

MEETING MINUTES

August 9, 2019
PHYSICIAN ASSISTANT BOARD
Sheraton San Diego Hotel & Marina
1380 Harbor Island Drive
San Diego, California 92101
Seabreeze Meeting Room
8:30 A.M. – 5:00 P.M.

1. Call to Order by President

President Grant called the meeting to order at 8:35 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, PA-C
Javier Esquivel-Acosta, PA-C
Jed Grant, PA-C
Xavier Martinez
Robert Sachs, PA
Mary Valencia

Staff Present: Maureen L. Forsyth, Executive Officer
Kristy Schieldge, Attorney IV
Julie Caldwell, Administrative Analyst
Rozana Firdaus, Enforcement Analyst

3. Approval of April 29, 2019 Meeting Minutes and July 11, 2019 Teleconference Meeting Minutes

M/ Robert Sachs S/ Sonya Earley to:

Approve the April 29, 2019 Meeting Minutes.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	X				
Juan Armenta	X				
Jennifer Carlquist	X				
Sonya Earley	X				
Javier Esquivel-Acosta	X				
Jed Grant	X				
Xavier Martinez	X				
Robert Sachs	X				
Mary Valencia			X		

Motion approved with the condition to remove the word “regarding” from line 61.

No public comment.

M/ Robert Sachs S/ Sonya Earley to:

Approve the July 11, 2019 Teleconference Meeting Minutes.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	X				
Juan Armenta			X		
Jennifer Carlquist			X		
Sonya Earley	X				
Javier Esquivel-Acosta			X		
Jed Grant	X				
Xavier Martinez	X				
Robert Sachs	X				
Mary Valencia	X				

Motion approved.

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).])

Mr. Grant stated some licensees continue to receive nefarious calls from individuals purporting to be affiliated with the MBC or the Board. These calls are threatening in nature as licensees are being told that their license is both in danger and in danger of being disciplined. Mr. Grant assured licensees that the Board would not engage in this practice and asked licensees, who receive a call of this nature, to provide no information and to report the incident to Board. The Board has filed a report with law enforcement, but unfortunately it is very difficult to put a stop to.

5. Reports

a. President's Report

Mr. Grant thanked California Highway Patrol Officer Daniel Jimenez for providing security services during the board meeting.

Presentation Given to the Medical Board of California on August 8, 2019

Mr. Grant stated his presentation to the Medical Board of California (MBC) included information on PA education and training, maintenance of certification, licensing and discipline. The presentation was well received and followed up by some questions from MBC board members. It is important to

maintain the relationship with MBC to ensure that they understand how PAB is doing.

Assembly Business and Professions Committee Hearing on SB 697 July 9, 2019

Mr. Grant stated that the authors and sponsors of SB 697 set aside time to meet with the Board over the last several months in order to resolve concerns the Board has expressed regarding SB 697. The meetings have been both positive and productive, and he is pleased with their willingness to work with the Board.

Mr. Grant stated SB 697 is going to the Appropriations Committee due to costs associated with investigations. Under the current language, there would be the ability to put a non-licensed person on the practice agreement, such as an administrator or other organized health care system. If there is a problem, the practice agreement would be reviewed to determine who authorized the PA to perform the task or service and was it appropriately delegated. This would mean that the administrator would be held responsible. The Board is not sure if it's completely legal for an administrator to delegate to the PA. An investigation would be conducted to determine who authorized the PA to perform the task or service and if they were authorized to delegate the task. This process will increase the investigative cost.

Ms. Forsyth stated that the cost estimate was determined a result of information provided by the Attorney General's office, HQUI, and the portion of shared services with the Medical Board of California.

Ms. Schieldge stated that she hopes the language will be removed, in which case the cost would significantly decrease below the threshold. Mr. Grant stated that if the language is removed from SB 697 the costs would be absorbed. Mr. Grant anticipates that the language will be removed.

b. Executive Officer's Report

Staffing and Potential Office Space

Ms. Forsyth reported that interviews to fill the vacant Probation Monitor position are complete, the position has been offered to one of the candidates and she is hopeful to have the candidate assume the position within the next 30 days. The Board received 170 applications for the vacant Office Technician position and will be scheduling interviews within the next several weeks.

Ms. Forsyth reported that a new eight-year building lease was signed. She is hopeful to move her staff to another suite within the Evergreen location by the end of the year.

Ms. Forsyth thanked staff for their continued hard work.

c. Licensing Program Activity Report

Ms. Forsyth reported licensing activity from April 16, 2019 to July 29, 2019:

- Initial applications received - 435
- Initial Licenses issued – 321
- Current licenses – 13,119

Licensing Performance Measures

The target, established in 2013, is twenty days to issue an initial PA license. Currently, the average processing time to issue an initial PA license is 38 days.

d. Diversion Program Activity Report

Ms. Forsyth reported total licensees participating in the drug and alcohol diversion program as of July 30, 2019 to be:

- Total number of participants currently in the program - 12
- Total number of participants since inception – 155

Mr. Grant asked for an update regarding the new diversion contract. Ms. Forsyth stated that they are awaiting responses from vendors. Quotes will be reviewed during the month of September, by all participants that are currently in the diversion contract.

e. Enforcement Program Activity Report

Ms. Firdaus reported the following enforcement activity from April 1, 2019 to June 30, 2019:

- Complaints – Intake
 - Complaints received – 91
 - Assigned to desk analyst (**may include cases received in previous quarters) – 87
 - Pending at intake – 18
- Complaints and Investigations
 - Complaints referred for investigation – 19
 - Complaints and investigations closed** – 98
 - Complaints pending at desk analyst** – 146
 - Investigations pending at field** – 82
 - Average age of pending investigations** – 313
 - Investigation over 8 months old - 39
- Office of Attorney General Cases
 - Cases initiated – 8
 - Cases pending** - 38
 - Average age of pending cases** - 516 days
- Formal Actions Filed/Withdrawn/Dismissed
 - Accusations filed – 10
 - Withdrawn - 1
- Administrative Outcomes/Final Order
 - Placed on probation – 2

- Revoked - 2
- Surrender – 1
- Petition for reinstatement denied - 1
- Current Probationers
 - Active – 59
 - Tolling – 6
- Citations and Fines (January 1, 2019 to March 31, 2019)
 - Pending – 1
 - Fines due - \$500

Mr. Grant inquired if the Attorney General (AG) provides a reason as why the average age of pending investigations is so high, Ms. Firdaus responded that various reasons, such as settlement agreements, counter offers, and cases returned by the AG for further investigation, can impact the average age of pending cases.

Mr. Armenta commented that from a litigation perspective, 516 days is not concerning. If the average age of pending investigations was closer to 1,000 days, that would be concerning.

In response to Mr. Martinez’s question on the financial impact to the Board when a case gets dragged out, Mr. Firdaus replied that the Board is only being charged when the AG works on the case.

Ms. Firdaus reported that the Board received a total of 438 complaints for fiscal year 2018-2019 which is lower than the 492 complaints received for fiscal year 2017-2019.

6. Department of Consumer Affairs (DCA)– Director’s Update

Mr. Grant shared a report provided by Christopher Castrillo, Deputy Director, Board and Bureau Services:

- Director’s Quarterly Meeting
Chief Deputy Director, Chris Shultz, hosted the DCA Director’s Quarterly Meeting on June 3, 2019. During this meeting, he communicated his commitment to ensure a smooth transition as the Governor’s Office continues to search for a new DCA director. During the interim period, he encouraged executive officers and bureau chiefs to send ideas regarding cross-cutting projects where new leadership and the Administration can focus.
- Executive Officer Salary Study
As previously reported, DCA retained KH Consulting to conduct the executive offer salary study. The study aims to provide an in-depth analysis of programmatic and operational complexity of DCA boards, as well as a salary comparison from other states.

On July 8, 2019, the executive officer study was distributed to executive officers and board presidents. In addition, the executive office hosted a meeting to discuss the findings of the study on July 12th. Our team would like

to extend our appreciation for everyone's patience on the release of this study.

We will be reaching out to each of the programs to set one-on-one meetings with the executive officer and board president to discuss program-specific findings.

- 2019 is a mandatory Sexual Harassment Prevention Training year for DCA. All employees and board members are required to complete the training this year. DCA would like to achieve 100% compliance for managers and supervisors including board members. The training is available online.

Mr. Sachs commented that even though the Board approved a salary increase, the Board's executive officer has gone four years without a salary increase.

Mr. Grant stated he appreciates the attention and time DCA has invested towards this topic.

Ms. Schiedge commented that because of the inability to change the salary for this position, it has created a problem across DCA when recruiting executive officers.

Mr. Martinez reported that he attended a meeting regarding the executive officer's salary study and stated that the PA Board's executive officer's salary is very low compared to that of other boards. Everyone attending the meeting seemed frustrated by the analysis and their inability to take action. Mr. Grant stated that the last four years running, Board has voted to increase the executive officer's salary, but has been unable to.

Ms. Forsyth stated that this is a department wide concern and that there is concern about attracting upcoming leadership when Staff Services Managers II are making more than executive officers. Talented people are leaving due to this issue.

7. Legislative Proposal for Initial Application Fee Increase

Ms. Forsyth reported that staff conducted and completed the initial application desk study (study) of applications received February 2019 through June 2019 and completed two separate analyses of the information collected through the study.

The analysis included in the Board meeting materials is accurate based on the information collected during the study; however, the information is flawed. The selection process used by staff was to flag 1 in every 3 initial applications received and to include only these applications in the study. Unfortunately, all applications with history were flagged to participate in the study, thereby skewing the results.

Ms. Forsyth is suggesting that the Board authorize a new study and that the study be conducted by one staff member commencing September 1, 2019 and ending February 29, 2020. She hopes this will alleviate the possibility of errors during the collection of data. She is comfortable with moving forward and providing the Legislature with the current analysis, but would prefer to repeat the study and include new parameters and tighter control on the data collected.

Mr. Grant asked for clarification of the 9% growth on page three of the proposal, Ms. Forsyth stated that number represents an increase in amount of new applications over the last year. There seems to be a 10% growth, every year, due to the addition of new schools; the growth does not include out-of-state applicants.

Mr. Grant asked if the new study would include a more accurate trend of growth rate, Ms. Forsyth replied yes, and if it will include out-of-state.

In response to Mr. Alexander's question on what additional data would be included, Ms. Forsyth replied that it isn't necessarily additional data, but accurate data.

Mr. Grant directed staff to conduct a new study.

8. Report on Medical Board of California Activities

No report was provided.

9. CLOSED SESSION

Pursuant to Section 11126(c)(3) of the Government Code, the Board moved into closed session to deliberate and take action on disciplinary matters, including the above petition for reinstatement of license.

RETURN TO OPEN SESSION

10. Update Regarding Optimal Team Practice of Physician Assistants (Grant)

- a. Presentation on Optimal Team Practice (OTP) from the President of the American Academy of PAs (AAPA).

Mr. Grant stated that OTP is a movement to optimize the utilization of PAs, to remove unnecessary barriers to PA practice and to improve access to care. Mr. Grant introduced guest speaker, Dave Mittman, President of the American Academy of Physician Assistants.

Mr. Mittman thanked the Board for the opportunity to speak about a topic important to both him personally and to the profession. The health care marketplace is changing quickly and evolving, and to ensure that PAs and the PA profession evolves, we must become champions for profession now and support changes that will propel all of us forward. The most important of those changes, to us, is the implementation of OTP which occurs when physicians, PAs, and other medical professionals work together to provide quality care without burdensome administrative constraints. To support OTP, AAPA is asking that, 1) states eliminate the legal requirement for a specific relationship between a PA and/or a physician or other health care provider in order for the PA to practice to the full extent of their education, training and experience, 2) create a separate PA majority board to regulate PAs, or add PAs to physician boards who work with PAs, according to the medical healing arts board of some states, and 3) to authorize PAs to be eligible for direct payment by all public and private insurance carriers. Mr. Mittman stated California already has a PA board that is critical to regulating this profession, just as physicians and nurses.

California Academy of PAs (CAPA) is committed to reach full OTP to ensure that PAs in California are recognized as being fully responsible for the care they provide to patients. How PAs practice with health care teams with other providers should be determined at the practice level where the care is being provided and as the patient's condition requires. For example, new providers such as a nurse, pharmacist, podiatrist, etc., are not supervised or watched on their first day of work. Instead, the place of practice looks at their confidence, what they have done, education and then the place of practice decides how we will all practice as a team to ensure the provider continues to grow and evolve, both personally and professionally, and it works. Mr. Mittman stated that the PA is one of the few professions that doesn't work this way. The same amount of watching and consternation is directed toward a PA that has been practicing 30 years or a year. This is a barrier within the PA profession.

OTP should not be confused with independent practice. OTP is not about removing physicians, it emphasizes team practice and recognizing that PAs are fully responsible and fully capable providers. The reality is that PAs are medical providers that have a proven track record of providing high-quality care to patients.

Laws and regulations need to change to allow flexibility for PAs to work in areas where they are needed. The majority of state PA chapters have already taken some type of action to bring them closer to OTP. As of 2019, thirteen states have introduced legislation that contain one component of OTP.

On August 1, 2019, North Dakota enacted a law addressing the dynamics around the supervisor agreement for PAs. For the first time in the history of the PA profession, nearly all of the PAs in North Dakota, do not need or do not have to have a supervising agreement or any specific relationship agreement with a physician in order to practice. The North Dakota law states that all PA professionals will collaborate, consult, or refer to the appropriate member of the health care team as indicated by the condition of the patient, their education, experience and competence of the PA and the standard of care in the community. The degree of collaboration is to be determined at the practice level, not in state law. The PAs will be responsible for the care they deliver as all other professions are. Mr. Mittman stated that the significance of this bill is unparalleled.

Mr. Mittman stated West Virginia has eliminated the requirement for PAs, who work in hospitals or areas where their credentials are checked, to have a practice agreement with a specific physicians in order to practice. Idaho and Colorado have each added a PA to their medical boards this year. OTP may not come as easily as we may hope for some states, but may come incrementally resulting in achieving the same end goal.

Mr. Mittman stated that CAPA leaders were amongst the first in the nation to believe that OTP is right for PAs and right for patients in your state. CAPA's bravery and commitment to OTP encouraged a lot of other states to move forward. Compromise must often happen for incremental progress to be achieved. While CAPA's current legislation no longer includes elements of OTP, it will make practice better. American Psychological Association (APA) is also working closely with state chapters pursuing OTP by providing them with

strategic advocacy and communication support to help them advance their legislation. OTP is a top priority for our organization as a whole, and for me as president and chair of the board. We recognize that in order to compete in this changing health care marketplace, PAs need a level playing field. Many of the barriers today, were enacted more than 40 years ago. Today the profession has a 50-year track record of delivering excellent medical care to more than 1 million people a day. Without OTP the PA profession will continue to fall behind, the need for change is being driven by marketplace changes putting significant pressure on PAs.

Years ago, most physicians owned their practices and benefited financially by entering into an agreement with a PA because it allowed a physician to see more patients and increased revenue for the entire practice. Today, physicians are less likely to own a practice and more likely to be employees of a health care system, or conglomerate of practices owned by a corporation. As employees, physicians have diminished personal financial advantage to signing an agreement with the PA, and it increases their liability if they do. This doesn't recognize the practice reality that multiple physicians may be part of a team on any given day. Unfortunately, many employers have the misperception that nurse practitioners (NPs) are easier to hire and manage. Results of a 2017 AAPA survey, showed 45% of PAs indicated that they had personally experienced NPs being hired over them because of the perception that NPs come with fewer strings. Strings, meaning that NPs don't have to sign an agreement with a physician in 22 states, plus DC, creating an impression for employers all over the country that NPs are a more efficient workforce. In many more states, NPs just have to meet a low threshold of hours of practice being supervised, before they can practice without an agreement with a physician. Again, this creates an impression that PAs are different, requiring more work and having more barriers. This isn't just about ensuring the longevity of our profession, at all, outdated state laws and regulations are preventing OTP and directly restricting the PA's ability to increase access to care for patients. OTP is also about providing patients with the best possible care and improving access to care for rural and underserved populations. For the sake of our profession and our patients, we shouldn't wait a moment longer.

Mr. Grant asked how independent practice differs from a practice agreement. Mr. Mittman stated physicians perceive independent practice to mean practicing alone. PAs and NPs perceive independent practice as self-regulation, owning their own profession and setting up their own rules and regulations. Mr. Mittman stated PAs are looking to function as a team and be held responsible at the practice level based on their individual competency. PAs should not be held to a standard of care that no other profession is held to, it is a barrier.

Mr. Armenta stated one of his concerns is that the level of autonomy would have no supervisory nexus. He does appreciate the aspect of providing access to care, especially in rural and disadvantaged areas. He asked if Mr. Mittman was aware of any empirical studies showing results where programs have been implemented. Such results would include no change in unfavorable events or cases where a PA didn't exercise good judgment and kept things in house, instead of referring it or where the PA overstepped boundaries. Mr. Armenta believes that empirical data will be important when presenting this to

the California Legislature. Mr. Mittman responded information will be forthcoming due to the changes implemented by North Dakota and West Virginia; information is available for PAs serving in the military and practicing in the Veteran's Administration.

b. Discussion and Consideration of Position on SB 697 – Caballero: Physician Assistant: Scope of Practice

Mr. Grant stated that the Board has been working closely with Senator Caballero, California Academy of PAs, and the California Medical Association to address the Board's concerns with the bill in terms of public safety and enforcement in California. Mr. Grant stated that understanding the intent behind OTP and implementing it is problematic from a public safety perspective. Defining independent practice, at least for a regulatory board, is not owning your own practice, it is practicing without any oversight from a physician. This is the reason for the Board's opposition of the bill. Mr. Grant stated that there have been several constructive meetings with the bill's authors and sponsors and we are close to changing our position to one of support.

Although this bill doesn't achieve OTP, it does make some very important record-keeping changes and the removal of some unnecessary barriers from the PA practice in California. Mr. Grant has been authorized by the Board to change the Board's position of opposition to one of support once the changes to the bill's language are complete.

Public comment: Jeremy Adler, Chair of CAPAs Optimal Team Practice Task Force, commented that on behalf of CAPA we recognize the Board's efforts to work collaboratively on SB 697. PAs provide, evidence supported, high quality safe and accessible professional medical services to millions of Californians. In incorporating your amendments into the bill, we move closer to the day when a PA will have the same dignity as other similar professionals and will further be able to enhance the health of patients in California.

11. Regulations

Proposed Amendments to Title 16, California Code of Regulations, Section 1399.523.5 – Required Actions Against Registered Sex Offenders

Ms. Schieldge stated she is currently working with staff to revise the packet and hopes to have the packet to the Department of Consumer Affairs for their review by the end of August.

Proposed Amendments to Title 16, California Code of Regulations, Section 1399.525 – Substantial Relationship to Criteria

Ms. Schieldge stated this regulation is with the Business, Consumer Services and Housing Authority (Agency), their review is scheduled to be completed by the end of August and she is hopeful that a regulation hearing will be held at the Board's November meeting in order to complete the regulation changes by the time the law becomes effective July 1, 2020.

Proposed Amendments to Title 16, California Code of Regulations, Section 1399.526 – Rehabilitation Criteria for Denials and Reinstatements

Ms. Schieldge stated this regulation is with Agency, their review is scheduled to be completed by the end of August and she is hopeful that a regulation hearing will be held at the Board's November meeting in order to complete the regulation changes by the time the law becomes effective July 1, 2020.

Proposed Amendments to Title 16, California Code of Regulations, Section 1399.527 – Rehabilitation Criteria for Suspensions and Revocations

Ms. Schieldge stated this regulation is with Agency, their review is scheduled to be completed by the end of August and she is hopeful that a regulation hearing will be held at the Board's November meeting in order to complete the regulation changes by the time the law becomes effective July 1, 2020.

Proposed Amendments to Title 16, California Code of Regulations, Section 1399.545 – Supervision Required

Ms. Schieldge stated the Medical Board of California carried this regulation for the Board because it deals with supervision. The regulation hearing is scheduled for August 14, 2019, and if there is no public comment, it will proceed to the Office of Administrative Law (OAL) for review.

Consideration of Public Comments Received and Proposed Amendments to Title 16, California Code of Regulations, Section 1399.617 – Audit and Sanctions for Noncompliance

Ms. Schieldge stated that on July 11, 2019, the Board authorized staff to send out a 15-day notice of modified text which is in the Board's packet. The Board received a public comment from the Attorney General's office indicating the number of days required to respond to the Board's written request should specify "calendar days" instead of just days. Ms. Schieldge stated that it is her understanding that when a statute or regulation refers to "days" it is presumed to be calendar days unless that statute or regulation specifies that it is business. Ms. Schieldge stated that OAL has confirmed that calendar days is always assumed unless specified in the regulation that it is business days.

Ms. Schieldge's recommendation is to reject the public comment.

Mr. Grant's understanding of the proposed text is that the licensee has 65 days to respond to the Board's initial CME audit notice and to provide proof they are CME compliant. CME compliance can be documented by providing the Board with a National Commission on Certification of Physician Assistants (NCCPA) verification of certification. If the Board can't verify certification through the NCCPA, the licensee will then have an additional 65 days to provide the Board with proof of CME compliance. Ms. Schieldge confirmed yes, the licensee gets two chances to provide the Board with proof of CME compliance by either providing CME certificates of completion or a verification of certification with the NCCPA. The time period of 65 days was set by staff. Ms. Schieldge stated that she believes OAL wanted to make sure that the Board was providing a written request to the licensee, not a request by phone.

M/ Robert Sachs S/ Sonya Earley to:

Reject the proposed comment to the modified regulatory text for Section 1399.617, direct staff to take all steps necessary to complete the rulemaking process, including preparing the Final Statement of Reasons, authorize the Executive Officer to make any non-substantive changes to the proposed regulation before completing the rulemaking process, and adopt Section 1399.617 of the proposed regulation with the modified text established in the 15-day notice.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	X				
Juan Armenta	X				
Jennifer Carlquist	X				
Sonya Earley	X				
Javier Esquivel-Acosta	X				
Jed Grant	X				
Xavier Martinez	X				
Robert Sachs	X				
Mary Valencia	X				

Motion approved.

12. Education/Workforce Development Advisory Committee

Mr. Grant provided the following update regarding accredited PA programs:

- Total for the United States - 303
- Total in California - 16
 - located in the Los Angeles/San Diego area - 9
 - located in the bay area - 4
 - located in the Sacramento area - 2
 - located on the central coast - 1
- New programs currently under development in CA – 5
- Current annual capacity – 704
- Estimated annual capacity for all 22 programs - 1039

The number of programs in California over the last ten years has increased from eight programs to twenty-two programs. The programs are more concentrated in the Los Angeles and San Diego areas as well as some growth along the Central Coast.

By 2021, if all of the developing programs come online, there will be over a thousand graduates each year from California PA programs. This represents an imminent need as California had a disproportionately low number of PA programs for its population in comparison to other states. One note of interest is that some of the new programs have large numbers of students, one hundred students per class, which will more than likely impact clinical training sites. Additionally, the need for the controlled substance course will rise.

In response to Mr. Martinez's question on how an online PA program will work, Mr. Grant responded that there isn't a lot of information other than it is in development.

Touro University has a campus in California, and other states, and there are other programs that have a partial online component but they are not fully online because of the clinical training component. The accrediting body does list Touro as a location in California.

Mr. Sachs stated that it seems the majority of the new PA programs are not affiliated with schools of medicine. Mr. Grant commented that some data shows, whether or not a PA program is affiliated with a medical school, that it doesn't really affect the outcome in terms of the national certifying examination pass rate. Where it does create a benefit for the programs is when clinical education and rotations are offered at the same location. The school of thought among PA educators is that there are advantages and disadvantages with not being affiliated with a medical school. One advantage is that there is no competition with medical students and residents; a disadvantage is that the geographical locations are spread out where the clinical rotations are occurring. This in itself is an advantage, because the student experiences every setting from a very rural one to a very urban tertiary care center.

Mr. Grant stated that the PA training model, in eastern United States, is affiliated with a medical school, while on the west coast it more dispersed in outpatient focused, although they do inpatient rotations as well. In terms of workforce for California and developing access to care, we know that students are more likely to stay where they train.

Budget Update

No budget update was provided.

13. Report by the Legislative Committee

Ms. Valencia reported that most of the bills listed in the Board meeting materials have either gone into the suspense file or have failed. The Legislature has been on break since July 12th and will be back in session on August 12th. The last day for any bills to pass is September 13th.

AB 193 – Patterson: Professions and vocations

Status: Hearing was canceled at the request of the author.

AB 241 – Kamlager-Dove: Implicit bias: continuing education: requirements

Ms. Schieldge stated this bill would mandate that specified healing arts boards, including the PA Board, adopt regulations to define the curriculum for continuing education for its licensees and the curriculum include instruction, testing, understanding, reducing implicit bias and treatment. Ms. Schieldge stated amendments proposed to Business and Professions Code section 3524.5, which is in the PA Practice Act, says that the Board is required to adopt regulations and require CME providers, that you approve, to include the following in course content "patient care component is not required to contain curriculum that includes implicit bias in the practice of nursing" and "examples of implicit bias affects perceptions and treatment decisions of nurses and nurse practitioners". Ms. Schieldge stated that under this bill, if it didn't get corrected, you would have to require all your course

providers to include information about bias and affecting nurse practitioners in your CME training. Ms. Schieldge believes what happened is the Board of Registered Nursing (BRN) opposed this bill and some amendments were taken to address some of the concerns and for some reason they duplicated the language from the Nursing Practice Act in the PA provisions. Ms. Schieldge recommended that either the staff attend the hearing on the 12th or send a letter to the author letting them know that they need to correct the language by replacing nurses and nurse practitioners with physician assistants. If this bill were to pass, as is, the Board would have to request at Sunset, that the provisions in the bill be corrected.

M/ Robert Sachs S/ Charles Alexander to:

To direct staff to make contact with the author and to correct the references to nurse practitioners and the nurses in AB 241, Business and Professions Code section 3524.5.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	X				
Juan Armenta	X				
Jennifer Carlquist	X				
Sonya Earley	X				
Javier Esquivel-Acosta	X				
Jed Grant	X				
Xavier Martinez	X				
Robert Sachs	X				
Mary Valencia	X				

Motion approved.

AB 289 – Fong: California Public Records Act Ombudsman

Status: This bill failed passage but it is being granted reconsideration and it could be up for hearing when it comes back. Will continue to watch.

AB 312 – Cooley: State government: administrative regulations: review

Status: This bill was placed into the suspense file and is now a two-year bill.

AB 358 – Low: Sexual assault forensic examination kits: databases

Status: This bill was placed into the suspense file and is now a two-year bill.

AB 476 – Rubio: Department of Consumer Affairs: Task Force: Foreign-trained Professionals

Status: This bill was referred to the suspense file with the Committee on Appropriations.

AB 521 – Berman: Physician and Surgeons: Firearms: Training

Status: This bill was referred to Committee on Appropriations it has been re-referred to Committee which may indicate another hearing between now and September 13th. Will continue to watch.

AB 544 – Brough: Professions and vocations: inactive license fees and accrued and unpaid renewal fees

Status: This bill was referred to Committee on Appropriations suspense file so it is pretty much dead. Ms. Schieldge commented that this is good because the bill would have cut 50% of the Board's delinquency fee.

AB 613 – Low: Professions and vocations: Regulatory Fees

Status: This two-year bill is now dead for 2019.

AB 890 – Wood: Nurse Practitioners

Status: This bill was moved to the suspense file.

AB 1184 – Gloria: Public Records Retention: writing transmitted by electronic mail

Status: This bill was referred to Senate Appropriations Committee. Will continue to watch.

Mr. Grant asked if the Board's letters of opposition were sent on the bills the Board opposed during the April Board meeting. Ms. Forsyth replied that when working on one of the letters she learned that the letter needs to include the reason for opposition and admitted it had been omitted in error. Mr. Grant requested that the letter be sent. Ms. Valencia stated that since the Legislation will be reconvening on the 12th, she will work with the DCA legislative liaison to confirm the status of the bills in order to move forward with sending the letter.

Ms. Schieldge stated that typically if the Board takes an oppose position, the expectation is that the letter is sent to the legislators so they understand the Board's position and concerns and the position is registered and it doesn't look like there is no opposition or that the bill is fine. Otherwise, the Board's position is not communicated.

AB 1819 – Committee on Judiciary: Public Records: use of requester's own equipment

Status: This bill was sent to consent calendar so Ms. Valencia is assuming it will get a hearing between now and September 13th. Will continue to watch.

SB 53 – Wilk: Open meetings

Status: This bill is a concern to the Board as this Board utilizes two-person committees such as the Legislative Committee. This bill has been referred to the Committee on Appropriations. Will continue to watch.

Ms. Forsyth stated DCA recently has a legislative roundtable meeting regarding all of the legislation. The Governor's office has approved DCA to oppose this particular bill.

SB 425 – Hill: Health Care practitioners: Licensee's file: probationary physician's and surgeon's certificate: unprofessional conduct

Status: This bill has been referred to Committee on Appropriations and it may be getting a hearing, more information will be available when the Legislature reconvenes on August 12th.

Ms. Valencia stated that at the April Board meeting, staff was directed to send a letter to the author. Ms. Schieldge stated that the major concern was that the original bill had the Board taking disciplinary action if someone failed to report that they had heard a rumor of a sexual abuse violation or that they actually witnessed it themselves. There were fines that could be assessed against the licensee and against other peoples' licensees.

Ms. Schieldge stated that this language has been removed from the bill and the Board will have the authority to assess high fines against health care facilities that don't report to the Board when they have information about sexual abuse or sexual misconduct allegations made by a patient against a licensee. The Board actually has expanded jurisdiction to issue a citation and fine to any entity, which includes a post-secondary educational institution. Ms. Schieldge stated that she hasn't seen any opposition to the latest version of the bill, but that doesn't mean that there isn't any. Ms. Valencia suggested checking with the Board's DCA legislative liaison.

SB 518 – Wieckowski: Public Records: disclosure: court costs and attorney's fees

Status: This bill was placed in the Appropriations suspense file.

SB 615 – Hueso: Public Records: disclosure and litigation requirements

Status: This bill is dead.

In response to Mr. Martinez's question of what is being looked for when the bill is sent back to the Appropriations Committee, Ms. Valencia responded it is typically the cost to the budget as that there is a minimum threshold to be placed into suspense.

14. Agenda Items for the November Meeting

- 1) Proposed change to controlled substances course regulations
- 2) Meeting locations
- 3) Board member elections
- 4) Appointments
- 5) Legislative report
- 6) Educational Workforce Committee
- 7) Discussion of Movement to Become Independent Board
- 8) Sunset Review
- 9) Executive Officer Evaluation
- 10) Commission of the future of California Health Workforce

M/ Robert Sachs S/ Sonya Earley to:

To adjourn meeting.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	X				
Juan Armenta	X				
Jennifer Carlquist	X				
Sonya Earley	X				
Javier Esquivel-Acosta	X				
Jed Grant	X				
Xavier Martinez	X				
Robert Sachs	X				
Mary Valencia	X				

Motion approved.

With no further business the meeting was adjourned at 11:35 a.m.

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