

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

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

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

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

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

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

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

No public comment.

6. Executive Officer's Report

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

A. Personnel

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

B. 2025 Sunset Review

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

C. Annual Report

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

the past 12 months.

D. Outreach

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.

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

No public comment.

7. Board Activity Reports

A. Licensing

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.

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

B. Complaints

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

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.

C. Discipline

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

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.

D. Probation

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

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.

E. Diversion

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

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, welcomed Dr. Tsai to the Board and thanked both Dr. Tsai and Dr. Hawkins for their service and commitment to protect California and its consumers.

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

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

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

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

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

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

No public comment.

9. Budget Update

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

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

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

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

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

No public comment.

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

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

11. Regulations – Update on Pending Regulatory Packages

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 | | | | |

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 | | | | |

No public comment.

M/ Vasco Deon Kidd S/ Sonya Earley to:

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 | | | |

No public comment.

Motion failed.

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

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

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.

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.

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.

No public comment.

14. Legislative Update

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

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

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.

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

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

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

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

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

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

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

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

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

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

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

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

M/ Juan Armenta S/ Vasco Deon Kidd 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 | | | | |

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 | | | | |

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.

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

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

No public comment.

15. Agenda Items for Next Meeting

1) Draft Sunset Review Report for adoption

No public comment.

16. CLOSED SESSION

None this meeting.

17. Adjournment

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

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