

MEETING MINUTES

May 9, 2022
8:30 A.M. – 5:00 P.M.
PHYSICIAN ASSISTANT BOARD
2005 Evergreen Street – Hearing Room #1150
Sacramento, CA 95815
8:30 A.M. – 5:00 P.M.

1. Call to Order by President

President Armenta called the meeting to order at 8:32 a.m.

2. Roll Call

Staff called the roll. A quorum was present.

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

Staff Present: Rozana Khan, Executive Officer
Michael Kanotz, Attorney III
Kristy Voong, Assistant Executive Officer
Julie Caldwell, Lead Licensing Analyst
Christina Haydon, Enforcement Analyst
Virginia Gerard, Probation Monitor
Jasmine Dhillon, Legislative/Regulatory Analyst
Ariel Gompers, Administrative Analyst
Aurora Morris, Office Technician

3. Consider Approval of February 7, 2022, Board Meeting Minutes

M/ Jed Grant S/ Sonya Earley to:

Approve the February 7, 2022, Meeting Minutes.

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

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. President's Report

A. DCA Approved Waivers Relating to the Practice of Physician Assistants

Mr. Armenta stated that the order waiving restrictions on healthcare providers with an expired, inactive, or lapsed license ordering and administering COVID-19 vaccines, has been extended with no end date but may be amended by the Governor as circumstances require.

B. Presentation of U.S. Flag to the Physician Assistant Board

Mr. Grant stated that the flag had been flown over the country of Kuwait on June 16, 2021. After the flag had been flown over headquarters, Mr. Grant had placed it in his flight gear and brought it on his person and it was carried on a medevac mission on September 12, 2021, which was almost 20 years to the day after 9/11. Mr. Grant stated that he wanted to bring the flag back to the Board to show his appreciation of all the support that he received while serving overseas.

Mr. Armenta thanked Mr. Grant for the flag and his service.

No public comment.

6. Executive Officer's Report

A. Office Operations

Ms. Khan reported that Board staff is managing ongoing teleworking while continuing to balance office operations. Earlier this year, the Department of General Services released its Statewide Telework Policy. Since then, office staff have completed updated agreements.

B. Electronic Newsletter

On April 18, 2022, the Board issued its first edition of the Physician Assistant Board Insider electronic newsletter. The current edition and future editions can be found on the Board's website and social media accounts. The newsletter is another essential continuing outreach effort to provide important information and Board updates to applicants, licensees, and consumers, while bringing more awareness to online services offered by the Board. Ms. Khan stated that she would like to recognize staff member Jasmine Dhillon for collaborating with the Department of Consumer Affairs' (DCA) Office of Publications, Design and Editing to create such an impressive newsletter.

C. Outreach

On February 26, 2022, Board staff had the pleasure of attending the California Academy of PAs (CAPA) conference in Napa. Staff was available to answer licensee and student questions and disseminate the Laws and Regulations booklets relating to the practice of physician assistants (PA). The Board looks forward to conducting more outreach events throughout the year to further the Board's strategic goal of informing consumers, licensees, applicants, and other stakeholders about the practice and regulation of the PA profession in an accurate and accessible manner.

The Board has also created a School Presentation Application which is a fillable PDF available on the Board's website. This application furthers the Board's outreach attempts as it is a method for California schools to express interest in a presentation from the Board.

D. Information Technology

Board staff continues to work with DCA's Office of Public Affairs to develop an instructional video to assist applicants with licensure. This video will provide instructions on how to submit an initial application in an effort to reduce confusion with the application process. Once the instructional video is produced and finalized, it will be posted to the Board's website and shared on the Board's social media accounts.

The review and redesign of the Board's website to upgrade to the latest template continues to move forward. On April 27, 2022, the website redesign progress was shared with Board members and staff. The new website will include increased functionality, streamline the information presented and will be more user-friendly.

The Board continues to utilize its subscriber alert system, social media accounts and website to maximize outreach and serve as the primary communication tools for licensees and members of the public.

No public comment.

7. Board Activity Reports

A. 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 14, 2022, the Board's licensing population is as follows:

Licensing Population by Type

Total Licensing Population: 22,678
Current Licenses: 15,611
Current Inactive: 32
Total: 15,644

Summary of Licensing Activity Report for January 1, 2022, to March 31, 2022:

Initial Applications received – 426
Licenses issued – 395
Licenses renewed – 1,842

Ms. Caldwell stated that the Board has seen a significant increase of online renewal and initial application submissions. The Board does still receive some paper renewals and applications by mail, and the percentage is about 5% to 10%.

Pending Application Workload Report as of April 14, 2022:

Ms. Caldwell reported that the Pending Application Workload Report provides a breakdown of the licensing team's current workload. The desk age is how many days an application has been assigned to Board staff and the application age is how many days the application has been with the Board. Currently, when an applicant applies online, the application first waits in the pending workload, and once licensing staff downloads the application, the application will then be assigned to a staff member. Ms. Caldwell reported that there may be some significant delays for some individuals applying for licensure due to a variety of reasons such as failing the Physician Assistant National Certifying Examination (PANCE), difficulties in gaining a verification, delays in receiving fingerprint card reports from the Department of Justice (DOJ) and Federal Bureau of Investigations (FBI), and disciplinary actions.

Licensing Performance Measures for January 1, 2022, to March 31, 2022:

The Board's goal is to review the application within the first 30 days of when the applicant submits it. The licensing team does their best to inform the applicant of where their application is in the process. If there's anything that is deficient, the applicant will receive an update informing them of what items are deficient. The goal of the licensing team is to license the applicant within five to seven business days once all deficiencies are fulfilled. If the application is reviewed and they are ready to be licensed, the Board issues the license the same day that the review was completed. Many applicants are licensed within the first 30 days.

In response to Mr. Armenta's question of if there is a reason why the Board is using fingerprint cards instead of live scan, Ms. Caldwell responded that the Board does provide live scan and fingerprint options. Live scan facilities are for California residents as well as individuals who are traveling to California to search for jobs or housing. However, if an individual resides out-of-state and is unable to come into California to complete a live scan, they are required to submit two fingerprint cards. There is no channel of communication from state to state, so it must be completed through the fingerprint card process.

In response to Mr. Grant's question of if an applicant has a criminal background, is it helpful for them to share information about that in their application or is it better for the applicant to wait for the Board to contact them, Ms. Caldwell responded that it is better for the applicant to wait. It is also based on what the Board staff views on the report from the DOJ and FBI. If the applicant has gone through the steps of having it expunged or dismissed, sometimes the applicant does not know the difference between expunged or dismissed and sometimes the state uses those interchangeably. For example, the applicant can say that they have had the case dismissed, but this could mean that the individual has done all that needed to be done with the court to move forward, while expungement means to remove the

incident from the individual's record. Sometimes dismissal can mean the same thing. What is best is to submit the application and if the Board receives a rap sheet, the Board can then address it with the applicant, asking for an explanation, as well as documentation from the police department and the court.

In response to Dr. Hawkins' question of how many applicants are trained in-state versus trained out-of-state, Ms. Caldwell responded that the PANCE exam the PAs take is administered by the National Commission on Certification of Physician Assistants (NCCPA), who are unable to provide the Board with these statistics. If an individual goes to school out-of-state, they will have the ability to test anywhere. There are many individuals who gain their PA education out-of-state but move to California to practice. If the Board were to create a spreadsheet and look at where the licensee graduated, the Board would still not gain a good impression of where the licensee's home base is because they may be going to a school out-of-state because they were unable to get into a program in California. It is the same within the NCCPA, the applicants are allowed to register using the state that they are going to live in and take the exam, the applicant is not required to stay within that state.

In response to Dr. Hawkins' question of how motivated students are with returning to California as many individuals are wanting to move to California for all professions, Ms. Caldwell responded that the highest volume of applications that the Board receives are from California residents; however, when the Board sees that there is additional licensing activity, it gives an indication that the person is already licensed and working in another state when they applied. But if they are applying and their education is from another state, one cannot tell if their home base is California or if they are out-of-state for school.

Mr. Grant stated that there are roughly 830 graduates in-state per year and the Board is licensing around 1,200 to 1,500 a year. Not all California graduates stay in California, but the Board is licensing 300 to 400 per quarter, thus the Board could estimate this is the number.

B. Complaint

Ms. Voong reported the following complaint activity for the period of January 1, 2022, to March 31, 2022:

- Complaints: Volume
 - Complaints received: 116
 - Convictions/Arrests Received: 9
 - Total Received: 125
 - Assigned to desk analyst (**may include cases received in previous quarters): 126
 - Pending at intake: 0
- Complaints and Investigations
 - Complaints referred for investigation: 14
 - Complaints and investigations closed**: 119
 - Complaints pending at desk analyst**: 297
 - Investigations pending at field**: 67
 - Average age of pending investigation**: 324 days
 - Investigation over 8 months old: 31

Ms. Voong provided an update for the Board regarding adding PAs to the Board's Medical Consultant (MC) Program. The Board is working on adding an application to the website for future applicants to the MC Program. Currently, licensees that are interested can reach out to the Board by sending an email to paboard@dca.ca.gov, or they may contact Complaint Analyst Armando Melendez and request an application. The Board is excited to be in the process of bringing on three more medical consultants and all three applicants are PAs. The PAs have submitted their applications for approval and if approved, Mr. Melendez will work on the contract process. Mr. Melendez will provide a more detailed update during the next Board meeting when he is present.

In response to Dr. Kidd's question of who is reviewing the MC applications, Ms. Voong responded that Mr. Melendez will be reviewing the applications and the requirements for participating in the MC Program is that the licensee must have a current valid medical license issued by the Board, there can't be any complaints or accusations pending, no prior enforcement or disciplinary action, the ability to maintain high level of confidentiality, provide objective unbiased evaluations and the ability to articulate and to legibly document findings.

Mr. Grant stated that he is happy to hear that the MC Program is coming to fruition as he has waited a long time to have PAs involved in the initial review of discipline cases. He looks forward to gaining more information about this program's progress at the next meeting and would like to thank Board staff for all their hard work to make this program happen.

In response to Ms. Carlquist's question of what are the backgrounds of the PAs who are applying, Ms. Voong responded that Mr. Melendez has their applications and she does not have that information available at the moment.

Mr. Armenta stated that the Board members would be interested to look over the resumes and applications of the PAs who submitted for the MC Program and to relay that message to Mr. Melendez.

Mr. Kanotz stated that there is generally a separation between Board member functions and administrative functions of Board staff in terms of hiring. This is something that can be discussed a bit more in terms of generally not being a Board's function to be reviewing applications. For instance, the Board can discuss what types of applicants the Board is receiving, but actually reviewing applications and making selections, those are left to the Executive Officer and Board staff to make those determinations.

Mr. Armenta stated that the Board should keep this in mind but also would like to point out that the sentiment is that if the Board is going to be using this particular person as a quasi-expert at the intake level, the Board would like to have some assurance that the qualification process is adequate. However, what Mr. Kanotz is saying holds merit and the Board needs to make sure to stay away from that line and give discretion to the Executive Officer.

Mr. Kanotz stated that it would be appropriate to give Board staff parameters to either discuss today or agendaize for a future Board meeting but where the Board members would cross the line is to review individual curriculum vitae and make selections.

Ms. Carlquist requested that Board staff not hire any PAs for the MC Program before the item is discussed at the next Board meeting. She further stated that her concerns are that the Board might hire a podiatry PA or a urology PA who would be responsible to review cases that are out of their field of practice.

C. Discipline

Ms. Haydon reported the following discipline activity for the period of January 1, 2022, to March 31, 2022:

- Suspensions
 - Penal Code Section 23 - 3
- Office of the Attorney General Transmittal
 - Cases initiated: 10
 - Cases pending: 38
 - Average age of pending cases: 232 days
- Formal Actions Filed/Withdrawn/Dismissed
 - Accusations filed: 5
 - Accusations Withdrawn/Dismissed: 1
- Administrative Outcomes/Final Order
 - Surrender: 2
 - Petition for Reinstatement Denied: 1
 - Petition for Termination of Probation Granted: 1
 - Petition for Modification of Probation Granted: 1
- Citation and Fine
 - Citations issued: 1
 - Pending: 2
 - Fines Issues: \$500

In response to Mr. Armenta's question of whether there is a downward trend of average age of pending cases, Ms. Haydon responded yes.

D. Probation

Ms. Gerard reported the following probation activity for the period of January 1, 2022, to March 31, 2022:

- Completed Probation – 3
- Probation Terminated – 1
- Voluntary Surrender – 1
- Total Probationers – 48
 - Active – 38
 - Tolling – 10

Ms. Gerard reported that the Board is concentrating on in-person visits and most of these visits are scheduled. However, if she is already in the required area, she will conduct surprise visits with probationers. Sometimes when conducting unannounced visits, one may find the probationer is off and not on schedule for that day. Ms. Gerard is updating the quarterly report to add an additional sheet requiring probationers to list all of their work locations. This would help the Board be better informed of the probationers' practice locations, as well as their schedules so that

the Board can facilitate the unannounced in-person visits more effectively.

In response to Mr. Armenta's question of how much lack of cooperation or hostility Ms. Gerard has met or anticipated, Ms. Gerard responded that she has not been met with much resistance from the probationers but has found more resistance from the supervising physician.

In response to Dr. Hawkins' request for Ms. Gerard to elaborate on her experience of the employer's reaction to in-person visits, Ms. Gerard responded that upon the effective date of some decisions, there needs to be 100% on-site supervision and prior to the effective date, individuals are being utilized without the physician on site. It comes down to an issue of money, where the facility needs the supervising physician on the site. It has not been the probationer making the call to complain when they receive their probation order. It typically has been the individual who has hired them, who has been using that labor, that has been found to be more resistant.

Mr. Grant stated that when these disciplinary orders are given it is the responsibility of the probationer to make sure that they are compliant with the order. This is something that the probationer would have to work out with the supervising physician. The probation monitor is only there to verify that the terms of their probation are being met. It is the probationer's responsibility to ensure that the supervising physician understands that these terms must be met in order for the probationer to continue to work.

E. Diversion

Ms. Gerard reported the following diversion activity for the period of January 1, 2022, to March 31, 2022:

- Total Active Participants – 3

Ms. Gerard reported that the Board has three individuals enrolled in the Diversion Program. She stated that she has attended the diversion meetings with the other boards. The Board is cleaning up any COVID-19 remnants and attendees that are attending meetings in person and decisions have been occurring on a case-by-case basis on when to let participants check in or have their meetings.

In response to Ms. Earley's question of has the Board been doing better since COVID-19 as she is not seeing many cases, Ms. Gerard stated that it is hard to say since she has only been with the Board for six months, but it does look like either a steady or declining number of cases.

No public comment.

8. Department of Consumer Affairs – Director's Update (DCA Staff) – May include Updates Pertaining to the Department's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, as well as Legislative, Regulatory and Policy Matters.

Carrie Holmes introduced herself as the Deputy Director of Board and Bureau Relations of the DCA and thanked the Board for allowing her the opportunity to provide a department update. In April, Boards and Bureau Relations sent out the

new quarterly newsletter titled “Board Members Did You Know?” The virtual newsletter was an outreach tool to keep board members informed of department activities as well as other information which may impact board members. DCA hopes this newsletter was helpful, and feedback is welcome for future issues. On April 1, 2022, boards and bureaus are meeting in accordance with the Open Meetings Act, including publicly noticing all meeting locations. Legislation was introduced, which will permanently allow boards and committees to meet remotely, while also allowing members of the public to participate. Assembly Bill 1733 (AB 1733) was not heard in Committee in time to meet a deadline, effectively making this a dead bill. However, it is likely that these policy discussions will continue in the Legislature. DCA encourages the Board to share its position with the bill’s author and committees if action is taken today.

Ms. Holmes stated that she noticed the Board has the topic of discontinuing the pocket cards on the agenda. DCA does believe that boards should be looking at ways to eliminate costs and this can be a great way to do so. There are several boards within DCA looking into electronic methods to verify and print licenses. DCA is here to help during these times and to work with the Board to ensure a successful transition to save Board funds.

There are two new members of the executive team who began serving in March with DCA. Terrence Brass has been selected to serve as chief of DCA’s Division of Investigation (DOI). As the DOI Chief, Mr. Brass will be providing investigation services to DCA’s boards and bureaus. Dadang Prihadi was selected for DCA’s internal audit chief. The audit team provides independent objective and consulting services to add value and approve department consulting operations.

Ms. Holmes provided an update on DCA’s Enlighten Licensing Project. This work group was formed in 2020 to help individual programs streamline and make their licensing process more effective and efficient by utilizing best practices, information technology and cost saving measures. The first deep dive was into the Board of Registered Nursing (BRN). A report will be released soon, with recommendations as to what can be used by all boards and bureaus. After this successful first round, the work group will soon begin directing another board or bureau.

On a personal note, Ms. Holmes stated that May 13, 2022, will be her last day with DCA as she is taking time to stay home with her children. Ms. Holmes thanked Ms. Khan and Board staff for always being a pleasure to work with.

Mr. Armenta thanked Ms. Holmes for her presentation and her service to the Board.

No public comment.

9. 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 Board’s fund condition statement that currently includes Fiscal Month 9 (FM 9) projections.

Ms. Balkis reported the Board has used about 36.9% of its expenditure on Personal Services (PS), which includes salaries and benefits; 39% for Operating Expenses &

Equipment (OE&E), which includes contracts, purchases and travel; and 20.32% on Enforcement, which includes the Office of Administrative Hearings as well as the Office of the Attorney General.

Fund Condition Report

The fund condition statement is based on fiscal year (FY) 2020-21 actuals with a beginning balance of \$4.9 million, with prior year (PY) adjustment of about \$70,000, giving the Board an adjusted beginning balance of \$4.8 million. The Board has an overall revenue of \$2.4 million and a total expenditure of \$2.4 million as well, which totals to a fund balance of \$4.8 million, which is about 19 months in reserve. For the Board's current FY 2021-22, the Board has a beginning balance of \$4.8 million and a projected total revenue of about \$2.8 million, with staff tracking an overall projection of FM 9 expenditures of about \$2.8 million. With those expenditures and revenue, the Board currently has a fund balance of about \$4.7 million, which gives the Board about 17.4 months in reserve. The Board's budget for FY 2022-23 is based on the Governor's budget while FY 2023-24 is based on realized gains. The Board has no immediate concerns for this fund.

Expenditure Projection Report

The Expenditure Projection Report shows the expenditures reflected in the budget. The report shows that the Board is projecting about \$1.1 million in PS and \$1.8 million in OE&E expenses. The Board is showing a total of \$2.9 million of total expenditures, this created a savings of \$114,000, or 3.8% in savings. Based on these projections there is no immediate concern for the fund.

In response to Dr. Hawkins' question of how Ms. Balkis came up with 96.22%, and not 100% for the expenditures to date, Ms. Balkis responded that she listed 96.22% because the Board still has some budget that has not been spent.

In response to Ms. Earley's question if there is a 'use it or lose it' policy with the money that the Board does not spend; Renee Milano, DCA Budget Manager, responded the amount that is remaining at the end of the year does revert back into the fund balance, the Board would be able to keep the money as savings.

In response to Mr. Armenta's question of what is the Board's target for months in reserve, Ms. Milano responded that the standard range is about six to 12 months. As one can see the Board has a very healthy budget.

In response to Mr. Armenta's question of since the Board saved a significant amount of the budget on in-state travel, if the travel is factored back in, how will this affect the budget or has this already been factored into the projected report, Ms. Milano responded that all of the Board's outlying expenditures from budget year, plus one, and outgoing are actually fully expended with no amount for reversion. The Board builds in a 3% increase annually for cost of living and it's usually a very conservative projection in the Board's out years.

No public comment.

10. Discussion and Possible Action to Discontinue Printed Pocket License

Ms. Caldwell stated that when the Board last discussed the possibility of discontinuing the laminated pocket card for when an applicant becomes a licensee and each time they renew, there were a few concerns. Ms. Caldwell has been working with the Board's BreEZe liaison to address the concerns. Ms. Caldwell stated licensees and applicants utilize the external BreEZe site when visiting breeze.ca.gov, but as staff, the Board has an internal system that is under the umbrella of BreEZe. Currently, in BreEZe there is a "Quick Start Menu" so when applicants and licensees create and register for a BreEZe account, it will open to the quick start menu. From here the applicant/licensee will have a few options; one can apply for a license, renew a license, and update their address of record, email or phone number. One function the Board is working on is adding the ability to print the pocket certificate that carries the same information that is built into the Board's system that the Board emails and mails to the licensee. This is still a work in progress, the Board has not received any feedback yet from the BreEZe team on whether that is an option; however, the option that the Board does have at this time is when an individual is licensed, they are issued a wall certificate that is automatically mapped in the BreEZe system and it goes into the print services. The information is collected by print services and those are mailed out the following day or within a few days, so the new licensee will get the wall certificate in about a week of the license being issued.

For the pocket card, currently the Board utilizes a vendor, placing card orders every two weeks due to high weekly costs. The licensee receives the laminated pocket card about three to four weeks after the license is issued or renewed. There is mapping in place within BreEZe that the Board can trigger to issue a pocket certificate and is something that the Board can start implementing in the middle of June. The Board's current pocket card contract expires on June 30, 2022, and the issuance of pocket certificate would be in place prior to that expiration. This would be something that gets mailed to the licensee with a letter letting them know that their license has been issued or renewed.

It is then up to the preference of the licensee to laminate this information and carry it on their person. It is not a requirement of the Board to have licensees carry the certificate on their person. Much of the request for the pocket card comes from Medicare and that would be the insurance organization that is requiring a hard copy of this card, not necessarily for credentialing within the hospital. Through COVID-19, many organizations have made some progress with what one is able to provide with documentation.

Ms. Caldwell stated that the Board is asking to discontinue the use of issuing a laminated pocket card through CI Solutions, who is the Board's vendor. Upon the issuance of a license or a renewal, the system would generate a pocket certificate, giving the licensee evidence of licensure. The Board is also hoping that in the future, the licensee will be able to print their pocket certificate from the quick start menu once they are logged into BreEZe; however, the Board does have options currently to provide licensees with an electronic copy of both the wall certificate and pocket certificate when requested.

In response to Mr. Armenta's question if licensees could download the wall certificate and pocket certificate from BreEZe in the quick start menu, Ms. Caldwell responded that currently licensees cannot download anything from the quick start menu, but the plan is to allow the licensee to download a pocket certificate, not the

wall certificate.

In response to Ms. Earley's question of how much will the Board save, Ms. Caldwell responded that the Board currently spends about \$2.17 per card and this will be brought down to \$.70 per card.

Mr. Grant commented that there has been an issue in the past of licensees printing the pocket certificate, laminating them, and stating that they do not last. In response to Mr. Gant's question if licensees are unable to download their pocket certificates from BreZE and must contact the office to have one emailed to them, how often does the Board anticipate Board staff having to resend these certificates; Ms. Caldwell responded that because she does not handle the phone and monitoring of the Board's email account any longer, she would not be the best individual to provide this information. Ms. Caldwell stated that she has noticed that it has been greatly reduced all through COVID-19. Ms. Gompers shared that the Board receives requests about twice per week. Ms. Caldwell stated that she does not believe it will add a lot to the Board's workload.

In response to Mr. Grant's question of when the Board issued paper certificates in the past, how often did the Board receive calls asking for reissuance, Ms. Caldwell responded that on average per month the Board would receive around half a dozen calls and it was usually due to the insurance company needing it. Ms. Caldwell stated it was helpful to ask the licensee if they could identify what the need is for an actual physical pocket card versus the information that is displayed on the Board's website, because it is more informative if one goes to the website to search a status of that individual's license. The license status can change at any time, a disciplinary action can be implemented, or an accusation could have been filed. If one is looking up a license this way, it would be more advantageous to pull up the licensee's details through the website, than to ask for a pocket card that may have been issued July 1, 2020, and now the licensee is at the tail end of their renewal cycle. That is a full two years and a lot can change in two years that can hinder their ability to practice or have limitations to their practice. Ms. Caldwell stated that she has not received feedback as to why the licensees are being asked to provide the pocket cards verses verifying the license online. Typically, licensees would state that they needed a physical card to show employers or insurance and since ordering a new one would take three to four weeks, the Board would email the licensee the PDF and that solved the issue.

Mr. Grant commented that if a licensee needs that card and the Board is issuing a durable card that lasts, currently the only reason that the licensee would contact the Board about the card would be to order a lost or replacement card. The new issue would be, if the Board starts to issue a non-durable card, the licensee is more likely to contact the Board since it will not last. When looking at cost savings between the upfront cost of issuing a durable card or the downline cost of issuing a non-durable card and having to have the staff receive phone calls and resend the cards to licensees. In response to Mr. Grant's question of will the Board still be saving money by issuing a paper card if there will be an increase in calls, Ms. Caldwell responded that most of the calls that the Board receives regarding the pocket cards are due to individuals stating that they never received their card, not that they lost their card. Mr. Grant responded, that is because the Board issue a durable card, but once Board issues a non-durable paper card, the nature of the calls may change.

Mr. Armenta stated that the State Bar of California (State Bar) previously issued the plastic cards without a photo on it. Particularly for criminal practitioners, if one wanted to go to the jail or prison to visit someone, one would present this card. These cards were durable, but they got misplaced because they were renewed every two years. When one called the State Bar to request a new card, it would take weeks to get a replacement. This was not an issue due to COVID-19, but because COVID-19 prompted the realization that digitalization can often be better for these things. Now the jails and prisons do not require them. The State Bar now gives licensees the ability to print out the paper certificate. When visiting jails or prisons, they look at individual's driver's license and key in the information to the State Bar website and verify an individual this way.

In response to Mr. Armenta's question of what are the technological barriers of BreEZe to not being able to perform the needed function, Ms. Caldwell responded that the Board has not done it yet. The BreEZe team is checking into the programming aspect of it and the ability for BreEZe to be able to provide that from the quick start menu. Ms. Caldwell is waiting on an update from the BreEZe liaison to see if this is a possibility.

Mr. Armenta stated it should not be too complicated because the BreEZe team is just adding a button to the website to print out a card, Ms. Caldwell responded that the mapping and program must be completed. There are certain things that the Board would like BreEZe to do that are not an option.

In response to Mr. Armenta's question of if the BreEZe system is so limited that there can't be a radio button to send out a card or print out a card, Ms. Caldwell responded that it would be an automatic print, but it is not available for licensees when they log into their account. When an individual receives a license or renews, it is automatically going to be issued by BreEZe and mailed. Ms. Caldwell stated that she does not have an answer at this time as to why the BreEZe system is limited, but there are some functions that she has wanted to offer the Board's licensees or applicants that have not been available in BreEZe.

In response to Mr. Armenta's question of if a PA is confronted with a need for a pocket card and BreEZe is down, the PA can call the Board and the Board can immediately dispatch an email, Ms. Caldwell responded that this is correct, and this is what Board staff are currently doing. This helps ease the frustrating aspect the licensee experiences with credentialing or Medicare requirements.

Mr. Armenta stated that in some jails or prisons people would fake State Bar pocket cards to go in and get a free visit with their friends when they are not lawyers. This shows how checking the website is a much safer way to check licensee status.

In response to Mr. Armenta's question of when will the Board know of BreEZe technical capabilities; Ms. Caldwell responded that she just checked with the BreEZe liaison last week, at this point and time it is still a work and progress. This is something the Board has been working on since the last Board meeting, so unfortunately their workload is heavy, the BreEZe team is constantly getting requests from all the different boards and bureaus that utilize BreEZe. Ms. Caldwell reported she has touched bases with the BreEZe liaison at least three or four times over the last three months, to see where the Board is at with the status. Ms. Caldwell has been told that this is ready to go, for the BreEZe system to issue a pocket

certificate once the individual renews or the license is issued. The initial licensee would get a wall certificate and a pocket certificate, and the renewal would be just the pocket certificate; that would be mailed to the address of record.

Mr. Armenta stated that since Board staff is not getting feedback on why licensees need the card, perhaps the need for the card is due to the lack of technological advancement of the individual asking for the card. Ms. Caldwell responded that it also could be that there are certain requirements that Medicare implements on PAs.

In response to Mr. Armenta's question about in terms of budget the contract is ending on June 30, 2022, if the Board does not do anything the Board will be in a default position of having to renew that contract, Ms. Caldwell responded that Board staff has already completed the contract and submitted it to the DCA's Business Services Office (BSO) and asked an analyst to begin working on it. This would make the transition go smoothly from June 30 to July 1, with no delays in the issuance of the cards. If the Board decides not to move forward with renewing the contract, Board staff would inform BSO to halt processing of the contract.

In response to Mr. Armenta's question of how long the contract is traditionally; Ms. Caldwell responded three years.

In response to Mr. Armenta's question of if the Board does not do anything, the Board will be locked into a contract for three years, Ms. Caldwell responded yes.

Mr. Armenta stated that a proposed middle ground could be for the Board to try to revisit this issue in six months to a year and see if the Board would like to go back to issuing the pocket cards. If this causes a heavy workload on staff, or BreEZe is unable to accommodate, the Board can still find a vendor to take the Board's business.

Ms. Caldwell stated that on average it takes about three months to implement a contract, from the time staff puts out the request for a quote. If Board staff are having issues with the cards not being in place, they can bring this issue to the Board before the six months to a year if needed.

In response to Mr. Armenta's question of would Ms. Caldwell recommend that the Board just try discontinuing these cards, Ms. Caldwell responded yes.

In response to Ms. Earley's question of for the individuals that called or emailed asking for their cards and were automatically emailed a paper copy, did that quell their need; Ms. Caldwell responded, yes, they're assisted over the phone or email and when they are informed that a card has been sent to their email, the Board did not hear any further issues.

Ms. Caldwell stated that she does not believe that it would be difficult for the licensee to access their pocket card from their BreEZe account but cannot say a definitive yes as of now.

Mr. Armenta stated that it would appear to be more of a workload than a technological barrier for the BreEZe team. Ms. Caldwell responded correct, but it is good that the Board has the mapping already built into the system to start printing the pocket certificates.

In response to Mr. Armenta's question of what the cost was of the previous 3-year contract with CI Solutions, Ms. Caldwell responded that the previous total was about \$48,000, and the cost of the new contract is about \$53,000. When breaking this down, it's about \$2.17 per card versus \$.70 that Print Services can offer the Board. Print Services is the Board's print services department that the Board currently uses for the wall certificates.

Dr. Hawkins stated that as an individual who visits BreEZe frequently to receive cases to vote on as a panel member, usually BreEZe is accessible. However, it would be important to mention that this previous weekend it was down, and he was unable to review cases. Ms. Caldwell stated that there are periods of maintenance. Dr. Hawkins stated that Ms. Caldwell also mentioned that there are some other complexities such as how many individuals are in the queue to get things done, which is a factor. Ms. Caldwell responded when individuals go online to renew their license, it is processed upon when they submit the payment. It is not something that is a holding pattern, the only reason that the license would not update based on the renewal aspect is if the licensee answered no to the continuing medical education (CME) question, which the Board is seeing an increase of due to the many COVID-19 waivers that were implemented where PAs were allowed to answer no to this question and still renewed without issues. The Board is currently receiving an increase of phone calls and emails inquiring about how to address this issue of correcting their license renewal, which requires Board staff to ask for evidence of CME compliance as well as a statement from the licensee that they answered the CME question incorrectly. The workload is seamless based upon the licensee submitting the payment, then the licensee would renew.

In response to Dr. Hawkins' question of would it be possible for PAs to download their pocket cards onto their phones, Ms. Caldwell responded yes, an individual can take a picture of their card and keep it on their phone for easy access.

Dr. Kidd stated that it is telling that the BRN no longer requires pocket cards because when looking at nurse practitioners, they have the ability to practice through BRN. As someone who is involved with credentialing, Dr. Kidd stated that he feels it does not impact their credentialing process, making this something the Board should potentially consider given the contractual arrangements that are going to be coming up in terms of the cost related to that. This could be a good opportunity to pilot it and see if this could work for the Board. If this doesn't work out for the Board due to workload increasing, Board staff can bring this topic back as an agenda item at a later Board meeting. From a piloting standpoint, given what COVID-19 has taught the Board, which is that technology is moving things forward to the digital age and this is one way the Board could get ahead of that in terms of following suit with some of the other boards. As a licensee, he has probably taken out his card twice in the last decade.

Ms. Earley stated that she agreed with Dr. Kidd's comment, thanked Ms. Caldwell for her presentation and stated that she had never had to use her pocket card.

Ms. Caldwell stated that as staff they never have had to ask that question before and Board staff are not as familiar with the needs of the working PA, the environment and the frequency that the PA would need to physically use the pocket card while the PA filling is out paperwork, or going into a new employment, going through credentialing, or providing the card for insurance. This could be something easy for

the licensee to access while at work if they need it and they can simply log in and print it out.

M/ Vasco Deon Kidd S/ Sonya Earley to:

Motion to eliminate the issuance of the plastic pocket card and instead move to a paper card and certificate as proposed.

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

No public comment.

11. Report on Medical Board of California Activities

Dr. Hawkins, Vice President of the Medical Board of California (MBC), reported the next quarterly Board and Committee meetings for the MBC will be in person at DCA headquarters from May 18 to 20, 2022. Both panels will meet on May 18 and the quarterly Board meeting will be on May 19 and 20. The agenda can be reviewed at mbc.ca.gov.

Dr. Hawkins reported discussion and possible actions on legislations and regulations will occur on May 20. Recently, MBC President Kristina Lawson participated in oversight hearings of the Senate Committee on Business, Professions and Economic Development. Additionally, Health Quality Investigation Unit (HQIU) and the Office of the Attorney General presented relative to the MBC's enforcement process and services provided. The purpose of the hearing was to discuss MBC's enforcement process, deficiencies and opportunities for reform and evaluating MBC's 2022 proposals for statutory updates. This is available at the Senate website, senate.ca.gov. At this hearing, MBC asked the legislators for the following statutory changes.

First, MBC discussed changing the burden of proof to the preponderance of evidence from its current standard of clear and convincing evidence. Presently, to discipline a physician, the proof is at the higher level of clear and convincing evidence. This is different from 40 other state boards, which is a lower level of proof. If approved, this would be less expensive, less time consuming, and fewer cases would be closed due to insufficient evidence.

The second item was to mandate additional reports regarding physician misconduct. In this case, a number of organizations who contract physicians would have to report termination or change in the physicians' status due to disciplinary reasons. If a company fired a physician for disciplinary reasons, it would be required to report it to the MBC. These are entities that are not currently reporting it. MBC is hoping to intervene earlier when a physician receives discipline, as currently, almost all the

reports are from consumers reporting. MBC received about 200 reports of 805 reports out of ten thousand reports. MBC is trying to intervene earlier, and this could be something very valuable for public protection.

The third was pausing the statute of limitation for subpoena enforcement. Currently, some physicians delay giving medical records that are essential to determine if discipline is warranted and some physicians consciously delay this process. If a case approaches the statute of limitations, MBC will have to either make a rapid decision or may not be able to discipline this physician. MBC would like, once a subpoena is legally presented to the physician, that the clock stops and it doesn't continue. This would allow MBC to do a better job of public protection.

The fourth was the changing the requirements for licensees seeking to modify or terminate probation or to reinstate their license. Currently, some physicians want to come off probation early and believe that they have been rehabilitated sufficiently. Or individuals who surrendered or had their license revoked, would like to be reinstated. Currently, MBC does not get compensation for the due diligence on deciding these cases. MBC would like to either change the situation so that MBC could receive compensation, primarily the physician would have to pay for it, or exchange when the person can apply for reinstatement or for modification/termination of probation.

Two other agenda items were requested by the committee; the role of the complainant and the disciplinary process. There have been some comments regarding complainants being able to come before the panels and present their case and give additional information. The second was legislation on public access to details of the board's disciplinary results. These two items are difficult and currently are not possible to do because if individuals have access to MBC's deliberative process, then they would change how they would approach the board and try to get around certain things. And if complainants were to come before the panel, this gets around the due process that the physician may have.

In response to Mr. Armenta's question of whether there is proposed legislation regarding moving to a preponderance of the evidence standard versus clear and convincing, Dr. Hawkins responded yes. In response to Mr. Armenta's question if the MBC has taken a position on this legislation; Dr. Hawkins responded no, but he stated that he suspects that MBC will vote no on this legislation.

In response to Mr. Armenta's question of has there been any gauge of public support for that legislation, Dr. Hawkins responded there is public support for the last two. The public wants to be able to bring their complaint to the panels and the boards to give their side of the story beyond their initial complaint. They want to do it before a decision is made and if a decision is made that they don't agree with, they want to be able to come back and give another comment.

In response to Ms. Earley's question of whether there was a proposal to have the time stopped during a subpoena enforcement request, is there a time period that individuals will have to respond to that initial review, Dr. Hawkins responded yes there is and there are fines after a certain period of time but the fines do not start until the judge orders it. If a case is approaching the statute of limitations, sometimes it influences the outcome of the complaint.

No public comment.

12. Regulations – Update on Pending Regulatory Packages

1. 16 CCR 1399.523.5 – AB 2138: Required Actions Against Registered Sex Offenders

Ms. Dhillon reported the revised proposed regulatory language was approved and adopted by the Board at its November 8, 2021, meeting. Agency approved this package on December 17, 2021, and it was filed with the Office of Administrative Law (OAL) on December 20, 2021. OAL approved this package on March 3, 2022, and it becomes effective on July 1, 2022. The regulatory documents for this package are on the Board's website under the 'Laws and Regulations' tab.

2. 16 CCR 1399.514, 1399.615 – SB 697: License Renewal and Continuing Medical Education Required

The revised proposed regulatory language was approved and adopted by the Board at its November 8, 2021, meeting. Staff will be working on initial documents to submit for initial review this calendar year.

3. 16 CCR 1399.502, 1399.540, 1399.541, 1399.545 SB 697: SB 697 Implementation

The proposed regulatory language passed by the Board and approved by the MBC has been revised to address concerns raised by CAPA and DCA's Legal Affairs Division. The revised proposed regulatory language was approved and adopted by the Board at its November 8, 2021, meeting. Staff is currently working on initial documents with Regulatory Counsel Karen Halbo and the Budget Office to submit for initial review.

4. 16 CCR 1399.506, 1399.507, 1399.511, 1399.546 – SB 697: Application, Exam Scores, Addresses, & Recordkeeping

The proposed regulatory language passed by the Board has been revised to address further concerns raised by CAPA and DCA's Legal Affairs Division. The revised proposed regulatory language was approved and adopted by the Board at its November 8, 2021, meeting. Staff provided Regulations Counsel and the Budget Office with three key initial submission documents and expects to submit the complete set of all initial submission documents for Legal, Executive, and Agency review by mid-May of this year.

5. 16 CCR 1399.515 – AB 2461: Retired Status to Include Fingerprint Requirement

This regulatory proposal is on hold for 2022 until the above packages are completed.

6. 16 CCR 1399.523 – SB 1441: Implement Uniform Standards Related to Substance Abusing Licensees and Update of Disciplinary Guidelines

This regulatory proposal is on hold for 2022 until the above packages are completed.

Mr. Armenta commented that there was a lot of work that went into the packages

that the Board worked on with CAPA and DCA's Legal Affairs Division. In response to Mr. Armenta's question of what is the timeline on the initial documents for review; Ms. Dhillon stated that those packages are the Board's priority at the moment, so it is the hope that these packages will be completed by the end of 2022.

In response to Mr. Armenta's question of how long does it typically take to get the packages to OAL, Ms. Dhillon responded that the plan is to get the packages to OAL by October or November at the latest and then OAL has their time period where they will overlook all the documents and if they have any edits, suggestions, or concerns they will contact Ms. Halbo or herself. Ms. Halbo and Ms. Dhillon would then complete their requests. This would typically take about two months once OAL receives the package and for OAL to give their final stamp of approval.

No public comment.

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

Mr. Grant stated that the total number of accredited PA programs continues to grow, now approaching 300 nationwide. There are 19 programs in California with four developing, most of those are geographically distributed in the Southern California, Los Angeles and San Diego areas. There are four in the Bay area, two in the Sacramento and Central Valley, and two on the Central Coast. The PA Education Association Database website was used to get accurate numbers for this report. These numbers show the Board of how many seats are in each of these programs and the numbers on the report have been updated to reflect this, as well as the accreditation status of the various programs. For programs that the Board was unable to get an accurate number of seats, the national average of 46 will be used to determine how many graduates the program will have. Currently, of the 19 accredited programs, if every seat is full in each program and all students complete the program, there will be 883 new PA students graduate every year in California. With the 23 programs, if all the programs complete the accreditation process, California will have over 1,058 PA graduates per year.

A limiting factor for growth of the PA programs is the clinical rotation sites; some of these schools have started to have to pay for clinical rotation sites. Historically, PA programs have not paid, but rather have provided some benefits to the clinical preceptors, such as offering PAs clinical professorship or CME, but that is changing in California. This drives up the cost of PA education. There are about 1,300 to 1,400 applications for licensure that come into the Board a year and this accounts for about 400 out-of-state individuals that are moving to California to practice as a PA. Around 2013, there were eight accredited PA programs in California, so one can see there is much growth. There is some pending legislation that may help grow the workforce and diversify it, which is also needed and a good thing.

In response to Dr. Hawkins' question of are the university-based programs an advantage in terms of providing clinical clerkships rotations for their graduates, Mr. Grant responded that they're all university based because PA education is all graduate education. Some of the programs who have an associated medical school may be at an advantage and they can mix the PA students with the medical students. It is hard for all programs, because everyone is busy and working hard, to be a clinical preceptor is an additional workload task on top of everything.

In response to Mr. Armenta's question of if there is anything that the Board should be doing to help facilitate any of those challenges in terms of residency and clinical preceptorships; Mr. Grant responded that there are PA residencies available but that's a separate issue. In terms of clinical preceptorships, this is something that has been investigated and other states have given tax breaks to try to encourage more training. Mr. Grant stated that he does not have an answer for Mr. Armenta at this time.

In response to Dr. Kidd's question of does the Board know what the honorarium or cost of being a preceptor is, Mr. Grant responded that it varies by school and this is something that each training program must determine. Some are paying \$1,000 per rotation as kind of a common one that that the Board hears and then for hard to obtain rotations or impacted rotations it can be significantly higher. Most of the time those are paid to the healthcare organizations and not to the preceptor. It helps to offset the administrative cost of processing paperwork of the students as well as some decreased productivity when training a student. The actual cost varies widely as some programs aren't paying for any and some are paying for all of them. Some programs have multiple sites across several states and an economy of scale which they can send their students across multiple states to go to different rotations. This is helpful for the PA students and possibly California because individuals that are from California, even though they may do some of their clinical rotations in other states, they tend to return geographically to where they are from which helps the Board meet the workforce needs. The paying for rotation will drive up the cost.

In response to Dr. Hawkins' question of what specialties PAs are going into, Mr. Grant responded that he does not have the data with him currently, but he can include it in the next report. About 35% of PAs practice in primary care with the remainder practicing in some sub-specialty, but many of the other sub-specialties would be like emergency medicine, urgent care, etc. It used to be much higher, but it is lower now.

Ms. Earley stated that even the medical schools are having to pay for sites as well, but the PA programs usually range from \$500 to \$1,000 per student going off-site and then if those spaces aren't available, students go out-of-state, which is a cost for the school. The school must pay for those out-of-state locations, housing and receptors to meet the need.

Dr. Alexander stated that he has seen an increase in private schools versus public schools. It is good to see the University of California (UCs) coming online as a public school, this increases access particularly for underrepresented communities. Dr. Alexander reminded the Board that there was a statewide commission on workforce diversity that was created a couple years ago. The state has taken interest in this in terms of trying to increase the diversity of the health workforce. The cost of PA programs is expensive, particularly at private schools, and it would be great to see more public schools. California has one California State University (CSU) and two UCs and given that there is several CSUs and UCs it seems as though that the Board should be encouraging more public access to PA programs.

No public comment.

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

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

Ms. Dhillon stated that this bill was introduced on February 12, 2021, and is located in the Senate Committee on Appropriations. AB 646 would require programs under DCA that provide 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. This bill would also require boards, on receiving an expungement order, to remove the initial posting on its online license research system 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 was amended to require the Board to charge a fee of \$25 to the person to cover the reasonable regulatory cost of administering the bill's provisions unless there is no associated cost.

At the August 9, 2021, meeting, the Board chose to maintain its watch position and staff is continuing to monitor this bill.

The web posting, and removal of documents would fall under the Board's regular pro rata towards DCA – Office of Information Services – services and would be minor and absorbable. However, these costs may be offset by the \$25 fee on a person seeking to have information updated or removed because of an expungement order.

The Board maintained its watch position on this bill.

B. SB 731 – Durazo: Criminal Records: Relief

This bill was introduced on February 19, 2021, but is considered dead as it failed passage on the Assembly floor.

The Board maintained its opposed position on this bill.

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

This bill was introduced on February 11, 2021, and is located in the Senate Committee on Appropriations. This bill 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 the relevant boards.

At the August 9, 2021, meeting the Board chose to maintain its watch position and staff will continue to monitor this bill.

This bill currently does not have a funding source and therefore the cost of the program would be funded through the participating boards or DCA pro rata. The author notes that funding mechanisms are currently being explored and is committed to ensuring license fees 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 maintained its watch position.

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

This bill was introduced on February 19, 2021, and is located in the Senate Committee on Appropriations. This bill has not been amended as of the last meeting. At its August 9, 2021, Board meeting, the Board took a support position and staff is continuing to monitor this bill

The author's office does not anticipate any cost to the healing arts boards.

The Board maintained its support position.

E. AB 1733 – Quirk: State Bodies: Open Meetings

The Board was informed after this report was created that this bill is essentially dead, making this bill no longer a concern.

In response to Mr. Armenta's question of does the Board need to take a stance when the bill is dead, Mr. Kanotz responded that the Board could still take a position on this bill, there may be other legislation that's like this bill. This was the bill that appeared might be moving forward with regard to holding virtual meetings.

Mr. Armenta stated that he feels that this is an excellent bill that should be considered as virtual meetings are the way of the future. However, considering its apparent mootness the Board may not need to take a position.

F. AB 1662 – Gipson: Licensing Boards: Disqualification from Licensure: Criminal Conviction

This bill was introduced on January 18, 2022, and is located in the Assembly Committee on Appropriations.

This bill was recently amended on April 27, 2022. This bill essentially required a Board to establish a process by which prospective applicants may request a pre-application determination as to whether their criminal history could be cause for denial of a completed application for licensure by the Board. The bill provides that the pre-application determination among other things may be requested by the prospective applicant at any time prior to the submission of an application and would require the Board to include specified written information regarding the criteria used to evaluate criminal history and how the prospective applicant may challenge a denial by the Board. The bill also provides that the pre-application determination does not constitute a denial or disqualification of an application and would prohibit requiring a pre-application determination for licensure or for participation in any education or training program. This bill would require a board to publish information regarding its process for requesting a pre-application determination on its internet website and authorize the Board to charge a fee as specified to be deposited by the Board into the appropriate fund and available only upon appropriation by the legislature. This bill would require that the Board provide in writing a summary of the criteria used by the Board to consider whether a crime is substantially related to the qualifications, functions, or duties of the business or profession it regulates. It would also be required to provide the processes for an applicant to request a copy of the

applicant's complete conviction history. This would also provide that the applicant would have the right to appeal the Board's decision, as well as any existing procedure that the Board has for the prospective applicant to challenge the decision or to request reconsideration following the denial of a completed application. The Board may charge a fee to a prospective applicant and the amount not to exceed the lesser of \$50 or the reasonable cost of administering this section.

This bill would increase staff's workload because determination requests must be made by staff when requested by an individual. The Board estimates it would receive three to five pre-application determination requests per year. This would likely increase 10-15 hours of staff time total per request, divided between one Staff Services Analyst, one Associate Governmental Program Analyst and the Executive Officer. This could also require the Board to seek advice from a Deputy Attorney General for more complicated cases. Since the Board is authorized to charge a fee of \$50, the reasonable cost of administering this bill would be covered.

In response to Mr. Armenta's question of there is an estimate of three to five pre-application determination requests per year, what is the reasoning of how the Board came to that estimation, Ms. Dhillon responded that as of now with applicants who are denied based on their criminal history, the Board receives roughly two to three a year. The Board is estimating maybe about one or two increases in the year. It is hard to determine that because the Board does not have a process in place for this. This is just an estimate, and it can change if this bill does moves forward. The Board must also take into consideration that the individuals who will be applying for these letters, could possibly not even be in the process of getting their PA license. They may just be considering getting their PA license and want to know what their options are. There could be a chance of an increase in individuals who apply for the predetermination letters, this is only a rough estimate based on how many requests the Board currently receives.

Mr. Grant stated that if an individual is thinking of attending PA school and has a criminal background and the individual wants to know if that criminal background is going to preclude them from going, they might retain some counsel to guide their decisions. This bill appears to be a cost shift from the person obtaining counsel to help them understand the law to the PA Board, which in Mr. Grant's opinion is not the Board's job. The PA may not be able to attend the school because the clinical rotations require the PAs to pass a background check. The individual would need to check with the programs first, whether or not the Board states that the PA would be able to attend a program in the first place. This would also be a big cost shift and would increase the Board's workload for something that does not relate to the Board's mission.

In response to Mr. Armenta's question of are there other jurisdictions that have done this, Ms. Dhillon responded none that she is aware of.

In response to Mr. Armenta's question of what would be the disqualification convictions for a PA, Mr. Grant responded that he believes it would be crimes that are determined to be substantially related to PA practice. It may be dishonesty in terms of billing, extortion, etc. Mr. Grant stated that he believed that the PA's crimes would be substantially related and that an attorney could sit down and read the law with an individual who is considering attending PA school and inform them that they have these convictions and that there is a nexus between this profession and these

crimes that needs consideration. This does not feel like a responsibility for the Board but for the PA.

Mr. Armenta commented that the language in the regulation is substantially related. If an individual wants to try to get their PA license despite their convictions, then they would need to speak with a lawyer and see how to get their convictions expunged. Mr. Armenta stated that he agrees with Mr. Grant and Ms. Dhillon's observations are correct in that the Board will receive many individuals who may not be very serious about PA school and trigger a significant cost for the Board. Mr. Armenta stated that he would oppose this based on the resource allocation.

Dr. Hawkins stated that he agrees with Mr. Grant and Mr. Armenta. MBC was not positive that this was a shift that puts the Board in a position where the Board may be saying something the Board can't maintain. The Board may make a comment and it may backfire; this bill is probably going to be opposed by MBC.

Ms. Earley stated that she agrees as well. In the past, it was encouraged to call the Board to see for instance if they had a DUI conviction what would that pose if that individual had gone through a PA program. What would the Board do, and Board staff would give them some generalities? However, with different cases one can see that as mentioned earlier they might not even get through the process because once their record is pulled, they may not be able to get any clinical rotations. They may not be able to stay in PA school depending on when they bring that information to light. There are a lot more things that need to be considered in situations like this but to read it this way, Ms. Earley placed her vote as a no because it places the burden on the Board. This would present a challenge when the Board does not have the case information readily available to make that determination or the man and woman hours that have to go into to looking through the matter that is not cost efficient.

In response to Dr. Alexander's question of would the Board feel different if there was a cost for pre-application submission; Mr. Armenta responded that even if the Board had a cost shift to the applicant, the Board would still be consuming resources. There is a concern of what type of liability the Board would incur for even issuing an opinion letter that would say an individual is eligible and later that they're not. One could then try to argue that the Board is responsible for the school fees. This is a bill that is admirable in its goal but not well thought out.

Ms. Earley stated that she agrees and does not think that the Board should support this bill because of the ramifications, because PA schools are upwards towards \$150,000. To make that a cost for the Board, from the Board's standpoint, to allocate individuals to do that, there would be no cost savings. If the individual finished school and the Board had a chance to look through their file and rendered them a no, this could end in lawsuits.

In response to Dr. Alexander's question of, you as an individual paid for the effort would this be something that would be reconsidered; Ms. Earley responded no, but that's where the lawyers would come in.

In response to Mr. Grant's question of how does this fall under the Board's mission of public protection, Mr. Armenta responded that Mr. Grant made an excellent point.

Ms. Earley stated that in the past most people would call to see if it was something

viable for them to do. However, this takes it to another level of having to look through all that egregious information and render something. This takes the Board further out of the Board's scope of practice. Mr. Armenta responded that the Board would be issuing an opinion letter.

Dr. Hawkins commented that the Board increasingly views the bills, and the Board is asked to give their opinions. One thing that is supposed to help Board members figure out whether the Board should be involved is does it speak to the Board's mission, because they spend so much time, activity, money and dialogue. Sometimes individuals are pulled into things that they don't have to be involved in because it doesn't speak to Board's core. Anyone can have an opinion but maybe you don't have to have an opinion on everything that doesn't really get to what we were charged with doing.

M/ Juan Armenta S/ Sonya Earley to:

Motion to oppose AB 1662 and to direct staff to send a letter 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				
Vasco Deon Kidd	X				

No public comment.

15. Agenda Items for Next Meeting

1) Update on the Medical Consultant Reviewer Program and the parameters of the medical consultant selection.

No public comment.

16. CLOSED SESSION

A. Pursuant to Section 11126(a)(1) of the Government Code, the Board will conduct the annual evaluation of performance of the Executive Officer.

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

17. Adjournment

Adjournment will immediately follow the 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.