



PUBLIC SESSION MINUTES

Friday, October 24, 2025
PUBLIC MEETING

Members Present: Ricardo Guzman, RCP
Raymond Hernandez, RCP
Manuel Magpalian, Esq.
Preeti Mehta, MD
Abbie Rosenberg, RCP
Michael Terry, RCP

Member Absent: Cheryl Williams

Staff Present: Reza Pejuhesh, Legal Counsel
Christine Molina, Executive Officer
Kathryn Pitt, Manager
Stephanie Aguirre, Associate Governmental Program Analyst

Staff Attending Virtually: Deepi Miller, Regulatory Attorney

CALL TO ORDER

The Public Session was called to order at 9:31 a.m. by President Guzman.

Ms. Pitt called roll (Present: Magpalian, Mehta, Rosenberg, Terry, Hernandez, and Guzman) and a quorum was established.

PRESIDENT'S OPENING REMARKS

President Guzman requested everyone place their cell phones on silent, adding this is an official business meeting of the Respiratory Care Board (Board). Board members may be accessing their laptops, phones, or other devices during the meeting. He explained they are using the devices solely to access the Board meeting materials that are in electronic format.

Public comment will be allowed on each agenda item, as each item is taken up by the Board, during the meeting. Under the Open Meeting Act, the Board may not take any action on items raised by

1 public comment that are not on the agenda, other than to decide whether to schedule that item for a
2 future meeting.

3
4 If providing comment, it would be appreciated, though not required, if you would provide your name
5 and the organization you represent if applicable, prior to speaking. To allow the Board sufficient time
6 to conduct its scheduled business, public comment may be limited.

7
8 The Board welcomes public comment on any item on the agenda, and it is the Board's intent to ask
9 for public comment prior to the Board taking action on any agenda item. If for some reason public
10 comment is not requested on an agenda item and you wish to speak on that item, please let the
11 moderator know and you will be recognized.

12
13 President Guzman added if you are an RCP and would like to earn CE credit for your attendance at
14 today's meeting, be sure that you sign in and sign out before leaving. If you have any questions, one
15 of our staff members can provide assistance.

16
17 For those attending virtually via WebEx, please ensure you provide your first and last name as it
18 appears on your license when logging in. Your arrival and departure times will be verified via the
19 WebEx "Attendance Report" following the meeting. Verification of CE hours awarded will be emailed
20 to all attendees within 30 days.

21
22 President Guzman entertained any comments or questions from the members.

23
24 None were received.

25
26 President Guzman then asked if there was anyone in the audience that would like to make a public
27 comment.

28
29 None were received.

30
31 **JUNE 6, 2025, MEETING MINUTES APPROVAL**

32
33 President Guzman asked if there were any additions or corrections to the June 6, 2025, minutes.
34 None were received and a motion to approve as written was requested.

35
36 Vice-President Hernandez moved to approve the June 6, 2025, meeting minutes as written.

37
38 The motion was seconded by Mr. Terry.

39
40 President Guzman entertained any comments or questions from the public.

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42 None were received.

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44 M/Hernandez/S/Terry

45 In Favor: Magpapián, Mehta, Rosenberg, Terry, Hernandez, Guzman

46 MOTION PASSED

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EXECUTIVE OFFICER'S REPORT

Governor's Executive Order N-22-25: 4-Day Return to Office for Staff

Ms. Molina provided an update of the 4-day staff return to office mandate mentioned during the June meeting. As part of contract agreements, the requirement has been delayed until July 1, 2026. Currently, staff continue to work in office 2–3 days per week and work remotely on the remaining days. Ms. Molina continues to closely monitor staff workload and can confirm that remote work has not negatively impacted operations at all.

Agency Reorganization

Ms. Molina explained we are a state licensure board that operates under the Department of Consumer Affairs (DCA), which is part of the Business, Consumer Services, and Housing Agency (BCSHA). In California's state government structure, agencies sit above departments and provide leadership, coordination, and oversight to ensure statewide goals are met. Departments, such as DCA, manage programs and operations that implement state policies, while boards and bureaus under them focus on licensing, enforcement, and professional regulation. This structure promotes accountability, coordination, and consistent consumer protection across all levels of government.

Effective July 5, 2025, Governor Newsom implemented the Government Reorganization Plan. The plan seeks to strengthen leadership by dividing BCSHA into two separate agencies effective July 1, 2026, to improve focus and accountability. The new agencies are:

- **California Housing and Homelessness Agency (CHHA)** – will oversee housing production, preservation, homelessness solutions, and civil rights protections.
- **Business and Consumer Services Agency (BCSA)** – will oversee consumer affairs, professional licensing, and regulatory enforcement. BCSA will also include the Department of Financial Protection and Innovation, Department of Cannabis Control, Department of Alcoholic Beverage Control, and Department of Real Estate. The goal is to enhance leadership, streamline oversight, and strengthen consumer protection. While this reorganization will be seamless, the Department is excited to work with other departments responsible for regulatory enforcement to potentially share ideas and best practices.

Final Attorney General Expenses for FY 2024-2025

Ms. Molina was pleased to report our final AG expenses for FY 24/25 were just over \$471,000, which she realizes is significant, but it reflects a \$153,000 decrease from the prior fiscal year. This reduction was a result of the tireless efforts led by Board staff, Liane Freels, to identify potential savings opportunities as well as closely monitoring cases transmitted to the Office of the Attorney General. Ms. Molina also acknowledged the collaborative efforts extended to our Board by Gloria Castro, Assistant Attorney General, who oversees the Health Quality Enforcement Section within the OAG. Assistant AG Castro listened to our concerns and ideas and agreed to make changes in support of the Board's commitment to reduce costs. We hope to continue realizing additional savings during the current fiscal year.

Update Regarding Home Care and Home and Community Based Setting Tasks and Training

Ms. Molina shared that a few months back she was contacted by Brenda Klutz, who was previously with the California Association of Medical Product Suppliers (CAMPS) and who currently represents

1 Pediatric Day Health Facilities, regarding a legislative proposal seeking to combine the exemptions for
2 home care and community-based settings as identified within Business and Professions Code (BPC)
3 section 3765, subdivisions (i) and (j). The proposal aims to allow employers in each of the identified
4 settings to choose between providing in-house training or requiring certification through CAMPS
5 and/or the California Society for Respiratory Care (CSRC), while clarifying that patient-specific training
6 remains the employer’s responsibility in all practice settings. The measure also proposes delaying
7 implementation of these sections until January 1, 2029. Board staff have greatly valued the
8 opportunity to collaborate with Ms. Klutz, who has been consistently receptive to feedback and
9 proactive in considering staff’s recommendations. Her openness and thoughtful engagement have
10 contributed to a more comprehensive and well-informed proposal that reflects a shared commitment
11 to the Board’s mission and consumer protection priorities.

12
13 President Guzman entertained questions and comments from the members.

14
15 None were received.

16
17 Request for public comment.

18
19 *Joe Hafkenschiel, Acting President, California Association for Health Services at Home expressed his*
20 *concerns and opposition to Agenda Item 3(d) regarding BPC section 3765, subdivisions (i) and (j).*

21
22 *Terry Racciato with Together We Grow stated she is in support with the proposed changes.*

23
24 **DISCUSSION AND POSSIBLE ACTION IN RESPONSE TO IMPLEMENTATION OF CALIFORNIA**
25 **CODE OF REGULATIONS SECTION 1399.365: BASIC RESPIRATORY TASKS AND SERVICES**
26

27 President Guzman introduced Item 4, noting that staff would present information regarding the
28 implementation of California Code of Regulations (CCR), title 16, section 1399.365 and the impact of
29 the regulation following its effective date of October 1, 2025.

30
31 Executive Officer Molina provided a detailed overview of the implementation of section 1399.365 and
32 the related statutory framework under Business and Professions Code sections 3765(i) and 3765(j).
33 She explained that implementation in hospitals, subacute units, and skilled nursing facilities has
34 proceeded smoothly, with facilities updating policies, retraining staff, and reallocating assessment-
35 based tasks to RCPs or RNs. To support this transition, the Board conducted extensive statewide
36 outreach, contacting approximately 1,200 facilities, issuing FAQs and a self-auditing tool, and
37 coordinating messaging with the California Department of Public Health and the Department of Health
38 Care Services.

39
40 Ms. Molina then reviewed the statutory exemptions for LVNs in home health agencies and home and
41 community-based settings. She clarified that although the Legislature expressly granted these carve-
42 outs, the exemptions cannot operate until the Board identifies the respiratory tasks LVNs may perform
43 in those settings. Until that occurs, section 1399.365 applies broadly, including in-home health and
44 home- and community-based programs. She also emphasized that the two statutory subdivisions,
45 3765(i) and 3765(j), operate differently and require careful alignment in regulation.

46
47 She acknowledged the significant concerns raised by families and agencies over the prior three
48 weeks, including disruptions to daily care routines, parents’ inability to work, and risks of
49 hospitalization for conditions previously managed safely at home. Ms. Molina outlined an option for
50 the Board to pursue emergency regulations clarifying that section 1399.365 applies only in non-
51 exempt settings, while simultaneously pursuing statutory changes and developing regulations to
52 establish the specific task list and training requirements for exempt settings. She noted that the Board

1 has been exercising enforcement discretion in these settings and would continue to prioritize cases
2 involving negligence or patient harm.

3 President Guzman opened public comment.

4
5 Public comment spanned nearly four hours and included both in-person and WebEx testimony.

6
7 Key themes included:

- 8 • Severe care disruptions for medically fragile children and adults since October 1 due to LVNs
9 being unable to perform routine suctioning, tracheostomy care, oxygen support, and ventilator-
10 adjacent tasks.
- 11 • Risk of forced hospitalizations, loss of employment for parents, and facility closures, especially
12 in Pediatric Day Health Care programs and Adult Residential Facility for Persons with Special
13 Health Care Needs.
- 14 • Requests for the Board to immediately clarify that the regulation should not apply to home-
15 and community-based settings.
- 16 • Requests to include schools in any exemption or pause to ensure compliance with Individual
17 Development Plans (IDPs).
- 18 • Clarification that the 2028 operative date of BPC section 3765(j) must be addressed through
19 legislation.
- 20 • Several commenters urged the Board to adopt emergency regulations as soon as possible.
- 21 • Appreciation for the Board's willingness to hear testimony and respond quickly.

22
23 Meeting recessed for a 10-minute break. Upon return, roll was recalled, and all members previously
24 accounted for were present.

25
26 Following public comment, Board members discussed the concerns raised by stakeholders, noting the
27 statutory limitations of BPC section 3765(i) and (j) and the challenges those constraints create.
28 Members emphasized the need to provide clarity to prevent unnecessary hospitalizations or
29 interruptions in services, while also considering the role of enforcement discretion and the Board's
30 responsibility to safeguard public safety without compromising access to essential care. The Board
31 also recognized the urgent need to develop a task list for exempt settings and discussed the feasibility
32 of scheduling an additional meeting to consider emergency regulatory language.

33
34 Mr. Terry moved to schedule a special meeting as soon as possible for the Board to consider
35 adopting a Finding of Emergency and initiating emergency rulemaking to amend CCR, title 16, section
36 1399.365 and direct staff to prepare draft emergency language clarifying that section 1399.365 applies
37 only in non-exempt settings listed in BPC section 3765(i) and (j).

38
39 The motion was seconded by Mr. Magpapián.

40
41 M/Terry/S/Magpapián

42 In Favor: Magpapián, Mehta, Rosenberg, Terry, Hernandez, Guzman

43 MOTION PASSED

44
45 Meeting recessed for lunch at 1:52 p.m. Upon return at 2:34 p.m., roll was recalled, and all members
46 previously accounted for were present.

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48 =====
49 **CLOSED SESSION**

50 The Board convened into Closed Session, as authorized by Government Code section 11126,
51 subdivision (c)(3) at 1:52 p.m. and reconvened into Public Session at 2:34 p.m.

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4 **CONSIDERATION AND POSSIBLE ACTION TO INITIATE A RULEMAKING FOR THE PROPOSED**
5 **REGULATION TO ADOPT CALIFORNIA CODE OF REGULATIONS, TITLE 16, SECTION**
6 **1399.361, HOME AND COMMUNITY-BASED RESPIRATORY TASKS AND SERVICES**
7

8 Ms. Pitt explained this item is a proposal to begin the rulemaking process to adopt section 1399.361
9 — Home and Community-Based Respiratory Tasks and Services.

10
11 This regulation aims to define which respiratory care tasks LVNs may perform in home- and
12 community-based settings under the exemptions in Business and Professions Code section 3765.

13
14 The goal is to ensure patient safety, eliminate confusion about scope, and align with recent legislation
15 which directed the Board to define these additional tasks.

16
17 Staff anticipate pursuing this rulemaking to address the immediate need for clear, enforceable
18 standards in these settings.

19
20 Ms. Pitt acknowledged the representation from the home- and community-based sector here today
21 and welcomed their continued input as we move forward. Our intent is to make sure the language is
22 practical and doesn't create new barriers, and that we've correctly identified all the tasks that should
23 be included. She added that we want to remove any grey areas now, before the rulemaking process is
24 finalized, to prevent confusion later.

25
26 Staff are requesting the Board approve the proposed text and authorize the Executive Officer to move
27 the regulation forward through Department and Agency review, and, if no adverse comments are
28 received, to proceed with hearing and adoption.

29
30 It was decided the Board members will thoroughly review the text and provide any suggested edits to
31 Ms. Molina, for them to be presented by the Professional Qualifications Committee at the next
32 meeting.

33
34 President Guzman asked if there were any member comments.

35
36 None were received.

37
38 President Guzman entertained public comments.

39
40 During the public comment period, stakeholders provided feedback requesting clarification on several
41 clinical and regulatory provisions. Commenters sought clearer definitions of bronchial hygiene and
42 cuff therapy and asked whether LVNs are permitted to access a tracheostomy during basic life
43 support, noting ambiguity between basic and advanced life support responsibilities. Additional
44 requests included adding ambulation to the task list and providing more guidance on adjusting oxygen
45 concentration on home ventilators. Recommendations were made to specify the use of a stethoscope
46 when inflating or deflating a tracheostomy cuff, to distinguish terminology for pediatric versus adult
47 tracheostomy equipment, and to improve explanations differentiating endotracheal and tracheal
48 suctioning. Commenters also requested more detailed criteria regarding decisions on tracheostomy
49 tube type, size, and style due to daily variations in patient needs. Further feedback included
50 consideration of home health-based settings and home health agencies within CLHF requirements, as

1 well as clarification on the application of the 6-bed limit, including whether it applies only to
2 tracheostomy and ventilator patients and how exemptions would be implemented.

2025 LEGISLATION OF INTEREST

7 The agenda materials included updates regarding bills for which the Board took WATCH positions.
8 Ms. Molina proceeded to highlight a few of the bills and provided updates on a few.

10 AB 742 (Elhawary) DCA: licensing: applicants who are descendants of slaves

11 AB 742, which would have required state licensing boards to prioritize licensure applicants who are
12 descendants of slaves and shifted certification to the Bureau for Descendants of American Slavery
13 was vetoed by the Governor. In his veto message the Governor shared that he appreciates the
14 author's intent to increase diversity within the professional licensed population and improve licensure
15 opportunities for historically underrepresented communities. However, as the number of applicants
16 who qualify for expedited licensure increases, the benefits of mandated prioritization may start to
17 diminish, creating negative impacts on other applicants.

19 SB 389 (Ochoa Bogh) Pupil health: individuals with exceptional needs: specialized physical 20 healthcare services

21 SB 389 was signed by the Governor and adds an exemption to the Respiratory Care Practice Act to
22 clarify that a licensed vocational nurse (LVN) may perform suctioning and other basic respiratory
23 tasks under the supervision of a credentialed school nurse.

25 HR 783 (Congressman John Joyce) - Board Position: SUPPORT

26 There has been no action on HR 783, the federal bipartisan legislation to establish the Sustainable
27 Cardiopulmonary Rehabilitation Services in the Home Act, since being introduced in the House of
28 Representatives and referred to relevant committees in late January of this year. The Act seeks to
29 permanently expand Medicare coverage for in-home cardiac and pulmonary rehabilitation services
30 delivered via telehealth. We will continue to monitor for any movement.

32 President Guzman entertained questions and comments from the members.

34 None were received.

36 President Guzman opened the floor for public comment.

38 None were received.

41 **DISCUSSION AND POSSIBLE ACTION ON THE 2025-2030 UPDATED SUCCESSION PLAN**

42 *(Strategic Plan Goal 1.3: Monitor the Board's succession plan and implementation*
43 *to minimize interruptions to the workflow)*

45 Ms. Molina presented the Respiratory Care Board's Updated *Workforce and Succession Plan* which
46 lays out a proactive, long-term approach to maintaining leadership continuity and organizational
47 stability. It introduces the RCB Pathways Program, which is a structured, yet inclusive framework
48 designed to grow talent from within, strengthen staff competencies, and prepare employees for future
49 leadership roles.

1 Nearly half of our workforce is projected to retire within the next five years — that’s 44% of our
2 permanent staff, and 56% when we include intermittent employees. With so many experienced team
3 members approaching retirement, we face the potential loss of significant institutional knowledge and
4 expertise in critical roles. Our plan directly addresses these workforce realities. While our team
5 remains deeply committed to our mission, we recognize the need to strengthen cross-program
6 knowledge, management readiness, and policy development skills so we can maintain continuity and
7 remain prepared for the future.
8

9 To address these needs, the plan emphasizes mentorship and cross-training. It also encourages
10 individualized career development plans and broader engagement in strategic and stakeholder
11 activities.
12

13 Succession planning will be overseen by Ms. Molina and our program managers, with annual reviews
14 to track participation and readiness. Overall, this plan ensures that the Respiratory Care Board
15 remains prepared, resilient, and capable of carrying out its public protection mission well into the
16 future.
17

18 Ms. Rosenberg moved to adopt the draft Respiratory Care Board’s Updated *Workforce and*
19 *Succession Plan 2025-2030* as written.
20

21 The motion was seconded by Mr. Magpapián.
22

23 President Guzman entertained comments and/or questions from the members.
24

25 Mr. Terry complimented Ms. Molina on work presented in the *Workforce and Succession Plan*.
26

27 President Guzman then asked if there were any public comments.
28

29 None were received.
30

31 M/Rosenberg/S/Magpapián

32 In Favor: Magpapián, Mehta, Rosenberg, Terry, Hernandez, Guzman

33 MOTION PASSED
34
35

36 **PROFESSIONAL QUALIFICATIONS COMMITTEE UPDATE & DISCUSSION**

37 *(Strategic Plan Goal 2.3: Evaluate current respiratory care educational requirements and revise,*
38 *as necessary, to support practice standards and patient safety)*

39 *(Raymond Hernandez, Chair, Michael Terry, Member)*
40

41 Implementation Considerations and Planning for Anticipated Bachelor’s Degree Legislation

42

43 Vice-President Hernandez explained this process began in June 2021 and involved the assistance
44 and input of Mr. Terry, as well as the support of the Board’s executive staff. The process over the past
45 four years involved collecting data which was acquired over time, and consisted of studies, meetings,
46 discussions, bringing information to the Board, obtaining feedback and incorporating it into the
47 process and we are now at the point where the proposed recommendation is being presented for
48 consideration.
49

50 The Board’s March 2025 meeting was held in conjunction with the CSRC’s Annual Meeting, where
51 additional information was received, including letters from the CSRC’s Respiratory Managers

1 Association, UC Managers Collaborative, and CSRC's Professional Advancement Committee
2 (Educators Response).
3
4 Vice-President Hernandez added that nationwide there is growing support to increase the educational
5 requirements from an associate degree to a bachelor's degree and shared that New York State
6 currently has proposed legislation, Senate Bill 6329, aimed to achieve this.
7
8 Vice-President Hernandez also mentioned that North Carolina and Ohio are pursuing legislation to
9 create licensure for an Advanced Respiratory Care Practitioner.
10
11 There are approximately three other states that are either in the discovery phase or in actual
12 discussions in terms of a bachelor's degree. There appears to be a movement across the nation in
13 terms of advancing the profession.
14
15 Based on data gathered and in-depth discussions over the past 4 years, *the PQC asked the Board to*
16 *consider its recommendation to increase the minimum educational requirements for entry into practice*
17 *to a bachelor's degree.* The increased educational requirement supports improvement in the health,
18 safety, and welfare of California's consumers in need of respiratory care services and aligns with
19 current and evolving healthcare practices.
20
21 Mr. Terry added this is an idea whose time has come, and we have been at this for many years and
22 not just in California. This started back in 2006/2008 with the AARC and the reasons for doing it were
23 apparent then and just as apparent now. It speaks volumes to receive the recognition from the
24 managers and educators here in California and the leadership of the field endorsing this.
25
26 President Guzman thanked Vice-President Hernandez and Mr. Terry for their continued work on this
27 matter and opened the matter to members for discussion.
28
29 Dr. Mehta thanked Vice-President Hernandez and Mr. Terry for their hard work and the many hours
30 spent in compiling the information.
31
32 Vice-President Hernandez extended his appreciation to the Board's executive staff for their assistance
33 throughout this process, including the creation of a page on the Board's website which provides
34 various information related to this matter and is very helpful and a great resource.
35
36 President Guzman entertained questions and comments from the public.
37
38 No other public comments were received.
39
40 Ms. Rosenberg moved to support the recommendation to move forward with a bachelor's degree as
41 the minimum requirement for RCP licensure.
42
43 Mr. Terry seconded the motion.
44
45 Mr. Pejuhesh, Board Legal Counsel, clarified that the motion under consideration should be
46 understood as the Board's general support for expanding education requirements for licensure, with
47 the recognition that such changes require legislative action that may be beyond the Board's direct
48 control.
49
50 Mr. Hernandez emphasized that while the motion signals direction, further details, including timelines,
51 strategies, and implementation considerations, may be refined and brought back to the Board for

1 review. Ms. Molina noted that the upcoming Sunset Review could serve as a potential vessel for
2 pursuing this proposal, though legislation outside of that process is another alternative.

3
4 Mr. Hernandez acknowledged that this effort will continue to require a thoughtful, deliberate approach,
5 with additional discussions and planning through the PQC. Considerations will include workforce
6 impact, potential barriers to licensure, and alignment with legislative priorities. Mr. Hernandez
7 reaffirmed the PQC's commitment to advancing this initiative, while recognizing that statutory changes
8 will be required before implementation.

9
10 M/Rosenberg/S/Terry

11 In Favor: Magpapián, Mehta, Rosenberg, Terry, Williams, Hernandez, Guzman

12 MOTION PASSED

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14 Threshold for Clinical Hours

15
16 Mr. Terry shared that the PQC acknowledges that there is a known disparity regarding clinical hours
17 among California's respiratory care programs, and the Committee has this issue on its radar. The
18 PQC will continue to monitor and evaluate this matter in the future to determine the best path forward
19 for California and to ensure strong consumer protection.

20
21 **DISCUSSION AND POSSIBLE ACTION ON THE 2025-2026 SUNSET REPORT**

22
23 Ms. Molina referred to the complete draft of the Respiratory Care Board's 2025-26 Sunset Report,
24 adding the Board's Executive Committee has completed its review, and the draft reflects their
25 feedback and revisions. Ms. Molina entertained any comments, feedback, or proposed edits from the
26 members.

27
28 Ms. Molina added that considering the discussion regarding the LVN issue, and the need to update
29 the Prior Issues section, it would be appropriate to get a motion to approve the report with updates
30 and edits and granting the Executive Committee authority to render final approval.

31
32 Ms. Rosenberg moved to allow the Executive Committee to render final approval of the 2025-2026
33 Sunset Report with edits.

34
35 The motion was seconded by Mr. Terry.

36
37 Discussion ensued between the Board members.

38
39 President Guzman entertained public comment. None were received.

40
41
42 **ELECTION OF OFFICERS FOR 2026**

43
44 President Guzman made a motion to nominate Vice-President Hernandez to continue as Vice-
45 President.

46
47 Ms. Rosenberg seconded the nomination.

48
49 President Guzman asked if there were any other nominations for Vice-President. None were
50 presented.

1
2 The nomination was accepted by Vice-President Hernandez.
3
4 M/Guzman/S/Rosenberg
5 In Favor: Magpapián, Mehta, Rosenberg, Terry, Hernandez, Guzman
6 MOTION PASSED

7
8 Vice-President Hernandez moved to nominate President Guzman to continue serving as the Board's
9 President.

10
11 The motion was seconded by Mr. Magpapián.

12
13 No other nominations were presented.

14
15 The nomination was accepted by President Guzman.

16
17 M/Hernandez/S/Magpapián
18 In Favor: Magpapián, Mehta, Rosenberg, Terry, Hernandez, Guzman
19 MOTION PASSED

20
21 Request for public comments. None were received.
22
23

24 **DISCUSSION OF 2026 BOARD MEETING DATES AND LOGISTICS**

25
26 Ms. Molina reviewed the following proposed board meeting dates for 2026:

27
28 Friday, March 27, 2026, via teleconference; time and locations to be determined.
29

30 Thursday, April 30, 2026, in Temecula. The meeting will run concurrently with the CSRC Annual
31 Conference. The time has yet to be determined.
32

33 Monday, June 22, 2026, in Sacramento, *tentatively* scheduled if Board business requires a meeting.
34

35 Friday, September 25, 2026, or alternatively, Friday, October 23, 2026, in Sacramento. Time and
36 location to be determined.
37

38 President Guzman requested public comment.

39
40 None was received.
41

42 The 2026 meeting dates will be added to the Board's website.
43
44

45 **PUBLIC COMMENT ON ITEMS NOT ON THE AGENDA**

46
47 President Guzman asked if there was anyone who wanted to make a public comment on anything that
48 was not on the agenda. He explained that the Board is unable to take action on any items not listed
49 on the agenda. The only action the Board may take is to decide whether to place an item on a future
50 agenda.

1
2 No comments received.

3
4 **FUTURE AGENDA ITEMS**

5
6 President Guzman asked the Board members if they had any specific items they would like to see on
7 the next agenda.

8
9 No comments received from members.

10
11 President Guzman entertained questions and comments from the public.

12
13 No public comment received.

14
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16 **ADJOURNMENT**

17
18 The Public Session Meeting was adjourned by President Guzman at 4:04 p.m.

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25 _____
26 RICARDO GUZMAN
President

CHRISTINE MOLINA
Executive Officer