MEDICAL BOARD
OF CALIFORNIA
Protecting consumers by advancing high quality, safe medical care.

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Gavin Newsom, Governor, State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

Hyatt Regency San Francisco Airport
1333 Bayshore Highway
Burlingame, CA 94010
August 8-9, 2019

MEETING MINUTES

Thursday, August 8, 2019

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

Members Present:
Denise Pines, President
Alejandra Casillas, M.D.
Susan F. Friedman
Dev GnanaDev, M.D.
Randy W. Hawkins, M.D.
Howard R. Krauss, M.D.
Kristina D. Lawson, J.D.
Ronald H. Lewis, M.D., Vice President
Asif Mahmood, M.D.
Richard E. Thorp, M.D.
David Warmoth
Eserick "TJ" Watkins
Felix C. Yip, M.D.

Members Absent:
Laurie Rose Lubiano, J.D.

Staff Present:
Mary Kathryn Cruz Jones, Associate Governmental Program Analyst
Kimberly Kirchmeyer, Executive Director
Christine Lally, Deputy Director
Victoria Ornduff, Information Technology Associate
Regina Rao, Associate Governmental Program Analyst
Elizabeth Rojas, Staff Services Analyst
Jennifer Simoes, Chief of Legislation
Kevin Valone, Staff Services Analyst
Carlos Villatoro, Public Information Officer II
Kerrie Webb, Staff Counsel

Members of the Audience:
Ken Adams
Laura Adams
Katrina Aguilera
Maria Aguilera
Jorge Alarcon
Lilo Ali, Latinos for Medical Freedom
Kenna Allman, Protection of Educational Rights for Kids
Darlene Alquiza
Megan Allred, California Medical Association
Breanna Alvarez, Freedom Keepers
Melissa Anderson
Rachel Andreis
Eric Andrist, Patient Safety League
Lauren Atkins
Kathleen Ayala, Protection of the Educational Rights of Kids
Tiffany Baer, M.D.
Leah Baleacha, Registered Nurse
David Ball
Jessica Banta
Stephanie Barhona, Latinos for Medical Freedom
Andrea Barnhart
Beth Barnun, Parents United for Kids
Anna Barry-Jester, Kaiser Health News
Heather Bash
Kelley Bates, Latinos for Medical Freedom
Stacie Becker
David Benavides, Latinos for Medical Freedom
Randy Bergen, M.D., TPMG
Mary-Anne Bernal, Latinos for Medical Freedom
Amy Bohn
Peter Bretan, M.D., California Medical Association
Abigail Brown
Tawny Buettner
Diane Buffington
Jeri Bunyard, Latinos for Medical Freedom
Shannon Burwell
Ariana Bushati
Molly Butler
Jessica Cabrerra, Detection of the Education Rights of Kids
Chelsea Cahan
Jessica Cannatello, Latinos for Medical Freedom
Clonna Car
Flor Carillo, Latinos for Medical Freedom
Gloria Castro, Senior Assistant Attorney General, Attorney General's Office

Myrna Chahadeh
Lauren Cheney
Yvonne Choong, California Medical Association
Amy Coburn
Susan Cocke
Nicole Collins, A Voice for Choice Advocacy
Rachel Cooley, Latinos for Medical Freedom
Lara Cordell
Zennie Coughlin, Kaiser Permanente
Robin Cowen
Myra Cruz
Brenda Cunbif
Jamie Davin
Kat Deburgh, Health Officers Association of California
Jessica Deloa
Evan Demere
Lauren Demere
Liz Dietz, Vaccinate California
Stephen Dinan, The Society for Healthcare Improvement Professionals Network
Liz Kitz, Vaccinate California
Jennie Dohn
Rebecca Doll
Diana Dominguez
Diana Douglas, Policy Analyst, Office of Senator Pan
Matthew Dow
Nicole Dow
Cody Driscoll, Latinos for Medical Freedom
Jennifer Driscoll, Latinos for Medical Freedom
Elizabeth Escobar
Melissa Escobar
Jennifer Feerick
Julie Feldman
Andy Ferral
Jaime Firanto
Sarah Fletcher, Licensing Analyst, Physician Assistant Board
Crystal Flores
Nicole Flores, Latinos for Medical Freedom
Courtney Folds
Rena Fong
Michelle Ford, President, Vaccine Injured Awareness League
Andrea Fox
Laura Frazier
Melissa Forrest-Garcia
Michelle Gestner
Kanwar Gill, M.D.

Rebecca Ginnini
Andrew Goldenkranz, Vaccinate California
Dana Gorman
Natalie Guzman
Melanie Gracinao
Jed Grant, PA-C, President, Physician Assistant Board
Ally Hage
Alma Harp
Karen Harris
Sara Harrison, Freedom Keepers
Andrea Harsch
Marjorie Hartung
Rebecca Heinemann, Protection of Educational Rights for Kids
Jenny Hensley
Robert Heynan
Angela Hicks, Families United for Health
Christina Hildebrand, A Voice for Choice Advocacy
Isabella Hildebrand, A Voice for Choice Advocacy
Marianne Hollingsworth, Patient Safety League and Patient Safety Action Network
Emma Horn
Paula Huffosku
Doug Hulstedt, M.D.
Paula Husivsky, Educate. Advocate.
Nina Jackson, Nurses for Informed Consent
Stephanie Jackson
Shannon Jaketta, Protection of Educational Rights for Kids
Joseph Jakubiak
Lee John
Judea Johnson
Angela Jones
Sophie Kahan
Anne Kearns
Christopher Kelly
Shannon Kinet
Jessica Kirkendall
Susan Knapp
Lauren Kurtv
Courtney Lackey
Curtis Lang, California Nurses Association
Khadijah Lang, M.D., President, Golden State Medical Association
Susan Lauren, Patient Advocate
Rushael Lawley
Patrick Le, Assistant Deputy Director, Board and Bureau Services, Department of Consumer Affairs
Mayra Ledesma, Latinos for Medical Freedom

Danitza Lee
Jasmine Lee
Ariana Lepold
Katie Long, M.D.
Arantxa Lopez, M.D.
Leticia Lopez
Ramon Lopez, Latinos for Medical Freedom
Douglas MacKenzie, Physicians for Informed Consent
Heather Magness
Mike Mattingly, Funky Fathers
Enni Massengale, Latinos for Medical Freedom
Emily Matoza
Lisa Matsubara, California Medical Association
Erin McGregor
Ambra McInerny
LouAnne McKeefery
Ann Meglione
Raquel Mendoza, Latinos for Medical Freedom
Desiree Menjivao
Maria Millan
Charity Miller, Parents United for Kids
Dava Hayley Mitchell
Joana Morgan
Heather Morton
B. Moya, Latinos for Medical Freedom
Heidi Munoz, Latinos for Medical Freedom
Jacqueline Murillo, Latinos for Medical Freedom
Joy Nakatory, Parents United for Kids
Chanel Nenzoza, Parents United for Kids
Kathleen Nicholls, Deputy Chief, Department of Consumer Affairs, Health Quality Investigation Unit
Courtney Oquist
Sol Ortiz Garcia, Latinos for Medical Freedom
Richard Pan, M.D., California State Senator
Michael Patrick
Jasmine Palomino
Cathy Paynter, Progressives for Choice
Jeffrey Perrine
Leslie Plettner
Alex Poling
Susan Powerll
Carina Powers, Latinos for Medical Freedom
Shannon Primer, Educate. Advocate.
Amanda Quintero, Latinos for Medical Freedom
Carolyn Radillo
Ashley Reeves, National Community Initiative

Hanna Rhee, Black Patients Matter
Angie Rice
Brandy Rucker
Diane Ruth
Dianne Ruse
Michelle Sabino
Marni San Jose
Jamie Saratien
Kenneth Saul, Rolling Oaks Pediatrics
Debra Schaeffer, Advocates for Physicians Rights
David Schulhof
Shannon Sellers
Kristie Sepulveda-Burchit, Executive Director, Educate. Advocate.
Allison Serrao
Connie Sessa
Rhan Shekah, Physicians for Fairness
Lorna Silvens, Million Mommas Movement
Nicole Shorrock, M.D.
Lorie Short
Ashley Smiley
Jill Smith
Gwen Snodgrass
Maria Solis, Latinos for Medical Freedom
Angelica Spellman, Learn to Risk
Sara Suel
M. Kelly Sutton, M.D., Raphael Medicine and Therapies
Stacey Stanley, Families for United Health
Jennifer Stevenson
Alisa Song
Ben Stubbs
Michelle Taub
Amanda Teneyck
Nalya Tiukaenko
Nora Thompson
Allison Thryal
Aduel Tia
Jenny Tovesto
Celina Trevino
Arsy Valyamon
Lisa Vanderland-Baroni
David Vicarra, Latinos for Medical Freedom
Cesar Victoria, Videographer, Department of Consumer Affairs
Jenny Vohn
Kimberly Vollmers
Jennifer Wagler

Rachel West, M.D., Physicians for Informed Consent
Christine Westcott, Latinos for Medical Freedom
Heather Widen
Krista Wilkinson
Ian Wilkerson, Bay Area Music Therapy
Jenni Williams
Alex Wilson
Amanda Yamamoto
Mary Zakrasek
Andrea Zanella
Morgan Zietlow
Lauren Zummo

Agenda Item 1 Call to Order/Roll Call/Establishment of a Quorum

Ms. Pines called the meeting of the Medical Board of California (Board) to order on August 8, 2019 at 12:21 p.m. A quorum was present and due notice was provided to all interested parties.

Agenda Item 2 Closed Session

The Board moved into closed session to confer with legal counsel on *Allston v. Medical Board of California, et al.* pursuant to Government Code Section 11126(e)(1). Closed session ended and the Board reconvened in open session.

Agenda Item 3 Public Comments on Items not on the Agenda

Ms. Sepulveda-Burchit spoke on behalf of Educate Advocate to request discussion of and action for vaccine adverse event report system (VAERS) training and reporting annually in California.

Ms. Rhee, Black Patients Matter, provided an update on her federal civil rights lawsuit against the Department of Consumer Affairs (DCA) and staff members of the Board. She vocalized her mistrust of medical experts and consultants utilized by the Board and noted that they should be screened for implicit and explicit racial bias.

Dr. Bretan, California Medical Association (CMA), provided more detail about his background and work history. He explained the makeup and mission of CMA and thanked the Board for their work. Specifically, the Board's willingness to solicit and respond to input from the stakeholders, which has been critical to establishing a healthy dialogue around the shared goal of CMA and the Board to ensure that the patients of California have access to safe and high-quality medical care provided by experienced and well-trained physicians.

Ms. Hollingsworth, patient safety advocate, questioned why the maternal mortality presentation was cancelled and encouraged the Board to reschedule the presentation. She shared that there has been an increase in maternal deaths and pointed out that the Board has added to the problem by being lenient on doctors. She provided examples of doctors that were given probation that did not meet the

guidelines. Ms. Hollingsworth concluded by suggesting the Board follow the guidelines when disciplining doctors.

Ms. Hildebrand, A Voice for Choice Advocacy, provided background about her organization and requested information be provided at the next Board meeting regarding research and ramifications of insurance dictating medical treatment. She added that she would also like to discuss how this is affecting medical care in California and what can be done about it.

Agenda Item 4 Approval of Minutes from the May 9–10, 2019 Quarterly Board Meeting and the May 28, 2019 Board Meeting

Dr. Lewis made a motion to approve the May 9–10, 2019 Board meeting minutes; s/Dr. Krauss.

Dr. Gill commented that the section of the meeting minutes pertaining to SB 697 was not accurately written. He disagreed with the way that the comments of Dr. GnanaDev and Ms. Sutton-Wills were written, contending that they were not complete or fully accurate. He remarked that the Members of the Board that abstained should have taken the position of oppose unless amended and he spoke to some of the ramifications of the bill. He provided additional information as to why he believes that the Board should have opposed the bill.

Ms. Lauren, patient advocate, provided the details of her closed complaint and her experience with Dr. Berger. She shared that Dr. Berger used undue influence and misled her about the procedures, and the procedures that he performed were substantially different from what they had agreed to prior to the procedure. She detailed that in the Hughes case the attorney suggested that the plastic surgery expert was corrupt and lied, which she stated was the same in her case. She remarked that doctors and ambulatory centers have no oversight in California and commented on how the Board has failed the public by not disciplining Dr. Berger. Ms. Lauren concluded by stating that Dr. Berger had hurt another patient.

Motion carried (12-0-1; Dr. Thorp abstained).

Mr. Warmoth made a motion to approve the May 28, 2019 Board meeting minutes; s/Dr. GnanaDev.

Dr. Lang, Golden State Medical Association, requested follow up regarding the possibility of the Board requiring all facilities that treat pregnant women to get bias training to mitigate the high rate of maternal mortality.

A member of the public commented that federal law requires that doctors report incidences of vaccine injury in VAERS and suggested that this is not being done and that doctors are not informed. She echoed the request of others and asked that this topic be a future agenda item.

Dr. Gill opined that the Federation of State Medical Boards (FSMB) claims to represent the state medical boards, but it really tries to control state medical boards. He provided the example of Dr. Talmadge from the Ohio Medical Board and the allegations brought forth against him due to an ethics

violation. He expressed his concerns that FSMB would try to influence the Board and sell some of their services.

Ms. Cowen shared the story of her child and how their pediatrician postponed the diagnosis of autism. She remarked that this was not noted in VAERS and it is too late to be added. Additionally, had her child been diagnosed earlier, she would have been eligible for regional resources, but is no longer eligible due to the age of her child. She asked the Board to ensure that all pediatricians are aware of regional center services within California and that they partner with parents to get important resources for their children.

Motion carried (10-0-2; Drs. Krauss and Thorp abstained).

Agenda Item 5 President's Report, including notable accomplishments and priorities

Ms. Pines introduced and welcomed the four new Board Members, Dr. Casillas, Dr. Mahmood, Dr. Thorp, and Mr. Watkins, and provided some background information about them prior to swearing them in as Board Members.

Ms. Pines shared that she and Dr. Lewis had calls with executive staff to discuss the meeting agenda and other Board projects. She reminded Board Members that Senate Bill (SB) 1448 went into effect on July 1, 2019, and pointed out that staff added probation summaries to all physician profiles on the Board's website for any individual who was currently on probation. She provided updates on a presentation she gave in May, a meeting she had with Senator Glazer, and the Board's legislative day. She concluded with information regarding the Board's committee roster and invited Members to let herself or Ms. Kirchmeyer know if they have any interest in a committee.

Ms. Hollingsworth expressed her concern that there are two former presidents of CMA on the Board. She pointed out that CMA has been against raising the Medical Injury Compensation Reform Act (MICRA) cap, drug testing for doctors, and the Controlled Substance Utilization Review and Evaluation System (CURES) database. She added CMA's opposition to the bill for patient notification, the proposition to make dialysis clinics safer and cleaner for patients, and the death certificate project. She opined that the CMA has power over the Board. Ms. Hollingsworth stated that given the strong CMA presence and potential doctor bias on the Board, how could the public be ensured that the Board will put the safety of the people of California first when it comes to doctor complaints and discipline.

Mr. Andrist vocalized his curiosity over why certain people are appointed to the Board. He pointed out that there has not been a person whose sole purpose is patient safety that has served on the Board. He expressed his reservations that two past CMA presidents are on the Board and that five Members sitting on the Board belong to CMA. He provided examples of how the CMA agenda has not cared about patient safety or accountability. He questioned why Board Members appear on the letterhead and attend meetings when they have yet to be confirmed by the Senate. Mr. Andrist reminded the Board that there was a recommendation for the Board to adopt a committee mandated by the Legislature to meet with patient safety advocates several times a year, however, this has not been added to the agenda nor has a committee been made. He notified the Board that doctors have been

contacting his organization to thank him for his work and concur that the Board is not doing its job properly.

Dr. Gill expressed his concerns that a monopoly has been created on the Board with regard to CMA members. He noted that the majority of the Board is already controlled by market participants, which raises serious antitrust concerns. He opined the Board must be a majority of public members that are not market participants to guarantee patient safety. He added that he is a physician in California; however, he is not a member of CMA since it does not represent the spectrum of physicians practicing in California. Dr. Gill remarked that there should be a restriction on the amount of physician members appointed to the Board with CMA affiliations. He concluded by reiterating that there needs to be more public members than physicians on the Board to protect the interests of the public.

Agenda Item 6 Board Member Communications with Interested Parties

Dr. Krauss shared that he was invited to speak at the National Academy of Medicine Forum on Regenerative Medicine. He specified that the purpose of his attendance was to review the recommendations in the FSMB report and to speak to challenges that each state faces. He disclosed that he had discussions with Jeffery Lomax, a senior program manager of the California Institute of Regenerative Medicine (CIRM).

Mr. Warmoth detailed that he had a conversation with Craig Pulsipher from AIDS Project Los Angeles Health regarding SB 159. Additionally, he had an impromptu conversation with interested parties after the interim Board meeting in late May.

Ms. Pines noted that she had a call with Eric Brown, President of the California Telemedicine Association.

Agenda Item 7 Presentation on Physician Burnout

Dr. Shanafelt discussed how the medical literature has been chronicling physician stress, anxiety, depression, burnout, and suicide. He characterized burnout through three elements: exhaustion and loss of enthusiasm for work, depersonalization when treating people, and a low sense of effectiveness. He shared that in a study that was conducted, 45% of physicians had at least some symptoms of burnout, which varied across specialties. He pointed out that physicians in emergency medicine, general internal medicine, and family medicine were at the top of the list. Dr. Shanafelt noted that the data shows physicians have higher rates of burnout and lower rates of work-life integration as compared to the general population. He highlighted that as burnout increases, the risk of medical errors increases, patient satisfaction scores decrease, and access to care decreases. He explained that the risk of error is predicted by a physician's burnout score. He indicated that although the rate of depression is similar to the general population, the rate of physician suicide is markedly higher. Dr. Shanafelt noted that one reason why physicians typically do not seek mental health care is due to concerns over implications on their license. He detailed the factors associated with suicide based on a multi-variable analysis.

Dr. Shanafelt pointed out that the way state medical boards asked their licensees' questions influenced how the physicians in that state answered questions about whether they would seek help.

If the state had suboptimal questions, the likelihood that a physician would not seek help increased by 20%. He shared that many physicians are in a precontemplation phase and are unaware of it, however, when they are provided with feedback they move into the contemplation phase and are more aware of their well-being or lack thereof. He discussed the advantages and challenges of taking on this issue on a statewide level.

Dr. Lewis asked if there are any interventions that can be done at the resident level to make a lasting effect.

Dr. Shanafelt shared that research has found that professional coaching does help as well as physicians meeting at regular intervals with scripted questions. He added that organizational efforts to improve the practice environment and lighten administrative burdens that distract from the human encounter also reduces burnout. He commented that he is not aware of any good studies that have been conducted around Dr. Lewis' question. Dr. Shanafelt added that accrediting bodies are requiring wellness courses in their curriculum, but it has been a challenge to determine what the content should be to mitigate the issue in the future. He concluded that one of the best things that can be done it so break the professional norms of physicians feeling superhuman, allow physicians to seek help as needed, and find a way to self-calibrate.

Dr. GnanaDev asked if anyone is addressing the basic infrastructure problems such as electronic health records (EHR).

Dr. Shanafelt agreed with Dr. GnanaDev and confirmed that studies have shown that for every hour that a physician spends in face-to-face time with a patient, they spend two hours working with an EHR to complete documentation. He added that a primary care physician spends about 28 hours a month, on nights and weekends, to compete their documentation. He confirmed there are efforts being worked on related to the time needed for EHRs in an attempt to solve the problem.

Dr. Shanafelt added that insurance companies are increasing awareness of this issue because physicians that are burned-out are much more likely to write a prescription or authorize a test than have a conversation with a patient.

Ms. Pines asked if there has been an increase in female physician suicide.

Dr. Shanafelt explained that there has not been a recent updated study and clarified that this number would depend on the study that is being referenced. He shared that the Centers for Disease Control and Prevention is working on developing a database for adults that have committed suicide with the ability to look by occupation.

Dr. Shanafelt commented that it is not yet fully understood why the suicide rate is higher for women than men. He supposed that it could go back to the normative patterns within physicians.

Ms. Pines questioned if there is a facility that has recognized this issue and is turning the tide.

Dr. Shanafelt responded that it can be done if an organization prioritizes burnout and provided the examples of Stanford; Kaiser; the University of California, San Francisco; the University of California, San Diego; and the University of California, Davis.

Dr. Krauss explained the difficult position the medical boards are put in with regard to this topic. He mentioned that the Board is charged with reconstructing a physician wellness program for California and asked if Dr. Shanafelt had any recommendations.

Dr. Shanafelt stressed the importance of physicians getting help before it affects their practice and commented that the Board would need to be involved in this. He specified that another thing to discuss would be the appropriate safe harbors to incentivize physicians to come forward and get help. He recommended looking into lessons learned from other state boards and their programs.

Mr. Watkins asked if Dr. Shanafelt had a questionnaire for the physician to complete a self-assessment.

Dr. Shanafelt confirmed that it does exist and it is available for free to physicians. He noted that there will be a California wide tool that will provide all physicians in California a benchmark against other physicians in the state.

Dr. Mahmood asked if research has been done on stress that has been brought onto the families of physicians.

Dr. Shanafelt acknowledged that it can be a cycle, burnout affecting the physician and in turn affecting the family and their practice. He shared that his colleague is currently researching that topic.

Ms. Lawson inquired more about the programs in which physician burnout decreased and if there were differences in success in an academic, government, or large system setting.

Dr. Shanafelt confirmed that one of the most critical steps is to prioritize this issue. He shared a personal experience with this and noted that improving the practice environment must be taken seriously for a difference to be made. He commented that the reaction of some has been to offer a wellness class, yoga class, or a book club, but that is not what is needed to address this issue. Therefore, if the problem is to be seriously attacked, system issues and cultural factors need to be addressed.

Dr. Hawkins inquired if the “good physician” high burnout rate speaks also to a high level of suicide and asked if internally, physicians face similar issues.

Dr. Shanafelt explained that those that are most committed and dedicated seem to be at higher risk. He noted that with some exceptions, Europe is very similar to the United States, but the drivers of burnout may vary.

Dr. Thorp asked Dr. Shanafelt to speak to the cost to replace a mid-career physician that commits suicide.

Dr. Shanafelt shared that the cost to replace a physician to work at a different practice is two to three times their salary. He commented that the typical number quoted at Stanford is half a million to a million dollars a year. He added that on a societal level, physicians leaving one organization and going to another organization is a four and a half billion dollar issue.

Ms. Rhee encouraged the Board to think about different ethnicities and physician burnout when drafting solutions. She commented that physician burnout can be addressed by considering the physician's religious beliefs.

Dr. Gill opined that the biggest problem is the policy push from the federal level towards significant healthcare reforms, requiring institutionalizing physicians. He commented that it is making it extremely difficult on independent physicians in terms of administrative and regulatory work. He suggested that this needs to be addressed since some physicians are struggling. He concluded that it is a policy decision.

Agenda Item 8 Update and Presentation on the Physician Assistant Board included Licensing and Enforcement Statistics and Training Requirements

Mr. Grant, President of the Physician Assistant (PA) Board, provided a background on the PA profession. He noted that PAs have prescriptive authority, train on the physician model, and part of their training focuses on collaborative work in teams with physicians. He commented that many PA schools are located with medical schools or within medical schools, where PA students train alongside medical students. He specified that there are over 260 PA schools within the United States with one accrediting body. Mr. Grant detailed that a PA program length on average is about 27 months, as compared to a typical medical school that is 30 months. He commented that the terminal degree for a PA is a Master's degree. He shared that PA training is split into a didactic and clinic phase. He explained that a PA student will graduate from an accredited school with at least 2000 hours of supervised clinical practice. Upon completion of this, PAs are required to take the Physician Assistant National Certifying Exam (PANCE), which is similar to the United States Medical Licensing Examination Step 2. He concluded by adding that to maintain certification, PAs need to complete continuing medical education (CME) every two years.

Ms. Fletcher, licensing analyst from the PA Board, explained that in addition to the application, the PA Board requires a training program certification from an accredited PA program, which addresses applicant discipline during the program; proof of a passing score on the PANCE; verification of all licenses, certifications, or registrations of the applicant; and a National Practitioner's Databank Report, which contains information on medical malpractice payments, certain adverse actions, and a criminal background check. She noted that if an applicant has criminal or disciplinary history of any kind, further document documentation is required, and each application must be reviewed by the Executive Officer. She detailed that on average, PAs are licensed within 38 days.

Ms. Fletcher explained that currently the Medical Board is responsible for processing and investigating complaints against PAs, however, any disciplinary action taken against a licensee is determined by the PA Board. She shared that in the last quarter 91 complaints were received, 19 were referred for

investigation, and the most common outcome was probation, revocation, and surrender of a license. She added that the most common type of complaint is gross negligence or incompetence and unprofessional conduct.

Mr. Grant added that the number of PA licenses has dramatically increased and there has been an increase in the number of complaints.

Dr. Hawkins asked about the distribution of PAs in California and the amount that are working in underserved areas.

Mr. Grant remarked that some programs have a mission to try and staff underserved areas, but commonly PAs follow physicians in terms of specialty practice and location. He added that in many programs people are recruited from underserved areas in hopes they will return to their communities to work there.

Dr. Hawkins inquired about PA burnout.

Mr. Grant commented that Dr. Shanafelt noted the physician numbers were similar to PAs.

Dr. Yip clarified the role of the Medical Board in the PA Board complaint process.

Ms. Kirchmeyer confirmed that PA complaints are processed by Medical Board staff, in the same manner the Board's complaints are processed. She noted that the one difference is that rather than sending the disciplinary documents to Medical Board Members, they are sent to the PA Board to make a decision.

Dr. Yip inquired about the percent of charts that the supervising physician needs to review for the PA. Mr. Grant answered that there are various factors that determine the answer, such as whether or not controlled medications were prescribed, the delegation of services agreement, and whether a physician was present and saw the patient.

Ms. Rhee emphasized the importance of not funding the Health Quality Investigation Unit, which is a policing force that is not racially diversified.

Dr. Gill opined that he would not compare the level of training between a medical student and a PA student. He added that the supervision of PAs should be closely monitored and that mechanisms should be put in place to see if the monitoring is happening. He suggested the Board update processes to see if the supervision is happening.

Agenda Item 9 Discussion and Possible Action on Legislation/Regulations

Ms. Simoes introduced Assembly Bill (AB) 387, Gabriel, which establishes a Prescription Labeling and Adverse Drug Event Prevention Advisory Task Force made up of specified members including a representative from the Medical Board and the Board of Pharmacy, who would serve as the chairs. She explained that the task force would develop information and make recommendations on ways to

increase adherence to prescription medication and decrease drug events as specified and that the administrative expenses for the task force be absorbed by the Board and the Board of Pharmacy. Additionally, AB 387 requires the Board and the Board of Pharmacy to adopt regulations that will improve the patient opt-in process to increase the prevalence of patient opt-in and reduce the prevalence of adverse drug events.

Ms. Simoes reminded the Board that they had previously taken a support position on the bill, however, Board staff does not recommend a support position in its current form. Specifically, the bill requires the creation of a task force to gather information and make recommendations, but this can be done without a statute. In addition, it is unlikely the task force's recommendations could be implemented since regulations make law more specific and cannot require something new not in existing law.

Dr. Lewis made a motion to oppose AB 387; s/Dr. Krauss. Motion carried (12-0-1, Casillas abstained).

Ms. Simoes explained AB 528, Low, which adds schedule V controlled substances to CURES, allows delegates of prescribers and pharmacists to access prescribing information in CURES, and allows a physician without a DEA registration to register for CURES. She added this bill allows a prescriber to consult information obtained from CURES without requiring them to specifically consult the CURES database. Additionally, the bill changes the requirements in the existing law, in that it elongates the period when prescribers have to check CURES, adds more facility exemptions, and exempts covering physicians if the prescription does not exceed the original prescription strength.

Ms. Simoes shared that although the Board had previously taken a support position, Board staff now recommended a support if amended position. She detailed that Board staff recommended that delegates not be allowed to access information in CURES due to the need for auditing to ensure the physician's use of CURES. She added that all prescribers should be following the mandate to check CURES even if they are serving in the absence of the patient's physician.

Dr. Hawkins inquired about the purpose of the bill.

Ms. Simoes answered it is a cleanup bill since some physicians have experienced difficulties with the CURES mandate. She added that the author's office has been working with many stakeholders, including the Board, and although the Board understands those concerns, this bill would make enforcing the mandate more difficult.

Dr. Hawkins asked for the specific difficulties physicians were expressing.

Ms. Kirchmeyer explained that a common issue is the administrative burden that checking CURES presents. She added that an additional issue is that the covering physician still has to check CURES. She noted that many physicians have expressed an interest in their delegate printing out a CURES report for them to view and document in the chart, however, this solution does not confirm that a doctor has viewed the report in case of an investigation. She confirmed that the Board is working with the Department of Justice to have health information technology systems provide read receipts.

Dr. GnanaDev pointed out that one of the burnout issues is administrative burdens and wondered why the Board would not try and make it easier. He noted that the goal of the Board is patient safety and highlighted that healthcare is a team environment. He questioned how the amendments to the bill would be an enforcement issue.

Ms. Simoes responded that currently there is an electronic audit trail and if the law were to change to it would impeded the Board's ability to enforce the requirement. She added that an alternative is the read receipt, which would be electronic and allow for health information technology systems to integrate with CURES. She added that if the health information technology system is integrated into CURES, the physician would not have to do anything else, and this is why the Board suggested the read receipt.

Dr. GnanaDev suggested that a note be put in the system when a delegate prints out the CURES report and it is looked at by a physician. He shared that he has received several complaints about the amount of time that it takes to find a patient in the CURES database and for this reason he is hopeful that the Board can find a less burdensome solution.

Ms. Simoes confirmed that the bill in its current form asks for documentation, as Dr. GnanaDev is referring to it.

Ms. Kirchmeyer clarified that although documentation can be provided as stated in the bill, these changes would negate the ability of the Board to truly audit the system. She explained that in order to take action for not checking CURES, the Board is going to have to prove that the physician did not look at it.

Ms. Simoes echoed that this bill weakens the mandate currently in statute.

Dr. GnanaDev opined that if the process to check CURES is made easier and more efficient it will be better for patient care. He added that his main concern is for the patient that is on opioids and that the prescribing doctor gets the information that the patient is getting opioids from different doctors.

Dr. Mahmood echoed the concerns of Dr. GnanaDev and commented that if the physician is putting a note in the system for documentation that this should be more than enough. He concluded that if the doctor can verify that they saw the information that this should work.

Mr. Watkins stated this bill is a cleanup bill and speaks to why CURES was created as a public protection tool for doctors. He pointed out that if it is only a cleanup bill, it will not fundamentally change anything, unless the Board wants to change the standard that was set in the original bill. He opined that in the spirit that the mandate was created, this bill would help that mandate.

Dr. Yip vocalized his support for the staff recommendation and highlighted the seriousness of a physician writing prescriptions themselves, tracking their own passwords, and looking at all the data themselves.

Mr. Warmoth inquired if the electronic read receipt would be a recommended amendment to this bill.

Ms. Simoes responded that this suggestion has not been made before, but rather it is something that has come to light and is a new suggestion.

Ms. Kirchmeyer reiterated that this bill could be troublesome when the Board has to audit the CURES system; the Board will have to obtain the medical records, and if there is a note that the physician checked CURES, the Board will have to assume that the doctor did look at the report. She explained that if the Board is okay with the doctor making the note in the record, a read receipt would not be necessary.

Dr. Thorp highlighted the importance of the delegate and echoed the concerns of Dr. GnanaDev.

Ms. Kirchmeyer clarified that this bill would allow the delegate to obtain a report.

Ms. Pines wondered how this would affect future administrative actions that come before the Board.

Ms. Kirchmeyer answered that there would not be the same audit trail that the Board currently has and that the Board would have to trust the record of the physician that CURES was checked.

Ms. Simoes added that the second amendment requested was to remove the exemption given to covering physicians. She reiterated that the Board found this to be problematic since a covering physician may discover that there is overprescribing or inappropriate prescribing taking place.

Ms. Kirchmeyer added that this has been a good enforcement tool for the Board.

Dr. GnanaDev opined that he does not have an issue with that piece of the bill and reminded the Board Members that the bill also expands the mandate to check schedule V controlled substances.

Ms. Kirchmeyer stated that it requires that Schedule V drugs be in CURES, but not that CURES be consulted when prescribing a Schedule V drug.

Dr. Lewis made a motion to support AB 528 if amended with the amendment of removing the exemption that a covering doctor would not have to check CURES.

Mr. Watkins questioned if this motion would still allow the Board to audit the system and if this was less advantageous for the Board.

Ms. Kirchmeyer clarified that it would require the Board to rely on the medical record of the physician.

Mr. Watkins opined that this change would enact a lesser standard.

S/Ms. Lawson.

Dr. GnanaDev commented that if a physician were to say that he checked it and had not, they would be in dishonest and action could be taken for that. He vocalized that his concern is for the administrative burden on the doctors.

Mr. Watkins reminded the Board that CURES is addressing a particular problem and if the standard is lessened, so too is public protection. He shared that it could make the doctors lives a bit easier, or maintain the spirit in which the bill was created.

Dr. Mahmood remarked that it is not to make doctors lives easier, it would allow doctors to do more of the work that they are supposed to do. He added that the issue is not if CURES is important, the issue is how should the bill be implemented. He commented that if a doctor documents in the record that they have reviewed the CURES report, this should be enough, they should not have to check it in the system. He echoed that the work of a doctor is done in a team.

Dr. Thorp commented that it would also not be a benefit to disincentivize good doctors that want to take care of pain patients because it is onerous or difficult. He stated that it is already too difficult and risky and you would not want to add to this and have good doctors want to not treat these patients.

Mr. Warmoth noted that he does not take issue with having a delegate aid in the process, but that he would like to maintain the auditing feature. He noted that often times in cases that are reviewed medical records are an issue and he does not want checking CURES to have the same problems.

Ms. Hollingsworth expressed her concern over the Board taking the word of a doctor in terms of what is in a patient's medical record and provided a personal example. She added that having a blanket approval for anything a doctor says could be a very dangerous precedent for the Board. She commented that most people who say that they were harmed by a doctor also report falsified repots and with no audit then there is no accountability, no assurance of accountability, and therefore no patient safety. She concluded by reminding the Board that patient safety must be put first.

Ms. Rhee agreed that it is cumbersome to check CURES.

Dr. Bretan shared a recent example of utilizing his team to check CURES while he was between patient surgeries. He remarked that it protects the patient from over prescribing, at the same time, assisting busy physicians. He explained the difficultly to care for patients if mandated to physically be there for everything, especially when part of the medical team can assist with it.

Ms. Hildebrand commented that many physician Members have shared that physicians do not have enough time to practice what they need to practice. She stated that this happens with medical exemption evaluations. Physicians will not complete them since they do not have enough time. She asked the Board to look into what is enough time.

Mr. Andrist stated that if doctors are that busy, he wondered how much patient safety is actually happening. He remarked that schedules should be reworked to make patient safety a priority, since the database is for patient safety.

Dr. Gill explained how to pull a patient activity report from CURES and pointed out the issue of having to download the file to be able to view the report. He detailed that overall it is a very tedious process. He suggested that a better alternative is to scan it into the patient's chart and have the physician make a note when they view it. He contended that until there is a technology fix, it would be hard to find a solution in the legislation. He added that this takes away face-to-face time with the patients and interferes with the time with the patient.

Dr. Lang detailed that many physicians have stopped prescribing controlled medication since it is onerous. She explained that typically patients are referred to pain management specialists and can schedule an appointment only after the insurance company approves the change, which in turn is difficult for patients, especially those in medically underserved areas. She shared that at some point the line needs to be drawn and explained that physicians that are trying to take care of their patients, but are being hampered. She concluded that many times this is due to a lack of time and systems available and the result is hurting patients that the legislation is trying to protect.

Motion carried (8-4-1, Warmoth, Watkins, Yip, Pines nay; Casillas abstained).

Ms. Simoes moved to AB 1264, Petrie-Norris, which clarifies that the requirement to provide an appropriate prior exam before prescribing, dispensing, or furnishing dangerous drugs would not require a synchronous interaction between a patient and the licensee and could be achieved through the use of telehealth. She noted that the bill includes an urgency clause and would become effective immediately upon signature. She added that since the bill is clarifying in nature Board staff recommends the Board to take a neutral position.

Ms. Lawson made a motion to take a neutral position on AB 1264; s/Dr. GnanaDev.

Dr. Hawkins inquired if hormonal contraception could be taken without an examination.

Ms. Simoes clarified that the bill still states that there be an appropriate exam to comply with the standard of care.

Motion carried unanimously (13-0).

Ms. Simoes discussed AB 1468, McCarty, which establishes the Opioid Prevention and Rehabilitation Act funded by manufacturers and wholesalers of opioids and would be repealed January 1, 2028. She reminded the Board that they formerly took a support if amended position with the amendment to include that the fees are not passed on to consumers. She reported that the author's office could not include this language because New York had a similar bill with this language and it was found unconstitutional. She recommended that the Board take a support position.

Dr. Lewis made a motion to support AB 1468; s/Dr. Krauss. Motion carried (9-1-3, Mahmood nay; Casillas, GnanaDev, and Thorp abstained).

Ms. Simoes introduced AB 1519, Low, which is the Dental Board's sunset bill. She explained that she would discuss the portion of the bill pertaining to the Board. She stated this bill specifies that oral and

maxillofacial surgery residency programs accredited by the Commission on Dental Accreditation (CODA) shall be approved as postgraduate training required for licensure if the applicant attended the program as part of a combined dental and medical degree program accredited by CODA. She added that the Board has received concerns from oral and maxillofacial surgery residency programs that they could not meet the general medicine requirement and that the language in the bill was not clear enough to ensure that individuals in these residency programs would be eligible for licensure; however, this bill would make that clear.

Dr. Hawkins asked if this was a work around.

Ms. Simoes responded that this information was included in the Board's sunset bill; however, once the bill was signed there were concerns over the language. To address this, regulations were going to come before the Board, but this bill would address the concerns raised and does not change the spirit of the sunset bill, rather it clarifies it.

Dr. GnanaDev echoed Ms. Simoes comments and confirmed that it was going to be cleanup, but the Dental Board added it to their bill.

Ms. Ford, Vaccine Injured Awareness League, questioned the telehealth portion of the bill and inquired if physicians would be allowed to prescribe a biological.

Motion carried (11-0-2, Lawson and Yip abstained).

Ms. Simoes moved to SB 53, Wilk, which would require two-member advisory bodies of a state body to comply with the Open Meetings Act if at least one member of the advisory body is a member of the larger state body and the advisory body is supported by state funds. She noted that there is an emergency clause and the bill will become effective immediately upon signature. She notified Board Members that this bill will impact Board outreach such as the Board's annual legislative day. Therefore, she suggested that the Board Members oppose the bill unless it is amended to allow an exception for public outreach provided by Board Members.

Dr. GnanaDev made a motion to oppose SB 53 unless amended to allow an exception for public outreach provided by Board Members; s/Dr. Lewis.

Mr. Andrist suggested that members of the public go with the Board to public outreach events. He added that patient advocates should join Board Members in the legislative meetings.

Motion carried (12-1, Friedman nay).

Ms. Simoes transitioned to SB 159, Wiener, which allows pharmacists to exercise appropriate professional judgment to furnish a 60-day supply of Pre-exposure prophylaxis (PrEP) and Post-exposure prophylaxis (PEP) if specified conditions are met. She noted that the bill has been amended to include training protocols and a 60-day limit on PrEP.

Dr. Hawkins reported that many physician constituents have a problem with even a 60-day supply. He shared that if the patient does not have a primary care physician it could leave the patient with a higher resistance to the drug. He vocalized his concern that it cannot be confirmed if the patient has a primary care doctor.

Ms. Simoes responded that in the bill pharmacists are required to alert the primary care physician or share with a patient where they can go to get one.

Mr. Warmoth explained that this bill is meant for communities that have serious problems with obtaining medical care and seeing a doctor to initiate this medicine. He provided examples of members from these communities, such as immigrants, trans women of color, and men who have sex with men but do not consider themselves gay. He added that this is something that is critically important to be able to stop transmission of HIV. He vocalized that the Board should support the bill.

Dr. Casillas agreed with the principle of broadening access to communities in need, however, she noted her concerns of workflow, implementation, and unintended consequences.

Ms. Simoes noted that there are certain requirements that the pharmacist must comply with in order to prescribe and it is a patient driven process.

Dr. Mahmood emphasized that doctors are needed in this process to monitor the patient, which is something that pharmacists cannot do. He added that the communities that are being targeted in this bill are the communities that need the greatest amount of help, support, and access to healthcare.

Dr. Hawkins shared that inner city African-Americans are the largest group that needs PrEP. He agreed that everyone deserves PrEP, but close follow up is also needed.

Ms. Kirchmeyer pointed out the bill requires completion of a training program, which will be approved by the Board and the Board of Pharmacy.

Mr. Warmoth made a motion to support SB 159; s/Ms. Friedman.

Ms. Rhee pointed out the disparity amongst African American patients and commented that the use of PEP and PrEP would alleviate this. She added that Black Patients Matter supports the hiring of diversified providers within community clinics.

Dr. Lang noted that although she agrees with much of the feedback that was provided, there are many battered women or women in abusive relationships that are at risk of HIV. She pointed out that when a patient comes in for PEP many things are taken into account and a sexually transmitted infection workup is done. She noted that many people in this situation can expose others and discussed the effects on childbearing women. She concluded by highlighting the benefits of seeing a physician and the risks if the public only sees a pharmacist.

Motion failed (5-7-1, Casillas, Hawkins, Krauss, Mahmood, Thorp, Yip, and Pines nay; GnanaDev abstained).

Ms. Kirchmeyer clarified that the support if amended position, which was the prior position would still stand. The amendment would be to remove the authority of a pharmacist to provide PEP.

Ms. Simoes informed Board Members SB 377, McGuire, which is the bill related to prescribing psychotropic medications to foster care children, underwent some changes including requiring judicial council to revise its forms to include a request for authorization for the foster youth or the foster youth attorney to release the youth's medical records to the Board. She stated nothing has changed that would change the Board's prior support position.

Ms. Simoes transitioned to SB 697, Caballero, which allows multiple physicians and surgeons to supervise a physician assistant and would replace the delegation of services agreement with a practice agreement. She reminded Board Members that they had taken a support position at the last Board meeting and discussed some of the minor amendments that had been made to the bill. She noted that with such minor changes, the Board could maintain its support position.

Ms. Allred, CMA, updated the Board that with the next set of amendments the PA Board may remove their opposition.

Dr. Gill expressed his primary concern is that the language provides too much discretion at the practice level, which he opined will lead to patient harm. He pointed out that the bill has many retroactive provisions. He vocalized his frustration that public Board Members abstained from voting at the last Board meeting and urged the Members to take an oppose unless amended position.

Ms. Simoes discussed SB 276, Pan, which requires the California Department of Public Health (CDPH) by January 1, 2021, to develop and make available for use by physicians an electronic standardized and statewide medical exemption certification form. She noted it also requires CDPH to annually review immunization reports from all schools and institutions, requires clinically trained staff members to review exemptions from schools or institutions with an immunization rate of less than 95% and from physicians who submit five or more medical exemptions in a calendar year, and requires reporting to the Board as indicated in the bill. In addition, she explained the bill requires the release of medical records to the Board, which would assist in the Board's investigations of complaints related to vaccination exemptions.

Dr. Lewis made a motion to support SB 276; s/Dr. Hawkins.

Dr. Mahmood suggested that the Board have multiple experts reviewing the exemptions.

Ms. Simoes clarified that this is not the role of the Board.

Dr. Hawkins asked for more clarification regarding timeframes for the appeal process.

Ms. Simoes reviewed the process with timelines and noted that there were some processes and timelines that would be set once the bill was in effect.

Mr. Watkins confirmed his understanding of the exemption process.

Ms. Simoes elaborated that the requirement to review exemptions is limited to schools or institutions with immunization rates of less than 95 percent, as well as physicians who submit five or more medical exemptions in a calendar year.

Thereafter, the Board received numerous public comments including, but not limited to, the following.

Dr. Halstead, pediatric physician, detailed the amount of children he has treated that have autism since they were vaccine injured. He shared the Board needs to pay attention to the health of all children.

Ms. Sepulveda-Burchit, Educate. Advocate., shared that many families from her organization have medically fragile children that currently have medical exemptions, however, SB 276 would negatively impact all these families with the elimination of family history and genetic testing. She requested that Board Members view the write up submitted to the Board prior to voting.

Ms. Domiguez expressed the importance of the relationship between a patient and a physician and shared her frustration that people buy medical exemptions. She opined that pharmaceutical companies should be held liable.

A member of the public vocalized her opposition to SB 276 and shared that 4,000 children who are deserving of medical exemptions are being punished. She specified that there was no proof of fraudulent exemptions.

A member of the public, Latinos for Medical Freedom, explained that this bill will negatively affect her community since they cannot home school their children or afford genetic testing and their Medi-Cal and Medicaid insurance does not cover it. She explained that they either need to vaccinate their children or have their children stay at home.

A member of the public shared the story of her daughter. She noted that the criteria is very narrow and shared that if the bill is passed it will gamble with the life of her child.

Ms. Munoz, Latinos for Medical Freedom, provided information about her organization. She opined that the information of children does not belong in a database since they could be discriminated against for life. She urged the Board to vote against SB 276.

A member of the public questioned how she could trust her doctor if the state of California does not. She implored the Board to oppose SB 276.

A member of the public suggested that SB 276 targets underserved communities and expressed her disgust that the Board is more concerned about physician burnout than medically fragile children.

A member of the public wondered what would happen when a physician is informed that a child is at risk, but vaccinates the child anyway and the child has a reaction. She questioned if this would increase the physician suicide rate.

A member of the public expressed her opposition of SB 276 since it is expensive, unnecessary, and medical exemptions belongs at the discretion of a doctor.

Ms. Mitchell asked the Board to only support the bill with amendments and provided a list of amendments needed.

A member of the public told the story of her son after he got his shots at twelve months. She explained how implicit bias surrounding vaccines has incited discrimination and hate. She noted that putting her son's name in a database will put him at risk considering the millions of data breaches that happen annually.

Mr. Hannon pointed out that progressive changes historically have happened when forced by legislation. He noted that a commonality in major progressive changes are that it is the minority against the majority. He urged the Board to not allow the government to dictate medical choices and medical decisions.

A member of the public explained that physicians will be bullied into not writing exemptions for fear of losing their license. She added one size fits all will put medically fragile children at risk.

Dr. Bergen, pediatric physician, shared the story of his son. He explained that protection is needed against measles, not against measles vaccine. He urged the Board to protect children by following the evidence.

A member of the public provided the story of her son and his reaction to a vaccination. She reported that his case was not added to VAERs and she had to take action herself. She added that the exemption that her child now holds will be taken away under SB 276.

A member of the public vocalized her opposition of SB 276 since it violates the doctor-patient privilege and it gives complete and total power to a physician that has never seen their child.

A member of the public mentioned that at the May meeting Board Members expressed concerns that the guidelines for medical exemptions were too narrow and pointed out that the amendments in place still have not broadened medical exemptions.

Ms. Allred asked that the Board support SB 276 since there have been amendments to streamline and simplify the medical exemption review process. She noted that concerns as to whether the California Department of Public Health (CDPH) had the capacity to review all medical exemptions had been addressed in the amendments. She added that the bill will help ensure medical exemptions for vaccines are only issued under the accepted standard of care for children who truly need them.

A member of the public vocalized her opposition of SB 276 and shared how difficult it is to find a doctor that will write medical exemptions. She opined that this bill would make it even harder to get a medical exemption.

Ms. Hildebrand stated that she shared a letter for Board Members that outlined their concerns regarding SB 276 and confirmed that none of these issues have been addressed in SB 276.

A member of the public echoed that the concerns brought up by the Board had not been addressed. She added that the contraindications have not been expanded and pointed out a doctor will have to choose who they will give exemptions to with the limit of five exemptions.

Ms. Hildebrand urged the Board to oppose SB 276.

A practicing physician shared that she opposes SB 276 since it erodes medical freedom and parents' rights. She added that the bill undermines the Board's ability to hold the bar high for physicians to practice medicine and the bill would establish a discriminatory database.

Ms. Johnson reiterated the Board Member concerns from the May meeting and noted that none of them were addressed. She urged the Board to oppose SB 276.

Dr. Sutton explained that she writes medical exemptions and discussed the bias in the bill and the database. She stated the database for medical exemptions will be like a database for sexual predators. She noted that physicians that conform with the CDC vaccination schedule receive profits.

Ms. Zanella explained that this vote carries weight when discussing medically fragile children who will be discriminated against and not afforded a public education should SB 276 pass. She identified some of her concerns with the bill.

Mr. Mattingly provided history on AB 1584. He suggested that doctors that do not give vaccines should also be paid to be fair.

A member of the public provided information about measles and shared that it is extremely doubtful that vaccines have saved any lives.

Ms. Dietz, Vaccinate California, explained her support of SB 276. She noted that the exemptions are typically concentrated in a few schools, which allows outbreaks of vaccine preventable diseases to occur and spread.

A member of the public pointed out that not one doctor has been found to have written a fraudulent exemption and targeting physicians that write exemptions will affect children. She pointed out that this bill will persecute doctors for using their professional knowledge and judgment to protect medically fragile patients.

Ms. Jones shared that she is the mother of an at-risk child and asked the Board not to support the bill.

Ms. Becker remarked that she had an audio file that documents the Board colluding with public health officers to create complaints against doctors that write exemptions. She requested that the audio file be passed to Board Members.

Dr. Bretan opined that the bill should be supported since it will save lives and prevent the spread of measles.

A member of the public shared that SB 276 is not based on science. She stated this bill would change the standard of care for vaccinations not based on science.

A member of the public explained how this bill undermines the doctor-patient relationship and shared that it is a broad solution to a narrow problem. She added that the bill has many consequences and is deeply concerned.

Mr. Goldenkranz, Vaccinate California, commented that this bill provides multiple level review that will allow the standards to change. He noted that warranted exemptions will be accepted and other patterns will be investigated. He added that there will be doctors involved in every step of the review.

A member of the public discussed the deception of herd immunity for the “greater good” and pointed out that vaccines for children are symptoms suppressors.

Senator Pan pointed out that it is the job of the Board to uphold the standard of care and that is what the bill does. He urged the Board to support SB 276 to enable to Board to do its job and protect California.

Ms. Saratien asked the Board to oppose SB 276 since it violates HIPAA and personal privacy. She noted that that Board should stand behind doctors that give medical exemptions as they see fit.

Ms. Radillio provided her personal story and asked the Board to oppose SB 276.

Ms. Yamamoto asked the Board to oppose SB 276 since it is dangerous for patients and doctors.

Ms. Davin opposed SB 276 since medicine is not one size fits all. She shared the story of her children and their experiences with vaccines.

Ms. Mendoza, Latinos for Medical Freedom, provided her personal story of vaccinations and the negative effect that they have had on her life.

Ms. Widen opined that the medical exemptions are too narrow and stated that there should not be vaccination information sharing.

A member of the public detailed that SB 276 is a terrible bill and has been worsened with the new amendments. She opined that this is a slippery slope taking away medical freedoms.

Dr. Shorrock remarked that SB 276 needs to be amended to include temporary medical exemptions for cases when a child has recent or recurrent illnesses. She noted that this would increase the risk of vaccine injury, however, the physicians hands would be tied and this forces them to not consider safety.

Ms. San Jose asked the Board to oppose SB 276 since the Board's concerns were not addressed.

Ms. Reeves, National Community Initiative, discussed vaccine reactions.

Ms. Alquiza pointed out that the standard of care is behind and noted that this could be used as a tool for discrimination. She urged the Board to oppose SB 276.

Ms. Bates, Latinos for Medical Freedom, inquired about evidence of fraudulent exemptions. She noted that this bill will remove children from schools and is too narrow.

A member of the public asked for an investigation into the alleged collusion between the Board and CDPH. She noted that it would be inappropriate for the Board to make a recommendation until a full investigation occurs.

A member of the public echoed that the guidelines are too narrow and that the concerns of the Board have not been met.

Ms. Jackson opined that the pharmaceutical industry wants to mandate vaccines. She questioned the recent measles outbreak.

Ms. Harrison expressed her concern that this bill will discriminate against children. She noted that many parents will pull their children from school to not have their child's information entered into a database.

A member of the public pointed out that there has not been an outbreak that started in a school. She noted that SB 276 would not have stopped a single case of measles in California.

Ms. Westcott, Latinos for Medical Freedom, shared that the bill is an overreach toward medical freedom rights and violates the doctor-patient relationship. She requested that vaccine manufactures be held liable.

A member of the public provided information about her family's medical history and explained how SB 276 would affect them. She pointed out the bill is medical discrimination and data mining is illegal.

A member of the public explained her concerns with the bill and urged the Board to oppose it.

A member of the public, pediatric intensive care nurse, explained how the bill is unnecessary. She noted SB 276 would violate the rights of children who are unvaccinated and could cause them to be discriminated against.

A member of the public provided information about his son and how he would not qualify for a medical exemption.

A member of the public asked who is going to look out for the patients. She opined that the bill is discriminatory and would remove children from school for no reason.

Dr. Lopez explained the criteria used by the field does not include the potential adverse reactions or contraindications. She noted this bill breaches 13 human rights.

A member of the public commented that vaccines are dangerous and deadly and shared her personal story.

Ms. Matoza pointed out the Board had many concerns with the bill and shared that not much has changed. She noted the bill is too narrow and questioned who decided the standard of care.

Ms. Knapp stated the bill disincentivizes physicians from writing medical exemptions. She shared that this bill will erode trust in doctors and the Board. She asked that medically fragile children not be penalized, which will occur with the passage of this law.

A member of the public vocalized her opposition of SB 276 and noted how much information will be stored in the database.

Ms. Ford, Vaccine Injured Awareness League, shared that SB 276 unfairly targets physicians.

A member of the public pointed out her main concern is vaccine injury since little is known about the cause.

A member of the public suggested the bill would cause many unnecessary expenses. She noted the bill will infringe upon a doctor's right to practice freely.

Ms. Palomino asked the Board to oppose SB 276 since it does not address any of the concerns that were brought up in the May meeting.

Ms. Husivsky provided the story of her child and vaccination issues.

Ms. Brown questioned who will be responsible when vaccine injured children do not qualify for an exemption are forced to get a vaccine and die. She wondered who will be responsible for taking this decision away from the physician.

Ms. Thompson shared that she could not believe the Board would consider taking away the authority of a physician and giving it to a bureaucrat. She provided the personal story of her daughter.

Ms. Plettner provided information about her family's medical history and requested the Board oppose SB 276.

A member of the public opined that the guidelines are too narrow and remarked the physician needs to retain the discretion to make a decision specific to each patient.

Ms. Deburgh, Health Officers Association of California, urged the Board to support SB 276.

Dr. West shared that Dr. Dean fraudulently wrote complaints against physicians so that she could write SB 276.

Ms. Coburn asked the Board to oppose SB 276 and reminded the Board Members how narrow the guidelines are. She opined that physicians must retain the ability to examine and evaluate each individual patient and make determinations based upon their family history.

Mr. Kelly vocalized his opposition of SB 276. He noted that it violates HIPAA and undermines the doctor-patient relationship. He continued that it strong-arms the physician into making a decision and remarked that the guidelines are too narrow.

A member of the public urged the Board to oppose SB 276 since it codifies medical malpractice.

A member of the public expressed their opposition of the bill and asked the Board Members how many vaccine inserts they have read. She shared that vaccines are not safe and effective for everyone.

A member of the public suggested that SB 276 criminalizes doctors and removes their discretion. She remarked that the bill will violate the rights of Californians.

Ms. Lawson shared her belief that some parts of this bill are a part of the job of the Board, but she questioned fiscal impact and workload associated with the bill. She noted that there are systems and processes in place to evaluate bad doctors. She concluded that she did not think this bill is the answer.

Dr. Krauss discussed the complexity of the bill. He noted that vaccination programs save more lives than cause damage, but it is not risk-free. He vocalized his support for the benefit of vaccination and he believes in creating a standard of care to be followed until modified by scientific effort that would dictate what appropriate medical exemptions are for vaccination. He added that the Board does not have the capacity to evaluate every case, however the Board's hands are hands are tied when medical records cannot be accessed.

Dr. Mahmood commented that what is in question is if the bill is transparent enough, if patients' rights are being violated, and if there is a fair and clear process. He added that he has not decided whether the bill is transparent enough.

Dr. Yip shared that it is a good concept but noted that there are a few more items that need to be worked out. He added that before he supports the bill he would like a few details ironed out.

Dr. Throp asked if there was still an opportunity to give feedback to the author.

Ms. Simoes responded that she will relay the position of the Board to the author and if there are any specific amendments, she will detail those as well.

Motion passed (8-4, Lawson, Mahmood, Yip, and Pines nay, Casillas absent).

Ms. Pines recognized Dr. Levine, a former Board Member that served the Board for nine years during which time she was Board President and served on several committees. She shared highlights of Dr. Levine's time at the Board and in her career. She thanked her for her strong leadership, service, and dedication to the Board and its mission.

Dr. Lewis thanked Dr. Levine for being a mentor and for all of her support.

Dr. GnanaDev thanked her for her leadership through the sunset process.

Dr. Krauss commented that if every Board Member followed her model, the Board would be perfect.

Dr. Yip shared that he enjoyed her insight and that she was an encyclopedia for the Board.

Dr. Levine expressed what a privilege and pleasure it was to serve California and shared more about her time on the Board. She thanked Ms. Kirchmeyer. Dr. Levine noted that one of her key learnings was the talent and commitment of the civil servants who served the state. She concluded that it has been an honor and a privilege to serve the Board.

Ms. Pines adjourned the meeting at 7:22 p.m.

RECESS

Friday, August 9, 2019

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

Members Present:
Denise Pines, President
Susan F. Friedman
Dev GnanaDev, M.D.
Randy W. Hawkins, M.D.
Howard R. Krauss, M.D.
Kristina D. Lawson, J.D.
Ronald H. Lewis, M.D., Vice President
Asif Mahmood, M.D.
Richard E. Thorp, M.D.
David Warmoth
Eserick "TJ" Watkins

Felix C. Yip, M.D.

Members Absent:
Laurie Rose Lubiano, J.D.
Alejandra Casillas, M.D.

Staff Present:
Mary Kathryn Cruz Jones, Associate Governmental Program Analyst
Kimberly Kirchmeyer, Executive Director
Christine Lally, Deputy Director
Victoria Ornduff, Information Technology Associate
Regina Rao, Associate Governmental Program Analyst
Elizabeth Rojas, Staff Services Analyst
Jennifer Simoes, Chief of Legislation
Kevin Valone, Staff Services Analyst
Carlos Villatoro, Public Information Officer II
Kerrie Webb, Staff Counsel

Members of the Audience:
Megan Allred, California Medical Association
Eric Andrist, Patient Safety League
Torleen Bennet
Peter Bretan, M.D., President elect of California Medical Association
Eric Brown, California Telehealth Network
Gustavo Castillo
Gloria Castro, Senior Assistant Attorney General, Attorney General's Office
Hank Chaudhry, D.O., Federation of State Medical Boards
Yvonne Choong, California Medical Association
David Chriss, Chief, Department of Consumer Affairs, Health Quality Investigation Unit
Wendy Connor
Rosanna Davis, California Licensed Midwife
Virginia Faw
Ken Garweilh
Kanwar Gill, M.D.
Marianne Hollingsworth, Patient Safety League and Patient Safety Action Network
Diane Holzer, L.M., Midwifery Advisory Council
Doug Hulstedt, M.D.
Wendy Knecht
Curtis Lang, California Nurses Association
Khadijah Lang, M.D., President, Golden State Medical Association
Susan Lauren, Patient Advocate
Jessica Langly, National Heathcareer Association
Patrick Le, Assistant Deputy Director, Board and Bureau Services, Department of Consumer Affairs
Jeff Lomax
Michelle Monserat-Ramos

Dave Mosier, AOUR Organization
Kathleen Nicholls, Deputy Chief, Department of Consumer Affairs, Health Quality Investigation Unit
Cindy Ny, Health Career College
Sol Ortiz Garcia, Latinos for Medical Freedom
John A. Perez, Speaker Emeritus for the California Assembly
Hanna Rhee, Black Patients Matter
Caitlin Ross, Deputy Attorney General
Scott Steingard, D.O., Federation of State Medical Boards
Cesar Victoria, Videographer, Department of Consumer Affairs

Agenda Item 13 Call to Order/Roll Call/Establishment of a Quorum

Ms. Pines called the meeting of the Medical Board of California (Board) to order on August 10, 2019 at 9:10 a.m. A quorum was present and due notice was provided to all interested parties.

Agenda Item 14 Public Comments on Items not on the Agenda

Mr. Andrist reiterated the details of a recent complaint that he filed with the Board that was closed. He detailed the effects that these poorly done medical procedures will have on his body and his life. He asked the Board to reopen his case and suggested that he is being punished for holding the Board accountable. Mr. Andrist proposed that the Board Members do not heed the information that the public brings up at the meetings since there is no reporting or follow-through. He added that he has been trying to understand the requirements of the Board, however, he has been met with roadblocks and has encountered problems with getting a response. He opined that the Board sits back and accepts the status quo versus getting the Legislature to change the laws that would protect consumers. Additionally, Mr. Andrist shared his story of being threatened by the lawyer of a doctor for posting the public dismissal of an accusation on his website.

Ms. Rhee requested the Board receive a presentation from Black Patients Matter regarding their underground railroad and network of safe houses and synagogues. She opined that this presentation could be the vital link into closing the healthcare disparity gap since there is a non-diversified policing force that targets physicians that treat patients of color. She requested that the relevance of religion in patient health and physician burnout be added to the agenda. Ms. Rhee shared that she personally turns to her religion for comfort, hope, and enlightenment and this may help other physicians to relieve burnout.

Virginia shared pieces of her medical history, noting that she had been to 180 medical visits, gotten 20 injections for pain, and received 50 pelvic exams by 20 doctors in three years to understand what was wrong. She added that before this she had another medical issue that took six years to heal, but she never reported her story to the Board since her medical records are full of omissions. She pointed out that there is a crisis with regard to dissemination of medical information regarding female pain because it is outdated and there is a lack of trauma informed care in the medical system. She concluded by vocalizing her frustration that doctors have medical malpractice insurance to protect them, whereas she feels robbed of her rights to obtain legal help and could have faced homelessness.

She requested agenda items to discuss the dissemination of health information, lying and omission on medical records, becoming trauma informed, and victim compensation.

Ms. Lauren provided details of her case against Dr. Berger and her experience with medical expert Dr. Dubrow. She contrasted this information with that of Dr. Wagner and pointed out his findings that are contrary to Dr. Dubrow's. She suggested that Dr. Dubrow has used his position as a medical expert to sway the jury in her case, get a television show, gain the trust of the public, and get hired by other companies to be a medical expert. She remarked that she held the Board accountable for what happened in her case and she wondered how many other civil cases have been dismissed unjustly. Ms. Lauren concluded by requesting the Board stop enabling abusers and change the liposuction regulations, section 1356.6, and promote truth in advertising.

Ms. Connor shared details of her experience trying to obtain medical records and noted that there is no database and pointed out the inefficiencies in the process. She added that investigators are overworked, overwhelmed, and under trained. She recommended that in order to help resolve the difficulty in obtaining records, there could be a section of the form that physicians fill out that asks them to detail specifically where their records are housed and for what time period. Ms. Connor explained that if there was a database for medical records, money, time, and space would be saved. She expressed that it is the responsibility of the physician to know where their records are kept and she suggested that the Board add this information to the form that physicians complete in order to keep this information in a database.

Dr. Gill concurred with the previous caller and the Board's need to take ownership and control of medical records. He proposed the situation of the case of a physician responsible for inappropriate prescribing going to the Court of Appeals and the Court ruling that since the physician has not provided the medical records, it is because the Board has been unable to prove probable cause for having such records. He pointed out that it is the Board's responsibility to protect consumers, identify physicians and physician assistants who are prescribing inappropriately, and if the Board is lacking the ability to do this, it should explore alternatives. He provided the alternative of false claims act and to have records as part of the pay provider arrangement.

Ms. Knecht thanked the Board for addressing the issue of conflicts of interest and adding the CMS open payments link prominently on the online license search. She shared that she is working with the Center for Public Interest Law who is sponsoring a bill that would require disclosure by doctors of payments made to them by drug and device companies. She highlighted that patients have a right to know about anything that might affect their ability to have informed consent.

Agenda Item 10 Executive Management Reports

Ms. Kirchmeyer followed up on a request from a Board Member to provide information about the expert reviewer recruitment. She notified the Board that Board staff is looking to develop an ad that can be used on not only for the Board's social media but also for other organizations and publications for posting. Additionally, once the ad is complete it will be sent to physicians that are on the volunteer registry, medical schools, and alumni departments. She noted that there are expert program brochures and requested Board Members distribute them to their peers.

Ms. Kirchmeyer announced that Board staff has begun conversations with a few medical schools and postgraduate training programs in hopes that they will assist with the testing of the Board's new web portal that will allow schools and programs to electronically submit information to the Board, specifically transcripts and verification of postgraduate training. She noted that once the system is tested it will be released to all schools and programs for use and will significantly cut down on processing time.

Ms. Kirchmeyer shared that the Board is in the process of establishing a lead medical advisor position in the Board's enforcement section who will review medical consultant and expert reports and provide feedback to the physicians who review Board cases. Additionally, this position would assist in training and reviewing the sample report that is needed to be provided by physicians who take the Board's expert reviewer training and provide a post audit report of the quality of care cases closed. Lastly, the lead medical advisor would assist in the Complaint Investigation Office with interview questions and assist with the interview of physicians under investigation. Ms. Kirchmeyer elaborated that this is an effort to improve the enforcement process and the consultant/expert reports received by the Board.

Ms. Kirchmeyer explained what Board staff has done since the Disciplinary Demographic Study. She pointed out information that could impose unconscious or implicit bias has been removed from the documents submitted to medical consultants or expert reviewers, or in the stipulation memo submitted to the Board Members when reviewing a disciplinary case. She shared that the Board contracted a vendor who provided in-person implicit bias training to a total of 298 employees of the Board, HQIU, Deputies Attorney General, and Board Members. A part of the contract included a webinar, which will soon be available. Ms. Kirchmeyer reported that DCA is also working on a DCA- wide training on implicit bias. She noted that the anticipated roll-out date is sometime in the fall and will be an eight-hour training session.

Ms. Kirchmeyer reminded Board Members that in May she reported the Board would be seeking a fee increase in the next year since the Board's fund would be insolvent due to a structural imbalance. She shared that several things have changed, causing the projections to be inaccurate. First, one major change is the AG's Office hourly rate increase, which is expected to increase the Board's expenses by $3.9 million this fiscal year and by $5.2 million the next fiscal year. Second, there will be an increase in staff salaries due to bargaining unit discussions that will result in a $1.8 million increase and an increase in retirements which will result in another increase. Third, was a budget change proposal for DCA Administration for $200,000 however, it is just a two-year limited term increase. Ms. Kirchmeyer explained that with these significant increases, the Board will be insolvent by next year and the only way to stay solvent is by increasing fees. She informed Board Members that Board staff is working with DCA to identify ways to mitigate the Board's insolvency and alerted Members that there may be an interim teleconference to review the budget and to determine if a fee increase is needed this year.

Dr. Lewis inquired if the AG's Office increase is the large part of why there needs to be a fee increase.

Ms. Kirchmeyer responded that although this increase is a large part of it, there are several increases becoming effective at the same time and this, coupled with the fact that the Board has been structurally imbalanced over the years, has resulted in the current need for a fee increase. She

highlighted that many of the increases brought upon the Board are outside of the Board's control. She added that in the last several years, instead of money being reverted to the Board's fund, it has been spent on an increased number of hours billed by the AG's Office and the Office of Administrative Hearings. Ms. Kirchmeyer also reminded Board Members that the law requires that the Board must be within two to four months of reserve before fees can be increased, which proves to be difficult since nothing can be done prior to being within the two to four months of reserve.

Dr. GnanaDev inquired about the options of the Board since the AG's Office has imposed such high increases.

Ms. Kirchmeyer commented that the Board received no warning that there was going to be an increase and explained that that AG's Office has to notify the Legislative Budget Committee to increase their fees. She added that the AG's Office has not increased their fees in ten years.

Dr. GnanaDev clarified that he does not have any issue with the attorney fee increase, but he pointed out the large increases for the paralegals and the research analysts. He vocalized his concern that agencies the Board contracts with can raise their fees, charge the Board, and then send the bill. For this reason, he would like to know more about the options that the Board has in this situation.

Ms. Kirchmeyer remarked that these increases are outside of the control of the Board and that there is not too much that can be done.

Ms. Pines inquired about things that can be done to verify the work product of the AG's Office. She provided the example of the AG's Office overcharging for an unnecessary work product that should not be charged to the Board. She asked if there was a way for the Board to perform an audit on that process and then be able to report that information to the AG's Office.

Ms. Kirchmeyer explained that there is an extensive monthly bill that can be gone through to make this determination. She noted that she and Ms. Castro have monthly calls and offered that this could be an item that is discussed to ensure that there has been proper billing and see if there are areas where time can be cut down.

Dr. Yip mentioned that in the reports that the Board Members receive from the AG's Office there is quite a bit of detail and noted that not all of the information is necessary. He recommended to keep any information that was necessary, but to take out any irrelevant details and suggested this could save time and money. He then asked what the ideal caseload would be for a special investigator, noting the in the enforcement report it details that the average caseload is 73 cases. He inquired if more investigators were needed.

Ms. Kirchmeyer clarified that this increase in workload was due to a vacancy within the Central Complaint Unit, which resulted in cases being transferred to the special investigators. She pointed out this would not be a permanent change, rather it was to allow the Board to continue processing cases until the vacancy is filled.

Dr. Yip referred to the chart regarding the average days to complete an investigation in HQIU and questioned if the Board can expect to see a decrease in the number of days to process since HQIU has been filling many of their vacancies.

Ms. Kirchmeyer noted that although HQIU will be discussing more of this topic later, HQIU is down to ten vacancies and will start a task force to work on the pending cases. She confirmed that the goal is to decrease the timeframe.

Mr. Watkins asked for the last time that the Board increased fees.

Ms. Kirchmeyer answered that it was in 2006.

Dr. Hawkins commented that 13 years is a large period of time without an increase and inquired if there was another way that the Board could obtain revenue.

Ms. Kirchmeyer confirmed that application and renewal fees are the largest sources of revenue and commented that the Board could look into obtaining investigative cost recovery, as this is something that is not currently done.

Dr. Mahmood asked how the Board's fees compare with other larger boards.

Ms. Kirchmeyer verified that the Board's fees are not the highest. She elaborated that at least six years ago the Board of Podiatry's fees were at $1,100, whereas the Board's current fees are at $783 and therefore the physician fees are not the highest within DCA.

Dr. Mahmood inquired how California compared to other states.

Ms. Kirchmeyer told Dr. Mahmood that she would look into the matter and provide more information.

Dr. GnanaDev presumed that the AG's increase would affect other boards and asked if all the boards could object to the increase.

Ms. Kirchmeyer confirmed that all other boards will receive the same increase and she explained how the Board calculates the hourly rate for services it provides to other boards. She pointed out that she does not know if this is how the AG's Office devised their numbers.

Dr. Thorp recommended that the Board research how much private law firms pay their staff to contrast the wages. He added that he hoped there would be another recourse.

Dr. Lewis asked if the employees are in a bargaining unit.

Ms. Kirchmeyer confirmed this.

Dr. Lewis explained that bargaining units are out of the control of the Board.

Ms. Lawson commented that she suspects that if any study is done on the AG's fee increase, the results will show that these employees are grossly underpaid. She opined that the flaw is in the way that the budget is designed and organized. She suggested to continue the conversation with DCA to see how the Board will continue to fund operations. She concluded by sharing that the Board should not have to have conversations about staying solvent.

Ms. Kirchmeyer identified that both the AG's Office and the Board have gone quite some time without an increase and now with the AG's Office increase it conversely requires the Board to increase as well. It has been a domino effect.

Ms. Pines asked for an estimate of what the fee increase will look like.

Ms. Kirchmeyer stated that depending on what the actual figures and projections are, it could be between $1,050 to $1,150 every two years.

Dr, Mahmood disagreed with Ms. Lawson and commented that the conversation is relevant for consumers, because the fee increase will also affect them in one way or another. He suggested passing the Board's concerns to those responsible.

Ms. Hollingsworth stated that considering the amount that the public has had to pay for medical expenses, this fee increase does not seem like a large sum to pay every two years. She provided a personal story of how much her family has had to pay monthly for medications. She questioned how the Board's insolvency affects investigations.

Ms. Rhee explained that there is bias in HQIU and questioned how the Board would have obtained this information had she not shared it. She requested that the Board not fund a policing investigative unit that it is not racially diversified. She discussed the topic of explicit bias and asked that the Board not use medical experts and consultants who have maintained an only white clinic.

Mr. Andrist discussed Board Member per diem and shared his findings from a Public Records Act request. He commented that he felt that twice his request was not completed properly since the wrong information was given and the documents requested were not provided. He stated that the per diem paid out is three times the amount that was budgeted. He questioned how some Board Members claimed more per diem than other Board Members and wondered if Board Members traveled that much to claim so much per diem. Mr. Andrist concluded by pointing out times the Board violated the Public Records Act, the Brown Act, and the Open Meeting Act.

Dr. Gill questioned if other boards and bureaus under DCA will have a fee increase from the AG's Office. He also questioned if vertical enforcement is responsible for the high billing in the AG's Office in the prior fiscal year. He suggested that the increase could be to recuperate the loss of funds from vertical enforcement. He expressed his concerns that for a practicing physician this is like extortion by proxy as the fees go to pay for the investigation of their peers.

Dr. Lang, expressed her concerns over the fee increase. She shared that some of the members from her organization cannot pay all of the fees that are imposed by the Board since they have a smaller

profit margin, which results in the loss of physicians in the underserved communities. Secondly, she inquired if there could be more feedback on the implicit bias training to see if it is adequate and effective. She concluded by noting if the training is not effective, it would be informative to know to see how to improve it.

Agenda Item 15 Update from the Federation of State Medical Boards

Dr. Chaudhry provided an explanation of the FSMB, the vision, and the mission. He elaborated on the organizational chart, which is comprised of delegates from state medical and osteopathic boards who sit on the House of Delegates and select the Board of Directors. He clarified that FSMB has no enforcement authority over the board; rather FSMB was created by the state boards to provide a space to share best practices. He elaborated on the FSMB's annual meeting and discussed actions items that were adopted by the House of Delegates in 2019.

Dr. Steingard highlighted policy implementations for 2019-2020 and discussed the works groups that have developed out of these initiatives, as well as what the work groups are working on at this time.

Dr. Chaudhry gave an overview of the services that FSMB offers. He shared that a poll was taken, and the results demonstrated that the majority of Americans do not know what a state medical board does. He iterated that part of the role of FSMB is to educate the public about medical boards. In order to help with this, they have developed a site, DocInfo.org. He pointed out the FSMB also provides educational offerings through workshops and webinars, online education, and various other channels of communication. Dr. Chaudhry explained FSMB's presence in Washington D.C. and some of the advocacy work that FSMB does. He provided an explanation of the interstate medical licensure compact, which is believed to increase efficiency and enable state-based regulation to be strengthened. He provided information on physician burnout, introduced FSMB's policy on physician wellness and burnout, and key recommendations on physician burnout.

Dr. GnanaDev expressed his concerns with USMLE being pass-fail, because it will be difficult for programs to rank people. He asked for their thoughts on this matter.

Dr. Chaudhry reported that the exam was created to give state boards a comfort level in terms of the ability to practice independently without supervision. He added that they would be happy to make a change, but they would have to be sensitive to what this might do to the practice of medicine and the ability of physicians to seek the specialties. He noted that FSMB has solicited feedback and received quite a bit and ultimately FSMB would like to be sensitive to unintended consequences.

Dr. Steingard shared that there was no unanimity among the medical students that one way was better than another. He added that coming up with a consensus is extraordinarily difficult; however, FSMB is trying to do the most good with the least amount of damage.

Dr. Krauss suggested that the examinee be allowed to choose which grading system they prefer prior to sitting for the test.

Dr. Chaudhry noted that this had been suggested before, but residency programs may pressure students to reveal their scores.

Dr. Thorp asked for additional information about the online training for new Board Members.

Dr. Mahmood expressed that this is really an issue for international students and inquired if FSMB would consider having the test as a pass or fail and adding another criteria.

Dr. Chaudhry commented that Dr. Mahmood has identified part of the dilemma. He added that if USMLE is not the ideal residency selection tool, there should be one, but how can this be done without creating more stress.

Dr. Yip asked about the public members on Bylaws Committee.

Dr. Steingard explained how the committees are selected, the composition of physician members versus public members, and welcomed Board Members to apply.

Dr. GnanaDev inquired more about the telemedicine bill that was referred to in the presentation.

Dr. Chaudhry clarified that the reference was to a proposal of a bill that he believes would support rural health across the country. He noted that FSMB would be keenly watching. He added that part of the role of FSMB is to alert state boards to those types of legislation and to seek input, guidance, and maybe even testimony.

Dr. Lewis asked Ms. Kirchmeyer to provide more information to new Members about attending committee meetings and reimbursement.

Ms. Kirchmeyer explained that FSMB is a CME provider, so the conflict of interest laws do not allow Board Members or Board staff to accept funding over $500 and receipt of the funding must be claimed on the Form 700. Additionally, Board Members have to receive approval from the Governor's Office for out-of-state travel.

Dr. Chaudhry provided additional information on how FSMB became a CME provider and added that with the development of technology, it is more common for people to attend meetings from a distance.

Dr. Krauss shared that he has attended three FSMB meetings and discussed the value of these workshops.

Mr. Andrist pointed out that the Board is in the news for all the wrong reasons; he noted that the Board is in the news for not protecting the public properly. He expressed his satisfaction that FSMB helps to keep state medical boards effective, however, considering how poorly all the state boards are at discipline, he wonders if there are teeth in the FSMB mission. He highlighted points from a poll that FSMB conducted. He shared that as he has been talking to victims of bad doctors, he has found that this data is true. He concluded by vocalizing that the Board’s outreach does not work and pointed out

that FSMB is mentioned in multiple lawsuits with Purdue Pharmaceuticals for their part in the opioid epidemic.

Ms. Rhee voiced her concerns about hate speech and directing hate speech toward underrepresented minority members. She asked that speakers who engage in hate speech be removed.

Virginia suggested that trauma be incorporated into physician wellness and impairment since many underlying causes are traumatic stress from school, residency, health care violence, and death. She noted that this accumulates and affects both patient safety and the physician. She recommended incorporating trauma education into FSMB meetings and having trauma therapists attend.

Dr. Gill commented that some physicians are not interested in FSMB since they lure physicians to split their loyalty with their patients. He added that FSMB continues to promote and market their monopoly on educational certifications and rob the states of the authority of licensing physicians. He remarked that FSMB would like California to join the interstate licensure compact but listed why this would not be a good idea for the Board. He concluded with the thought that FSMB has lured board members and board staff attorneys with casual compensation and highlighted an investigation into the Ohio medical board.

Agenda Item 16 Presentation on the Use of Telehealth

Dr. Chaudhry began with an overview of telemedicine and underscored that practice is deemed to occur where the patient is located. He explained how FSMB developed regulatory policy and guidance and provided examples as to how it has changed through time with technology. He discussed the concept of telemedicine state licenses and went over the benefits and challenges of telemedicine. He shared how FSMB is addressing the challenges and the barriers in telemedicine and provided the details of the model policy for the appropriate use of telemedicine. Dr. Chaudhry explained how the delivery of health has changed. He detailed more about telemedicine legislation and emphasized the importance of consumer protection through this process. He concluded with state telemedicine trends and policies.

Dr. Krauss pointed out that there are many for-profit corporations that set up a telemedicine platform and recruit doctors that are then contracted by these corporations. He asked what FSMB suggests in terms of creating safeguards so that those physicians maintain a primary responsibility to the patient.

Dr. Chaudhry emphasized the need for educating doctors so they are aware of what they are getting into prior to signing a contract. He suggested that having clear-cut policies, sharing those policies broadly, and leveraging some of the companies themselves to get those policies across would be a step in the right direction.

Ms. Friedman asked if he had seen a movement for mental health to be covered via telemedicine.

Dr. Chaudhry confirmed mental health services is a key part by which telemedicine may be able to help.

Ms. Friedman added that this should help reduce the cost.

Dr. Chaudhry indicated that it could save costs, but the technology is very expensive. He added that this is an area that is being reviewed.

Mr. Watkins commented that the growth in new technologies may require a change in the standard of care.

Dr. Chaudhry confirmed that expectations of care and standards will change and have changed as technology has evolved.

Dr. Mahmood shared that California addresses may be used to attract patients, but the physicians may be international.

Dr. Chaudhry agreed that is a large issue and something that is being reviewed. He noted the complexity of this issue since it crosses international borders.

Dr. Thorp highlighted the importantce of this technology and his ability to treat his patients in the wake of the Camp fire that destroyed his community. He opined that telemedicine may lead patients to seek out specialized care from other countries since it is not offered in the United States, which could bring on other problems and inquired how that would be regulated in California.

Dr. Chaudhry noted that this may be more of a role for the Food and Drug Administration and not something that the state boards will have to figure out alone.

Mr. Brown, California Telehealth Network, provided background into his organization, which was formed to be implemented in rural safety net clinics and hospitals all over the state. He shared that they have worked with over 300 clinics and hospitals around the state of California and operate the state's telehealth resource center. He offered to speak to the Board about California and the trends within the state. He concluded by sharing some of those trends with the Board Members.

Dr. Bretan shared his experience with telemedicine. He confirmed that telemedicine is not telehealth. He opined that tele ads should be overseen by the Board and pointed out that the standard of care should not be sacrificed. He concluded with benefits of telemedicine including cost savings.

Ms. Lauren expressed her concerns over telemedicine. She highlighted the importance of patients approving their records even in telemedicine. She vocalized her worries that plastic surgeons begin in telemedicine and provided details of her own personal story. She explained that this could be very dangerous for consumers. Ms. Lauren echoed the concerns of other speakers and suggested that instead of to giving patients psychiatric drugs there could be other alternatives to work on trauma.

Dr. Gill shared that a major component of telemedicine is its use in corrections and he provided more details about this. He added that this needs to be looked at closely and there cannot be two standards of care. He pointed out the subject matter experts who drafted the model policy on telemedicine had

vested interests in drafting those policies. He concluded that there is a need to fix the Business and Professions Code before telemedicine can be addressed.

Agenda Item 11 Update on the Health Professions Education Foundation

Dr. Hawkins provided background into the Health Professions Education Foundation (HPEF) and gave updates on the prior year including total number of loan repayments and scholarship awards given. He shared the dates that HPEF loan repayment applications will be able to be submitted. He noted that the next round of Steven Thompson Loan Repayment applications will open in December 2019 and invited volunteers to help score applications. He announced that HPEF is accepting applications to award licensed medical professionals who are former foster youth. Dr. Hawkins discussed changes to the budget, resulting in increased funds for the scholarship programs.

Agenda Item 12 Discussion and Possible Action on Appointment of a Member to the Health Professions Education Foundation

Ms. Pines explained the role of HPEF and explained the Board needs to appoint another Member. She announced that Dr. GnanaDev has expressed interest in the position.

Dr. Lewis made a motion appoint Dr. GnanaDev to the Health Professions and Education Foundation; s/Dr. Friedman. Motion carried unanimously (11-0, Dr. Yip absent).

Agenda Item 23 Discussion and Possible Action to Amend Title 16, California Code of Regulations, Sections 1366.3, 1366.31, and 1379.07 Regarding Administration of Training for Medical Assistants and Approved Medical and Midwife Assistant Certifying Organizations

Ms. Webb reminded the Board that medical assistants and midwife assistants do not need to be certified to provide technical supportive services, nor do they have to go to school, as the law allows them to obtain on-the-job training. She elaborated that California law requires the Board to approve certifying organizations and requires that certifying organizations be nonprofit tax-exempt organizations.

Ms. Webb explained that the National Healthcareer Association (NHA) would like to be approved by the Board as a certifying organization, but they are a for-profit organization. She shared that the Board received a rulemaking petition to strike the requirement that medical assistant certifying organizations be nonprofit, contending that entity status as a non-profit tax-exempt organization bears no relationship to the quality of the certifying organization. She elaborated that the petitioner suggested requiring each organization to obtain accreditation from the National Commission for Certifying Agencies (NCCA) as well as requiring the organization to undergo psychometric program evaluations would be a better indicator of quality. She reported that after reviewing several nonprofit and for-profit medical assistants certifying organizations it appears that an organization's nonprofit status does not necessarily mean it will be less expensive than for-profit organizations. Ms. Webb highlighted, however, that nonprofit organizations do have disclosure requirements. She reminded Board Members that the Board approves for-profit medical schools and in 2020 there will be less of a

barrier for international medical schools to be approved. She concluded with recommending proposed changes to Tile 16 California Code Regulations (CCR) Sections 1366.3 and 1379.07 to update the language related to certifying organizations and a corresponding change to Section 1366.3 regarding the administration of training for medical assistants.

Ms. Pines asked Ms. Webb to go over the most critical changes.

Ms. Webb pointed out that the first change covers the shift in responsibility in terms of the oversight agencies. Second, the proposed change adds in the requirement that certifying organizations provide documentation that they are accredited by NCCA. Third, the rulemaking strikes the requirement that certifying organizations be nonprofit and tax-exempt. Fourth, the rulemaking streamlines what the Board requires organizations to look for in applicants. She shared that there are some currently recognized certifying organizations going through the process of accreditation by NCCA, and, therefore, there is a deadline to achieve NCCA accreditations by January 1, 2027.

Dr. Krauss made a motion to direct staff to prepare the necessary regulatory documents, to submit the documents to the DCA and the Business Consumer Services and Housing Agency for review. Upon the DCA and Agency approval, submit the documents to the Office of Administrative Law to notice the proposed regulatory language to amend Title 16 California Code of Regulations Sections 1366.3, 1366.31, and 1379.07, and to authorize staff to make non substantive changes to the language and respond to non-substantive comments during the rulemaking process without returning the matter to the Board; s/Dr. GnanaDev.

Dr. GnanaDev commented the Liaison Committee on Medical Education took away the nonprofit out of concern over liability, but without Medicare there is not that risk. He shared that be believes that the Board is doing the right thing.

Mr. Watkins recommended making an amendment to allow the public to request a disclosure from a for-profit organization to allow the continuance of public protection and transparency.

Ms. Webb responded that this is not done in other more significant contexts and the Board would not do anything with a disclosure. She highlighted that this is the importance of choosing a respected agency to provide the accreditation.

Mr. Perez, former Speaker of the California Assembly, vocalized his support for the Board striking the requirement for nonprofit status. He indicated that at the heart of this question is what yields the best evaluation to protect the interests of the professions being regulated and the public. He applauded the changes being made and felt encouraged in the recommendation. Mr. Perez concluded by noting that changing the role of nonprofits as proposed would help prospective professionals in the state by allowing a wider range of high-quality certification processes.

Ms. Langly, Education and Advocacy with the NHA, provided some background about herself, an overview of the mission and work at NHA, and explained how they support allied healthcare workers during and after their certification process. She expressed her organization’s support of the proposed amendments and shared the belief that change will ensure that organizations that certify medical

assistants are accredited and offer high quality medical assistant certification programs. She added that the current regulation uses a proxy to ensure that the certifying agency is legitimate and dedicated to the assessment. She concluded with reasons why NCCA would be a good choice for an accrediting agency.

Ms. Ny, Health Career College, provided insight into her organization. She expressed her support for the proposed changes and shared what a great job NHA has been doing.

Mr. Mosier discussed commerce and law. He explained that it is okay to have restrictions in the form of rules, since that is in the best interest of the public. He vocalized his concern about when legalese is used and decisions are made by public policy and not public law.

Motion carried (9-1, Watkins nay, Lawson and Yip absent).

Agenda Item 20 Update, Discussion, and Possible action of Recommendations from the Midwifery Advisory Council Meeting

Ms. Holzer, Midwifery Advisory Council (MAC), requested approval of agenda items, specifically, discussion on establishing goals in 2019 for the MAC, updates on midwifery related legislation, selection of chair and vice chair for the MAC, a presentation on the California Association of Licensed Midwives survey, a report from the MAC chair, an update on the midwifery program, and a presentation on data from the Licensed Midwives Annual Report (LMAR). She reported actions that were taken at the meeting on March 7, 2019. She identified that the MAC approved the administration procedures manual for the MAC, selected three new members to join the MAC, elected a vice chair, decided upon 2019 meeting dates, and received an update on midwifery legislation, the midwifery program, and the LMAR.

Dr. Lewis made a motion to approve the agenda for the next MAC meeting; s/Ms. Friedman. Motion carried (9-0-1, GnanaDev abstained, Lawson and Yip absent).

Agenda Item 24 Discussion and Possible Action to Amend Title 16, California Code of Regulations, Sections 1320 and 1321 Regarding Postgraduate Training

Ms. Webb informed the Members that Board staff has been working with DCA and the Office of Administrative Law regarding two overlapping rulemaking packages. She explained that the packages have been combined into one and identified changes that have been made. She explained that the initial rulemaking made amendments to allow the Board to give credit for applicants who went to postgraduate training programs accredited by the American Osteopathic Association (AOA) that had reached initial or pre-accreditation status with the Accreditation Council of Graduate Medical Education (ACGME). She noted that staff has been in contact with the AOA and confirmed that allopathic physicians are not going into these postgraduate training programs until they are fully accredited by ACGME. Ms. Webb explained that since this is not an issue, it will be taken out of the rulemaking packet.

Ms. Webb introduced additional clarifying changes that will bring sections 1320 and 1321 up to date with legislative changes. Specifically, under section 1320, it no longer reads two-year period, but now reads thirty-nine months. Additionally, there were clarifying changes for typos and the authorizing statutes were updated. Ms. Webb explained that in section 1321 the Board is clarifying that postgraduate training programs located in the United States, its territories, and Canada that are accredited by the accreditors the Board relies on will be approved. Additionally, changes were made to update the statutory authorizations based on the Board's new postgraduate training requirements, and the AOA references from the prior proposal were removed since they are no longer necessary.

Dr. Krauss made a motion to direct staff to submit the proposed regulations to the DCA and Agency for approval; once approved, to submit them to the Office of Administrative Law to formally notice these regulations; and to authorize staff to make any non-substantive changes to the language and respond to non-substantive comments during the rulemaking process without returning the matter to the Board; s/Dr. Hawkins. Motion carried unanimously (9-0, Lawson and Yip absent).

Agenda Item 22 Discussion and Possible Action on the Policy Regarding Utilization of Experts

Ms. Kirchmeyer explained that current policy dictates that an expert reviewer cannot be used more than three to five times per year, which for some specialties causes problems. Additionally, it limits the use of experts who are qualified and educated in the enforcement process and who provide reports that are well-reasoned, well-written, and provided in the correct format. She recommended that the Board eliminate this policy.

Dr. Hawkins made a motion to eliminate the policy regarding the number of times an expert may be utilized; s/Dr. Lewis.

Dr. Krauss asked about the motivation behind the policy.

Ms. Kirchmeyer explained that this issue was brought up by CMA and their perspective was that the experts being used were one-sided toward the Board. She explained that the Board was most likely over-utilizing certain experts because they could provide well-reasoned, well-educated reports and could testify well in court. She noted that the Board would always require an unbiased and objective report. Ms. Kirchmeyer pointed out that if there is an issue with an expert, the defense counsel could bring this up during the argument at hearing.

Dr. Mahmood suggested that the Board identify specialties that have a scarce number of reviewers.

Ms. Kirchmeyer explained that this is a statistic included in the packet. She detailed that it is an overall process and should be applied to all experts, since it is unknown, which specialty will have the most experts.

Ms. Webb explained that there is not a good reason to have an artificial barrier. She added that concerns about bias could be addressed at the hearing.

Ms. Rhee provided her personal story with medical experts and their biases. She questioned if things like this happen, how the Board will know about it. She urged the Board to hire experts that have experience in diversity in their education and background.

Ms. Lauren provided details of her case and listed the issues with her expert reviewer. She shared that she holds the Board responsible for losing her case since it enabled and empowered the expert in her case. She opined that many cases may have been dismissed unjustly because of the experts. She added that she knows many women harmed by him.

Motion carried unanimously (9-0, Lawson and Yip absent).

Agenda Item 27 Election of Officers

Ms. Pines asked for nominations for Secretary. Dr. Hawkins nominated Dr. Krauss. Nomination supported unanimously (9-0, Lawson and Yip absent).

Ms. Pines asked for nominations for Vice President. Dr. Krauss nominated Dr. Lewis. Nomination supported unanimously (9-0, Lawson and Yip absent).

Ms. Pines asked for nominations for President. Dr. Krauss nominated Ms. Pines. Nomination supported unanimously (9-0, Lawson and Yip absent).

Agenda Item 18 Update from the Attorney General's Office

Ms. Castro explained the relationship and the role of the AG's Office for the new Board Members. She reported that her staff has assimilated into the hand-off model and notified the Board that the AG's Office has requested a six-month lead to process the cases. She discussed the fee increase and stressed costs that are outside of the control of the Board and provided examples. She pointed out that the Board does not collect investigative or prosecution costs. Ms. Castro confirmed that she does look at the bills and assured Board Members that the AG's Office tries their best to reduce costs and make intelligent assignments. She provided an update on SB 1448 and shared that they have been able to identify cases in earnest that are going to require probation notification either in settlement or at hearing. She concluded her report with a staff update.

Dr. GnanaDev commented that he understands the fee increase, but the numbers for paralegal and the research analyst were concerning. He asked how these numbers were decided.

Ms. Castro pointed out that the senior consultants were not consulted as to what the number should be. She shared that there were quicker settlements when the time was not being subsidized by the Board and the lawyer was being paid hourly.

Dr. GnanaDev asked which part of the AG's Office decided on the rates.

Ms. Castro answered the budget office.

Dr. GnanaDev vocalized his other concern that there are over 30,000 physicians that do not live or practice in California, but they have a California license. He suggested that people may no longer keep this license if they are not practicing in California. He wondered if fees increased with the loss of vertical enforcement.

Ms. Castro confirmed that every section will get the same billing rate.

Dr. Mahmood asked if there is any rule or regulation that limits the amount that costs can go up.

Ms. Castro commented that she has no depth of knowledge on the issue.

Ms. Rhee suggested that new attorneys be interviewed and opined that they are costing the Board more money than they should. She provided her own personal story with examples. She pointed out that the decisions that the AG's Office made resulted in thousands of dollars.

Dr. Gill commented that an important task given to the AG's Office is to revoke or suspended licenses and both of these actions are required to take away constitutionally protected property. He added that they expect the AG's Office to do their job properly and there is a cost attached to it. He suggested to hire more non-sworn investigators and explained his reasoning. He agreed with Dr. GnanaDev that there will be licensees that will no longer carry their license in California, which will have an effect on the budget.

Agenda Item 17 Overview of California Maternal Mortality and Morbidity Rates and Initiatives

Ms. Pines explained that the presenter could not make it to the meeting but the presentation will be scheduled for the Board meeting in November in San Diego.

Agenda Item 19 Update from the Health Quality Investigation Unit

Mr. Chriss provided an update on staffing for the HQIU. He shared that they have multiple candidates in background for every field office vacancy in order to prepare for any future vacancies and have created a task force to help with case aging. He projected that the task force will greatly influence the case aging times.

Dr. Lewis asked for more specifics on case aging.

Mr. Chriss explained that with ten staff on the task force, the projection is to be able to bring the backlog down in two years.

Dr. Lewis inquired if retired annuitants could be only used for a certain amount of time.

Mr. Chriss confirmed that they can work about half time during the year. He shared that they have been on other task forces within DCA and have been effective.

Ms. Rhee provided an update on the federal lawsuit against HQIU. She expressed that lives are on the line and this is why the lawsuits were filed. She shared that the reason why cases are taking a long time to process is because they are trying to make that circle fit into a square opening and compared this to her personal experience.

Agenda Item 26 Update from the Department of Consumer Affairs, which may include Updates on the Department's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, as well as Legislative, Regulatory, and Policy Matters

Mr. Le welcomed Dr. Thorp, Mr. Watkins, Dr. Mahmood, and Dr. Casillas. He stated the Governor's Office continues to search for a Director for DCA and promised that he would keep the Board Members apprised of any new developments. He informed Board Members that the last Director's quarterly meeting was on June 3, 2019. He announced that the executive officer salary study was completed and released July 2019 and the next step is that DCA will set up one-on-one meetings with the executive officers and board presidents to discuss program specific findings. He concluded with his final update that the Board Member Orientation Training, will take place in Sacramento on October 23, 2019, and all Board Members and staff must complete their sexual harassment prevention training in 2019.

Ms. Rhee expressed that Black Patients Matter do not want to be marginalized and hope to work with Board Members to update and develop legislation. She explained that Black Patients Matter has a lawsuit against DCA since they marginalized them.

Agenda Item 21 Update on the Stem Cell and Regenerative Therapy Task Force

Dr. Hawkins provided an overview of the creation of the Stem Cell and Regenerative Therapy Task Force. He detailed that in April 2019, the Board staff met with CDPH to discuss collaboration, potential legislation, and investigating complaints regarding these practices.

Dr. Krauss announced that in June 2019, the task force members met with Board staff to discuss oversight options and next steps to protect California consumers, which included the development of educational materials, exploring outreach opportunities, and developing best practice guidelines. Additionally, the task force considered the need for guidance for informed consent and the need for adverse event reporting. He concluded by sharing that there will be an interested parties meeting on September 18, 2019, in Sacramento to receive feedback from consumers, experts, and stakeholders to assist in the development of materials and guidelines.

Dr. Gill provided the history of Prop 71, which claimed that nearly half of California families could benefit from stem cell treatments. He explained that with the passage of Prop 71, it created CIRM, which is currently running out of funds. He explained some of the issues that CIRM has presented include unrealistic hopes and failures from reputable researchers. He added that there has been a proliferation of clinics offering unproven and dangerous therapies.

Agenda Item 25 Presentation on the Posting Requirements for Public Documents

Ms. Kirchmeyer explained that there are public disclosure laws that dictate what the Board must post on the website and what information must be available to the public. She provided the example of a physician's profile. She added that there is a section of the law that explains what information is available to the public upon request. She introduced a guidance document that is published on the Board's website and provides information by document type as to what information is available and where it is available. She noted some documents are posted for a limited time or cannot be found online as prescribed by law, but these documents can still be requested from the Board.

Ms. Kirchmeyer identified that the public documents for a suspension or a restriction order are only available online while it is active and typically, there is a decision to follow. She highlighted accusations and petitions to revoke probation and noted that these documents will remain on the website until the final disposition is effective. She detailed that if an accusation is withdrawn, it is removed from the website and purged within a year. Ms. Kirchmeyer explained that disciplinary documents, for the most part, are on the website indefinitely. However, if it is a public reprimand it will remain on the profile for ten years. She noted that currently information regarding probationary licenses is on the website until probation is completed. She added that citation information is on the website up to three years after it has been completed. She shared that public letters of reprimand issued a licensure will be on the website for three years and are purged after that. Ms. Kirchmeyer provided additional information about judgments, malpractice settlements, felony convictions, and 805 reports.

Agenda Item 28 Future Agenda Items

Dr. GnanaDev requested an update from Board staff on licensing fees in other states and information on what states recover the costs from an investigation.

Dr. Hawkins requested more information on telemedicine.

Dr. Halstead spoke to the rise in incidences of autism. He offered to provide a presentation to the Board on what autism is, the various components of it, and highlight epigenetics, genetics, and the environment.

Ms. Rhee requested more information on the telehealth network.

Ms. Knecht asked that the bill on conflicts of interest and financial disclosure be discussed at the next meeting and offered to provide additional information.

Ms. Pines requested an overview of autism from both a national and statewide perspective.

Dr. Gill requested a presentation on telemedicine and asked that it be presented by Board staff. He requested that this presentation discuss what is telemedicine versus telehealth and elaborate on what rulemaking is needed to have uniformity in application of standard of care.

Agenda Item 29 Adjournment

Ms. Pines adjourned the meeting at 2:46 p.m.