



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

WebEx Online February 10 – 11, 2022 MEETING MINUTES

Thursday, February 10, 2022

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

Members Present:

Kristina D. Lawson, J.D., President
Dev GnanaDev, M.D.
Randy W. Hawkins, M.D., Vice President
James M. Healzer, M.D.
Laurie Rose Lubiano, J.D., Secretary
Richard E. Thorp, M.D.
Eserick "TJ" Watkins
Felix C. Yip, M.D.
Asif Mahmood, M.D.
David Ryu

Members Absent:

Alejandra Campoverdi
Ryan Brooks

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

Ms. Lawson called the meeting of the Medical Board of California (Board) to order on February 10, 2022, at 2:04 P.M.

Ms. Lawson gave opening remarks, welcoming everyone to the Medical Board of California's first quarterly meeting of 2022.

A quorum was present and due notice was provided to all interested parties.

Agenda Item 2 **Public Comments on Items not on the Agenda**

Ms. Farr stated she has concerns about the California Medical Association (CMA) having more lobbying power than the Board. Ms. Farr requested the Board include trauma informed care into Continuing Medical Education (CME).

Ms. Susan Lauren requested the Board to prohibit Board Medical Experts to testify against victims in court.

Dr. Rhee commented on Board Medical Experts and Medical Consultants having no significant work history in racial or religious diversity. Dr. Rhee stated that state attorneys are not utilizing Board Certified Physicians in court.

Ms. Marian Hollingsworth of The Patient Safety League urged the Board to talk to advocates to help protect patients from harm.

Ms. Kristen Ogden of Families for Intractable Pain Relief commented on the draft of the guidelines for prescribing opioids. Ms. Kristen Ogden requested the Board to work on the revision of the California's Prescribing Guidelines.

Mr. Eric Andrist of the Patient Safety League spoke on the ongoing Los Angeles Times articles about the Board. Mr. Andrist expressed his frustrations about the cancelled stakeholder meetings.

Ms. Jules Coda thanked the Board for the opportunity to listen to the meetings and the opportunity to speak and ask questions. Ms. Coda asked about the process and protocols regarding complaints.

Agenda Item 3 Presentation on Chronic and Intractable Pain Treatment – Dr. Sean Mackey

Dr. Sean Mackey, Chief of the Division of Pain Medicine, and Redlich Professor of Anesthesiology, Perioperative and Pain Medicine at Stanford University, began by thanking the Board and the patient advocates who expressed their voices requesting a presentation about the issues around chronic pain and intractable pain.

Dr. Mackey discussed various cases of relevance to the Board, attendees, patient advocates, and healthcare consumers surrounding the management of opioid-use patients, chronic pain patients who are weaned off opioids due to external pressures, and chronic pain patients with difficulties decreasing their pain.

Dr. Mackey lost connection to the Board Meeting.

Ms. Lawson advanced the meeting to Agenda Item 4.

Dr. Mackey resumed presentation explaining the term intractable pain, and the data and costs of Californians living with chronic pain.

Dr. Mackey summarized the data that has been collected on chronic pain, noting the diversity surrounding opioid use.

Dr. Mackey discussed comprehensive management of chronic pain and what that involves, relaying the medications used to target pain and a comprehensive approach to pain

management by discussing Interventional Pain, Physical Therapy, Psychological Therapy, Complementary and Alternative Medicine (CAM), and Multidisciplinary Pain Management.

Dr. Mackey stated the need to improve population research, reduce disparities, increase the accessibility and quality of pain care, and better incentivized and pay for high quality, multidisciplinary comprehensive care. He elaborated on the need for an improved level of education for all providers, along with a national public awareness and information campaign about the impact and seriousness of chronic pain.

Dr. Mackey discussed opioid tapering, saying it's not right for all patients and needs to be completed in a compassionate, patient-centered way.

Dr. Mackey closed his presentation by asking for any questions.

Ms. Lawson thanked Dr. Mackey for his presentation and asked the Board members for any questions.

Dr. GnanaDev thanked Dr. Mackey for presenting and asked about Transcranial Magnetic Stimulation (TMS) treatment for pain.

Dr. Mackey replied that TMS is being refined and he is optimistic that TMS will serve as one additional tool.

Dr. Healzer thanked Dr. Mackey for his presentation and asked for his comment on the Board's Guidelines on Prescribing Controlled Substances and their impact on pain management in California.

Dr. Mackey stated he's very happy it's being revised and said the guidelines are overdue for revisions. Dr. Mackey disclosed that he will be playing a role in the revision of the guidelines.

Mr. Ryu thanked Dr. Mackey for the presentation and asked him to expound on the data showing the decrease of prescription opioid abuse, while illicit drug use has increased in California.

Dr. Mackey replied that the fentanyl use is exploding and that we should not stop worrying about prescription opioid use but ensure that we have good guidance on how to prescribe opioids.

Mr. Ryu asked about the perverse incentives that affect pain management.

Dr. Mackey stated that primary care physicians experience production pressures, seeing large numbers of patients which unfortunately incentivized doctors. He stated that it takes time to understand a person living with pain.

Mr. Ryu asked how to obtain information or access resources to help identify an abusive prescribing doctor from a doctor trying to help their patients.

Dr. Mackey replied by stating there needs to be more education about the language of addiction and pain management.

Mr. Ryu asked Dr. Mackey to provide recommendations offline on reading materials or educational materials on pain management.

Dr. Hawkins asked for recommendations for physicians and Board members interested in Pain Management.

Dr. Mackey replied that policies will be outside the purview of the Board, saying the main thing for physicians is time, listening to patients, and working collaboratively with specialists.

Dr. Thorp thanked Dr. Mackey for speaking on the issues concerning the Board.

Dr. Mahmood thanked Dr. Mackey for the presentation and asked about best practices when tracking the progress of positive or negative outcomes of pain management.

Dr. Mackey responded saying the prevalence of chronic pain will only get larger since people are living longer – chronic pain is a consequence of the modern miracles of medicine.

Dr. Mackey stated that better quality data is needed to develop metrics and integrate them into the Learning Health Care Systems. He stated the importance of educating physicians and the public living with pain.

Ms. Lubiano thanked Dr. Mackey for the presentation and asked his recommendations to help the Board prioritize developing the guidelines on pain management.

Dr. Mackey stated that speeding up the development of the guidelines would be beneficial. He elaborated that a communications campaign to physicians would be beneficial regarding the practice of medicine when prescribing opioids. Dr. Mackey would like Sacramento to take a leadership role in pain crisis advocacy.

Ms. Lawson asked for public comments.

Ms. Kristin Ogdon thanked the Board for providing the presentation, stating Dr. Mackey was an excellent choice. Ms. Ogden commented on the definition of high impact chronic pain and intractable pain. Ms. Ogden detailed the stigmatization of opioids for pain medication and would like education for doctors and the general public on how to be more compassionate and considerate for those taking opioids as pain medication.

Ms. Susan Lauren thanked the Board and Dr. Mackey for putting together the interesting presentation. Ms. Lauren discussed her work as a licensed massage therapist and cognitive behavioral therapists and urged the Board to pass legislation to cover massage therapy and as an ongoing means for wellness and pain management.

Ms. Andrea Anderson offered a suggestion to the Board, asking them to connect with the Texas Medical Board president, who sent a letter to all physicians with guidelines for interpreting safe prescribing in Texas.

Dr. Hannah Rhee thanked Dr. Mackey for the presentation and including implicit bias disparities and diversities and encouraged California physicians to see patients from diverse background.

Ms. Farr thanked Dr. Mackey and asked if doctors know the guidelines surrounding chronic pain. Ms. Farr stated she was a chronic pain patient for over three years, and said it took over 130 medical professionals to fix her pain. She elaborated on the frustration of post-traumatic stress disorder from pain and expressed that doctor need to be trained in trauma.

Ms. Ann Paquette thanked Dr. Thorp and the other Board members for placing the topic of chronic intractable pain on the agenda. Ms. Paquette stated she is an opioid therapy success story, yet has had trouble finding a physician in her home state. Ms. Paquette stated she hopes California will take a leadership role regarding opioid prescribing and noted she would like to participate as a stakeholder to revise California's controlled substance guidelines.

Ms. Rosie Arthursdotter commented in response to Dr. Mackey's presentation when he said more high-quality data is needed. Ms. Arthursdotter stated everyone is looking to make more money when more data is needed, and the patient is forgotten in the end. She asked the Board to place regulations regarding intractable pain on its website, so physicians have access to the law.

Ms. Lawson asked if the Board had any final questions or comments.

Board Executive Director, Mr. Bill Prasifka thanked Dr. Mackey for the presentation and generosity of his time and expertise. Mr. Prasifka stated California has many unique problems that the Board is working with Dr. Mackey on to create guidelines addressing the problems.

Ms. Lawson thanked Dr. Mackey for the extraordinary presentation, and asked Dr. Mackey to send his PowerPoint presentation to the Board members.

Agenda Item 4 Approval of the Minutes from the November 18 – 19, 2021 Quarterly Board Meeting

Ms. Lawson asked if there were any additions or corrections to be made in the Board minutes.

Mr. Watkins noted a few modifications to the November 18 – 19, 2021 Board minutes, but could not elaborate on the specific items that need be revised at this time.

Ms. Lawson asked if there were any other members with additions or corrections to the Board minutes.

No other Board members had additions or corrections to the Board minutes and Ms. Lawson announced a motion to approve the November 18 – 19, 2021 Board minutes, indicating that the Board revisit Mr. Watkins's comment after the public comments to allow Mr. Watkins to identify his additional comments.

Dr. Hawkins moved to approve the November 18 – 19, 2021 meeting minutes/S: Dr. Thorp

Ms. Lawson asked for comments from the public.

Dr. Rhee thanked the Board for hearing her concern about the meeting minutes.

No additional Public Comments.

Ms. Lawson asked Mr. Watkins if he is able to identify the additions or corrections to the Board meeting minutes.

Mr. Watkins specified that the correction he would like to make is on Agenda item 5, in the last paragraph of the statement. Mr. Watkins requested to change the last sentence to “Even though the Board is failing consumers and continues to tip the scales in favor of doctors.”

Ms. Lawson thanked Mr. Watkins and asked Dr. Hawkins and Dr. Thorp if they were okay amending their motion to include Mr. Watkins’ correction.

Dr. Hawkins answered yes.

Dr. Thorp echoed yes.

Motion carried 9-0

Agenda Item 5 President’s Report, including notable accomplishments and priorities – Ms. Lawson

Ms. Lawson thanked everyone for joining the first quarterly meeting of the year and wished everyone a happy new year. Ms. Lawson stated since the last Board meeting, her and Dr. Hawkins worked closely with Board staff on legislative proposals approved at the November meeting. Ms. Lawson elaborated that she believes the Board has an opportunity to make a difference in the upcoming legislative cycle and she looks forward to working with Board members and Board staff to enact changes that will assist in fulfilling the Board’s mission of protecting consumers and promoting access to quality medical care.

Ms. Lawson stated it is the duty of the Board to protect the public from misinformation and disinformation by physicians, noting the increase in the dissemination of health care related misinformation and disinformation on social media platforms, in the media, and online, putting patient lives at risk and causing unnecessary strain on the healthcare system.

Ms. Lawson elaborated in July of 2021, the Federation of State Medical Boards released a statement saying physicians spreading misinformation or disinformation risk disciplinary action by their state medical board.

Ms. Lawson thanked the public members who offered productive critical feedback, and welcomed suggestions for improvement, stating some public members choose to approach the Board members and staff with incivility and terrorizing tactics, which no one should be subjected to for doing their job. Ms. Lawson thanked Board staff and law enforcement, including the California Highway Patrol, who ensure everyone’s safety.

Ms. Lawson requested comments from the Board members.

Dr. Thorp thanked Dr. Hawkins and Ms. Lubiano for their excellent work.

Ms. Lawson asked for public comments.

Ms. Susan Lauren agreed with Ms. Lawson regarding the spreading of misinformation and disinformation being a problem. She requested the Board reprimand such physicians and asked the Board to create legislative updates. Ms. Lauren said she looks forward to the action the Board will take protecting the public.

Ms. Rosie Arthursdotter asked why the Board removed references to the intractable pain act from its website and guidelines, stating it is information the public needs to know. She said the laws and regulations meant to protect the public are not being utilized.

Ms. Webb stated there is still a link to the Board's laws, the Medical Practice Act, and other provisions of laws the Board uses on its website.

Dr. Rhee commented that Ms. Lawson's appreciation for the California Highway Patrol's involvement was inappropriate.

Mr. Andrist stated he sent a public records request regarding the Board's interaction with the California Medical Association when discussing legislative proposals. Mr. Andrist remarked that omission of information is disinformation regarding matters at the Board.

Ms. Farr echoed a previous comment requesting accurate information not only for vaccines and COVID-19, but also cosmetic procedures. Ms. Farr mentioned she was grateful for Ms. Lawson's safety, but that she felt uncomfortable watching Ms. Lawson receive law enforcement aid and news media attention when the news media will not listen to her story.

Ms. Hollingsworth, with Patient Safety Advocate, requested an answer on the process of cases regarding COVID-19 misinformation and disinformation, if the Board was pushing the cases through quicker than other complaints.

Ms. Coda commented on how informative the Board meeting has been and applauded Ms. Lawson for handling her situation with grace. Ms. Coda said she looked at what the Board is doing to create a liaison program to help filter complaints, along with introducing new legislation with consumer input and is grateful for the steps the Board is taking. Ms. Coda requested more information on the CURES reporting system.

Ms. Lawson asked if the Board members had any comments.

Mr. Ryu thanked Ms. Lawson for her hard work, grace, compassion, and demeanor saying the board leadership position is one of the most difficult, and that Ms. Lawson has gone above and beyond in her role.

Agenda Item 6 Board Member Communications with Interested Parties – Ms. Lawson

Ms. Lawson shared on behalf of Ms. Campoverdi, that Ms. Campoverdi wrote letters to Senator Hurtado and Assemblymember Lee to discuss the Board's legislative proposals. Ms. Lawson said that she has also had meetings with a number of stakeholders herself, and she receives public inquiries regularly forwarding to Board staff to the extent they need follow up.

Dr. Hawkins mentioned that he recently participated in a Food and Drug Administration (FDA) webinar from the FDA Center for Tobacco Products with the topic of rule-making process and prohibiting menthol flavor in certain products. He stated anyone interested can reach out to fda.gov.

Dr. GnanaDev said he regularly communicates with his local legislators, and that he spoke with his two local assemblymembers on AB 1400.

Dr. Thorp stated he met with the chapter of American College of Physicians on January 12, 2022, to discuss the need for expert reviewers and have them reach out to their membership to encourage participation in expert reviewer training for the Board.

Dr. Mahmood remarked he launched a campaign to run for congress in District 40, but that his political work is separate from his work on the Board.

Ms. Lawson asked for public comment.

At Ms. Lawson's request, Ms. Webb gave a brief overview of the agenda item for public comment saying it is to alert the public if board members have had communication on items that may be coming before the Board for a decision.

Dr. Rhee, with Black Patients Matter, commended and congratulated Dr. Mahmood for running for congress.

Dr. Gill, a physician at UC Davis Medical Center and member of the American College of Physicians, thanked Dr. Thorp for speaking to their group, saying they passed along the information about attending expert reviewer training, and thanked Dr. Thorp for his service.

Agenda Item 7 Updates from External Stakeholders

Ms. Castro gave an update on the California Attorney General's Office (AGO), saying they published their Fiscal Year 2020-2021 data, available on their website at oag.ca.gov. Ms. Castro thanked the Board's Chief of Enforcement, Jenna Jones for assisting with pertinent information on administrative outcomes for cases.

Ms. Nichols provided an update on the Division of Investigations Health Quality Investigation Unit. She mentioned there are currently 13 investigator vacancies, which is a 16 percent vacancy rate, with 15 candidates in background. She stated they intend to immediately fill the vacancies. Ms. Nichols shared the promotion of Joe Vaughn, to their Southern Area Commander position. She stated Thomas Morris was appointed to handle commander duties for the Los Angeles Metro Area.

Ms. Nichols then shared they have implemented process improvements to reduce timelines, with receiving certified medical records being the most frustrating time delay. She said they recently added a fifth analyst position for their Expert Procurement Unit, which will be responsible for obtaining correct medical record certifications, creating more efficiency in the process.

Ms. Nichols shared a graph detailing the reduction in pending workload and number of cases. She stated all investigators received training with the AGO regarding subpoenas, subject interviews, and expert review. She noted there was a statewide medical consultant meeting in January 2022, which included training on good cause for subpoenas, and said a training on sexual misconduct training for all investigators was scheduled for the spring. Ms. Nichols concluded that they are tracking all investigative hours for cost recovery effective January 1, 2022, thanking the DCA BreEZe team, and the Board's ISB and Data teams for the quick roll out.

Ms. Holmes, the Deputy Director of Board and Bureau Relations at DCA, thanked Board members for allowing her to present a department update – thanking all DCA Board members and staff who continued to serve through the pandemic. Ms. Holmes stated DCA has continued health and safety mandates to protect employees, consumers, and the community from the spread of COVID-19. She mentioned state employees must show proof of vaccination or be subject to regular testing if working or meeting on site. Ms. Holmes shared other various COVID-19 guidelines for state workers including face covering guidelines.

Ms. Holmes mentioned the executive order signed by Governor Newsom allowing boards to meet remotely through March 31, 2022. She said DCA boards and bureaus have recognized the benefits of this, including greater public participation and reduced costs. Ms Holmes said on January 31, 2022, Assembly Bill 1733 was introduced which would permanently allow state bodies to meet remotely while requiring both virtual and physical options for members of the public to participate, but that boards need to prepare for the possibility of an in-person meeting after March 31.

Ms. Holmes said Director Kirchmeyer continues to lead DCA towards continual improvement and excellent service. She announced Tonya Corcoran's selection to serve as the department's first Compliance and Equity Officer effective March 2, 2022, providing leadership and policy direction related to quality improvement measures and improving DCA's organizational equity culture.

Ms. Holmes mentioned DCA's recent Enlightened Licensing Project, created in 2020, to utilize licensing subject matter experts within the department to help individual boards and bureaus streamline their licensing processes.

Ms. Holmes provided an update on DCA's efforts to establish an enforcement monitor created by Senate Bill 806, which will provide an unbiased review of the Board's enforcement program and provide recommendations.

Ms. Holmes closed with a final reminder that Board members have training and reporting requirements each year and are required by law to file a form 700 disclosure.

Ms. Lawson thanked Ms. Castro, Deputy Nichols, and Ms. Holmes for their updates, and asked for any comments from Board members.

Dr. GnanaDev thanked Ms. Nichols for her presentation, saying he is thrilled to see the timeline and numbers going down, and asked for the reasoning.

Ms. Nichols responded that they are getting their staffing filled, along with looking at the process itself and finding where delays are happening in order to create solutions which will speed up the timelines.

Dr. GnanaDev asked if the respondent attorneys are aware there is a cost recovery.

Ms. Nichols responded that she is hopeful they will be aware, and the more investigative hours that are added to the case, the more money it will add to the cost recovery.

Mr. Watkins asked Ms. Nichols what the most common failure was that effects investigations.

Ms. Nichols responded saying the two biggest issues that cause delays in investigations is their ability to receive timely certified medical records and the ability to interview all the witnesses.

Mr. Watkins asked Ms. Castro if she had any guidelines the board members may use to bring them closer to following the disciplinary guidelines. . Ms. Castro suggested Mr. Watkins speak with MBC staff and Ms. Lawson regarding suggestions to change the process. Ms. Castro also explained the AGO is trying to be fair and unbiased and is not pro doctor or pro patient, that the AGO represents DCA as a whole and follows the guidelines set forth by DCA. Ms. Castro also recommended Mr. Watkins watch Ms. Webb's May 2021 presentation on the enforcement process. Ms. Castro reminded Mr. Watkins of the standard of care presentation from August 2020 and also reminded him that she reports this information at each Board meeting. Ms. Castro referred Mr. Watkins to agenda item 9B for statistics and suggested he speak with Ms. Jones regarding stipulations. Ms. Castro also explained the statistics published by the AGO regarding public reprimands, revocations, and surrenders. Ms. Castro provided Mr. Watkins with additional information on the process followed by the AGO and the guidelines provided by DCA. Ms. Castro again suggested Mr. Watkins share the statistics he is referencing and offered to answer any questions he may have regarding them. Finally, Ms. Castro thanked Mr. Watkins for his comments and suggestions on how to improve.

Mr. Watkins followed up by letting Ms. Castro know the presentation by Ms. Webb on the standard of care is what would happen in a perfect world but is not what happens in any way shape or form. Mr. Watkins further stated that the number of public reprimands speak to that and trend toward benefiting doctors. Mr. Watkins offered to provide his data and in return that Ms. Castro put out the AGO's numbers highlighting the primary reason given for those public reprimands. Mr. Watkins indicated the number of public reprimands is too high and it does not serve the public. Mr. Watkins articulated this question was an attempt to find a common ground which we did not find and that things will not change. s. Castro reiterated the guidelines and informed Mr. Watkins there are these guidelines and the law to assist with cases.

Ms. Lawson inquired as to any additional questions by Board Members for the presenters.

Mr. Ryu asked Ms. Nichols about the provided graphs regarding workloads and investigations. He asked for clarification on the number of pending cases.

Ms. Nichols confirmed Mr. Ryu's understanding of the graph and confirmed the number of pending cases.

Ms. Lawson once again inquired as to any additional comments or questions by Board Members before opening up for public comment.

Seeing no additional requests from Board Members, Ms. Lawson opened up the public comment period.

Ms. Coda agreed with the comments made by Mr. Watkins and commended the AGO for the reduction in the caseload. Ms. Coda pointed out the case triage process and asked if there was a reason more serious cases, like sexual abuse, child issues, or death can't be sent directly to law enforcement as that could be a way to reduce the caseload further. Ms. Coda admitted she is not an attorney and asked if there was a way to offload these cases to law enforcement so the Board can focus on protecting the public. Ms. Coda reminded the Board her family is involved in a case against a physician and thanked Mr. Watkins for speaking up on these topics. Ms. Coda also thanked Ms. Lawson for her receptiveness and noted her interest in upcoming legislation.

Ms. Arthursdotter asked Ms. Castro about the removal of notice to certain laws and regulations regarding the intractable pain act. Ms. Arthursdotter noted that disciplinary cases with intractable pain is the issue, the cases are not prosecuted, or physicians disciplined because the case is not completed. Ms. Arthursdotter noted that there needs to be more of a review of these cases.

Dr. Rhee accused Ms. Castro of lying and retaliating against her regarding her cases to keep her from filing a lawsuit. Dr. Rhee also suggested the presenters should not be grouped together due to time constraints for public comment.

Dr. Rhee also accused Ms. Nichols of lying regarding the time it takes to resolve cases in order to fit a criteria when the AGO determines they want to go after a physician and not delay those cases.

Mr. Andrist commented on Ms. Castro's responses to Mr. Watkins regarding public reprimands. Mr. Andrist suggested that public reprimands should never be used for first-time doctors whose patients died. Mr. Andrist suggested this is a conflict of interest between the AGO and DCA director. Mr. Andrist reminded the Board of accusations of the Board targeting black physicians and reminded the Board that his complaints have not been resolved to his satisfaction. Mr. Andrist commented on Ms. Coda's comments letting her know he's been around for five years and suggested she has no right to comment against any other criticism of the Board. Mr. Andrist suggested that Ms. Lawson has a political agenda and that she did not participate in Board matters until she became President.

Ms. Lauren thanked Mr. Watkins for his comments and commented on her experience with cosmetic procedures and suggested that surgical assault should be included in the more serious of cases.

Ms. Farr commented that surgical assault is preventable, and the Board did nothing about it. Ms. Farr also commented on the responses to Mr. Watkins' comments. Ms. Farr also noted that she was threatened into removing a Yelp review of a surgeon and indicated that medical records are falsified, and because there is not enough evidence, the cases are closed. Ms. Farr also commented that her medical records are false. Ms. Farr also addressed Ms. Coda's comments supporting the Board.

Tracy also thanked Mr. Watkins for his comments and for asking the needed questions regarding medical negligence.

Ms. Lawson noted there were no additional comments and moved on to the next agenda item.

Agenda Item 8 Updates from External Boards

Ms. Loretta Melby, Executive Director of the California Board of Registered Nursing, provided an update on the implementation of AB 890, the pathways to independent practice for Nurse Practitioners (NP). At the NPAC meeting it was voted to not have a naming convention for the NPs who are independent in healthcare facilities or group settings. Ms. Melby indicated that independence means the NP is operating without a standardized procedure. Ms. Melby also reported that NPs can work independently in a private practice under a national certification. Ms. Melby also noted the Board is continuing to work on the use of disciplinary guidelines for NPs and Nurse Midwives and will begin the regulations process with the Office of Administrative Law as required by AB 890.

Ms. Lawson thanked Ms. Melby and asked for Dr. Hawkins' update on the Physician Assistant Board (PAB).

Dr. Hawkins reported the PAB met virtually and referred the Board to the PAB homepage and provided directions on accessing the agenda materials and approved minutes. Dr. Hawkins encouraged Board staff to view the meeting minutes and highlighted agenda items.

Ms. Lawson thanked Dr. Hawkins for his report and asked Board Members if they had any comments for either Ms. Melby or Dr. Hawkins. Seeing none, Ms. Lawson opened the floor up for public comment.

Ms. Arthursdotter commented on the NP report noting she was concerned for NPs working in pain management due to doctors farming duties out to the NPs. She noted that the quality of care isn't high due to lack of supervision. Ms. Arthursdotter indicated medical records are not reviewed properly, or at all. She also noted the medical records were incorrect and also NPs were often disciplined right out of school, and it was never disclosed. Ms. Arthursdotter noted that if this was the case, she is concerned that NPs shouldn't be practicing independently so soon after graduating.

Ms. Coda thanked the Board for allowing her to comment and noted that her participation has been informative. She asked Ms. Melby about background checks on people who apply to become NPs. She informed the Board that her sister died due to overprescribing by a NP and indicated there are other family issues due to NPs not being vetted properly. Ms. Coda noted that she is trying to understand the process.

After confirmation of no further public comment, Ms. Lawson asked the Board if there were any additional comments. Seeing none, Ms. Lawson proceeded to the next agenda item.

Agenda Item 9 Executive Management Reports

Mr. Prasifka noted there are three lengthy items to report on.

Mr. Prasifka began with the administrative report. He noted that the implantation of SB 806 caused changes to the Board's processes and staff has had to be proactive in meeting with stakeholders in order to make these changes as seamless as possible. Mr. Prasifka acknowledged an ambitious legislative agenda that also involves a great deal of public outreach. He noted that staff is working closely with stakeholders, the AGO, and HQIU on these changes.

Mr. Prasifka reported staffing updates and indicated the Board is working hard to fill staff vacancies.

Regarding the Board's budget, Mr. Prasifka noted that the Board Members are familiar with the position the budget is in. He reported that the Board's reserve is at 1.9 months but indicated the Board will need additional funds beyond the existing revenue. Mr. Prasifka said he is working toward an increase in registration fees to cover the deficit.

Mr. Prasifka provided an update to the COVID-19 response, noted the new edition of the Board's newsletter has been posted and there has been a great deal of outreach regarding SB 806. Mr. Prasifka said the Board is providing live webinars briefing licensees and stakeholders about the changes and issued a memo to members of the legislature providing information about the Board's legislative proposals.

Mr. Prasifka provided an update on the complaint tracking system and noted the work with DCA on creating a more comprehensive presentation for the next Board meeting.

Mr. Prasifka indicated the changes to the physician survey is on hold due to pending legislative changes.

Mr. Prasifka noted the print-at-home wallet license generator is progressing and that Webex trainings for the medical expert program are moving forward and is a high priority.

Mr. Prasifka moved onto the enforcement report noting that there were challenges due to the Purdue Pharma case requesting medical records that were subpoenaed in 2021.

Mr. Prasifka noted the litigation hold was lifted and the 700 boxes of documents were memorialized and then purged. Mr. Prasifka said it took 60 staff members two weeks to complete this project, which caused other duties to shift to the background.

Mr. Prasifka indicated that staff is working closely with HQUI to reduce case timelines and bring cases to a timely conclusion as quickly as possible. He noted a list of stipulations was provided to the panels for review and included all issues raised regarding the management of complaints and how complaints are closed. He noted that close to half of the complaints are closed due to unactionable items – items that fall out of the Board’s jurisdiction, redundant complaints, complaints without enough evidence, etc. He reported there are 611 active expert reviewers and that it is an almost full-time job. He said the Board is actively looking for additional expert reviewers and working to train them.

Mr. Prasifka reported the average number of days to initiate a complaint is five days and there has been significant improvement over the last six months due to concern by the Board Members regarding interactions with complainants and staff has been proactive in this respect. Staff has identified a number of milestones to communicate with complainants on and staff has been training and monitoring outcomes. Mr. Prasifka noted that staff is being trained when milestones on cases are not communicated and staff is being educated.

Regarding licensing, Mr. Prasifka reported there are also changes to licensing requirements due to SB 806. However, due to this additional workload, staff is still diligently working on reviewing the Physician Training License and Physician and Surgeon license applications within the statutory timelines. Mr. Prasifka reported the Mexico Pilot Program staff has issued 10 total licenses and there are four additional licenses pending approval of visas. Mr. Prasifka indicated those licenses would be issued as soon as the visas are received.

Finally, Mr. Prasifka reported the Consumer Information Unit has received over 16,000 inquiries in relation to SB 806.

Ms. Lawson thanked Mr. Prasifka for his reports and asked Board Members if they had any questions.

Dr. GnanaDev asked how the Board planned to pay back an \$18 million loan.

Mr. Prasifka informed Dr. GnanaDev the Board will ask for a review of fees by the Legislature and a loan of that size would need to be paid back within two years. He noted this will be a challenge, but staff is working with DCA to project a budget that will provide financial sustainability with the requested fee increase.

Mr. Prasifka asked Mr. Varghese to comment with further information.

Mr. Varghese indicated the small increase already received is not enough to sustain the Board and reiterated staff is working closely with DCA on the budget. He noted the Board will again ask the Legislature for a fee increase even though California’s fees are the highest of any state.

Dr. GnanaDev responded that everyone agrees a fee increase is needed, especially if expenses keep rising. He noted he doesn’t want to have to rely on the General Fund and again noted California has the highest fees in the country.

Mr. Watkins complimented Mr. Prasifka and Mr. Varghese on their financial management of the Board and for their plan. Mr. Watkins asked about the enforcement programs no violation cases what kinds of experts are used when there is a death. He asked how reliable the medical experts are when making their assessments on no violation cases.

Ms. Lawson interjected and also asked for clarification on the no violation category.

Mr. Prasifka asked Ms. Jones to address these questions.

Ms. Jones explained that a no violation has gone before a medical consultant who has reviewed the records and determined there is no violation or not enough information to move forward. Ms. Jones noted that the chief medical consultant monitors and evaluates those cases as a check and balance and reviews the cases. Ms. Jones noted that billing cases are non-jurisdictional, anonymous complaints, and cases that have had enough information to move the case to a medical consultant.

Mr. Watkins asked Ms. Jones how many times a no violation opinion holds, and the case goes through the whole disciplinary process.

Ms. Jones indicated she would research that information and provide him with information at a later date.

Mr. Prasifka indicated the management of the experts is an important function and an area that needs to be improved. He noted that the Board is often outbid during cases, but the Board manages its experts as effectively as possible, including training, monitoring, and reviewing. He also noted the Board is reaching out to more experts in order to increase the number of experts.

Dr. Mahmood noted that the medical expert program is failing and is poor. He indicated he hasn't seen any improvement because the Board is losing cases due to the poor performance of the medical experts. He asked why the Board still uses experts that have failed the Board.

Mr. Prasifka responded saying the Board does discontinue the use of experts that have failed, but that puts a greater burden on the other experts. He assured Dr. Mahmood the Board is actively searching for new experts and that it must be a priority of the Board.

Dr. Mahmood asked for staff to provide the number of experts who were dismissed due to poor performance.

Mr. Prasifka indicated he would provide those numbers.

Ms. Lubiano asked for clarification on item 9B, page four. She asked about the no violation part of the chart and asked for clarification on if it includes cases of one simple departure that could have included great harm to the patient.

Ms. Jones stated no violation means no departure and the insufficient evidence part includes one simple departure.

Ms. Lubiano also asked for an explanation on the number of files referred for criminal action. She asked where those cases would be referred if there was criminal action or suspicion of criminal action.

Ms. Jones let her know it is usually after the investigation done by HQIU or by CIO. There could be a dual referral or refer to the Board for administrative action and if there are criminal elements, it would also be referred to the local district attorney.

Seeing no additional comments or questions from the Board, Ms. Lawson asked for public comment.

Ms. Lauren commented on her case and the experts used in her case. She noted experts of the same specialty should not be used in cases against each other.

Ms. Rhee suggested mediation where patients can meet with doctors. She noted mediation would allow the Board to use the money paid to medical experts rather than increasing fees. She suggested using extra money for scholarships or financial help to those who need it rather than paying the AGO for these cases.

Ms. Arthursdotter also commented on the Expert Reviewer Program noting the various guidelines for the different types of experts. She suggested providing only the most up to date guidelines online and asked for any unpublished guidelines to be published for public review.

Mr. Andrist commented on the Board's public outreach and the ambush of Ms. Lawson. He also commented on Board tweets in Spanish, and the Board's app. Mr. Andrist asked Mr. Prasifka why the stakeholder meetings have been discontinued and if she has been responsible for that. He commented on the legislative proposals coming from advocate ideas and not giving the advocates credit. Mr. Andrist commented on a medical expert's poor performance and the Public Records Act. Mr. Andrist indicated he would be commenting later on complaints and regarding his complaint.

Ms. Hollingsworth noted that even though Mr. Prasifka is committed to updating complainants on the status of their complaints, it is not happening. She noted a complainant heard nothing for two years, then received a letter stating his case was closed. She also noted doctors have said complaints will go nowhere with the Board. Ms. Hollingsworth stated that perhaps there isn't enough transparency by investigators regarding correspondence. Regarding licensing fees, Ms. Hollingsworth commented the CMA's fees are higher than the Board's licensing fees, and the Board should not be concerned with increasing fees.

Ms. Farr commented that she has lost a great deal of money due to medical errors and a no violation closure. She noted that experts should not testify at trials, that it impoverishes people who have already been harmed. Ms. Farr indicated that a lot of no violation cases could be actual cases.

Ms. Lawson asked for any additional comments. Seeing none, Ms. Lawson moved onto the next agenda item.

Agenda Item 10 Update on revising Guidelines for Prescribing Controlled Substances for Pain

Mr. Prasifka stated the Board is in the process of concluding the project and have received contributions and guidance from subject matter experts. He noted the staff will be compiling an initial outline of the revision and ask the task force for additional direction. Mr. Prasifka said the goal is to being a schedule of stakeholder consultation and to provide information useful to practitioners and the public.

Ms. Lawson asked for questions or comments from the Board.

Mr. Watkins asked if, that at this point, only subject matter experts have been consulted and no patient advocates. He asked if patient advocates will be involved in the next stage.

Mr. Prasifka commented on the structure of the project noting that the subject matter experts came first, then at the next stage, stakeholder consultation and patient advocates will be involved.

Ms. Lawson asked for additional questions or comments from the Board and seeing none, opened public comment.

Ms. Ogden expressed her appreciation for the update and asked for clarification on how the Board will consider the CDC guidelines. She also expressed her appreciation for the Board's work on this issue and thanked Ms. Lawson for her professionalism and patience when conducting Board Meetings.

Ms. Lawson noted the Board received a number of written comments on this issue and assured everyone these comments will be added to the record and the Board has read all comments.

Dr. Rhee commented that Black Patients Matter would appreciate a seat at the table to discuss the ideas and concerns regarding African American chronic pain patients.

Ms. Farr commented that it is a misstep to not include chronic pain patients in the first step of the process.

Ms. Fuqua agreed with Ms. Ogden's comments and reiterated concerns regarding the CDC's guidelines.

Ms. Arthursdotter suggested including carefully evaluating and assessing for adverse reaction by patients rather than noting them as drug seekers.

Ms. Lawson noted there are no further comments and asked for any further comments or questions by the Board.

Seeing none, Ms. Lawson called the Board into recess until the next day.

Board Meeting concluded for the evening.



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

WebEx Online February 10 – 11, 2022 MEETING MINUTES

Friday, February 11, 2022

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

Members Present:

Kristina D. Lawson, J.D., President
Dev GnanaDev, M.D.
Randy W. Hawkins, M.D., Vice President
James M. Healzer, M.D.
Laurie Rose Lubiano, J.D., Secretary
Richard E. Thorp, M.D.
Eserick "TJ" Watkins
Felix C. Yip, M.D.
Asif Mahmood, M.D.
David Ryu

Members Absent:

Alejandra Campoverdi

Agenda Item 11 Call to Order/Roll Call/Establishment of a Quorum

Ms. Lawson called the meeting of the Medical Board of California (Board) to order on February 11, 2022, at 9:00 A.M.

Ms. Lawson gave opening remarks.

A quorum was present and due notice was provided to all interested parties.

Agenda Item 12 Public Comments on Items not on the Agenda

Ms. Lawson reminded public commenters not to discuss pending cases or complaints and provided guidelines for commenting.

Ms. Lawson asked for public comment.

Ms. Ogden reiterated that the presentations from the day before were helpful and thanked the Board. She also mentioned that her organization will continue to participate in the update of the guidelines. She also commented on the report from the Commission on Combating Opioid Trafficking. She asked that the Board be aware of the report and take it into consideration when revising the guidelines.

Mr. Andrist commented on the minutes from the last meeting, stating the list of public attendees was left off the minutes. He noted that the public has a legal and moral right to hold Board Members accountable. Mr. Andrist commented on yesterday's panel meeting and the behavior of panel members.

Mr. Thompson commented on his complaint and the communication between him and Board staff. Mr. Thompson noted he received a letter notifying him that his case was closed due to the medical expert's report and medical records. Mr. Thompson stated his doctor told him nothing would happen if he complains and she had complaints before that went nowhere.

Ms. Coda again thanked the Board for their informative presentations and discussion and asked how to get a hold of someone who can help her with her complaint after she received an email stating that her contact was no longer with the Board. Ms. Coda also commented on the public comments thanking the Board for their patience.

Ms. Farr commented on her chronic pain and the issues she has had with her medical records, physician, and difficulty in obtaining medication.

Dr. Rhee commented on the AGO report, the number of outstanding cases, the cost of the medical experts, and the investigations. She again encouraged mediation in order to reduce the costs incurred by the Board on these cases.

Ms. Fuqua thanked the Board for the presentation by Dr. Mackey and commented that some regulations can be harmful to chronic pain patients and noted that she looks forward to working with the Board on the updated guidelines.

Mr. Stewart commented on the death of his father and discussed the effects of COVID-19 and the healthcare system.

Ms. Lauren commented on cosmetic procedures, liposuction regulations, and licensing.

Ms. Papas commented on the complaint process and the length of time it takes for the complaint to go through the process. She also commented on communication between her and the Board.

Agenda Item 13 Presentation on Integrating Cultural and Linguistic Competency in Continuing Medical Education

Sergio Aguilar-Gaxiola, MD, PhD, a professor of Clinical Internal Medicine, and the Director for Center for Reducing Health Disparities, UC Davis School of Medicine thanked the Board for the time to present.

Dr. Aguilar-Gaxiola discussed cultural and linguistic competency and implicit bias standards in Continuing Medical Education courses for California physicians, stating Business and Professions Code (BPC) Section 2190.1.

Introducing Assembly Bill (AB) 1195, Dr. Aguilar-Gaxiola explained it is designed to train attitudes, knowledge, and skills that go directly to providing effective care for patients from diverse cultures, groups, and communities. While AB 241 recognizes there are attitudes and internalized stereotypes that unconsciously affect perceptions, actions, and decisions.

Dr. Aguilar-Gaxiola explained how the disparities in healthcare are associated with a higher mortality rate, expressing the importance of cultural influences, cultural competence, and language. He detailed the impact of implicit bias, what it is, who it effects, why we carry it, and how it influences our lives. Dr. Aguilar-Gaxiola stated the case for culturally and linguistically appropriate services including health and health care disparities, changing demographics, and legal and accreditation requirements – all leading to advanced health equity.

Dr. Aguilar-Gaxiola's elaborated on health inequities, why it matters, and how it's possible to advance health equity in a historically underserved population, giving the example of the Interdisciplinary Collaboration and Cultural Transformation Model from 2016-2021 – the first project of its kind.

In closing, Dr. Aguilar-Gaxiola offered recommendations to ensure culturally and linguistically competent quality of care for all patients with limited English proficiency or no proficiency in health care including, recognizing the importance of accurate communication, identify the language needs of all patients, provide qualified medical interpretation and linguistically appropriate services, provide free interpreting services, and refrain from using families and friends as interpreters.

Ms. Lawson thanked Dr. Aguilar-Gaxiola and asked the Board for comments.

Dr. Yip thanked Dr. Aguilar-Gaxiola and stated he is preparing medical staff to have mandatory training in professionalism, boundaries, and implicit bias with a staff who speak five languages and asked if he could share the tools to implement the mandatory training to make his medical staff more comfortable when treating patients from different ethnic backgrounds.

Dr. Aguilar-Gaxiola stated the slides from his presentation were made available.

Dr. Hawkins thanked Dr. Aguilar-Gaxiola for the presentation, and thanked Ms. Lubiano for placing the presentation on the agenda. He commented that he's involved in a mentorship program with medical students who are aware of cultural linguistics and bias. Dr. Hawkins asked about the integration in medical school education and residency programs.

Dr. Aguilar-Gaxiola responded that he is very much in agreement about bringing the topic of health equity to medical students.

Dr. Thorp thanked Dr. Aguilar-Gaxiola for the presentation, especially about a difficult topic that might not always be at the forefront of one's awareness. He noted that he'd like to bring this

information to his private practice but is not sure that the information trains staff to recognize and overcome implicit bias.

Dr. Aguilar-Gaxiola responded that he had a few slides pertaining to Dr. Thorp's question including some interventions that can be used to become more aware of biases. He stated he'd be happy to send more information.

Ms. Lubiano commented on Dr. Aguilar-Gaxiola's presentation, specifically about the data used, which highlights the disparity that exists, and the need for more data to help educate the community. She also asked if it is required for doctors in California to take courses addressing cultural competency, and if it is, how it is enforced.

Dr. Aguilar-Gaxiola replied that in order to be re-licensed in California physicians are required to take courses in cultural competency and implicit bias in accordance with AB 1191 and AB 241.

Mr. Watkins asked if implicit bias is manifested through initial visits to places such as the ICU, people are sometimes not treated with respect and dignity. He asked for comment from Dr. Aguilar-Gaxiola.

Dr. Aguilar-Gaxiola agreed and expounded on his experiences of what he's seen and learned through experience, statistics, and focus groups when patients are unable to access care or don't receive quality care.

Dr. Healzer asked if Dr. Aguilar-Gaxiola could suggest any resources that CME presenters could use to incorporate cultural and English listed competency into their presentations.

Dr. Aguilar-Gaxiola detailed the information available and told Dr. Healzer he could provide more data and resources.

Ms. Lawson asked for public comment.

Ms. Ogden thanked Dr. Aguilar-Gaxiola for his presentation, but focused her comments on the Board, stating chronic pain patients who use opioid medications have become another marginalized group that cuts across race, ethnicity, gender, and income levels.

Ms. Farr stated that people who experience medical errors are also marginalized, and there is no data to know their disparities, and that it's a huge population that's getting missed. She reiterated the need for data on the impact of medical errors.

Dr. Rhee stated that attending a CME course, which doesn't mention African American patients, and doesn't include data on black patients is implicit bias.

Mr. Andrist stated he was struck by the fact that the presenter said the CMA was the delegated authority to create standards around cultural linguistic competence.

Ms. Lauren thanked Dr. Aguilar-Gaxiola for his thoughtful presentation, stating that women are a marginalized group as well, especially when it comes to medical problems and cosmetic

surgeries. Ms. Lauren gave her support to Ms. Farr, and concluded by recommending the book, Plus Sized.

Ms. Lawson asked if the Board members had any follow up questions.

Ms. Lubiano asked Dr. Aguilar-Gaxiola if he's aware of any technology that can assist if an interpreter is absent.

Dr. Aguilar-Gaxiola stated he is very familiar with the medical interpreter services at UC Davis, but there is no technology accurate enough to make translations as it can be dangerous.

Dr. Hawkins stated the value of advocacy cannot be underestimated.

Ms. Lawson thanked Dr. Aguilar-Gaxiola for the valuable information, and thanked Ms. Lubiano for persisting that the topic be included.

Agenda Item 14 Discussion and Possible Action on Legislation/Regulations

Mr. Bone discussed legislation pending before the California State Legislature following their fall recess. Along with introducing new bills, legislators have been continuing work on bills introduced in 2021. Mr. Bone reviewed Senate Bill 1636 which would require the Board to deny licensure applications, automatically revoke, and deny petitions for licensure for certain convicted sex offenders. Mr. Bone explained the details of the bill, stating there the Board's analysis notes multiple implementation concerns along with recommended amendments including addressing the inconsistency with Business and Professions Code (BPC) Section 480. He concluded that Board staff recommend a "support if amended" position.

Dr. Healzer requested an explanation of the conflict with BPC Section 480.

Mr. Bone responded that BPC Section 480 governs the way all boards under DCA may consider an applicant's criminal conviction history when they apply for licensure. He said the bill seems to be aimed at addressing situations where if a licensee has been convicted of certain offenses, they will be forever prevented from receiving a license, when BPC Section 480 speaks to individuals who may have had those convictions dismissed, received a pardon, or a certification of rehab. Mr. Bone concluded that it's a complicated area of law with possible inconsistency that would need further clarification.

Ms. Webb elaborated that the Board opposed AB 2138 when it was going through the Legislature and enacted changes to BPC Section 480 which limits convictions and prior Board discipline that the Board can consider. She stated this is another opportunity for the Legislature to give the Board the tools it needs to provide better public protection in this area.

Dr. Hawkins asked if under the bill, registered sex offenders out of state are treated differently than those in state.

Mr. Bone replied that the bill amends three sections, each including the condition that if there is a criminal conviction outside of California, how the individual would be evaluated.

Mr. Watkins relayed his concern regarding the statistics of how many sexual misconduct cases the Board receives and asked if an individual on the registered sex offender list in another state could still get a license in California.

Mr. Bone explained that under current law, a conviction in another state may not lead to automatic revocation, however, the Board would still receive a subsequent arrest report and other documents. The automatic revocation refers to individuals required to register under Penal Code Section 290 – California’s sex offender registration laws.

Dr. Hawkins followed up asking if the Board has an out-of-state conviction, the Board presumes it’s accurate without further investigation, whether it adds another level of complexity to the group of individuals convicted out of state.

Ms. Webb responded that Board should receive subsequent request notifications, fingerprint reports, etc., but that the Board wants to require applicants to answer the question of whether they’ve had a conviction.

Mr. Bone stated that one of the requested amendments would give the Board ability to take action and deny an application if missed conviction information is discovered late.

Ms. Lubiano requested clarification on incomplete reporting.

Mr. Bone stated that the Board is completely reliant on fingerprint analysis done by the DOJ and FBI, and incomplete reporting does occur, and the Board would like the opportunity to reconsider licensure when the application was approved in error.

Mr. Watkins asked if AB 1636 adds to the requirement of automatic revocation of a registered sex offender when the crime involved current or certain former patients and clients.

Mr. Bone responded that the bill is trying to bring in convictions that occur from other states to put into automatic revocation requirements. He stated the bill will also include certain former patients and clients if provided the relationship was terminated primarily for the purpose of committing the crime against the person.

Ms. Lawson asked for public comment.

Assemblymember Akilah Weber, author of AB 1636, thanked the Board for considering the bill and for the thorough analysis. Dr. Weber echoed many details of the bill and stated she is looking forward to working with the Board to make many of the stated amendments, including the discrepancy between in-state versus out-of-state providers.

Mr. Cuevas-Romero, with the California Medical Association (CMA), stated the language was intended to be narrowly tailored to prevent future acts of sexual misconduct by licensees or potential licensees. He gave appreciation to the Board for its analysis and support if amended recommendation.

Ms. Farr asked why the CMA can quickly pass bills when the Board can't. She stated everyone should have access to safe medical care and asked the CMA to address that issue along with trauma-informed care.

Ms. Hollingsworth commented that AB 1636 offers some protection but could be better. She stated her concern that the bill's author is working with the CMA. Ms. Hollingsworth urged the Board to support AB 1636 and encouraged the Board to ask for amendments that would include law enforcement and more enhanced protection for patients.

Mr. Andrist stated that a doctor can be dangerous and not have a conviction. He recounted an example of such a case, stating that while AB 1636 is good, it does nothing to protect consumers from certain doctors.

A volunteer with Consumer Watchdog, relayed that a physician who is convicted of a sexual offense against a patient should never have the opportunity to receive a license.

Ms. Lawrence commented that it's important to hear the activists, especially when it comes to sexual assault. She shared her own personal experience, stating the Board needs to address the issue, especially when women are being assaulted sexually and surgically.

Dr. Rhee, with Black Patients Matter, said she would not support a total ban or refusal to licensed physicians.

Ms. Lawson asked if there were any more comments from the Board.

Dr. Thorp made a motion to support if amended AB 1636, including all staff recommended amendments/S: Dr. Healzer

Motion carried 9-0-0

Mr. Bone introduced AB 1662 requiring the DCA licensing boards to provide a pre-application determination to a possible future applicant for licensure as to whether their criminal conviction history may disqualify them. He stated the bill touches on many similar areas of the previous bill mentioned, with a focus on getting people back to work, improving access to licensed professions, and eliminating barriers that keep individuals going through the re-entry process from obtaining a license. Mr. Bone noted that the Board receives relatively few applicants with a criminal history.

Mr. Bone relayed that the bill poses two implementation challenges including incurring a workload associated with required review and possible rule-making – without a fee to reimburse the associated costs; and the second challenge is providing a clear and reliable pre-application determination. Mr. Bone stated staff recommend an oppose or oppose unless amended position.

Dr. Hawkins stated his position is to oppose unless amended but he could be influenced to just oppose.

Mr. Watkins clarified that the bill doesn't make a huge impact, but rather it's a safeguard, since Mr. Bone mentioned there was a lack of denials.

Mr. Bone agreed, saying the Board has not denied applicants for licensure due to their criminal history for the last two fiscal years and that he's had very good and direct dialogue with the author's office regarding the Board's concerns.

Dr. Healzer agreed with Dr. Hawkins on opposing the bill and asked Mr. Bone if it would be beneficial to suggest amendments to make the bill more palatable to the Board.

Mr. Bone replied that if the Board is in agreement that the suggested amendments will safeguard the Board's consumer protection interests, he believes that an oppose unless amended position is appropriate. He echoed that the author's office is interested in working with the Board.

Mr. Brooks voiced concern regarding the bill, stating it feels like a solution in search of a problem when the Board doesn't have many cases that fit the category. He remarked that it's a new burden on a board that already lacks resources and a funding source to get the job done, and he fears staff will be bogged down looking for something that hasn't been a problem. Mr. Brooks commented that he couldn't support the bill as is.

Dr. Thorp agreed with Mr. Brooks stating he'd be willing to listen to public comment but would currently recommend opposition unless amended.

Ms. Lawson said she believes the author's intent is laudable, and there is value in an opposed unless amended position, continuing to share with the authors office suggested changes and improvements to the bill.

Ms. Lawson asked for public comment.

Ms. Farr stated she understands the purpose of bill and the concerns it's addressing, commenting that it's frustrating from a patient safety expert, that they can't get a legislator to address bills for them, and they don't have the CMA on their side to pass bills.

Ms. Coda remarked that this would be a good opportunity to talk about the communication between different boards within DCA, asking what could be done about inter-board communications so there was more of a centralized database, saying that could be valuable if there was an amendment to this bill.

Dr. Rhee, Black Patients Matter, stated she believes the facts speak for themselves as there hasn't been a case of a physician in California whose received a license while knowing they're convicted of committing a crime.

Mr. Aguayo, with the author's office, expressed an understanding of the issues and a heavy willingness to work with the Board, understanding the effort intends to reduce barriers, knowing fees may be necessary. He reiterated his desire and openness to work with the Board.

Ms. Lawson gave her appreciation to the author's office and the intent for reducing barriers. She stated her concern that it needs more attention to the context of the Medical Board specifically.

Ms. Johnson, a senior policy analyst at the counsel for State Government's Justice Center, commented that the bill is more of a safeguard to make sure that people are not investing in careers they may not have an opportunity to work in. She stated her understanding of the rehabilitation that can happen during the process of obtaining a medical license, but believes the bill is absolutely necessary so individuals are not wasting their time on careers they're not eligible for.

Dr. Hawkins asked if Ms. Webb or Ms. O'Connor had anything further to dialogue after the public comment concluded.

Ms. Webb stated she believes everything's been covered, that there's an expense not compensated, and the Board wouldn't want to mislead someone that they wouldn't qualify, when years down the road, they may be able to qualify.

Ms. O'Connor remarked that looking at the outcomes of our current processes, where not a significant number of people with criminal history are denied a license for our Board, it still could be an issue for other boards and bureaus. She noted that the Board has a lot of information regarding licensure requirements on its website.

Mr. Bone added that he believes it's important for there to be earnest consideration of the data that's available. He stated he understands the desire to have legislation that applies to all boards, but that it's difficult because each board poses unique challenges.

Mr. Ryu said he believes the bill has much merit, and that he's supportive of the intent, however, as mentioned, the bill does not apply to the Medical Board, and asked if a "support if amended" position is possible, that could include an outright exemption of the Medical Board. He stated it would be spinning the Board's wheels if the Board invested in the legislation that wasn't applicable, asking if a support if amended would carry the same weight as oppose if amended.

Mr. Ryu made a motion to support if amended/S: Ms. Lawson

Mr. Brooks suggested that an amendment include the bill to apply to boards whose rejection rate hit a certain percent, then the program would be implemented – giving the author the intent of the bill.

Mr. Bone responded to Mr. Brook's suggestion saying the trick may be in the details determining the threshold, but that more time is needed to think it through and confer with colleagues. Mr. Bone explained the difference between the positions taken of "support if amended" versus "oppose unless amended."

Dr. Thorp agreed with the laudability of the attempt, but said in terms of the Medical Board, if it was not able to get the amendments needed, the chance of the Board being put in a position that was untenable, he would be in favor of an oppose unless amended position.

Mr. Brooks agreed with Dr. Thorp's position, stating he's afraid of moving away from the Board's mission, since the Board doesn't have the resources.

Ms. Lawson said she doesn't see the proposition being a high risk or high dollar expense proposition.

Mr. Brooks asked for clarification on the author's intent.

Mr. Bone stated a criminal background check is already conducted on every applicant. He said this bill creates a process for the applicant, potentially years before they apply for licensure, to submit a request to inquire if they're eligible for licensure with their criminal background.

Mr. Brooks stated he would feel comfortable supporting unless amended.

Ms. Lawson asked if we receive so many few applications where the individual has a criminal background is because the Board has multiple checks during the application process.

Mr. Ryu commented from his understanding, the bill would not apply to every applicant, only applicants with a criminal background who wanted clarification on whether or not they'd be eligible for licensure. He said he believes the bill would pass, whether or not it had the Board's support, and a positive position, would encourage the author to work with the Board in the future.

Dr. Thorp responded that he agreed with Mr. Ryu and would support if amended.

Mr. Bone clarified the motion would be to support if amended, to include all the amendments suggested by staff.

Dr. Healzer remarked that he still preferred an oppose unless amended position.

Motion carried 6-2-0 (Support if amended; Dr. Healzer and Mr. Watkins oppose; Dr. GnanaDev absent)

Mr. Bone introduced the new legislative proposal to amend BPC Section 2330, requiring the Board's panels to consider statements provided by complainants when considering how to discipline and accused licensee. Staff do not recommend approving this proposal as it would thwart the Board's consumer protection efforts, but rather, have the Board discuss and provide staff direction to further develop the idea of creating a complainant liaison unit focused on communications and outreach.

Ms. Lawson said to proceed with the idea that there may be a motion for this proposal.

Dr. Thorp commented he believes more communication to complainants is important but inquired on the additional costs of the liaison unit.

Mr. Bone responded that there has not been a cost assessment yet, this was just to introduce the idea to the Board members and the public and whether or not Board staff should move forward.

Ms. Lawson voiced that complainant involvement in the disciplinary process is an overarching theme and encouraged as much feedback as possible.

Mr. Watkins commented that he was the one to propose changes to BPC section 2330 and offered background on his reasoning for the recommendation. Mr. Watkins requested three things on behalf of the public; first, for the complainants to have a seat at the table in due process; the second, equal treatment; and the third is transparency.

Dr. Hawkins replied that the discussion is very important, and whether it's more important to create a new entity or improve what the Board has currently.

Ms. Lawson replied that they're completely different functions in her opinion. And part of the complexity of the process is the Board doesn't control it, there are other departments in the process. She stated this isn't about just having staff change processes, but rather creating something new. Ms. Lawson stated she believes it's something important for the Board to consider.

Mr. Prasifka commented the reason the Board is bringing this as a separate item is because staff are seeking direction from the Board as it is a shift from the way the Board has been doing things. He relayed this would be an independent unit from staff doing the investigations, who have a different way of conducting business.

Mr. Brooks stated administrative issues should be handled first and taken off the table before legislative issues are addressed. He remarked that the Board could handle these situations better, and that taking care of the administrative process first would be beneficial.

Mr. Ryu asked if the current process to handle these types of questions would be the complaint unit.

Ms. Jones stated that the complaint would go to the CCU staff, depending on where the complaint is in the process. She said most of the questions come in when the compliant is in HQUI. Ms. Jones believes an internal unit would be profitable, supplying answers to the public.

Ms. Lawson replied that this unit would be about increasing participation in the processes that the Board currently has, that it's not just about patients, but complainants who need further participation, communication, and assistance.

Ms. Jones agreed with Mr. Watkins that it would create an additional ability to provide the complainants and patients with information to be more participatory.

Mr. Ryu asked if currently someone makes a complaint to the Board, and CCU doesn't find sufficient violation, if there is nowhere else for that complainant to go.

Ms. Jones replied that the complainants come to her.

Mr. Ryu inquired about a procedural change and whether the Board has the authority or action to change the legal process on how cases are adjudicated.

Ms. Lawson stated it would require a change in the current statute.

Mr. Watkins replied that this is the fundamental issue, right now the Board is not legally required to contact the complainants after they have given their statement. He suggested to give complainants the vote to bring them on to somewhat of an equal footing. MS. Lawson opened discussion to the public.

Mr. Andrist commented that it's ludicrous to think consumers can get a question to CCU or HQUI. He expanded on Mr. Watkin's comment saying the Board still closes the majority of complaints. Mr. Andrist requested an appeals process for when the Board wrongly closes complaints and told the Board it is the problem, not the legislature.

Ms. Coda stated she's enjoyed listening to the discussion, and she sees there are many procedural and administrative fixes that need attention. She asked if the complaint liaison unit could be looked at from an internal standpoint rather than a legislative standpoint. Ms. Coda commented that the public doesn't feel safe coming to the Board with their problems. She expanded that the Board needs to work through the problems faced, and the public is asking for legislation for a sense of checks and balances.

A volunteer with Consumer Watchdog and survivor of medical harm, stated she works for change for consumers and knows how difficult the enforcement process is for families. She advocated for victims being able to provide a victim impact statement and stated how much of a difference it would have made when she was a victim.

Dr. Rhee, with Black Patients Matter, suggested that when the complaints come in, the Board asks the complainant if they're interested in mediation where they meet with a doctor, professional mediator, and can negotiate covering expenses. She expanded that in mediation, the patient would have a voice and determine their vision of justice. Dr. Rhee stated that in this process, patients will never get back what was lost, but justice should be delivered in the best way possible – and since we're limited by budget – the next possible option is mediation.

Ms. Dominguez, a volunteer with Consumer Watchdog, commented that the Board's enforcement process was the most difficult process to get through. She stated Board staff discouraged her from filing a complaint. Ms. Dominguez requested input in the enforcement process, asking the Board to interview families before the case is dismissed.

Ms. Farr commented that she keeps on bringing up prevention, but the Board keeps disregarding prevention. She requested data regarding all the legislation CMA proposed, which she believes to be powerful lobbying based and causing harm. Ms. Farr stated she is being stonewalled from victim assistance. She thanked the Board for its efforts and stated she is happy the Board is talking about it.

Ms. Hollingsworth thanked Mr. Watkins for his comments. She stated disapproval in the Board for not giving patients and complainants a voice. She encouraged viewers to watch Panel B from the previous day's hearing, stating this is not consumer protection but rather doctor protection.

Ms. Turbin, a volunteer with Consumer Watchdog, stated that the current proposal for a complaint liaison would not work. She echoed that real change was needed with new staff and new processes. Ms. Turbin stated that the Board's system did not protect her or other pregnant women. She asked how the Board could allow an assault case could go on for so long. Ms. Turbin stated complainants needed to be contacted after the physician review so victims could have a voice. She asked for action now, stating women's lives are on the line.

Ms. Lauren expressed her concern for the last public comment, stating the system is oppressive, and women are particularly at risk both during and after childbirth. Ms. Lauren thanked Mr. Watkins for his concern for consumers. She asked for a complaint unit that protects people.

Ms. Monserrat-Ramos, with Consumer Watchdog, stated during the Panel B hearing the previous day, she understood why consumers need a voice. She expressed that the complaint liaison unit would only work with a new, highly trained staff were to fill the unit. Ms. Monserrat-Ramos expressed that families need to be interviewed before dismissing complaints or offer a settlement. She commented that process has failed victims, and they need equal treatment.

Ms. Papas thanked the public for making comments, stating she hopes the Board is really listening. She stated the system that currently exists thwarts patient participation at every critical point in the enforcement process, and that there are many issues the Board needs to address to make the process fair and promote patient safety.

Ms. Smick, a patient safety advocate, and board member with Consumer Watchdog, stated her son died at 20 years old due to medical negligence. Ms. Smick expressed her anger toward the Board and how her complaint was handled through the enforcement process, taking four years to reach a decision. She stated she regularly reach out to the Board, but was dismissed and felt disrespected, while the doctor only received a public reprimand for the death of her son. Ms. Smick pleaded with the Board to allow family members to be interviewed providing additional information and allow for a victim impact statement at the hearing. She thanked Mr. Watkins for his support and comments.

Ms. Knecht thanked Mr. Watkins for his comments, and stated it is counterproductive for a victim not to be interviewed during the enforcement process commenting that something needs to be done.

Mr. Deleon, a volunteer with Consumer Watchdog, stated the current enforcement process does not work for consumers, and the way to make a change would be allowing families to have input in the process. He shared that his son died due to medical negligence, however, he was discouraged from filing a complaint with the Board. Mr. Deleon said there needs to be a required interview for families before a medical negligence case is dismissed, otherwise the Board is not representing the patient's voice.

Ms. Rayness, a volunteer with Consumer Watchdog, echoed that her and her daughter are victims of medical negligence, stating she is planning to file a complaint with the Board. She expanded that the changes the consumers are seeking should start immediately, because there is a systematic failure in the healthcare system, and if the Board does not support the change, the Board is a part of the problem.

Mr. Wilson commented that his mom was killed in 2020 due to medical negligence, and when he spoke with various attorneys, they encouraged him to not waste his time with the Medical Board. He said he couldn't think of anything more important than bringing fairness and balance to the Board's process, which should be its primary mission.

Ms. Lawson thanked the public for their comments. She commented that the requested action was to provide staff direction as to whether to further develop the complaint and liaison unit.

Mr. Bone echoed the request for any and all direction from staff on when and how to create the complaint liaison unit.

Dr. Yip stated a proposal as a future agenda item proposing legislating that would allow consumers to view the case if the outcome is not what they expected.

Mr. Ryu agreed with Dr. Yip and stated the Board probably agrees that victim testimonies and statements should be included. Mr. Ryu asked if all victims get interviewed by investigators when a complaint is made.

Ms. Jones explained that when complaints come to CCU, they may have conversations with the complainant – which may not be considered a formal interview and could be closed without a formal interview if the case does not go to HQIU. She expanded that when a case is forwarded to HQIU, the interviewer is supposed to interview the victim and may interview family members. Ms. Jones stated that interviews depend on the case at hand.

Mr. Ryu stated that first, he would be in favor to continue the discussion on changing BPC 2330; second, he supports Mr. Brooks' proposal to look at improvements for current processes; and third, he stated that the complaint liaison unit is a terrific idea, but with a more positive name such as a victim services unit, as it is more about process navigation and mental health counseling for grieving families – which is very crucial.

Mr. Watkins suggested tabling the discussion as it requires more thinking, after the Board has more clarity on BPC 2330.

Ms. Lawson countered Mr. Watkins stating she's worried about any delay in this process, if the bill isn't passed by the legislature, that there are other processes and improvements to be made outside of the legislature. She noted she wouldn't want to stop staff processes in the next few weeks.

Mr. Bone stated there's always different potential opportunities to work with the legislature.

Ms. Lawson asked if anyone on the Board thinks the Board should not move forward with the complaint liaison unit and asked Mr. Bone what would be helpful in terms of specific direction.

Mr. Bone referred back to Dr. Yip on his considerations.

Mr. Yip reiterated his earlier statement saying he'd like to see this as an opportunity to propose legislative change giving consumers to appeal certain cases.

Mr. Bone stated the Board has open discretion as to what should or shouldn't be included as guard rails for the complaint liaison unit.

Ms. Lawson stated that there is validity to Mr. Watkin's concern of pending legislation, but that he would hate to table the discussion, losing valuable time.

Mr. Prasifka responded saying staff has listened to the Board and will come up with a set of proposals for the complaint liaison unit for the May Board meeting.

Mr. Bone commented that both proposals can be considered – amending BPC Section 2330 and also moving forward with the complaint liaison unit.

Mr. Brooks echoed his points from earlier regarding the administrative processes.

Ms. Lawson commented on victims in the era of disinformation misinformation who have been treated with harmful therapies and asked how this could be incorporated into the conversation.

Ms. Webb stated a motion was not needed.

Mr. Bone introduced the final legislative item for the day, consideration of the proposed language related to establishing a public board member majority. He stated that last year, the Board adopted a position supporting the establishment of a majority of public board members but did not identify the specific statutory changes necessary to implement the language, changing the Board's composition from eight physicians and seven public members to eight public members and seven physicians. Mr. Bone noted that changes to this law would be a meaningful step toward restoring public and stakeholder confidence and trust in the Board's operations and priorities.

Dr. Thorp said he previously had opposition to increasing the number of Board members to create a majority, however, this proposal allowing public members to be majority is fiscally responsible and he is in favor of this proposal. He thanked staff for their attention to detail and their responsible, fiscal approach.

Ms. Lawson asked for public comment.

Ms. Farr stated she would like to see a patient safety expert or an advocate as a Board Member, without a conflict of interest. She thanked the Board for the changes it's making to improve patient safety.

Ms. Lauren stated in 2020, Governor Newsom appointed public member Alejandra Campoverdi who made a documentary promoting liposuction. She stated the Medical Board is supposed to protect the public, yet it allows Ms. Campoverdi to use Board affiliation to confer authority as a women's health advocate, and that it is dangerous to the public.

Ms. Minassian, a volunteer with Consumer Watchdog and survivor of medical harm, requested one of the vacant physician Board member seats open, saying lives are on the line and they're in the Board's hands.

Ms. Lawson requested clarification on whether there is a vacant physician Board member position currently.

Mr. Bone responded saying there are currently two physician Board member vacancies, and one public Board member vacancy.

Mr. Andrist commented that this isn't different than it was before and asked why Dr. Thorp is now for a public-member majority. He noted that there have been public vacancies for years, where many of the public advocates have applied, yet it has not been filled. Mr. Andrist asked the criteria for public members to be appointed to the board.

Ms. Lawson asked for clarification that the Board does not appoint its members, and the criteria would be established by the appointing authorities.

Ms. Webb responded saying that was correct, the Board isn't consulted on the applicants, or asked for any feedback or input, except to confirm there is not a pending disciplinary action against physician appointees.

Ms. Lawson stated this is an action item, and the action is to approve the proposed amendment.

Mr. Bone explained that a motion was needed to approve the proposed amendments, the Medical Practice Act agreed to sponsor or support legislation as appropriate that would enact them into law, and delegate authority to the president and vice president to work with staff to further the proposal consistent with the Board's intent, which could include negotiations on possible future amendments.

Mr. Watkins made the motion to approve proposed amendments/S: Dr. Yip

Motion carried 8-0-0 (Dr. GnanaDev absent)

Ms. Webb reported that the approved certifying organizations for medical and midwife assistance, has been approved by the Office of Administrative Law and will become effective April 1.

Ms. Webb mentioned she has an action item on notice to consumers, regarding the signage requirement the Board is looking to improve to make it clearer. She noted that it requires all the Board's licensees and registrations to post a sign or provide written notice that indicates licensure and regulation by the Board with updated and more detailed language for consumers to research the Board's licensees. Ms. Webb continued that the Board approved language went through the 45-day comment period and received comments from the California Hospital Association and the California Medical Association asking the Board to consider modifications. She noted that staff reviewed the suggestions, stating they would improve the proposed regulations.

Ms. Webb stated the Board received comment asking modification to be in compliance with Health and Safety Code Section 1259, and that the Board make it clear that acknowledgments of receipt can be retained electronically. Ms. Webb noted that one commenter asked that a QR code be placed on the posted notice, that if scanned, would take the patient to the Board's webpage with the translated notices – which Board staff did not recommend. She continued that Board staff recommended the proposed language be modified to indicate that the notice and acknowledgment of receipt may be done electronically.

Ms. Webb requested a motion to approve the modified text, direct staff to provide notice of a 15-day comment period on the modified text, and if no substantive adverse comments are received during the 15-day comment period, to authorize staff to finalize rulemaking, file, and submit it to the office of administrative law.

Dr. Hawkins made the motion to approve/S: Dr. Thorp

Dr. Thorp said he understands the idea of the QR code, which is pretty universal, it seems to be a simple thing to make it easier for the public to access remote information. He stated he didn't understand the reluctance.

Ms. Webb stated there's not a reluctance, the requester was asking for it because they don't want to provide any additional translations other than what's provided by the Board. She elaborated that they're still going to be obligated to make sure they're communicating with the patient or the patient's representative in a language understood by the patient.

Dr. Thorp asked that the QR code would be included.

Dr. Hawkins echoed Dr. Thorp's request.

Mr. Eichelkraut stated his concern with the QR code, saying if the signage was posted in English and it wasn't the individual's primary language, they wouldn't even know to scan the QR code for more information.

Ms. Lawson asked for public comment.

Ms. Choong, with the California Medical Association, thanked the Board for some of the revisions in response to their comments, but requesting additional comments regarding language access. She stated that the current structure will create challenges and urged the Board to address the issues prior to releasing the amended regulations. She concluded that the CMA is happy to work with staff in addressing the issues.

Mr. Andrist commented that the CMA doesn't represent all the doctors in California, they only represent one-third. He continued that the Board posts on social media in both English and Spanish, however, the Spanish disciplinary action links lead to English documents and are only an attempt for the Board to look as if it's being sensitive to Spanish speakers.

Ms. Lawson reiterated the motion and asked for further discussion or comment.

Dr. Thorp commented that it could be cumbersome for a small practice to provide signage in any language understood by the patient. He continued that it would be helpful to have it limited to the language the Board has translated and stated he would move to amend this to include the additional language.

Mr. Brooks agreed with Dr. Thorp's comment.

Dr. Hawkins accepted the amendment.

Ms. Lawson asked if the QR code issue had been resolved and if there was clarity on what was requested.

Dr. Thorp asked that it be included in the patient's language but stated he may not understand the process. He continued that he was hoping to simplify the process, thinking the QR code would be an easy way to do that, but concluded it would be best to leave it up to staff.

Ms. Lawson asked Ms. Webb if she needed any further clarification on that point.

Ms. Webb stated she'd like to prepare modified language for a future meeting and stated the board members could vote to modify the language consistent with the CMA's request.

Ms. Lawson stated they need a motion to direct staff to revise the regulations consistent with the discussion for future consideration.

Dr. Hawkins moved the motion to approve staff to revise the regulations/S: Dr. Thorp

Motion carried 8-0-0 (Dr. GnanaDev absent)

Ms. Webb updated the Board on the Physician Health and Wellness Program.

Ms. Lawson asked for public comment.

Agenda Item 15 Update, Discussion and Possible Acton on Proposed Agenda for the Midwifery Advisory Council Meeting

Ms. Breglia, a licensed midwife, and vice chair of the Midwifery Advisory Council (MAC), updated the Board on their last meeting held December 9, with the actions taken and approved in the meeting minutes. She concluded her report requesting approval of the agenda items for the next MAC meeting.

Ms. Lawson thanked Ms. Breglia and asked if there were any questions from board members and for a motion to approve the future agenda items.

Dr. Thorp motioned to approve the MAC agenda/S: Mr. Brooks

Ms. Lawson asked for public comment.

Motion carried 8-0-0 (Dr. GnanaDev absent)

Agenda Item 16 Future Agenda Items

Ms. Lawson asked if any board members had future agenda items.

Mr. Watkins stated he had two future agenda items; the first being a presentation by an independent expert on the role of Board members as public custodians; and the second request is a presentation regarding COVID misinformation by doctors.

Dr. Thorp requested a presentation about how the Board can cooperate with the Board of Pharmacy to collaborate on getting back to a more rational approach to dealing with acute and chronic pain.

Dr. Hawkins requested discussion on a CURES report update and a discussion surrounding trauma-informed care.

Ms. Lawson requested public comment.

Dr. Rhee, with Black Patients Matter, thanked the Board of the opportunity to make a suggestion. Dr. Rhee requested speakers that include African American patients when they're talking about diversity, along with a discussion about the amount of money that could be saved through a mediation program as an alternative. She also requested a retrospective study to look at cost savings of triaging certain types of cases.

Mr. Andrist asked an agenda item to discuss the future of public stakeholder meetings and why they've been discontinued.

Ms. Farr requested discussion on trauma informed care and medical trauma, prevention, gene insight and how we metabolize drugs, and discussion regarding the advocate meetings.

Agenda Item 17 Adjournment

<u>Signature on File</u>	<u>May 19, 2022</u>
Kristina D. Lawson, J.D., President	Date

<u>Signature on File</u>	<u>May 19, 2022</u>
Laurie Rose Lubiano, J.D., Secretary	Date

<u>Signature on File</u>	<u>May 19, 2022</u>
William Prasifka, Executive Director	Date