MEDICAL BOARD OF CALIFORNIA
Executive Office

COMMITTEE ON PHYSICIAN SUPERVISORY RESPONSIBILITIES

Agenda Item 3

Courtyard by Marriot
Golden A & B
1782 Tribute Road
Sacramento, CA 95815

Thursday, July 19, 2012
4:00 p.m. – 5:30 p.m.
(or until the conclusion of Business)

MINUTES

Due to timing for invited guests to provide their presentations, the agenda items below are listed in the order they were presented.

Agenda Item 1 Call to Order / Roll Call
Ms. Schipske called the Committee on Physician Supervisory Responsibilities meeting to order on July 19, 2012, at 4:30 p.m. A quorum was present and notice had been sent to interested parties.

Members Present:
Ms. Gerrie Schipske, R.N.P., J.D., Chair
Dr. Michael Bishop
Dr. Janet Salomonson
Dr. Jack Bruner
Ms. Beth Grivett, P.A.
Dr. Suzanne Kilmer
Dr. Paul Phinney
Dr. Harrison Robbins

Members Absent:
Dr. Christopher Barnard
Dr. James Newman

Staff Present:
Eric Berumen, Enforcement Manager
Susan Cady, Enforcement Manager
Ramona Carrasco, Enforcement Manager
Dianne Dobbs, Department of Consumer Affairs, Legal Counsel
Kurt Heppler, Staff Counsel
Teri Hunley, Business Services Manager
Kimberly Kirchmeyer, Deputy Director
Natalie Lowe, Licensing Manager

Armando Melendez, Business Services Analyst
Kelly Montalbano, Enforcement Analyst
Valerie Moore, Enforcement Manager

Sarah Peters, Enforcement Analyst
Letitia Robinson, Executive Office, Research Analyst
Paulette Romero, Enforcement Manager
Teresa Schaffer, Enforcement Analyst
Jennifer Simoes, Chief of Legislation
Sharlene Smith, Enforcement Analyst
Laura Sweet, Deputy Chief of Enforcement
Danielle Turner, Enforcement Analyst
Renee Threadgill, Chief of Enforcement
Anna Vanderveen, Investigator, Sacramento District Office
Terrence Washington, Inspector, Probation Unit
Linda Whitney, Executive Director

Members of the Audience:

Yvonne Choong, California Medical Association (CMA)
Julie D'Angelo Fellmeth, Center for Public Interest Law (CPIL)
Norman C. Davis, Esq.
K. Herr
Kathleen McCallum, NorCal Aesthetic Nurses Association
Carl A Powell. D.O., F.A.C.S., California Academy of Cosmetic Surgery
John Valencia, American Society for Dermatologic Surgery

Agenda Item 3 Approval of Minutes from the May 5, 2011 Meeting

A motion was made to approve the minutes from the May 5, 2011 meeting; motion carried.

Agenda Item 4 Approval of Minutes from the April 11, 2012 Meeting

A motion was made to approve the minutes from the April 11, 2012 meeting; motion carried.

Agenda Item 5 Discussion and Possible Recommendation of Draft Regulatory Proposals Regarding the "Appropriate Level of Physician Availability Needed Within Clinics or Other Settings Using Laser or Intense Pulse Light Devices for Elective Cosmetic Procedures: Required By SB 100 (Price, Chapter 645, Statutes of 2011) – Mr. Heppler and Ms. Simoes

Ms. Simoes stated that SB 100 requires the Board to adopt regulations regarding the appropriate level of physician availability within clinics or other settings using laser or intense pulse light (IPL) devices for elective cosmetic procedures on or before January 1, 2013. Board staff drafted four regulatory proposals for the Committee's consideration to implement that section of law. The Committee could select a proposal and recommend to the Board that chosen proposal be set for a regulatory hearing. Ms. Simoes then preceded to review the four options.

Option 1 is a Community Standard Proposal and it reads as: Whenever an elective cosmetic procedure involving the use of a laser or intense pulse light devise is performed by a licensed health care provider acting within the scope of his or her license, a physician shall be available to the provider in accordance with the standards for the community in which the procedure is being performed.

Ms. Simoes commented that this proposal may not be consistent with the clarity standard in regulations, as

it would vary depending on the location. Additionally, the standard of care in a disciplinary proceeding must be established by an expert. A physician who consults the regulations for guidance would not necessarily derive the needed information.

Option 2 is On Premises and it reads as: Whenever an elective cosmetic procedure involving the use of a laser or intense pulse light device is performed by a licensed health care provider acting within the scope of his or her license, a physician shall be physically present on the premises where the procedure is being performed throughout the duration of the procedure.

Ms. Simoes commented that this is a location based requirement. The physician could be involved with other patients or otherwise engaged yet still on the premises. The concern with this standard is that it may be too restrictive as certain health care professionals working within their scope of practice under standardized procedures or delegation agreements would not require a physician on the premises.

Option 3 is Physically Present and Immediately Available and it reads as: Whenever an elective cosmetic procedure involving the use of a laser or intense pulse light device is performed by a licensed health care provider acting within the scope of his or her license, a physician shall be immediately available to the provider. For the purposes of this section, "immediately available" means physically present, interruptible, and able to furnish assistance and direction throughout the performance of the procedure but without reference to any particular physical boundary.

Ms. Simoes commented that this proposal is similar to the Federal Centers for Medicaid services regulation but that rule is not specifically aimed at elective cosmetic procedures. The Committee, when considering this proposal or proposal two, may wish to further define the term "premises", as there may be some uncertainty as to whether premises means rooms, suite, office, complex, etc. Again, the concern is that this standard may be too restrictive as certain health care professionals working within their scope of practice under standardized procedures or delegation agreements would not require a physician on the premises.

Option 4 is Not Physically Present but Immediately Available and it reads as: Whenever an elective cosmetic procedure involving the use of a laser or intense pulse light device is performed by a licensed health care provider acting within the scope of his or her license, a physician shall be immediately available to the provider. For the purpose of this section, "immediately available" means contactable by electronic or telephonic means without delay, interruptible and able to furnish assistance and direction throughout the performance of the procedure but without reference to any particular physical boundary.

Ms. Simoes commented that this proposal allows the physician to be remote from the location where the procedure is being performed.

Ms. Simoes reminded the Committee that when the Board exercises its regulatory function, protection of the public is its highest priority. Ms. Simoes suggested that the Committee may wish to revise or amend these proposals. Staff recommends the Committee focus their discussion on either Option 1 or Option 4, or possibly discuss a hybrid option that combines one and four.

Once a decision is made and agreed upon by the Committee, it will need to be presented to the full Board for review and approval to set the matter for a regulatory hearing.

Ms. Schipske asked that discussion be limited to about three minutes per person regarding comments on

Option 1 – The Community Standard Proposal.

Dr. Phinney indicated that Option 1 presented what would be the baseline anyway and that it ought to be thrown out as an option.

Several Committee Members agreed and concurred with Dr. Phinney's opinion.

Ms. Schipske voiced that what is lacking is standardized protocols and there is basically no requirements for the provider of the services or the supervisors to be appropriately trained and that this problem is going to continue with the application of laser.

Ms. Schipske then asked if there were any comments on Option 2.

Dr. Robbins stated that he was surprised that the staff is not recommending Option 2. Dr. Robbins went on to say that there is no substitute for a physician being on the premises if you are going to deliver satisfactory supervision. Dr. Robbins continued by saying that the procedures themselves are medical procedures, and that part of the medical practice of those who are defined under SB 100 is to carry out and perform or supervise these procedures. He felt that both the person who performs the procedure and/or the medical director who is supervising the procedure should assume full responsibility for the care of that patient in the role that they have assumed: to review if the patient is a candidate for the procedure being done; to supervise the who will perform the procedure; to follow that person; and, to sign off on the recovery status of that patient. Dr. Robbins did not think this Committee nor the Board should delegate responsibility to someone other than a physician nor dilute it as far as the supervision is concerned.

Dr. Kilmer responded that important part of Option 2 is it would be known exactly where the doctor has to be and that is unknown with Option 4. Dr. Kilmer believes that Options 2 and 3 are the same, and if the doctor is at the facilities he/she should always be available and interruptible. She stated that the rule in her practice is that a physician has to be able to get to the facility within an hour and that the reality is there are days when something goes wrong and she is really glad that she was on the premises.

Dr. Bishop concurred with both Dr. Robbins and Dr. Kilmer and stated there is no substitute for having a physician available. He added that there are some procedures where a physician does not have to be immediately available, but that one can not predict everything. He questioned if local EMT availability would be acceptable in a rare occurrence if something should happen, and also noted that even an hour is excessive if

someone is really having trouble. Dr. Bishop said that he is still thinking Option 2 may be best because the physician needs to take some responsibility, even though he felt that it might be too restrictive.

A Committee Member thought that Option 4 would work if you had another doctor covering your practice and a physician should never be too far away for adequate coverage.

Ms. Grivett expressed that the Committee seemed to be lumping all licensed health care providers into one group and that maybe they should be divided into different groups. Ms. Grivett's reasoning for the division was that there are a lot of procedures that nurse practitioners (NPs) and physician assistants (PAs) can do that do not require a physician on the premises. NPs and PAs are fully trained and able to respond to

adverse reactions and events, and requiring a physician to be physically present is putting undo restriction on the practice of a PA or NP.

A Committee Member shared that Option 1 had been dismissed. In order to distinguish Option 2 from Option 3 it had to be decided if the physician who is present is either immediately available and physically present and on the premises or immediately available and physically present, but not necessarily on the premises. The Member felt that Option 2 should be off the table as the real question is whether the physician needs to be physically present on the premises. The Member is favoring a physician not necessarily having to be there.

Ms. Schipske reminded the Committee that they had requested to have the recent court case about physician supervision of certified nurse anesthetists reviewed. The court ruled, at the urging of the former Governor under the Medi-Cal/Medicaid reimbursement issue, that nurse anesthetists did not have to have direct supervision by physicians, but that physicians have to be readily available but not on site. Ms. Schipske stated that there is no way of showing that people are adequately trained, that there are physicians who have less training in laser treatment than the people they are supposedly supervising, and that standard protocols are not being enforced.

A Committee Member responded that standardized procedures include standard language. There is a community standard, it is readily available, and it is usually set up by protocol between the practitioner, the anesthetist and the physician as to what would constitute how the practitioners will be able to reach each other. Community standard is not done by regulation and because of that, the problem is not just with lasers, but many other areas of the law.

Dr. Salomonson stated she was concerned about using a court ruling on that case as precedent in making a decision here. Dr. Salomonson said that the Board was never given an opportunity to weigh in and believes that the issue is still unsettled.

A Committee Member personally felt the physician supervision for a nurse anesthetist did not go far enough and that the person who should be supervising a nurse anesthetist should be an anesthesiologist, not a plastic surgeon.

Another Committee Member said that for the Board of Registered Nursing, the standard of care is that whoever is the supervising physician has to be specifically trained in that field, and there is no specialization in laser.

A Committee Member expressed that this is a field in its infancy, and the Board would want to be very cautious and look at this seriously, everyone involved needs to be certified.

Dr. Robbins commented that this discussion is about a defined group and defined procedures and that the Board should only consider its given charge and responsibility, which is to consider what is written in SB 100. Everything that is being discussed is related to the skin and that makes it a surgical procedure and that concept should not be diluted. Dr. Robbins went on to say that even though the procedures that are being discussed are less severe and are less frequent than those of complex surgical procedures nevertheless they take place and part of the physician's responsibility is making sure that the patient knows that they are having a surgical procedure done, their consent and their signature should be mandatory before any laser or IPL is applied to that patient.

Ms. Schipske called for discussion of Option 4, which is the physician not physically present but immediately available.

A Committee Member liked Option 4 and stated that a line in the sand was needed, a time limit to define "immediately available" was needed.

Another Committee Member was concerned about setting precedent by putting timeframes on particular procedures, when it is not written anywhere else in law.

Dr. Salomonson expressed that she was fairly comfortable with Option 4, but that her main concern was in knowing who that responsible person is. She preferred to not have an actual time in the regulations.

Ms. Grivett remarked that Option 4 made sense to her as a PA because the law states that the physician be available by electronic means. Two things that are unique to the PA scope of practice is that the PA's scope is defined by his/her physician's scope, and the physician is required to know the procedure and how to use the machine. Ms. Grivett believes not defining availability puts everyone at risk.

A Committee Member stated that a well-defined action plan that takes into consideration all reasonable potential complications is what is needed.

A Committee Member stated the key issues, 1) the physician has to have suitable training and experience in the procedure 2) the physician has to be able to furnish appropriate assistance and direction, and 3) there has to be explicit plans for follow up and back up care. If these were written into the draft, the problem might be solved.

Ms. Schipske commented on the term Medical Spa and how it is a new configuration that is really not regulated, not defined, nor adequately permitted and that it seems to be what is driving these questions. Ms. Schipske stated that the Committee is not getting to the heart of the problem, that is not a regulated area, there are not enough standards and no one saying who is competent to do this.

A Committee Member mentioned that the Board required that the entire population of physicians take a training course in pain medicine before they could be licensed or renew their license in this state and that this is a possible solution the Board might want to consider.

Dr. Salomonson replied by saying that this might be a precedent setting idea.

A Committee Member stated that for physicians who are interested in performing laser procedures as an adjunct to their office, there is no place to obtain training except by those people who sell the products and devices that they are going to use.

A Committee Member stated that the Committee must be careful about being too detailed in writing the regulations and general language is sometimes best. He also stated that it may be better to say that the supervising physician should have relevant training and experience.

Mr. Heppler brought up a couple of items he thought the Committee needed to consider. One was that the Legislature has given the Committee a clear path on what the regulations should concern. The regulations should deal with physician availability as stated in SB 100. A regulation that alters, impairs or enlarges the scope of the statute is null and void. To the extent these proposed regulations deal with physician availability, they would be consistent with the statute. The regulations need to be consistent with the statute and reasonably necessary to affect the purpose of the law. The four regulatory proposals presented

to the Committee do not differentiate between health care providers, they do not embrace the difference between a PA or NP. They do not address training, and they do not address things like a back-up plan.

Ms. Schipske said that in her understanding of drafting regulations the definition clause can be used, for example when using the term “physician”, to be adequately responsive it needs to be defined.

Dr. Kilmer questioned if the term “supervising physician” should be used because the definition could require that the supervising physician be trained in that field.

Ms. Schipske stated that regarding NPs, the person supervising them does not have to be adequately trained, that there are no requirements, and that the physician does not have to be in that field or trained in that field.

Dr. Kilmer asked why not make the regulation say “supervising physician” instead of a “physician” shall be readily available.

Ms. Schipske stated that in standardized procedures there has to be something that shows that the person doing the procedure was adequately trained.

Ms. Grivett clarified that the Board of Registered Nursing gave a presentation to this Committee and specifically said that nurses are independent providers and a physician gives the nurses orders but they do not supervise them.

Ms. Schipske suggested that the Committee craft in the definition that the physician has to be readily available and has to be appropriately trained in the particular technique that the Committee is trying to regulate.

Dr. Kilmer also suggested that the patient be notified as to who the physician on call is, stating that if a doctor attaches their name to the patient they would be more careful about what happens to patients.

Ms. Schipske suggested that the Committee might have to offer an explanation to the patient how the physician is going to be available.

Ms. Schipske asked Mr. Heppler if it would be appropriate for the Committee to use definitions to try to capture what the Legislature is asking the Committee to do about availability and supervision.

Mr. Heppler explained that there was more about availability than supervision in this statute, and that he would like to concentrate on availability and to make sure a specific physician is noted.

Ms. Schipske reminded the Committee that the whole purpose of this legislation was the concern about the lack of competency, training and supervision and that by stretching it, the legislative intent would be satisfied.

Dr. Phinney commented on Option 4 and offered the following language: "a physician with relevant training and expertise shall be immediately available to the provider; for the purposes of this section, immediately available means contactable by electronic or telephonic means without delay, interruptible and able to furnish appropriate assistance and direction throughout the performance of the procedure and

provide appropriate back up care plans." The word appropriate is a way of getting all the questions answered like the type of procedure, who the provider is, the location where the emergency services are, etc. Appropriate assistance needs to be included but not necessarily written in the language.

Ms. Dobbs explained that the regulations need to be as clear as possible and if some wording will cause someone to question a term like "appropriate" then the mark has been missed on the clarity standard, but if the definition is included then that is helpful.

Ms. Schipske questioned the way Option 4 is crafted regarding removal of the physical boundary and being out of state and yet telephonically available. Ms. Schipske also questioned Option 2 which covers the patient being informed of the name and availability of the supervising physician.

Dr. Robbins suggested using some of the wording from AB 1548, (Carter, Chapter 140, Statutes of 2012) which addressed similar issues to what the Committee is working on to craft this legislation, especially since there was almost no conflict of interest in it.

Dr. Bruner commented that there are other states that are dealing with some of these issues, especially MediSpas and their scope of practice. He wants to know if it was possible for this Committee to use the term "scope of practice".

Mr. Heppler stated the issue is trying to bridge proximity and connectivity of that supervisor. The law clearly contemplates that it is not a physician that is doing the procedure, it is somebody other than the physician, and this practitioner has to have the ability to use laser devices within the scope of practice.

Ms. Schipske wondered if the Committee could send a message to the Legislature saying that it does not feel this statute adequately protects the consumers.

Dr. Kilmer stated the Committee can say "the physician trained in these devices", but make sure to limit how far away the supervising physician can be.

Dr. Bruner commented on Option 4 by saying he liked it, but that he thought to define a distance is impossible. He further commented that the standard of practice of each community has some weight in these regulations. Standard of practice might prevail in something like this.

Dr. Salomonson suggested going with the hybrid, choosing Option 4 but not putting a time restriction on it. She believes that if the responsible physician is known, then their own fear of liability should keep them within a safe distance. She also suggested that the Committee remove the physician boundary and say readily available, not electronic.

Dr. Robbins suggested that the Committee go back to the Legislature and say that none of the options as they stand right now offer adequate protection of the patient nor the profession and the Committee would like to consider other issues that have been brought out in this discussion.

Ms. Schipske stated that if the Committee wanted to concentrate on supervision training competency that perhaps the Committee could define those issues once it finished.

Dr. Kilmer asked if the Committee could just say that what is additionally needed is a definition of training

for supervision.

Dr. Bishop wanted to know if the Committee has the ability to craft regulations in the absence of legislation.

Mr. Heppler wanted it understood that the Board has generalized rule making authority but that the purpose of regulations is to implement, interpret or make specific statute.

Dr. Bishop commented that he thought that the Legislature really meant that they wanted to protect the patient, even though they may not have specifically said so, and also noted that if the Committee were to accept Option 4 that it should go forward with trying to craft something that really is based in the spirit of what the Legislature really wanted to do. He also believes that this legislation is incomplete and that the Committee can do better with what has been learned.

Dr. Kilmer stated that the only other thing the Committee has not discussed at this meeting is if some sort of ratio is appropriate, because some of the concern is that a medical doctor in name could have 20 nurses running lasers.

Ms. Grivett suggested that it may be helpful to limit the concern of multiple centers using one physician by putting in some ratio. It would be appropriate to consider sponsoring legislation or co-sponsoring legislation that would define what the competency and certification is.

Dr. Phinney agreed that the Committee should revise Option 4, starting with line 4 – "a physician with relevant training and expertise shall be immediately available to the provider. For the purposes of this section immediately available means: contactable by electronic or telephonic means without delay, interruptible and

able to furnish appropriate assistance and direction throughout the performance of the procedure" and add "inform the patient of provisions for post procedure care".

Ms. Schipske noted that any of those qualifiers such as "appropriate" can be handled in the definition area as to what constitutes appropriate, relevant or any of the other qualifiers. She then asked for public comment from members of the audience.

Yvonne Choong representing the CMA remarked that she and the CMA are largely in agreement with what has been said, but after "within the scope of his or her license" they would like to add in "adherence to standardized or agreed upon procedures or protocols". She believes that this addresses the PA issues in that there is a scope but it is dependent on the agreement between the provider and the physician as to when they are going to contact and in what situation.

Ms. Schipske suggested tweaking this language because it usually would say this shall be contained in standardized procedures and protocols. This will help RNs and the physicians that did not know they had to have standardized procedures.

Dr. Powell representing the CA Academy of Cosmetic Surgery, had several points. First, a medical spa is a medical practice and should fall under all regulations for any other medical practice. The second point is that laser procedures with class 3 lasers are surgical procedures, they penetrate the skin, they destroy tissue, they alter tissue and therefore they need to be regulated just like any other medical practice. He continued that the medical director or the physician that owns that practice (51%) needs to be available to do chart

review and spend time in the office to supervise, provide training, peer review and credentialing.

Kathleen McCallum, NorCal Aesthetic Nurses Association, remarked that clearly the issue is where these medical offices are not physician owned and staff are not appropriately trained or supervised. She went on to say that standardized procedures, while really important, are often overlooked. The conversation regarding on-call after hours is worthy of discussion because most often evidence of problems using lasers show up hours later.

John Valencia, American Society for Dermatologic Surgery, stated that no amount of supervision is going to legitimize an illegitimate practice. Supervision will not cure an illegitimate circumstance. He thinks that what is needed is better enforcement of the existing law. He cautioned the Committee in trying to fix the multiple problems that have been identified throughout the course of today's meeting, versus one at a time.

Ms. Schipske entertained a motion of any recommendation to the full board.

Dr. Robbins asked Dr. Phinney if he would share with the Committee the language that he has and then perhaps the Committee can make a motion on that.

Dr. Phinney recited the language from Option 4 starting with "not physically present, but immediately available whenever an elective cosmetic procedure involving the use of a laser or IPL devise is provided by a licensed health care provider acting within the scope of he/her license, a physician with relevant training and expertise shall be immediately available to the provider. For the purposes of this section immediately available means

contactable by electronic or telephonic means without delay, interruptible and able to furnish appropriate assistance and directions throughout the performance of the procedure and inform the patient of provisions for post procedure care, and such shall be contained in standardized procedures and protocols."

Dr. Bruner made a motion that the Committee accept the language as stated by Dr. Phinney; s/Bishop.

Dr. Robbins said he believed that the rush to judgment of recommending language to the Board is doing a disservice to the profession, and to the responsibilities that the Committee has assumed.

Dr. Bishop said he believed that the Committee is not rushing to judgment, it is simply presenting this to the full Board where further modification can be achieved

Dr. Kilmer suggested that the Committee look into a way to do some sort of certification or licensing or someway to decide who is appropriate to do certain types of procedures.

Ms. Schipske asked Mr. Heppler if the Committee could go forth, meeting the obligation that has been directed by the Legislature and additionally communicate with the Legislature that more needs to be done legislatively to adequately protect the consumer of these services. For instance, legislation could be crafted to address the level of training and other items the Committee feels are necessary.

Mr. Heppler suggested the Committee can make a motion to submit a regulatory proposal to the full Board, but also state that the Committee believes further work is needed to be done legislatively to at least contemplate changes in these other areas.

Ms. Schipske stated that she thinks the Committee needs to be specific so that the Legislature understands that it needs to go farther on this issue, but also knows that the Committee has met the statutory requirements by going forward on the issue of availability.

Mr. Heppler suggested that the Committee submit the previous suggestion as an amendment.

Dr. Bruner made a motion regarding the amendment; s/Kilmer

Ms. Grivett requested that the words "standardized procedures and protocols" be changed to "or protocols", stating that PAs do not commonly use standardized procedures. She wanted to know if the phrase "furnish appropriate assistance" is that going to be questioned as to the meaning of appropriate.

Mr. Heppler suggested sticking with the word appropriate for the purpose of getting it to the full Board.

Ms. Schipske called for a vote on the motion as amended, as follows:

The Committee recommends that the Board approve the following language to be set for regulatory hearing: "Whenever an elective cosmetic procedure involving the use of a laser or intense pulse light device is performed by a licensed health care provider acting within the scope of his or her license, a physician with relevant training and expertise shall be immediately available to the provider. For the purposes of this section, "immediately available" means contactable by electronic or telephonic means without delay, interruptible, and

able to furnish appropriate assistance and direction throughout the performance of the procedure and inform the patient of provisions for post procedure care and such shall be contained in standardized procedures or protocols."

Part 2 of the motion – The Committee recommends that the Board approach the Legislature to discuss further legislation that may be necessary to enhance consumer protection.

Motion carried with Dr. Robbins voting no.

Ms. Schipske also stated that the motion will be a recommendation to the full Board and that this Committee is not authorized to make regulatory decisions by itself. Ms. Schipske stated that the staff will prepare a summary so that the Committee can relay to the full Board the meat of the discussion and the concerns that several have expressed; while the legislation was well intended, it missed the mark. The Committee will go forth and recommend regulatory language to the Board, but the Committee would like the Legislature to consider some additional legislation.

Agenda Item 6 Discussion of Future Agenda Items and Possible Dates and Locations

Ms. Schipske requested as future agenda items that the Committee would like a presentation on medical spas and possible definitions, a discussion and presentation on fictitious name permits, and a presentation on the outcome of the case on the supervision of certified registered nurse anesthetists.

Agenda Item 7 Adjournment

Ms. Schipske thanked the Committee for being there and for their input and commented that it was a very productive meeting. The meeting was adjourned at 6:16 p.m.

The full meeting can be viewed at www.mbc.ca.gov/board/meetings/Index.html