PUBLIC SESSION MINUTES

Thursday, April 30, 2026
PUBLIC MEETING

Members Present:	Ricardo Guzman, RCP Raymond Hernandez, RCP Preeti Mehta, MD Abbie Rosenberg, RCP Michael Terry, RCP
Members Absent:	Manuel Magpapian, Esq. Cheryl Williams
Staff Present:	Reza Pejuhesh, Legal Counsel Deepi Miller, Regulatory Counsel Christine Molina, Executive Officer Kathryn Pitt, Manager Stephanie Aguirre, Administrative Analyst

CALL TO ORDER

(Ricardo Guzman, President)

The Public Session was called to order at 1:09 p.m. by President Guzman.

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

1. PRESIDENT'S OPENING REMARKS

(Ricardo Guzman, President)

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

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

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

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

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

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

President Guzman entertained any comments or questions from the members.

None were received.

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

None were received.

2. DISCUSSION AND POSSIBLE ACTION TO APPROVE MEETING MINUTES

(Ricardo Guzman, President)

a. October 24, 2025, Meeting Minutes Approval

President Guzman asked if there were any additions or corrections to the October 24, 2025, minutes. None were received and a motion to approve as written was requested.

Vice-President Hernandez moved to approve the draft minutes from the October 24, 2025 meeting, as written.

The motion was seconded by Mr. Terry.

President Guzman entertained any comments or questions from the public.

None were received.

M/Hernandez/S/Terry
In Favor: Mehta, Rosenberg, Terry, Hernandez, Guzman
MOTION PASSED

b. November 14, 2025, Meeting Minutes Approval

President Guzman asked if there were any additions or corrections to the November 14, 2025, minutes. None were received and a motion to approve as written was requested.

Ms. Rosenberg moved to approve the draft minutes from the November 14, 2025 meeting, as written.

The motion was seconded by Mr. Terry.

President Guzman entertained any comments or questions from the public.

None were received.

M/Rosenberg/S/Terry
In Favor: Mehta, Rosenberg, Terry, Hernandez, Guzman
MOTION PASSED

3. NEW BOARD MEMBER ONBOARDING PROCESS

(Ricardo Guzman, President and Raymond Hernandez, Vice President)

President Guzman advised the Executive Committee has developed a comprehensive internal New Board Member Onboarding Process to support the successful integration of newly appointed Board members and strengthen overall Board effectiveness.

The Committee recognized the need for a structured approach that promotes consistency, transparency, and confidence by ensuring all new members receive a clear introduction to their responsibilities, operational expectations, and the Board's governance framework. The proposed process includes four key components:

1. Internal Orientation
2. Executive Officer Walk Thru
3. Mentor Board Member Assignment
4. Ongoing Support and Evaluation

By establishing a formal onboarding process, the Executive Committee aims to enhance new member preparedness, improve meeting efficiency, and promote informed participation. The plan also supports stronger Board cohesion by creating consistent expectations and facilitating early engagement.

President Guzman entertained questions or comments about the proposed onboarding process from the members.

Vice-President Hernandez asked who is the individual that will be responsible for providing the Internal Orientation.

Ms. Molina responded that she would be happy to conduct the Internal Orientation as it coincides with the existing process to make initial contact and distribute initial items such as the current Board Member Administrative Manual.

Legal Counsel clarified the Bagley-Keene Open Meeting Act should be followed for the Mentor Board Member Assignment.

Vice-President Hernandez requested that Ms. Molina work with the Executive Committee to determine assigned mentors for new members.

President Guzman requested a motion to adopt the New Board Member Onboarding Process as presented and direct staff to implement the outlined onboarding components for all newly appointed Board members.

Mr. Terry moved to adopt the New Board Member Onboarding Process as presented and direct staff to implement the outlined onboarding components for all newly appointed Board members.

The motion was seconded by Ms. Rosenberg.

President Guzman entertained questions and comments from the public.

No public comment received.

M/Terry/S/Rosenberg
In Favor: Mehta, Rosenberg, Terry, Hernandez, Guzman
MOTION PASSED

4. EXECUTIVE OFFICER'S REPORT

(Christine Molina, Executive Officer)

a. Sunset Review Update

Ms. Molina advised following the March 27, 2026, meeting, the Board's final responses to the Sunset Background Paper were submitted to the Legislature. Since then, she has been working with consultants from the Senate Business, Professions and Economic Development (BP&ED) Committee regarding several of our proposals, as well as a few other legislative bills that conflicted with our proposed amendments. Additional details will be covered in the legislative report.

On April 15, 2026, our sunset bill, SB 1304 was amended to include all the following:

- Extends the Board's sunset date from January 1, 2027, to January 1, 2031
- Establishes mandatory suspension and subsequent revocation of a license upon conviction of specified serious felonies
- Updates licensure examination to accurately reflect the National Board for Respiratory Care's Registered Respiratory Therapist (RRT) credentialing examination.
- Clarifies and expands exemptions allowing licensed vocational nurses (LVNs) to perform basic respiratory care tasks in defined settings under Board standards.
- Increases the license renewal fee ceiling amount and removes outdated provisions to maintain fiscal stability.

Ms. Molina explained that unfortunately, our sunset bill does not include the bachelor's degree requirement the Board sought as part of sunset. She is confident the Board will remain committed to continuing its efforts to advance this issue, adding she already has an idea on what our next step should be, and will continue working with the Professional Qualifications Committee in the coming months.

Ms. Molina stated the provision related to the FBI "rap back" authority has also been omitted from this bill. This is a provision that would allow the Board to receive subsequent arrest notifications from the FBI, like what we currently receive from the California Department of Justice. We have been advised

this authority is currently being addressed through a coordinated, statewide effort within the Legislature. Because this work is expected to be completed during the current legislative session, it would be duplicative and potentially inconsistent to include board-specific rap back language in our sunset bill. As such, staff supports deferring to the centralized legislative approach and monitoring progress through DCA and legislative updates.

Ms. Molina shared that on Monday, April 20, 2026, our sunset bill, SB 1304, was unanimously approved by the Senate Business, Professions and Economic Development Committee. The bill has now been referred to the Senate Appropriations Committee.

The bill is currently opposed by the California Association of Healthcare Facilities and the California Hospital Association, both of which continue to advocate for allowing LVNs to perform respiratory care tasks beyond what is currently authorized—across all settings, not only those identified as exempt by this Board. Ms. Molina will continue working with Senate BP&ED staff as the legislation progresses to address this opposition. She also publicly thanked the Senate BP&ED staff, particularly Anna Billy and Sarah Mason, for their steadfast dedication to resolving this decades-long issue. Their commitment to consumer protection truly makes them invaluable partners.

Ms. Molina added the bill will next be heard by the Senate Appropriations Committee, followed by consideration on the Senate Floor, and will then move to the Assembly.

b. Staffing Update

For those who may not be aware, Ms. Molina advised that Liane Freels, our long-time Enforcement Manager, retired at the end of December. Fortunately, Liane left the team in an excellent position to continue moving the enforcement program forward through the robust business processes she established and the data and statistical tools she refined over the years.

In addition, we recently hired two new support staff members who have hit the ground running and are already proving to be invaluable additions to our team.

Consistent with our Succession Plan, several employees have taken advantage of the Pathways Program, which is designed to prepare internal candidates at all levels for advancement into mission-critical roles. This preparation has included formal training as well as cross-training opportunities among staff.

c. Continuing Education Audits Under New Framework

Ms. Molina advised the first group of licensees required to certify compliance with the new CE framework were those with licenses expiring on December 31, 2025. In January, we distributed our initial round of CE audits to those licensees. To support a smoother experience—for both licensees and Board staff—we used this opportunity to refine our audit process. Along with the audit notice, included was a tip sheet and a CE tracking log where licensees were asked to document the course title, provider, date of completion, hours earned, and applicable CE category (clinical, leadership, indirectly related, or live).

Auditing under the new framework was initially challenging. Staff had to adjust to the new CE categories and make distinctions regarding which providers are authorized to offer live-only courses versus those who may offer content in multiple formats. During the process, we also identified instances where some providers incorrectly labeled courses as meeting the “leadership” requirement, despite not aligning with the Board’s definition. In those cases, staff contacted providers directly to offer clarification.

Most initial audit failures are not the result of intentional misconduct, but rather compliance issues. Common reasons include:

- Failure to maintain proper documentation
- Incomplete or illegible tracker or missing certificates
- Courses that do not meet Board requirements
- Misunderstanding of CE categories or specific renewal criteria

These are generally administrative oversights, which is why ongoing education and outreach remain critical to improving compliance.

Many licensees have opted to meet their CE obligations by using providers that offer bundled packages aligning with all required categories, except for the mandatory ethics course, which must be completed through CSRC or AARC.

Of the 100 licensees who have been audited under the new framework, 90 have passed while 10 currently have outstanding items that need to be addressed. These items can range from incomplete documentation to a course not meeting standards. In these circumstances, licensees are generally given a set timeframe to provide additional proof or to correct issues before any formal action is considered. None of the audit responses included the preceptor opportunity for credit. However, staff will continue to track use of this option to determine if it is valuable.

d. Petition to the Office of Administrative Law Challenging Alleged Underground Regulation

Ms. Molina stated in January 2026, a petition was filed by the California Disability Services Association with the Office of Administrative Law (OAL) challenging the Board's Basic Respiratory Tasks and Services regulation. The petitioner asserted that the rule was adopted without adequate stakeholder notice and that its enforcement significantly restricted Licensed Vocational Nurses from performing routine respiratory tasks they previously carried out in community-based settings.

In April 2026, OAL issued a notice indicating it had declined to accept the petition. Ms. Molina is hopeful this matter is now concluded but wanted to share this update with the Board for awareness in case any additional developments arise.

e. Updated Application to Licensure Process Booklet

Ms. Molina advised the agenda packets included an updated version of the Application to Licensure Process Booklet, which was revised and printed this month and has been added to the website. The updates reflect the new online-only filing process and provide information about what applicants can expect during the application process and after initial licensure.

We have found that each program has its own process for assisting students with filing their applications, so we outlined the steps as clearly as possible to help ensure smooth submissions. One of the most common issues we encounter relates to how the application fee is paid—whether the applicant pays directly or the program pays on their behalf. In those cases, program payments may come from a credit card, a single check covering multiple applicants, or multiple individual checks. These varying scenarios can affect processing, and we continue to look for ways to streamline the experience for everyone.

Staff have also noted an increase in applicants attempting to work with only their CRT credential, which is not allowed. To address this, we have taken proactive steps to remind students, including emphasizing this information in the updated booklet, adding notices to the website, and incorporating reminders into our communications.

We will be providing copies of the updated booklet to all California respiratory care programs in the coming week or so.

f. Update on Diversity, Equity, Inclusion and Accessibility

Ms. Molina advised that as part of our effort to integrate a DEIA component into the Board's existing Strategic Plan, the Department's SOLID program conducted a supplemental environmental scan in late 2025. The agenda materials include the full report, which highlights several consistent themes across both internal and external stakeholders.

First, stakeholders emphasized the need for broader engagement. Surveys, increased opportunities for public comment, and more structured outreach—such as town halls, school partnerships, and collaboration with hospitals and professional organizations—were frequently suggested as ways for the Board to gain more diverse perspectives.

Second, respondents identified several barriers to licensure. These include licensing and renewal costs, CEU requirements and related expenses, and processing delays, particularly for out-of-state and international applicants. Many recommended clearer, plain-language guidance and streamlining of processes to help reduce these burdens.

Third, outreach and communication surfaced as major themes. Stakeholders encouraged a stronger social media presence, more multilingual communication, and increased public education about the role and value of respiratory care practitioners.

Finally, when considering equal access to opportunities, respondents highlighted the need for additional respiratory care education programs—especially in rural areas—and for expanded mentorship and apprenticeship pathways. It is also worth noting that some stakeholders expressed opposition to DEIA efforts generally, which is important context as we move forward.

Ms. Molina explained this information is being shared now to help members prepare for the discussion in June, when the Board will consider how best to incorporate DEIA principles into our strategic goals.

g. Request for November 2026 AARC Congress Out-of-State Travel

Ms. Molina shared that we have submitted a request for approval for a Board member to travel out of state to attend the 2026 AARC Congress in New Orleans this November.

Due to State budget constraints, we have not sought approval for out-of-state travel in recent years. However, as the Board continues its work to assess the potential need for incorporating a baccalaureate degree requirement into the Respiratory Care Practice Act, attendance at this conference would provide valuable opportunities to network with other state licensure boards pursuing similar initiatives, as well as with national societies and examination and credentialing organizations. Additionally, discussions related to the potential establishment of an Advanced Practice Respiratory Therapist in California may be of significant interest.

This request requires approval from both Agency and the Governor's Office, and she will provide updates as it moves through the process.

5. 2026 LEGISLATION OF INTEREST

(Christine Molina, Executive Officer)

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

AB 1558 (Arambula) Uniform Emergency Volunteer Health Practitioners Act
This bill creates a volunteer health practitioner registration system, managed by the Emergency Medical Services Authority, allowing registered out-of-state volunteers to practice in California during a period of an emergency designation without a California license. Relevant boards may limit the services these volunteers provide and may issue administrative sanctions on both California licensees volunteering out of state and out-of-state volunteers practicing in California. The bill passed in the Assembly Health Committee on 4/21/2026 and staff recommends a WATCH position on this bill.

President Guzman requested a motion for a position on this bill.

Vice-President Hernandez moved to adopt the recommended watch position for AB 1558.

The motion was seconded by Dr. Mehta.

President Guzman entertained questions or comments from the members. None were received.

President Guzman then entertained public comment on this bill. No public comments were received.

M/Hernandez/S/Mehta
In Favor: Mehta, Rosenberg, Terry, Hernandez, Guzman
MOTION PASSED

AB 1775 (Ward) Veterans
This bill would restore benefits and status to veterans who were discharged from the armed services solely as a result of Executive Order No. 14183, banning transgender people from military service, issued on January 27, 2025. For the Department of Consumer Affairs, this would primarily affect licensure expediting for these individuals. Staff recommends a WATCH position on this bill.

President Guzman requested a motion for a position on this bill.

Mr. Terry moved to adopt the recommended watch position for AB 1775.

The motion was seconded by Dr. Mehta.

President Guzman entertained questions or comments from the members. None were received.

President Guzman then entertained public comment on this bill. No public comments were received.

M/Hernandez/S/Mehta
In Favor: Mehta, Rosenberg, Terry, Hernandez, Guzman
MOTION PASSED

AB 2096 (Pacheco) Vocational nursing: respiratory care
This is the bill for which the Board took an OPPOSE position at the March 27, 2026, meeting. You will recall this was a bill sponsored by CAHF, and co-sponsored by Leading Age California, the California Association for Health Services at Home, and the California Hospice and Palliative Care Association which aimed to undo the work our Board has done to address the practice of respiratory care by LVNs.

While the bill was referred to the Assembly B&P Committee, it was not heard before the policy committee deadline for bills designated as having a “fiscal” element so it will not move forward.

No action is required as the bill is not moving forward.

AB 2551 (Elhawary) Health care coverage
This bill would, among other things, expand workforce data collection by licensing boards to include information on whether providers are contracted with health plans and the types of insurance they accept, with the overall goal of improving insight into behavioral health access, affordability, and network adequacy. This bill passed Assembly Appropriations on 4/22/2026 and staff recommends a WATCH position on this bill.

President Guzman requested a motion for a position on this bill.

Mr. Terry moved to adopt the recommended watch position for AB 2551.

Ms. Rosenberg seconded the motion.

President Guzman entertained questions or comments from the members. None were received.

President Guzman then asked if there were any public comments for this bill. No public comments were received.

M/Terry/S/Rosenberg
In Favor: Mehta, Rosenberg, Terry, Hernandez, Guzman
MOTION PASSED

SB 1226 (Ochoa Bogh) Respiratory Tasks
Despite already working with school nurse representatives on an exemption via SB 389 last year, SB 1226 aimed to expand the performance of respiratory care by LVNs beyond suctioning and basic respiratory care tasks and services, and more alarming, proposed the use of "Qualified Designated School Personnel," who are *"trained in the procedures to a level of competence and safety which meets the objectives of the training as provided by the school nurse, public health nurse, licensed physician and surgeon, or other programs which provide the training,"* to provide the respiratory services. In practical terms, this means that if a school determines an employee is "trained" under its standards, that individual may perform the care. Understandably there was significant concern about this.

At the time of the agenda mailing, SB 1226 was double referred to Senate BP&Ed and Senate Education Committees and staff recommended an OPPOSE position on the bill. However, like AB 2096, the bill was not heard before the policy committee deadline for "fiscal" bills so it will also not move forward.

No action is required as the bill is not moving forward.

SB 1304 (Wahab) Respiratory Care Practice Act
This is the Board's sunset bill as discussed as part of Ms. Molina's earlier report. The Board is being asked to ratify the SUPPORT position authorized by the Executive Committee to ensure the Board's support could be reflected during the April 20, 2026, committee hearing.

President Guzman requested a motion for a position on this bill.

Mr. Terry moved to adopt the recommended watch position for SB 1304.

Vice-President Hernandez seconded the motion.

President Guzman entertained questions or comments from the members. None were received.

President Guzman then entertained public comment on this bill. There were no public comments received.

M/Terry/S/Hernandez
In Favor: Mehta, Rosenberg, Terry, Hernandez, Guzman
MOTION PASSED

6. PROFESSIONAL QUALIFICATIONS COMMITTEE (PQC) REPORT

(Raymond Hernandez, Chair, Michael Terry, Member)

a. January 23, 2026 PQC Meeting Update

Vice-President Hernandez shared that on January 23, 2026, the PQC held a public meeting to consider multiple stakeholder questions regarding how suctioning activities are classified under California Code of Regulations, title 16 (CCR), section 1399.365. These discussions focused on clarifying when suctioning constitutes a “basic respiratory task and service” versus when it rises to the level of respiratory care requiring a respiratory assessment.

The PQC specifically evaluated nasal, oral, and tracheal suctioning and their appropriate designation within section 1399.365, and also considered whether amendments to subdivisions (b) and (c) of the regulation were necessary to provide clearer direction to licensees, employers, and other stakeholders.

b. Updated Suctioning Guidance

Mr. Terry shared that following the January 23, 2026, meeting, the PQC developed and issued written guidance to clarify how suctioning activities should be interpreted under the current regulation. The guidance explains that suctioning is generally not considered a respiratory task when it remains confined to anatomical areas such as the oral cavity, nasal cavity, or within a tracheostomy tube so long as it does not extend into the pharynx or natural airway. Conversely, suctioning becomes a respiratory task when it enters the pharynx, airway, or extends beyond the distal end of a tracheostomy tube, at which point it is subject to the limitations of CCR section 1399.365, including requirements related to respiratory assessment and authorized providers.

This guidance was subsequently added to the Board’s website and shared with various stakeholders with an understanding that the PQC would request amendments to codify the guidelines within CCR section 1399.365.

President Guzman thanked Vice President Hernandez and Mr. Terry for their work on these matters and entertained questions from the members and the public.

None were received.

7. DISCUSSION AND POSSIBLE ACTION TO AMEND CALIFORNIA CODE OF REGULATIONS, TITLE 16, SECTION 1399.365 TO CLARIFY SUCTIONING ACTIVITIES

(Kathryn Pitt, Manager)

As a follow up to Agenda Item 6, Ms. Pitt explained at its January 23, 2026, public meeting, the Respiratory Care Board's Professional Qualifications Committee (PQC) considered multiple stakeholder questions regarding how suctioning activities are classified under California Code of Regulations, title 16 (CCR), section 1399.365. These discussions focused on clarifying when suctioning constitutes a "basic respiratory task and service" versus when it rises to the level of respiratory care requiring a respiratory assessment.

Following this meeting and discussion with various stakeholders, the PQC developed and issued written guidance to clarify how suctioning activities should be interpreted under the current regulation.

While this guidance provides important clarification, it does not modify the existing regulatory text. As noted by the PQC, further regulatory action is necessary to align section 1399.365 with the interpretation reflected in the guidance and to ensure consistent application across practice settings.

Ms. Pitt stated to address this, staff developed proposed amendments to CCR section 1399.365. These changes are intended to improve clarity, mitigate inconsistent interpretation in the field, and support patient safety by reinforcing when respiratory assessment and licensed practice are required.

The proposed regulatory language is presented for the Board's review and consideration of approval to proceed with rulemaking.

President Guzman asked if there are any members willing to begin discussion by making the motion as outlined on the first page of the attachment.

Mr. Terry moved to approve the proposed regulatory text for section 1399.365; direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review; and, if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, including making any non-substantive changes to the package and setting the matter for a public hearing. If no adverse comments are received during the 45-day comment period or at the public hearing, if requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations as noticed.

Ms. Rosenberg seconded the motion.

President Guzman entertained questions or comments from the members.

Discussion ensued between Board members.

President Guzman then entertained public comment on this bill.

Public comments received included:

- The issue of suctioning continues to come up frequently in practice and clarification for LVNs and RCPs would be helpful. Ms. Molina advised she reached out to the LVN Board regarding this matter since their website hasn't been updated which is causing confusion.
- Requesting that LVNs be allowed to remove speaking valve when suctioning secretions.

Consideration was given to several suggested options of text revisions to address the speaking valve issue. However, it was ultimately determined that the best course of action was to withdraw the motion, allowing staff an opportunity to work with legal counsel to thoughtfully modify the proposed language to address the issue and present a new version of proposed language at a future meeting.

8. PUBLIC COMMENT ON ITEMS NOT ON THE AGENDA

(Ricardo Guzman, President)

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

Public commenters inquired about the timeline for implementing the bachelor's degree requirement.

Ms. Molina noted that a study may be conducted to explore this issue; however, it would occur next legislative year rather than this year. Vice-President Hernandez added that New York is currently undertaking similar work, which may serve as a helpful reference when determining our own timelines.

Another comment received addressed the issue of fees and requested more detail on where the fees are being utilized.

Ms. Molina explained this topic is traditionally addressed at the Board's last meeting of the calendar year, though the format was different in 2025 due to detailed information being included in the Sunset Report. She referred the individual to the Board's website, where a breakdown of fees is provided as part of the Sunset Report.

A question was raised regarding whether the bachelor's degree program will be offered exclusively online or in person.

Vice-President Hernandez clarified the program will be offered in person.

A question was raised regarding the steps required to obtain the bachelor's degree to become an RCP and how those steps will be implemented in hospitals.

Vice-President Hernandez explained that, at present, an associate's degree is required to become an RCP. Once the bachelor's degree requirement is implemented, the associate's degree pathway will no longer be available.

9. FUTURE AGENDA ITEMS

(Ricardo Guzman, President)

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

Vice-President Hernandez requested the continuation of Bachelor's Degree initiative.

No other comments were received from the members.

President Guzman entertained questions and comments from the public. No public comment received.

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CLOSED SESSION

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

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ADJOURNMENT

(Ricardo Guzman, President)

The Public Session Meeting was adjourned by President Guzman at 3:00 p.m.

RICARDO GUZMAN
President

CHRISTINE MOLINA
Executive Officer