

1 **MEETING MINUTES**

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3
4 **May 10, 2021**

5 **8:30 A.M. – 5:00 P.M.**

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

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9 **1. Call to Order by President**

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

11
12
13 **2. Roll Call**

14 Staff called the roll. A quorum was present.

15
16
17 Board Members Present: Charles Alexander, PhD
18 Juan Armenta, Esq.
19 Jennifer Carlquist, PA-C
20 Sonya Earley, PA-C
21 Jed Grant, PA-C
22 Randy Hawkins, M.D.
23 Diego Inzunza, PA-C

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

35
36 **3. Approval of the February 8, 2021 Board Meeting Minutes**

37
38 M/ Jed Grant S/ Sonya Earley to:

39
40 Approve the February 8, 2021 Meeting Minutes.

41

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

42
43 No public comment.

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

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

51 No public comment.
52

53 **5. Swearing in of Reappointed Board Member**

54
55 Ms. Earley administered the Oath of Office to Mr. Armenta as follows:
56

57 I, Juan Armenta, do solemnly swear or affirm that I will support and defend the
58 Constitution of the United States and the Constitution of the State of California
59 against all enemies, foreign and domestic; that I will bear true faith and allegiance to
60 the Constitution of the United States and the Constitution of the State of California;
61 that I will take this obligation freely, without any mental reservation or purpose of
62 evasion; and that I will well and faithfully discharge the duties upon which I am about
63 to enter.
64

65 **6. Reports**

66 a. President's Report 67

68 **DCA Approved Waivers Relating to the Practice of Physician Assistants** 69

70
71 Mr. Armenta reported that pursuant to the Governor's Executive Order N-39-20, the
72 Director of the California Department of Consumer Affairs (Director) further waives
73 any statutory or regulatory renewal requirements with respect to a professional
74 license issued pursuant to Division 2 of the Business and Professions Code (the
75 Code). The Director temporary waives any statutory or regulatory requirement that
76 individuals seeking to reactivate or restore a license originally issued pursuant to
77 Division 2 of the Code, including the requirements to reactivate or restore a license
78 to active status.
79

80 Mr. Armenta reported that the waivers related to the practice of physician assistants
81 were further extended to July 1, or until the state of emergency ceases to exist.
82 These waivers suspend the many obstacles to reactivating a retired, inactive, or
83 canceled license, however the waivers do not extend to licenses that have been
84 subject to discipline.
85

86 **Update on Discussion with CAPA Regarding COVID-19 Vaccine Administration** 87

88 Mr. Armenta reported that he received a call from the California Academy of PAs
89 (CAPA) president relative to PAs being disallowed from administering vaccines in
90 one county, even though RNs and EMTs could do so. In turn, Mr. Armenta contacted
91 Congressman Raul Ruiz, an MD and emergency room doctor, and Mr. Ruiz told Mr.
92 Armenta that he would reach out to the congress members in the affected districts.
93 Mr. Ruiz also encouraged Mr. Armenta to advise CAPA to reach out to state and
94 local officials and when Mr. Armenta did so, CAPA advised that they had already
95 contacted the state and local officials. Mr. Armenta thanked CAPA members and
96 elected officials who weighed in and resolved the issue quickly. It did provide a good

97 opportunity for the Board and executive staff to be aware of these communication
98 problems in hopes of avoiding them in the future.

99
100 Mr. Armenta reported that in keeping with the counsel of the Physician Assistant
101 Board's (Board) past presidents, Ms. Earley and he have continued to engage with
102 Executive Officer Ms. Khan regarding updates on operations and other matters of
103 interest that can be reported to the Board.

104
105 b. Executive Officer's Report

106
107 **Pandemic Response**

108
109 Ms. Khan reported that the Board's office is operational and open to the public
110 during the COVID-19 pandemic. Board staff continues to be on a rotational telework
111 schedule and is providing essential services to applicants, licensees, and
112 consumers.

113
114 **Personnel**

115
116 Ms. Khan reported that since the Board last met, staff has successfully filled some
117 critical positions. Effective March 8, 2021, Jasmine Dhillon filled the legislative
118 analyst position. Ms. Dhillon received her bachelor's degree in Business
119 Administration from California State University, Chico. Ms. Dhillon later attended and
120 graduated from the University of the Pacific McGeorge School of Law (McGeorge),
121 with a concentration in business and tax law. While at McGeorge, she worked as a
122 legal clerk. Ms. Dhillon joined state service in September 2020 as a staff services
123 analyst for the Medical Board of California (MBC). During her time there, Ms. Dhillon
124 ensured the MBC complied with all phases of the administrative hearing process and
125 performed complex analytical duties, requiring a thorough knowledge of the
126 Business and Professions Code, the Administrative Procedure Act and regulations
127 of the MBC.

128
129 Effective May 3, 2021, Margarita Soto filled the licensing analyst position, behind
130 Julie Caldwell. Ms. Soto received her bachelor's degree in Child Development and
131 Education from California State University, Sacramento. Ms. Soto joined state
132 service with the MBC in 2017 as an office assistant in the cashiering unit, later
133 promoting to an office technician within the same unit. Ms. Soto was briefly cross-
134 trained in the executive office before eventually transferring to the enforcement team
135 as a consumer services analyst where she worked since March 2020.

136
137 Staffing recruitment efforts are underway to fill the vacant Staff Services Manager I
138 (SSM I) position. As you may recall, this position was approved through the budget
139 change proposal. This is the Board's very first approved SSM I position. An essential
140 component to the mission's success is providing the Board with the proper
141 organization structure based on state approved management to staff ratios. Adding
142 the SSM I position will properly align the Board's management to staff ratio with
143 California Department of Human Resources/staffing-allocation guidelines, which
144 recommends one SSM I should manage three to five professional level staff. The
145 SSM I would directly manage and supervise the licensing and enforcement
146 programs, which would comprise of five analysts and one office technician. The
147 SSM I would also be required to provide general management level support to all
148 Board activities and would report directly to the executive officer.

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Information Technology

Ms. Khan reported that effective February 26, 2021, the Board migrated to the Department of Consumer Affairs (DCA) server. As a result, Board member and staff email extensions have changed to “@dca.ca.gov.” Ms. Khan thanked the DCA Office of Information Services team for the smooth transition and aiding with onboarding.

To better serve consumers, licensees, and applicants, Board staff continues to work with DCA’s Office of Information Services Internet Team to review and redesign the Board’s website. The new design and layout of the website will streamline the information presented and make it more user friendly. Board staff anticipates the website redesign to be completed by the end of the year. Board staff continues to utilize Facebook and Twitter social media platforms to maximize outreach and communication.

c. Board Activity Reports

Licensing

Ms. Caldwell reported that the Licensing Population by Type report provides an overall view of the licensing population and different statuses. As of April 13, 2021, Board’s licensing population is as follows:

Licensing Population by Type

Total Licensing Population: 21,118
Current Licenses: 14,599
Inactive Licenses: 28

Summary of Licensing Activity Report for January 1, 2021 to March 31, 2021:

Initial Licensing Applications received – 417
Licenses issued – 363
Licenses renewed – 1,724

Pending Application Workload Report as of April 21, 2021:

- Pending Applications – 354
- Desk Age:
 - 0-30 days: 154
 - 31-60 days: 51
 - 61-90 days: 38
 - 91 plus days: 111

Ms. Caldwell reported that the application age begins once the application is received. The desk age begins once the application is assigned to a staff member. While the Board does receive initial applications by mail, most of the initial applications are submitted online and need to be assigned to a staff member. Due to regularly scheduled days off and/or staff’s workload, it may take a few days before the application is assigned to a staff member. Board staff has set a goal of 30 days to complete the initial application review once the application and payment are

201 received. The Board is currently completing the initial application review within 32
202 days.

203
204 The pending application workload includes 49 applications that are unassigned
205 because the individuals have applied online but have not paid the required fee. Staff
206 has reached out to these applicants letting them know that their application will not
207 be processed until the fees are paid.

208
209 Licensing Performance Measures for January 1, 2021 to March 31, 2021:

- 210
211
 - Complete Applications: 91
 - Incomplete Applications: 272

212
213

214 Ms. Caldwell reported that per the Board's request, information instructing PA
215 students on when to apply for licensure is available on the Board's website. Board
216 staff recommends applying no earlier than 45-60 days prior to graduation.

217
218 In response to Ms. Earley's question of whether it would be beneficial to contact the
219 programs and request that they instruct their students to submit their application
220 once they have passed the Physician Assistant National Certifying Examination
221 (PANCE), Ms. Caldwell responded that the time frame that is of a concern is the
222 time frame that is reported on the Licensing Performance Measures, as this depicts
223 how long it takes for staff to complete the initial application review. Telling applicants
224 to apply after sitting for the PANCE, might cause an unwanted delay because they
225 would then have to wait for their application to be reviewed. Now that the Board has
226 two licensing analysts, the 30-day wait time for a review should decrease. Ms.
227 Caldwell stated that the recommendation to apply no earlier than 45-60 days of
228 graduating from a program and/or sitting for the PANCE, should provide staff the
229 opportunity it needs to complete the initial application review and the only delay will
230 be in receiving the passing PANCE score.

231
232 In response to Mr. Grant's question of whether some of the time frames included in
233 the licensing reports will decrease due the increase in staff, Ms. Caldwell responded
234 that the desk age and application age depict how long it is taking for the license to
235 be issued once the application is received. The ages do not reflect how long it is
236 taking staff to review the application, only how long the application is in the system.
237 The volume of applications in the system with 91 days or more includes applications
238 without payment and applications with deficiencies. A milestone marker is added to
239 the applicant's account once the application has been reviewed and deficiencies are
240 noted. Staff's goal is to complete an initial application review within 30 days of
241 receiving the application for licensure and if deficiencies are noted, to add the
242 milestone marker so that the responsibility is placed back on the applicant. Staff
243 hopes to decrease the 30-day target due to the increase of licensing staff. However,
244 the information that's reported on the Pending Application Workload is completely
245 dependent on the applicant and how long it takes for them to comply with the
246 requirements in order for their license to be issued.

247
248 No public comment.

249
250 **Enforcement**

252 Mr. Melendez reported the following enforcement activity for the period of January 1,
253 2021, to March 31, 2021:

- 254 • Complaints – Intake
 - 255 ○ Complaints received – 76
 - 256 ○ Convictions/Arrests Received - 1
 - 257 ○ Assigned to desk analyst (**may include cases received in previous
 - 258 quarters) – 63
 - 259 ○ Pending at intake – 0
 - 260
- 261 • Complaints and Investigations
 - 262 ○ Complaints referred for investigation – 17
 - 263 ○ Complaints and investigations closed** – 82
 - 264 ○ Complaints pending at desk analyst** – 125
 - 265 ○ Investigations pending at field** – 237
 - 266 ○ Average age of pending investigations** – 251
 - 267 ○ Investigation over 8 months old – 35
 - 268

269 Ms. Haydon reported the following formal actions filed, withdrawn, and dismissed for
270 the period of January 1, 2021 to March 31, 2021:

- 271 • Suspensions
 - 272 ○ Automatic suspension order - 0
 - 273 ○ Cease practice order – 1
 - 274 ○ Interim suspension order – 1
 - 275
- 276 • Office of Attorney General Cases
 - 277 ○ Cases initiated – 12
 - 278 ○ Cases pending** - 31
 - 279 ○ Average age of pending cases** - 326 days
- 280 • Office of the Attorney General Transmittal
 - 281 ○ Cases initiated – 12
 - 282 ○ Cases pending – 31
 - 283 ○ Average age of pending cases – 326 Days
- 284 • Formal Actions Filed/Withdrawn/Dismissed
 - 285 ○ Accusations filed – 4
 - 286 ○ Accusation and/or Petition to Revoke Probation Filed – 0
- 287 • Administrative Outcomes/Final Order
 - 288 ○ License application denied – 1
 - 289 ○ Probation – 3
 - 290 ○ Public reproof – 1
 - 291 ○ License revocation - 1
 - 292 ○ Surrender – 2
- 293 • Citations and Fines
 - 294 ○ Pending – 0
 - 295 ○ Fines due - \$0
 - 296

297 In response to Mr. Grant's question of what the reason could be for the decrease in
298 the number of complaints being filed, Mr. Melendez responded that the reduction
299 could be attributed to fewer office visits and an increase in telehealth, which gives
300 consumers less opportunity to interact with the PAs.

301
302 In response to Mr. Grant's question of whether there have been any complaints

303 regarding the use of telemedicine, Mr. Melendez responded no.

304
305 Mr. Armenta commented that telemedicine is going to be a practice modality that we
306 will see more frequently and it may be time to think about how to track or analyze
307 complaints that are related to telemedicine as it is something that the Board would
308 want to analyze how its impacting the quality of administration of care. Mr. Melendez
309 stated that he would work on adding those statistics to the report.

310
311 Mr. Grant stated that if the Board was tracking telemedicine it would be helpful to
312 see the category that most of the complaints would fall into. If there is something that
313 the Board can look at from a public safety perspective with telemedicine, to advise
314 licensees or the public about, in terms of ensuring public safety through
315 telemedicine.

316
317 No public comment.

318
319 **Probation**

320
321 Ms. Voong reported the following from page 64 of the Board meeting materials.

322
323 Probation Activity Report as of March 31, 2021:

- 324
325
 - Current Probationers – 64
 - Active – 50
 - Tolling – 14

328
329 Tolling occurs due to the probationer not practicing in California or the probationer is
330 living out of state and is not on active probation with that state’s licensing authority.

331
332 During this quarter, there was one violation of probation for testing positive for
333 controlled substance and the Board issued a cease practice order.

334
335 Period of January 1, 2021 to March 31, 2021:

- 336
337
 - Entered Probation – 3
 - Completed Probation – 2
 - Voluntary Surrender – 0

340
341 Diversion Program Activity from January 1, 2021 to March 31, 2021:

- 342
343
 - Current Participants – 3
 - Completed Program – 1

344
345
346 In response to Mr. Grant’s question of whether any of the probationers have had any
347 issues complying with the terms of their probation due to the COVID-19, Ms. Voong
348 responded no.

349
350 In response to Ms. Earley’s question of what stage of the Maximus program do the
351 three individuals fall within and when did they start, Ms. Voong responded that the
352 participants are in the recovery process of the program and the length of the
353 program is determined by their probation terms, as well as their compliance. She

354 believes the three probationers have been in the program for at least two years.

355

356 No public comment.

357

358 **7. Department of Consumer Affairs – Director’s Update**

359

360 Ryan Perez, of DCA Office of Board and Bureau Relations, thanked the Board for
361 allowing him the opportunity to provide a department update. Mr. Perez
362 congratulated Mr. Armenta on his reappointment. COVID-19 has affected every
363 aspect of work for more than a year now and Mr. Perez thanked Ms. Khan and
364 Board staff for working so hard to maintain excellent customer service and to protect
365 the public during these challenging times. DCA offices will remain open with
366 preventative measures in place to safeguard the health and safety of employees and
367 guests. Boards and bureaus are looking ahead to see what changes can be made
368 permanent for efficiency and employee well being, such as telework and eliminating
369 paper processes. Mr. Perez encourages all members and the public, to visit DCA’s
370 COVID-19 webpage for updates and resources on the state’s reopening plan, public
371 health guidance, vaccinator resources, vaccine distribution, and more.

372

373 DCA is receiving many questions regarding when and how boards will be able to
374 meet again in person. While there isn’t a definitive answer there is some clarification
375 that can be offered. The ability for the Board to meet remotely is tied to the
376 Governor’s executive orders and the state of emergency. When these are lifted, the
377 Board will be required to follow all aspects of the Open Meeting Act, including
378 publicly noticed and accessible locations. There is pending legislation on the matter
379 that will make the most relevant provisions of the Governor’s executive orders
380 permanent. For example, AB 885 by Assembly Member Quirk, is one such bill that is
381 being tracked, but it isn’t known when any of this will happen, or if any changes to
382 the law will occur before the state of emergency is lifted. DCA will do all it can to
383 assist the boards and bureaus to transition safely and with enough time to plan for
384 in-person meetings should that be the case.

385

386 Mr. Perez stated one of the top priorities for the Office of Board and Bureau
387 Relations is appointments. Currently the Board has three vacancies; two public
388 members appointed by the Senate Rules Committee and the Governor, and a
389 licensed member appointed by the Governor. DCA, the appointing authorities and
390 Executive Officer Khan, all share in the goal of a fully seated, diverse, and effective
391 Board. Mr. Perez congratulated Ms. Khan on an exceptional job of engaging with
392 DCA early and often to ensure progress is made on the matter. If any members
393 know of any great candidates, or if any members of the public attending the meeting
394 are interested in getting involved, please find the link titled “Board Member
395 Resources” on the homepage of the DCA website, www.dca.ca.gov, to apply for an
396 appointment.

397

398 Mr. Perez advised that 2021 is a mandatory Sexual Harassment Prevention Training
399 year; all employees and board members are required to complete the training. As a
400 reminder, newly appointed and reappointed members, are required to attend Board
401 Member Orientation Training within a year of appointment or reappointment. DCA is
402 excited about the improved training that was developed and updated based on
403 board member feedback and requests. The next offering of this training will be held
404 on June 23, 2021 via WebEx. To register, please visit the Board Member Resource
405 Center at www.dca.ca.gov. Mr. Perez stated that the Office of Board and Bureau

406 Relations is here to help and if assistance is required, to please reach out.

407

408 No public comment.

409

410 **8. Budget Update (DCA Budget Analyst)**

411

412 Paul McDermott, DCA Budget Analyst, introduced himself as the Board's budget
413 analyst in charge of managing the Board's projected budget, projected revenue, and
414 fund condition. Mr. McDermott explained that he would go over the expenditures,
415 revenues, and fund condition in relation to what the Board has had over the last
416 quarter. He is pleased that since the Board last met, the direction of the
417 expenditures and revenue are intact to what it was a quarter ago.

418

419 **Fund Condition Report**

420

421 This report shows the fund as a Board. The Board's revenue streams are located at
422 the top of the report and the expenditures are located toward the bottom of the
423 report. Included in the report for fiscal year (FY) 2019-20 is the repayment of a \$1.5
424 million-dollar General Fund (GF) loan and an interest payment of \$92,000. The GF
425 loan has been paid back and accounted for. The revenue stream for FY 2020-21 is
426 projected to be \$2.6 million, total net resource of about \$77.5 million.

427

428 Total projected expenditures for FY 2020-21 are \$2.7 million, with pro rata costs
429 totaling to \$2.8 million. The Board's projected fund balance is \$4.6 million dollars,
430 which equals an 18.4-month reserve. The reserve is important because if all
431 resources and revenues were to cease, the Board would still be able to operate for
432 18.4 months. A six to twelve-month reserve is considered a healthy fund; the Board
433 is solid at an 18-month reserve. The Board is trending negative, but this is fine
434 because the maximum reserve balance that the Board would want is 24 months.
435 When the Board projects out the budget year, plus two additional years, the Board is
436 back into the strength of a 12-month reserve.

437

438 In response to Mr. Armenta's question of whether the 24 months is a practice rule or
439 is there some statutory or regulatory trigger that causes something to happen at 24
440 months, McDermott responded that there is a statutory mechanism that states that
441 24 months is where the Board needs to adjust how the fees are brought in. The
442 Board does want to keep this well below the 24 months. There have been programs
443 that DCA worked with to get the boards down below the 24 months.

444

445 **Expenditure Projection Report**

446

447 The Expenditure Projection Report shows the expenditures as they were reflected
448 towards the budget. The report shows expenditures from top to bottom, showing
449 personal services such as the Board's salaries and benefits, and the bottom two
450 thirds reflect the Board's operating expenses. The Board's budget for salary
451 expenses is \$1.094 million with a projection of spending \$858,000, a savings of
452 around \$235,000. These savings are attributed to vacancies.

453

454 Operating expenses account for the discretionary, non-discretionary spending, and
455 general expenses. The question always arising is whether there will be a savings in
456 the in-state or out-of-state travel. Due to the pandemic, Mr. McDermott is projecting
457 zero in-state and zero out-of-state travel, allowing a savings of the full-allocated

458 amount of \$33,000. The Board is showing \$1.9 million in operating expenses. When
459 adding operating expenses, salary and benefits, the Board is projected to spend
460 around \$2.7 million. When the \$2.7 million is subtracted from the allocated amount
461 of \$2.8 million, it gives the Board a projected reversion of about \$153,000. The
462 \$153,000 equates to around 5.3% of the allocated budget of \$2.8 million. Just as the
463 goal for the fund condition is a 6-12-month reserve, the goal for the percentage of
464 the reversion is 3-6%, and the Board is at 5.3%, which is good.

465
466 No public comments.

467
468 **Returned from Recess - Roll Call**

469
470 Board Members Present:

471
472 Charles Alexander, PhD
473 Juan Armenta, Esq.
474 Jennifer Carlquist, PA-C
475 Sonya Earley, PA-C
476 Jed Grant, PA-C
477 Randy Hawkins, M.D.
478 Diego Inzunza, PA-C

479
480 **9. Discussion and Possible Action on New Physician Assistant Board Logo**

481
482 Ms. Cave, Information Officer (IO) with the Office of Public Affairs, introduced herself
483 and advised that she is the assigned IO for the Board. Ms. Cave reviewed the final
484 three logo options included in the meeting materials for the Board's decision. The
485 first option shows a stethoscope in the shape of a heart, along with the initials for the
486 Board and the Board's full name down below. It is apparent that this logo is
487 pertaining to health care providers using the heart and the stethoscope, as
488 compared to the previous logo where if an individual who was not related to DCA or
489 the Board was looking at it, they might question what the logo is pertaining to. The
490 logo has three different color options; these options can be revised if the Board
491 decides on a particular look.

492
493 The second option is also apparent that it is pertaining to health care and is
494 specifically on the individual being the giver of the health care. The logo shows a
495 heart, but this time with a head making it out to be a person with a stethoscope. The
496 logo is gender neutral. The stethoscope is telling because if the words "Physician
497 Assistant Board" were removed from the bottom and the viewer just had the image
498 and the acronym PAB, the viewer could come to the conclusion that this has
499 something to do with an individual providing health care, whereas compared to the
500 previous logo that same look, is not available.

501
502 The third option is more abstract because there is no person and the sense is that it
503 is an entity, not an individual. Being that this is the Board and it serves the PA, not
504 an entity, clinic, or hospital, we wanted to provide an alternate option for the Board to
505 choose from. In this logo, there is the use of the stethoscope, circling the cross. The
506 cross is used because it is a typical image that is often used in health care. If the
507 viewer were to only see the cross with the acronym, it might be hard to decipher if
508 the logo is for the Board or the name of a hospital, clinic, or urgent care facility.

510 In response to Ms. Carlquist's suggestion of making the stethoscope in Option 2 red
511 to add contrast, Ms. Cave responded that it would not work if it were in the black and
512 white logo version, but that she can talk with the designers about making it red in the
513 color version.

514
515 In response to Mr. Grant's question of if it would be possible to use a caduceus or
516 other imagery instead of a stethoscope because there are a lot of medical
517 professions that use a stethoscope that are not clinicians or people who function at
518 the level that PAs do, Mr. Grant stated that he does not think that a stethoscope
519 accurately reflects the high-level decision-making that PAs perform. Ms. Cave
520 responded that her team of designers followed the direction that was received from
521 the executive officer to focus on the use of a stethoscope and/or a heart. However, if
522 the Board votes to rework the logo, the design team would accommodate and
523 rework the designs.

524
525 Mr. Inzunza stated that he felt indifferent about whether the use of the stethoscope is
526 incorporated. Regarding the use of the caduceus, this could be viewed as
527 controversial because of the caduceus represents commerce, while the Rod of
528 Asclepius represents medical care.

529
530 Mr. Armenta stated that he did not look at the logo from the perspective of a PA and
531 his only concern is that if the Board were to use the caduceus, then it might be too
532 close to the MBC's logo.

533
534 Mr. Grant commented that PAs are closely related to the MBC. Having the symbol of
535 healing and recognizing that PAs work closely with physicians would be good to
536 have imagery that represents the close relationship between PAs and physicians.
537 Mr. Grant stated that he does not have any major opposition to the stethoscope, but
538 that other imagery might better represent what PAs are and what their
539 responsibilities are in terms of protecting the public.

540
541 Mr. Inzunza stated that he liked the three designs that were brought to the Board
542 using the stethoscope; however, he does see Mr. Grant's point of having a logo that
543 shows a link to the MBC. Mr. Inzunza suggested that the Board vote on one logo
544 being presented and then the design team works with that logo to incorporate the
545 rod of Asclepius or the caduceus to present at the next Board meeting.

546
547 Mr. Armenta supported the idea of the design team incorporate the suggestions
548 made by the members and to take a vote at a future meeting when all the options
549 are available for the Board to view.

550
551 M/ Jed Grant S/ Sonya Earley to:

552
553 Motion to direct staff to direct the design logo team to propose new logos
554 incorporating the Rod of Asclepius or the caduceus.

555

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	X				
Juan Armenta	X				
Jennifer Carlquist	X				
Sonya Earley	X				

Jed Grant	X				
Diego Inzunza	X				

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No public comment.

10. Report on Medical Board of California Activities

Dr. Hawkins reported that the MBC last met on February 4-5, 2021, and MBC’s next meeting is scheduled for May 13-14, 2021. On February 3, 2021 there was a Senate Rules Committee hearing for the three board members who were up for reappointment. On May 12, 2021 there will be a Senate Rules Committee hearing to appoint four board members; three public members and Dr. Hawkins are being considered for reappointment.

The MBC has had three Sunset review oversight hearings. The board went before the Joint Hearing of Senate Business Professionals Educational Development, and the Assembly Business and Professions Committees. The first hearing was held on March 19, 2021, where discussions included an overview of the board, board enforcement and overview of patient impact. The Legislature expressed concern emphasized by the public regarding enforcement timelines, complainant access, and public engagement by the MBC. All the board members agreed the enforcement timelines are too lengthy.

The second Sunset hearing occurred May 15, 2021. The primary areas of discussion included:

- Increasing the medical licensing fee. There has not been a fee increase for licensed physicians in over 14 years and to remain solvent, a fee increase is needed. In addition to increasing the licensing fee, discussions regarding efficiencies that the board may be able to adopt and cost recovery. The MBC currently cannot collect cost recovery fees.
- Post graduate training license and implementation. Presently, to be licensed as a California physician, applicants must complete 36-months of training and 24-months of that training must be within the same program. Previously, an applicant could get a license if they were educated in medical school in the USA or Canada after one year of rotating internship, or two years if the applicant is internationally trained. The objective of this postgraduate training license is public protection by increasing the duration of training. The 24-months is to allow the individual to be viewed over a certain period, to see if there are deficiencies that can be identified and corrected as compared to someone jumping from program to program. There are some concerns about this, for example, residents taking leave and interrupting their training. There is some question of being able to moonlight has come up, because Medi-Cal does not view this license as a free and clear license in the state to practice medicine. There are some challenges that the board is discussing with stakeholders because there are some unintended consequences, and there are some things to be dealt with.
- Mental health and physical wellness. There is a need for recognition for physicians with mental issues to receive care; the rate of physician suicide is

605 up. The MBC removed some questions on the licensing application to avoid
606 making applicants discuss prior mental illness that has been treated and
607 controlled. The Physician Wellness Program has been evolving.
608

- 609 • Licensed Midwives Board. The Licensed Midwives Board believes that they
610 should be monitored and regulated by their peers rather than being regulated
611 by other. Currently they fall under the MBC, the MBC supports them having
612 their own individual board. Some of the bigger issues include the problem
613 with vaginal deliveries after c-section and can this be safely done in the
614 home. The language thus far indicates that an obstetrician or a gynecologist
615 would take on some responsibility when the patient attempts to have delivery
616 outside of the hospital.
617

618 Mr. Armenta stated that the topic of regulatory packages the Board operates under
619 looks as though it will be commented upon at the next MBC meeting; the Board
620 anticipates CAPA making a comment on that regulatory package. CAPA has taken a
621 position through their lobbyists that the supervision of PAs by MDs does not
622 necessarily have to coincide in the practice area. This means that there could be a
623 PA practicing PA duties in dermatology, and the supervising physician's specialty is
624 orthopedics. Mr. Armenta explains that from a supervisorial point of view, the Board
625 might find this troublesome as the statute calls for competent supervision and this
626 would appear from a statutory interpretation point of view, being competent to
627 perform a particular service includes having the proper supervision and support. Mr.
628 Armenta stated that the Board would like the opportunity to have some input at the
629 MBC meeting to rebut, comment, or amplify the comments that CAPA may make
630 because the Board thinks that their interpretation of the statute is the coincidence of
631 practice areas is irrelevant, and so long as you have a physician willing to attest to
632 supervision, then any specialty can be employed.
633

634 Dr. Hawkins stated while he supports Mr. Armenta's comments, the MBC agenda is
635 set and cannot be changed, so the Board's best course of action would be to speak
636 during public comment.
637

638 Mr. Grant stated that if a physician is going to supervise a health care worker, then it
639 should be required that the supervisor have the requisite knowledge to do so. The
640 language of the Board's proposed regulation does include that someone who is in
641 their usual and customary practice should supervise PAs. For the requirement for
642 general anesthesia, should include the personal presence of the supervising
643 physician. The regulation needs to clarify the law as to what competent means and
644 what the boundaries of appropriate supervision are. Mr. Grant stated he would be
645 happy to talk to the MBC regarding this, but he is currently out of the country and 10
646 hours ahead of Pacific Standard Time (PST). In the past the MBC has invited the
647 Board to attend their meeting to comment when they are discussing approving
648 legislations that impacts the Board, rather than just asking the Board member to
649 comment during public comment. Perhaps this can be done again, or maybe the
650 Board needs to coordinate something with the executive officer of the MBC. Dr.
651 Hawkins stated that this particular agenda item should be discussed around 1:00
652 p.m. PST.
653

654 Mr. Grant asked if any members of the Board had thoughts about practicing with a
655 supervising physician in the practice agreement that is not in the same specialty as
656 the practice. Mr. Armenta invited parallel comments about the topic of general

657 anesthesia presence requirements.

658
659 Ms. Carlquist and Ms. Earley both stated that they feel that Mr. Armenta and Mr.
660 Grant would make a great team to weigh in on these topics during the MBC meeting.

661
662 No public comment.

663
664 **11. Regulations Update and Possible Action on Pending Regulatory Packages.**

665
666 a. Status of 16 CCR sections 1399.525, 1399.526, and 1399.527 – Substantial
667 Relationship Criteria for Denials and Reinstatements, Rehabilitation Criteria for
668 Suspensions and Revocations (implementing AB 2138) Office of Administrative Law
669 approval and effective date January 29, 2021.

670
671 Ms. Halbo informed the Board that the Substantial Relationship Criteria (AB 2138)
672 was approved by the Office of Administrative Law (OAL) and became effective
673 January 29, 2021.

674
675 b. Status of 16 CCR § 1399.523.5 – Required Actions Against Registered Sex
676 Offenders. Public Comment period began 4.2.21 and closes 5.18.21

677
678 This item was initially part of the AB 2138 package and was then pulled out. The
679 public comment period began on April 2, 2021 and will close on May 18, 2021. If
680 there are no public comments, staff will prepare the papers for Legal, the Executive,
681 and Business, Consumer Services and Housing Agency (Agency) to review before
682 final submission to OAL. If there are comments, the staff will bring those comments
683 to the Board for consideration and will prepare draft responses to comments for the
684 Board's approval.

685
686 c. 16 CCR sections 1399.514 and 1399.615 – Renewal of License and Continuing
687 Medical Education required. Staff is working to prepare documents for initial
688 submission to Legal, Executive, and Agency review.

689
690 Ms. Halbo is working with staff to complete the required documents to submit to
691 Legal, the Executive, and Agency review before submission to OAL for the initial
692 publication.

693
694 d. 16 CCR Section 1399.616 – Approved Continuing Medical Education Programs –
695 Implicit Bias. Public Comment period began 4.9.21 and closes 5.25.21

696
697 Public comment began on April 9, 2021 and will close on May 25, 2021. If there are
698 no comments, staff will work with Ms. Halbo to draft final documents and get them
699 approved by Legal, Executive, and Agency, and submit final documents to OAL. If
700 there are comments, staff will bring those comments to the Board for consideration
701 and will prepare draft responses to comments for the Board's approval.

702
703 e. Status of Adopting SB 697 statutory changes. Previously Adopted Draft
704 Regulatory staff is working to prepare documents for initial submission to Legal,
705 Executive, and Agency review. The text language has been split into two packages:

706 i. Amend 16 CCR Sections 1399.502, 1399.540, 1399.541, and 1399.545 – SB
707 697 (Requires MBC review)

- 708 ii. Amend 16 CCR sections 1399.506, 1399.507, 1399.511, 1399.546 –
709 Expedited Licensure (No additional review needed).
710

711 This package includes several Board-approved regulation changes and
712 amendments to different regulations to implement SB 697. A portion of this
713 legislation needs to be reviewed by the MBC because it relates to physician
714 supervision and PA practice directly, while other parts fall into the category of
715 administrative changes needed due to SB 697 changes. This package initially
716 approved as one package was split, and the text requiring the MBC’s review was
717 submitted to MBC Legal Counsel, Carrie Webb, and will be reviewed during the
718 MBC meeting scheduled on May 14, 2021.

719
720 No public comment.
721
722

723 **12. Education/Workforce Development Advisory Committee: Update on**
724 **Physician Assistant Education Programs and Applicants in California.**
725

726 Mr. Grant stated that strong growth continues for the PA profession in California. As
727 of now there are six developing programs and a total of 16 programs in California.
728 Two California programs progressed from provisional accreditation (status given
729 during the first five years that a program is operating), to full accreditation. California
730 still has several provisional programs. A geographic maldistribution, to some extent,
731 of the PA programs in California with the majority being in the Los Angeles and San
732 Diego area, although there is growth in the central coast and to some extent the Bay
733 Area as well. Many PA programs have the goal of supplying health care workforce to
734 underserved areas. As the number of programs grow, so will the number of
735 graduates. Two programs are currently on probation, the accreditation website
736 doesn’t go into any great detail about why they’re on probation but that the program
737 is failing to meet the accrediting bodies standards. This could be for something
738 major or minor, the Board will continue to monitor these programs.
739

740 Currently there are about 884 PA students graduating per year. However, if the
741 developing programs achieve accreditation it will bring the number of California PA
742 graduates up to about 1,019. These numbers do not account for graduates who
743 come from outside of California PA programs. Practice patterns tend to reflect where
744 the PA is from, in other words, PAs who are from California but train outside of the
745 state, don’t always come back. PAs who are from California and train within the
746 state, tend to stay within the state. Some percentage of PAs who train in California
747 tend to stay within the state as well. By looking at these stats, it can help the Board
748 anticipate the workforce needs within California. This growth of PA programs in the
749 state is a good thing. One challenge that PA programs experience is having enough
750 clinical rotations particularly during the COVID-19 pandemic. Programs had to find
751 unique ways of doing this and telemedicine was a big help in this.
752

753 In response to Mr. Armenta’s request to explain the meaning of “number of students
754 per cohort,” Mr. Grant replied that the numbers reflect the number of students that
755 the program has reported that they plan on teaching. When a PA program applies
756 for accreditation from the Accreditation Review Commission on Education for the
757 Physician Assistant (ARC-PA), they have to notify them on how many students they
758 are planning on teaching, in order to have enough clinical rotations at the opening of
759 the program to train that number of students. Columns on the report that have a

760 question mark with an asterisk refers to either the information on the accrediting
761 body's website by the ARC-PA, or on the website of the school itself, but Mr. Grant
762 was unable to locate the number of students that the school is planning on admitting
763 to their program.

764
765 No public comment.

766
767 **Returned from Recess – Roll Call**

768
769 Staff called the roll. A quorum was present.

770
771 Board Members Present:
772 Charles Alexander, PhD
773 Juan Armenta, Esq.
774 Jennifer Carlquist, PA-C
775 Sonya Earley, PA-C
776 Jed Grant, PA-C
777 Randy Hawkins, M.D.
778 Diego Inzunza, PA-C

779
780 **13. Report by the Legislative Committee; Discussion and Possible Action to**
781 **Consider Positions Regarding the following Legislation:**

782
783 Ms. Dhillon thanked the Board for welcoming her and stated that she looks forward
784 to working with the Board and promoting the interests of the Board while protecting
785 the interests of the Board's consumers. Ms. Dhillon presented the following report:

786
787 a. SB 48 – Limon: Dementia and Alzheimer's Disease

788
789 SB 48 is located on the floor of the Senate. The Board wrote a position letter on
790 March 4, 2021, that was sent to the author's office, where the Board requested that
791 the author amend the bill to change the required hours for the continuing education
792 for PA licensee to be four hours, and that the bill should apply to those PA licensees
793 who practice at a specialty where dementia would be a common finding, such as
794 geriatric, internal medicine, or primary care. On March 9, 2021, the bill was amended
795 to reduce the number of continuing education hours for PA licensees to four hours.
796 However, it was not amended to incorporate the Board's request that it apply to
797 those PA licensees who practice in a specialty where dementia would be a common
798 finding. The Board took an oppose unless amended position at its February 8, 2021,
799 Board meeting. The bill is currently up for discussion on how the Board would like to
800 proceed.

801
802 Mr. Grant stated that he feels as though PAs practice in every health care setting
803 and in some of those settings they are not likely to come across patients with
804 dementia. It is a little onerous to require training specific on just dementia. Mr. Grant
805 stated that the providers know their patient population and the type of continuing
806 medical education (CME) most beneficial to them in their practice. To require
807 specific training for a patient population that a PA may simply not see is onerous. He
808 suggested that the Board does not remove their opposition.

809
810 Dr. Hawkins stated that he is in support of Mr. Grant's comment and he has
811 expressed the same views to the MBC.

812
813 In response to Mr. Armenta’s question of what the bill previously required in terms of
814 hours of CMEs, Ms. Dhillon responded that the prior requirement was ten hours.

815
816 In response to Mr. Armenta’s question on whether the reduction from ten hours to
817 four hours changed Mr. Grant or Dr. Hawkins’ position, they responded no.

818
819 Mr. Armenta stated that the Board adopts the position of opposing SB 48. The Board
820 directed staff to thank the Legislative Committee for the reduction of hours, but the
821 Board’s position remains the same.

822
823 b. AB 29 – Cooper: State Bodies: Meetings

824
825 This bill is currently located in the Assembly Committee on Governmental
826 Organization. AB 29 was introduced at the February 8, 2021 Board meeting where
827 the Board took a watch position. This bill would require that notice to include all
828 writings or materials provided for the noticed meeting to a member of the state body
829 by the staff of a state agency, board, or commission, or another member of the state
830 body that are in connection with a matter subject to discussion or consideration at
831 the meeting. The materials must be made available on the state body’s internet
832 website, and to any person who requests the writings or materials in writing, on the
833 same day as the dissemination of the writings and materials to members of the state
834 body or at least 72 hours in advance of the meeting, whichever is earlier. The bill
835 would prohibit a state body from discussing those writings or materials, or from
836 taking action on an item to which those writings or materials pertain, at a meeting of
837 the state body unless the state body has complied with these provisions.

838
839 This bill has the goal of timely transparency. Staff complies with the notice
840 requirements and generally posts the meeting materials between 10 days and 72
841 hours prior to its public meetings. However, staff recognizes that there are some
842 exceptions concerning materials that are provided to the Board, most often public
843 comment too close to the date of the meeting, that would push the Board out of
844 compliance with the posting and dissemination requirements. In addition, since the
845 Board relies on DCA’s Internet Team for posting, and they request documents be
846 provided 10 days in advance of posting, this puts staff in a bind with their
847 burdensome production deadline, resulting in documents posting the same day the
848 materials are disseminated to the Board members.

849
850 Mr. Grant commented that he supports the Board maintaining a watch position as
851 the optics of opposing the bill are not great because the bill deals with being
852 transparent. Mr. Armenta stated that he agreed with Mr. Grant’s comment and that
853 he felt that the Board should continue to take a watch position.

854
855 c. AB 54 – Kiley: COVID-19 Emergency Order Violation: License Revocation

856
857 On April 5, 2021 the bill was amended to remove healing arts boards within the DCA
858 as to who this bill would apply, and the bill failed passage in Committee.

859
860 d. SB 102 – Melendez: COVID-19 Emergency Order Violation: License Revocation

861
862 The bill failed passage in Committee. This bill would have prohibit DCA or the
863 boards within the department from revoking a license or imposing a fine or penalty

864 for failure to comply with any COVID-19 state of emergency orders, or any stay at
865 home orders, unless it can prove lack of compliance resulted in transmission of
866 COVID-19 can be proven.

867
868 e. AB 107 – Salas: Licensure: Veterans and Military Spouses

869 The bill was revised on April 29, 2021 and is currently located with the Assembly
870 Committee on Appropriations. This bill would for specified boards and bureaus
871 expand temporary licensure requirements for military spouses; require boards and
872 bureaus implementing temporary licensure to submit proposed regulations to the
873 department no later than June 15, 2022; and require all boards and bureaus not
874 specified to offer license reciprocity for honorably discharged veterans and military
875 spouses. Numbers four and five listed in the meeting materials are no longer
876 applicable since this was recently amended. This bill would also require the
877 department to submit an annual report to the legislature on military and military
878 spouse licensure. The staff recommendation for this bill is to take a watch position,
879 as this is a new bill that was introduced on December 16, 2020.

880
881 In response to Dr. Hawkins' question of what the objective of this bill is, Ms. Dhillon
882 stated that she believes the objective is to accommodate spouses of individuals in
883 the military by expanding their temporary licenses while they are located in
884 California. This way, when they are relocating, the bill would allow them to maintain
885 a temporary license of no longer than 12-months, while they are practicing in
886 California. The licensed individual would be the military spouse.

887
888 Mr. Grant commented that this bill applies to boards and bureaus that offer a
889 temporary license status, to grant a temporary license to the spouse of a military
890 member. Because the Board doesn't offer a temporary license, this bill would not
891 have an impact on the Board. Mr. Grant requested confirmation of this from Ms.
892 Khan or Ms. Caldwell.

893
894 Ms. Khan responded that this is correct; however, her understanding from this bill,
895 and also from attending meetings at DCA regarding this issue, that if a military
896 spouse is licensed say in New York and have a temporary assignment in California,
897 the spouse would not have to go through the whole licensing process, but be issued
898 a temporary California license. Though the Board does not currently offer reciprocity,
899 if this bill were to pass it would be a pathway for the Board to offer reciprocity. Mr.
900 Grant stated that it would be helpful to know what position the Board should take on
901 this bill by understanding the effect it would have on the Board.

902
903 In response to Mr. Armenta's question of whether the bill would require the Board to
904 make a temporary license status based on reciprocity of another state license, Ms.
905 Khan responded that that is her understanding but she will look into it with staff and
906 reconvene back to the Board.

907
908 In response to Mr. Armenta's question of if the Board currently has a process in
909 place for out-of-state applicants, who are married to a member of the armed forces,
910 to receive an expedited temporary authorization to practice, Ms. Caldwell responded
911 that the Board does offer to expedite applications for individuals who are currently in
912 the military, discharged military personnel, and spouses and domestic partners of
913 military personnel.

914
915 Mr. Armenta stated that subsection (i) reads "this section shall not apply to a board

916 that has a process in place by which an out-of-state license applicant in good
917 standing who is married to an active member processed to expedite temporary
918 authorization to practice.” Since the Board already has the military expedite process
919 in place, he believes that this bill would not apply to the Board. Mr. Grant stated that
920 the issue is we do not currently have a temporary license status.

921
922 Mr. Maguire questioned if the Board has authority based on BPC section 3519.5 on
923 issuing a probationary license as it is his understanding that the Board does not
924 issue those currently, however, it is still good law and what is the status of that
925 particular license type. Mr. Grant stated that the PANCE used to only be offered four
926 times a year, so the Board would issue a probationary license until the PA graduate
927 was able to take their PANCE. If the PA failed the exam the probationary license
928 would be revoked, if they passed, the license would be converted into a regular
929 license. Mr. Grant stated perhaps the Board could issue the same type of license
930 while the Board is processing the license for the military spouse. In response to Mr.
931 Maguire’s question of whether the Board’s decision to stop offering the probationary
932 license was because the PANCE was offered more frequently, Mr. Grant responded
933 yes, that is correct. Once the NCCPA began offering testing at the Pearson VUE
934 testing centers, this made the exam available anytime, it removed the need for the
935 probationary licenses.

936
937 In response to Mr. Maguire’s question of if there is a current statute that authorizes
938 or requires the Board to expedite licenses or is this an internal process, Mr. Grant
939 responded that there is a statute that requires the Board to expedite military
940 members as much as possible. The real difference of this bill is that it would require
941 a temporary license status, which is not currently required. The current law only
942 requires that the Board expedite the review of the application for the military spouse.

943
944 Mr. Armenta stated that BPC section 115.4 is for applicants who were honorably
945 discharged service members, expediting the process for veterans and BPC section
946 115.5 is for applicants who are a spouse or a domestic partner to military members.
947 These sections cover the Board for what AB 107 would have the Board complete for
948 applicants.

949
950 Ms. Caldwell stated that the difference is that AB 107 requires issuance of a
951 temporary license and currently the Board is only required to expedite the licensure
952 process by reviewing their application as priority. The applicant receives their license
953 once they have met all the requirements, versus issuance of a temporary license
954 until the terms and conditions set forth by the Board are met, and then their
955 temporary license would become permanent.

956
957 Mr. Maguire stated that it is likely that the Board would have to create a new avenue
958 for the expedited and temporary licensure. This would apply to all boards and
959 bureaus since this would be a general BPC, which is applicable to all boards and
960 bureaus. It doesn’t seem like the Board has a separate process for the temporary
961 licensure.

962
963 Mr. Grant commented that the issue is reciprocity. Currently the Federation of State
964 Medical Boards is conducting studies and working on an interstate compact that
965 would help in this issue. However, the issue with reciprocity is that if someone was
966 licensed in New York and their spouse comes to California, the Board can check to
967 see if their license is in good standing in that state, but if they do not provide the

968 Board with a list of all the states that they hold or have held a license in, the Board
969 cannot verify everything. If the PA were under investigation, the Board would be
970 unaware. This could bring about an element of risk to the public. Mr. Maguire
971 commented this is a practical issue and perhaps the Board staff may wish to include
972 in any communication they have with the author's office. Mr. Grant stated that he is
973 unsure if there is a way to work with the author on the issue or if the Board needs to
974 take an opposed position due to the temporary license requirement.

975
976 Ms. Khan stated that Ms. Dhillon could contact the author and express the Board's
977 concerns regarding the bill and see how it changes as it progresses through the
978 regulatory process.

979
980 In response to Mr. Armenta's comment that there is a practical barrier since the
981 Board does not have a uniform reporting system that allows the Board the ability to
982 check all 50 states to see if the PA has any pending discipline, Mr. Grant responded
983 that the Federation of State Medical Boards is working on an interstate compact
984 which would address this issue but currently there isn't an interstate compact for this
985 purpose. Mr. Armenta stated that the statute simply requires the applicant to submit
986 a verification from the applicant's original licensing jurisdiction stating that they were
987 in good standing. Good standing does not mean that the applicant does not have an
988 investigation pending. Section (c) states that the Board can revoke the temporary
989 license if the applicant does not comply with the requirements, one of which is
990 submitting an application stating that the applicant is in good standing. If the Board
991 can work with the author to expand not only good standing, but not subject to any
992 active disciplinary proceedings, to force the applicant to disclose and if they have
993 any disciplinary proceedings, then the Board would revoke their license if it found out
994 later.

995
996 Ms. Haydon stated that the Board does have an avenue to see if a licensee has
997 disciplinary actions on their license in another state. The Board can run a query
998 through the National Practitioner Data Bank because all health care licensing entities
999 are required by federal law to report when any adverse action has been taken
1000 against the licensee. The query has a \$2 cost. Mr. Grant stated that the concern is
1001 that when there is an active investigation, or a complaint being filed, the National
1002 Practitioner Data Bank doesn't receive the report until the complaint and discipline
1003 has been adjudicated. Ms. Khan stated that complaints are confidential, at least in
1004 the state of California, and the Board doesn't receive disclosures. Mr. Armenta
1005 stated he does not feel that it is too much to ask because if the applicant is asking
1006 the Board for expedited temporary consideration because their spouse has been
1007 redeployed, that the applicant disclose that they're not subject to any disciplinary
1008 proceedings in the application. This would protect the public and could be an easy
1009 fix within this statute. Mr. Armenta stated that his recommendation is to see if the
1010 Board can work with the author rather than opposing it.

1011
1012 Mr. Grant stated that when someone in the military receives a permanent change in
1013 station, they are always given several months' notice. As a member of the military,
1014 Mr. Grant does not see a need for this statute. If this bill does pass, the Board will
1015 have to draft regulations for how to implement this and will need to consider some
1016 time and expense to do that as well. Mr. Maguire proposed that the Board might
1017 want to consider a position of support if amended.

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1025

M/ Jed Grant S/ Sonya Earley to:

Watch AB 107 and direct Board staff to contact the author and recommend that they make amendments to allow the Board to require applicant to disclose knowledge of any pending investigations or complaints.

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

1026
1027

No public comment.

1028

1029

f. AB 646 – Low: Department of Consumer Affairs: Expunged Convictions

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This bill is currently located in the Assembly Committee on Business and Professions. AB 646 would require programs under DCA that post information on its website about a revoked license due to a criminal conviction to post notification of an expungement within 90 days of the Board receiving an expungement order related to the conviction for those who reapply for licensure or are relicensed. Additionally, the bill would require boards, on receiving an expungement order, to remove the initial posting on its website that the person’s license was revoked and information regarding arrests, charges, and convictions if the person is not currently licensed and does not reapply for licensure.

1041

1042

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1044

This bill was designed to reduce employment barriers for those people with previous criminal records who have been rehabilitated and whose conviction has been dismissed, or expunged, through the judicial process.

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There is already a process in place for licensees to establish that they are rehabilitated through a petition for reinstatement of a revoked license with the Board. It is through this process the Board can separately decide if a licensee is rehabilitated since the court system may have different criteria than the Board. The licensee’s expungement is taken into consideration at this time and the Board’s disciplinary action, which is separate from the court’s action. However, there is no process in place where the licensee’s disciplinary documents are removed. Although the revocation imposed by the Board resulted from a conviction, it is a distinct action on the license unrelated to the licensee’s criminal record. The purpose of having a licensee’s disciplinary actions on the Board’s website is to allow the consumer to see the nature of the violations so they can make an informed decision when choosing their provider.

1058

1059

1060

The Board may see some minor increases in the revenue if this bill passes as individuals seek expungement and apply for the removal of disciplinary documents or posting of the expungement.

1061
1062 The web posting and removal of documents would fall under the Board's regular pro
1063 rata towards DCA's Office of Information Services and would be minor and
1064 absorbable.

1065
1066 In response to Mr. Armenta's request to confirm that an expungement isn't
1067 necessarily a finding of factual innocence, nor is it compatible with the Board's
1068 petition for rehabilitation, that it simply can be as low as completing the terms of
1069 probation and entitles one to go back and seek expungement except for certain
1070 offenses, Mr. Maguire responded that criminal law is not his area of expertise, but
1071 that the framework described by Mr. Armenta is Mr. Maguire's general
1072 understanding as well. Mr. Maguire stated that he does not believe that there is a
1073 process of providing evidence of rehabilitation similar to what's contained in the
1074 Board's regulations.

1075
1076 In response to Ms. Carlquist's question if this bill will limit the Board's access to the
1077 information and ability to take action, or limit the Board in any way, Mr. Grant
1078 responded that he believes that the intent of this bill is to require boards to remove
1079 documents from their website if someone has their prior conviction expunged. It
1080 does not change any of the Board's processes in terms of the application for
1081 licensure, but states that the board must remove the old documents from the
1082 website. He stated that he does not have any issue with this bill, and that the Board
1083 doesn't need to take any position.

1084
1085 Mr. Maguire stated that he wonders if the author's goal is to not erase the
1086 administrative discipline that boards have potentially imposed on a licensee. This bill
1087 is not asking the Board to immediately reinstate those licensees. Mr. Maguire stated
1088 that he thinks that the bill's goal is to keep history from being posted on a public
1089 website. If the person's previous convictions are not on the Board's website and
1090 they're not licensed, then he does not see harm in removing that.

1091
1092 Mr. Armenta stated that he believes that the context in which this issue would come
1093 up is if the Board takes a license away, due to an underlying criminal conviction such
1094 as fraud, the licensee completes the terms of their probation, and then the individual
1095 goes to court and the court grants an expungement order. All the Board would be
1096 required to do on their website is to remove the entry that states that the license was
1097 revoked based on a criminal conviction. However, internally the Board would still
1098 hold the data. Mr. Maguire stated that he wonders about the author's intent, because
1099 this bill uses the language "revoked." The language that the Board uses when a
1100 licensee is placed on probation is "the license is revoked, which is stayed for a
1101 period of x amount of years of probation." He would like to know if the author's office
1102 is intending to actually affect those who have licenses that are revoked and then
1103 stayed and placed on probation, or literally just revoked. It would be beneficial to
1104 receive clarity on the language of this bill, because what could happen if this law
1105 passes and the Board goes about their normal practices and a licensee tells the
1106 Board that they are on probation and the Board needs to remove their history from
1107 our website. If that individual is still practicing, the public has an interest in seeing
1108 that they are practicing under probation.

1109
1110 In response to Mr. Armenta's question of whether the Board should direct staff to
1111 reach out to the author and seek clarity, Mr. Maguire responded that yes, he would
1112 recommend directing the legislative staff to work with the author's office to express

1113 the Board’s concerns and seek clarity on to whom this bill is meant to apply, to
 1114 explain the issue about revocation with immediate stay of that revocation
 1115 implementation of probation. Mr. Maguire offered to assist the legislative staff to
 1116 work with the author’s office on this issue.

1117
 1118 M/ Jed Grant S/ Jennifer Carlquist to:

1119
 1120 Watch AB 646 and direct staff to draft a letter or phone call to the author’s office with
 1121 the concerns as mentioned by Mr. Maguire.
 1122

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

1123
 1124 No public comment.

1125
 1126 g. AB 339 – Lee: State and Local Government: Open Meetings

1127
 1128 This bill is located in the Assembly Committee on Local Government. This bill would
 1129 require legislative bodies of local agencies to make available instructions on joining
 1130 the meeting to all non-English speaking persons upon requests and publish the
 1131 instructions in the two most spoken languages other than English within the local
 1132 agency’s jurisdiction. However, this bill was amended on May 4, 2021, and so it no
 1133 longer applies to boards and bureaus, but instead applies to city council and county
 1134 board of supervisor’s meetings that govern jurisdiction of at least 250,000 people.
 1135 Ms. Dhillon stated that she confirmed that this bill no longer applies to the Board.

1136
 1137 In response to Mr. Armenta’s question of whether the Board needs to oppose the bill
 1138 if it does not apply to the Board, Ms. Dhillon responded that she does not think the
 1139 Board needs to oppose the bill since it is no longer applicable.

1140
 1141 Mr. Maguire commented that since the Board has not yet taken a position on this bill,
 1142 a vote is not needed. However, staff may wish to keep an eye on this in case the
 1143 Board is amended back into the bill in the future. Mr. Armenta agreed with Mr.
 1144 Maguire’s recommendation that the Board will recommend the legislative staff to
 1145 watch this bill and make sure that the Board does not get amended back into it.

1146
 1147 No public comment.

1148
 1149 h. SB 731 – Durazo: Criminal Records: Relief

1150
 1151 This bill is located in the Senate Committee on Appropriations and was introduced
 1152 on February 19, 2021. This bill would expand upon recent criminal justice reforms by
 1153 creating further mechanism for convictions dismissal. Currently under existing law, a
 1154 person is eligible for arrest record relief if they were arrested on or after January 1,
 1155 2021, and the arrest was for a misdemeanor and the charge was dismissed or
 1156 criminal proceedings have not been initiated within one year after the arrest, or the

1157 arrest was for a felony punishable in the county jail and criminal proceedings have
1158 not been initiated within three years after the date of the arrest.

1159
1160 Also under existing law, a person is eligible for automatic conviction record relief, if
1161 on or after January 1, 2021, they were sentenced to probation and completed it
1162 without revocation or if they were convicted of an infraction or misdemeanor and
1163 other criteria are met.

1164
1165 This bill would expand on the provisions of AB 1076 (Ting, Chapter 578, Status of
1166 2019), which restricted the criminal conviction information supplied to boards in
1167 specific circumstances, by further limiting the conviction information that boards will
1168 receive and be allowed to utilize, including for persons who were convicted of a
1169 felony any time after January 1, 1973, sentenced to state prison, and completed
1170 their sentence. Felony conviction records would be automatically sealed for
1171 individuals who have completed their sentence and have gone two years without
1172 new criminal convictions.

1173
1174 AB 1076 created a new process for the automatic arrest record relief for people
1175 arrested for a misdemeanor or for a felony when the charges were dismissed or
1176 enough time has passed that it is clear there is not intent for criminal proceedings to
1177 go forward. This bill would expand those eligible for relief to those arrested for any
1178 felony, not just those for which the sentence is county jail. If the felony sentence can
1179 be more than eight years, relief shall not be granted until six years have passed,
1180 otherwise relief may be granted after three years have passed.

1181
1182 The purpose of this bill is to permit additional relief by way of withdrawing a plea and
1183 deleting arrest records for the purpose of most criminal background checks. This bill
1184 would have an impact on the PA Board's licensing and enforcement programs, and it
1185 would hinder the Board's ability to carry out its legislative mandate of consumer
1186 protection. Currently, the Board completes an enforcement review for every
1187 applicant with a criminal history, determines whether the crimes committed are
1188 substantially related to the duties of licensure. This bill could significantly diminish
1189 the Board's ability to make these determinations without access to the necessary
1190 arrest and conviction information, unless an exception to allow access to records
1191 granted relief is made for state licensing boards. Staff is suggesting that the Board
1192 take a watch position.

1193
1194 Mr. Grant stated that he is opposed to this bill, since "any felony" is too broad. Mr.
1195 Grant stated that he feels that there are many felonies that are related to PA practice
1196 that the Board would need to know about. The purpose of the Board is to decide
1197 whether their felony conviction is related to practice and whether they are a risk to
1198 the public. If the Board does not have access to that information, then the Board
1199 cannot do its job. Mr. Grant expressed that he would not want a PA with previous
1200 felonies providing health care to his family without the Board vetting them to make
1201 sure that they are not a risk to public safety. Mr. Armenta agreed with Mr. Grant and
1202 stated that he feels the Board should oppose this bill.

1203
1204 Ms. Earley stated that she has discussed this bill with Ms. Carlquist and they have
1205 had the same reservations. She was hoping to see if the legislative staff could
1206 communicate with the author to see if the Board, or other allied health care boards,
1207 could receive special dispensation to receive information.

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M/ Jed Grant S/ Sonya Earley to:

Oppose SB 731 unless amended, direct staff to work with the author communicating that the Board is opposed unless the healing arts boards are exempted from the bill's requirements.

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

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1217

No public comment.

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i. SB 806 – Roth: Physician Assistants: Written Examination

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This bill is located in the Senate Committee on Appropriations. This is the Board's sunset bill. Existing law, the Physician Assistant Practice Act, provides for the licensure and regulation of PAs by the PA Board, which is within the jurisdiction of the MBC of California. The act provides that the Board shall require PAs to take and pass a written examination for licensure. The act provides that the board may make arrangements for the examination to be administered under a uniform examination system. The act, however, requires the Board to establish a passing score and time and place for each examination.

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The bill would remove the requirement that the Board establish a passing score and time and place for each examination since the current examination is administered by the National Commission on Certification of PAs (NCCPA), a private organization. Staff will work with the Business & Professions Committee as the bill moves through the legislative process.

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Ms. Dhillon stated that she is current working with Sarah Mason from the Business and Professions Committee to work on adding any additional edits to the code sections that are applicable in order to remove the Board from the MBC's jurisdiction and in addition to the other suggestions that were included and discussed with Ms. Khan.

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Mr. Armenta stated that the staff recommendation is to support this bill, and he asked the Board if any of them had an objection to supporting this bill.

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1245

M/ Jed Grant S/ Sonya Earley to:

1246
1247

Support SB 806.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	X				
Juan Armenta	X				
Jennifer Carlquist	X				

Sonya Earley	X				
Jed Grant	X				
Diego Inzunza	X				

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No public comment.

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

This bill is relatively new, it was introduced on February 11, 2021 and it is located in the Assembly Committee on Appropriations. This would establish the Frontline COVID-19 Provider Mental Health Resiliency Act of 2021, which would require DCA to establish a mental health resiliency program until January 1, 2025, in consultation with relevant healing arts boards as defined under the amendments listed below. Under the program, DCA would contract with one or more vendors of mental health services, as defined, for the duration of the program. The individual boards would then administer the program and determine eligibility.

Because the goal of this bill is to help health care workers, who want to remain on the frontlines by providing targeted services more immediately and directly available that can improve resiliency. A “frontline COVID-19 health care provider” is a person who provides or has provided consistent in-person health care services to patients with COVID-19. By going through the licensing boards, this bill seeks to help providers who do not have adequate employer-sponsored plans or employee assistance programs, have prohibitively high deductibles, are not ready to establish with a mental health provider, experience delays in finding a provider, or are no longer employed due to early retirement or other change in employment. Because the goal of this bill is to make services available as soon as possible, it is not structured in a way that would require supervision or monitoring nor require the development of a comprehensive program. Rather, the goal would be to contract with prepackaged vendors.

This bill currently does not have a funding source and therefore the cost of the program would be paid from the participating boards’ special funds. To the extent the new cost are not absorbable, the bill as drafted may create the need for license and/or regulatory fee increases. The author notes that funding mechanisms are currently being explored and is committed to ensuring fee increases are not triggered. If there is no outside sound of funding, or if the costs of the program are not absorbable, the author is willing to amend the bill to narrow the bill, including reducing the scope of services.

Staff recommends for the Board to take a watch position since this bill is relatively new and may be amended in the near future.

Mr. Armenta stated that he is troubled by a bill that does not lay out a funding source and looks to shift the funding to the Board without a clear outline. At minimum he would suggest the Board watches this bill to see where this goes and if the author is willing to amend it. Mr. Grant stated that he agrees with Mr. Armenta.

M/ Jed Grant S/ Sonya Earley to:

1296 Watch AB 562 and direct staff to keep an eye on it particularly with respect to
1297 funding.

1298
1299 No public comment.

1300
1301 Dr. Alexander requested that the Legislative Committee review SB 395 and AB
1302 1306. These bills support health care careers opportunity programs that support
1303 students coming from underrepresented backgrounds and low-income.

1304
1305 **14. Agenda Items for the Next Meeting**

1306
1307 1) SB 395 – Healthy Outcomes and Prevention Education Act: excise tax: electronic
1308 cigarettes: Health Careers Opportunity Grant Program, Introduced by Senator
1309 Caballero

1310 2) AB 1306 - Health Professions Careers Opportunity Program, Introduced by
1311 Assembly Member Arambula

1312
1313 No public comment.

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1315 **15. Adjournment**

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1317 Adjournment will immediately follow closed session and there will be no other items
1318 of business discussed.

1319
1320 Minutes do not reflect the order in which agenda items were presented at the Board
1321 meeting.

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