

1 **MEETING MINUTES**

2  
3 **August 8, 2022**  
4 **8:30 A.M. – 5:00 P.M.**

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

6  
7 **1. Call to Order by President**

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

10  
11 **2. Roll Call**

12 Staff called the roll. A quorum was present.

13  
14  
15 Board Members Present: Charles Alexander, PhD  
16 Juan Armenta, Esq.  
17 Jennifer Carlquist, PA-C  
18 Jed Grant, PA-C  
19 Randy Hawkins, M.D.  
20 Diego Inzunza, PA-C  
21 Vasco Deon Kidd, PA-C

22  
23 Board Members Absent: Sonya Earley, PA-C

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

35  
36 **3. Consider Approval of May 9, 2022, Board Meeting Minutes**

37  
38 M/ Vasco Deon Kidd S/ Jed Grant to:

39  
40 Approve the May 9, 2022, Meeting Minutes.

41

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

42  
43 No public comment.

45 **4. Public Comment on items not on the Agenda**

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

51  
52 No public comment.

53  
54 **5. President's Report**

55  
56 A. DCA Approved Waivers Relating to the Practice of Physician Assistants

57  
58 Mr. Armenta stated that after the State of California was placed into a state of  
59 emergency by the Governor, there are various waivers with respect to licensing and  
60 administration of COVID-19 vaccines. In coordination with state and local efforts, the  
61 Governor extended those with the seventh amendment to the Declaration on March  
62 11, 2021; those waivers continue presently, and specifications are available on the  
63 Board's website.

64  
65 No public comment.

66  
67 **6. Executive Officer's Report**

68  
69 A. Office Operations

70  
71 Ms. Khan reported that the Board is managing ongoing teleworking for staff while  
72 continuing to balance office operations.

73  
74 B. Personnel

75  
76 Effective July 1, 2022, Jasmine Dhillon has been promoted to Staff Services  
77 Manager I (SSM I) [Specialist], to serve as the Legislative and Regulatory Specialist  
78 for the Board. This is the Board's first SSM I Specialist position. Historically, the  
79 incumbent tracking legislation and coordinating all rulemaking activity for the Board  
80 has always been from the Associate Governmental Program Analyst (AGPA)  
81 classification. However, due to the demand of the position and the high-level  
82 involvement in the decision-making process, the position no longer can be sustained  
83 at an AGPA level.

84  
85 Ms. Dhillon joined the Board on March 8, 2021, as a Legislative and Regulatory  
86 Analyst. She has consistently demonstrated her ability to successfully assume  
87 increased responsibilities and works independently and tactfully while providing a  
88 broad range of high-level complex analytical and consultative duties as they relate to  
89 the Board's legislative and regulatory processes.

90  
91 C. Annual Report

92  
93 As fiscal year 2021-22 came to an end, Board staff worked diligently in submitting its  
94 Annual Report to the Department of Consumer Affairs (DCA). The Annual Report is  
95 an opportunity for the Board to demonstrate its accomplishments, provide program  
96 information such as position counts, board membership, license requirements, fees,

97 continuing education, licensing and enforcement statistics, and regulatory and  
98 legislative updates in the past 12 months. The report will undergo DCA's review and  
99 approval process before its publication.

#### 100 D. Outreach

101  
102  
103 Board staff is looking forward to attending the California Academy of PAs (CAPA)  
104 Conference (CAPACon) in Carlsbad, California. CAPACon will be held during  
105 Physician Assistant Week, October 6 to October 9, 2022. Staff will be available to  
106 answer licensee and student questions and disseminate Laws & Regulations  
107 booklets relating to the practice of physician assistants (PA). The Board thanks  
108 CAPA for the outreach opportunity and looks forward to conducting more outreach  
109 events throughout the year to further the Board's strategic goal of informing  
110 consumers, licensees, applicants, and other stakeholders about the practice and  
111 regulation of the PA profession.

#### 112 E. Information Technology

113  
114  
115 Development of the instructional video to assist applicants with licensure is currently  
116 on hold. The DCA Public Information Officer assigned to assist the Board with the  
117 production of the video has taken a promotional opportunity with another state  
118 agency. The development of the instructional video will resume once a replacement  
119 is hired.

120  
121 The redesigned Board website is close to being completed. The site is currently  
122 undergoing a final accessibility check and will go live once this process is complete.  
123 The new website will include increased functionality, streamline the information  
124 presented and a more user-friendly interface.

125  
126 The Board continues to utilize its subscriber alert system, social media accounts and  
127 website to maximize outreach, which serve as the primary communication tools for  
128 licensees and members of the public.

129  
130 In response to Mr. Armenta's question of which Board staff members will be  
131 attending the conference, Ms. Khan responded that as of now, the attendees will be  
132 the Assistant Executive Officer, the Lead Licensing Analyst and the Legislative  
133 Specialist. However, this has not been finalized.

134  
135 In response to Dr. Hawkins' question of, have there been any issues with the Board  
136 attending the CAPA conference, Mr. Armenta stated that in the past the Board has  
137 had issues with attempting to coordinate the Board meetings at the same time as the  
138 CAPA conference. Due to logistics and timing, the two events have become  
139 unaligned.

140  
141 Mr. Grant stated that the Board had discussions at previous Board meetings about  
142 whether it would be worthwhile to continue to alter the Board's schedule to hold the  
143 meeting at the CAPA conference as the Board has done previously. The result of  
144 these discussions was that rescheduling the Board's meeting would cause issues  
145 with the 100-day limit between meetings. The Board decided by unanimous vote to  
146 keep the Board meeting in November, rather than trying to have a meeting in  
147 October.

149 No public comment.

150

## 151 **7. Board Activity Reports**

152

### 153 A. Licensing

154

#### 155 Licensing Population by Type Report as of July 21, 2022:

156

157 Ms. Caldwell reported that this report provides an overall view of the licensing  
158 population and different statuses.

159

160 Total Licensing Population: 23,087

161

161 Current Licenses: 15,881

162

162 Current Inactive: 32

163

163 Temporary Family Support: 2

164

164 Total: 15,915

165

#### 166 Summary of Licensing Activity Report for April 1, 2022, to June 30, 2022:

167

168 Ms. Caldwell reported that this report provides a breakdown of how many applications  
169 the Board received for an initial license.

170

171 Initial Applications received – 431

172

172 Licenses issued – 358

173

173 Licenses renewed – 1,685

174

#### 175 Pending Application Workload Report as of July 21, 2022:

176

177 Ms. Caldwell reported that this report provides a breakdown of the workload for the  
178 staff members who are overseeing the initial applications. The report gives the  
179 Board a general idea of how long it can take to process an application. The first pie  
180 chart is the desk age, and this chart reflects how long the application has been with  
181 the Board and has been reviewed. The desk age starts once it is assigned to one of  
182 the licensing analysts. The second pie chart shows how long the application has  
183 been in the system. There is a difference in the time because online applications are  
184 not downloaded daily. Applications might wait in the system for a few days before  
185 they are assigned to an analyst. However, the analyst does review all of the  
186 applications in the date order that they are received.

187

188 The majority of the applications are being licensed within 30 days. Applicants  
189 receive an update known as a deficiency letter that lists any deficiencies they may  
190 have, or they will receive a congratulatory letter stating they have been licensed.  
191 Anything that falls outside of the Board's 30-day window is typically due to the  
192 applicant having items that are deficient, such as passing the Physician Assistant  
193 National Certifying Examination (PANCE) exam, verification of other health care  
194 licenses or certificates, or for waiting on fingerprint results from the Federal Bureau  
195 of Investigation (FBI) and Department of Justice (DOJ). The fulfillment of these  
196 deficiencies is out of the Board's control.

197

198 In response to Mr. Armenta's question of, is the trend line for processing holding  
199 steady, increasing, or decreasing, Ms. Caldwell stated that the Board has been  
200 running about three weeks from the time when an applicant submitted the

201 application to the time that they received an update from the Board. July placed the  
202 Board a little past the 3-week margin; however, the Board was still under the 30-day  
203 window and now the Board is back on track and tightening the 30-day window closer  
204 to a 21-day window. This can depend upon the Board staff schedule, the volume of  
205 PA schools that are graduating and how many applications the Board is receiving.  
206 This can cause an increase in the overall time, but it's still within 30 days, which is  
207 also posted on the Board's website.  
208

209 In response to Mr. Armenta's question of, whether Ms. Caldwell is satisfied with the  
210 current timeline for processing applications, Ms. Caldwell responded yes.  
211

212 In response to Dr. Hawkins' question of, what are the numbers of PAs practicing  
213 compared to the numbers of PAs retiring and how are those numbers balancing out,  
214 Mr. Armenta responded that this question should be addressed when the Board  
215 reaches agenda item number 14, with Dr. Alexander and Mr. Grant addressing  
216 workforce.  
217

### 218 B. Complaint

219

220 Ms. Melendez reported the following complaint activity for the period of April 1, 2022,  
221 to June 30, 2022:  
222

- 223 ● Complaints Volume
    - 224 ○ Complaints received: 89
    - 225 ○ Convictions/Arrest Received: 6
    - 226 ○ Total Received: 95
    - 227 ○ Assigned to desk analyst (\*\*may include cases received in previous  
228 quarters): 110
    - 229 ○ Pending at intake: 0
  - 230 ● Complaints and Investigations
    - 231 ○ Complaints referred for investigation: 24
    - 232 ○ Complaints and investigations closed\*\*: 116
    - 233 ○ Complaints pending at desk analyst\*\*: 269
    - 234 ○ Investigations pending at field\*\*: 76
    - 235 ○ Average age of pending investigation\*\*: 239 days
    - 236 ○ Investigation over 8 months old: 28
- 237

238 Mr. Armenta stated that he is impressed with the investigation aging report of this  
239 year as compared to last year's numbers and it is great to see the downward trend.  
240

### 241 C. Discipline

242

243 Ms. Haydon reported the following discipline activity for the period of April 1, 2022, to  
244 June 30, 2022:  
245

- 246 ● Suspensions
  - 247 ○ Interim Suspension Order - 0
  - 248 ○ Penal Code Section 23 - 1
- 249 ● Office of the Attorney General Transmittal
  - 250 ○ Cases initiated: 11
  - 251 ○ Cases pending: 43
  - 252 ○ Average age of pending cases: 300 days

- 253 ● Formal Actions Filed/Withdrawn/Dismissed
- 254 ○ Accusations filed: 5
- 255 ○ Accusations Withdrawn/Dismissed: 0
- 256 ● Administrative Outcomes/Final Order
- 257 ○ License Application Denied: 0
- 258 ○ Probationary License Issued: 0
- 259 ○ Public Repeval: 0
- 260 ○ Surrender: 2
- 261 ○ Petition for Reinstatement Granted: 2
- 262 ○ Petition for Reinstatement Denied: 1
- 263 ○ Petition for Termination of Probation Granted: 1
- 264 ○ Petition for Modification of Probation Granted: 0
- 265 ● Citation and Fine
- 266 ○ Citations issued: 1
- 267 ○ Resolved/Closed: 2
- 268 ○ Pending: 2
- 269 ○ Fines Issues: \$5,000
- 270 ○ Fines Received: \$750

271  
 272 In response to Mr. Armenta’s request for clarification on the fines issued and fines  
 273 received, Ms. Haydon responded that the PAs are given a certain number of days to  
 274 comply from the date that the citation is issued. Currently, there are two citations  
 275 pending due to fines. As of now the Board has received \$750, and the funds were  
 276 placed into the fiscal year where the fine was issued. The PA is presently paying this  
 277 fiscal year.

278  
 279 In response to Dr. Hawkins’ question of, what is the most common reason that a  
 280 license application is denied, Ms. Haydon responded that there are a variety of  
 281 reasons, however she cannot narrow it down to one specific situation. Ms. Caldwell  
 282 responded that applications get denied due to disciplinary history reported in the  
 283 National Practitioner Data Bank (NPDB) report. Once the applicant applies and the  
 284 Board has all of their requirements, Board staff complete their review. There are  
 285 instances where the Board will base denial on the licensee being on a disciplinary  
 286 order from another licensing board. The Board may mirror that and refund their initial  
 287 licensing fee. If a criminal conviction shows up on the applicant’s background check,  
 288 the Board will then ask for the arrest report and court documents. Once the Board  
 289 reviews those documents, Board staff would consider denial based on the  
 290 information received.

291  
 292 D. Probation

293  
 294 Ms. Gerard reported the following probation activity for the period of April 1, 2022, to  
 295 June 30, 2022:

- 296 ● Completed Probation – 1
- 297 ● Probation Terminated – 1
- 298 ● Total Probationers – 45
- 299 ○ Active – 37
- 300 ○ Tolled – 8

301  
 302  
 303 Ms. Gerard stated that she made on-site visits in the East Bay and Inland areas of

304 northern California this quarter.

305  
306 In response to Mr. Armenta’s request for Ms. Gerard to elaborate on her  
307 experiences with her field visits, Ms. Gerard responded that her field visits are going  
308 well. She made some surprise visits and hopes to do it again. She stated that she  
309 took a vacation and was ill for a short period of time which caused a pause but that  
310 she will resume visits.

311  
312 In response to Mr. Armenta’s question of, how these surprise visits are received by  
313 the probationers, Ms. Gerard responded that she feels some probationers are very  
314 caught off guard. There have been some instances where individuals were not at  
315 work that day. The Board has created a new form that has required probationers to  
316 list their practice location to get a schedule down. When visiting a location, the goal  
317 is to book one individual and surprise another, that way it is not a waste of the  
318 Board’s money to travel.

319  
320 In response to Mr. Armenta’s question of, are the probationers typically cooperative  
321 during the visits, Ms. Gerard responded yes.

322  
323 In response to Mr. Grant’s question of, has there been any improvement since the  
324 last meeting where it discussed the pushback that Ms. Gerard received from the  
325 probationer’s supervising physicians, Ms. Gerard stated that Mr. Grant may be  
326 misremembering, as the issue that she mostly had was that the PA required to have  
327 100% on-site supervision before the effective date of their decision; this was when  
328 the Board received the most push back from the supervising physicians.

329  
330 E. Diversion

331  
332 Ms. Gerard reported the following diversion activity for the period of April 1, 2022, to  
333 June 30, 2022:

- 334  
335
  - Total Active Participants – 3

336  
337 In response to Mr. Armenta’s question of has this been operating as intended, Ms.  
338 Gerard responded yes.

339  
340 No public comment.

341  
342 **8. Department of Consumer Affairs – Director’s Update (DCA Staff) – May**  
343 **Include Updates Pertaining to the Department’s Administrative Services,**  
344 **Human Resources, Enforcement, Information Technology, Communications**  
345 **and Outreach, as well as Legislative, Regulatory and Policy Matters.**

346  
347 Tonya Corcoran, Compliance and Equity Officer, thanked the Board for allowing her  
348 the opportunity to provide a department update. Specific to the Open Meetings Act  
349 legislation, the Governor signed Senate Bill 189 on June 30. It reinstated through  
350 July 1, 2023, the remote meeting provisions of the Bagley-Keene Open Meeting Act,  
351 that were in place during the pandemic. Ms. Corcoran advised that DCA continues to  
352 advocate on the Board’s behalf, so that the Board may conduct the board meetings  
353 in a manner that best serves the business of the Board, while still taking into  
354 consideration both costs and public participation. DCA is asking boards to continue  
355 to use WebEx as much as possible to allow the public to attend remotely. DCA is

356 also continuing to survey the boards about public meetings to track costs for the  
357 meetings, to compare costs for in-person and WebEx meetings. Since this legislative  
358 change is only in place for this fiscal year, those surveys have been distributed to all  
359 boards and bureaus, and they're being completed within 30 days after each meeting  
360 that's being held. Specific to in-person meetings guidelines, if the Board chooses to  
361 hold in-person meetings there are some safety measures and best practices. All  
362 Board members and staff are expected to follow the state and local public health  
363 guidelines that apply in the area where those meetings are being held. It is strongly  
364 encouraged that attendees wear a face mask at these public meetings. In addition,  
365 prior to any meeting in person or at a remote public location, members need to  
366 submit vaccine verification to DCA's Office of Human Resources (OHR) or be  
367 subject to COVID-19 testing.

368  
369 The Director recently held a meeting on July 5 with executive officers and bureau  
370 chiefs to roll out changes to regulation development and approval process. Those  
371 changes were discussed and reviewed by the Executive Officer and Bureau Chief  
372 Cabinet and then it was shared with all boards and bureaus, including the  
373 documentation and flow charts for those processes. DCA is hoping to see  
374 regulations moving through the process more quickly.

375  
376 Specific to Board and Bureau Relations, Carrie Holmes left DCA on May 13,  
377 additionally, Brianna Miller accepted another position and left on June 10.  
378 Employees at DCA will share these responsibilities and want to assure that during  
379 this transition period DCA will continue to serve and provide the services that DCA  
380 did prior to their departure. If the Board needs anything, please feel free to reach out  
381 to member relations or call the Executive Office directly.

382  
383 Ms. Corcoran stated that she would like to share a few changes in staffing. DCA is  
384 pleased to announce that Nicole Le was hired on June 24, as the Deputy Director of  
385 Office of Administrative Services. Ms. Le has more than 20 years of state experience  
386 and 10 years dedicated to those in the OHR function. Additionally, Olivia Trejo was  
387 appointed as Chief of OHR, effective August 1. Ms. Trejo has over 22 years of  
388 human resources experience and has served the last nine years within DCA's OHR.  
389 Lastly, Taylor Schick was appointed as Chief Fiscal Officer in July. Mr. Schick has  
390 more than 16 years of state service experience and he began his career as a Budget  
391 Analyst and most recently serving as the DCA Budget Officer.

392  
393 For staff and Board members who have submitted travel expense claims, DCA has  
394 been notified that there has been a delay in processing and approval of the travel  
395 expense claims for the current fiscal year. This would be for July 1 to present, and  
396 that is due to setting up the new fiscal year budget in the statewide Fi\$Cal system.  
397 DCA does expect those to be resolved in the coming weeks and DCA appreciates all  
398 staff and Board members' patience at this time.

399  
400 Lastly, a reminder that the current year's final Board Member Orientation Training  
401 (BMOT) is coming. BMOT will be held on October 12, and members can register  
402 through the department's Learning Management System (LMS). This is a reminder  
403 that it is required for all newly appointed or reappointed board members but is also  
404 available as a refresher for all members and Executive Officers.

405  
406 No public comment.

407

408 **9. Budget Update (DCA Budget Analyst)**

409  
410 Suzanne Balkis, DCA Budget Analyst, introduced herself as the Board's budget  
411 analyst and explained that she would go over the Board's fund condition statement  
412 that currently includes Fiscal Month 11 (FM 11) projections.

413  
414 Ms. Balkis reported the Board has used about 36.72% of its expenditure on Personal  
415 Services (PS), which includes salaries and benefits; 38.81% for Operating Expenses  
416 & Equipment (OE&E), which includes contracts, purchases and travel; and 23.62%  
417 on Enforcement, which includes the Office of Administrative Hearings as well as the  
418 Office of the Attorney General. The Board has 0.85% in Reversion.

419  
420 Fund Condition Report

421  
422 The fund condition statement is based on fiscal year (FY) 2020-21 actuals with a  
423 beginning balance of \$4.9 million, with prior year (PY) adjustment of about \$70,000,  
424 giving the Board an adjusted beginning balance of \$4.8 million. The Board has an  
425 overall revenue of \$2.4 million and a total expenditure of \$2.4 million as well. This  
426 totals to a fund balance of \$4.8 million, which is about 19 months in reserve. For the  
427 Board's current FY 2021-22, the Board has a beginning balance of \$4.8 million and  
428 a projected total revenue of about \$2.6 million, with staff tracking an overall  
429 projection of FM 11 expenditures of about \$3 million. With those expenditures and  
430 revenue, the Board currently has a fund balance of about \$4.4 million, which gives  
431 the Board about 16.2 months in reserve. Budget year (BY) is based on Governor's  
432 budget and BY +1 is based on realized. The Board has no immediate concerns for  
433 this fund.

434  
435 Expenditure Projection Report

436  
437 The Expenditure Projection Report shows the expenditures reflected in the budget.  
438 The report shows that the Board is projecting about \$1.1 million in PS and \$1.9  
439 million in OE&E expenses. The Board is showing a total of \$3 million of total  
440 expenditures, this created a savings of \$26,000, or 0.85% in savings. Based on  
441 these projections there is no immediate concern for the fund.

442  
443 In response to Mr. Armenta's question of, what is the BY +1 23/24 based on, Ms.  
444 Balkis responded that it is based realized, meaning it is based on the Governor's  
445 budget.

446  
447 In response to Mr. Armenta's question of, the Board's months in reserve trendline  
448 has been moving downward in FY 23/24 to 10 months, is this a cause for concern,  
449 Ms. Balkis responded no, the Board is still in an acceptable window.

450  
451 In response to Mr. Armenta's question of, what in Ms. Balkis' opinion is an  
452 acceptable window, Ms. Balkis responded it is recommended to stay between 12 to  
453 24 months to be considered healthy. The Board is a little below 12 months; however,  
454 this is still considered in good condition. Anything above three months is not cause  
455 for concern.

456 In response to Mr. Armenta's question of, considering what appears to be an  
457 inflationary environment, moving forward should the Board be doing something to  
458 address that in regard to the months in reserve, Ms. Balkis responded that she is

459 working with Ms. Khan to see what contracts the Board will need to continue moving  
460 forward and which ones the Board will no longer need.

461  
462 No public comment.

463  
464 **10. Update on Medical Consultant Reviewer Program**

465  
466 Mr. Melendez shared his experience working with a Medical Consulting Program.  
467 Mr. Melendez stated that he had the opportunity to work for the Medical Board of  
468 California (MBC) for about 20 years, and in those years, he spent seven years  
469 working in the Enforcement Unit as a Complaint Analyst and two of those years as  
470 the Medical Consultant Analyst with one other colleague. As the Medical Consultant  
471 Analyst, Mr. Melendez was responsible for the recruitment and ongoing  
472 maintenance of the pool of medical consultants (MC), roughly 400 employed to  
473 perform initial review of consumer complaints and prepare reports related to whether  
474 the physician's care was within the standard of care in the medical community. He  
475 coordinated with MBC staff on the review of the complaints filed against physicians,  
476 physician assistants and midwives as it related to their care and treatment. Mr.  
477 Melendez independently identified and contacted MCs to obtain medical reviews to  
478 determine whether further investigation was indicated.

479  
480 Mr. Melendez stated that the Board's Medical Consulting Program is not something  
481 new; the Board adopted the same model that was used at MBC. The Board currently  
482 has an MC application that is used for both PAs and physicians to apply for the  
483 program. When reviewing the MC applications, Mr. Melendez will confirm that the  
484 application is complete with all of the required information and that the licensee  
485 meets the minimum requirements to be an MC which include: a current unrestricted  
486 license with the Board or MBC, the license is in good standing meaning that their  
487 license is clear of complaints filed within the last three years, the candidate has not  
488 been retired for more than five years, and the candidate has been practicing a  
489 minimum of three years. Mr. Melendez stated that he also has the following  
490 desirable qualifications which are prior peer review experience and board  
491 certification. For physicians, he checks for board certification from the American  
492 Board of Medical Specialties, or a specialty board approved by MBC prior to January  
493 1, 2019.

494  
495 Once an application is approved, Mr. Melendez requests a contract, and the entire  
496 process can take two to three weeks to bring a new MC on board. Most of the time  
497 his waiting for the issuance of the contract by DCA. Mr. Melendez is also working  
498 with DCA's Information Technology Unit on the creation of an MC recruitment page.  
499 This page will provide candidates with information on the requirements and the  
500 application. At this time, the Board does not have a go-live date on the website, but  
501 the hope is that this will be completed in a timely manner. In the meantime, the  
502 Board has a pool of consultants that Mr. Melendez curated from contacts at the MBC  
503 and these consultants are reviewing the Board's current cases. Mr. Melendez  
504 shared that presently, the Board has four new PAs in the application process. To  
505 ensure the Board's new consultants provide complete and informative reports, the  
506 Board will have the first few cases reviewed by management and one of the senior  
507 consultants.

508 Prior to sending cases to the new consultants, Mr. Melendez will provide them with a  
509 sample case review so that they understand what is expected.

510

511 Mr. Melendez explained that complaints are reviewed by the Complaint Analyst to  
512 determine what specialty the case falls under. For example, if the PA is supervised  
513 by a family medicine physician, the case will be reviewed by a family medicine  
514 consultant. Mr. Melendez will contact an MC or several at one time if it is a specialty  
515 area for which the Board has a few consultants present, or if he has several cases to  
516 be assigned. In his request, Mr. Melendez provides the MC with a summary of the  
517 case and the subject's name, so that the MC can determine if there is a conflict of  
518 interest. If the MC accepts the case for review, the case materials are then sent via a  
519 secure box account with a report form and a billing form.

520  
521 Cases are due to the Board in two weeks. Mr. Melendez will then review the report  
522 to ensure that the MCs address the concerns cited in the complaint, and the care  
523 and treatment provided by the licensee. He also makes sure that the contents of the  
524 MC report are limited to the complaint, care and treatment, and personal opinion is  
525 not cited. If necessary, Mr. Melendez will contact the MC to discuss concerns or to  
526 obtain clarification of a report. If an MC repeatedly fails to adhere to the Board's  
527 review procedures, then they are eliminated from the pool of active consultants.  
528 However, prior to taking the step, Mr. Melendez or management will work with a  
529 consultant to resolve the issue at hand.

530  
531 In response to Mr. Armenta's question of, do practicing PAs frequently participate in  
532 peer reviews, Mr. Grant responded that yes, when a PA is publishing, they engage  
533 in a rigorous peer review process. In terms of case review, that would be based on  
534 the published literature, which has gone through the prior peer review process in  
535 terms of what the standard of care is as well as textbooks and PAs participate in  
536 that, for example, in expert case review, medical malpractice, or in performance  
537 improvement at various places where they may work. In practice, PAs are generally  
538 engaged in peer reviews if they have a desire to publish, however many practicing  
539 PAs choose the PA profession because they want to see patients and they typically  
540 will use the same references, texts, and articles for obtaining their information  
541 related to the current standard of care that physicians would use.

542  
543 In response to Mr. Armenta's question of, when mitigating a case one of the things  
544 to look at in terms of qualifications in weighing the credibility of experts are their  
545 participation in research and peer review in publications, with this information in  
546 mind, should this application be expanded, Dr. Kidd responded that he completes  
547 expert reviews of cases and has worked with the legal team to evaluate cases on  
548 scope of practice issues. One of the questions that he is often asked is if he has  
549 ever participated in peer review literature. Dr. Kidd would need to send his  
550 curriculum vitae (CV) with a list of publications. It is in Dr. Kidd's opinion that it's a  
551 value and something that should be part of the process. Dr. Kidd's concern centers  
552 around three years of experience. Dr. Kidd stated that he feels that an MC should  
553 have a minimum of five years' experience of case reviews. Dr. Kidd stated that when  
554 he had previously completed case reviews, the years of experience does matter  
555 longevity in the position and in that area of specialty. Dr. Kidd inquired as to whether  
556 there is an opportunity for Board members to review the CVs of the top tier  
557 candidates that the Board is considering on bringing in, because it is important for  
558 the for the Board to have a general idea of the qualifications and the experience that  
559 these individuals are bringing to the table.

560  
561 In response to Mr. Armenta's question of, how would the Board approach expanding  
562 the practice minimum as well as the inclusion in item three of the application, any

563 peer review publication experience, how should this be incorporated, Mr. Melendez  
564 responded that in his experience working with MBC, his supervisor and  
565 management team were the individuals who changed the requirements; however, he  
566 does not see why the Board cannot set their own standards. Mr. Melendez would  
567 have to verify these changes with the Board's legal department and the standards to  
568 make that happen. Mr. Melendez clarified that consultants who are reviewing these  
569 cases at the preliminary level, are not the consultants that will testify. This is just to  
570 determine whether the case goes to the field or not. If the case is transmitted to the  
571 field for further investigation, then there is another program and the experts in that  
572 program do a more in-depth review of the case and they will be the ones asked to  
573 testify.

574  
575 Mr. Kanotz stated it is appropriate for the Board to be involved in setting the  
576 standards for the MC application; however, with selecting the candidates, reviewing  
577 CVs and the information coming in from applications should be handled by Board  
578 staff in terms of the day-to-day operation, personnel, hiring and selecting  
579 consultants.

580  
581 Dr. Hawkins thanked Mr. Melendez for all of his service to MBC and this area of  
582 enforcement.

583  
584 In response to Mr. Grant's request to clarify the role of the medical consultant  
585 review, Mr. Melendez responded that it is to determine whether if the case has merit  
586 and if it needs to move forward to the field for further investigation or closed.

587  
588 In response to Mr. Grant's request to clarify that MCs do not provide expert opinion  
589 in any kind of proceeding and that it is just an initial case review, Mr. Melendez  
590 responded, yes that is correct.

591  
592 Mr. Grant stated that he doesn't know that having the requirement for an MC to have  
593 a publishing background is a wise decision because one of the things that the Board  
594 gets from the applicants is individuals who have an interest in seeing patients but not  
595 so much an interest in publishing. Mr. Grant would argue that this is the kind of  
596 person the Board would want to complete the MC review, because they are focused  
597 on seeing patients and meeting the standard of care, rather than focused on  
598 research, which is a different environment. These individuals go to the profession  
599 because they want to be in a rural area, taking care of people, not an academic  
600 medical research tertiary care center. In terms of the MC, it might be wise to not  
601 require any research or publishing, however, the Board ought to require five years of  
602 experience and the Board might even add a sub-component of that saying, at least  
603 two years of experience in the related specialty, because PAs are generalists. The  
604 average PA over the course of a 20-year career works in three different specialties  
605 so it's not just the five years of experience overall. The Board might require some  
606 experience specialty that they have reviewed.

607  
608 In response to Mr. Armenta's question of, does Mr. Grant think that if the Board asks  
609 for applicants to list their publications that it may discourage otherwise perfectly  
610 good candidates for this initial intake process, Mr. Grant responded that he does not  
611 know if it would have a discouraging effect, but that it is a reasonable question to ask  
612 if there is any. The Board will most likely see if they have any publications listed in  
613 their CV as well, since the Board is asking for their CV. The concern was having  
614 publications be a requirement, as this would cut down on the Board's pool of MCs,

615 as most PAs do not participate in research.

616

617 Mr. Armenta stated that maybe a solution could be to ask for applicants to submit  
618 their CV in the application process and that this would cover that because anyone  
619 publishing their CV would certainly include their peer review publications.

620

621 Mr. Grant stated that because PAs have lateral mobility and practice specialty that  
622 the Board might require two years of experience in the case related specialty. For  
623 example, if a PA has practiced in primary care, general surgery and emergency  
624 medicine, the Board would want them to have some experience in each of those.  
625 Maybe now they're practicing in primary care, but they have two years of experience  
626 in general surgery. Then they could be an MC for a general surgery case, but the  
627 Board wouldn't want a PA reviewing a case that had no experience in general  
628 surgery.

629

630 Mr. Melendez stated that when he has a case that he needs to send to an MC for  
631 review, he will match the case with the consultant that has the specialty. Another  
632 way to see whether they have the experience is by looking at their CV in their  
633 application.

634

635 In response to Mr. Grant's question that the Board does not need a written  
636 requirement as Mr. Melendez is already completing this process internally, Mr.  
637 Melendez responded yes. As the Board's Complaint Analyst, he completes all work  
638 needed in complaints including the MC Program. When he was the MC Analyst with  
639 the MBC, his focus was the MC Program, and he was sending out anywhere from 34  
640 to 50 cases a week to MCs for review. Mr. Melendez also kept a list of MCs with  
641 specialties and sub-specialties.

642

643 In response to Mr. Grant's question of how often the list is updated, Mr. Melendez  
644 responded that prior to assigning a case to an MC, he would check the licensee's  
645 information and if there were changes, he would update the list immediately.

646

647 Mr. Grant stated that he would like to withdraw his comment about the two years of  
648 experience in a specialty and agree with Dr. Kidd's suggestion of five years overall  
649 experience.

650

651 Mr. Armenta stated that he agrees with Mr. Grant's comment as Mr. Melendez is  
652 already ensuring the MC has the adequate experience to review the case.

653

654 Mr. Melendez stated the MC application covers both a physician and a PA and he is  
655 in the process of adding a Doctor of Osteopathic Medicine to the application as well  
656 as they also supervise PAs. In response to Mr. Melendez's question are there any  
657 other changes the Board would like on the application, Mr. Armenta responded that  
658 the only change that the Board is hoping for is to add the five-year minimum  
659 requirement.

660

661 Ms. Carlquist agreed with Mr. Armenta that she would like the five-year minimum  
662 added as well.

663

664 No public comment.

665

666 **11. Report on Medical Board of California Activities**

667  
668 Dr. Hawkins, Vice President of MBC, reported the next MBC Board meeting is  
669 scheduled virtually later this month, where both disciplinary panels will meet on  
670 August 24. The quarterly Board meeting will occur August 25 and on August 26,  
671 MBC will have a strategic planning session. The agenda can be reviewed at MBC's  
672 website at [mbc.ca.gov](http://mbc.ca.gov). The next MBC quarterly newsletter will be available on  
673 August 12. Dr. Hawkins stated that he would like to highlight three articles from the  
674 report.

675  
676 First, MBC's participation in a Senate Business, Professions and Economic  
677 Development Committee oversight hearing on May 6 to review some of MBC's 2022  
678 enforcement legislative proposals. The purpose of this hearing was to discuss the  
679 MBC's enforcement process, deficiencies and opportunities to reform and evaluate  
680 MBC's 2022 proposals for statutory updates.

681  
682 The second is physician extortion scam update, where scammers posing as law  
683 enforcement officers, DEA agents, and Board staff are calling California physicians  
684 as part of an extortion scheme. Please note, law enforcement officers, DEA agents,  
685 and Board staff will never contact physicians by phone to demand money or any  
686 other form of payment. Reporting contact information will be in that newsletter.

687  
688 The third is the MBC draft guidelines for prescription of opioid medication for pain.  
689 The guidelines were last updated in 2014. MBC released a draft of its updated  
690 guidelines on its website and now places the decision of what to prescribe to  
691 patients solely on the physician and the needs of the patient. The guidelines highly  
692 encouraged physicians to document the prescription decisions, and the patient  
693 records, and keep the records up to date. Also incorporates legislations such as  
694 mandatory consultation of CURES before prescribing schedule II-IV controlled  
695 substances and the requirement to prescribe all controlled substances with certain  
696 exceptions electronically.

697  
698 Lastly, Kristina Lawson, President of MBC, was the recipient of the Federation of the  
699 State Medical Boards award of merit at its 110<sup>th</sup> Annual Meeting in New Orleans this  
700 April. This award is given to individuals in recognition of an activity or contribution  
701 that has positively impacted and strengthened the profession of medical licensure  
702 and discipline and helped enhance public protection. She was recognized for her  
703 steadfast leadership in upholding the mission of the Board while facing harassment,  
704 threats, and unwanted political pressure, especially in the COVID-19 era with the  
705 rapid rise of misinformation and disinformation by physicians and other health  
706 professionals.

707  
708 In response to Mr. Grant's question of does the Board have many reports of  
709 extortion scams calling the licensees, Ms. Khan responded that the Board did have  
710 some earlier in the year. The Board received three or four incidents of licensees  
711 reporting that they received calls from individuals claiming to be DCA investigators  
712 contacting licensees asking for payments or saying that they have a complaint  
713 against them. The licensee immediately called the board. The Board put an alert on  
714 the website, which links to the page where there are all the fraud alerts that includes  
715 the scam alert and asks licensees to contact the Board directly if they receive any of  
716 these calls. Also, that DCA investigators will not be calling any licensees directly for  
717 payments.

718 No public comment.

719

720 **12. Review, Consider and Possible Action to Initiate Rulemaking to Add Title**  
721 **16, California Code of Regulations (16 CCR) section 1399.XX – Military**  
722 **Applicant Temporary License**

723

724 Ms. Halbo reported that the legislature passed a bill indicating that the legislature  
725 wanted individuals to be able to obtain a temporary license to military spouses and  
726 have a temporary license process in place. The point of that rulemaking process is  
727 to have the application with the information that's needed for military applicants that  
728 have the qualifications, it would allow them to be able to practice with a temporary  
729 license while they proceed with the regular licensure process.

730

731 Ms. Dhillon stated that the text in the memo was provided by DCA and all of the  
732 boards that are affected by Assembly Bill 107 will be implementing similar text to  
733 what is seen in this memo.

734

735 In response to Mr. Armenta's question of, does this regulation mirror the other  
736 regulation the arose from this bill, Ms. Halbo responded yes.

737

738 In response to Mr. Grant's question of how long is the temporary license valid and  
739 can it be converted to a regular license, Ms. Halbo responded that it will be valid for  
740 a year, and the applicant can finish the regular licensing process at any point during  
741 the year and receive a regular license.

742

743 In response to Mr. Grant's question of how long it takes for staff to issue the license,  
744 Ms. Dhillon responded that she believes that the licensing staff already prioritizes  
745 license military applications, because the Board does have an expedited licensure  
746 process in place where staff is able to process those applications within the 30-day  
747 timeframe. Currently, the Board's regular license application is also the review for  
748 that is also completed within the 30 days, however when this regulation is  
749 implemented Board staff will be prioritizing the applications even more, providing a  
750 concierge service to those applications. But currently Board staff has no issues  
751 prioritizing or expediting those licenses. This, however, provides a framework for the  
752 temporary licensing process, which the Board does not have in regulation yet.

753

754 Ms. Halbo stated that many of the medical-related boards have become backed up  
755 in processing licenses and there has been constant pressure for that, however the  
756 PA Board is in a good place and has good processes. The licensing team  
757 processes their licenses in good time. It can take some boards up to 60 days to  
758 process a license. By having this process in place, it's clear for someone who has a  
759 right to receive a temporary license on how they would go about requesting it.  
760 Without this regulation the Board doesn't have any information on how to apply for a  
761 temporary license. The applicant will have the pleasant surprise if they also file for a  
762 regular license about the same time or within a month or two and it comes quickly.

763

764 M/ Jed Grant S/ Jennifer Carlquist to:

765

766 Motion to approve the proposed regulatory text, adding Title 16, of the California  
767 Code of Regulations, section 1399.XX. The Board is also asked to direct staff to  
768 submit the text to the Director of the Department of Consumer Affairs and the  
769 Business Consumer Services and Housing Agency for review and authorize the

770 Executive Officer to take all steps necessary to initiate the rulemaking process and  
 771 make any non-substantive changes to the package. If no adverse comments are  
 772 received during the 45-day public comment period and no hearing is requested,  
 773 authorize the Executive Officer to take all steps necessary to complete the  
 774 rulemaking and adopt the proposed regulations at Section 1399.XX to be  
 775 determined on the number as noticed.  
 776

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				

777  
 778 **13. Regulations – Update on Pending Regulatory Packages**  
 779

780 Ms. Dhillon provided the updates for the regulatory packages.

781  
 782 1. 16 CCR 1399.514, 1399.615 – SB 697: License Renewal and Continuing Medical  
 783 Education Required  
 784

785 The revised proposed regulatory language was approved and adopted by the Board  
 786 at its November 8, 2021, meeting. Staff will be working on initial documents to  
 787 submit for initial review this calendar year.  
 788

789 2. 16 CCR 1399.502, 1399.540, 1399.541, 1399.545 - SB 697: SB 697  
 790 Implementation  
 791

792 The proposed regulatory language was passed by the Board and approved by the  
 793 MBC has been revised to address concerns raised by the California Academy of  
 794 PAs (CAPA) and DCA’s Legal Affairs Division. The revised proposed regulatory  
 795 language was approved and adopted by the Board at its November 8, 2021,  
 796 meeting. Staff is currently working on initial documents with regulations counsel and  
 797 the Budget Office to submit for initial review.  
 798

799 3. 16 CCR 1399.506, 1399.507, 1399.511, 1399.546 – SB 697: Application, Exam  
 800 Scores, Addresses, & Recordkeeping  
 801

802 The proposed regulatory language passed by the Board has been revised to  
 803 address further concerns raised by CAPA and DCA’s Legal Affairs Division. The  
 804 revised proposed regulatory language was approved and adopted by the Board at its  
 805 November 8, 2021, meeting. Staff submitted initial submission documents for Budget  
 806 and Legal review which was completed July 29, 2022. The initial submission  
 807 documents have moved to Executive and Agency review, and once approved, the  
 808 Notice of the proposed regulatory action will be published in the California Notice  
 809 Register to start the 45-day public comment period, likely to be in mid-September.  
 810

811 4. 16 CCR 1399.515 – AB 2461: Retired Status to Include Fingerprint Requirement  
 812 This regulatory proposal is on hold for 2022 until the above packages are completed.

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5. 16 CCR 1399.523 – SB 1441: Implement Uniform Standards Related to Substance Abusing Licensees and Update of Disciplinary Guidelines

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

6. 16 CCR 1399.XX – AB 107: Military Applicant Temporary Licensure

This package was previously discussed on agenda item 12. The proposed regulatory text is to be reviewed, discussed, and potentially adopted and it was just adopted during agenda item 12.

In response to Mr. Grant’s inquiry, that the Board approved regulatory language eight or nine months ago, is this a normal time frame for the amount of time it takes for the bill to complete the approval process, Ms. Dhillon responded that she tries to get through the packages as thoroughly as possible while prioritizing specific packages as well. She is currently working on the SB 697 Implementation and the Address and Record Keeping package, which is moving forward. However, Ms. Dhillon stated that she is the only staff member that is working on these packages as well as the legislative portion for the Board. However, the regulatory process does take quite a bit of time, due to the frequent back and forth with the Legal Affairs Division, the Budget Office, as well as edits going back and forth between herself and the Regulations Counsel. The packages can also get held up with the Office of Administrative Law (OAL), this is dependent on how busy OAL is. Staff do their best to move these packages along DCA has recently been assisting with this as well.

Mr. Armenta stated that he is not surprised by the length of time that it is taking for the for packages to go through. OAL takes a while to process these matters.

Mr. Grant thanked Ms. Dhillon and Ms. Halbo for their reports and all of their hard work.

Ms. Halbo stated that completing regulations is a unique analyst skill, and many analysts get bogged down when the legislature gets frisky and there are a lot of legislative bills that the analyst has to watch. Ms. Halbo stated that she knows to be patient during the legislative sessions because it is a common to be in the position to have legislative and regulatory responsibilities. Ms. Dhillon is learning and picking up speed quickly from practice.

No public comment.

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

Mr. Grant stated that these numbers were last updated about two weeks ago. Currently, there are 287 PA programs across the United States, and in California there are 19 programs with four under development. The most recent addition to the list is the UC San Diego is one that is developing, this is one that the Board was not aware of before. There was another school that was removed from the list due to not having any traction. In terms of programs in California, two have been placed on probation and one has come off probation. If members of the public or Board

865 members are curious about why these programs are on probation, this information  
866 can be found at the ARC-PA website. Once a program is placed on probation, it will  
867 have a year to fix whatever issue they are having. With the 19 accredited PA  
868 programs, there are 883 new graduates per year. Assuming that programs do not  
869 have attrition, however many programs do, one could estimate the number to be  
870 around 870. It can be hard to find the average number of seats in some of the  
871 developing program, in these instances the nationwide average of 46 has been used  
872 as a place holder. By using 46, Mr. Grant was able to estimate the annual capacity.  
873

874 With the developing programs for the ones that have listed the number of seats in  
875 their programs, once those programs come online there will have a little over 1,000  
876 to 1,058 PAs graduating every year in the state of California. Which is a lot of  
877 growth, about eight or nine years ago, when Mr. Grant first came to the Board there  
878 was around seven PA programs in California. This shows the tremendous amount of  
879 growth and that individuals who are from California tend to train in California, and if  
880 they are from California and train in California, they are more likely to remain in  
881 California. There are also students who come to California from out of state,  
882 however when there are individuals from California staying within California it is a  
883 good thing to help with the PA workforce needs.  
884

885 On page 94 of the meeting materials, Mr. Grant included a graphic that comes from  
886 the Physician Assistant Education Association website that shows geographically  
887 where the programs are located. This graphic does not include the developing  
888 programs, only those which have been accredited.  
889

890 In response to Dr. Hawkins' question of, what are the workforce numbers looking like  
891 for the number of PAs leaving California compared to arriving, Mr. Grant responded  
892 that in terms of workforce he does not have California specific data; however, Board  
893 staff may have better data that shows at which rate people are retiring. If the Board  
894 were to look at the national statistics from the US Bureau of Labor Statistics, they  
895 keep track of data for this which has been updated in May of 2021. There is a 31%  
896 predicted growth in the profession in this decade with about 12,200 new job  
897 openings nationwide per year. If the average number of seats were added up across  
898 all of the programs in the United States, it's about 13,000 graduates per year,  
899 showing much growth. There are many programs to meet the openings and  
900 nationwide. Since California's numbers generally trend right along 10% of the  
901 nationwide numbers.  
902

903 Ms. Caldwell responded that there was a report that was ran on July 21, and it  
904 shows 117 individuals have a retired status.  
905

906 Mr. Grant stated that there were other items he came across while preparing this  
907 report in terms of PAs per capita and some other data between the US Bureau of  
908 Labor Statistics and the American Academy of PAs (AAPA) that he can share in  
909 future reports, if this is something that is of interest to the Board.  
910

911 Mr. Grant answered a question that previously inquired on distribution. The following  
912 information is coming from the 2022 AAPA Annual Survey Report and this reflects  
913 the nationwide statistics, but again PAs tend to fall in line under individuals in  
914 California. He stated that about 13% of PAs are practicing in family medicine,  
915 orthopedic surgery is about 10%, and emergency medicine is about 8%. The  
916 professional organization reports urgent care is a separate specialty from family

917 medicine and emergency medicine, which are often combined in other sources.  
918 Urgent care is reported as the fourth most common specialty for PAs which is about  
919 7.4%. This gives the Board the distribution of what specialties PAs are working in.

920  
921 Great growth is seen in the educational programs. These are all programs that are in  
922 within their first five years of operation from the accrediting body and the ones that  
923 say developing will be seeding a class within the next couple of years. The limiting  
924 factor is clinical rotations, as PAs come on and receive provisional accreditation,  
925 they must have their clinical rotations for their students set up, even though the  
926 students won't enter those clinical rotations for 12 to 15 months. It is good to see a  
927 lot of growth there, and that certainly portends well for meeting California's  
928 healthcare needs.

929  
930 No public comment.

931  
932 **15. Report by the Legislative Committee; Discussion and Possible Action to**  
933 **Consider Positions Regarding the following Legislation**

934  
935 A. AB 646 – Low: Department of Consumer Affairs: Expunged Convictions

936  
937 Ms. Dhillon stated that this bill was introduced on February 12, 2021 and is located  
938 in the Senate Committee on Appropriations. AB 646 would require programs under  
939 DCA that post information on its website about a revoked license due to a criminal  
940 conviction to post notification of an expungement after receiving this certified order  
941 within 90 days of the Board receiving a certified expungement order related to the  
942 conviction for those who reapply for licensure or are relicensed.

943  
944 As of the last meeting, no new amendments have been made to this bill. There is an  
945 upcoming hearing on August 11. Ms. Dhillon will be monitoring this bill as it is likely  
946 that the bill will not pass the Senate by the end of August. The Board has maintained  
947 its watch position on this bill.

948  
949 B. SB 731 – Durazo: Criminal Records: Relief

950  
951 This bill was introduced on February 19, 2021 and is located in the Senate. This bill  
952 was recently amended in Assembly on June 23, 2022.

953  
954 On May 20, 2021, a Board position letter was sent to the Author's office, opposing  
955 the bill unless it was amended to exclude healing arts boards within DCA. However,  
956 the Author's office believes that excluding the healing arts boards would undermine  
957 the intent of the bill within this sector of employment.

958  
959 This bill would expand automatic conviction record relief, for a defendant convicted  
960 on or after January 1, 2005, to nonserious, nonsexual, and nonviolent felonies after  
961 an individual completes all terms of incarceration, probation, mandatory supervision,  
962 post release community service and parole, and a period of four years has elapsed  
963 during which the defendant was not convicted of a new felony offense.

964  
965 This bill would, commencing July 1, 2023, generally make this arrest record relief  
966 available to a person who has been arrested for a felony, including a felony  
967 punishable in the state prison, as specified.

968

969 This bill further expands discretionary expungement relief to include felonies where  
970 the defendant was sentence to state prison, rather than just realigned felonies, as  
971 specified. If the defendant seeks relief under this section for a felony that resulted in  
972 a sentence to the state prison, the relief available under this section may only be  
973 granted if that felony did not result in a requirement to register as a sex offender  
974 pursuant to Chapter 5.5 of Title 9 of Part 1.

975  
976 The exclusion of records of arrest and conviction that were granted relief from state  
977 summary criminal history information does not apply to records for which the  
978 recordholder is required to register as a sex offender, has an active record  
979 In the Supervised Release File, or if based on information available in the  
980 department's record, it appears the person is currently serving a sentence or if there  
981 is an indication of pending criminal charges.

982  
983 On this bill the Board has maintained its oppose unless amended position.

984  
985 C. AB 562 – Low: Frontline COVID-19 Provider Mental Health Resiliency Act of  
986 2021: Health Care Providers: Mental Health Services

987  
988 This bill was introduced on February 11, 2021 and is located in the Senate  
989 Committee on Appropriations. It has a separate hearing on August 11, 2022, but will  
990 likely not progress as it is considered dead.

991  
992 As the Board may recall, this bill would require DCA to establish a mental health  
993 resiliency program until January 1, 2025, in consultation with relevant boards. The  
994 Board will continue to monitor this bill after the hearing.

995  
996 D. AB 1306 – Arambula: Health Professions Careers Opportunity Program

997  
998 This bill was introduced on February 19, 2021 and is located in the Senate  
999 Committee on Appropriations. This bill is no longer being advanced according to the  
1000 Author's office as the proposal made it into statute via AB 133.

1001  
1002 E. AB 1733 – Quirk: State Bodies: Open Meetings

1003  
1004 This bill was introduced on January 31, 2022, and is located in the Assembly  
1005 Committee on Governmental Organization. There have been no amendments as of  
1006 the last Board meeting. As the Board may recall, this bill specifies the term meeting  
1007 under the Bagley-Keene Open Meeting Act, which includes a meeting held entirely  
1008 by teleconference as defined. Board staff will be closely monitoring this bill as well.

1009  
1010 F. AB 1662 – Gipson: Licensing Boards: Disqualification from Licensure: Criminal  
1011 Conviction

1012  
1013 This bill was introduced on January 18, 2022 and is located in the Senate  
1014 Appropriations Committee. On May 31, 2022, a Board position letter was sent  
1015 opposing the bill.

1016  
1017 This bill would require a board to establish a process by which prospective  
1018 applicants may request a preapplication determination as to whether their criminal  
1019 history could be cause for denial of a completed application for licensure by the  
1020 board.

1021 The bill would require a board to publish information regarding its process for  
1022 requesting a preapplication determination on its internet website and authorize a  
1023 board to charge a fee, as specified, to be deposited by the board into the appropriate  
1024 fund and available only upon appropriation by the Legislature.  
1025

1026 At its May 9, 2022, Board meeting, the Board took an opposed position. There is a  
1027 likelihood that this bill will become a much more limited pilot program, that may not  
1028 affect the Board according to the legislative analyst that monitors this bill. Board staff  
1029 will continue to monitor this bill closely as well for any amendments.  
1030

1031 G. AB 657 – Cooper: Healing Arts: Expedited Licensure Process: Applicants  
1032 Providing Abortion Services  
1033

1034 This bill was introduced on February 12, 2021 and is located in the Senate  
1035 Appropriations Committee.  
1036

1037 This bill would require the Medical Board of California, the Osteopathic Medical  
1038 Board of California, the Board of Registered Nursing, and the Physician Assistant  
1039 Board to expedite the licensure process of an applicant who can demonstrate that  
1040 they intend to provide abortion services within their scope of practice and would  
1041 specify the documentation an applicant would be required to provide to demonstrate  
1042 their intent. An applicant may demonstrate their intent to provide abortion services  
1043 by providing documentation, including a letter from an employer or health care entity  
1044 indicating that the applicant has accepted employment or entered a contract to  
1045 provide abortion services, the applicant's starting date, and the location where the  
1046 applicant will be providing abortion services, and that the applicant will be providing  
1047 abortion services within the scope of practice of their license.  
1048

1049 The Board does not anticipate any fiscal impact as a result of this bill; however,  
1050 Board staff will continue to monitor this bill for any amendments as it is relatively  
1051 new.  
1052

1053 H. AB 2626 – Calderon: Medical Board of California: Licensee Discipline: Abortion  
1054

1055 This bill is a related bill to AB 657. This bill was introduced on February 18, 2022 and  
1056 is located in the Senate Committee on Appropriations.  
1057

1058 This bill prohibits the PA Board from suspending or revoking the certification or  
1059 license of a PA for performing an abortion so long as they performed the abortion in  
1060 accordance with the provisions of the Physician Assistant Practice Act and the  
1061 Reproductive Privacy Act.  
1062

1063 This bill would also prohibit the board from denying licensure of a PA, because the  
1064 person was disciplined in another state in which they are licensed or certified solely  
1065 for performing an abortion in that state, or if the person was convicted in that state  
1066 for an offense related solely to the performance of an abortion in that state.  
1067

1068 This bill contains an urgency clause that will make it effective upon enactment. The  
1069 Board does not anticipate any fiscal impact as a result of this bill.

1070 In response to Mr. Armenta's question of are there any bill that Ms. Dhillon would  
1071 suggest that Board changes the current position on or take actions on, Ms. Dhillon  
1072 responded that the Board has maintained their position on many of the bills.

1073 However, it would be up to the Board if further discussion is needed on AB 657 and  
1074 AB 2626 as these are both new bills.

1075  
1076 In response to Mr. Grant's question of whether this bill saying that the Board cannot  
1077 discipline a licensee for something that they did outside of the state, because the  
1078 Board already does not have jurisdiction outside the state, Ms. Dhillon responded  
1079 that what she believes is that the bill is specifying if an applicant for a licensure was  
1080 convicted in another state or an offense solely related to the performance of an  
1081 abortion in that state, that the Board could possibly could not deny the licensure  
1082 based on just that.

1083  
1084 Mr. Grant stated that he does not see any reason to change any positions on any of  
1085 the bills and thanked Ms. Dhillon for her report.

1086  
1087 Mr. Armenta commented that AB 657 and AB 2626 are clearly a direct fallout of the  
1088 overturning of the Roe vs. Wade and are highly political in nature. However, these  
1089 bills do not really impact the business of the Board, so he is not sure that the Board  
1090 should take any position at all, support or oppose. Both seem highly politicized, and  
1091 that is within the purview of the Legislature itself and it doesn't appear to impact the  
1092 Board's ability to carry out the Board's mission statement.

1093  
1094 Dr. Kidd stated that he has no opposition to Mr. Armenta's suggestion.

1095  
1096 Mr. Grant stated that he agrees with Mr. Armenta and does not feel that the Board  
1097 should take a position on AB 657 and AB 2626.

1098  
1099 No public comment.

1100  
1101 **16. Agenda Items for Next Meeting**

1102  
1103 1) Nominations and elections of Board President and Vice President.

1104  
1105 2) Setting the Board meeting dates and locations for 2023

1106  
1107 3) Update on the Medical Consultant Program.

1108  
1109 No public comment.

1110  
1111 **17. CLOSED SESSION**

1112  
1113 Pursuant to Section 11126(c)(3) of the Government Code, the Board will deliberate  
1114 and take action on disciplinary matters.

1115  
1116 **18. Adjournment**

1117 Adjournment will immediately follow the closed session and there will be no other  
1118 items of business discussed.

1119  
1120 Minutes do not reflect the order in which agenda items were presented at the Board  
1121 meeting.