BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA
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Osteopathic Medical Board of California

DRAFT Board Meeting Minutes

August 25, 2026

MEMBERS PRESENT:

Denise Pines, MBA, President
Hemesh Patel, D.O., Vice President
Gor Adamyan, Secretary
John M. Cummins, J.D.
Brett Lockman, D.O.
Negeen Mirreghabie, Esq.
Faisal Qazi, D.O.
Matthew Swain, D.O.
Shannon Walsh, D.O.

STAFF PRESENT:

Erika Calderon, Executive Director
Machiko Chong, Licensing Program Manager
Beth Clark, Associate Governmental Program Analyst
Cristy Livramento, Enforcement Program Manager
Ralph Correa, Probation Monitor
Terri Thorfinnson, Legislative and Regulatory Specialist
Jared Avent, Department of Consumer Affairs
Lucia Saldivar, Deputy Director, DCA Board and Bureau Relations
Kaila VanLindt, Budget Analyst, DCA Budget Office
Brad Lencioni, Budget Manager, DCA Budget Office
Yuping Lin, Board Counsel, DCA Legal Affairs Division
Kristy Schieldge, Regulations Counsel, DCA Legal Affairs Division, Regulations Unit
Giovanni Mejia, Deputy Attorney General
Sarah Irani, DCA Moderator
Cesar Victoria, DCA
Mia Quinn, DCA
Rachel Molina, DCA

MEMBERS OF THE AUDIENCE:

Marshall Smith, Executive Director, Interstate Medical Licensure Compact Commission
Rick Masters, General Counsel, Interstate Medical Licensure Compact Commission
Kathleen Creason, American Osteopathic Association
Graham McMahon, M.D., Accreditation Council for Continuing Medical Education

Holly Macriss, Executive Director, Osteopathic Physicians and Surgeons of California
Michele Monserratt-Ramos, Consumer Watchdog
Maria Ibarra-Navarrette, Consumer Watchdog
Kimberly Turbin, Consumer Watchdog
Lucas Evensen, California Medical Association
Caleb Hays
Maura Biszewski
Raine Richards
Valerie Lile
Wayne Smith

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

President Denise Pines called the quarterly meeting of the Osteopathic Medical Board of California to order at 10:01 a.m. at the Department of Consumer Affairs, 2005 Evergreen Street, Hearing Room, Sacramento, California 95815.

President Pines reviewed the Open Meeting Act procedures, including public-comment limits, Webex participation, remote-member visibility, and the prohibition on discussing non-agendized matters. Mr. Cummins and Ms. Mirreghabie confirmed that no other person was present at their remote locations and agreed to remain visible on camera. Machiko Chong called the roll and confirmed a quorum. Dr. Qazi joined shortly after roll call.

Agenda Item 2 Reading of the Board's Mission Statement

Executive Director Erika Calderon read the Board's mission statement: "To protect the public by requiring competency, accountability, and integrity in the safe practice of medicine by osteopathic physicians and surgeons."

Agenda Item 3 Public Comment for Items Not on the Agenda

President Pines opened the public-comment period for matters not listed on the agenda and restated the limits imposed by the Open Meeting Act and Administrative Procedure Act.

No comments were received in the hearing room or online.

Agenda Item 4 Review and Possible Approval of the April 23, 2026, Board Meeting Minutes

Beth Clark led a page-by-page review of the draft minutes. Mr. Cummins identified an error on pages 11-12: the concluding sentence for AB 2575 stated that the Board had opposed SB 1002; it should state that the Board supported AB 2575.

Holly Macriss requested that the comments made by OPSC and the AOA during the ACCME presentation on page 10 be incorporated.

Motion to approve April 23, 2026, Board Meeting minutes with Mr. Cummins's correction and the amendments requested during public comment.

Motion – Dr. Swain **Second** – Dr. Lockman

- **Ayes** – Mr. Adamyan, Mr. Cummins, Dr. Lockman, Ms. Mirreghabie, Dr. Patel, Dr. Qazi, Dr. Swain, Dr. Walsh
- **Nays** – None
- **Abstentions** – None
- **Absent** – None

Motion carried. President Pines presided and did not cast a recorded vote.

Agenda Item 5 President's Report

President Pines summarized the Board's work during the prior quarter and emphasized its partnership with Executive Director Calderon, strategic planning, and preparation for the 2027 sunset review. She reported that complaints had nearly doubled over four years, reflecting both reports from other jurisdictions and more proactive case initiation through media monitoring, fictitious-name-permit audits, and the newly implemented CME audit process.

President Pines welcomed Rohit Chopra as the inaugural Secretary of the California Business and Consumer Services Agency and noted his consumer-protection and regulatory experience.

She reported on her appointment to the Federation of State Medical Boards work group developing national guidance on artificial intelligence in clinical practice. OMBC and the Medical Board of California were approved to use Microsoft Copilot and may present their implementation experience at the FSMB annual meeting in April 2027.

President Pines welcomed Shannon Walsh, D.O., appointed August 14, 2026, and administered Dr. Walsh's oath of office.

No public comments were received.

Agenda Item 6 Board Member Communications with Interested Parties

President Pines disclosed that she had hosted the Wise Boss Wellness event for women in various stages of menopause and that Assembly member Rebecca Bauer-Kahan was honored for her work in California.

No other disclosures or public comments were made.

Agenda Item 7 Intergovernmental Relations Reports and Administrative Services Update

Lucia Saldivar welcomed Dr. Walsh and reported that DCA transitioned to four in-office workdays per week on July 1, 2026. She reminded members that the next virtual Board Member Orientation Training would be held October 21 and that defensive-driver training is mandatory for members who operate vehicles on state business. No questions or public comments were received.

Budget Update:
Kaila VanLindt presented expenditure, revenue, and fund-condition projections based on fiscal month 11 data:

- FY 2025-26 budget: $5.011 million; projected expenditures: approximately $4.963 million; projected reversion: approximately $48,000 (0.96%).

- FY 2024-25 ending reserve: $4.943 million, or approximately 11.8 months. FY 2025-26 projected ending reserve: $3.990 million, or approximately 9.7 months.

- Projected FY 2025-26 revenue was $4.062 million, while projected expenditures were $5.015 million, including $241,000 in statewide pro rata costs. The forecast applies a continuing 3% expenditure increase for salary, compensation, and retirement adjustments while holding out-year revenue static.

President Pines noted that she and Ms. Calderon monitor the budget closely and that declining reserves would be addressed during sunset review. No public comments were received.

Agenda Item 8 Update from the American Osteopathic Association

This item was taken after Agenda Item 9 and the lunch recess. Kathleen Creason presented the American Osteopathic Association’s new strategic plan and described the AOA’s support for osteopathic physicians throughout education, licensure, certification, and continuing medical education. She reported that more than 25% of U.S. medical

students and 20% of graduate medical education trainees are D.O.s, 38% of military physicians are D.O.s, and 31% of osteopathic physicians practice in medically underserved areas.

The AOA is one of three national physician CME credit systems and maintains a centralized transcript for all D.O.s, regardless of membership. In 2025, it accredited approximately 3,600 Category 1-A activities, recorded more than 91,000 learner interactions, served nearly 30,000 unique learners, and awarded more than 800,000 credits.

Ms. Creason asked the Board to consider transparency of costs, provider and physician burden, mandatory-versus-optional use, and compatibility with licensure and certification when evaluating CME tracking utilities.

Public Comment
Graham McMahon, M.D., stated that AOA and ACCME systems need not be mutually exclusive. He said OMBC already accepts CME from both, and electronic verification from both systems could reduce administrative burden while preserving physician choice. Michele Monserratt-Ramos clarified that she had raised her hand inadvertently and offered no comment.

Agenda Item 9 Presentation on the Interstate Medical Licensure Compact

This item was taken out of order, before Agenda Item 8. Marshall Smith, Executive Director of the Interstate Medical Licensure Compact Commission (IMLCC), and Rick Masters, General Counsel, presented an overview of the Interstate Medical Licensure Compact. They explained that the Compact is a formal agreement among participating states that provides qualified physicians with an expedited pathway to obtain full, unrestricted medical licenses in multiple jurisdictions. Each participating board retains its authority to regulate medical practice and investigate and discipline physicians licensed within its state.

- **Compact Scope and Governance**

  The Compact included 44 states and 59 member medical boards. Through the Compact process, more than 220,000 licenses had been issued to over 65,000 physicians, and approximately 130,000 Letters of Qualification had been processed. Mr. Smith reported that approximately 30% of all U.S. physician licenses issued in 2025 were obtained through the Compact.

  Each participating medical board appoints two commissioners who may serve on committees responsible for rulemaking, budgeting, technology, and policy development. The presenters emphasized that the IMLCC does not issue a national medical license or regulate the practice of medicine. Each license issued through the Compact remains a license of the issuing state and is governed by that state’s medical practice act.

- **Eligibility and Application Process**

  To qualify, a physician must hold an unrestricted license in a member state and establish a qualifying relationship with a State of Principal License through residence, primary practice location, employer location, or federal income-tax residence.

  Applicants must also:
  - Graduate from an accredited medical school;
  - Complete graduate medical education in the United States;
  - Pass each component of an accepted medical licensing examination within no more than three attempts;
  - Hold specialty-board certification at the time of initial qualification;
  - Have no disqualifying criminal history, licensure discipline, controlled-substance action, or known active investigation; and
  - Complete a fingerprint-based criminal background check.

  The State of Principal License conducts the primary-source verification and determines whether the physician satisfies the Compact's eligibility requirements. If approved, the physician receives a Letter of Qualification and may select other participating states through the Commission's online portal. Those states receive the verified information and issue their own full, unrestricted licenses without repeating the review of static credentials.

  Mr. Smith reported that obtaining a Letter of Qualification takes an average of approximately 38 days. After a physician selects the participating states, the requested licenses are issued in an average of approximately 22 additional days, with many licenses issued within seven days.

- **Fees, Workload, and Implementation**

  The application fee for a Letter of Qualification is $700. Of that amount, $400 supports IMLCC operations, while $300 is paid to the State of Principal License. Each state selected by the physician also collects its regular initial licensing and renewal fees.

  Mr. Smith estimated that approximately 30%–35% of OMBC's new licenses could eventually be processed through the Compact and that the Board's overall license volume could increase by approximately 20%.

  Implementation generally requires six to nine months and includes approximately five one-hour staff training sessions. The Commission may offer scholarships to support application programming interface development. However, OMBC would remain responsible for California-specific staffing, system integration, licensing, enforcement, and ongoing participation costs.

- **Access to Care and Physician Mobility**

  The presenters explained that the Compact may improve access to care by allowing physicians to obtain licenses more efficiently for telemedicine and multistate practice. It may also assist health systems in recruiting physicians to serve rural and medically underserved communities.

  Examples included MD Anderson physicians providing services to patients across state lines and expanded physician access in Alaska, Michigan, and Wisconsin. The presenters stated that the Compact reduces the administrative burden and overall cost associated with submitting separate applications to multiple states. At the same time, patients remain protected because physicians must hold a license issued by the state in which the patient receives care.

- **Discipline and Information Sharing**

  Member boards are required to notify other participating boards of disciplinary actions within 48 hours. The Compact also permits confidential information sharing and optional joint investigations. Investigative information exchanged among participating boards is protected under seal.

  Mr. Masters explained that member boards retain their subpoena and investigative authority. Each issuing board remains responsible for taking appropriate action against the license it issued.

  The presenters reported that 175 of more than 65,000 participating physicians had been disciplined, resulting in 346 state disciplinary actions. They also reported 88 invalid Letters of Qualification among approximately 132,000 letters processed.

- **Board and Staff Discussion**

  The Board discussed whether participation in the Compact could limit California's regulatory authority or allow Compact rules to override state requirements. Mr. Masters stated that California would retain authority over the practice of medicine and all medical licenses issued by the state. However, as a party to the Compact, California would be required to follow the Compact's common eligibility standards and procedures rather than modify those processes unilaterally.

  California's appointed commissioners would be able to participate in rulemaking, policy development, and other Commission activities. They could also raise California-specific concerns for consideration by the Commission.

  Staff identified several operational issues requiring further review, including:

  - Integration with the BrEZe licensing system;

- Public display of licenses issued through the Compact;
- Fingerprint submissions and subsequent-arrest notifications;
- License renewal and reinstatement procedures;
- Reciprocal suspensions and disciplinary notifications;
- Investigation cost sharing; and
- Management of California-specific disclosure requirements.

Staff noted that OMBC currently has two licensing analysts who process approximately 2,000 new physician applications annually. Members requested a detailed workload and fiscal analysis to determine whether the $300 payment to the State of Principal License would adequately cover the Board's responsibilities. They also asked whether increased licensing volume would create additional enforcement and probation costs.

Members discussed how California laws, including laws protecting certain health care services, might interact with mandatory information sharing or reciprocal disciplinary action. The presenters responded that the Compact does not change the substantive practice laws of an issuing state. They agreed, however, that California legal counsel should evaluate possible conflicts before the state considers joining.

The discussion also addressed whether physicians who later become ineligible could retain licenses already issued through the Compact, the process for withdrawing or invalidating a Letter of Qualification, and the distinction between a Compact eligibility action and disciplinary action taken by an individual state.

Public Comment

Holly Macriss stated that the Osteopathic Physicians and Surgeons of California recognized the Compact's potential benefits but intended to submit detailed written questions after further reviewing its operational and consumer-protection implications.

Michele Monserratt-Ramos, Kimberly Turbin, and Maria Ibarra-Navarrette, speaking on behalf of Consumer Watchdog, opposed California's participation in the Compact. They raised concerns regarding confidential investigations, the timing and completeness of information shared among member boards, reliance on another state's initial review, reciprocal discipline, and the possibility that increased physician mobility could exceed California's enforcement capacity.

Lucas Evensen, representing the California Medical Association, acknowledged that the Compact could improve physician mobility and patient access. However, he urged the Board to conduct a deliberate and comprehensive analysis. CMA requested additional information regarding workload, fees, subpoena and investigative authority, reciprocal disciplinary action, California shield laws, and Compact provisions that could supersede conflicting state law. Mr. Evensen stated that the potential benefits should be carefully weighed against implementation costs and California's existing public-protection framework.

No action was taken. The Board requested additional fiscal, legal, operational, and public-protection analyses for consideration at a future meeting.

Agenda Item 10 Executive Director's Report

Executive Director Calderon welcomed Dr. Walsh and Secretary Chopra and presented personnel, administrative, sunset-review, publication, and outreach updates. This was an informational item; no action was requested.

- **Personnel**
  OMBC has 15.9 authorized positions. Savings from the vacant receptionist position are being redirected to a one-year limited-term office technician for enforcement, and blanket authority will be used to temporarily fill an enforcement analyst position during an extended leave.

- **Administration**
  Staff returned to four in-office days per week on July 1 without reported problems. The FY 2025-26 annual report was submitted to DCA. OMBC created an optional voluntary-surrender form for eligible delinquent licenses under Business and Professions Code section 2224.

- **Artificial intelligence**
  Four Microsoft Copilot licenses were issued initially to leadership and selected staff. Ms. Calderon joined DCA's AI Council, which is developing staff guidance and evaluating workflow improvements and risks. A May 5 Department of Justice fingerprint audit found OMBC compliant in all areas reviewed.

- **Sunset Review**
  Staff began drafting the 2027 report and will present it first to the Executive Committee and then to the full Board in November. Potential proposals discussed by the Medical Board of California included the evidentiary standard, sexual-misconduct laws, unredacted peer-review records, cost recovery, felony and court-restriction reporting, civil-penalty postings, expert-witness timelines, and postgraduate-training notifications. OMBC will coordinate with MBC and invite stakeholder input.

- **Outreach**
  The latest newsletter was posted; application and document-upload webpages are being improved; staff participated in maternal-health, Rotary Club, residency, and consumer-education events; and future events include CHSU outreach, an

AI meeting, a senior-resource fair, and Touro University professional-identity activities.

- **Sunset-Review Discussion**
  Ms. Calderon explained that the sunset-review report will provide a comprehensive overview of the Board's licensing and enforcement activities, staffing levels, fiscal condition, responses to prior sunset recommendations, and proposed statutory changes.

  Staff was also reviewing issues raised by the Medical Board of California to determine whether any of its proposals might be relevant to OMBC. However, OMBC would independently evaluate each proposal based on its governing statutes, operational needs, available resources, and public-protection responsibilities. Board members and interested stakeholders would have opportunities to provide comments before the report is finalized.

Public Comment

- **Consumer Complaint and Appeal Process**
  - Consumer Watchdog representatives requested that the Board establish a formal process through which consumers could appeal the closure of a complaint. They also recommended extending the applicable statute of limitations to seven years.

  - The representatives asked that complaint-closing letters clearly explain the reasons for the Board's decision, describe how a complainant may submit additional information, and provide an email address or telephone number for follow-up questions. They stated that consumers should be given a meaningful opportunity to understand the outcome of their complaints and determine whether further action is available.

  - Staff explained that the Board and the Office of the Attorney General must comply with applicable confidentiality laws and procedural requirements. The Board received the recommendations for possible consideration during the sunset-review process.

- **Patient-Safety Proposals**
  - Consumer Watchdog also asked the Board to consider additional protections for infants harmed as a result of pregnancy- or childbirth-related complications. The organization further recommended requiring a physician to complete a competency assessment following a second accusation involving patient harm or death.

- The speakers also requested broader public disclosure of felony charges and hospital disciplinary actions. They stated that greater transparency would help patients identify concerning patterns and make better-informed decisions when selecting a physician.

- The Board received the proposals for consideration during the sunset-review process. No position was taken at this meeting.

- **Evidentiary Standard in Disciplinary Proceedings**
  - Lucas Evensen, representing the California Medical Association, opposed replacing the clear-and-convincing-evidence standard used in physician disciplinary proceedings with the lower preponderance-of-the-evidence standard.

  - Mr. Evensen stated that the existing standard remains appropriate because of the significant professional and personal consequences associated with physician discipline.

  - The Board received the comment. The item was informational, and no motion or vote occurred.

Agenda Item 11 Licensing Program Update

Machiko Chong reported year-end FY 2025-26 licensing statistics: 17,846 licensed osteopathic physicians and surgeons, 1,652 postgraduate training licensees, 1,621 fictitious name permits, and no temporary licenses. Applications increased approximately 28% from FY 2024-25 and approximately 18% overall from FY 2023-24.

- There were 221 pending initial physician-and-surgeon applications, 179 of which requested one or more expedited services, and 491 postgraduate-training-license applications in queue.

- The 179 expedited applications included four based on abortion-service criteria, two for refugees, asylees, or special immigrant visa holders, 167 for practice in an underserved area, 10 for veterans, and one for a military spouse. An application may qualify under more than one category, so the categories are not additive.

- Staff launched a secure document-upload portal for applicants, training programs, CME audits, enforcement releases, and other submissions, reducing mail and email delays.

- The CME Compliance Unit began monthly random audits of 10% of the licensee population. No licensee had been found substantively noncompliant; two initial cases resulted from applicants selecting the wrong response and were resolved after documentation was submitted.

Members discussed whether additional analysts would be needed as application volume grows. Holly Macriss attributed California's growth partly to the state's protection of physicians' clinical independence.

No online comments were received.

Agenda Item 12 Enforcement Program Update

Cristy Livramento reported FY 2025-26 enforcement activity while one analyst remained on extended leave. Limited-term analyst and office-technician recruitments were underway.

- **Quarter 4**
  20 complainant interviews offered (13 completed, six pending, one no response); 18 section 805 reports received; and 47 educational letters issued for minor recordkeeping or communication issues.

- **Performance Measure 1**
  1,340 consumer complaints plus 40 arrest/conviction notices, for 1,380 cases, a 25% year-over-year increase. Performance Measure 2 averaged five days against a 10-day goal. Performance Measure 3 averaged 213 days against a 360-day goal. Performance Measure 4 averaged 777 days against a 540-day goal, improved from 955 days.

- **Inventory**
  827 pending enforcement cases, including 147 formal investigations and 22 formal-discipline matters. Three analysts averaged 276 cases each. Formal actions included 15 accusations, two accusations and petitions to revoke probation, four public reprimands, four probation orders, four license surrenders, three revocations, one interim suspension, one automatic suspension, and 14 citations.

- **Performance Discussion**
  Members asked why Performance Measure 4 exceeded the 540-day target even though the earlier intake and investigation measures were within goal. Staff

explained that Measure 4 covers the full disciplinary lifecycle, including formal investigation, expert review, referral to the Attorney General, pleading preparation, settlement discussions, and hearing scheduling. Portions of that period are outside the direct control of Board analysts. The reduction from 955 to 777 days nevertheless reflected progress in moving older cases.

- **Case-Control and Limitations Discussion**
  Members asked whether delays caused matters to expire or disappear from the caseload. Staff stated that cases were not being lost because of an internal failure to meet the statute of limitations and explained that filing an accusation tolls the applicable limitations period. The 827-case inventory includes matters at different stages and levels of complexity; the 147 formal investigations and 22 formal-discipline matters require substantially more staff and legal time than routine closures or educational resolutions.

- **Staffing and Fiscal Discussion**
  The Board discussed the risk of relying on three analysts carrying an average of 276 matters each, particularly while one employee was on extended leave. Recruitment for a limited-term analyst and office technician would provide short-term assistance, but members noted that complaint growth and expanding license volume may require permanent staffing. The discussion connected enforcement workload to the Board's structural fiscal imbalance, potential fee adjustments, and the 2027 sunset review. No public comments were received.

Agenda Item 13 Probation Program Update

Ralph Correa reported 36 licensees on probation: five residing out of state without receiving probation credit and 31 actively monitored while practicing in California. Two physicians were being monitored under public letters of reprimand. Quarterly reviews are conducted in person, by telephone, or by videoconference, with written reports documenting compliance and outstanding requirements. Of two prior cease-practice orders, one physician surrendered the license; one order remained in effect pending successful completion of the required course or program. No public comments were received.

Agenda Item 14 Discussion and Possible Action on Proposed Rulemaking, Retired License, Petitions, and Fees

Terri Thorfinnson, Legislative and Regulatory Specialist, and Kristy Schieldge, Attorney with the Department of Consumer Affairs Legal Affairs Division, presented the proposed

rulemaking to amend California Code of Regulations, title 16, sections 1630, 1636, 1646, 1647, 1656, 1658, and 1690 and adopt section 1648 as set forth in the meeting materials.

The Board had previously approved the substantive provisions of the proposed rulemaking in November 2025. The 45-day public comment period concluded on July 13, 2026.

Agenda Item 14(a) Consideration of Public Comments Received During the Public Comment Period and Proposed Responses Thereto

Staff and legal counsel reviewed six written comments received during the public comment period and presented a recommended response to each comment as set forth in the meeting materials. The Board considered whether the comments warranted any changes to the noticed regulatory text.

- **Joseph J. Provenzano** supported the creation of a retired-license status and raised questions regarding proof-of-identity requirements and federal law. Staff recommended acknowledging his support but rejecting the requested modification. Staff determined that his comments concerning unrelated costs were outside the scope of the rulemaking and found no federal requirement mandating the specific identity documentation he proposed. No change to the regulatory text was recommended.

- **Denis J. Yoshii** opposed the proposed fee increases, citing the administrative and financial burdens placed on physicians, possible effects on access to care and rural practice, retirement considerations, and educational debt. Staff explained that the proposed fees were based on documented workload and full-cost-recovery calculations. Staff also noted that the affected fees had not been increased since 1996 and that the Board was experiencing a structural fiscal imbalance. No change was recommended.

- **David Lyon** requested that the retired-license status be offered without a fee. He also proposed an emeritus pathway that would allow physicians to maintain specialty-board certification without retesting. Staff explained that the proposal includes a one-time processing fee but does not require a renewal fee for a retired license. Staff further clarified that specialty-board certification falls outside OMBC’s regulatory authority. No change was recommended.

- **Benson Yong** supported the proposed retired-license status and recommended establishing a good-standing criterion, providing a simplified online application, setting the application fee at $25, and using the public designation “retired in good standing.” Staff explained that statutory requirements determine eligibility for retired status, while the proposed fee reflects the Board’s actual processing costs. Current system limitations also affect the availability of an online

application. Staff added that existing public-license information already displays the licensee's status as required by law. No change was recommended.

- **Lucas Evensen**, representing the California Medical Association (CMA), opposed the proposed petition fees of $21,000 or $22,000. He requested a more flexible fee structure similar to the model adopted by the Medical Board of California and suggested deleting or consolidating section 1658. Staff responded that the proposed amounts reflect the Board's actual adjudicative costs. Staff stated that requiring compliant licensees to subsidize petitions filed by disciplined physicians would be inequitable. Staff also explained that sections 1656 and 1658 govern separate statutory petition procedures and should remain distinct. No change was recommended.

- **Eman Abdallah** requested that the petition fees be grandfathered or applied only prospectively and proposed different treatment for petitions seeking early termination. Staff explained that Business and Professions Code section 2307.5 authorizes the Board to recover costs from individuals requesting petition services. The proposed fees would apply to future services initiated when a petition is filed and would not reopen or modify the financial terms of an existing settlement or disciplinary order. No change was recommended.

Ms. Thorfinnson emphasized that the workload calculations included in the meeting materials identified the personnel, administrative, and legal costs associated with each service. The purpose of the proposed fee structure was to allocate reasonable processing and adjudication costs to the applicants or petitioners using those services rather than distributing the costs among the entire licensee population.

After reviewing the written comments, staff concluded that none required modification of the noticed regulatory text in response to those comments.

Public Comment
Mr. Evensen reiterated CMA's request that OMBC align its petition-fee structure with the Medical Board of California's approach. He noted that the Medical Board's regulations provide a lower initial petition fee and allow consideration of a petitioner's ability to pay, as well as payment plans, fee reductions, or waivers.

Mr. Evensen stated that requiring payment of the full adjudication amount in advance could create unequal access to the petition process for osteopathic physicians compared with similarly situated allopathic physicians.

Motion to direct staff to reject the adverse comments as specified and provide the responses to all comments as set forth in the meeting materials.

Motion – Dr. Swain **Second** – Dr. Walsh

- **Ayes** – Mr. Adamyan, Mr. Cummins, Dr. Lockman, Ms. Mirreghabie, Dr. Patel, Ms. Pines, Dr. Qazi, Dr. Swain, and Dr. Walsh
- **Nays** – None

- **Abstentions** – None
- **Absent** – None

The motion carried unanimously.

Agenda Item 14(b) Discussion and Possible Action to Consider Modified Text and Adoption of Proposed Amendments to 16 CCR Sections 1630, 1636, 1646, 1647,1656, 1658, and 1690, and to Adopt Section 1648 in Division 16 of Title 16 of the California Code of Regulations (Retired License, Petitions and Fees)

Staff presented several technical and clarifying changes to the proposed regulatory text. The modifications would:

- Require an applicant renewing an active or inactive license to provide additional information when reporting a conviction or disciplinary action;
- Remove the outdated requirement that recommendations accompanying a petition come only from physicians licensed by OMBC, thereby conforming the regulation to Business and Professions Code section 2307, which permits recommendations from physicians licensed in any United States jurisdiction; and
- Clarify the Department of Justice's authority concerning the acceptance or rejection of fingerprint cards and Live Scan submissions.

Staff explained that these changes were intended to ensure that the Board receives sufficient information when reviewing renewal applications, align the regulations with current law, and prevent potential concerns during review by the Office of Administrative Law.

Public Comment
Mr. Evensen reiterated CMA's concern that the proposed petition-fee structure would require osteopathic physicians to pay the full adjudication costs before gaining meaningful access to the petition process. He again requested that the Board revise the proposal to align with the more flexible approach adopted by the Medical Board of California.

Ms. Thorfinnson stated that OMBC's proposal requires a final accounting and provides a refund when the actual adjudication costs are lower than the amount collected. She also stated that this approach offers transparency while allowing the Board to recover the costs of services provided.

Ms. Schieldge advised that payment plans or other payment arrangements could be considered through a future rulemaking. However, given the Board's current fiscal condition and structural imbalance, she recommended proceeding with full cost recovery as set forth in the current proposal.

Motion to approve the proposed modified text in Attachments 1–5 and direct staff to take all steps necessary to complete the rulemaking process, including sending out the modified text and notice for an additional 15-day comment period. If after the 15-day public comment period, no adverse comments are received, authorize the Executive Director to make any non-substantive changes to the proposed regulations and the rulemaking documents, and adopt the proposed text included in 16 CCR sections 1630, 1636, 1646, 1647, 1656, 1658, and 1690, and section 1648 in Division 16 of Title 16 of the California Code of Regulations as provided in the noticed modified text in Attachments 1–5.

Motion – Mr. Cummins **Second** – Dr. Lockman

- **Ayes** – Mr. Adamyan, Mr. Cummins, Dr. Lockman, Ms. Mirreghabie, Dr. Patel, Ms. Pines, Dr. Qazi, Dr. Swain, and Dr. Walsh
- **Nays** – None
- **Abstentions** – None
- **Absent** – None

The motion carried unanimously.

Agenda Item 15 Rulemaking Update

Ms. Thorfinnson provided the report, which is included in the meeting materials. She reported that the retired license, petition, and fee package approved under Agenda Item 14 would proceed to a 15-day comment period. Ms. Schieldge advised that only adverse comments within the scope of the newly modified text would require the matter to return to the Board; absent such comments, staff would proceed toward filing with the Office of Administrative Law.

The disciplinary guidelines package remained in the drafting concept phase. Staff and counsel were meeting weekly to comprehensively replace the outdated guidelines, clarify monitor and documentation requirements, and present proposals first to the Enforcement Committee and then, if ready, to the full Board in November. No public comments were received.

Agenda Item 16 Legislative Update on Pending 2026 Legislation

Terri Thorfinnson, Legislative and Regulatory Specialist, presented an update on legislation being monitored by the Board and explained recent changes in the status of several measures.

- **Legislative Process and Bill Status**
  Ms. Thorfinnson explained that proposed legislation generally proceeds through policy committees, fiscal review by the appropriations committees, placement on the suspense file when applicable, and floor votes in both legislative houses.

When a bill is amended by the second house, the first house must vote to concur with those amendments before the measure may be submitted to the Governor.

She noted that bills held in committee or held under submission generally do not advance. Because the written legislative report had been prepared before the meeting, several bills identified as being on an appropriations suspense file had since advanced to the floor. She reported that SB 1002 had failed to advance from committee and that AB 2398 had been held under submission.

- **Menopause Budget Trailer Bill**
  Ms. Thorfinnson explained that a budget trailer bill follows a process different from that of a regular policy bill. Trailer bills contain statutory language necessary to implement or clarify provisions included in the state budget.

  She reported that the insurance and Medi-Cal requirements, together with the screening and notification provisions, were scheduled to take effect on January 1, 2027. The continuing medical education provisions were scheduled to take effect on July 1, 2027.

  The final measure did not require physicians to complete menopause-related CME. Instead, the education remained discretionary, with physicians receiving two CME credits for each hour of qualifying education rather than the customary one credit per hour.

- **AB 1703 – Osteopathic Title Protection**
  Ms. Thorfinnson highlighted AB 1703, the osteopathic title-protection bill sponsored by the Osteopathic Physicians and Surgeons of California. The bill had advanced from the Senate Appropriations Committee and passed the Senate unanimously on the day of the meeting.

  Because the Senate amended the version previously approved by the Assembly, the bill would return to the Assembly for a concurrence vote before it could be submitted to the Governor. The bill's implementation was delayed by one year to provide affected individuals with additional time to comply with the new requirements.

  The amended language protected the titles "Doctor of Osteopathy" and "D.O.," as well as the performance and advertisement of osteopathic manipulative treatment. However, the amendments did not categorically reserve the standalone term "osteopath" for licensed osteopathic physicians.

  Under the amended language, an unlicensed individual could continue to use the term "osteopath," provided the representation did not imply that the individual was a physician or was providing osteopathic manipulative treatment. Staff expressed concern that the phrase "in a way that implies" was less definite than

the original prohibition and could make potential violations more difficult to identify, investigate, and prove.

- **Enforcement and Consumer-Protection Considerations**
  Staff explained that the original bill was introduced in response to individuals holding foreign or other nonphysician osteopathic certificates who advertised services in California without a physician-and-surgeon license.

  The education associated with these certificates may not include standardized medical training comparable to that required of a United States-trained D.O. In addition, unlicensed practitioners are not subject to the Board's fingerprinting, continuing education, disciplinary, or ongoing oversight requirements.

  Staff expressed concern that consumers may see the term "osteopath" and reasonably—but incorrectly—believe that the provider is a fully trained and licensed physician. This potential misunderstanding could make it difficult for consumers to evaluate the provider's qualifications and determine whether the individual is subject to regulatory oversight.

  Existing law permits an osteopathic aide to perform authorized services under the direct supervision of an osteopathic physician, with no more than two aides assigned to each physician. Staff emphasized that this lawful and supervised practice model was not the focus of the Board's enforcement concerns.

  Instead, the concern involved individuals practicing independently in private homes, clinics, or other locations that were not regulated by the Board or the California Department of Public Health. Because these individuals are not licensed, investigations may depend heavily on consumer complaints or require costly undercover operations.

Board Discussion
Members discussed the Board's available enforcement options. Staff explained that the Board may begin by educating an individual regarding the law and requesting correction or removal of improper advertising. Continued noncompliance may result in an administrative citation. More serious cases involving unlicensed practice or patient harm may warrant referral to local prosecuting authorities for possible criminal enforcement.

Staff reported that opponents of the bill had expressed concern about possible fines, criminal consequences, and the effect of enforcement on their existing businesses. The Board emphasized that its primary responsibility was to determine whether the amended language provided sufficient clarity for consumers and adequate authority to prevent and address unlicensed practice.

Members expressed concern that the amended bill provided only partial protection for the term “osteopath.” They suggested that stronger and more comprehensive title protection could be considered as part of the Board’s 2027 sunset review.

Public Comment
Holly Macriss, Executive Director of the Osteopathic Physicians and Surgeons of California, explained that some opposition had come from members of licensed manual-therapy professions who initially misunderstood the bill’s scope.

OPSC and other organizations clarified that the measure would not alter the lawful scopes of practice of physical therapists, chiropractors, certified massage therapists, or other licensed professionals practicing within their respective scopes.

Ms. Macriss stated that OPSC’s primary concern remained the unsupervised and unlicensed practice of medicine and the improper use of D.O.-related titles. She also confirmed that appropriately trained osteopathic aides working under the direct supervision of licensed osteopathic physicians could continue to practice lawfully.

No additional public comments were received online.

Agenda Item 17 Discussion and Possible Action to Adopt the Revised OMBC Administrative Manual

Ms. Calderon explained that the manual, last revised approximately four to five years earlier, is a required sunset-review attachment and a reference for laws, DCA policies, and Board procedures. Hyperlinks were added so changing external policies and guides could be updated without repeatedly readopting the entire manual.

Mr. Cummins requested correction of page 9 regarding the number and confirmation status of gubernatorial appointees and correction of “there shall be not communications” to “there shall be no communications” in the Government Code quotation on page 25.

An additional typographical error in “surgeon” on page 3 was identified. Members also clarified that they should review the latest version distributed August 14, 2026.

Ms. Mirreghabie requested additional review time. The Board agreed that members would submit further comments before the November meeting. No motion or vote was taken; adoption was deferred until November. No online public comments were received.

Agenda Item 18 Future Agenda Items

The Board requested that the Interstate Medical Licensure Compact be discussed at its November meeting. Staff was directed to analyze implementation and ongoing costs, Oregon’s stated concerns, issues raised during recent Medical Board of California

meetings, California-specific legal and operational risks, physician eligibility criteria, and a potential implementation timeline.

Members also discussed whether a joint OMBC-MBC committee or task force should conduct a more detailed review. Mr. Cummins was invited to submit his written questions to Ms. Calderon. The Board emphasized that legislative authorization would be required and that the matter should be carefully evaluated before moving forward.

No public comments were received.

Agenda Item 19 Adjournment

President Pines adjourned the meeting at approximately 4:22 p.m.