

MEETING MINUTES

August 9, 2021

8:30 A.M. – 5:00 P.M.

Physician Assistant Board Meeting Was Held Via WebEx

1. Call to Order by President

President Armenta called the meeting to order at 8:31 a.m.

2. Roll Call

Staff called the roll. A quorum was present.

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

Staff Present: Rozana Khan, Executive Officer
William Maguire, Attorney
Karen Halbo, Regulatory Counsel, Attorney III
Kristy Voong, Staff Services Manager I
Julie Caldwell, Lead Licensing Analyst
Armando Melendez, Complaint Analyst
Christina Haydon, Enforcement Analyst
Jasmine Dhillon, Legislative/Regulatory Analyst
Ariel Gompers, Administrative Analyst
Margarita Soto Aguirre, Licensing Analyst

3. Approval of the May 10, 2021 Board Meeting Minutes

M/ Jed Grant S/ Sonya Earley to:

Approve the May 10, 2021 Meeting Minutes.

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

No public comment.

4. Public Comment on Items not on the Agenda

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

No public comment.

5. Reports

a. President's Report

Mr. Armenta congratulated Mr. Maguire on his promotion, stating that the Board is sad to lose him but is happy to hear of his advancement in his career.

The Board has continued its collaborative efforts with California Academy of PAs (CAPA) to implement Senate Bill (SB) 697. Proposed regulatory text to implement SB 697 was presented by Medical Board of California (MBC) at its May 14, 2021 Board meeting. CAPA did not make any comments. MBC adopted the proposed text without any changes.

DCA Approved Waivers Relating to the Practice of Physician Assistants

Mr. Armenta reported that the waivers related to the practice of physician assistants were further extended to September 30, 2021, or until the state of emergency ceases to exist.

These waivers are related to licensing, renewal of license, restoration or reactivation of license due to the COVID-19 emergency, however the waivers do not extend to licenses that have been subject to discipline.

The other waivers allow for easier vaccinations by practitioners and students, due to the COVID-19 emergency.

The American Academy of Physician Assistants House of Delegates Title Change of PA Profession

Ms. Earley reported that on May 24, 2021, the American Academy of Physician Assistants (AAPA) House of Delegates passed a resolution affirming "Physician Associate" as the official title for the Physician Assistant (PA) profession, by a majority vote of 198 to 68. Discussions have begun to implement that policy, however, it is inappropriate for PAs to refer to themselves as Physician Associates at this time, until legislative and regulatory changes are made to incorporate the new title. Additionally, the American Medical Association (AMA) and the American Osteopathic Association (AOA) have weighed in on their concerns. The AAPA legislative CEO, Lisa Gables, has also responded to their concerns and stressed the organization's commitment to collaboration to patient centered practice and also explain that this new title, will help patients better understand the training and expertise of PAs. Removing the word "assistant" from the title will help clear up a common misconception that PAs simply assist physicians, when in fact, they diagnose, treat and care for patients. Originally back in the 1970's the AAPA was incorporated as the American Association of Physician's Assistants. In June 1971,

this name was then changed to the American Academy of Physicians Associates, and in February 1972, the American Academy of Physician's Assistants was incorporated. The apostrophe was eventually dropped leaving the organization with the current title that the AAPA holds today.

In the 1970's, Yale's PA Program was incorporated as physician associates and currently they still hold the name "Yale Physician Associate Program." Some programs in the physician assistant community are going back to their roots and it can be seen how this has played out through the history, Moving back to the physician associate title is not new, but where the ramifications come in 2021 is understandable.

In response to Dr. Hawkins' question of would there be any fiscal implications related to the change of the title, Ms. Earley responded that she would anticipate that the name change would come with ease, however she would be remiss if she did not expect that there would be some monetary costs. This would be attributed to changing logos and such. Ms. Khan stated that the Board would need to do a fiscal analysis on what the cost might be and what changes would need to be implemented.

b. Executive Officer's Report

Pandemic Response

Ms. Khan reported that the Board's office is operational and open to the public during the COVID-19 pandemic. Board staff continues to be on a rotational telework schedule while ensuring operational needs are met.

Personnel

Ms. Khan reported that since the Board last met, staff has successfully filled some critical positions. Effective June 16, 2021, Kristy Voong, the Board's probation monitor filled the staff services manager I position. Ms. Voong received her bachelor's degree in Social Work from California State University, Sacramento. Ms. Voong worked at a non-profit organization, providing case management services to dually diagnosed adults with mental illness and developmental disabilities. Ms. Voong was later promoted to a team leader position within this organization, to oversee and monitor a new program, where she provided program development and direct supervision to staff. Ms. Voong joined state service in 2014, as an enforcement analyst for the Medical Board, Physician Assistant Board (PAB) and the Podiatric Medical Board. She was later promoted to a probation analyst with the Medical Board. Ms. Voong joined the PAB in September 2019 as the probation monitor. Ms. Voong will oversee the licensing and enforcement programs, as well as provide general managerial support to all PAB activities. Ms. Khan asks the Board to join her in congratulating Ms. Voong on her promotion and welcoming her into her new role.

Recruitment efforts are underway to fill the vacant probation monitor position behind Ms. Voong. Board Staff anticipates on filling the position soon. During this time, Ms. Voong has graciously continued to work in this position. Once the position is filled the Board will be fully staffed.

Information Technology

Board staff continues to review and redesign the Board's website to upgrade to the latest template. 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. Along with Facebook and Twitter, Board staff is also utilizing subscriber alert system and its website to serve as the primary communication tools 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 July 15, 2021, Board's licensing population is as follows:

Licensing Population by Type

Total Licensing Population: 21,495
Current Licenses: 14,835
Inactive Licenses: 29
Temporary Family Support: 1

In response to Mr. Armenta's question of what does "Temporary Family Support" mean, Ms. Caldwell responded that there has been a hold placed on that licensee, giving the individual a six-month allowance of time on their license so they can comply with terms and conditions for any alimony or child support that they may be in arrears.

Summary of Licensing Activity Report for April 1, 2021 to June 30, 2021:

Initial Applications received – 406
Licenses issued – 324
Licenses renewed – 1,670

Pending Application Workload Report as of July 15, 2021:

- Pending Applications – 282
- Desk Age:
 - 0-30 days: 175
 - 31-60 days: 36
 - 61-90 days: 11
 - 91 plus days: 60

Ms. Caldwell reported that the Pending Application Workload report provides the Board a glimpse of the overall desk age of the applications that the Board has on file now. The majority of the applications on file have been assigned to a desk within the 30-day range, however there are some applications that do fall outside of the 30-day range. The 30-day range refers to how long the application has been in the system, not when the application will be reviewed. Currently, staff is reviewing applications that have been received on or around July 12, 2021, placing the Board within the

one-month review margin. This means that if an applicant applied, then they should expect to hear from the Board within three to four weeks. The average desk age and application age will differ slightly, due to when the application is assigned to a staff member, making it slightly higher than the desk age.

Licensing Performance Measures for April 1, 2021 to June 30, 2021:

- Complete Applications: 54
- Incomplete Applications: 270

Ms. Caldwell reported that the target of 20-days was set back in 2013, during this time applicants were being licensed within two weeks to thirty days. There were fewer schools across the nation as well as in California, and currently the workload has increased. The Board is currently working toward increasing the target time to align more realistically with what the Board is seeing now with a 30-day target.

In response to Mr. Armenta's question of will the change or modification in the target date, other than internal performance measurements, have any downstream effects fiscally, or from a regulatory standpoint, Ms. Caldwell responded no.

Ms. Caldwell reported that when an application is received and assigned to a staff member, it may take a couple of weeks for a review to occur. When an application is pulled and staff matches all documents with everything that the Board currently has in house, and deficiencies are noted, staff will set an application milestone marker within their account. The milestone marker takes the responsibility from the Board and places it back onto the applicant. For example, an applicant applies, but they have not graduated from their program and have not passed the Physician Assistant National Certifying Examination (PANCE), those are the two deficiencies that the Board had note on their letter. Until the Board receives fulfillment of these two deficiencies, the application will be the applicant's responsibility. This is not tracked within the reports. Therefore, the 30-day target date that the Board aims for is important, so long as staff completes the applicant's initial review within the 30-day window and reports any deficiencies if found. There is an end date for the internal milestone marker, the applicant graduated from the program, takes the PANCE, and the Board obtains the score from the National Commission on Certification of Physician Assistants (NCCPA). If that is the last requirement that is needed to complete the application, the date that the Board received the score would be the end milestone marker. Ms. Caldwell stated that she is working with staff to get another report that will depict how much responsibility and the length of time is sitting on the Board's shoulders to perform reviews. From the time the Board receives an application, to the time an applicant gets an update is within that 30-day range.

Complaint

Mr. Melendez reported the following complaint activity for the period of April 1, 2021, to June 30, 2021:

- Complaints – Volume
 - Complaints received – 128
 - Convictions/Arrests Received - 0

- Assigned to desk analyst (**may include cases received in previous quarters) – 134
- Pending at intake – 0
- Complaints and Investigations
 - Complaints referred for investigation – 22
 - Complaints and investigations closed** – 59
 - Complaints pending at desk analyst** – 142
 - Investigations pending at field** – 86
 - Average age of pending investigations** – 272
 - Investigation over 8 months old – 37

Mr. Melendez reported that at the last board meeting there was a question of how many complaints were received that involved telemedicine. At this time, the Board does not have BreEZe code that will provide the Board with this. However, Mr. Melendez did take a manual count of how many complaints the Board received that involved telemedicine and the count was two cases. The issues regarding these cases did not involve telemedicine, however it was mentioned in the complaint that the initial appointment was done via video conference.

In response to Mr. Armenta's question of in regards to investigations aging there is a significant positive change, can Mr. Melendez give the Board a thumbnail of what is helping the Board, Mr. Melendez responded that because this information would come from the field, he would not be able to give an answer as to what is attributing to these changes. Field staff are working close with the Board, and if they need information from the Board, it is provided, the field staff are moving the cases much more quickly.

Mr. Armenta responded that it would be great if Mr. Melendez could work to try to find these factors contributing to these positive improvements so that the Board can continue to see these trends.

Discipline

Ms. Haydon reported the following formal actions filed, withdrawn, and dismissed for the period of April 1, 2021 to June 30, 2021:

- Suspensions
 - Cease practice order – 0
 - Interim suspension order – 2
- Office of the Attorney General Transmittal
 - Cases initiated – 15
 - Cases pending – 39
 - Average age of pending cases – 294 Days
- Formal Actions Filed/Withdrawn/Dismissed
 - Accusations filed – 8
 - Accusation and/or Petition to Revoke Probation Filed – 0
- Administrative Outcomes/Final Order
 - License application denied – 0
 - Probation – 0
 - Public reproof – 0
 - License revocation - 0

- Surrender – 1
- Citation and Fine
 - Citations issued – 4
 - Citation resolved – 1
 - Pending – 3
 - Fines issues - \$0
 - Fines received - \$0

Mr. Armenta stated that he would like Ms. Haydon to please highlight the factors that are causing this improvement so that the Board can keep that in mind in the future moving forward.

In response to Mr. Grant's question that he noticed that there were two or three Penal Code Section 23 (PC 23) filed on Ms. Haydon's previous report of the last quarter, the Board was told that there were no complaints reported regarding arrests or convictions, however there were two or three interim suspension orders issued, can Ms. Haydon explain why there is a difference in those numbers, Ms. Haydon responded that she believes that these two suspensions were interim suspension orders and not PC 23's and the Board gaps them together. Ms. Haydon stated that she will look further into it.

In response to Mr. Grant's question of whether there is a situation of where an Interim Suspension Order (ISO) or PC 23 might be filed where someone has not been arrested, Ms. Haydon responded that PC 23 are filed only when an individual has been arrested.

Probation

Ms. Voong reported the following from page 69 of the Board meeting materials.

Probation Activity Report from April 1, 2021 to June 30, 2021:

- Entered Probation – 1
- Completed Probation – 3
- Voluntary Surrender – 1
- Total Probationers – 61
 - Active – 47
 - Tolling – 14

Ms. Voong reported that previously Mr. Grant had inquired about compliance issues and there has been a noticeable increase in submission of late reports by the probationer or their supervising physician, however, typically the probationer will provide an update with an explanation of why the report is late and the Board grants the probationer an extension.

In response to Mr. Grant's question of does Ms. Voong believe that delay that the Board is receiving has a correlation to COVID-19, Ms. Voong responded that she does believe that there is a correlation with the pandemic because many probationers will state that they are behind at the clinic due to there being less staff on duty and their supervising physician have more duties and aren't as available to assist them.

Diversion

Ms. Voong reported the following from page 71 of the Board meeting materials.

Diversion Program Activity from April 1, 2021 to June 30, 2021:

- Total Active Participants – 3
- Entered Program – 0

No public comment.

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

Brianna Miller, of DCA Office of Board and Bureau Relations, thanked the Board for allowing her the opportunity to provide a department update. Ms. Miller stated that one of the top priorities of the Board and Bureau Relations is appointments, and currently the Board has three vacancies; two public positions, and a licensee position. DCA and all the appointing authorities share the goal of a fully seated, diverse, and effective Board. Filling current and upcoming vacancies is a priority and if any members know of any great candidates or if any members of the public are interested in serving, please find the link titled “Board Member Resources” on the homepage of the DCA website, www.dca.ca.gov, to apply for an appointment.

On July 26, the Governor announced enhanced safety measures for employees in health care settings. To combat the spread of COVID-19 and protect vulnerable communities, California is implementing a standard to require state workers and workers in health care settings, to either show proof of full vaccination, or be tested at least once a week. Workers who do not show proof of vaccination will be subjected to regular COVID-19 testing and will be required to wear appropriate PPE. Questions from licensees about the health care worker requirements can be directed to the California Department of Public Health (CDPH). Requirements for state workers are being implemented by DCA and DCA appreciated the assistance of staff. The Office of Board and Bureau Relations will be in touch with additional information as it is received on this effort. Statewide guidance for the use of face coverings from the CDPH remains in place, unless a local health jurisdiction issues a stricter public health ordinance tailored for the situation in their communities. Recently there was several counties including Los Angeles and Sacramento counties that have issued health orders that required face masks to be worn by both vaccinated and unvaccinated individuals while indoors. Ms. Miller encouraged all members of the public to visit DCA’s COVID-19 webpage for updates and resources on the state’s reopening plan, public health guidance, vaccinator resources, vaccine distribution, and more.

Remote meetings will continue and DCA is receiving many questions regarding when and how boards will be able to meet again in person and whether they can continue to meet remotely. The ability for the Board to meet remotely is tied to the Governor’s executive order and the state of emergency. The executive order allowing remote meetings is set to expire on September 30, 2021, after which time boards will be required to follow all aspects of the Open Meetings Act, including having publicly noticed and accessible locations, unless a change in law occurs. It has been recognized that there is a great cost saving aspect to having remote

meetings and increased public participation has been associated with remote meetings as well. DCA will do all it can to assist the boards and bureaus to transition safely and with enough time to plan for in-person meetings and keep all boards informed of any changes to meeting requirements.

Boards and Bureaus are looking ahead to see what changes can be made permanent for efficiency and employee wellbeing, which is telework and eliminating paper processes.

Ms. Miller advised that 2021 is a mandatory Sexual Harassment Prevention Training year and all employees and Board members are required to complete the training. This training can be accessed in the Learning Management System (LMS), DCA's training portal. Profiles have been created for all employees within LMS, and the Office of Board and Bureau Relations has informed the executive officer of the steps that will need to be taken to log in and access the training. Board and Bureau Relations is also happy to assist with any questions or concerns about transitioning to LMS. Ultimately, LMS will house employee training records and can be used to sign up for other mandatory trainings. LMS now includes the ability to register for the Board Member Orientation Training (BMOT). As a reminder, newly appointed and reappointed Board members are required to attend BMOT within a year of appointment or reappointment. The next offering of this training will be held on October 13, 2021 via WebEx. Ms. Miller stated that the Office of Board and Bureau Relations is here to help and if assistance is required, to please reach out.

In response to Mr. Armenta's question of does this mean that the November Board meeting will be held in person, Ms. Miller responded that information is fluid at the moment and Board and Bureau Relations will continue to keep everyone apprised as information is released, however at the moment, concretely the information that has been given is that the executive order ends on September 30, that's not to say that this is not subject to change.

No public comment.

7. Budget Update (DCA Budget Analyst)

Suzanne Balkis, DCA Budget Analyst, introduced herself as the Board's budget analyst in charge of managing the Board's projected budget, projected revenue, and fund condition. Ms. Balkis explained that she would go over the expenditures, revenues, and fund condition in relation to what the Board has had over the last quarter.

Fund Condition Report

This report shows the fund as a Board. The fund condition statement uses Fiscal Month 11 (FM 11) projections for the fiscal year (FY) 2020-21. The Board projected the beginning balance of about \$4.8 or 4.9 million and the Board has a projected revenue of about \$2.3 million coming in. The Board is tracking an overall projection of FM 11 of \$2.5 million, with that expenditure and revenue, the Board has a fund balance of \$4.8 million giving the Board 18.4 months in reserve. This means if the Board were to have no new income coming in, the Board would still be able to cover 18.4 months of expenses and have no immediate concerns for the fund.

Expenditure Projection Report

The Expenditure Projection Report shows the expenditures as they were reflected towards the budget. The report shows that the Board is projecting about \$741,000 in personal services and \$1.8 million Operating Expenses & Equipment (OE&E) expenses. The Board is showing a total of \$2.5 million of total expenditure, this created a saving of \$376,000, adding up to 13% savings. Based on this projection there is no concern for the fund and the Board is in a good place.

In response to Mr. Grant's question of what the recommended months of reserve is and advise if the Board should look into fee increase in a few years, Renee Milano, Budget Manager, responded that it is important to note that the fund condition expenditures are projected as fully expended, this is as if the Board were to fully utilize all expenditure authority. There is usually a reversion amount, but those projections are relatively high. In reserve it is recommended to have 12 to 13 months.

No public comment.

8. Discussion and Possible Action on New Physician Assistant Board Logo

Ms. Voong reported that during the last meeting on May 10, Public Information Officer (IO) Michelle Cave, presented the Board with three logo options designed by the Office of Publications Design and Editing team. All three logos incorporated a stethoscope in its design. During discussion, Board members suggested incorporating the Rod of Asclepius or the caduceus instead of a stethoscope to accurately reflect the high level of decision-making that PAs perform. Also, as PAs are closing related to the Medical Board, having the symbol of healing, and recognizing that PAs work closely with physicians, that it would be good to have imagery that represents that close relationship. The Board made a motion to direct staff, to direct the design logo team, to propose new logos that incorporates the Rod of Asclepius or the caduceus. Staff met with the design team and discussed the suggestions made at the Board meeting. The design team conducted research on both the Rod of Asclepius and the caduceus. Only the Rod of Asclepius was historically accurate as a representation of medicine. The design team moved forward with creating the new logos and incorporated the medical symbol. The new logos were then brought forward for staff to vote. The top two logos were selected and are now incorporated with the previous three logos for review and consideration. Ms. Voong stated that she would also like to share that there are currently four DCA entities using the Rod of Asclepius or the caduceus in their logo.

The first option shows the Rod of Asclepius along with the initials for the Board, with the Board's full name to the right. This is a simple and clean design, with a single serpent circling the staff. As many health care entities use the Rod of Asclepius as it represents medicine, the viewer just having the image and the acronym PAB will recognize this logo as a health care entity.

The second option also shows the Rod of Asclepius but with an oval background, along with the initials for the Board, and the Board's full name down below. The background incorporated in this design gives the logo a more substantial look. Again the viewer, just having the image and the acronym PAB, may recognize this logo as a health care entity.

The third option, shows a stethoscope in the shape of a heart along with the initials for the Board and the Board's full name down below. It is apparent that this logo is pertaining to health care providers using the heart and the stethoscope. If an individual who was not related to DCA or the Board was looking at it, they might question what the logo is pertaining to.

The fourth option is also apparent that it is pertaining to health care and is specifically on the individual being the giver of the health care. The logo shows a heart, but this time with a head making it out to be a person with a stethoscope. The logo is gender neutral. If the words "Physician Assistant Board" were removed from the bottom and the viewer just had the image and the acronym PAB, the viewer could come to the conclusion that this has something to do with an individual providing health care.

The fifth option is more abstract because there is no person and the sense is that it is an entity, not an individual. In this logo, there is the use of the stethoscope, circling the cross. The cross is used because it is a typical image that is often used in health care. If the viewer were to only see the cross with the acronym, it might be hard to decipher if the logo is for the Board or the name of a hospital, clinic, or urgent care facility.

Mr. Armenta stated that he would like the Board to be able to resolve this today, and that he is hopeful that the members can come to a decision on a design that everyone can agree on. Mr. Armenta stated that he liked logos one and five.

Ms. Earley stated that when looking at the historical information about the Rod of Asclepius is seen early on, due to this, Ms. Earley stated that she liked the first logo and it also seems to be consistent with historical physician assistant records.

Mr. Grant stated that he liked option one.

Dr. Hawkins stated that he was partial to options one and four. Dr. Hawkins felt that the new look that was established showed some humanity and compassion, the stethoscope around the person's neck looks appropriate, however he could go with option one as well.

Mr. Inzunza stated that he is partial to one and four, one being his first choice.

Ms. Voong stated that before the Board members make a motion, they needed to choose a color option.

Mr. Armenta asked the Board members to state if they like color options A or B.

Ms. Earley stated that she liked color option A.

Mr. Grant stated that he liked color option A.

M/ Juan Armenta S/ Jed Grant to:

Motion to adopt logo option One A.

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

No public comment.

9. Report on Medical Board of California Activities

Dr. Hawkins reported that the MBC last met virtually on May 13-14, 2021. Dr. Hawkins stated that during this meeting, he was elected vice president of the MBC. Four governor appointed members of the MBC had senate confirmation hearings on May 5, and were subsequently approved by the legislature, and Dr. Hawkins was among those confirmed by re-appointment to the MBC. On June 24, MBC held a special meeting focusing on the post-graduate training license. On July 29, MBC held a special public stakeholder meeting. The next MBC quarterly meeting is going to be held on August 18-19, and the agenda is available on the Board's website. Dr. Hawkins drew particular attention to a presentation on August 19, regarding substance-abusing healing arts licensees, and although it is directed towards physicians, it is instructive for all medical practitioners.

Mr. Armenta, Ms. Earley and Mr. Alexander congratulated Dr. Hawkins on his reappointment and becoming vice president of the MBC.

No public comment.

10. Discussion and Possible Action to Initiate Rulemaking to Amend Title 16, California Code of Regulations (16 CCR) section 1399.515 – Return From Retired Status to include Fingerprint Requirement

Ms. Halbo informed the Board that there was a change in the law in 2018, that the Board is required to notify the Department of Justice (DOJ) when a licensee can no longer renew their license. The DOJ then stops reporting subsequent state or federal arrests or dispositions. The DOJ is trying to reduce the amount of information that they must send out for individuals who are not active licensees and who do not plan on being active in the future. However, Ms. Khan brought up the issue that if the Board has an individual who wants to come back from retired license status, the Board does not have information on them. Due to this, the Board needs to put into the application to return to active practice, a requirement that they provide fingerprints. In the memo, it shows in the language that would be added to the regulation, so that licensees are required to provide the Board with a fingerprint when they go from retired to active status. It may be that not many licensees will do this, but it is important to have this in place so that if a licensee does choose to come back, the Board will receive a report, as to any of the criminal activities that the Board would need to know about before allowing an individual to renew their license.

Mr. Grant, Mr. Armenta and Ms. Earley stated that they agree with this being important and thank PAB staff for working hard to keep consumers safe by spotting

these loopholes in the system.

M/ Jed Grant S/ Sonya Earley to:

Motion to approve the regulatory text that is in the materials and to direct the staff to submit to the Director of the DCA and Business Consumer Services and Housing Agency (Agency) for review and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, and make non-substantive changes to the package and if no comments are received within the 45-day comment period and no hearing is requested, authorizing the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations at section 1399.515 as noticed.

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

No public comment.

11. Consideration of and Possible Action on Comments Received on April 12, 2021 from Professional Boundaries Inc. (PBI) Education re: Proposal to Amend 16 CCR section 1399.616 – Implicit Bias Continuing Medical Education (CME)

Ms. Halbo reported that there was an email received during the public comment period from Catherine Caldicott, where she asks if this regulation restricts the number of courses available. What she is asking, is for the Board to define in greater detail the meaning of “direct patient care component” as used in the proposed amendments, an item that is straight out of the statutory language. Putting definitions into regulations can be challenging, and Ms. Halbo does not recommend that the Board try to define beyond what the legislature has provided. Ms. Halbo stated that she does not believe that Ms. Caldicott’s misunderstanding or concern, gives the Board reason to change the rulemaking. The rulemaking is straightforward, the Board has the discussion and the suggested response, that the Board would put in the Final Statement of Reasons the language comes directly from the statute. The Continuing Medical Education (CME) courses that are required by the statute, would involve direct patient care, and as all PAs know, there is a lot of work that is not direct patient care, with taking care of records and more. The courses must use a reasonable interpretation of what the simple language is. The recommendation from legal was, for the Board to adopt the response in the memo as the reason for why the Board has chosen not to make a change and that the language is clear, it comes from the statute and the Board believes the majority of individuals can read and understand it, and to move forward with the rulemaking.

Mr. Armenta commented that he agrees with Ms. Halbo, that where statutes and regulations are already enacted, generally it can be a slippery slope to re-engineer, from a statutory interpretation standpoint. Those definitions are what the legislature

intended; this can be beyond any board’s purview once these things are already in place, making this a dangerous road to go down.

M/ Juan Armenta S/ Sonya Earley to:

Motion to reject the public comment received during the 45-day comment period and adopt the response provided above for inclusion in the Final Statement of Reasons. The Board is also asked to direct staff to take all steps necessary to complete the rulemaking process including filing of the final rulemaking package with the Office of Administrative Law (OAL) and authorize the Executive Officer to make any technical or non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed amendments to 16 CCR 1399.616 as noticed.

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

No public comment.

12. Regulations – Update and Possible Action on Pending Regulatory Packages

a. Status of 16 CCR sections 1399.523.5 – Required Actions Against Register Sex Offenders. Public comment period began 4.2.21 and closed 5.18.21

Ms. Halbo informed the Board that the Substantial Relationship Criteria (AB 2138) was approved by the OAL and became effective January 29, 2021. This is left on the materials because it is being tracked by the Director’s Office for the regulation unit.

Mr. Grant stated that when looking at the documents that were submitted, from the time that the regulatory text that was approved, to the time that it was effective, it looks to be exactly two years. Ms. Halbo responded that it is a slow process, but some of this time goes into making sure that there is time for thoughtful review, and that the public has opportunity to give input. The fact that the Board’s regulations involve public input is what differentiates the democracy from other governments where they just make rules and you don’t know why or how and give your input.

Ms. Halbo reported that the Required Actions Against Registered Sex Offenders, the Board had a 45-day comment period, Ms. Dhillon is now working on getting the final documents to legal and then it will go through the Director and Agency and it will be submitted to OAL. This one will be completed by the end of 2021.

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

Ms. Halbo stated that this is currently in the process of being reviewed by Legal and once reviewed it will move into the Director's Office, then to Agency.

c.16 CCR Section 1399.616 – Approved Continuing Medical Education Programs – Implicit Bias. Public comment period began 4.9.21 and closed 5.25.21

This has been through the public comment and Ms. Dhillon is gathering the documents together to submit, the documents will go to Legal, to the Director, then to Agency, and lastly the documents are filed with OAL.

d. Status of Adopting SB 697 statutory changes. Staff is working to prepare documents for initial submission to Legal, Executive, and Agency review. The text language has been split into two packages

- i. Amend 16 CCR sections 1399.502, 1399.540, 1399.541, and 1399.545 – SB 697 Implementation (5.14.2021 Medical Board approved proposed text)
- ii. Amend 16 CCR sections 1399.506, 1399.507, 1399.511, 1399.546 – Expedited Licensure (No Medical Board review was required)

This was split into two packages due to one needing to be reviewed by the MBC and the second that was not about PA practice but about changing applications, updating exams, and having these aspects reflect the SB 697 changes. Currently, the larger package with more substantive issues, has staff in dialogue with the major stakeholder, CAPA. There will be a future meeting with CAPA, to take some input, as they have expressed more concerns about the language despite the approval with the MBC. CAPA's input and citations have been very useful, and gave the Board an opportunity to consider whether to make these changes before going into the total rulemaking process, have public comment, or make sure that this is well thought through before going to notice. This package will have more discussion about the language itself, with the major stakeholder and examining what CAPA has concerns about.

In the package regarding the exam applications, the Board needs to have staff get the initial notice documents together. However, this is a lower priority than finishing the two packages that are ready to go final.

In the package regarding uniform standards, staff are currently working on getting the language together.

In the package regarding retired status to include the fingerprint requirement, this has now passed the voting process and is being prepped for public comment.

In response to Mr. Grant's question, after the MBC has already approved proposed language to implement SB 697, if the Board changes the language would this then need to go back to the MBC and secondly, would these be closed discussions with just board leadership, or would this be discussed in an open board meeting, Ms. Halbo responded that she believes that if the Board voted to make these changes, the package would then go back to the MBC for approval. However, the initial meetings would be just with board leadership to hear what CAPA has to say and understand their reasoning.

Mr. Armenta commented that there has been discussion with the president of CAPA,

to have future meetings with stakeholders and board leadership, to gain their continuing input, this has not been scheduled but it has been anticipated to occur in the distant future.

No public comment.

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

Mr. Grant reported that in terms of change from the previous Board meeting there has not been a significant change within California. The accreditation group only meets a couple of times a year. The document within the meeting materials represents the most up-to-date accreditation decisions that have been made. There are 273 PA programs across the country, and there are seventeen accredited programs in California with four programs in development. The developing programs are at various states along the pathway to becoming accredited, admitting students, and having continuing accreditation. Developing programs have met with the accrediting body and stated their intent to take students, some of these schools may be working on accepting their first class, once that first class matriculates or just before they matriculate the accrediting body will grant them provisional accreditation. This means that they place students into seats and they're teaching within the first 5 years of their program, so they may have had three or four classes graduate and they still have provisional accreditation.

Some programs can have continued accreditation, this can be awarded for up to 10 years although the programs submit an annual report to their accrediting body. The accreditation visits can vary, anywhere from one or two years, all the way out to ten years, between visits depending on the programs demonstrated compliance, and how their annual reports are going.

On the chart in the meeting material you will notice it is color coordinated. The colors represent where the programs are located. When looking one can see that there is a sort of geographic maldistribution in the Southern California area, there is a lot of programs there as it is densely populated. However, we have many people in rural areas that are underserved just as we have many people in urban areas who are underserved as well. The reason behind where the programs are located is important, because the PA training, the first twelve to fourteen months are didactic. It is modeled after medical school training, so the PAs would be in a classroom for the first twelve to fourteen months and then the next twelve to fourteen months depending on the length on the program, the students are out on clinical rotations which are often near the schools. Some of the schools have rotations that are all over the state or all over the country. Many programs have rotations that are geographically within a few hundred miles from the school. There is a subset number of students on those rotations that will be offered jobs and they will remain in those areas so if we have PA training programs and schools that have clinical rotations within California, particularly in areas that are underserved or rural, where it is hard to place providers. If those providers are offered jobs in those areas, the PA students that are about to graduate are offered jobs in those areas they would be more likely to help meet the workforce needs for health care in those areas. Therefore, having this discussion is important, and there is an emphasis of the geographic locations depicted by the different colors on the report, so the Board can see where some of our homegrown PAs return to practice. Though this does not

include out-of-state PAs that gain employment in California, but it does give the Board an idea of where many of the PA graduates are finding work.

The numbers listed on the chart represent the numbers of seats per class. Most programs have two to three classes occurring at one time, there will be the first-year students and the second-year students. The average length of a program is twenty-seven to twenty-eight months, and there will also be some third-year students around. In some cases, the number of seats per class can be a challenge to find, there was a website that had the seats per class listed. However, due to the pandemic the website listing was removed, as inaccuracies were a concern. Mr. Grant gave a special thanks to Ms. Gompers, who helped find many of these numbers. Mr. Grant also stated that there were some numbers that they were both unable to find in the developing programs and on the chart, there is a question mark to show that this data is not found. The programs that have an asterisk next to it, this means there is an anticipation that the class size is going to hold an average number of students, this average being forty-six students.

The number of 884 PA graduates per year, is an accurate number right now of currently accredited programs how many students are graduating every year, if they don't have any attrition. By 2022, if many of these developing programs come online, that will increase almost 200 to 1,019. This is important just to know every year there is a thousand new providers, and if these providers stay in California, they are going to need to be licensed and then we have people coming in from out-of-state as well.

Currently, the U.S. Bureau of Labor Statistics reports that there's an expected 31% growth in the PA profession in the next ten years. So, the Board can expect that we will continue to have growth in PA programs and growth in PA applicants for licensure in California. Mr. Grant stated that he feels that it is prescient that the Board, as part of the strategic plan, increase the size of the Board to make a reasonable workload for staff and is pleased to see that these positive changes are coming to fruition, and gave recognition to the Board staff for their hard work in years past.

There are a couple of programs on probation, that can be for any number of reasons, the accrediting body lists probation as not being in compliance with accreditation requirements. There are hundreds of accreditation requirements, and the typical accreditation packet is thousands of pages long. Due to this, programs will often have various minor citations. Typically, if a program is on probation, there is a significant concern about the program's ability to maintain the educational standard that the accrediting body is requiring. Programs usually work very hard to get off probation and there are two programs on probation now.

In response to Mr. Armenta's question of does Mr. Grant feel that the Board is meeting capacity, and is there anything that the Board should be doing more of, or does the data match up with the trend lines that are expected for the future, Mr. Grant responded that it is important that the Board is not a barrier to licensure or PA practice within the state, and there can be a fine line there. Therefore, it is important for the Board to continue to work with a professional organization within California, as the Board needs to protect the public, while also preventing from being a barrier to practice. Having these numbers available and knowing the health care needs of California, it is important that the Board appropriately staffs the Board and write regulations to make sure that the people that are coming to practice in the state can

get in and see patients and do so safely. The Board staff has done what they can to license people in a timely manner, getting them out there to practice safely, and ensuring a safe practice of PAs within California and doing what we can to support access to care.

Dr. Alexander stated that the growth in PA programs is parallel to the growth of the number of students interested in the PA profession. Being at University of California, Los Angeles (UCLA), Dr. Alexander has seen many pre-med students reconsidering going into medicine from the physician side to looking at the PA programs showing up within the state.

In response to Dr. Alexander's question if the list of PA program on the Board's website, Ms. Khan responded, yes, it is located under the applicants tab.

No public comment.

14. Report by the Legislative Committee; Discussion and Possible Action to Consider Positions Regarding the following Legislation:

Ms. Dhillon stated that she would be presenting the legislative update report:

a. SB 48 – Limón: Medi-Cal: Annual Cognitive Health Assessment

The Board at the May 10, 2021 meeting chose to maintain its oppose unless amended position and directed staff to inform the Author's office of this position, with a letter stating that the bill would only apply to those physician assistant licensees who practice in a specialty where dementia would be a common finding, such as geriatric, internal medicine, or primary care. This letter was sent and on May 28, 2021, the bill was amended to incorporate the Board's request that it apply to those physician assistant licensees who practice in a specialty where dementia would be a common finding. However, on June 21, 2021, the bill was further amended to delete any reference to the Physician Assistant Board and its continuing education requirements.

As amended, the bill expands the schedule of benefits to include an annual cognitive health assessment for Medi-Cal beneficiaries who are 65 years of age or older if they are otherwise ineligible for a similar assessment as part of an annual wellness visit under the Medicare Program. This bill was completely amended and does not refer to the Physician Assistant Board or its continuing educational requirements any longer.

In response to Mr. Grant's question of if this bill no longer applies to the Physician Assistant Board, should the Board remove the opposed position from it, Mr. Maguire responded that this would be helpful to the author and that the Board should vote to have staff write a letter to the author informing them that the Board will be removing their opposed position to the bill.

M/ Juan Armenta S/ Sonya Earley to:

Withdraw the Board's opposition position and change it to watch only and direct staff to issue that communique to the author's office so that they are aware of the Board's change in position.

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

No public comment.

b. AB 29 – Cooper: State Bodies: Meetings

At its May 10, 2021 meeting, the Board chose to maintain its watch position.

There are three main provisions of this bill:

1. Require that notice to include all writings or materials provided for the noticed meeting to a member of the state body by the staff of a state agency, board, or commission, or another member of the state body that are in connection with a matter subject to discussion or consideration at the meeting.
2. Require those writings or materials pertaining to the meeting be made available on the state body's internet website, and to any person who requests the writings or materials in writing, on the same day as the dissemination of the writings and materials to members of the state body or at least 72 hours in advance of the meeting, whichever is earlier.
3. Prohibit a state body from discussing those writing or materials, or from taking action on an item to which those writings or materials pertain, at a meeting of state body unless the state body has complied with these provisions.

The Board decides to leave the bill at a watch position.

c. AB 107 – Salas: Licensure: Veterans and Military Spouses

This bill is located in the Senate Committee on Military and Veterans Affairs.

This bill requires all boards under DCA to issue a temporary license to practice a profession or vocation to an applicant after appropriate investigation, if they meet the following requirements:

- They are married to or in a domestic partnership of legal union with an active duty member of the U.S. Armed Forces who is assigned to active duty in this state.
- They hold a current, active, and unrestricted license to practice the same profession in another state or territory of the U.S.
- They submit an application to the Board, included a signed affidavit attesting that they meet all the requirement for the temporary license. It must also include written verification from their original licensing jurisdiction stating their license is in good standing.
- They have not committed any act that would have constituted grounds for denial, suspension, or revocation of the license under California law. They also must not have been disciplined by another licensing entity or be the

subject of an unresolved complaint, review, or disciplinary proceeding by another licensing entity.

- They must provide fingerprints upon request by a board.
- The Board shall request a fingerprint-based criminal history information check from the Department of Justice in accordance with subdivision (u) of Section 11105 of the Penal Code and the Department of Justice shall furnish state or federal criminal history information in accordance with subdivision (p) of Section 11105 of the Penal Code.
- They must pass a California law and ethics examination if the Board requires one.

This bill requires that a temporary license expires 12 months after issuance, upon issuance of an expedited license, a standard license, or a license by endorsement, whichever occurs first.

As written, this bill requires that to obtain a temporary license, the military spouse must hold a current license in the same profession in another state, however it does not require the following:

- That the licensing requirements in the other state in which the person holds a license be substantially equivalent to the requirements in California.
- That the clinical exam be passed.
- That the applicant's degree be from an accredited or approved educational institution.
- That the denial of a permanent license would invalidate a temporary license.

Each applicant's education and experience is examined by the Board licensing evaluator during the review of the application. By passing this review could jeopardize consumer protection.

Mr. Armenta stated that the Board took a watch position at the last meeting.

Mr. Grant stated that he has concerns with the written verification from "original licensing state" and he does not see anywhere in this bill that covers if the applicant has licenses in multiple states. The applicant may only submit one license that is in good standing but withholds another license with history. Permanent changes of station orders in the military, typically come out eight to ten months in advance, giving the applicant enough time to be licensed under our current system, especially since we already expedite them. This leaves opportunity for loopholes that the Board will need to close if the bill passes. Mr. Grant suggested that the Board sends a letter to the author expressing these concerns and maybe take a support if amended position as the language needs to be tighten to an extent that the Board can ensure that applicants are meeting the same requirements that they would in California, and that if they don't they would have to.

Mr. Armenta agreed with Mr. Grant's suggestion about sending a letter to the author explaining the Board's concerns.

Board members have a discussion and come to the agreement to have staff write

a letter to the author gently raising awareness of the Board's concerns.

In response to Ms. Dhillon's question of whether the Board wish to keep the watch position or go with the support if amended position, Mr. Armenta stated that he feels that the Board should leave it at watch and see what kind of return input the Board receives from the letter that is sent out. The other Board members stated that they agree.

Mr. Grant stated to include the four bullet points that list what the bill requires in the letter, letting the author know that this is what the Board is concerned about.

The Board continues the watch position and issue a letter along with specifications that Mr. Grant laid out.

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

At its May 10, 2021 meeting, the Board took a watch position.

This is a two-year bill located in the Assembly Committee on Business, Professions, and Consumer Protection.

AB 646 would require programs under the 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. This bill applies to all expungement orders, regardless of the conviction. However, the bill applies to former licensees that did not have the option for probation. In addition, the former licensee may not practice in the field they were formally licensed.

As discussed at the last Board meeting, there was a question of whether this would apply to licenses that are under probation, Ms. Dhillon stated that she had been in contact with the author's staff and staff stated that it would not apply to licenses that are under probation status.

Mr. Grant stated that he does not see an issue with this bill if a licensee completed their probation and had their record expunged through the courts, there shouldn't be a reason for the Board to keep on record.

The Board decides to leave the bill at a watch position.

e. SB 731 – Durazo: Criminal Records: Relief

At its May 10, 2021 meeting, the Board chose to take an oppose unless amended position.

This bill would expand upon recent criminal justice reforms by implementing a system to prospectively and retroactively seal conviction and arrest records. On May 20, 2021, a Board position letter was sent to the Author's office, opposing the bill

unless it was amended to exclude healing arts boards within the Department of Consumer Affairs. The author's office responded by saying that they believe excluding the healing arts boards would undermine the intent of the bill within this sector of employment.

This bill would:

- Expand automatic arrest record sealing to felony arrests, if the individual was neither charged nor convicted either six years after the arrest, or otherwise three years after the arrest for less serious felonies.
- Expand automatic conviction record relief, for a defendant convicted, on or after January 1, 2005, to nonserious, nonsexual, and nonviolent felonies after an individual completes all terms of incarceration, probation, mandatory supervision, post release supervision and parole, and a further period of four years without any new convictions.
- Allow individuals convicted of a felony to petition the court for sealing relief after completing all terms of incarceration, probation, mandatory supervision, post release supervision and parole, and a further period of two years without any new convictions. These petitions are done on a case-by-case basis, with final decision-making authority retained by the courts.

The exclusion of records of arrests and convictions that were granted relief from state summary criminal history information above does not apply to records for which the recordholder is required to register as a sex offender, has an active record in the Supervised Released File, or if based on information available in the department's record, it appears the person is currently serving a sentence or if there is an indication of pending criminal charges. The exclusion of records also does not apply if the records are required to be disseminated by federal law.

Mr. Grant stated this bill would be bad for the Board and for the public, and it is dangerous. The Board is currently reviewing applications with convictions and determining whether the individual can be licensed. What this bill does, is take away the Board's right to decide on whether the individual should be licensed by removing the information.

The Board kept their oppose unless amended position.

f. SB 806 – Roth: Healing Arts

At its May 10, 2021 meeting, the Board chose to take a support position.

This bill located in the Assembly Committee on Business & Professions. This bill was amended on July 13, 2021 to be the Board's sunset bill. In addition to extending the sunset date for the PAB until January 1, 2026, this bill would make various statutory changes to reflect the independence of the PAB as a standalone board. The bill would remove a number of outdated references to the PAB having to consult with or receive prior approval from the MBC prior to taking certain actions. Additionally, this bill removes the requirement that the Board establish a passing score and time and place for each examination since the current examination is administered by the NCCPA, a private organization.

The Board kept their support position.

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

At its May 10, 2021 meeting, the Board chose to take a watch position.

This bill is located in the Senate 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 Jan 1, 2025, in consultation with relevant health arts boards. Under the program, the DCA would contract with one or more vendors of mental health services, as defined, for the duration of the program. The individual boards would be required to notify licensees and professionals of the program, establish application requirements – including that the applicant was a frontline COVID-19 worker, and require that all eligible licensees be granted access to the program. An applicant who knowingly makes a false statement on an application for the program is guilty of a misdemeanor.

The concerns that the Board had discussed at the last meeting, were in regard to the funding of this program. Ms. Dhillon was in contact with the author staff to gain information on this and she learned that the bill currently does not have a funding source and would therefore the costs of the program would be funded through the participating boards or DCA pro rata. The author notes that funding mechanism are currently being explored and is committed to ensuring license fee increase are not triggered. If there is no outside source of funding, or if the costs of the program are not absorbable, the author is willing to amend the bill to narrow the bill substantially or look for a different funding source down the road.

The Board kept their watch position.

h. SB 395 – Caballero: Excise tax: Electronic Cigarettes: Health Careers Opportunity Grant Program: Small and Rural Hospital Relief Program

This bill is located in the Assembly Committee on Appropriations. This bill establishes the Health Careers Opportunity Grant Program (HCOP) under the administration of the Health Professions Education Foundation (HPEF) for the purpose of improving access by underrepresented students from disadvantaged backgrounds to health profession programs offered by the state's public postsecondary education intuitions. This bill requires HPEF, in providing grants to eligible entities, to prioritize applicants that reflect a comprehensive approach to establishing, enhancing, and expanding health educational programs that propose to increase the number of underrepresented students from disadvantaged backgrounds pursuing a health professions career.

According to Office of Statewide Health Planning and Development (OSHPD), HPEF was established in 1987 and is the state's only nonprofit foundation statutorily created to encourage persons from underrepresented communities to become health professionals and increase access to health providers in medically underserved areas. Supported by grants, donations, licensing fees, and special funds, HPEF provides scholarship and loan repayment programs to students and graduates who agree to practice in California's medically underserved communities. Housed in OSHPD, HPEF has given 17,771 awards totaling more than \$219 million to allied health, nursing, mental health and medical students and recent graduates practicing in all 58 counties of California.

This bill was introduced February 11, 2021 making it relatively new.

In response to Mr. Armenta’s question of what the fiscal impact to the Board would be in terms of license fees and such, Ms. Dhillon responded that she does not have this information, but she will look into it.

Dr. Hawkins stated that HPEF has an excellent mission and track record with funds being supported by licensing fees significant from the MBC. HPEF previously and currently housed under the OSHPD. The OSHPD has been elevated to a department with many other responsibilities and duties. The program will continue, and funding has not been an issue.

Dr. Alexander stated that this program was administered by the federal government and it has been around for a long time. The program has been instrumental in diversifying the health professions. What this bill does is it gives money for the state for educational entities to replicate what is being done on a federal level, and the federal level has dramatically cut back on funding these programs. This would be a great bill for the Board to support.

In response to Mr. Armenta’s question of what is your thoughts on the Board waiting on the financial analysis to issue support, Ms. Dhillon said that this bill is very new and that she can do the analysis and the Board can discuss the bill with her findings at the next meeting.

Ms. Dhillon responded, yes, in response to Mr. Maguire’s question if it is correct, the bill passed the first house and is now on the second.

Mr. Maguire stated this bill has been referred to Committee on Appropriations on July 15. On May 17 it was placed on Appropriation suspense file, and it has a set hearing on May 20. The bill passes out of Committee, read a second time, read a third time in Assembly, referred to on tax and health. Passed out of that Committee as amended and referred to Appropriation. From looking at how fast this bill is moving, if the Board has a strong opinion on it, it may not be the best course of action to wait.

Dr. Alexander stated that this bill may be moving rapidly because there was a commission that looked at the future of health care providers in the state, and it identified areas that the Board could fuel in order to help move the number of health care providers into these professions and pipeline programs seem to be one of the most effective way to do this.

M/ Charles Alexander S/ Sonya Earley to:

Support SB 395 and direct staff to take the appropriate steps to signal the Board’s support.

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

Sonya Earley	X				
Jed Grant	X				
Diego Inzunza	X				

No public comment.

i. AB 1306 – Arambula: Health Professions Careers Opportunity Program

This bill was introduced on February 19, 2021 and it has also progressed quickly. This bill is located in the Senate Committee on Appropriations. This bill permits OSHPD to undertake the following through the Health Professions Career Opportunity Program (HCOP): a) Fund 20 pilot programs to serve 4,800 students, with: five programs each at University of California (UC) campuses, California State University (CSU), and California Community College (CCC) campuses; and, up to five programs located at private universities; b) Secure ongoing funding and establish statewide infrastructure to develop, implement, and manage the pilot program; and, c) Fund internships and fellowships to enable more students to compete for admission to graduate health professions schools or employment in the field, including, but not limited to: i) Paid summer internships for college students in community health centers, public health departments, public behavioral health settings, and with providers serving older adults, as well as community-based initiatives that promote health equity; ii) One-year post undergraduate fellowships for in-depth, pre-graduate school experience in primary care and prevention behavioral health, and older adult health; and iii) Create 1000 postbaccalaureate reapplicant slot annually at existing US, CSU, and private California-based programs and the provision of student scholarship for reapplicant postbaccalaureate students to cover 100% of program tuition.

This bill requires priority to be given to campuses with large number of underrepresented people of color and low-income students, demonstrated commitment to diversity and associated institutional change, a track record of providing tailored student support, and strong health professions school partnerships.

This bill requires OSHPD to administer a competitive application process for interested institutions and five-year pilot program grant, provide technical assistance to applicants, serve as a repository for best practices, conduct pilot program evaluations, and advocate on behalf of pilot programs.

In response to Mr. Armenta’s question of is it correct to assume that this bill is moving at the same pace as SB 395, Ms. Dhillon stated yes.

Dr. Hawkins stated that he is on HPEF and interacts with OSHPD on a regular basis. The idea of pipelines and diversity are great, and this must be a new program.

In response to Mr. Armenta’s question of what is a re-applicant slot, Dr. Alexander responded that it is these post baccalaureate programs for students who spend an additional year beyond the baccalaureate degree in a formal program, improving their academic profile for reapplication to medical school. Some students are denied when they apply to medical school, and so there are several schools around the country that will take students who have been denied and provide a year-long experience. Supporting their academic record, giving them experience and

exposure, and then helping them reapply to medical school.

In response to Mr. Grant's question of would this cover PA programs as well, or is it only for medical schools, Dr. Alexander responded that these programs are for health professionals and this would include PAs as well.

Mr. Grant stated that the school he works at currently receives about 4,000 applicants per year for about 45 seats. There are a number of these posts baccalaureate pathway programs that prepare people for PA school and medical school. However, there is a concern that when looking at the curriculum, many of these programs are not well organized. A good question to ask the author of the bill would be is if there is going to be a unified curriculum, an accreditation, or a basic pilot to see how different programs work. Also how is this being funded.

Dr. Alexander stated that there are more formal postbaccalaureate and then there are informal postbaccalaureate. The informal postbaccalaureate programs have a set curriculum, for example, the UC has a consortium of, five schools that conduct postbaccalaureate and those five schools have a set curriculum, and a pathway to help students get into medical school. The dental school started something similar years ago as well, and they have a real set curriculum that prepares students for dental school. Most time the professional schools, work with these postbaccalaureate programs, to help line up a curriculum that will make their students competitive and prepared to move to the next level. Admittedly, there are some schools that claim to have postbaccalaureate programs but they are very unstructured and they have a curriculum but it's not a set or standard curriculum that students would take, and they work with a pre-health advisor, helping these students select courses that will help them reapply or apply these professional schools. That would be a concern, but there are programs that have been long established for years and will prepare and have set curriculums for students that are interested in these postbaccalaureate programs.

Mr. Grant expressed that this answers his questions and concerns.

Mr. Armenta requested a fiscal analysis from Ms. Dhillon.

M/ Charles Alexander S/ Sonya Earley to:

Support AB 1306 and direct staff to issue appropriate communications to the author's office.

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

No public comment.

15. Agenda Items for the Next Meeting

No public comment.

16. Adjournment

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.