell, Lead Licensing Analyst  
Armando Melendez, Complaint Analyst  
Christina Haydon, Enforcement Analyst

**3. Consider Approval of May 1, 2023, Board Meeting Minutes**

M/ Jed Grant S/ Sonya Earley to:

Approve the May 1, 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	

No public comment.

44 **4. Public Comment on Items Not on the Agenda**

45  
46 (Note: The Board may not discuss or take action on any matter raised during this  
47 public comment section that is not included on this agenda, except to decide  
48 whether to place the matter on the agenda for a future meeting. [Government Code  
49 Sections 11125, 11125.7(a).])  
50

51 No public comment.

52  
53 **5. President's Report**

54  
55 Mr. Armenta stated that he is continuing to have biweekly meetings with Executive  
56 Officer Ms. Khan and Vice President Dr. Earley to discuss the status of Board  
57 operations.  
58

59 Mr. Armenta shared that Vasco Deon Kidd has been reappointed by Governor Gavin  
60 Newsom to the Physician Assistant Board. Dr. Kidd has been an Associate Clinical  
61 Professor at the University of California, Irvine School of Medicine Department  
62 Orthopedic Surgery since 2021 and Director of the Advanced Practice Providers  
63 Program at UCI Health since 2019. Dr. Kidd was Director of Advanced Practice  
64 Providers and Director of the Physician Assistant Orthopedic Surgery Fellowship  
65 Training Program at Arrowhead Orthopedics from 2016 to 2019. He was an  
66 Assistant Professor and Academic Coordinator at Moreno Valley College from 2013  
67 to 2015 and at the University of Texas Health Science Center from 2010 to 2012. Dr.  
68 Kidd was Lead Physician Assistant at Kaiser Permanente from 2003 to 2010. He  
69 earned a Doctor of Health Science Degree in Health Sciences from A.T. Still  
70 University, a Master of Science degree in Health Professions Education from  
71 Western University Health Sciences and a Master of Public Health degree from the  
72 University of California, Los Angeles. He is a member of the California Academy of  
73 Physician Associates, American Academy of Orthopedic Surgeons, American  
74 College of Healthcare Executives, and the Advanced Practice Provider Executives.  
75 Dr. Kidd's term will be from July 28, 2023, to January 1, 2027.  
76

77 Mr. Armenta administered the Oath of Office to Dr. Kidd.

78  
79 No public comment.

80  
81 **6. Executive Officer's Report**

82  
83 Ms. Khan referred members to Agenda Item 6 and reported the following.

84  
85 A. Personnel

86  
87 On March 27, 2023, interviews were conducted to fill the vacant Office Technician  
88 (OT) position which will provide technical and clerical support for the Enforcement  
89 and Licensing Programs. A candidate was selected; however, due to a lack of  
90 response, the position was reposted to increase the candidate pool. Additionally,  
91 recruitment is underway to fill the vacant Administrative Office Technician position.  
92

93 B. Annual Report

95 Board staff is working diligently to submit its fiscal year (FY) 2022-23 Annual Report  
96 to the Department of Consumer Affairs (DCA). The Annual Report is an opportunity  
97 for the Board to demonstrate accomplishments and provide program information in  
98 the past 12 months.

99  
100 C. Outreach

101  
102 Staff attended the Administrators in Medicine and Federation of State Medical  
103 Boards (FSMB) 111<sup>th</sup> Annual Meeting on May 3-5, 2023, in Minneapolis, Minnesota.  
104 The FSMB is a national non-profit organization that represents the 70-state medical  
105 and osteopathic boards of the United States and its territories. The event provided a  
106 valuable platform for colleagues in medical licensure, regulation, and discipline to  
107 learn, interact, and deliberate upon the pressing issues confronting medical  
108 regulators. A diverse range of topics pertinent to medical regulation was covered,  
109 fostering an environment of knowledge-sharing and collaboration.

110  
111 Board staff is looking forward to attending the annual California Academy of  
112 Physician Associates (CAPA) conference during Physician Assistant Week on  
113 October 5-8, 2023, in Anaheim. This event allows for crucial outreach and presents  
114 an invaluable platform for Board staff to address inquiries from licensees and  
115 students and provide updates regarding laws and regulations governing the  
116 physician assistant (PA) practice.

117  
118 D. Information Technology

119  
120 In collaboration with DCA's Office of Information Services, the Board modified  
121 BreEZe to allow licensees to print their own pocket licenses from their online BreEZe  
122 account. This change offers convenience, cost efficiency, immediate access and  
123 benefits the environment as the Board finds more ways to reduce its environmental  
124 footprint.

125  
126 Dr. Hawkins asked how many vacancies the Board currently has; Ms. Khan  
127 responded the Board has two vacancies. The first is the front desk OT and the  
128 second is the support staff OT for enforcement and licensing.

129  
130 No public comment.

131  
132 **7. Board Activity Reports**

133  
134 A. Licensing

135  
136 Ms. Caldwell referred members to Agenda Item 7A and reported the following  
137 Licensing Population by Type, Summary of Licensing Activity, Pending Application  
138 Workload, and Licensing Performance Measures reports.

139  
140 Ms. Caldwell also stated the licensing team is continuing the Controlled Substance  
141 Education Course audit. There has been some confusion from licensees due to the  
142 implementation of the new Drug Enforcement and Administration (DEA) 8-hour  
143 course requirement. Licensees frequently call the Board with questions regarding  
144 the DEA's course requirement and these questions are redirected to the DEA.

145

146 Mr. Armenta asked how the deceased licensees are reported to the Board; Ms.  
147 Caldwell responded that typically the family of the deceased will contact the Board  
148 after a renewal notice is received. Board staff will then let the family know how to  
149 proceed with changing the status.

150  
151 Mr. Armenta inquired if a deceased licensee not being placed into deceased status  
152 has ever caused any issues for the Board; Ms. Caldwell responded not that she is  
153 aware of.

154  
155 Dr. Earley asked whether there has been an increase in the desk age of applications  
156 due to the increased number of PA schools. Ms. Caldwell answered no, as the desk  
157 age and application age depend upon how long the application takes for approval.  
158 Some applications never get approved as they expired because individuals did not  
159 complete the application process. As for the increase in applications based on the  
160 increase in the education institute, the increase is manageable as the Board is still  
161 meeting the goal of reviewing the applications within 30 days and providing an  
162 update. Ms. Jimenez and Ms. Voong are assets to the licensing team.

163  
164 Dr. Grant thanked the licensing team for their hard work stating that it is encouraging  
165 when the Board receives requirements for expedited licensing that comes from the  
166 Legislature that have already been met by the Board.

167  
168 B. Complaints

169  
170 Mr. Melendez referred members to Agenda Item 7B and reported the following  
171 Complaint Statistics and Complaints Received by Type and Source reports.

172  
173 Dr. Grant inquired if Mr. Melendez is receiving adequate support to ensure that  
174 aging investigations are worked on timely. Mr. Melendez clarified that some cases  
175 continue to age due to waiting on the disposition of the criminal case. Mr. Melendez  
176 stated that the Board is currently working on hiring enforcement support staff and  
177 that would provide relief.

178  
179 Dr. Hawkins stated he noticed an increase in gross negligence cases received from  
180 the public as well as government agencies and asked if Mr. Melendez has any  
181 insights on the increases. Mr. Melendez stated for the increase with government  
182 agencies reporting, the Board receives many referrals from the Medical Board of  
183 California (MBC). Sometimes during an investigation of the doctor, a case may be  
184 referred to the Board if it also involves a PA. Dr. Hawkins asked for clarification for  
185 the public category. Mr. Melendez stated that these are individuals filing a complaint  
186 with the Board by phone, email or online.

187  
188 C. Discipline

189  
190 Ms. Haydon referred members to Agenda Item 7C and reported the following  
191 Discipline Statistics Report.

192  
193 Dr. Hawkins asked what types of cases resulted in a license surrender and  
194 revocation. Ms. Haydon responded that she does not have that information, but she  
195 can get the information and present it later.

196  
197 Dr. Kidd commented that it looks as though the report is trending down which is a

198 great sign; Dr. Kidd thanked Ms. Haydon for her hard work.

199

200 D. Probation

201

202 Ms. Haydon referred members to Agenda Item 7D and reported the following  
203 Probation Activity Report.

204

205 Mr. Armenta inquired what does toll mean; Ms. Khan responded when a licensee is  
206 placed on probation, one of the stipulations is if they are not practicing or complying  
207 with probation for two years they are considered “tolling.” Once the probationer is  
208 tolling for more than two years, the Board can transmit the case to the Attorney  
209 General’s (AG) Office for violation of probation.

210

211 E. Diversion

212

213 Ms. Haydon referred members to Agenda Item 7E and reported the following  
214 Diversion Program Activity Report.

215

216 Ms. Haydon read a statement from Probation Monitor Virginia Gerard regarding the  
217 diversion program. Ms. Gerard noted in the May 2023 Recovery Program  
218 Management meeting, that Maximus staff said that they had attended national  
219 conferences in their field. At those conferences it was discovered that the decrease  
220 in participation in diversion type programs is a nationwide trend. The attendees at  
221 the conferences collectively speculated it may be pandemic related. It was posited  
222 that as clinics and practices became short staffed, other staff and employers  
223 possibly looked the other way at behaviors that would have normally trend to further  
224 action.

225

226 Mr. Armenta stated that it is alarming that practices are looking the other way to  
227 potential diversion situations. Mr. Armenta requested Ms. Gerard could provide a  
228 report at the next Board meeting on what responses the Board should be thinking  
229 about if this theory continues to pan out.

230

231 Mr. Armenta asked if self-referral means the licensee reached out and decided to go  
232 into diversion themselves; Ms. Haydon confirmed.

233

234 Mr. Armenta inquired what circumstances can lead to a licensee not being accepted  
235 into the program. Ms. Haydon responded that she would bring this question to Ms.  
236 Gerard and have her report back to the Board.

237

238 Dr. Earley extended her appreciation to Ms. Gerard for providing this additional  
239 information.

240

241 Dr. Grant asked if there is any evidence that supports that medical staff are not  
242 reporting misconduct. Ms. Haydon stated that she believes that was collectively  
243 speculative; however, she will ask Ms. Gerard if she can divulge more into this topic.

244

245 No public comment.

246

247 **8. Department of Consumer Affairs – Director’s Update (DCA Staff) – May**  
248 **Include Updates Pertaining to the Department’s Administrative Services,**

249 **Human Resources, Enforcement, Information Technology, Communications**  
250 **and Outreach, as well as Legislative, Regulatory and Policy Matters**  
251

252 Melissa Gear, Deputy Director for Board and Bureau Relations provided the Board  
253 with the following report:

254  
255 On May 12, 2023, DCA's Diversity Equity and Inclusion (DEI) Steering Committee  
256 held its quarterly meeting in-person and elected Chairperson Yeaphana La Marr,  
257 who currently serves as the Department's Tribal Liaison and is the Chief of  
258 Legislation for the Contractors State License Board, and elected Vice Chairperson  
259 Paul Sanchez, who is the Executive Officer of the Speech-Language Pathology and  
260 Audiology Board. The Committee discussed training, strategic planning, and DEI  
261 activities through the end of the calendar year.

262  
263 In June, DCA began offering three DEI courses which are available to all DCA  
264 employees. The courses are: Understanding the Value of DEI in the Workplace,  
265 How to Decode Our Unconscious Bias, and Unleash the Power of Generational  
266 Differences.

267  
268 The DEI Steering Committee is pleased to announce that outside consultant, Dr.  
269 Bernard Gibson, will provide in-person DEI training to DCA managers, supervisors,  
270 and leaders in October. In addition, Dr. Gibson will provide virtual training to Board  
271 Members on October 9, 2023. Dr. Gibson has 20 years corporate experience  
272 managing teams and training employees in business effectiveness. Dr. Gibson also  
273 has extensive teaching experience at various colleges, including serving as adjunct  
274 faculty since 2006 at the University of Massachusetts for School of Business and  
275 Professional Studies.

276  
277 Also, to further the Department's efforts to reach the Californians it serves, DCA will  
278 request boards and bureaus translate any press releases they issue into Spanish.  
279 California's top non-English language spoken is Spanish and establishing a standard  
280 of translating releases into both English and Spanish will enhance the reach of  
281 information released. Boards and bureaus are also encouraged to evaluate any  
282 additional languages outside of Spanish that may better serve their audiences.

283  
284 The changes to the Bagley-Keene Open Meeting Act that allowed Board members  
285 to not have to notice their meeting location or meet in an ADA accessible location  
286 expired on July 1, 2023. Therefore, as of July 1, 2023, public meetings are subject to  
287 the traditional pre-COVID requirements for open meetings. DCA's boards and  
288 bureaus should be prepared to conduct public meetings compliant with the Bagley-  
289 Keene Open Meeting Act.

290  
291 Senate Bill (SB) 544, which may allow for some meetings to be held without noticing  
292 the location of the Board member, thus allowing remote virtual meetings is still going  
293 through the legislative process and the Department's Division of Legislative Affairs is  
294 working with stakeholders and providing updates to the boards and bureaus on the  
295 status of the bill.

296  
297 DCA has been working to implement Assembly Bill (AB) 107, and effective July 1,  
298 2023, DCA boards and bureaus, unless otherwise exempt, are required to grant  
299 temporary licensure to the spouse or domestic partner of an active-duty military  
300 member stationed in California, if the spouse or domestic partner holds a license in

301 another state with the same scope of practice as the profession in California for  
302 which they would like to practice. DCA's Office of Information Services and  
303 Communications Division have been working to support this implementation.  
304

305 The Department is continuing work on its Enlightened Enforcement Project that is  
306 being piloted by the Dental Board of California (DBC). The DBC has walked through  
307 their intake, complaint processing, citation, and investigation processes. One more  
308 walkthrough session will cover the discipline and probation processes. The goal is  
309 for staff to walk through the processes with subject matter experts so improvements  
310 and efficiencies can be found for the DBC that can be carried over to other boards  
311 too. The project also aims to learn the best practices between boards and to  
312 standardize procedures for all boards and bureaus. The final benefit will also be a  
313 template for policies and procedures related to the enforcement process for all  
314 boards to utilize.  
315

316 DCA is continuing its efforts to improve its reports regarding licensing and  
317 enforcement activities. The Director recently led multiple workgroup meetings  
318 beginning in late April through early July with staff from each board and bureau to  
319 update the data metrics reported in the DCA's Annual Report. DCA's goal is to  
320 ensure consistency between the reported data in the Annual Report, DCA's Data  
321 Portal, as well as the board and bureau Sunset Reports. Future meetings are  
322 expected in August and ongoing to help build new reports or modify existing ones to  
323 provide these new metrics for next year's Annual Report. Additionally, DCA held a  
324 meeting on July 17, 2023, with all boards and bureaus to review guidance on how  
325 boards and bureaus can compile and report data to the Department for inclusion in  
326 this year's upcoming Annual Report.  
327

328 Board members who have been appointed and reappointed cannot begin their  
329 service or perform any official functions without first taking the oath of office. Unless  
330 otherwise provided, the oath may be taken before any officer authorized to  
331 administer oaths. Board members will be required to complete the documents listed  
332 on the Board Member Appointment Checklist (HR 5) and return them to the Office of  
333 Human Resources (OHR) no less than 30 days after their appointment or  
334 reappointment. Duties cannot be assumed, and appointments cannot be processed  
335 until documents are received and are accurately completed.  
336

337 There are two DCA-wide mandatory trainings for 2023. All DCA employees and  
338 appointees, including Board and advisory council members, will need to complete  
339 the Sexual Harassment Prevention training this year. Board members must take the  
340 two-hour supervisory training and advisory council members must take the one-hour  
341 non-supervisory training. These trainings are required every odd-numbered year and  
342 are online, self-paced and approximately two-hours. Board members with an  
343 assigned DCA email (@dca.ca.gov) are required to complete the Information  
344 Security Awareness Fundamentals training. This training addresses everyone's role  
345 in protecting DCA data and information. The training is online and required every  
346 year. Both trainings are available in the Department's Learning Management System  
347 (LMS).  
348

349 All state travel arrangements must be made through DCA's authorized travel  
350 agency, CalTravelStore or Concur. When traveling by air on official state business,  
351 all board members and staff must use the most economical fares possible. If the  
352 flight is changed, there may be additional charges. Flight changes for personal

353 convenience are not permitted or justified, and the traveler is responsible for any  
354 associated charges.

355  
356 The AG issued a press release adding three new states to California's restricted  
357 travel list, with staggered effective dates in 2023-2024 as follows: Wyoming – travel  
358 restricted effective July 14, 2023; Missouri – travel restricted effective August 28,  
359 2023; and Nebraska – travel restricted effective October 1, 2023.

360  
361 Lastly, Board members must complete the Board Member Orientation Training  
362 (BMOT) within one year of their appointment or re-appointment. On October 10,  
363 2023, BMOT will be offered virtually. This will be the last meeting of the year.  
364 Members can register for this training via LMS.

365  
366 Dr. Kidd asked Ms. Gear if she can share what the expected outcomes are for the  
367 Enlighten Enforcement Project; Ms. Gear stated that she will report the information  
368 for the Executive Officer to share with the Board.

369  
370 Dr. Hawkins inquired why there are travel restrictions within Wyoming, Missouri and  
371 Nebraska. Ms. Gear responded that there are several other states that are already  
372 restricted, and these three states have been added. Ms. Gear stated that it is her  
373 understanding that these states are now restricted because they are not aligned with  
374 California's laws related to LGBTQ as well as other civil human rights-related issues  
375 that are important to California.

376  
377 Dr. Alexander asked if the DEI training was mandatory. Ms. Gear stated that  
378 currently DCA is not mandating that all DCA board members or employees complete  
379 the DEI training; however, it is strongly encouraged.

380  
381 Dr. Alexander inquired what percentage of employees have completed these  
382 trainings; Ms. Gear stated that staff are currently working on this metric, with the  
383 numbers showing a strong interest in the trainings.

384  
385 Dr. Kidd asked if the DEI training is in addition to the Implicit Bias training; Ms. Gear  
386 confirmed.

387  
388 Mr. Armenta asked when the Enlighten Enforcement Project with the DBC is  
389 expected to be completed; Ms. Gear stated that she believes the project is set to be  
390 completed at the end of the year.

391  
392 Mr. Armenta inquired if the intent for this is to be a model for all boards or will there  
393 be continued testing to see how it would fit for each board. Ms. Gear stated that from  
394 her understanding, this will be the model, taking the best practices from the DBC  
395 and applying those practices to all other boards, making the appropriate  
396 modifications.

397  
398 Mr. Armenta questioned whether this project will be advisory or something that all  
399 boards are expected to do. Ms. Gear stated that she is not sure if this will be  
400 expected; however, it will be a resource and strongly encouraged.

401  
402 Dr. Kidd inquired if the Board would have a chance to provide input into the process  
403 before it becomes mandated; Ms. Gear stated that she does not have this  
404 information and will get back to the Board with a more detailed report.

405 No public comment.

406

407 **9. Budget Update**

408

409 Dr. Earley referred members to Agenda Item 9 and reported the following fund  
410 condition and expenditure reports.

411

412 Dr. Earley reported in FY 2022-23, the Board has a budget of about \$3.2 million. The  
413 Board is projected to use 36.76% of its expenditure on Personal Services which  
414 includes salaries and benefits; 38.51% for Operating Expenses & Equipment which  
415 includes contracts, purchases, and travel; and 24.53% for Enforcement which is for  
416 the Office of Administration Hearings (OAH) and the AG. The Board is estimated to  
417 have 0.19% in Reversion.

418

419 For the Board's fund condition, Dr. Earley stated for FY 2021-22 actuals, the Board  
420 has a beginning balance of \$4.8 million with prior year adjustment of \$197,000,  
421 giving the Board an adjusted beginning balance of \$5 million. The Board has an  
422 overall revenue of \$2.5 million, transfer to General Fund (AB 84) of negative \$88,000  
423 and total expenditure of \$3 million, which gives a fund balance of 4.5 million (16.6  
424 months in reserve).

425

426 Dr. Earley stated for current year 2022-23, the Board has a beginning balance of  
427 \$4.5 million, estimated revenue of \$2.8 million, estimated expenditure of \$3.3 million,  
428 giving a fund balance of \$4 million (14.9 months in reserve). There are no immediate  
429 concerns for this fund.

430

431 Ms. Halbo asked if personal services is a typographic error, and should it be  
432 personnel services instead; Dr. Earley stated she will let the Budget team know and  
433 correct this if needed.

434

435 No public comment.

436

437 **10. Discussion Regarding Professional Title Change from Physician Assistant**  
438 **to Physician Associate**

439

440 Mr. Kanotz stated this is to address the movement in the PA profession to change  
441 the title from physician assistant to physician associate. All of the healing arts and  
442 many other boards have provisions that reserve the use of the title of the profession  
443 only for individuals licensed under the profession; this is the concept of a title  
444 protection. When looking back to the establishment of the PA profession, the  
445 Medical Practice Act provides that an individual who advertises as a  
446 doctor/physician or represents that they are a physician by using the term  
447 doctor/physician, and/or other terms indicating or implying that they are a physician,  
448 under the statute they're guilty of a misdemeanor and they are violating this  
449 provision of the law. The Physician Assistant Practice Act (Act) was adopted in  
450 1970. The Act created a title protection for the term "physician assistant," which is in  
451 Business and Professions Code (BPC) 3503. In the 1950s, before the establishment  
452 of the profession, if an individual was using the term "physician assistant," that would  
453 have violated the Medical Practice Act provision. What enables PAs to use this title,  
454 is the statute that was later enacted that reserves the title for that profession in the  
455 Physician Assistant Practice Act. There is no title protection for the term "physician  
456 associates." To change the title of the profession in California, the Legislature would

457 need to adopt a statute doing so. In the absence of that, use of the term “physician  
458 associate” would violate BPC section 2054 and could subject the PA who used the  
459 term “physician associate” to discipline.

460  
461 Mr. Armenta clarified that any change in name would originate with the Legislature in  
462 terms of a statutory change; Mr. Kanotz confirmed.

463  
464 Dr. Grant requested confirmation that this is a legislative issue, the Board cannot  
465 take a position and the law is clear that this does not reside within the Board’s  
466 domain to make policy decisions. Mr. Kanotz responded that this is correct, to  
467 change the title of the profession the Legislature would need to carry a bill that  
468 changed those terms in the Physician Assistant Practice Act to Physician Associate  
469 Practice Act. There is no action for the Board to take on this issue; however, it is  
470 appropriate to share individual thoughts and views.

471  
472 Dr. Grant stated that he feels that changing the name would be good, as it would  
473 accurately represent to patients what PAs do. In his 25 years’ experience as a PA,  
474 he has seen patients become thrown off by the word “assistant.” Dr. Grant believes  
475 that the change in the name would be good for both PAs and for the public as it  
476 would provide more confidence in the people providing the health care.

477  
478 Dr. Kidd stated that he feels that the title Physician Assistant does not speak to the  
479 evolving nature of the PA practice of the 21<sup>st</sup> century. There are eight states that  
480 now allow PAs to practice without physician supervision. It is important that PAs hold  
481 a title that is reflective of the work that they do. There is no other practitioner that  
482 does the work of a PA that has “assistant” in their professional title. Dr. Kidd stated  
483 that he would encourage individuals and constituent organizations to think about  
484 ways to partner and work together on reflecting the role of the PA by changing the  
485 professional title.

486  
487 Dr. Earley added that she is hopeful that with the support of the Board and CAPA,  
488 the Board can move towards changing the name. Historically, Yale University  
489 referred to their PA graduates as physician associates.

490  
491 Dr. Hawkins stated he supports the comments shared thus far.

492  
493 Ms. Snow asked whether the Board’s next step would be to approach a possible  
494 legislator to see if they would support this change. Mr. Armenta stated that he  
495 believes the proposal would need to originate not from the Board but from an  
496 assembly member or a senator to propose a bill.

497  
498 Mr. Armenta commented that he works with patients on workers’ compensation  
499 cases. During these cases, clients will often confuse PAs with Doctor of Medicine.

500  
501 Dr. Earley suggests that the Board reach out to Mayor Karen Bass as she is a PA.

502  
503 Dr. Alexander asked Dr. Hawkins for feedback about his perception on the title  
504 change as a member of the MBC. Dr. Hawkins clarified that he is not representing  
505 MBC when he states his support of the title change.

506  
507 Dr. Grant stated that in his career he has been referred to as a mid-level provider,  
508 advanced practice clinician, and advanced practice practitioner. What is important

509 regarding the PAs formal name and how a provider is representing themselves to a  
510 patient is really where the Physician Assistant Practice Act comes into play. How a  
511 provider is referred by an employer or others administratively is less part of the  
512 purview of the Physician Assistant Practice Act, this is more about how a provider  
513 identifies themselves to patients in terms of their understanding of what that provider  
514 does in their perception. The reason the Board did not have this title change as an  
515 agenda item in the past is because the previous titles were mostly administrative. An  
516 item that has come up in relation to the title change is the idea of “scope creep,”  
517 where PAs are trying to broaden their scope of practice. It appears that the change  
518 of name doesn’t reflect the scope of practice but involves accurate representation of  
519 the Board’s role within the healthcare system to the patient.

520  
521 Dr. Kidd stated that when looking at advanced practice providers, mid-level  
522 providers, advanced practice clinician, those terms refer to Advanced Practice  
523 Registered Nurses and PAs, making it all inclusive in terms of how providers are  
524 described in current times. The PAs is not trying to change the scope but to  
525 modernize the PA practice laws within states, while ensuring that the PA is referring  
526 to the health provider appropriately based on their skill set. Dr. Kidd asked what  
527 percentage of PAs in California currently refer to themselves as a physician  
528 associate. Dr. Hawkins responded that he does not have the answer to this inquiry.  
529 Dr. Hawkins added that employers might have hired PAs and have physician  
530 assistants as their job title, while referring to them as physician associates as their  
531 working title.

532  
533 Dr. Kidd added that there are jobs that advertise PA positions as physician  
534 associates. There are also PA colleagues that are currently using the title of  
535 physician associate within their social media platforms.

536  
537 Dr. Earley stated that it would be great to see CAPA legislatively take this on. If the  
538 American Academy of Physician Assistants (AAPA), the organization that created  
539 the name change in May 2020 could work with the Board’s legislative body, this  
540 process can be completed accurately ensuring that all PAs are known as one name.

541  
542 Dr. Grant commented it is not legal to represent oneself as a physician associate to  
543 a patient. This is going to skew the data, as there may be many PAs practicing who  
544 want to refer to themselves as physician associates but are legally prohibited to do  
545 so.

546  
547 Dr. Kidd stated that there may be PAs who are referring to their title as physician  
548 associates who are not fully aware that there is no flexibility within the Act to do so.  
549 To solve this potential issue, education from the Board can be disseminated to those  
550 PAs.

551  
552 Mr. Armenta asked if the Board has any abilities, or a law that prevents the Board  
553 from asking any member of the Legislature to consider sponsoring a bill. Mr. Kanotz  
554 responded that this would typically be completed by a Board legislative proposal.  
555 The Board can begin by offering a legislative proposal, this is usually done by  
556 making a motion. The Board would put together an agenda item with the direction of  
557 the Board in terms of drafting a legislation. The Board would approve the drafted  
558 legislation, and then direct the Executive Officer to search for an author for the bill.  
559 To complete this process, this would need to be placed back on the agenda as a  
560 legislative proposal.

561 Mr. Armenta stated that it is interesting that CAPA stated that they have no intention  
562 of sponsoring legislation, why should the Board be moving to propose legislation if  
563 the main proponent of it is reluctant to do so.  
564

565 Dr. Alexander stated he feels that the health professions have evolved, to move into  
566 this modern era of health profession naming “physician associate” deserves some  
567 credence in terms of name change and profession due to the profession itself  
568 growing. It would also remove the mystique for the public who aren’t aware if they  
569 are being seen by a PA or a physician and certainly the associate title would be the  
570 most appropriate.  
571

572 Mr. Armenta stated that it would be interesting to know what MBC’s response to the  
573 proposed name change would be. Dr. Hawkins added that a member from the Board  
574 can speak to that and raise the question at MBC’s board meeting during the public  
575 comment on items not on the agenda section.  
576

577 Mr. Kanotz added that if the Board proposes a legislative proposal that makes it into  
578 a bill, then MBC would be taking a position. The legislative process is the arena  
579 where this change needs to be made and where the public would more effectively  
580 engage with legislator and the Governor in terms of the decision makers.  
581

582 Dr. Kidd stated if the Board does not have any data on the number of PAs that are  
583 currently referring to themselves as physician associate, then he wishes to withdraw  
584 his question.  
585

586 Mr. Armenta stated that he believed that if individuals have data and they want to  
587 present in public comment or in response to any legislation they can do so. Dr. Kidd  
588 added that if there is data out there, if someone could present that preliminary data it  
589 would be helpful.  
590

591 Dr. Kidd commented that perhaps CAPA would reconsider their position on whether  
592 they would support legislation for a name change.  
593

594 Public comments:  
595

596 Written comment from CAPA’s Legal Counsel Ed Howard, dated July 25, 2023, was  
597 disseminated to the Board members.  
598

599 Scott Martin, President of CAPA, stated the problem with describing to patients what  
600 PAs do exclusively by using the word “assistant” is that many people understand the  
601 word as meaning someone who merely carries out a specific order of a superior. If a  
602 PA through the practice agreement is permitted to exercise some clinical judgment  
603 under the supervision of a physician, then exclusively using the word assistant to  
604 describe their role to a patient regarding their care is to knowingly mislead the  
605 patient about the degree to which PAs may individually be accountable for if things  
606 go array. If a patient wrongly believes that the assistant is only acting at the specific  
607 discretion of a physician, their complaint will be about the physician not the PA. One  
608 of CAPA’s leading medical malpractice insurers that supports the use of the phrase  
609 has written; “The change addresses a common misperception that PAs merely  
610 assist physicians.” Consider when a physician uses descriptions to patients that  
611 might more accurately describe their role in the patient’s care beyond simply words  
612 that appear on their license. For example, Primary Care Physician, Chief Surgeon,

613 Chief Resident, these are just three examples, but these physicians are not trying to  
614 create a new license. The MBC would not discipline these physicians for using these  
615 titles unless the use of these titles misleads patients. CAPA respectfully submitted to  
616 the Board that the exact same should be true regarding PAs. If a PA uses the word  
617 “associate” or any other phrase that intentionally implies that they are able, under  
618 the practice agreement, to do things that are not legally permitted to do, the Board  
619 should vigorously pursue discipline against that PA. CAPA has uniformly told  
620 inquiring PAs that they should never refer to their license as anything other than a  
621 physician assistant and that they must always get permission from their employer to  
622 use any wording other than “assistant” to describe to their patients their role in  
623 patient care. This is important to CAPA because it means that when a PA uses the  
624 word “associate,” it will be because both parties to a practice agreement agree that  
625 the use of the word more accurately describes the PA’s role. CAPA currently has no  
626 plans to seek legislation on this and the reason is because CAPA does not know  
627 how many practice agreements are better described using the word “assistant.”  
628 Uniformly switching to “associate” poses little to no risk of misleading patients. This  
629 has led CAPA to change the name to California Academy of Physician Associates.  
630 This makes sense to CAPA to see to what extent the actual parties of the practice  
631 agreements, physician employers, PAs who provide care to patients either embrace  
632 or reject the use of the phrase “associate” and under what circumstances they  
633 embrace and reject it before seeking binding government legislation.

634  
635 Teresa Chien, Executive Director of CAPA, stated that on the Board’s website there  
636 is a position statement regarding the Board’s stance on the new title physician  
637 associate. This profession has been called several names over time, such as  
638 physician extenders, mid-level providers, and recently advanced practice providers.  
639 Previously, a position statement has never been posted about any of these titles, so  
640 why has the Board chosen to take a stance on this latest title. Ms. Chien added that  
641 CAPA appreciates that Board staff can meet virtually and asks if the Board can  
642 permit the public to meet virtually as well, as this can help enable more of the public  
643 to attend the meetings.

644  
645 Lucas Evanson, Associate Director of Strategic Engagement for the California  
646 Medical Association (CMA), stated CMA opposes the movement to change  
647 physician assistant professional title to physician associate because it obfuscates  
648 the role of physician assistants in a patient’s health care team. The current title of  
649 physician assistant is clear and understandable to healthcare consumers. Physician  
650 assistant is a practitioner who assists supervising physicians in providing care and  
651 treatment but is clearly not a physician. This clarity does not exist in a physician  
652 associate title. A physician associate may represent many health care professions  
653 but importantly it can represent a physician as a physician may refer to their  
654 physician colleagues as associates. The effort to change the title of physician  
655 assistant to rebrand their profession will only serve to confuse patients which can  
656 lead to unintended and potentially dangerous consequences. For these reasons,  
657 CMA recommends that the Board continue to advise physician assistants against  
658 using the alternative title and not seek any further changes.

659  
660 Ms. Chien stated the current title already confuses patients. Patients don’t know  
661 what PAs do and it can be argued that this is not the patient’s fault, but this  
662 profession has traditionally always had a poor public awareness problem. It is  
663 CAPA’s firm belief that the new title would clarify the role of PAs. CAPA does not  
664 wish to pursue legislation currently, but not indefinitely. CAPA respectfully requests

665 the Board consider establishing a subcommittee or a steering committee to monitor  
666 the use of both “physician assistant” and “physician associate” at the ground level  
667 where it is being used by employers, the PAs, and how that interacts not only with  
668 the practice setting but between PAs and their patients. CAPA respectfully asks to  
669 permit the use of the new title with the Board monitoring and collecting data so that it  
670 can be determined which one is the better title for this profession. CAPA surveyed all  
671 its members, licensees and PA students, and the general response was 20% of  
672 California’s PAs are using the new title at least occasionally. Regarding the legality  
673 of the use in changing the name, it is unfortunate that the Board did not get a chance  
674 to read the memo from CAPA’s legal counsel in advance of this meeting; however,  
675 in this memo some of these topics were covered. With respect to the Board’s legal  
676 counsel, that is one legal interpretation. CAPA’s legal counsel documents very  
677 thoroughly his interpretation of California law and the use of the new title. Lastly,  
678 there is no “scope creep,” and the name change does not permit PAs to do more  
679 than what they are capable of.

## 681 **11. Report on Medical Board of California Activities**

682  
683 Dr. Hawkins, Vice President of MBC reported the next MBC meeting will be on  
684 August 24-25, 2023, at the Double Tree Hotel in Bakersfield. This meeting in  
685 Bakersfield was requested by President Kristina Lawson to meet some of the  
686 consumer groups where they are and address some of their concerns. On August  
687 25, 2023, there will be a presentation of discussion on maternal health outcomes in  
688 California.

689  
690 SB 815 continues through the Legislature and MBC remains concerned regarding  
691 approval of the requested full fee increase necessary to improve its fiscal status.  
692 This is vital for MBC to continue to meet its mission of public protection.

693  
694 MBC’s Guidelines for Prescribing Controlled Substances Pain document is available  
695 and can be downloaded from the website. Lastly, MBC’s latest newsletter will be  
696 available later this month.

697  
698 Dr. Earley asked what the full fee increase consisted of; Dr. Hawkins responded the  
699 increase is around \$1,100 for the next two years. MBC has not had a significant  
700 increase in 15 years. There was a nominal \$80 increase when MBC requested a fee  
701 increase a couple of years ago.

702  
703 No public comment.

## 704 705 **12. Discussion and Possible Action on the Physician Assistant Board 2024- 706 2028 Strategic Plan**

707  
708 Ms. Khan referred members to Agenda Item 12 for the detailed draft Strategic Plan  
709 and stated the Board’s current Strategic Plan is set to expire this year.

710  
711 On May 1, 2023, the Board held a strategic planning session facilitated by  
712 Department of Consumer Affairs’ Office of Strategic Organization, Leadership, and  
713 Individual Development (SOLID) Training Solutions. The draft Strategic Plan was  
714 developed by SOLID Training Solutions based on that session. Through this  
715 process, the Board discussed and developed new objectives for five strategic goal  
716 areas: (1) Licensing and Professional Qualifications, (2) Legislation, Regulation, and

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Policy, (3) Communication and Outreach, (4) Enforcement, and (5) Administration.

Staff recommendation is to review and discuss the 2024-2028 Board Strategic Plan draft. If the Strategic Plan is acceptable to the Board, staff requests the Board adopt the Strategic Plan (as is or as amended) and direct staff to initiate the steps to finalize the document for publication.

Dr. Grant requested to go through each goal and objectives and amend as needed.

Goal 1, objective 2: Mr. Armenta stated that the modification would be, "Monitor and support physician assistant training programs' efforts to increase diversity amongst physician assistants."

Goal 3, objective 1: Mr. Armenta stated this objective will now read, "Collaborate with physician assistant programs to explain the licensing application process."

Goal 3, objective 2: Mr. Armenta stated this objective will strike out "regulatory."

Goal 3, objective 4: Mr. Armenta stated this objective will now read, "Expand outreach to increase the diversity of board member applicants."

Goal 4, objective 1: Dr. Grant suggested a change to "Hire additional staff to reduce enforcement timelines." Then the Board can determine what additional staff means.

Goal 4, objective 2: Mr. Armenta confirmed the objective will include consultants and subject matter experts.

Goal 5, objective 3: Ms. Halbo asked to correct the sentence to include "improve customer service and increase efficiency."

Dr. Grant asked if anything else needs to be added to make the Strategic Plan more achievable. Ms. Khan stated that due these goals placing emphasis on the Board needing additional staff in enforcement and administration, she feels this is sufficient to back up a budget change proposal.

Mr. Armenta asked what is the next step once these changes are implemented; Ms. Khan responded that if the Board is all in agreement, the Board can move forward and work with DCA and make the Strategic Plan into a finalized copy, or if the Board would like to review the plan one last time before it is finalized, it can be reviewed in the next meeting in November, as the Board's current Strategic Plan is set to expire at the end of this year.

M/ Juan Armenta S/ Sonya Earley to:

Approve the draft of the Strategic Plan with the changes discussed.

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.

**13. Update, Discussion, and Possible Action on Proposal to Amend 16 CCR Sections 1399.506, 1399.507, 1399.511, and 1399.546 – Application, Exam Scores, Addresses & Recordkeeping Consideration of Potential Modifications to Text**

Ms. Halbo stated the regulatory package was submitted to the Office of Administrative Law (OAL) and staff worked with the OAL attorney to put the online application for physician assistant licensure requirements into the regulatory text. OAL requires that the application for physician assistant licensure be incorporated into the regulatory text. The potential modifications to the text have been suggested by the OAL attorney, and OAL will make the final decision on this text. The attachments include a highlighted copy, a clean version, and a copy of the application for physician assistant licensure to illustrate how the application is incorporated into the text. OAL requires that the application requirements be incorporated into the text so they are fully disclosed to applicants.

M/ Juan Armenta S/ Jed Grant to:

Motion to adopt the proposed Second Modified Text for 16 CCR Sections 1399.506, 1399.507, 1399.511, and 1399.546 for a 15-day public comment period, and if there are no adverse comments received during the 15-day comment period, direct the Executive Officer to take all steps necessary to complete the rulemaking, authorize the Executive Officer to make any technical or nonsubstantive changes to the proposed regulations, and adopt the revised proposed regulatory language for 16 CCR Sections 1399.506, 1399.507, 1399.511, and 1399.546.

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.

**14. Regulations – Update on Pending Regulatory Packages**

Ms. Dhillon referred members to Agenda Item 14 for the detailed updates on the following packages.

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

803 Staff is currently finalizing initial documents with regulations counsel and the Budget  
804 Office to submit for initial review in August 2023.

805  
806 2. 16 CCR 1399.502, 1399.540, 1399.541, 1399.545 – SB 697: SB 697  
807 Implementation

808  
809 Agency approved this package on July 13, 2023, and the Notice was filed with the  
810 Office of Administrative Law (OAL) for publication on July 28, 2023, to initiate the 45-  
811 day public comment period, which will end on September 12, 2023.

812  
813 3. 16 CCR 1399.506, 1399.507, 1399.511, 1399.546 – SB 697: Application, Exam  
814 Scores, Addresses, & Recordkeeping

815  
816 The Board adopted this regulation package on Agenda Item 13.

817  
818 4. 16 CCR 1399.515 – AB 2461: Retired Status to Include Fingerprint Requirement

819  
820 This regulatory proposal is on hold for 2023 until the above packages are completed.

821  
822 5. 16 CCR 1399.523 – SB 1441: Implement Uniform Standards Related to  
823 Substance Abusing Licensees and Update of Disciplinary Guidelines

824  
825 This regulatory proposal is also on hold for 2023 until the above packages are  
826 completed.

827  
828 6. 16 CCR 1399.XX – AB 107: Military Applicant Temporary Licensure

829  
830 Staff has decided not to move forward with this package because the statutes  
831 affected by AB 107 cover in detail the temporary license requirements as they apply  
832 to our Board and thus are self-executing.

833  
834 No public comment.

835  
836 **15. Education/Workforce Development Advisory Committee: Update on**  
837 **Physician Assistant Education Programs and Applicants in California**

838  
839 Dr. Grant referred members to Agenda Item 15 for the detailed Education and  
840 Workforce Sub-Committee, Accreditation Status, and DEI in PA Admissions reports.

841  
842 Dr. Grant shared that several programs have changed in terms of probation since  
843 the previous Board meeting. California State University Monterey Bay, Dominican  
844 University, and University of Laverne are now on probation. The most significant  
845 example that should be discussed in terms of workforce is that Western University  
846 was placed on probation and was barred from matriculating any further students until  
847 some probation activities are completed. Western University is one of the biggest PA  
848 programs in California, matriculating 98 students a year. This news was received  
849 from the accrediting body about six weeks before their class matriculated, creating a  
850 challenge for the students that were about to start their education. Western  
851 University did a good job reaching out to other California programs to find placement  
852 for the students they matriculated. The 98-student count was left in the report  
853 because the students will still be a part of the workforce. With the current 20 PA  
854 programs in California, there are 941 graduates a year and the average number of

855 students per program is 46 (the national average is 47); with 26 potential PA  
856 programs, this places California at just under 1,100 graduates per year.

857  
858 Dr. Grant stated from his personal experience of working at a PA program, his  
859 program has had to pay for a lot more clinical rotations, and there has been  
860 increases of PA education cost. The most recent data from the PA Education  
861 Association stated that the average PA student is around \$150,000 in debt. Having  
862 to pay for clinical rotations just increases the cost.

863  
864 Dr. Earley inquired if the developing programs are virtual; Dr. Grant responded that  
865 the Touro program in Los Angeles looks as though it will be a virtual program. Alliant  
866 is an online university and if one opens in California, it will likely be online. Palm  
867 Beach is an in-person university in Florida, but he is not sure if a PA program will  
868 become available in California.

869  
870 Dr. Earley stated that she had never heard of a program having to stop matriculation  
871 of students before and inquired if this is rare. Dr. Grant clarified that Western  
872 University is not barred from teaching the currently enrolled students; the university  
873 was barred from matriculating another class. Dr. Grant stated that he has seen this  
874 happen before and it's usually a poor prognostic indicator for the program for  
875 accreditation.

876  
877 Dr. Kidd asked if the Board has seen any other California PA programs that were not  
878 allowed to matriculate students as every program must have a teach out clause if  
879 they go under. Dr. Grant stated that barring matriculation from an incoming class  
880 indicates that there's significant deficiencies in accreditation. Multiple standards are  
881 not met according to the accrediting body. On Western University's website, they  
882 noted that they appealed this decision, and the decision was upheld so they lost  
883 their appeal. The accreditation process can seem unfair, because the standards are  
884 written broadly yet they are often interpreted narrowly for the program. In 2025, the  
885 decision will be revisited for Western University.

886  
887 Dr. Kidd asked if there had been a decrease of PA applicants due to these cost  
888 increases in PA school as well as being responsible for clinical rotation fees. Dr.  
889 Grant answered that at least 50% of PA programs are paying for at least one clinical  
890 site; however, there are many PA programs that are paying for multiple sites. The  
891 average cost is about \$1,000 for a one-month rotation and there are eight required  
892 rotations. The additional costs are relayed directly to the student, but some  
893 programs have this built directly into their tuition.

894  
895 Dr. Hawkins asked what PA programs are not paying for the clinical rotations. Dr.  
896 Grant responded that these programs are affiliated with the medical school and if  
897 there are medical students rotating and the PA program needs to have some PA  
898 students rotate, they will charge the student. This is evenly distributed across the  
899 board.

900  
901 Dr. Earley added that there is no decrease in the number of applicants and  
902 California has been increasing. Dr. Grant stated that if one looks at the PA  
903 admissions overall it is extremely competitive, only about 35-40% of people are  
904 accepted in their first year. Dr. Grant stated that his program has 45 seats and  
905 receives about 2,500 applicants.

906

907 Dr. Kidd commented that the accreditation actions, which are published by the ARC-  
908 PA regarding every program in terms of whether they're noncompliant with a specific  
909 standard that's published. It would be good for the Board to monitor whether the  
910 California PA programs are compliant with the diversity standards that ARC-PA set.  
911 The Board would then be able to see that data published on the ARC-PA website  
912 and specifically on the program's website.

913  
914 Dr. Grant agreed that this is something that the Board can do and stated that he  
915 looked for information when the accreditation decision comes out and if it gets  
916 appealed. Once the appeal is entered into the appeals process all the data is  
917 removed from the website. Once the decision from the accrediting body is finalized,  
918 it should be available on the website again.

919  
920 Dr. Hawkins asked if Dr. Grant could elaborate on the status of Dominican  
921 University's probation. Dr. Grant stated that he does not know any information as to  
922 why Dominican University is on probation. This information should be available on  
923 the university's website and the ARC-PA's website may have the information. Dr.  
924 Grant stated that if the information is available, he will share it at the November  
925 meeting.

926  
927 Dr. Hawkins asked what are the new DEI standards that some schools might fall into  
928 the profession category and if the school fails to meet these standards would this  
929 cause them to fall into probation. Dr. Grant answered they were introduced back in  
930 September, and they sent out advance notice advising programs of new standards  
931 with a manual that stated ways that individuals can demonstrate compliance.  
932 Typically to be placed on probation a program must have citations across multiple  
933 standards, or a critical standard.

934  
935 No public comment.

936  
937 **16. Report by the Legislative Committee; Legislative Update**

938  
939 Ms. Dhillon referred members to Agenda Item 16 for the detailed report on the  
940 following bills.

941  
942 A. AB 883 (Mathis) Business licenses: United States Department of Defense  
943 SkillBridge Program

944  
945 Ms. Dhillon stated staff does not anticipate any fiscal impact as this bill should not  
946 affect the Board.

947  
948 Mr. Armenta asked for confirmation that there would be no fiscal impact as the  
949 Board will have no extra staffing burden; Ms. Dhillon confirmed.

950  
951 Dr. Kidd asked what the Board's position on this bill was; Ms. Dhillon responded that  
952 the Board did not take a position on this bill.

953  
954 Dr. Kidd asked for clarification on this bill. Ms. Dhillon stated this bill is for individuals  
955 who are enrolled in the SkillBridge Program which wouldn't benefit the Board as  
956 applicants are required to complete a PA program and then pass the PANCE  
957 examination.

958

959 Dr. Grant stated that he thinks this bill is more vocational and less professional.

960

961 The Board decided to not take a position on this bill.

962

963 B. AB 996 (Low) Department of Consumer Affairs: continuing education: conflict-of-  
964 interest policy.

965

966 Ms. Dhillon stated the Board took a watch position at the last meeting.

967

968 Mr. Armenta stated that he felt that the Board should continue their watch position;  
969 the Board agreed.

970

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

972

973 Ms. Dhillon stated the Board took an oppose position at the last meeting.

974

975 Mr. Armenta stated that he felt that the Board should continue their opposed  
976 position; the Board agreed.

977

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

979

980 Ms. Dhillon stated staff does not anticipate any fiscal impact on this bill.

981

982 Dr. Hawkins commented that MBC views all bills through the lens of quality of care  
983 and public protection. MBC recognizes that these patients are often homebound and  
984 quite vulnerable. Two weeks ago, MBC shared their concern with the author and  
985 there have been some improvements in the language that addresses some of those  
986 concerns such as identification of the eight to one supervision ratio. Some concerns  
987 remain, such as are their limits on the number of patients that can be evaluated in a  
988 day. Secondly, the specifics of what occurs in those evaluations, since it can be  
989 recognized that a nurse is not a physician assistant and vice versa; some of those  
990 services are currently being provided by nurses. Another concern is how the visit will  
991 be documented. Lastly, MBC shared their concerns about how the business  
992 information be managed by the supervising physician.

993

994 Mr. Armenta stated that it did not occur to him that it was important to see how many  
995 patients the PAs are treating or seeing.

996

997 Dr. Hawkins added that these are patients or individuals who are part of a home  
998 health evaluation. MBC took an opposed position to this bill.

999

1000 Mr. Armenta inquired if the Board should take a position; Dr. Grant stated that he  
1001 does not feel that the Board needs to take a position on this bill. PAs complete  
1002 annual Medicare visits frequently, these visits typically do not include prescribing  
1003 medications, as these visits are more of an annual check in.

1004

1005 Dr. Kidd stated that he agrees with Dr. Grant.

1006

1007 The Board decided to not take a position on this bill.

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1009 E. AB 1707 (Pacheco) Health professionals and facilities: adverse actions based on  
1010 another state's law

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Ms. Dhillon stated the Board took a support position at the last meeting.

The Board agreed to continue their support position on this bill.

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

Ms. Dhillon stated the Board took a support position at the last meeting.

The Board agreed to continue their support position on this bill.

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

Ms. Dhillon stated the Board took an oppose position at the last meeting.

The Board agreed to continue their opposed position on this bill.

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

Ms. Dhillon stated the Board took an oppose position at the last meeting.

Mr. Armenta stated that Dr. Grant, Mr. Kanotz and himself had a conference with Senator Atkins' staff. During this conference, Dr. Grant pointed out that in practice what this bill does is impose an additional educational requirement on PAs that does not exist currently. Although the intent of this bill is to expand ability for this service, as a practice matter as applied to PAs due to SB 697, it instead restricts it. The response from the staffer was that they are following the national standard and promised to investigate this issue and get back to the Board. The Board received a follow-up letter stating the same verbiage that was told in the meeting.

Dr. Grant added that if the language proposed by the Board was accepted, then the Board could have supported the bill. Dr. Grant suggested the Board might consider changing its position to support if amended.

Mr. Kanotz stated that if the Board is going to change to support if amended, he would recommend that the Board identifies the specific textual amendments that the Board wants in the bill.

Ms. Khan and Dr. Grant stated that where it states, "include a clinical and didactic component," the Board wishes to strike "didactic" from the bill. Under subparagraph three where it states, "accreditation" the Board wishes to change this to "professional organization accredited" or "accredited educational institution." Under subparagraph B, it states "if the physician assistant is performing abortion by aspiration techniques without the personal presence of a supervising physician, the practice agreement shall specify; one, the extent of supervision by a physician and surgeon with relevant training and expertise and two, indications and procedures for transferring of the patient's care, to a physician and surgeon, or a hospital."

Dr. Kidd clarified that the Board is removing the didactic component of the bill, and the Board is stating that the level of competency and anything else associated with that type of care would be determined at the practice level. The Board is ensuring

1063 that the extra burden is removed so that the physician in the PA team can determine  
1064 what level of competency through the practice agreement the PA can do; Mr.  
1065 Armenta confirmed.

1066  
1067 Dr. Grant asked what is the difference between opposed unless amended and  
1068 support if amended, and Ms. Dhillon referred members to the definitions page.

1069  
1070 M/ Jed Grant S/ Juan Armenta to:

1071  
1072 Support the bill with amendments as discussed in the meeting.  
1073

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				

1074  
1075 No public comment.

1076  
1077 I. SB 544 (Laird) Bagley-Keene Open Meeting Act: teleconferencing

1078  
1079 Ms. Dhillon stated the Board took a support position at the last meeting.

1080  
1081 The Board agreed to continue their support position on this bill.

1082  
1083 J. SB 802 (Roth) Licensing boards: disqualifications from licensure: criminal  
1084 conviction

1085  
1086 Ms. Dhillon stated the Board took a support position at the last meeting.

1087  
1088 The Board agreed to continue their support position on this bill.

1089  
1090 No public comment.

1091  
1092 **17. Agenda Items for Next Meeting**

1093  
1094 1) Discussion on the feasibility of virtual public participation.

1095  
1096 2) Discussion on the feasibility of an examination to gather data of who is using  
1097 physician assistant vs physician associate.

1098  
1099 3) Discussion on the decline in the Board's months in reserve.

1100  
1101 4) Discussion regarding professional title change from physician assistant to  
1102 physician associate.

1103  
1104 No public comment.

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**18. CLOSED SESSION**

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

**19. 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.

DRAFT