

**MEETING MINUTES**  
**August 4, 2023**  
**8:30 A.M. – 5:00 P.M.**  
**PHYSICIAN ASSISTANT BOARD**  
**Hilton San Diego Gaslamp Quarter**  
**401 K Street, Santa Rosa Room**  
**San Diego, CA 92101**

**1. Call to Order by President**

President Armenta called the meeting to order at 8:30 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, Ed.D, PA-C  
 Jed Grant, DMSc, PA-C  
 Randy Hawkins, M.D.  
 Diego Inzunza, PA-C  
 Vasco Deon Kidd, DMSc, PA-C  
 Deborah Snow (arrived at 8:35 a.m.)

Staff Present: Rozana Khan, Executive Officer  
 Michael Kanotz, Attorney III (via video conference)  
 Karen Halbo, Regulatory Counsel, Attorney III  
 Jasmine Dhillon, Legislative/Regulatory Specialist  
 Julie Caldwell, Lead Licensing Analyst  
 Armando Melendez, Complaint Analyst  
 Christina Haydon, Enforcement Analyst

**3. Consider Approval of May 1, 2023, Board Meeting Minutes**

M/ Jed Grant S/ Sonya Earley to:

Approve the May 1, 2023, 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				
Deborah Snow				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**

Mr. Armenta stated that he is continuing to have biweekly meetings with Executive Officer Ms. Khan and Vice President Dr. Earley to discuss the status of Board operations.

Mr. Armenta shared that Vasco Deon Kidd has been reappointed by Governor Gavin Newsom to the Physician Assistant Board. Dr. Kidd has been an Associate Clinical Professor at the University of California, Irvine School of Medicine Department Orthopedic Surgery since 2021 and Director of the Advanced Practice Providers Program at UCI Health since 2019. Dr. Kidd was Director of Advanced Practice Providers and Director of the Physician Assistant Orthopedic Surgery Fellowship Training Program at Arrowhead Orthopedics from 2016 to 2019. He was an Assistant Professor and Academic Coordinator at Moreno Valley College from 2013 to 2015 and at the University of Texas Health Science Center from 2010 to 2012. Dr. Kidd was Lead Physician Assistant at Kaiser Permanente from 2003 to 2010. He earned a Doctor of Health Science Degree in Health Sciences from A.T. Still University, a Master of Science degree in Health Professions Education from Western University Health Sciences and a Master of Public Health degree from the University of California, Los Angeles. He is a member of the California Academy of Physician Associates, American Academy of Orthopedic Surgeons, American College of Healthcare Executives, and the Advanced Practice Provider Executives. Dr. Kidd's term will be from July 28, 2023, to January 1, 2027.

Mr. Armenta administered the Oath of Office to Dr. Kidd.

No public comment.

#### **6. Executive Officer's Report**

Ms. Khan referred members to Agenda Item 6 and reported the following.

##### A. Personnel

On March 27, 2023, interviews were conducted to fill the vacant Office Technician (OT) position which will provide technical and clerical support for the Enforcement and Licensing Programs. A candidate was selected; however, due to a lack of response, the position was reposted to increase the candidate pool. Additionally, recruitment is underway to fill the vacant Administrative Office Technician position.

##### B. Annual Report

Board staff is working diligently to submit its fiscal year (FY) 2022-23 Annual Report to the Department of Consumer Affairs (DCA). The Annual Report is an opportunity for the Board to demonstrate accomplishments and provide program information in the past 12 months.

### C. Outreach

Staff attended the Administrators in Medicine and Federation of State Medical Boards (FSMB) 111<sup>th</sup> Annual Meeting on May 3-5, 2023, in Minneapolis, Minnesota. The FSMB is a national non-profit organization that represents the 70-state medical and osteopathic boards of the United States and its territories. The event provided a valuable platform for colleagues in medical licensure, regulation, and discipline to learn, interact, and deliberate upon the pressing issues confronting medical regulators. A diverse range of topics pertinent to medical regulation was covered, fostering an environment of knowledge-sharing and collaboration.

Board staff is looking forward to attending the annual California Academy of Physician Associates (CAPA) conference during Physician Assistant Week on October 5-8, 2023, in Anaheim. This event allows for crucial outreach and presents an invaluable platform for Board staff to address inquiries from licensees and students and provide updates regarding laws and regulations governing the physician assistant (PA) practice.

### D. Information Technology

In collaboration with DCA's Office of Information Services, the Board modified BreEZe to allow licensees to print their own pocket licenses from their online BreEZe account. This change offers convenience, cost efficiency, immediate access and benefits the environment as the Board finds more ways to reduce its environmental footprint.

Dr. Hawkins asked how many vacancies the Board currently has; Ms. Khan responded the Board has two vacancies. The first is the front desk OT and the second is the support staff OT for enforcement and licensing.

No public comment.

## **7. Board Activity Reports**

### A. Licensing

Ms. Caldwell referred members to Agenda Item 7A and reported the following Licensing Population by Type, Summary of Licensing Activity, Pending Application Workload, and Licensing Performance Measures reports.

Ms. Caldwell also stated the licensing team is continuing the Controlled Substance Education Course audit. There has been some confusion from licensees due to the implementation of the new Drug Enforcement and Administration (DEA) 8-hour course requirement. Licensees frequently call the Board with questions regarding the DEA's course requirement and these questions are redirected to the DEA.

Mr. Armenta asked how the deceased licensees are reported to the Board; Ms. Caldwell responded that typically the family of the deceased will contact the Board after a renewal notice is received. Board staff will then let the family know how to proceed with changing the status.

Mr. Armenta inquired if a deceased licensee not being placed into deceased status has ever caused any issues for the Board; Ms. Caldwell responded not that she is aware of.

Dr. Earley asked whether there has been an increase in the desk age of applications due to the increased number of PA schools. Ms. Caldwell answered no, as the desk age and application age depend upon how long the application takes for approval. Some applications never get approved as they expired because individuals did not complete the application process. As for the increase in applications based on the increase in the education institute, the increase is manageable as the Board is still meeting the goal of reviewing the applications within 30 days and providing an update. Ms. Jimenez and Ms. Voong are assets to the licensing team.

Dr. Grant thanked the licensing team for their hard work stating that it is encouraging when the Board receives requirements for expedited licensing that comes from the Legislature that have already been met by the Board.

## B. Complaints

Mr. Melendez referred members to Agenda Item 7B and reported the following Complaint Statistics and Complaints Received by Type and Source reports.

Dr. Grant inquired if Mr. Melendez is receiving adequate support to ensure that aging investigations are worked on timely. Mr. Melendez clarified that some cases continue to age due to waiting on the disposition of the criminal case. Mr. Melendez stated that the Board is currently working on hiring enforcement support staff and that would provide relief.

Dr. Hawkins stated he noticed an increase in gross negligence cases received from the public as well as government agencies and asked if Mr. Melendez has any insights on the increases. Mr. Melendez stated for the increase with government agencies reporting, the Board receives many referrals from the Medical Board of California (MBC). Sometimes during an investigation of the doctor, a case may be referred to the Board if it also involves a PA. Dr. Hawkins asked for clarification for the public category. Mr. Melendez stated that these are individuals filing a complaint with the Board by phone, email or online.

## C. Discipline

Ms. Haydon referred members to Agenda Item 7C and reported the following Discipline Statistics Report.

Dr. Hawkins asked what types of cases resulted in a license surrender and revocation. Ms. Haydon responded that she does not have that information, but she can get the information and present it later.

Dr. Kidd commented that it looks as though the report is trending down which is a

great sign; Dr. Kidd thanked Ms. Haydon for her hard work.

#### D. Probation

Ms. Haydon referred members to Agenda Item 7D and reported the following Probation Activity Report.

Mr. Armenta inquired what does toll mean; Ms. Khan responded when a licensee is placed on probation, one of the stipulations is if they are not practicing or complying with probation for two years they are considered “tolling.” Once the probationer is tolling for more than two years, the Board can transmit the case to the Attorney General’s (AG) Office for violation of probation.

#### E. Diversion

Ms. Haydon referred members to Agenda Item 7E and reported the following Diversion Program Activity Report.

Ms. Haydon read a statement from Probation Monitor Virginia Gerard regarding the diversion program. Ms. Gerard noted in the May 2023 Recovery Program Management meeting, that Maximus staff said that they had attended national conferences in their field. At those conferences it was discovered that the decrease in participation in diversion type programs is a nationwide trend. The attendees at the conferences collectively speculated it may be pandemic related. It was posited that as clinics and practices became short staffed, other staff and employers possibly looked the other way at behaviors that would have normally trend to further action.

Mr. Armenta stated that it is alarming that practices are looking the other way to potential diversion situations. Mr. Armenta requested Ms. Gerard could provide a report at the next Board meeting on what responses the Board should be thinking about if this theory continues to pan out.

Mr. Armenta asked if self-referral means the licensee reached out and decided to go into diversion themselves; Ms. Haydon confirmed.

Mr. Armenta inquired what circumstances can lead to a licensee not being accepted into the program. Ms. Haydon responded that she would bring this question to Ms. Gerard and have her report back to the Board.

Dr. Earley extended her appreciation to Ms. Gerard for providing this additional information.

Dr. Grant asked if there is any evidence that supports that medical staff are not reporting misconduct. Ms. Haydon stated that she believes that was collectively speculative; however, she will ask Ms. Gerard if she can divulge more into this topic.

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**

Melissa Gear, Deputy Director for Board and Bureau Relations provided the Board with the following report:

On May 12, 2023, DCA's Diversity Equity and Inclusion (DEI) Steering Committee held its quarterly meeting in-person and elected Chairperson Yeaphana La Marr, who currently serves as the Department's Tribal Liaison and is the Chief of Legislation for the Contractors State License Board, and elected Vice Chairperson Paul Sanchez, who is the Executive Officer of the Speech-Language Pathology and Audiology Board. The Committee discussed training, strategic planning, and DEI activities through the end of the calendar year.

In June, DCA began offering three DEI courses which are available to all DCA employees. The courses are: Understanding the Value of DEI in the Workplace, How to Decode Our Unconscious Bias, and Unleash the Power of Generational Differences.

The DEI Steering Committee is pleased to announce that outside consultant, Dr. Bernard Gibson, will provide in-person DEI training to DCA managers, supervisors, and leaders in October. In addition, Dr. Gibson will provide virtual training to Board Members on October 9, 2023. Dr. Gibson has 20 years corporate experience managing teams and training employees in business effectiveness. Dr. Gibson also has extensive teaching experience at various colleges, including serving as adjunct faculty since 2006 at the University of Massachusetts for School of Business and Professional Studies.

Also, to further the Department's efforts to reach the Californians it serves, DCA will request boards and bureaus translate any press releases they issue into Spanish. California's top non-English language spoken is Spanish and establishing a standard of translating releases into both English and Spanish will enhance the reach of information released. Boards and bureaus are also encouraged to evaluate any additional languages outside of Spanish that may better serve their audiences.

The changes to the Bagley-Keene Open Meeting Act that allowed Board members to not have to notice their meeting location or meet in an ADA accessible location expired on July 1, 2023. Therefore, as of July 1, 2023, public meetings are subject to the traditional pre-COVID requirements for open meetings. DCA's boards and bureaus should be prepared to conduct public meetings compliant with the Bagley-Keene Open Meeting Act.

Senate Bill (SB) 544, which may allow for some meetings to be held without noticing the location of the Board member, thus allowing remote virtual meetings is still going through the legislative process and the Department's Division of Legislative Affairs is working with stakeholders and providing updates to the boards and bureaus on the status of the bill.

DCA has been working to implement Assembly Bill (AB) 107, and effective July 1, 2023, DCA boards and bureaus, unless otherwise exempt, are required to grant temporary licensure to the spouse or domestic partner of an active-duty military member stationed in California, if the spouse or domestic partner holds a license in

another state with the same scope of practice as the profession in California for which they would like to practice. DCA's Office of Information Services and Communications Division have been working to support this implementation.

The Department is continuing work on its Enlightened Enforcement Project that is being piloted by the Dental Board of California (DBC). The DBC has walked through their intake, complaint processing, citation, and investigation processes. One more walkthrough session will cover the discipline and probation processes. The goal is for staff to walk through the processes with subject matter experts so improvements and efficiencies can be found for the DBC that can be carried over to other boards too. The project also aims to learn the best practices between boards and to standardize procedures for all boards and bureaus. The final benefit will also be a template for policies and procedures related to the enforcement process for all boards to utilize.

DCA is continuing its efforts to improve its reports regarding licensing and enforcement activities. The Director recently led multiple workgroup meetings beginning in late April through early July with staff from each board and bureau to update the data metrics reported in the DCA's Annual Report. DCA's goal is to ensure consistency between the reported data in the Annual Report, DCA's Data Portal, as well as the board and bureau Sunset Reports. Future meetings are expected in August and ongoing to help build new reports or modify existing ones to provide these new metrics for next year's Annual Report. Additionally, DCA held a meeting on July 17, 2023, with all boards and bureaus to review guidance on how boards and bureaus can compile and report data to the Department for inclusion in this year's upcoming Annual Report.

Board members who have been appointed and reappointed cannot begin their service or perform any official functions without first taking the oath of office. Unless otherwise provided, the oath may be taken before any officer authorized to administer oaths. Board members will be required to complete the documents listed on the Board Member Appointment Checklist (HR 5) and return them to the Office of Human Resources (OHR) no less than 30 days after their appointment or reappointment. Duties cannot be assumed, and appointments cannot be processed until documents are received and are accurately completed.

There are two DCA-wide mandatory trainings for 2023. All DCA employees and appointees, including Board and advisory council members, will need to complete the Sexual Harassment Prevention training this year. Board members must take the two-hour supervisory training and advisory council members must take the one-hour non-supervisory training. These trainings are required every odd-numbered year and are online, self-paced and approximately two-hours. Board members with an assigned DCA email (@dca.ca.gov) are required to complete the Information Security Awareness Fundamentals training. This training addresses everyone's role in protecting DCA data and information. The training is online and required every year. Both trainings are available in the Department's Learning Management System (LMS).

All state travel arrangements must be made through DCA's authorized travel agency, CalTravelStore or Concur. When traveling by air on official state business, all board members and staff must use the most economical fares possible. If the flight is changed, there may be additional charges. Flight changes for personal

convenience are not permitted or justified, and the traveler is responsible for any associated charges.

The AG issued a press release adding three new states to California's restricted travel list, with staggered effective dates in 2023-2024 as follows: Wyoming – travel restricted effective July 14, 2023; Missouri – travel restricted effective August 28, 2023; and Nebraska – travel restricted effective October 1, 2023.

Lastly, Board members must complete the Board Member Orientation Training (BMOT) within one year of their appointment or re-appointment. On October 10, 2023, BMOT will be offered virtually. This will be the last meeting of the year. Members can register for this training via LMS.

Dr. Kidd asked Ms. Gear if she can share what the expected outcomes are for the Enlighten Enforcement Project; Ms. Gear stated that she will report the information for the Executive Officer to share with the Board.

Dr. Hawkins inquired why there are travel restrictions within Wyoming, Missouri and Nebraska. Ms. Gear responded that there are several other states that are already restricted, and these three states have been added. Ms. Gear stated that it is her understanding that these states are now restricted because they are not aligned with California's laws related to LGBTQ as well as other civil human rights-related issues that are important to California.

Dr. Alexander asked if the DEI training was mandatory. Ms. Gear stated that currently DCA is not mandating that all DCA board members or employees complete the DEI training; however, it is strongly encouraged.

Dr. Alexander inquired what percentage of employees have completed these trainings; Ms. Gear stated that staff are currently working on this metric, with the numbers showing a strong interest in the trainings.

Dr. Kidd asked if the DEI training is in addition to the Implicit Bias training; Ms. Gear confirmed.

Mr. Armenta asked when the Enlighten Enforcement Project with the DBC is expected to be completed; Ms. Gear stated that she believes the project is set to be completed at the end of the year.

Mr. Armenta inquired if the intent for this is to be a model for all boards or will there be continued testing to see how it would fit for each board. Ms. Gear stated that from her understanding, this will be the model, taking the best practices from the DBC and applying those practices to all other boards, making the appropriate modifications.

Mr. Armenta questioned whether this project will be advisory or something that all boards are expected to do. Ms. Gear stated that she is not sure if this will be expected; however, it will be a resource and strongly encouraged.

Dr. Kidd inquired if the Board would have a chance to provide input into the process before it becomes mandated; Ms. Gear stated that she does not have this information and will get back to the Board with a more detailed report.



No public comment.

## **9. Budget Update**

Dr. Earley referred members to Agenda Item 9 and reported the following fund condition and expenditure reports.

Dr. Earley reported in FY 2022-23, the Board has a budget of about \$3.2 million. The Board is projected to use 36.76% of its expenditure on Personal Services which includes salaries and benefits; 38.51% for Operating Expenses & Equipment which includes contracts, purchases, and travel; and 24.53% for Enforcement which is for the Office of Administration Hearings (OAH) and the AG. The Board is estimated to have 0.19% in Reversion.

For the Board's fund condition, Dr. Earley stated for FY 2021-22 actuals, the Board has a beginning balance of \$4.8 million with prior year adjustment of \$197,000, giving the Board an adjusted beginning balance of \$5 million. The Board has an overall revenue of \$2.5 million, transfer to General Fund (AB 84) of negative \$88,000 and total expenditure of \$3 million, which gives a fund balance of 4.5 million (16.6 months in reserve).

Dr. Earley stated for current year 2022-23, the Board has a beginning balance of \$4.5 million, estimated revenue of \$2.8 million, estimated expenditure of \$3.3 million, giving a fund balance of \$4 million (14.9 months in reserve). There are no immediate concerns for this fund.

Ms. Halbo asked if personal services is a typographic error, and should it be personnel services instead; Dr. Earley stated she will let the Budget team know and correct this if needed.

No public comment.

## **10. Discussion Regarding Professional Title Change from Physician Assistant to Physician Associate**

Mr. Kanotz stated this is to address the movement in the PA profession to change the title from physician assistant to physician associate. All of the healing arts and many other boards have provisions that reserve the use of the title of the profession only for individuals licensed under the profession; this is the concept of a title protection. When looking back to the establishment of the PA profession, the Medical Practice Act provides that an individual who advertises as a doctor/physician or represents that they are a physician by using the term doctor/physician, and/or other terms indicating or implying that they are a physician, under the statute they're guilty of a misdemeanor and they are violating this provision of the law. The Physician Assistant Practice Act (Act) was adopted in 1970. The Act created a title protection for the term "physician assistant," which is in Business and Professions Code (BPC) 3503. In the 1950s, before the establishment of the profession, if an individual was using the term "physician assistant," that would have violated the Medical Practice Act provision. What enables PAs to use this title, is the statute that was later enacted that reserves the title for that profession in the Physician Assistant Practice Act. There is no title protection for the term "physician associates." To change the title of the profession in California, the Legislature would

need to adopt a statute doing so. In the absence of that, use of the term “physician associate” would violate BPC section 2054 and could subject the PA who used the term “physician associate” to discipline.

Mr. Armenta clarified that any change in name would originate with the Legislature in terms of a statutory change; Mr. Kanotz confirmed.

Dr. Grant requested confirmation that this is a legislative issue, the Board cannot take a position and the law is clear that this does not reside within the Board’s domain to make policy decisions. Mr. Kanotz responded that this is correct, to change the title of the profession the Legislature would need to carry a bill that changed those terms in the Physician Assistant Practice Act to Physician Associate Practice Act. There is no action for the Board to take on this issue; however, it is appropriate to share individual thoughts and views.

Dr. Grant stated that he feels that changing the name would be good, as it would accurately represent to patients what PAs do. In his 25 years’ experience as a PA, he has seen patients become thrown off by the word “assistant.” Dr. Grant believes that the change in the name would be good for both PAs and for the public as it would provide more confidence in the people providing the health care.

Dr. Kidd stated that he feels that the title Physician Assistant does not speak to the evolving nature of the PA practice of the 21<sup>st</sup> century. There are eight states that now allow PAs to practice without physician supervision. It is important that PAs hold a title that is reflective of the work that they do. There is no other practitioner that does the work of a PA that has “assistant” in their professional title. Dr. Kidd stated that he would encourage individuals and constituent organizations to think about ways to partner and work together on reflecting the role of the PA by changing the professional title.

Dr. Earley added that she is hopeful that with the support of the Board and CAPA, the Board can move towards changing the name. Historically, Yale University referred to their PA graduates as physician associates.

Dr. Hawkins stated he supports the comments shared thus far.

Ms. Snow asked whether the Board’s next step would be to approach a possible legislator to see if they would support this change. Mr. Armenta stated that he believes the proposal would need to originate not from the Board but from an assembly member or a senator to propose a bill.

Mr. Armenta commented that he works with patients on workers’ compensation cases. During these cases, clients will often confuse PAs with Doctor of Medicine.

Dr. Earley suggests that the Board reach out to Mayor Karen Bass as she is a PA.

Dr. Alexander asked Dr. Hawkins for feedback about his perception on the title change as a member of the MBC. Dr. Hawkins clarified that he is not representing MBC when he states his support of the title change.

Dr. Grant stated that in his career he has been referred to as a mid-level provider, advanced practice clinician, and advanced practice practitioner. What is important

regarding the PAs formal name and how a provider is representing themselves to a patient is really where the Physician Assistant Practice Act comes into play. How a provider is referred by an employer or others administratively is less part of the purview of the Physician Assistant Practice Act, this is more about how a provider identifies themselves to patients in terms of their understanding of what that provider does in their perception. The reason the Board did not have this title change as an agenda item in the past is because the previous titles were mostly administrative. An item that has come up in relation to the title change is the idea of “scope creep,” where PAs are trying to broaden their scope of practice. It appears that the change of name doesn’t reflect the scope of practice but involves accurate representation of the Board’s role within the healthcare system to the patient.

Dr. Kidd stated that when looking at advanced practice providers, mid-level providers, advanced practice clinician, those terms refer to Advanced Practice Registered Nurses and PAs, making it all inclusive in terms of how providers are described in current times. The PAs is not trying to change the scope but to modernize the PA practice laws within states, while ensuring that the PA is referring to the health provider appropriately based on their skill set. Dr. Kidd asked what percentage of PAs in California currently refer to themselves as a physician associate. Dr. Hawkins responded that he does not have the answer to this inquiry. Dr. Hawkins added that employers might have hired PAs and have physician assistants as their job title, while referring to them as physician associates as their working title.

Dr. Kidd added that there are jobs that advertise PA positions as physician associates. There are also PA colleagues that are currently using the title of physician associate within their social media platforms.

Dr. Earley stated that it would be great to see CAPA legislatively take this on. If the American Academy of Physician Assistants (AAPA), the organization that created the name change in May 2020 could work with the Board’s legislative body, this process can be completed accurately ensuring that all PAs are known as one name.

Dr. Grant commented it is not legal to represent oneself as a physician associate to a patient. This is going to skew the data, as there may be many PAs practicing who want to refer to themselves as physician associates but are legally prohibited to do so.

Dr. Kidd stated that there may be PAs who are referring to their title as physician associates who are not fully aware that there is no flexibility within the Act to do so. To solve this potential issue, education from the Board can be disseminated to those PAs.

Mr. Armenta asked if the Board has any abilities, or a law that prevents the Board from asking any member of the Legislature to consider sponsoring a bill. Mr. Kanotz responded that this would typically be completed by a Board legislative proposal. The Board can begin by offering a legislative proposal, this is usually done by making a motion. The Board would put together an agenda item with the direction of the Board in terms of drafting a legislation. The Board would approve the drafted legislation, and then direct the Executive Officer to search for an author for the bill. To complete this process, this would need to be placed back on the agenda as a legislative proposal.

Mr. Armenta stated that it is interesting that CAPA stated that they have no intention of sponsoring legislation, why should the Board be moving to propose legislation if the main proponent of it is reluctant to do so.

Dr. Alexander stated he feels that the health professions have evolved, to move into this modern era of health profession naming “physician associate” deserves some credence in terms of name change and profession due to the profession itself growing. It would also remove the mystique for the public who aren’t aware if they are being seen by a PA or a physician and certainly the associate title would be the most appropriate.

Mr. Armenta stated that it would be interesting to know what MBC’s response to the proposed name change would be. Dr. Hawkins added that a member from the Board can speak to that and raise the question at MBC’s board meeting during the public comment on items not on the agenda section.

Mr. Kanotz added that if the Board proposes a legislative proposal that makes it into a bill, then MBC would be taking a position. The legislative process is the arena where this change needs to be made and where the public would more effectively engage with legislator and the Governor in terms of the decision makers.

Dr. Kidd stated if the Board does not have any data on the number of PAs that are currently referring to themselves as physician associate, then he wishes to withdraw his question.

Mr. Armenta stated that he believed that if individuals have data and they want to present in public comment or in response to any legislation they can do so. Dr. Kidd added that if there is data out there, if someone could present that preliminary data it would be helpful.

Dr. Kidd commented that perhaps CAPA would reconsider their position on whether they would support legislation for a name change.

#### Public comments:

Written comment from CAPA’s Legal Counsel Ed Howard, dated July 25, 2023, was disseminated to the Board members.

Scott Martin, President of CAPA, stated the problem with describing to patients what PAs do exclusively by using the word “assistant” is that many people understand the word as meaning someone who merely carries out a specific order of a superior. If a PA through the practice agreement is permitted to exercise some clinical judgment under the supervision of a physician, then exclusively using the word assistant to describe their role to a patient regarding their care is to knowingly mislead the patient about the degree to which PAs may individually be accountable for if things go array. If a patient wrongly believes that the assistant is only acting at the specific discretion of a physician, their complaint will be about the physician not the PA. One of CAPA’s leading medical malpractice insurers that supports the use of the phrase has written; “The change addresses a common misperception that PAs merely assist physicians.” Consider when a physician uses descriptions to patients that might more accurately describe their role in the patient’s care beyond simply words that appear on their license. For example, Primary Care Physician, Chief Surgeon,

Chief Resident, these are just three examples, but these physicians are not trying to create a new license. The MBC would not discipline these physicians for using these titles unless the use of these titles misleads patients. CAPA respectfully submitted to the Board that the exact same should be true regarding PAs. If a PA uses the word “associate” or any other phrase that intentionally implies that they are able, under the practice agreement, to do things that are not legally permitted to do, the Board should vigorously pursue discipline against that PA. CAPA has uniformly told inquiring PAs that they should never refer to their license as anything other than a physician assistant and that they must always get permission from their employer to use any wording other than “assistant” to describe to their patients their role in patient care. This is important to CAPA because it means that when a PA uses the word “associate,” it will be because both parties to a practice agreement agree that the use of the word more accurately describes the PA’s role. CAPA currently has no plans to seek legislation on this and the reason is because CAPA does not know how many practice agreements are better described using the word “assistant.” Uniformly switching to “associate” poses little to no risk of misleading patients. This has led CAPA to change the name to California Academy of Physician Associates. This makes sense to CAPA to see to what extent the actual parties of the practice agreements, physician employers, PAs who provide care to patients either embrace or reject the use of the phrase “associate” and under what circumstances they embrace and reject it before seeking binding government legislation.

Teresa Chien, Executive Director of CAPA, stated that on the Board’s website there is a position statement regarding the Board’s stance on the new title physician associate. This profession has been called several names over time, such as physician extenders, mid-level providers, and recently advanced practice providers. Previously, a position statement has never been posted about any of these titles, so why has the Board chosen to take a stance on this latest title. Ms. Chien added that CAPA appreciates that Board staff can meet virtually and asks if the Board can permit the public to meet virtually as well, as this can help enable more of the public to attend the meetings.

Lucas Evanson, Associate Director of Strategic Engagement for the California Medical Association (CMA), stated CMA opposes the movement to change physician assistant professional title to physician associate because it obfuscates the role of physician assistants in a patient’s health care team. The current title of physician assistant is clear and understandable to healthcare consumers. Physician assistant is a practitioner who assists supervising physicians in providing care and treatment but is clearly not a physician. This clarity does not exist in a physician associate title. A physician associate may represent many health care professions but importantly it can represent a physician as a physician may refer to their physician colleagues as associates. The effort to change the title of physician assistant to rebrand their profession will only serve to confuse patients which can lead to unintended and potentially dangerous consequences. For these reasons, CMA recommends that the Board continue to advise physician assistants against using the alternative title and not seek any further changes.

Ms. Chien stated the current title already confuses patients. Patients don’t know what PAs do and it can be argued that this is not the patient’s fault, but this profession has traditionally always had a poor public awareness problem. It is CAPA’s firm belief that the new title would clarify the role of PAs. CAPA does not wish to pursue legislation currently, but not indefinitely. CAPA respectfully requests

the Board consider establishing a subcommittee or a steering committee to monitor the use of both “physician assistant” and “physician associate” at the ground level where it is being used by employers, the PAs, and how that interacts not only with the practice setting but between PAs and their patients. CAPA respectfully asks to permit the use of the new title with the Board monitoring and collecting data so that it can be determined which one is the better title for this profession. CAPA surveyed all its members, licensees and PA students, and the general response was 20% of California’s PAs are using the new title at least occasionally. Regarding the legality of the use in changing the name, it is unfortunate that the Board did not get a chance to read the memo from CAPA’s legal counsel in advance of this meeting; however, in this memo some of these topics were covered. With respect to the Board’s legal counsel, that is one legal interpretation. CAPA’s legal counsel documents very thoroughly his interpretation of California law and the use of the new title. Lastly, there is no “scope creep,” and the name change does not permit PAs to do more than what they are capable of.

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

Dr. Hawkins, Vice President of MBC reported the next MBC meeting will be on August 24-25, 2023, at the Double Tree Hotel in Bakersfield. This meeting in Bakersfield was requested by President Kristina Lawson to meet some of the consumer groups where they are and address some of their concerns. On August 25, 2023, there will be a presentation of discussion on maternal health outcomes in California.

SB 815 continues through the Legislature and MBC remains concerned regarding approval of the requested full fee increase necessary to improve its fiscal status. This is vital for MBC to continue to meet its mission of public protection.

MBC’s Guidelines for Prescribing Controlled Substances Pain document is available and can be downloaded from the website. Lastly, MBC’s latest newsletter will be available later this month.

Dr. Earley asked what the full fee increase consisted of; Dr. Hawkins responded the increase is around \$1,100 for the next two years. MBC has not had a significant increase in 15 years. There was a nominal \$80 increase when MBC requested a fee increase a couple of years ago.

No public comment.

## **12. Discussion and Possible Action on the Physician Assistant Board 2024-2028 Strategic Plan**

Ms. Khan referred members to Agenda Item 12 for the detailed draft Strategic Plan and stated the Board’s current Strategic Plan is set to expire this year.

On May 1, 2023, the Board held a strategic planning session facilitated by Department of Consumer Affairs’ Office of Strategic Organization, Leadership, and Individual Development (SOLID) Training Solutions. The draft Strategic Plan was developed by SOLID Training Solutions based on that session. Through this process, the Board discussed and developed new objectives for five strategic goal areas: (1) Licensing and Professional Qualifications, (2) Legislation, Regulation, and

Policy, (3) Communication and Outreach, (4) Enforcement, and (5) Administration.

Staff recommendation is to review and discuss the 2024-2028 Board Strategic Plan draft. If the Strategic Plan is acceptable to the Board, staff requests the Board adopt the Strategic Plan (as is or as amended) and direct staff to initiate the steps to finalize the document for publication.

Dr. Grant requested to go through each goal and objectives and amend as needed.

Goal 1, objective 2: Mr. Armenta stated that the modification would be, "Monitor and support physician assistant training programs' efforts to increase diversity amongst physician assistants."

Goal 3, objective 1: Mr. Armenta stated this objective will now read, "Collaborate with physician assistant programs to explain the licensing application process."

Goal 3, objective 2: Mr. Armenta stated this objective will strike out "regulatory."

Goal 3, objective 4: Mr. Armenta stated this objective will now read, "Expand outreach to increase the diversity of board member applicants."

Goal 4, objective 1: Dr. Grant suggested a change to "Hire additional staff to reduce enforcement timelines." Then the Board can determine what additional staff means.

Goal 4, objective 2: Mr. Armenta confirmed the objective will include consultants and subject matter experts.

Goal 5, objective 3: Ms. Halbo asked to correct the sentence to include "improve customer service and increase efficiency."

Dr. Grant asked if anything else needs to be added to make the Strategic Plan more achievable. Ms. Khan stated that due these goals placing emphasis on the Board needing additional staff in enforcement and administration, she feels this is sufficient to back up a budget change proposal.

Mr. Armenta asked what is the next step once these changes are implemented; Ms. Khan responded that if the Board is all in agreement, the Board can move forward and work with DCA and make the Strategic Plan into a finalized copy, or if the Board would like to review the plan one last time before it is finalized, it can be reviewed in the next meeting in November, as the Board's current Strategic Plan is set to expire at the end of this year.

M/ Juan Armenta S/ Sonya Earley to:

Approve the draft of the Strategic Plan with the changes discussed.

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				
Deborah Snow	X				

No public comment.

**13. Update, Discussion, and Possible Action on Proposal to Amend 16 CCR Sections 1399.506, 1399.507, 1399.511, and 1399.546 – Application, Exam Scores, Addresses & Recordkeeping Consideration of Potential Modifications to Text**

Ms. Halbo stated the regulatory package was submitted to the Office of Administrative Law (OAL) and staff worked with the OAL attorney to put the online application for physician assistant licensure requirements into the regulatory text. OAL requires that the application for physician assistant licensure be incorporated into the regulatory text. The potential modifications to the text have been suggested by the OAL attorney, and OAL will make the final decision on this text. The attachments include a highlighted copy, a clean version, and a copy of the application for physician assistant licensure to illustrate how the application is incorporated into the text. OAL requires that the application requirements be incorporated into the text so they are fully disclosed to applicants.

M/ Juan Armenta S/ Jed Grant to:

Motion to adopt the proposed Second Modified Text for 16 CCR Sections 1399.506, 1399.507, 1399.511, and 1399.546 for a 15-day public comment period, and if there are no adverse comments received during the 15-day comment period, direct the Executive Officer to take all steps necessary to complete the rulemaking, authorize the Executive Officer to make any technical or nonsubstantive changes to the proposed regulations, and adopt the revised proposed regulatory language for 16 CCR Sections 1399.506, 1399.507, 1399.511, and 1399.546.

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				
Deborah Snow	X				

No public comment.

**14. Regulations – Update on Pending Regulatory Packages**

Ms. Dhillon referred members to Agenda Item 14 for the detailed updates on the following packages.

1. 16 CCR 1399.514, 1399.615 – SB 697: Renewal of License and Continuing Medical Education Required



Staff is currently finalizing initial documents with regulations counsel and the Budget Office to submit for initial review in August 2023.

2. 16 CCR 1399.502, 1399.540, 1399.541, 1399.545 – SB 697: SB 697 Implementation

Agency approved this package on July 13, 2023, and the Notice was filed with the Office of Administrative Law (OAL) for publication on July 28, 2023, to initiate the 45-day public comment period, which will end on September 12, 2023.

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

The Board adopted this regulation package on Agenda Item 13.

4. 16 CCR 1399.515 – AB 2461: Retired Status to Include Fingerprint Requirement

This regulatory proposal is on hold for 2023 until the above packages are completed.

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 2023 until the above packages are completed.

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

Staff has decided not to move forward with this package because the statutes affected by AB 107 cover in detail the temporary license requirements as they apply to our Board and thus are self-executing.

No public comment.

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

Dr. Grant referred members to Agenda Item 15 for the detailed Education and Workforce Sub-Committee, Accreditation Status, and DEI in PA Admissions reports.

Dr. Grant shared that several programs have changed in terms of probation since the previous Board meeting. California State University Monterey Bay, Dominican University, and University of Laverne are now on probation. The most significant example that should be discussed in terms of workforce is that Western University was placed on probation and was barred from matriculating any further students until some probation activities are completed. Western University is one of the biggest PA programs in California, matriculating 98 students a year. This news was received from the accrediting body about six weeks before their class matriculated, creating a challenge for the students that were about to start their education. Western University did a good job reaching out to other California programs to find placement for the students they matriculated. The 98-student count was left in the report because the students will still be a part of the workforce. With the current 20 PA programs in California, there are 941 graduates a year and the average number of

students per program is 46 (the national average is 47); with 26 potential PA programs, this places California at just under 1,100 graduates per year.

Dr. Grant stated from his personal experience of working at a PA program, his program has had to pay for a lot more clinical rotations, and there has been increases of PA education cost. The most recent data from the PA Education Association stated that the average PA student is around \$150,000 in debt. Having to pay for clinical rotations just increases the cost.

Dr. Earley inquired if the developing programs are virtual; Dr. Grant responded that the Touro program in Los Angeles looks as though it will be a virtual program. Alliant is an online university and if one opens in California, it will likely be online. Palm Beach is an in-person university in Florida, but he is not sure if a PA program will become available in California.

Dr. Earley stated that she had never heard of a program having to stop matriculation of students before and inquired if this is rare. Dr. Grant clarified that Western University is not barred from teaching the currently enrolled students; the university was barred from matriculating another class. Dr. Grant stated that he has seen this happen before and it's usually a poor prognostic indicator for the program for accreditation.

Dr. Kidd asked if the Board has seen any other California PA programs that were not allowed to matriculate students as every program must have a teach out clause if they go under. Dr. Grant stated that barring matriculation from an incoming class indicates that there's significant deficiencies in accreditation. Multiple standards are not met according to the accrediting body. On Western University's website, they noted that they appealed this decision, and the decision was upheld so they lost their appeal. The accreditation process can seem unfair, because the standards are written broadly yet they are often interpreted narrowly for the program. In 2025, the decision will be revisited for Western University.

Dr. Kidd asked if there had been a decrease of PA applicants due to these cost increases in PA school as well as being responsible for clinical rotation fees. Dr. Grant answered that at least 50% of PA programs are paying for at least one clinical site; however, there are many PA programs that are paying for multiple sites. The average cost is about \$1,000 for a one-month rotation and there are eight required rotations. The additional costs are relayed directly to the student, but some programs have this built directly into their tuition.

Dr. Hawkins asked what PA programs are not paying for the clinical rotations. Dr. Grant responded that these programs are affiliated with the medical school and if there are medical students rotating and the PA program needs to have some PA students rotate, they will charge the student. This is evenly distributed across the board.

Dr. Earley added that there is no decrease in the number of applicants and California has been increasing. Dr. Grant stated that if one looks at the PA admissions overall it is extremely competitive, only about 35-40% of people are accepted in their first year. Dr. Grant stated that his program has 45 seats and receives about 2,500 applicants.

Dr. Kidd commented that the accreditation actions, which are published by the ARC-PA regarding every program in terms of whether they're noncompliant with a specific standard that's published. It would be good for the Board to monitor whether the California PA programs are compliant with the diversity standards that ARC-PA set. The Board would then be able to see that data published on the ARC-PA website and specifically on the program's website.

Dr. Grant agreed that this is something that the Board can do and stated that he looked for information when the accreditation decision comes out and if it gets appealed. Once the appeal is entered into the appeals process all the data is removed from the website. Once the decision from the accrediting body is finalized, it should be available on the website again.

Dr. Hawkins asked if Dr. Grant could elaborate on the status of Dominican University's probation. Dr. Grant stated that he does not know any information as to why Dominican University is on probation. This information should be available on the university's website and the ARC-PA's website may have the information. Dr. Grant stated that if the information is available, he will share it at the November meeting.

Dr. Hawkins asked what are the new DEI standards that some schools might fall into the profession category and if the school fails to meet these standards would this cause them to fall into probation. Dr. Grant answered they were introduced back in September, and they sent out advance notice advising programs of new standards with a manual that stated ways that individuals can demonstrate compliance. Typically to be placed on probation a program must have citations across multiple standards, or a critical standard.

No public comment.

## **16. Report by the Legislative Committee; Legislative Update**

Ms. Dhillon referred members to Agenda Item 16 for the detailed report on the following bills.

### **A. AB 883 (Mathis) Business licenses: United States Department of Defense SkillBridge Program**

Ms. Dhillon stated staff does not anticipate any fiscal impact as this bill should not affect the Board.

Mr. Armenta asked for confirmation that there would be no fiscal impact as the Board will have no extra staffing burden; Ms. Dhillon confirmed.

Dr. Kidd asked what the Board's position on this bill was; Ms. Dhillon responded that the Board did not take a position on this bill.

Dr. Kidd asked for clarification on this bill. Ms. Dhillon stated this bill is for individuals who are enrolled in the SkillBridge Program which wouldn't benefit the Board as applicants are required to complete a PA program and then pass the PANCE examination.

Dr. Grant stated that he thinks this bill is more vocational and less professional.

The Board decided to not take a position on this bill.

B. AB 996 (Low) Department of Consumer Affairs: continuing education: conflict-of-interest policy.

Ms. Dhillon stated the Board took a watch position at the last meeting.

Mr. Armenta stated that he felt that the Board should continue their watch position; the Board agreed.

C. AB 1028 (McKinnor) Reporting of crimes: mandated reporters

Ms. Dhillon stated the Board took an oppose position at the last meeting.

Mr. Armenta stated that he felt that the Board should continue their opposed position; the Board agreed.

D. AB 1070 (Low) Physician assistants: physician supervision: exceptions

Ms. Dhillon stated staff does not anticipate any fiscal impact on this bill.

Dr. Hawkins commented that MBC views all bills through the lens of quality of care and public protection. MBC recognizes that these patients are often homebound and quite vulnerable. Two weeks ago, MBC shared their concern with the author and there have been some improvements in the language that addresses some of those concerns such as identification of the eight to one supervision ratio. Some concerns remain, such as are their limits on the number of patients that can be evaluated in a day. Secondly, the specifics of what occurs in those evaluations, since it can be recognized that a nurse is not a physician assistant and vice versa; some of those services are currently being provided by nurses. Another concern is how the visit will be documented. Lastly, MBC shared their concerns about how the business information be managed by the supervising physician.

Mr. Armenta stated that it did not occur to him that it was important to see how many patients the PAs are treating or seeing.

Dr. Hawkins added that these are patients or individuals who are part of a home health evaluation. MBC took an opposed position to this bill.

Mr. Armenta inquired if the Board should take a position; Dr. Grant stated that he does not feel that the Board needs to take a position on this bill. PAs complete annual Medicare visits frequently, these visits typically do not include prescribing medications, as these visits are more of an annual check in.

Dr. Kidd stated that he agrees with Dr. Grant.

The Board decided to not take a position on this bill.

E. AB 1707 (Pacheco) Health professionals and facilities: adverse actions based on another state's law

Ms. Dhillon stated the Board took a support position at the last meeting.

The Board agreed to continue their support position on this bill.

F. SB 345 (Skinner) Health care services: legally protected health care activities

Ms. Dhillon stated the Board took a support position at the last meeting.

The Board agreed to continue their support position on this bill.

G. SB 372 (Menjuvar) Department of Consumer Affairs: licensee and registrant records: name and gender changes

Ms. Dhillon stated the Board took an oppose position at the last meeting.

The Board agreed to continue their opposed position on this bill.

H. SB 385 (Atkins) Physician Assistant Practice Act: abortion by aspiration: training

Ms. Dhillon stated the Board took an oppose position at the last meeting.

Mr. Armenta stated that Dr. Grant, Mr. Kanotz and himself had a conference with Senator Atkins' staff. During this conference, Dr. Grant pointed out that in practice what this bill does is impose an additional educational requirement on PAs that does not exist currently. Although the intent of this bill is to expand ability for this service, as a practice matter as applied to PAs due to SB 697, it instead restricts it. The response from the staffer was that they are following the national standard and promised to investigate this issue and get back to the Board. The Board received a follow-up letter stating the same verbiage that was told in the meeting.

Dr. Grant added that if the language proposed by the Board was accepted, then the Board could have supported the bill. Dr. Grant suggested the Board might consider changing its position to support if amended.

Mr. Kanotz stated that if the Board is going to change to support if amended, he would recommend that the Board identifies the specific textual amendments that the Board wants in the bill.

Ms. Khan and Dr. Grant stated that where it states, "include a clinical and didactic component," the Board wishes to strike "didactic" from the bill. Under subparagraph three where it states, "accreditation" the Board wishes to change this to "professional organization accredited" or "accredited educational institution." Under subparagraph B, it states "if the physician assistant is performing abortion by aspiration techniques without the personal presence of a supervising physician, the practice agreement shall specify; one, the extent of supervision by a physician and surgeon with relevant training and expertise and two, indications and procedures for transferring of the patient's care, to a physician and surgeon, or a hospital."

Dr. Kidd clarified that the Board is removing the didactic component of the bill, and the Board is stating that the level of competency and anything else associated with that type of care would be determined at the practice level. The Board is ensuring

that the extra burden is removed so that the physician in the PA team can determine what level of competency through the practice agreement the PA can do; Mr. Armenta confirmed.

Dr. Grant asked what is the difference between opposed unless amended and support if amended, and Ms. Dhillon referred members to the definitions page.

M/ Jed Grant S/ Juan Armenta to:

Support the bill with amendments as discussed in the meeting.

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				
Deborah Snow	X				

No public comment.

I. SB 544 (Laird) Bagley-Keene Open Meeting Act: teleconferencing

Ms. Dhillon stated the Board took a support position at the last meeting.

The Board agreed to continue their support position on this bill.

J. SB 802 (Roth) Licensing boards: disqualifications from licensure: criminal conviction

Ms. Dhillon stated the Board took a support position at the last meeting.

The Board agreed to continue their support position on this bill.

No public comment.

**17. Agenda Items for Next Meeting**

- 1) Discussion on the feasibility of virtual public participation.
- 2) Discussion on the feasibility of an examination to gather data of who is using physician assistant vs physician associate.
- 3) Discussion on the decline in the Board's months in reserve.
- 4) Discussion regarding professional title change from physician assistant to physician associate.

No public comment.

## **18. CLOSED SESSION**

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

## **19. Adjournment**

With no further business the meeting was adjourned at 2:56 p.m.

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