MEETING MINUTES

August 7, 2020 9:00 A.M. – 5:00 P.M. Physician Assistant Board Meeting Was Held Via WebEx

1. Call to Order by President

President Grant called the meeting to order at 9:00 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
Staff Present:	Maureen L. Forsyth, Executive Officer William Maguire, Attorney Karen Halbo, Attorney III DCA Regulation Unit Sarah Fletcher, Licensing Analyst Rozana Khan, Enforcement Analyst Kristy Voong, Probation Monitor

3. Approval of January 13, 2020 Board Meeting Minutes

M/ _____ Juan Armenta _____ S/ Charles Alexander _____ to:

Approve the January 13, 2020 Meeting Minutes.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	Х				
Juan Armenta	Х				
Jennifer Carlquist	Х				
Sonya Earley	Х				
Javier Esquivel-Acosta	Х				
Jed Grant	X				

No public comment.

4. Approval of May 28, 2020 Teleconference Board Meeting Minutes

M/ Juan Armenta S/ Jennifer Carlquist to:

Approve the May 28, 2020 Teleconference Meeting Minutes.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	Х				
Juan Armenta	Х				
Jennifer Carlquist	Х				
Sonya Earley	Х				
Javier Esquivel-Acosta	Х				
Jed Grant	Х				

No public comment.

5. 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).])

6. Reports

a. President's Report

Presentations – Keck School of Medicine of USC & Mid-Valley Chapter of CAMSS

Mr. Grant reported that in February 2020, he was accompanied by Ms. Forsyth and former Board president Mr. Sachs when visiting Keck School of Medicine of USC to provide a presentation on SB 697 and the changes associated with SB 697, licensing, and Board processes. The presentation was well received and they enjoyed the opportunity to engage with the PA program. Mr. Grant advised that the Board does offer regular outreach to PA programs, but it has been limited during the pandemic.

Mr. Grant reported that he was accompanied by Ms. Forsyth when visiting the Mid-Valley Chapter of CAMSS to provide a presentation on how SB 697 might affect credentialing and the implementation of the new practice agreement. This presentation was both live and on the web to professionals all across the state. The presentation was well received and they were able to assist by providing answers to many questions, including looking at the practice agreement changes from the delegations of services agreement.

Sunset Review

Mr. Grant reported that due to the pandemic, the legislature has postposed all meetings until next year and the Board's scheduled March 2020 presentation was cancelled. Upon invitation from the legislature, the Board will present the report. Mr. Grant expressed appreciation to staff for their hard work in preparing the report.

DCA Approved Waivers Relating to the Practice of Physician Assistants

Mr. Grant reported that early in the pandemic he worked with Board staff and DCA extensively to identify what emergency requirements might be needed to allow PAs to practice unhindered in order to render aid to those in need during the pandemic. The Board received approval of three waivers and the waivers are posted on the home page of the Board's website.

Waiver one addresses supervision requirements and whether or not a practice agreement is required. This waiver allows for PAs to practice without a practice agreement under certain circumstances. Mr. Grant encourages PAs who are traveling in from out-of-state, or practicing outside their normal practice agreement as a result of the pandemic, to review this waiver. The waiver is currently in effect until August 12, 2020, unless extended by DCA.

Waiver two addresses continuing medical education. This waiver temporarily waives the continuing medical education requirement for individuals whose incenses expire between July 1, 2020 and August 31, 2020. Licensees must satisfy any waived renewal requirements within six months of this order, unless further extended.

Waiver three addresses reactivating a license. This waiver removes the continuing medical education and fee requirements for licensees who currently have a license status of retired, inactive or canceled. This waiver is valid for six months.

Mr. Grant recognized and thanked all involved including Board counsel, Ms. Forsyth, Ms. Angus and Ms. Kirchmeyer, for their hard work and good responses regarding this emergency in order to allow PAs to be reasonably accommodated during this time of increased need.

Mr. Grant announced that Ms. Forsyth, who has been with the DCA for twenty-six years, will be retiring August 31, 2020. Mr. Grant extended his sincere appreciation for her long-standing service to the state of California and to the Board.

In order to thank Ms. Forsyth and Ms. Fletcher appropriately for their years of service to the Board, Mr. Grant extended an invitation to attend the next inperson Board meeting.

Additional Board member comments are as follows:

Ms. Carlquist commented that Ms. Forsyth has been a great asset to the Board, she will be missed and thanked her for all she has done.

Ms. Earley commented that Ms. Forsyth will be missed, she is excited for having had the opportunity to work with her and wishes her well in her retirement.

Mr. Alexander commented that he will miss Ms. Forsyth's loving care extended to all of the Board members when they visit Sacramento to attend Board meetings. He wished her well with her retirement and looks forward to seeing her in person at the next live Board meeting.

Mr. Armenta commented that it is so rare that in public service you see somebody that can manage and make board members jobs easier as Ms. Forsyth has, and thinks one of our failings as board members is that we didn't find a way to prevent her retirement. He thanked Ms. Forsyth for her guidance and help.

Mr. Esquivel-Acosta thanked Ms. Forsyth for all the wonderful work and extra support she has provided to the Board members. He recognized the passion that Ms. Forsyth has for the PA Board and appreciates everything that she does.

b. Executive Officer's Report

Board Member Appointments

Ms. Forsyth expressed thanks to Carrie Holmes, DCA Deputy Director of Board and Bureau Relations, for working with the Board in securing appointments. Ms. Holmes will be providing the Board with an update later on during the meeting.

Staffing and New Office Space

Ms. Forsyth reported that in April of 2020 staff assumed the new office space within the building located at 2005 Evergreen Street in Sacramento. The office space is considerably larger than the previous office space and will accommodate new staff members as needed. Ms. Morris, was hired in March of 2020 and filled the Board's office technician vacancy. Ms. Fletcher, the Board's current licensing analyst, has accepted a new position with California Board of Accountancy. Ms. Caldwell, the Board's current administrative analyst, will be assuming the licensing desk. As of August 10, 2020, the Board will have a new complaint analyst, Armando Melendez, who currently works for the Medical Board of California (MBC). The complaint analyst is a new position for the Board and is the beginning of transitioning of all of the shared services currently being completed by the MBC.

c. Licensing Program Activity Report

Licensing Population by Type Report:

Ms. Fletcher reported that the total number of current licenses to be 13,927. This report does include 7 licenses that were previously retired, inactive or canceled and have been reinstated as a result of the DCA's order waiving license reactivation or restoration requirements.

Summary of Licensing Activity Report:

Ms. Fletcher advised that this report is typically ran every quarter; however, due to the cancellation of the April 2020 meeting, the current report covers January 4, 2020 through July 16, 2020:

Applications received – 809 Licenses issued – 674 Licenses renewed – 3,374

Pending Application Workload Report as of July 16, 2020:

- Pending Applications 336
- Unassigned Applications* 22
- Assigned Applications 314

*Applications were submitted online without a payment or were received on a weekend or overnight and hadn't been assigned.

Ms. Fletcher stated she has noticed an increase in the amount of online applications submitted without payment and she does reach out to the applicant advising that the application will not be processed without payment.

Ms. Fletcher stated that the pie chart included in the report breaks down the age of pending application workload and is not indicative of the Board's processing times, but rather shows how long it can take to obtain a license if license requirements remain outstanding long after the application has been reviewed.

Licensing Performance Measures

- Complete applications* 39 days
- Incomplete applications** 65 days

*Complete applications refers to applications where all requirements for licensure were met at the time of the application review.

**Incomplete applications refers to applications where all requirements for licensure were not met at the time of the application review.

Ms. Fletcher stated that the target processing time for complete applications is listed as 20, but that number was established in 2013 and has not been reevaluated. Mr. Grant advised that the target is set internally and the executive officer has delegated the authority to set that target so it can be addressed internally.

Ms. Fletcher shared that she receives positive feedback from applicants in terms of the Board's process, processing times, and Board staff.

In response to Mr. Grant's question of whether the increase in licensing is just a steady gradual increase, or if it is due to a surge when students graduate from California PA programs, Ms. Fletcher stated when she started with the Board three years ago there were lulls throughout the year; however, she currently experiences no lulls, application submissions are steady, but the volume of applications do increase prior to and after graduation. Mr. Grant thanked Ms. Fletcher for her diligent work and recognizes the volume of work involved to ensure people are getting licensed in a timely manner. Ms. Carlquist, Ms. Earley, Mr. Armenta, Mr. Alexander and Mr. Esquivel-Acosta expressed thanks to Ms. Fletcher for all of her hard work.

Ms. Fletcher expressed her thanks for all of the positive comments and how fantastic everyone has been to work with. She has truly enjoyed working with the applicants and health care staffing firms, is thankful to Ms. Forsyth for hiring her and the opportunities the position has presented, and the opportunity to work with the current Board staff.

d. Diversion Program Activity Report

Ms. Voong reported the following diversion activity as of January 1, 2020 to June 30, 2020:

- Board referrals 1
- Voluntary referrals 0
- Active participants 6
- Total intake into program as of June 30, 2020 157

e. Enforcement Program Activity Report

Ms. Khan reported the following enforcement activity beginning January 1, 2020 through June 30, 2020:

- Complaints Intake
 - Complaints received 182
 - Assigned to desk analyst (**may include cases received in previous quarters) 187
 - \circ Pending at intake 7
- Complaints and Investigations
 - Complaints referred for investigation 42
 - Complaints and investigations closed** 85
 - Complaints pending at desk analyst** 100
 - Investigations pending at field** 110
 - Average age of pending investigations** 479
 - \circ Investigation over 8 months old 77
- Suspensions
 - Interim Suspension Orders 1
 - Office of Attorney General Cases
 - Cases initiated 7
 - Cases pending** 38
 - Average age of pending cases** 498
- Formal Actions Filed/Withdrawn/Dismissed
 - \circ Accusations filed 4
- Administrative Outcomes/Final Order
 - \circ Probation 1
 - Public reproval 3
 - \circ Revocation 1
 - Surrender 6
 - \circ Probationary license issued 3
- Current Probationers

- \circ Active 63
- \circ Tolling 5
- Citations and Fines (October 1, 2019 to December 31, 2019)
 - \circ Pending 2
 - Fines due \$3,000
 - Citations and Fines (January 1, 2020 to June 30, 2020)
 - \circ Issued 7
 - \circ Resolved 3
 - \circ Pending 4
 - Fines issued \$3,000
 - Fines received \$1,500
 - Fines due from previous/current quarters \$4,500

Complaints Received by Type and Source

Ms. Khan reported the following activity beginning January 1, 2020 through June 30, 2020:

• Complaints received – 416

Mr. Grant commented that although the Board is just entering the third quarter, the number of complaints almost equals the total number of complaints received for last year. In response to Mr. Grant's question of if Ms. Khan has noticed a trend, or if anything stands out as the reason, Ms. Khan responded that chart reflects the entire fiscal year, not each quarter, and that the total number of complaints in FY 19/20 has decreased from FY 18/19. In response to Ms. Earley's question of if the pandemic could be one cause for the decrease, Ms. Khan responded yes, it may be a contributing factor due to the cancellation of many doctor appointments.

Mr. Alexander commented that there has been a sharp increase in the unprofessional conduct category and asked for clarification of what type of complaints fall under the non-jurisdiction category. Ms. Khan stated that non-jurisdictional complaints are not under the authority of Board and are referred to other agencies such as the Department of Health Care Services, Department of Managed Health Care, etc. An example of this would be if a complaint is filed related to bedside manner, it would not fall under the Board's jurisdiction. Mr. Grant offered the additional example of if a complaint is received regarding the unsanitary conditions of the health care facility, it would not fall under the Board's authority and it would be referred.

No public comment.

7. Department of Consumer Affairs (DCA) – Director's Update

Carrie Holmes, DCA Deputy Director of Board and Bureau Relations, thanked the Board for the opportunity to provide her report.

Ms. Holmes stated that she was appointed by Governor Newsom on June 1, 2020, to serve as the Deputy Director of Board and Bureau Relations. Prior to her appointment, she was Legislative Director for Senator Jim Bell and also served as Assistant Deputy at the Secretary of State's Office. Ms. Holmes has

always been passionate about consumer protection and is very happy to be working at the DCA and with all of the boards and bureaus. The Board and Bureau Relations is here to help with appointments, training, and her team will be coordinating the onboarding with the new executive officer. The DCA appreciates how hard the Board works to maintain a quorum and moves forward with work despite the vacancies. Ms. Holmes stated that she is working closely with the Governor's Office and legislature, and although she doesn't have any specific updates today, she assured the Board that they are a priority and the DCA is moving as quickly as possible. She is part of a new leadership team as in January of 2020, Governor Newsom appointed Lourdes Castro Ramirez as the new Secretary of the Business Consumer Services and Housing Agency effective March 2, 2020; March 5, 2020, Governor Newsom appointed Jennifer Simoes as DCA's Deputy Director of Legislation; April 16, 2020, Governor Newsom appointed Christine Lally as DCA's Chief Deputy Director. Ms. Lally recently served as Deputy Director of the Medical Board of California.

Ms. Kirchmeyer's January 2020 update laid out several of her priorities that included improving the regulation process and timelines and is devoting more time to this priority now that she has her team in place. The DCA Regulations Unit was created by the DCA Legal Unit to directly assist boards and bureaus for the regulations packages. The DCA also developed an online system to manage and track regulations packages and streamline their review called Cherwell. While Cherwell testing with a pilot cohort is now complete, there will be regular check-ins with the pilot groups to solicit feedback and evaluate the feedback to determine the next stages of the rollout.

Work is continuing even though COVID-19 has changed the way we do business now and in the future. The DCA temporarily closed all offices to the public in March of 2020 in response to state and local stay at home orders to help reduce the spread of COVID-19. The DCA and the boards and bureaus have implemented telework plans and have required physical distancing for those employees who cannot telework. The DCA offices reopened to the public on June 15, 2020, with preventative measures to safeguard the health and safety of our employees and visitors and are truly grateful for your continued service and for staff's flexibility.

During the state of emergency, the DCA has issued waivers needed to maintain a licensed workforce during COVID-19. To date, the DCA has issued 43 waivers that range from continuing education requirements, telehealth requirements and licensure reinstatements. Ms. Holmes asks that the Board take a look at the existing waivers and changes that have affected our board and licensees and what might be helpful in the long run. The DCA is looking at identifying areas where changes can be made on an ongoing basis and welcomes any feedback or ideas.

Ms. Holmes stated she looks forward to getting to know our Board and our programs better and is sorry not to have more time to work with Ms. Forsyth. The consumers of California are truly lucky to have benefited from your many years of service and the DCA is grateful to you.

Ms. Holmes stated that if the Board has any questions, or needs anything from the DCA, please don't hesitate to reach out to her.

Mr. Grant thanked Ms. Holmes for her presentation and is grateful that she is aware of the Board's current vacancies and need to fill the vacancies.

No public comment.

8. Discussion and Possible Action Regarding the Board's Authority to Approve Controlled Substance Education Courses, Title 16, California Code of Regulations, Section 1399.610

Mr. Grant stated that the reason he requested this item be place on the agenda is because the regulation currently reads is that if a person offering a controlled substance course self-identifies and they meet all of the requirements of the regulation, then they are deemed approved by the Board. While the language has worked for some time, some course providers are actually not meeting the regulation requirements. Other than requesting documents from the course provider, the Board doesn't currently have a process in place where we verify, with any great detail, that the course providers are meeting the regulation requirements. The providers are also listed on the Board's website, which is a de facto approval by the Board and because of this, various providers have been placed on and then taken off when the Board requests proof. Some providers have been very forthcoming, while others have been evasive and that leads to a problem now that the controlled substance course is required. The Board has to ensure that the documentation submitted by the licensee, as evidence of attending the controlled substance course, meets the requirements of section 1399.610.

Mr. Grant stated points of discussion for the Board members to entertain would include how the Board can implement auditing and enforcement for these regulations to ensure that what the licensees are receiving is in compliance of the law and regulations, and how to handle receiving certificates from licensee who took the course from a provider that was not approved, or that the course does not meet the regulation requirements. Mr. Grant would like to ensure that the Board doesn't have an underground regulation.

Ms. Halbo suggested adding a subdivision (e) to the existing regulation language that states "the Board reserves the right to audit and remove programs that do not comply with this regulation." Ms. Halbo suggested that she draft language during the existing Board meeting and that the Board circle back to this agenda item to discuss the modification, take comment and discuss.

Mr. Grant agreed to wait for Ms. Halbo' s proposed language, release this agenda item for the time being and return to it later in the meeting. The Board members had no objection

In response to Ms. Caldwell's question of if the changes to the regulatory language will clearly identify how the Board is deeming the course approved, Mr. Grant replied that the requirements are already included in the regulation, what is being discussed is how to conduct an audit and what to do when the course providers fail to meet the requirements.

Upon returning to agenda item 8, Ms. Halbo stated she has amended the regulation text 1399.610 to read:

(e) The board reserves the right to conduct periodic audits of the courses offered by the course providers listed in subdivision (d) to ensure compliance with this section. If the board determines a provider is not in compliance with the requirements of this section, the board will notify the provider and will no longer accept the provider's course to satisfy the controlled substance course requirement.

Mr. Grant suggested to add additional language at the end of the last sentence "until such time as the provider can demonstrate compliance." Mr. Grant expressed concern that the wording leaves the impressions that they can never offer it again.

M/ Juan Armenta S/ Sonya Earley to:

Accept a modification to 1399.610 of the California Code of Regulations, Title 16, to add sub paragraph (e) the board reserves the right to conduct periodic audits of the courses offered by the course providers listed in subdivision (d) to ensure compliance with this section. If the board determines a provider is not in compliance with the requirements of this section, the board will notify the provider and will no longer accept that provider's course to satisfy the controlled substance course requirement until such time as the provider can demonstrate compliance.

Based on additional discussion the original motion was amended as follows:

M/ Juan Armenta S/ Sonya Earley to:

Accept a modification to 1399.610 of the California Code of Regulations, Title 16, to add sub paragraph (e) the board reserves the right to conduct periodic audits of the courses offered by the course providers listed in subdivision (d) to ensure compliance with this section. If the board determines a provider is not in compliance with the requirements of this section, the board will notify the provider and will no longer accept that provider's course to satisfy the controlled substance course requirement until such time as the provider can demonstrate compliance and direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review and if no adverse comments are receive, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package as needed.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	Х				
Juan Armenta	Х				
Jennifer Carlquist	Х				
Sonya Earley	Х				
Javier Esquivel-Acosta	Х				
Jed Grant	Х				

No public comment.

9. Executive Office Recruitment and Selection Process

a. Presentation from the Department of Consumer Affairs' Office of Human Resources Regarding the Selection Process of an Executive Officer

Ms. Thao, DCA Classification and Recruitment Manager within the Office of Human Resources, stated that she will be providing an overview of the executive officer recruitment and selection process and reviewing the duty statement and recruitment announcement in order to obtain the Board's feedback and suggestions. The executive officer recruitment selection process requires two members who will have time and interest to participate in the selection process. A search committee will be formally selected during today's meeting. The executive officer recruitment announcement is typically advertised for 30-days on Department of Human Resources (CalHR) platform, but may be advertised externally, such as through the Capital Morning Report. If the Board chooses to advertise outside of the CalHR platform, just inform her once they are getting ready to release the executive officer advertisement. During the advertisement period she will work directly with the search committee to determine application screening, interview questions, and potential interview dates. Ms. Thao will serve as the contact person on the advertisement and will provide the search committee with applications received each Friday on a flow basis. The search committee will review and screen the applications received based on the desirable qualifications to determine candidates for initial or final interviews. Depending on the number of applications received, if initial interviews are recommended based on large candidate pool, they will be conducted with the search committee. Reference checks will be conducted for the top candidates prior to final interviews with the Board members. At a next scheduled Board meeting and in closed session, final interviews will be conducted for the top candidates. This will require a vote by the Board members to select a final candidate. Upon selecting the final list for the executive officer position, a start date and salary can be determined. In accordance with Business and Professions Code section 3512, appointment of this executive officer, appointment will not require the DCA Director's approval. The selection of the candidate must be kept confidential until the candidate notification has been completed and accepted and the unsuccessful candidates have been notified. The selected candidate will also require CORI clearance if they're currently not with the Board, which will be facilitated by the Office of Human Resources. Once the selected candidate has passed CORI, the Board can work with Public Affairs to make the formal announcement and then on or prior to the affective date of the appointment, the Oath of Office must be administered which may be administered by any Board member, DCA Director, or their designee. The Oath of Office must be administered in person.

Mr. Grant stated that an executive officer search committee was appointed during the last Board meeting and consists of Mr. Armenta and Mr. Grant. Mr. Maguire stated that the search committee item was placed on the current agenda as a small point of order because the item wasn't on the last Board meeting agenda and therefore it an informal appointment.

b. Discussion and Possible Appointment of an Executive Officer Search Committee

M/ Jennifer Carlquist S/ Sonya Earley to:

Nominate Mr. Grant and Mr. Armenta to serve on the executive officer search committee.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	Х				
Juan Armenta	Х				
Jennifer Carlquist	Х				
Sonya Earley	Х				
Javier Esquivel-Acosta	Х				
Jed Grant	X				

No public comment.

c. Review and Possible Amendments to Executive Officer Duty Statement

Ms. Thao stated that minimal changes have been made to the general statement of the duty statement. Items highlighted in yellow are for review and asked if the Board had any comments or questions. The Board members had no comments.

Ms. Thao asked if the Board member had comments or questions regarding section A of the duty statement that outlines the specific activities that will be performed by the executive officer. The Board had no comments.

Ms. Thao asked if the Board had any comments or questions regarding sections (b-d) of the second page of the duty statement, to which Mr. Grant requested that the language in section (c) be changed from "directly supervises 7 board staff" to "directly supervise board staff." Ms. Thao stated that she will make the change. No additional Board comments were made.

Ms. Thao asked if the Board had any comments or questions regarding page 3 of the duty statement, to which Mr. Armenta requested that the language in section (f) be changed from "error in judgment" to "exercise in judgement could have significant impact." Ms. Thao stated that she will make the change. Ms. Earley asked if there were any functional requirements that needed to be added due to the acquisition of the new office space. Mr. Grant states that the executive officer indicates no functional changes need to be added. No additional Board comments were made.

Ms. Thao asked if the Board had any comments or questions regarding page 4 of the duty statement. The Board had no comments.

Ms. Thao stated that before the Board voted on the duty statement, she would like to the Board to review the recruitment announcement document. Ms. Thao stated that most of the information is straightforward, but she would like to review the qualifications and experience section as this section will be used to develop the interview questions and how the candidates will be scored. The Board had no comments. Ms. Thao next asked the Board how many pages they would like to allow the applicant when responding to the statement of qualifications. Mr. Armenta responded that he would like to provide the applicant more than four pages. Mr. Grant commented that four to six pages should be sufficient. Ms. Earley suggested not to exceed six pages. The Board agreed to use the verbiage "not to exceed six pages."

M/ Sonya Earley S/ Charles Alexander to:

To approve the changes requested by the members of the Board to the duty position statement as well as job announcement.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	Х				
Juan Armenta	Х				
Jennifer Carlquist	Х				
Sonya Earley	Х				
Javier Esquivel-Acosta	Х				
Jed Grant	Х				

No public comment.

10. Report on Medical Board of California Activities

On behalf of William Prasifka, Executive Director for the Medical Board of California (MBC), Mr. Grant read the following report:

The MBC has had a significant change it is senior executive team in 2020. The new appointees include William Prasifka, Executive Director; Reji Varghese, Deputy Director; Aaron Bone, Chief of Legislative and Public Affairs.

The MBC introduced the post-graduate training license on January 1, 2020 and has resulted in a significant increase in the number of license applications received at more than 70% and additional resources have been devoting to developing processing efficiencies to deal with the surge in applications. The processing efficiencies include accepting electronically notarized documents, electronic submission through the MBC direct online certification system portal and the acceptance of electronic transcripts to approve services such as Credential Solutions, Script Safe, Parchment and The National Student Clearing House, as well as the acceptance of e-diplomas from CE Credential Trust and Parchment. The MBC Consumer Information Unit has experienced a steady increase in the number of calls during 2020.

The MBC funding conditions continues to deteriorate. The reserve is projected by the end of the fiscal year to be less than one month. Complaint volumes remain at historically high levels.

As a result of COVID-19, a significant number of staff are teleworking and the MBC has increased its remote working capability and will continue to invest in this area. Productivity has been maintained despite disruption to working conditions.

The MBC has recently been informed that is previously scheduled sunset review will be in next calendar year with a sunset review questionnaire expected to be received shortly. At the top of the agenda for the MBC is the sunset review is to develop strategies to address its funding deficit and look for greater efficiencies in managing its enforcement activities. The MBC has been concerned about rising costs and enforcement going back a number of years.

No public comment.

11. Discussion and Possible Action regarding Seeking Legislative Amendment to Increase License Application Fee

Ms. Fletcher stated that board staff has conduct this desk study a few times over the last couple of years for the purpose of determining whether or not an increase in the application processing fee was warranted, considering the substantial amount of staff time and resources dedicated to all of the tasks associated with the review and processing of an application from start to finish, staff believed the processing fee needed to be reevaluated. For the current desk study, it was decided that six months was a sufficient amount of time to gather the necessary data to accurately determine how much it will actually cost the board to process an application and would also allow for greater accuracy due to the ebb and flow nature of the workload.

The desk study was conducted beginning September 1, 2019 through February 29, 2020. During that period of time, the Board receive 668 applications of which onethird were randomly selected to be evaluated for the desk study. The method used to select the 33% was simply to select every third application received. A task sheet was attached to each application selected to track the amount of time spent performing each task, and the classification of each staff member completing the task. As soon as the license was issued, tracking stopped and the data was entered into a spreadsheet. In total, 218 applications were evaluated, of which 24, or approximately 11%, had either criminal history, malpractice history or disciplinary history. Ms. Fletcher used a formula outlined in the State Administrative Manuel in order to determine each staff member's hourly billing rate. On average, the total application review processing time for a standard application is 50 minutes, total application review processing time for an application with criminal history is 2.94 hours, resulting in an overall average application processing time of approximately 64 minutes per application and an approximate cost of \$59.38 per application.

Ms. Fletcher stated that the Accreditation Review Commission for PAs (ARC-PA) reports that there are currently 254 PA programs nationally and projects that there will be 306 PA programs nationally by April 1, 2023. The Board has experienced an average of 9.87% increase in growth of applications received from the previous four years. FY 19/20 the Board received an average of 123 applications per month, assessed an application processing fee of \$25 per application, resulting in an average monthly revenue of \$3,075. If the Board increases the amount of applications received by the projected average growth increase of 9.87% and increases the application processing fee to \$60, the application processing fee monthly revenue would be \$8,100 giving the Board a \$5,025 monthly revenue increase and a \$60,300 yearly revenue increase.

Mr. Maguire stated that he worked with Ms. Fletcher on the proposed language for Business and Professions Code, section 3521.1 in order to create a range of sixty dollars (\$60) and a cap of \$500 and then will subsequently fix that amount in regulation. He stated that currently the statute and the regulation are both set at \$25. This recommendation is subject to change if the Board feels that the ceiling amount of \$500 is too high, but it is his understanding that staff wanted to give the maximum flexibility for future growth and as costs increase. Mr. Maguire stated that most boards utilize either an upper range, a number not to exceed, or a range with a floor and a ceiling. One thing to consider is that the Board does have an application fee and an initial licensing fee when discussing what the right amount would be. If the proposed language is acceptable to the Board, a suggested motion has been drafted and the Board can direct staff to work on the subsequent regulations.

M/ Jennifer Carlquist S/ Sonya Earley to:

Direct staff to work with the legislative committee to seek legislative assistance with submitting a bill to increase the initial application fee to a floor of sixty dollars (\$60) and a cap of \$500.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	Х				
Juan Armenta	Х				
Jennifer Carlquist	Х				
Sonya Earley	Х				
Javier Esquivel-Acosta	Х				
Jed Grant	Х				

No public comment.

12. Discussion and Possible Action to Accept Electronic Verifications Submitted to the Board from Other Agencies

Ms. Fletcher stated that question 13 on the Board's initial application for licensure asks, "Are you, or have you ever been, licensed, certified, or otherwise registered in any manner in any state, country, or with any federal agency in any health care occupation?" One of the requirements for licensure is to obtain verification for each of those licenses, certifications, or registrations held by an applicant. Currently the Board requires that verifications of licensure, certification, or registration be mailed directly to the Board by the licensing or verifying agency, but in the event that a licensing or verifying agency provides a statement to the Board informing the Board that they no longer provide mailed verifications, but rather only provide electronic verifications, the Board has no choice but to make an exception and allow electronic verifications to be received by those agencies. At the moment and because of those exceptions, the Board is accepting electronic verifications from 31 different agencies in 27 different states. However, for agencies that are still willing to mail paper verifications, the Board requires them to be sent by mail and will not allow those verifications to be accepted electronically even if that agency offers electronic verifications.

Ms. Fletcher has had many conversations with applicants about this topic and it gets a little confusing and stressful for both parties when I have to tell them that their verification from one state can be accepted electronically, but the other verification has to be mailed. It gets even more complicated when one licensing agency in a particular state only provides electronic verifications, but another licensing agency in the same state, for a different license type, still mails their verifications and we will only accept one of the verifications electronically but not the other. Ms. Fletcher states that there are many applicants who have multiple licenses and when they speak with Ms. Fletcher she has to pull up a list of the states that we accept electronic verifications

from and go over each state and license type with that applicant to determine what agency issued the license to be able to tell the applicant what method needs to be used.

Ms. Fletcher states that at this point, it would be beneficial to accept electronic verifications directly from every state to reduce stress, efficiency and expedite the application processing time. She states that it is more likely that a verification filled out by an individual is more likely to have an error, than a verification sent electronically. Due to the pandemic, concessions have been made during this time and electronic verifications have been accepted from any agency able to provide them and not only has she had fewer issued with the verifications, the application process for many of her applicants has been expedited.

Ms. Fletcher stated that considering how many states have already implemented electronic systems for verification of licensure, and many more states are following suit, she believes now is the perfect time to reassess this requirement for mailed verifications, and if this change is implemented, very minor changes to the PA7 form would be required.

In response to Mr. Grant question as if the reason that staff is requiring the paper verification is due to the Board's regulation, Ms. Fletcher responded that she isn't sure the method is addressed in the regulation and will defer to Board counsel.

Mr. Maguire stated that the process is not described in the Board's legislation, Practice Act or regulations, it is more in the nature of an internal policy. Some of these items should be put in regulation and he has an item that addresses this later on in the agenda depending upon the outcome of this specific agenda item and whether it's the Board's suggestion that we go forward and accept electronic verifications from other agencies. As of now, to answer the specific question, no, there is no requirement regarding the method to obtaining these verifications.

In response to Ms. Earley's question on how we got to this point, that it is mandatory that the verifications be mailed, Ms. Forsyth responded that it has always been inhouse policy based on prior counsel's requirement.

M/ Jennifer Carlquist S/ Sonya Early to:

Direct staff to make appropriate changes to the application and to regulation 1399.506 to accept electronic verification of documents from official bodies, not from the applicant.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	Х				
Juan Armenta	Х				
Jennifer Carlquist	Х				
Sonya Earley	Х				
Javier Esquivel-Acosta	Х				
Jed Grant	X				

No public comment.

13. Discussion and Possible Action to Accept Electronic Signatures on PA Board Application

Mr. Grant stated that the current policy is that the Board will only accept hard signatures, ink on paper, and the current pandemic has made it somewhat more difficult to submit paper applications. Mr. Grant understands that there are multiple regulations that surround the use of electronic signatures; however, the DCA IT department reports that Adobe Sign meets the requirements set forth in the law in order to have a compliant electronic signature and a team is in place working on the transition.

Mr. Maguire stated that there are requirements for electronic signatures in the Secretary of State's regulations and government code which summarized states that the electronic signature needs to be unique to the person using it, capable of verification, under the sole control of the person using it, linked to the data in such a manner that if the data are changed the digital signature is invalidated and conforms to other regulations adopted by the Secretary of State that involve asymmetric crypto system. Mr. Maguire has received assurance from the DCA's Chief Technology Officer that the Adobe Sign program meets those requirements and will be available for boards and bureaus to start using if they so choose. Mr. Maguire stated that obviously a wet signature is obviously easier to sort of prove the veracity of when we're asking someone to sign something under the penalty of perjury. Most courts and other reviewing bodies don't really get into examining whether the ink that they put on the page really is their signature and whether it was unique or verified. Under the laws, electronic signatures have a lot more hoops to jump through, but in general that is the way that most boards are going to be moving in the next year according to IT.

Ms. Earley commented that she thinks it is a must that the Board move toward electronic signatures and doesn't believe we can do business without it.

M/ Sonya Earley S/ Juan Armenta to:

Direct staff to work with the DCA's IT department in transitioning to an appropriate method of adopting electronic signatures.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	Х				
Juan Armenta	Х				
Jennifer Carlquist	Х				
Sonya Earley	Х				
Javier Esquivel-Acosta	Х				
Jed Grant	Х				

No public comment.

CLOSED SESSION

- A. <u>Pursuant to Section 11126(c)(3) of the Government Code, the Board moved into closed session to deliberate and take action on disciplinary matters.</u>
- B. <u>Pursuant to Section 11126(a) of the Government Code, the Board met in closed</u> session to discuss the Executive Officer Recruitment and Selection Process, and the Possible Appointment of an Acting Executive Officer or Interim Executive Officer.

RETURN TO OPEN SESSION

14. Discussion and Possible Action to Initiate a Rulemaking to Amend Title 16, California Code of Regulations Sections 1399.502, 1399.506, 1399.507, 1399.511, 1399.530, 1399.540, 1399.541, 1399.545, and 1399.546 to include SB 697 Requirements

On behalf of Ms. Winslow, Ms. Halbo present the proposed regulatory changes to the Board. Ms. Halbo stated that the memorandum included in the board meeting materials itemizes regulations affected by SB 697 and presented the proposed changes follows:

Regulation 1399.502 Definitions.

Proposed changes:

(c) "Physician assistant" <u>or "PA"</u> means a person who is licensed by the Board as a physician assistant.

(e) "Approved program" means a program for the education and training of physician assistants which has been approved by the Board.

(f) "Supervising physician" and "physician supervisor" or "supervising physician and surgeon" means a physician and surgeon licensed by the Medical Board of California or a physician licensed by the Osteopathic Medical Board of California and who supervises one or more physician assistants, who possesses a current valid license to practice medicine, and who is not currently on disciplinary probation prohibiting the employment or supervision of a physician assistant.

(g) (1) "Supervision" means that a licensed physician and surgeon oversees the activities of, and accepts responsibility for, the medical services rendered by a physician assistant. Supervision, as defined in this subdivision, shall not be construed to require the physical presence of the physician and surgeon, but does require:

(A) Adherence to adequate supervision as agreed to in the practice agreement.

(B) The physician and surgeon being available by telephone or other electronic communication method at the time the PA examines the patient.

(2) Nothing in this subdivision shall be construed as prohibiting the Board from requiring the physical presence of a physician and surgeon as a term or condition of a PA's reinstatement, probation, or imposition of discipline.

(gh) "Approved controlled substance education course" means an educational course approved by the Board pursuant to section 1399.610.

(i) "Practice agreement" means the writing, developed through collaboration among one or more physicians and surgeons and one or more physician assistants, that defines the medical services the physician assistant is authorized to perform pursuant to Section 3502 and that grants approval for physicians and surgeons on the staff of an organized health care system to supervise one or more physician assistants in the organized health care system. Any reference to a delegation of services agreement relating to physician assistants in any other law shall have the same meaning as a practice agreement.

Regulation 1399.506. Filing of Applications

Proposed changes:

1399.506. Filing of Applications for Licensure.

(a) Applications for <u>As a condition of initial</u> licensure as a physician assistant shall be filed on a form provided by the board <u>an applicant must submit all required fees, two</u> (2) classifiable sets of fingerprint cards or a Live Scan inquiry to establish the identity of the applicant and to permit the Board to conduct a criminal history record check, and a completed application for licensure to the Board at its Sacramento office and accompanied by the fee required in section 1399.550 that contains all of the following:

(1) personal Information including:

(A) the legal name of the applicant and any associated aliases.

(B) the gender of the applicant.

(C) the applicant's social security number or identifying tax information number.

(D) the applicant's address of record or mailing address.

(E) the applicant's date of birth.

(F) the applicant's telephone numbers for home and cell.

(G) the applicant's email address.

(2) all disclosures required by this Section, and

(3) a declaration under penalty of perjury, signed and dated by the applicant, that the information submitted on the application is true and correct.

For the purposes of this subdivision "required fees" includes the license application processing fee and the initial license fee as set forth in section 1399.550. The applicant shall pay any costs for furnishing fingerprints and conducting the criminal history record check.

(b) While disclosure of military service is voluntary, an applicant who has served as an active duty member of the Armed Forces of the United States, was honorably discharged, and who provides evidence of such honorable discharge shall have their application review expedited pursuant to section 115.4 of the Code. Applications for approval of programs for the education and training of physician assistants shall be filed on a form provided by the board at its Sacramento office and accompanied by the fee required in section 1399.556.

(c) If the applicant is married to, or in a domestic partnership or other legal union with, an active-duty member of the armed forces of the United States who is assigned to a duty station in California under official active-duty military orders, or if the applicant holds a current physician assistant license in another state, and provides evidence of either condition, their application review will be expedited pursuant to section 115.6 of the Code.

(d) As a condition of licensure, an applicant shall disclose whether they have any other licenses, registrations, or certificates in any healthcare occupation and list the status, number, and issuing state of those licenses, registrations, or certificates.

(e) As a condition of licensure, an applicant shall disclose whether they have any malpractice history and submit a written statement of any incident.

(f) As a condition of licensure, an applicant shall disclose whether they have any disciplinary history from their school program or against any other licenses,

registrations, or certifications issued by any state and submit a written statement of any incident.

Ms. Halbo stated that based on conversations with Mr. Maguire, staff, and decisions made by the Board during this meeting regarding electronic verifications and signatures she doesn't feel that this section is ready for the Board to approve and would like to place this section on a subsequent meeting after additional proposed language is drafted.

Regulations 1399.507 Examination Required.

Proposed changes:

The written examination for licensure as a physician assistant is that administered by the National Commission on Certification of Physician Assistants. Successful completion requires that the applicant have achieved the passing score established by the board for that examination. It is the responsibility of the applicant to ensure that certification of his or her their examination score is received by the Board.

Ms. Halbo suggested that the Board accept the proposed changes with the modification of the verb "have" to read "has" achieved the passing score.

Regulation 1399.511 Notice of Change of Address

Proposed changes:

1399.511. Notice of Change of Address of Record.

(a) Each person submitting an application for licensure to the Board must include a valid mailing address which will be released by the Board to the public and posted on the Board's website. The mailing address is used for services of all official correspondence, notices, and orders from the Board.

(ab) Each person or approved program holding a license or approval and each person or program who has an application on file with the Board shall notify the Board at its office of any and all changes of mailing address within thirty (30) calendar days after each change, giving both the old and new address.

 (\underline{bc}) If an address reported to the Board is a post office box, the licensee shall also provide the Board with a street address, but <u>he or she they</u> may request that the second address not be disclosed to the public.

(d) Each applicant and licensee who has an electronic mail address shall report to the Board that electronic mail address no later than July 1, 2022. The electronic mail address shall be considered confidential and not subject to public disclosure.

In response to Mr. Grant's question on if this regulation pertains to licensees only or does is it also pertain to other bodies doing business with the Board, Ms. Halbo stated that this a general provisions and would apply to other bodies doing business with the Board.

Regulation 1399.530 General Requirements for an Approved Program Proposed changes:

(a) A program for instruction of physician assistants shall meet the following requirements for approval:

(1) The educational program shall be established in educational institutions accredited by an accrediting agency recognized by Council for Higher Education

Accreditation ("CHEA") or its successor organization, or the U.S. Department of Education, Division of Accreditation, which are affiliated with clinical facilities that have been evaluated by the educational program.

(2) The educational program shall develop an evaluation mechanism to determine the effectiveness of its theoretical and clinical program.

(3) Course work shall carry academic credit; however, an educational program may enroll students who elect to complete such course work without academic credit.

(4) The medical director of the educational program shall be a physician and surgeon who holds a current license to practice medicine from any state or territory of the United States or, if the program is located in California, holds a current California license to practice medicine.

(5) The educational program shall require a three-month preceptorship for each student in the outpatient practice of a physician and surgeon or equivalent experience which may be integrated throughout the program or may occur as the final part of the educational program in accordance with Sections 1399.535 and 1399.536.

(6) Each program shall submit an annual report regarding it compliance with this section on a form provided by the board.

(b) Those educational programs accredited by the Accreditation Review Commission on Education for the Physician Assistant ("ARC-PA") shall be deemed approved by the Board. Nothing in this section shall be construed to prohibit the Board from disapproving an educational program which does not comply with the requirements of this article. Approval under this section terminates automatically upon termination of an educational program's accreditation of ARC-PA.

Regulation 1399.540 Limitation on Medical Services

Proposed changes:

(a) A physician assistant may only provide those medical services which he or she is they are competent to perform and which are consistent with the physician assistant's education, training, and experience, and which are delegated in writing by a supervising physician who is responsible for the patients cared for by that physician assistant.

(b) The writing which delegates the medical services shall be known as a delegation of services practice agreement. A delegation of services practice agreement shall be signed and dated by the physician assistant and <u>one or more physicians and</u> surgeons or a physician and surgeon who is authorized to approve the practice agreement on behalf of the physicians and surgeons on the staff of an organized health care system. Each supervising physician. A delegation of services agreement may be signed by more than one supervising physician only if the same medical services have been delegated by each supervising physician. A physician assistant may provide medical services pursuant to more than one delegation of services agreement.

(c) The Board or Medical Board of California or their representative may require proof or demonstration of competence from any physician assistant for any tasks, procedures or management he or she is they are performing.

(d) A physician assistant shall consult with a physician and surgeon regarding any task, procedure or diagnostic problem which the physician assistant determines exceeds his or her their level of competence or shall refer such cases to a physician and surgeon.

Mr. Grant commented that way he understands the law is that the authorization for PAs to practice is no longer delegated, it is authorized. He would prefer that subdivision (b) read "the writing which authorizes the medical services to be performed shall be known as a practice agreement."

Regulation 1399.541 Medical Services Performable

Proposed changes:

Because physician assistant practice is directed by a supervising physician, and a physician assistant acts as an agent for that physician and surgeon, the orders given and tasks performed by a physician assistant shall be considered the same as if they had been given and performed by the supervising physician. Unless otherwise specified in these regulations or in the <u>delegation practice agreement</u> or protocols, these orders may be initiated without the prior patient specific order of the supervising physician.

In any setting, including for example, any licensed health facility, out-patient setting, patients' residence, residential facility, and hospice, as applicable, a physician assistant may, pursuant to a delegation practice agreement and where present, protocols:

(a) Take a patient history; perform a physical examination and make an assessment and diagnosis therefrom; initiate, review, and revise treatment and therapy plans including plans for those services described in Section 1399.541(b) through Section 1399.541(i) inclusive; and record and present pertinent data in a manner meaningful to the physician and surgeon.

(b) Order or transmit an order for x-ray, other studies, therapeutic diets, physical therapy, occupational therapy, respiratory therapy, and nursing services.

(c) Order, transmit an order for, perform, or assist in the performance of laboratory procedures, screening procedures, and therapeutic procedures.

(d) Recognize and evaluate situations which call for immediate attention of a physician and surgeon and institute, when necessary, treatment procedures essential for the life of the patient.

(e) Instruct and counsel patients regarding matters pertaining to their physical and mental health. Counseling may include topics such as medications, diets, social habits, family planning, normal growth and development, aging, and understanding of and long-term management of their diseases.

(f) Initiate arrangements for admissions, complete forms and charts pertinent to the patient's medical record, and provide services to patients requiring continuing care, including patients at home.

(g) Initiate and facilitate the referral of patients to the appropriate health facilities, agencies, and resources of the community.

(h) Administer or provide medication to a patient, or issue or transmit drug orders orally or in writing in accordance with the provisions of subdivisions (a)-(g), inclusive, of Section 3502.1 of the Code.

(i) (1) Perform surgical procedures without the personal presence of the supervising physician which are customarily performed under local anesthesia. Prior to delegating any such surgical procedures, the supervising physician shall review documentation which indicates that the physician assistant is trained to perform the surgical procedures. All other surgical procedures requiring other forms of anesthesia may be performed by a physician assistant only in the personal presence of a supervising physician.

(2) A physician assistant may also act as first or second assistant in surgery under the supervision of a supervising physician. The physician assistant may so act without the personal presence of the supervising physician if the supervising physician is immediately available to the physician assistant. "Immediately available" means the physician and surgeon is physically accessible and able to return to the patient, without any delay, upon the request of the physician assistant to address any situation requiring the supervising physician's services.

(j) A physician assistant may perform informed consent about recommended treatments. In seeking a patient's authorization or agreement to undergo a specific medical treatment the physician assistant shall:

(1) Assess the patient's ability to understand relevant medical information and the implications of treatment alternatives and to make an independent, voluntary decision.

(2) Present relevant information accurately and sensitively, in keeping with the patient's preferences for receiving medical information. The information should include:

(A) the diagnosis;

(B) the nature and purpose of recommended interventions; and,

(C) the burdens, risks, and expected benefits of all options, including foregoing treatment.

(3) Document the informed consent conversation and the patient's decision in the medical record.

Regulation 1399.545 Supervision Required

Proposed changes:

(a) A supervising physician shall be available in person or by electronic communication at all times when the physician assistant is caring for patients. If the supervising physician is unable to provide this supervision, they may designate an alternate physician and surgeon with whom the physician assistant may consult. Should the alternate physician and surgeon be needed to supervise and consult with the physician assistant for a period exceeding three days (72 hours), the alternate supervising physician should have a practice agreement in place with the physician assistant.

(b) A supervising physician shall delegate to a physician assistant only those tasks and procedures consistent with the supervising physician's specialty or usual and customary practice and with the patient's health and condition.

(c) A supervising physician shall observe or review evidence of the physician assistant's performance of all tasks and procedures to be delegated to the physician assistant until assured of competency.

(d) The physician assistant and the supervising physician shall establish in writing transport and back-up procedures for the immediate care of patients who are in need of emergency care beyond the physician assistant's scope of practice for such times when a supervising physician is not on the premises.

(e) A physician assistant and <u>his or her their</u> supervising physician <u>and surgeon</u> shall establish in writing guidelines for the <u>adequate evaluation of the competency and</u> <u>qualifications</u> supervision of the physician assistant which shall include: <u>one or more</u> of the following

(1) Examination of the patient by a supervising physician the same day as care is given by the physician assistant-Within a new practice arrangement the supervising physician and the physician assistant shall meet monthly for the first six months to discuss practice-relevant clinical issues and quality improvement measures;

(2) Countersignature and dating of all medical records written by the physician assistant within thirty (30) days that the care was given by the physician assistant Within an existing practice arrangement the supervising physician and physician assistant shall meet at least once every six months to discuss practice-relevant clinical issues and quality improvement measures;

(3) The supervising physician may adopt protocols to govern the performance of a physician assistant for some or all tasks. The minimum content for a protocol governing diagnosis and management as referred to in this section shall include the presence or absence of symptoms, signs, and other data necessary to establish a diagnosis or assessment, any appropriate tests or studies to order, drugs to recommend to the patient, and education to be given the patient. For protocols governing procedures, the protocol shall state the information to be given the patient, the nature of the consent to be obtained from the patient, the preparation and technique of the procedure, and the follow-up care. Protocols shall be developed by the physician, adopted from, or referenced to, texts or other sources. Protocols shall be signed and dated by the supervising physician and the physician assistant. The supervising physician shall review, countersign, and date a minimum of 5% sample of medical records of patients treated by the physician assistant functioning under these protocols within thirty (30) days. The physician shall select for review those cases which by diagnosis, problem, treatment or procedure represent, in his or her judgment, the most significant risk to the patient A written record of these meetings shall be signed and dated by both the supervising physician and the physician assistant and shall be available upon request by the Board. The written record shall include a description of the relevant clinical issues discussed and the quality improvement measures taken;

(4) Other mechanisms approved in advance by the board <u>The supervising physician</u> shall develop and enact a quality assurance program to maintain the standard of care that the physician assistant provides. An onsite inspection shall be conducted at least once every quarter (3 months) to monitor the quality of care being provided by the physician assistant.

(f) The supervising physician has continuing responsibility to follow the progress of the patient and to make sure that the physician assistant does not function autonomously. The supervising physician shall be responsible for all medical services provided by a physician assistant under his or her their supervision.

Mr. Grant commented that the last sentence in subdivision (a) "Should the alternate physician and surgeon be needed to supervise and consult with the physician assistant for a period exceeding three days (72 hours), the alternate supervising physician should have a practice agreement in place with the physician assistant" is not consistent with SB 697 and should be struck. Individuals often go on vacation and to have to make a new practice agreement during that time when someone else is clearly filling in on a temporary basis is sort of onerous. The intent of the legislation was that the physician and the PA would determine at their level how that was going to work and should be left to them as the Board meets the public protection requirement by requiring that if the supervising physician is not available, they need to designate someone else. Ms. Carlquist commented that she is in agreement with Mr. Grant.

Mr. Grant commented that subdivision (1) is also not in alignment with SB 697 as the intent of the bill to allow the physician and surgeon and the PA to determine how often they should meet, he is not opposed to suggesting language directing that they meet at least once in the first year, but the legislation was trying to remove the Board

from this process and let it be determined at the practice level. He would like to pull 1399.545 from the proposed regulatory changes to allow time for the language to be reworked.

Regulation 1399.546 Reporting of Physician Assistant Supervision

Proposed changes:

(a) Each time a physician assistant provides care for a patient and enters his or her their name, signature, initials, or computer code on a patient's record, chart, or written order, the physician assistant shall also record in the medical record for that episode of care the supervising physician who is responsible for the patient. When a physician assistant transmits an oral order, he or she they shall also state the name of the supervising physician responsible for the patient.

b) If the electronic medical record software used by the physician assistant is designed to, and actually does, enter the name of the supervising physician for each episode of care into the patient's medical record, such automatic entry shall be sufficient for compliance with this recordkeeping requirement.

Mr. Grant commented that his understanding of SB 697 and the changes to 3502 was that a PA is no longer required to enter their information into the system unless they are working in an acute care facility. This proposed language is incorrect and would need to be modified to be consistent with SB 697. Mr. Maguire stated that subdivision (f) of 3502 states "notwithstanding any other law, a PA rendering services in a general acute care hospital as defined in Section 1250 of the Health and Safety Code shall be supervised by a physician and surgeon with privileges to practice in that hospital. Within a general acute care hospital, the practice agreement shall establish policies and procedures to identify a physician and surgeon who is supervising the PA. Ms. Halbo stated that since this regulation contradicts the law, it should be repealed as to remove confusion.

M/ Jed Grant S/ Sonya Earley to:

To approve the proposed regulatory text for 1399.502, 1399.507 with changing of the word from "have" to has, 1399.511, 1399.530, 1399.540 with changing of the word from "delegation" to "written authorization of medical services to be performed," 1399.541, removing 1399.506 and 1399.545, repeal 1399.546, to change any reference of "supervising physician" to "physician and surgeon" and direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review and if no adverse comments are receive, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package as needed.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	Х				
Juan Armenta	Х				
Jennifer Carlquist	Х				
Sonya Earley	Х				
Javier Esquivel-Acosta	Х				
Jed Grant	X				

No public comment.

15. Regulations

Ms. Halbo provided the following updates:

a. <u>Proposed Amendments to Title 16, California Code of Regulations Sections</u> <u>1399.514 and 1399.615 - Renewal of License and Continuing Medical Education</u> <u>Required</u>

This regulatory package is ready to go out for the first 45-day comment period so that the public can review and comment.

b. <u>Proposed Amendments to Title 16, California Code of Regulations, Section</u> <u>1399.523.5 Required Actions Against Registered Sex Offenders</u>

This regulatory package was delayed in Budget, but Ms. Halbo has spoken with Budget and the package is ready to move forward.

- c. <u>Proposed Amendments to Title 16, California Code of Regulations, Section</u> <u>1399.525 Substantial Relationship Criteria</u>
- d. <u>Proposed Amendments to Title 16, California Code of Regulations, Section</u> <u>1399.526 Rehabilitation Criteria for Denials and Reinstatements</u>
- e. <u>Proposed Amendments to Title 16, California Code of Regulations, Section</u> <u>1399.527 Rehabilitation Criteria for Suspensions and Revocations</u>

Items c, d and e are together in an AB 2138 regulation package. Agency approved the package on July 28, 2020 making a few revisions, revisions were submitted back to Agency and we are waiting on their final approval. Once final approval is given, Ms. Winslow will be able to file the documents with the OAL. Ms. Halbo stated she is working with Ms. Winslow to prepare a memorandum requesting an expedited review and that the package become effective upon filing with the Secretary of State. Packages normally become effective every quarter and because the law became effective July 1, 2020, it would be good to have the regulations effective as soon as possible.

Ms. Halbo stated that normally two individuals are listed as points of contact on the 45-day notice. The two individuals currently listed are Ms. Winslow and Ms. Forsyth. Given that Ms. Winslow will be on a special assignment and Ms. Forsyth is retiring at the end of August, Ms. Halbo will need Ms. Forsyth to provide her with two names to list on the 45-day notice. Mr. Grant asked that Ms. Khan and Ms. Voong be placed on the notice as the Board's contacts.

Ms. Halbo stated that both item a and b will both be moving forward and past the comment period by the next board meeting.

No public comment.

16. Education/Workforce Development Advisory Committee

Mr. Grant reported that the data included in the Board packet is current as of July 16, 2020, and was pulled from the ARC-PA's website.

- Total number of accredited programs in the United States 260
 - Total number of PA programs in development 52
- Current accredited PA programs in California 17
 - o located in the Los Angeles/San Diego area 9
 - o located in the bay area 4
 - located in the central valley 2
 - located on the central coast 2
- New programs currently under development in CA 7
- Estimated annual capacity for all 21 programs 1064

Mr. Grant reported that there is currently one program in California on probation. Schools with a provisional status are within the first of five years of operation.

The study included on the bottom of the report indicates that there was a misdistribution of PA programs throughout the country, especially in California, and they predicted that there would be a large growth of PA programs in California which we are certainly seeing.

No public comment.

17. Budget Update

Due to technical difficulties, Marie Reyes, DCA Budget Analyst, was unable to join the WebEx and asked that her report be read by the Board president.

Mr. Grant commented that upon reviewing the Board's budget and fund condition, the Board is in the red for \$32,000 due to travel. Based on the fact that the Board has not really traveled during 2020, he would like an explanation as to the apparent inaccuracy with the accounting for travel.

Mr. Grant read the following budget report:

To date, the information we can provide is up to preliminary 11 which is as of May 31, 2020. FY 19/20 has not closed and anticipate that it will be finalized in September of 2020. The Board is very conservative in its spending and is projected to have a reversion of about \$107,000. All projected expenditures have been included. Beginning October 2020, there will be a new way of extracting expenditure and revenue reports through QBIRT and this will afford us with the flexibility to accommodate requests from programs.

Ms. Reyes expressed true pleasure having worked with Ms. Forsyth, will truly miss her and wishes her the best with her retirement.

No public comment.

18. Legislative Committee

Ms. Earley reported the following:

AB 193 – Patterson: Professions and Vocations

Status: The bill is dead as of January 31, 2020.

<u>AB 289 – Fong: California Public Records Act Ombudspersons</u> Status: The bill is dead as of January 31, 2020.

<u>AB 312 – Cooley: State Government: Administrative Regulations Review</u> Status: The bill is dead as of January 31, 2020.

<u>AB 358 – Low: Sexual Assault Forensic Examination Kits: Databases</u> Status: The bill is dead as of January 31, 2020.

<u>AB 544 – Brough: Professions and Vocations: Inactive License Fees and Accrued</u> <u>and Unpaid Renewal Fees</u> Status: The bill is dead as of January 31, 2020.

<u>AB 613 – Low: Professions and Vocations: Regulatory Fees</u> Previous Board Action: Support if amended to include the ability to increase fees due to operational needs via the Administrative Procedure Act. Status: Currently in Committee process, last amended June 29, 2020.

<u>AB 890 – Wood: Nurse Practitioners</u> Previous Board Action: None. Status: Currently in Committee process, last amended August 6, 2020.

<u>AB 1616 – Low and Garcia: Expunged Convictions</u> Previous Board Action: None. Status: Currently in Committee process.

SB 53 – Wilk: Open Meetings

Previous Board Action: Opposed as the Board utilizes a two-person committee that has no decision-making ability and is required to report back to the Board. Status: Currently past the Committee process.

<u>SB 615 – Hueso: Public Records: Disclosure</u> Status: This bill is dead.

In response to Mr. Grant's request as to which bill the Board took a position of support if amended, Ms. Earley responded that in the January 2020 the Board agreed to support AB 613 if amended to include the ability to increase fees due to operational needs via the Administrative Procedure Act.

In response to Mr. Grant's inquiry of whether an explanation for the Board's position of opposition was given, Ms. Earley responded no, that there have been some changes.

Mr. Grant stated that since letters were not sent to any of the authors on the Board position and asked that the Board discuss sending letters to the authors to let them know the Board's position on the bills. Ms. Earley supports sending letters.

Mr. Grant thanked Ms. Earley for her hard work.

In response to Mr. Grant's question of if the Board could appoint an additional member to the Legislative Committee as part of this agenda item, Mr. Maguire responded that it would have to be placed on a future agenda to be formalized, but the Board could informally have a discussion so that a member could be selected in order to assist Ms. Earley until the next Board meeting. Ms. Carlquist volunteered to assist Ms. Earley.

M/ Sonya Earley S/ Jennifer Carlquist to:

Direct staff to send letters to the authors of those bills where the Board has taken a position to advise the author on of the Board's position.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	Х				
Juan Armenta	Х				
Jennifer Carlquist	Х				
Sonya Earley	Х				
Javier Esquivel-Acosta	Х				
Jed Grant	Х				

No public comment.

19. Agenda Items for the Meeting

- 1) Department of Consumer Affairs update
- 2) Medical Board of California update
- 3) Executive Committee
- 4) Regulations update
- 5) Staff reports
- 6) Legislative update
- 7) Budget update
- 8) Education/Workforce Development Advisory Committee
- 9) Discussion regarding proposed regulatory text regarding 1399.506 and 1399.545.
- 10)Executive Officer recruitment and selection
- 11)Electronic verification
- 12)License fee
- 13)Electronic signature
- 14)Identification of new legislative committee member

No public comment.

20. Adjournment

Due to technological limitations, adjournment will not be broadcast. Adjournment will immediately follow closed session, and there will be no other items of business discussed.

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