

MEETING MINUTES
August 9, 2024
8:30 A.M. – 5:00 P.M.
PHYSICIAN ASSISTANT BOARD
Hilton San Diego Gaslamp Quarter
401 K Street
San Diego, CA 92101

1. Call to Order by President

Dr. Earley called the meeting to order at 8:32 a.m.

2. Roll Call

Staff called the roll. A quorum was present.

Board Members Present:

Sonya Earley, Ed.D., PA-C, President
Vasco Deon Kidd, DHSc, PA-C, Vice President
Charles Alexander, Ph.D.
Juan Armenta, Esq. (arrived 8:34 a.m.)
Diego Inzunza, PA-C
Deborah Snow

Staff Present:

Jasmine Dhillon, Legislative and Regulatory Specialist
Christina Lefort, Discipline Analyst
Michael Kanotz, Attorney III
Rozana Khan, Executive Officer
Armando Melendez, Special Investigator

3. Consider Approval of May 20, 2024, Board Meeting Minutes

M/ Vasco Deon Kidd S/ Deborah Snow to:

Approve the May 20, 2024, Meeting Minutes.

No public comment.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	X				
Juan Armenta				X	
Sonya Earley	X				
Diego Inzunza	X				
Vasco Deon Kidd	X				
Deborah Snow	X				

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

45 whether to place the matter on the agenda for a future meeting. [Government Code
46 Sections 11125, 11125.7(a).]

47
48 No public comment.

49 **5. President's Report**

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52 Dr. Earley reported that Board leadership meets regularly with Executive Officer
53 Rozana Khan and Assistant Executive Officer Kristy Voong to discuss any
54 information between the board meetings. She expressed appreciation for the
55 insights and guidance provided by attendees.

56
57 Dr. Earley also thanked Dr. Randy Hawkins for his service to the Board and to the
58 Medical Board of California (MBC). She reported that Dr. Hawkins completed his
59 term for the MBC and will not be returning.

60
61 Dr. Earley announced Veling Tsai, M.D., as the new ex officio physician member
62 from the MBC, who will take his oath of office at the next Board meeting.

63
64 Dr. Earley reported that Office of Administrative Law (OAL) approved the regulatory
65 package for Senate Bill (SB) 697, with an effective date of October 1, 2024, and
66 thanked staff and Senior Counsel Kristy Schieldge for their assistance.

67
68 Dr. Kidd agreed with Dr. Earley and thanked Dr. Hawkins for his service.
69 Additionally, Dr. Kidd thanked the Board members for the passing of SB 697, and
70 stated that it is great for the profession, the patients, and the physician and physician
71 assistant (PA) teams.

72
73 No public comment.

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

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

78 A. Personnel

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81 On June 25, 2024, interviews were conducted to fill the vacant Office Technician
82 position and staff is currently conducting reference checks for the top candidates.

83 B. 2025 Sunset Review

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86 On June 21, 2024, staff received the 2025 Sunset Questionnaire from the Joint
87 Oversight Committee and has been diligently working to provide thorough and
88 accurate responses to each question.

89 C. Annual Report

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91
92 As the fiscal year 2023-24 concluded, staff began working on the Annual Report to the
93 Department of Consumer Affairs (DCA). The Annual Report is an opportunity for the
94 Board to demonstrate its accomplishments, provide program information such as
95 position counts, board membership, license requirements, fees, continuing education,
96 licensing and enforcement statistics, and updates on regulations and legislation over

97 the past 12 months.

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D. Outreach

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Board staff is planning to attend the annual California Academy of Physician Associates (CAPA) conference during Physician Assistant Week–October 3-6, 2024, in Burbank.

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106

On June 27, 2024, the Board published its biannual online Insider newsletter for summer 2024.

107

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No public comment.

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7. Board Activity Reports

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A. Licensing

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Ms. Lefort 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.

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119

Dr. Earley noted that the number of initial applications is on target, while Mr. Armenta commended staff for meeting the target application review times.

120

121

B. Complaints

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

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129

Mr. Armenta asked about the primary reason for the decrease in case aging. Mr. Melendez explained that it may be due to the types of cases being handled, which are impacting the timeframes. Dr. Alexander noted an increase in complaint volume.

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C. Discipline

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

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Mr. Armenta asked if the delta between fines issued and received is because the fine is being paid overtime. Ms. Lefort confirmed this is correct.

138

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D. Probation

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Ms. Lefort referred members to Agenda Item 7D and reported the Diversion Program Activity Report.

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Mr. Armenta asked what does tolled mean. Ms. Lefort explained that a probationer is “tolled” if they are not practicing for 30 days or more, or if they are out-of-state and not serving probation there.

147

E. Diversion

148 Ms. Lefort referred members to Agenda Item 7E and reported the Diversion Program
149 Activity Report.

150
151 No public comment.

152
153 **8. Department of Consumer Affairs – Director’s Update (DCA Staff) – May**
154 **Include Updates Pertaining to the Department’s Administrative Services,**
155 **Human Resources, Enforcement, Information Technology, Communications**
156 **and Outreach, as well as Legislative, Regulatory and Policy Matters**
157

158 Melissa Gear, Deputy Director for Board and Bureau Relations, welcomed Dr. Tsai
159 to the Board and thanked both Dr. Tsai and Dr. Hawkins for their service and
160 commitment to protect California and its consumers.

161
162 Ms. Gear reported on Budget Letter (BL) 24-20 regarding vacancy savings and
163 position elimination. The Department of Finance has issued BL 24-20 implementing
164 the Governor’s proposal to reduce the State workforce by 10,000 positions and
165 reduce expenditures by \$1.5 billion. The budget reduction will be effective 2024-25
166 and ongoing and position elimination will be effective 2025-26 and ongoing.

167
168 Ms. Gear reported Deputy Appointments Secretary Myriam Valdez-Singh was
169 appointed Deputy Commissioner of Legislation at the Department of Financial
170 Protection and Innovation. Moving forward, Deputy Appointments Secretary Curtis
171 Lang will oversee the healing arts boards and Assistant Deputy Appointments
172 Secretary Aubrey Anthony will oversee the non-healing arts boards.

173
174 Ms. Gear reported SB 553 became a new law effective January 2024 and amended
175 the California Labor Code to require California employers to develop and implement
176 a workplace violence prevention plan. As a result of this new law, DCA updated its
177 current workplace violence prevention policy to include all requirements of SB 553.
178 The training is mandatory for all DCA employees including board members and must
179 be completed by August 30, 2024.

180
181 Ms. Gear reminded board members about Board Member Orientation Training
182 (BMOT) that is due within one year of appointment or reappointment. On October
183 22, 2024, the training will be offered virtually and is the last one for the year.

184
185 Ms. Gear reported on July 31, 2024, DCA participated in a virtual military licensing
186 webinar hosted by Navy Region Southwest. The webinar showcased DCA military
187 licensing resources to active-duty military, veterans, and military spouses throughout
188 California and Nevada Navy bases.

189
190 Ms. Gear reported DCA’s Diversity, Equity, and Inclusion (DEI) Steering Committee
191 met on July 26, 2024, and the meeting included discussion on DEI training and
192 development of a workforce development survey from a DEI perspective, expanding
193 language access and DEI activities for inclusion in the DCA Annual Report. This
194 year’s report will include DCA’s specific updates on training, outreach, language
195 access, and tools and resources created for staff and will highlight boards and
196 bureaus’ accomplishments.

197
198 No public comment.

199

200 **9. Budget Update**

201
202 Dr. Kidd referred members to Agenda Item 9 and reported the following fund
203 condition and expenditure reports.

204
205 Dr. Kidd reported in fiscal year (FY) 2023-24, the Board has a budget of about \$3.3
206 million. The Board is projected to use 37.5% of its expenditure on Personal Services
207 which includes salaries and benefits; 36% for Operating Expenses & Equipment
208 which includes contracts, purchases, and travel; and 25.9% for Enforcement which
209 is for the Office of Administration Hearings (OAH) and the Attorney General (AG).
210 The Board is estimated to have 0.62% in Reversion.

211
212 For the Board's fund condition, Dr. Kidd stated for prior year 2023-24 actuals. The
213 Board has a beginning balance of \$4.2 million, overall revenue of \$2.9 million, and
214 total expenditure of \$3.4 million, which gives a fund balance of \$3.8 million (13.2
215 months in reserve). Budget year is based on the Governor's budget and budget year
216 plus one is based on realized. There is no immediate concern for this fund.

217
218 Dr. Kidd stated for current year 2024-25, the Board has a beginning balance of \$3.8
219 million, estimated revenue of \$3 million, estimated expenditure of \$3.4 million, giving
220 a fund balance of \$3.4 million (11.5 months in reserve). There is no immediate
221 concern for this fund.

222
223 Dr. Kidd reported in FY 2024-25 expenditure projection report, the Board has a
224 projected expenditure of \$1.2 million in personal services, \$2.1 million in operating
225 expenses and equipment for a total of \$3.3 million, which created a surplus of
226 \$21,000 or under 1%.

227
228 No public comment.

229
230 **10. Update on the 2025 Sunset Review Process and Draft Report**

231
232 Ms. Khan reported that the final Sunset Review Report is due to the Legislature by
233 January 6, 2025. On July 23, 2024, policy committee legislative staff met with Board
234 staff to provide valuable insights and feedback on the sunset process. She noted
235 that the August draft report may include some of the responses from the 2020
236 Sunset Review Report, as the questions and responses remain unchanged. This
237 draft also includes summaries of issues raised by the Joint Oversight Committee,
238 and recommendations, as well as an opportunity for the Board to identify new
239 issues. Over the next several months, Board staff will continue to expand and
240 update the responses, providing revised drafts for the Board's review and input.

241
242 **11. Regulations – Update on Pending Regulatory Packages**

243
244 Ms. Dhillon referred members to Agenda Item 11 for the detailed updates on the
245 following packages.

246
247 1. 16 CCR 1399.514, 1399.615 – SB 697: License Renewal and Continuing Medical
248 Education Required

249
250 Staff is currently working on initial documents with Regulations Counsel and the
251 Budget Office to submit for initial review.

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

At the May 20, 2024 meeting, the Board rejected the comments received and adopted the staff recommended responses to the comments. The final documents were submitted to OAL for final review on June 6, 2024. This package was filed with the Secretary of State on July 19, 2024, and will become effective October 1, 2024.

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

At the November 6, 2023 meeting, the Board approved the proposed regulatory language to reinstate the rulemaking process. Staff received approval from DCA Legal and is compiling the initial documents to send to DCA for the Director’s review.

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

Staff will begin working on initial documents to submit for initial review this calendar year.

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

Staff will work on the proposed language in the next few months for Board approval.

No public comment.

12. Discussion Regarding Physician Assistant Supervision Ratio Requirements

Dr. Earley introduced the topic of the PA supervision ratio, which was first raised by the Joint Legislative Sunset Review Committee in 2005.

Dr. Kidd presented findings from his research, which included the Background Paper for the 2012 Physician Assistant Committee Oversight Hearing dated March 19, 2012, the Senate Business, Professions and Economic Development Committee, statements from the Board’s 2024-28 Strategic Plan, and data from the National Conference of State Legislatures. He also referenced his article titled, “Revisiting California’s Supervising Physician-to-Physician Assistant Ratio Requirement: An Urgent Call to Action.”

Dr. Kidd emphasized that the Board’s legislative duty is to ensure access to medical care, highlighting California’s significant shortage of primary care providers is the highest in the country. Although PAs and nurse practitioners (NPs) are estimated to make up a large portion of California’s primary care workforce by 2030, many Californians will continue to lack adequate access to primary care providers. Dr. Kidd suggested revising the physician-to-PA ratio as a possible solution to improve access.

Referring to the Business and Professions Code (BPC) section 3516, Dr. Kidd reminded members of the waivers issued by DCA during the COVID-19 pandemic, which allowed higher ratios. He noted no evidence suggests that the current

304 physician-to-PA supervision ratio enhances patient safety, reduces healthcare costs,
305 or improves patient outcomes. Additionally, there is no evidence that removing laws
306 to PA practice does not increase overall risks to patients or lead to increased risk of
307 medical malpractice. There were also no complaints filed or investigation during the
308 pandemic related to physicians supervising more than four PAs concurrently.

309
310 Dr. Kidd highlighted points to consider; that increasing the supervising physician-to-
311 PA ratio will not lead to changes in the scope of practice for PAs, increase
312 disciplinary actions, or have a fiscal impact. He recommended including a request to
313 increase the supervision ratio in the upcoming Sunset Review Report.

314
315 Mr. Armenta expressed concern that the Board lacks legislative mandate to overstep
316 policy, emphasizing that this change should be initiated by the Legislature, not the
317 Board. He also noted that changing the ratio could financially benefit certain
318 physicians and PAs.

319
320 Dr. Kidd suggested including the ratio adjustment as a new issue in the Sunset
321 Review Report, recommending a supervision ratio of one physician per eight PAs,
322 which would apply to prescribers, to help address the primary care shortage in
323 California.

324
325 Ms. Snow supported the idea of increasing the ratio requirement but requested to
326 see more data. She expressed concerns of increasing the supervision ratio does not
327 guarantee the PA will go into primary care, the physician's ability to supervise more
328 PAs, and the potential impact on disciplinary issues and quality of care. She also
329 inquired about changes to NP supervision ratios, which Dr. Kidd explained that AB
330 890 allows NPs who meet the requirements as a 103 NP to practice without
331 standardized procedures. This allows them to practice independent of a physician
332 supervision, and three years after that they can become a 104 NP and practice
333 independently and open their own practice. Dr. Kidd clarified that the one-to-eight
334 ratio is a recommendation, and it is up to the physician to determine how many PAs
335 they can adequately and confidently supervise.

336
337 Ms. Snow asked when the Legislature previously declined a request to raise the PA
338 supervision ratio. Mr. Kanotz explained that in the process of adopting SB 697 there
339 was a version of the bill initially that repealed the section that contained the
340 supervision ratio. That provision was eventually changed to an amendment to
341 increase the ratio to six, but the authors later amended that provision out of the bill in
342 the second House, which was passed.

343
344 Mr. Kanotz emphasized that the Board's primary functions are licensing, which
345 involves testing and education requirements to have the minimum competence level
346 for the profession; and enforcement, to protect the public. Mr. Kanotz stated BPC
347 section 3504.1 states, "Protection of the public shall be the highest priority for the
348 Physician Assistant Board in exercising its licensing, regulatory, and disciplinary
349 functions. Whenever the protection of the public is inconsistent with other interests
350 sought to be promoted, the protection of the public shall be paramount." Mr. Kanotz
351 stated that his recommendation is to not include the ratio requirement in the Sunset
352 Report.

353
354 Dr. Kidd advocated that the Board present the issue to the Legislature, allowing
355 them to determine the appropriate course of action.

356 Mr. Armenta stated it is not the Board's function and that it is dangerous for the
357 Board to go into a Sunset review with many deficits.
358

359 Mr. Armenta requested to make a motion to not include any language that specifies
360 any ratio in the Sunset Report.
361

362 Mr. Inzunza stated PAs provide quality care and often more in-depth care to patients
363 because physicians may be busy. Mr. Inzunza agreed there is a disparity in health
364 care providers, especially in rural communities. Mr. Inzunza stated that the Board's
365 role is consumer protection which brings it into a gray area to push for a change of
366 the ratio requirement.
367

368 Dr. Alexander agreed with Mr. Inzunza and expressed his concern about the access
369 and disparity issues. Dr. Alexander suggested gathering more data and consulting
370 physicians' position on this issue. Dr. Alexander stated the Board has a
371 responsibility to be concerned about the ratios and disparities in healthcare, but not
372 necessarily recommend specific ratios.
373

374 Dr. Earley stated that PA profession was created to address a shortage in providers,
375 and this remains relevant in 2024. She advocated that this is the Board's opportunity
376 to bring this issue to the Legislature again with very limited cost.
377

378 Dr. Kidd requested to make a motion to include the ratio issue in the Sunset Report
379 without specifying a new ratio, allowing the Legislature to decide whether to increase
380 the supervision ratio or keep it as is.
381

382 Mr. Armenta stated that this is a matter of process and agreed to see if the
383 Legislature will consider the ratio.
384

385 Dr. Earley and Dr. Kidd stated that Board counsel has mentioned to them that the
386 Sunset review is an avenue for this concern to be recommended.
387

388 Dr. Kidd stated that this can be raised as a concern because of the crippling primary
389 care crisis and not specifying a ratio number.
390

391 Ms. Snow agreed with Dr. Alexander's comment that the ratio requirement is a
392 concern and should not be a suggestion and the Board is concerned about the
393 shortage in medical care and what are some ways to increase care.
394

395 Mr. Armenta questioned how to address that concern and stated that a question
396 cannot be put into a bill.
397

398 Mr. Inzunza stated a suggestion to address it as a concern of the access to care
399 overall, which includes ratio requirements and workforce.
400

401 Dr. Alexander stated another factor to add is the number of PA programs are
402 decreasing.
403

404 Mr. Armenta clarified about not putting the concern in the bill but in the supporting
405 materials, saying in light of educational stress and the necessities for access to care,
406 the Legislature should review supervision ratio as a concern.
407

408 Ms. Khan stated that the Board will need supporting materials when including new
409 issues in the Sunset Report. If the Board identified a problem, it must provide a
410 solution.

411
412 Public comment: Jeremy Meis, President of California Academy of Physician
413 Associates (CAPA), thanked the Board for the opportunity to speak. Mr. Meis stated
414 in his 12 years career he has clearly seen the role that ratios have played in limiting
415 access to health care. The members of CAPA have been clear that ratios limit their
416 job prospects in underserved communities. Mr. Meis stated over 30 peer-review
417 studies have shown that PAs provide safe and effective care with safety and
418 outcomes on par with physicians. Ratios have never been proven effective for
419 enhancing public safety. Ratios are harmful to patients as a barrier to access and
420 when patients cannot access health care, their health outcome suffer. California
421 graduates 1,000 PAs from PA programs every year and the PAs need a place to go
422 so that they do not leave to other states that have less restrictive and safe practice
423 laws and regulations. Supervision ratios should be decided at the practice level, and
424 the State of California should expeditiously do everything in its power to improve
425 access to health care and eliminate unproven and unnecessary and antiquated
426 limitations on PA practice. Mr. Meis stated that Dr. Kidd's article mentioned 20 states
427 have increased their ratios and California has one of the most restrictive supervision
428 ratios in the nation, especially for the sake of our improvised, unhoused,
429 marginalized and bipod communities. Mr. Meis hopes California can address ratios
430 as a public health concern.

431
432 Mr. Armenta inquired why CAPA is not presenting a bill before the Legislature. Mr.
433 Meis stated he cannot comment on CAPA's legislative priorities, but it is a
434 complicated process and not go the way it intended to go because of multiple
435 different invented interests. CAPA will continue to advocate for PAs and added that
436 whatever means the State has, should be leveraged.

437
438 Mr. Inzunza asked if this concern can be brought back to CAPA and make this a
439 priority. Mr. Meis stated CAPA is the only advocacy body for PAs in the entire State.

440
441 Ms. Gear advised that the Board's mandate is consumer protection and cautioned
442 adding this as a new issue to the Sunset Report could receive opposition from other
443 members and potentially lead to unfavorable outcomes. She noted that CAPA's
444 reasoning for not pursuing a legislative change is no different if the Board put it
445 through the process.

446
447 Dr. Kidd questioned if the Board would encounter any opposition because
448 supervision ratio is being raised as a concern. Ms. Gear stated the Board can face
449 opposition from any associations protecting their members who are not advocating
450 in the same way and being supportive.

451
452 Mr. Armenta agreed with Ms. Gear regarding opposition. Mr. Armenta stated there
453 was an attempt to amend the supervision ratio in 2022 but it was unsuccessful. Mr.
454 Armenta stated it would be difficult to amend it again.

455
456 Dr. Earley stated that the job comes with opposition, and it is the Board's duty to
457 bring up concerns of California consumers.

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M/ Juan Armenta S/ Deborah Snow to:

Not include any language that specifies any ratio in the Sunset Report.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	X				
Juan Armenta	X				
Sonya Earley	X				
Diego Inzunza	X				
Vasco Deon Kidd	X				
Deborah Snow	X				

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Dr. Kidd requested to make a motion to review the supervising physician-to-PA ratio as a new issue in the Sunset Report.

Dr. Alexander commented that if the Board raises concerns, the Board must have solutions.

Mr. Armenta commented that Dr. Alexander brought up the difficulty with raising a concern, and the best solution is to have CAPA, for example, propose the bill and have the Board comment when the issue is presented.

Mr. Inzunza commented that it may be difficult to add specifics into the Sunset Report to pursue this concern.

Dr. Kidd asked for clarity if the Board is allowed to raise a new concern without providing specifics. Ms. Khan stated that if new issues are raised in the Sunset Report, then the Board must provide a proposed solution and relevant BPC amendments.

Mr. Kanotz commented that the Sunset review is not to involve overarching policy or practice changes. It is designed for the Board to carry out its duties in licensing and enforcement.

M/ Vasco Deon Kidd S/ Sonya Earley to:

To amend the previous motion.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	X				
Juan Armenta	X				
Sonya Earley	X				
Diego Inzunza	X				
Vasco Deon Kidd	X				
Deborah Snow	X				

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No public comment.

M/ Vasco Deon Kidd S/ Sonya Earley to:

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To raise the issue of the ratio in the Sunset Report and to do that in light of the access to care issue as a concern.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	X				
Juan Armenta		X			
Sonya Earley	X				
Diego Inzunza		X			
Vasco Deon Kidd	X				
Deborah Snow		X			

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No public comment.

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Motion failed.

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

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Dr. Alexander referred members to Agenda Item 13 for the detailed Education and Workforce Sub-Committee Report.

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Dr. Kidd reported that California State University Monterey Bay (CSUMB) has closed its doors and students have transferred to other programs. The University of La Verne has withdrawn their accreditation and will be closing their program. These are mostly Hispanic serving institutions. The closures of the two programs and Western University of Health Sciences, has reduced the number of graduates, impacting new PAs entering the workforce.

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Dr. Kidd stated that the programs closing is a huge hit to the profession in producing a diverse mix of students going out to the communities of need.

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Dr. Earley stated with the closure of three programs, there will be about 200 less students entering the workforce. Dr. Kidd agreed to the significant decrease.

524
525

No public comment.

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14. Legislative Update

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Ms. Dhillon referred members to Agenda Item 15 for the detailed report on the following bills.

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A. AB 2194 (Patterson) Physician assistants: supervision: doctors of podiatric medicine

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This bill would revise those PA supervision provisions to authorize a PA performing medical services under the supervision of a physician and surgeon to assist a doctor of podiatric medicine who is on the staff of the same organized health care system or who is partner, shareholder, or employee in the same partnership, group, or professional corporation as the supervising physician and surgeon, pursuant to a practice agreement. As of July 2, 2024, this bill is dead.

541 B. AB 2270 (Maienschein) Healing Arts: continuing education: menopausal mental
542 or physical health

543
544 This bill would require the Board, in determining its continuing education
545 requirements, to consider including a course in menopausal mental or physical
546 health. At the May 20, 2024 meeting, the Board took an oppose position.

547
548 C. AB 2442 (Zbur) Healing arts; expedited licensure process: gender-affirming
549 health care and gender-affirming mental health care

550
551 This bill would require staff to update the Board's licensing process to ensure
552 applicants who meet the gender-affirming health care and gender-affirming mental
553 health care criteria can get their license application expedited. This would require the
554 license application form be updated for applicants to demonstrate their intent. At the
555 May 20, 2024 meeting, the Board took an oppose position.

556
557 D. AB 2581 (Maienschein) Healing arts: continuing education: maternal mental
558 health

559
560 This bill would require the Board in determining its continuing education
561 requirements, to consider including a course in maternal mental health. At the May
562 20, 2024 meeting, the Board took an oppose position.

563
564 E. AB 2862 (Gibson) Department of Consumer Affairs: African American applicants

565
566 This bill would require boards to prioritize African American applicants seeking
567 licenses, especially applicants who are descended from a person enslaved in the
568 United States. As of July 2, 2024, this bill is dead.

569
570 F. AB 3119 (Low) Physicians and surgeons, nurse practitioners, and physician
571 assistants: continuing medical education: infection-associated chronic conditions

572
573 This bill would require the Board to consider including in its continuing education
574 requirements for the licensees specified, a course in infection-associated chronic
575 conditions, including COVID conditions. Staff does not anticipate any fiscal impact.

576
577 Dr. Kidd commented that PAs and NPs have many options to fulfill their CME
578 requirements. Dr. Kidd recommended an opposition to this bill. Dr. Earley agreed
579 with this comment.

580
581 Mr. Armenta commented that the systems in place are sufficient and does not need
582 to get into these specific trainings. Mr. Armenta oppose of this bill.

583
584 M/ Juan Armenta S/ Vasco Deon Kidd to:

585
586 Oppose this bill.

587

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

Diego Inzunza	X				
Vasco Deon Kidd	X				
Deborah Snow	X				

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No public comment.

G. AB 3127 (McKinnor) Reporting of crimes: mandated reporters

This bill would remove the requirement that a health practitioner make a report to law enforcement when they suspect a patient has suffered physical injury caused by assaultive or abusive conduct. This bill would instead require that a health practitioner make a report when the injury is life threatening or results in death or is result of child abuse or elder or dependent adult abuse. The bill would require the health practitioner to additionally make a report when a person is seeking care for injuries related to domestic, sexual, or any nonaccidental violent injury if the patient requests a report to be sent. At the May 20, 2024 meeting, the Board took an opposed position.

H. SB 639 (Limon) Medical professionals: course requirements

This bill would require a PA who provides primary care to a patient population of over 25% are 65 years of age or older to complete at least 20% of all mandatory continuing education hours in a course in the field of geriatric medicine, special care needs of patients with dementia or the care of older patients. Staff does not anticipate any fiscal impact.

Dr. Kidd referred to his comment regarding CMEs and took an opposition on this bill. Dr. Earley agreed.

M/ Vasco Deon Kidd S/ Juan Armenta to:

Oppose this bill.

Member	Yes	No	Abstain	Absent	Recusal
Charles Alexander	X				
Juan Armenta	X				
Sonya Earley	X				
Diego Inzunza	X				
Vasco Deon Kidd	X				
Deborah Snow	X				

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No public comment.

I. SB 1041 (Portantino) Physician assistants: licensure: Armenian medical graduate physician assistants

This bill would establish the Armenian Medical Graduate Physician Assistant Training Program, to be conducted at an appropriate educational institution or institutions. As of May 16, 2024, this bill is dead.

628 J. SB 1067 (Smallwood-Cuevas) Healing arts: expedited licensure process:
629 medically underserved area or population

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631 This bill would require each healing arts board to develop a process to expedite the
632 licensure process by giving priority review status to the application of an applicant for
633 a license who demonstrates that they intend to practice in a medically underserved
634 area or serve a medically underserved population. At the May 20, 2024 meeting, the
635 Board maintained its oppose position.

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637 No public comment.

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639 **15. Agenda Items for Next Meeting**

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641 1) Draft Sunset Review Report for adoption

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643 No public comment.

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645 **16. CLOSED SESSION**

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647 None this meeting.

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649 **17. Adjournment**

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651 With no further business the meeting was adjourned at 11:37 a.m.

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

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