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UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA

JACQUELINE PALMER, et al.,

Plaintiffs,

v.

ROB BONTA, et al.

Defendants.

Case No.: 5:23-cv-01047-JGB-SP

PLAINTIFFS' MEMORANDUM IN OPPOSITION TO DEFENDANTS' CROSS-MOTION FOR SUMMARY JUDGMENT AND REPLY IN SUPPORT OF PLAINTIFFS' MOTION FOR SUMMARY JUDGMENT

Date: April 21, 2025
Time: 9:00 a.m.
Courtroom: 1, Riverside
Judge: Hon. Jesus G. Bernal
Trial Date: June 24, 2025
Action Filed: June 6, 2023

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INTRODUCTION

In defending a senseless modern ban on the use of the word "doctor," Defendants reach back nearly 125 years—as if the state of healthcare has been frozen in time. Today, many medical professionals hold doctoral degrees from specialized programs that did not exist when Cal. Bus. & Prof. Code § 2054's predecessors were adopted. For example, while Doctor of Nursing Practice (DNP) programs began in 2004 nationally, the first DNP program in California wasn't established until 2010. Second Matias Decl. Exh. 8.[1] Chiropractors could first attend a doctoral program in 1976, Exh. 9, and physical therapists 20 years later, in 1996. Exh. 10. Audiologists in California did not have a doctoral program until 2007. Exh. 11. Reliance on 19th Century rationales means that these *doctors* violate section 2054 on a daily basis.

In particular, nurse practitioners operating within the scope of their licensure play a significant role in the care of patients, especially in rural and low-income areas. *See* Brief of Amicus Curiae American Association of Nurse Practitioners in Support of Plaintiffs' Motion for Summary Judgment, ECF 63 at 10–12. Nurse practitioners spend many years of schooling and hands-on patient care before they are ready to achieve their terminal degrees. By the time they matriculate into doctoral programs, they have already taken courses—including advanced courses as they proceed into masters programs—in biology, anatomy, physiology, pharmacology, differential diagnoses, and the like. Exh. 12 (Palmer Dep.) 19:2–19:8, 35:17–37:24; Exh. 13 (Lewis Dep.) 87:14–88:1, 94:21–96:6; Exh. 14 (Hanson Dep.) 90:10–92:21. *See also* ECF 63 at 9–10.

[1] References to exhibits attached to the Second Matias Declaration will hereafter be referred to simply by exhibit number (e.g., "Exh. X").

At the same time, many like Plaintiffs continue caring for patients full-time while attending school. Pls.' SUF 12–14, 26, 46. Although obtaining a doctoral degree is not a licensure requirement for nurse practitioners, all three Plaintiffs testified that the addition of a DNP degree to their practice helped them in their delivery of care to patients. Exh. 12, 125:4–127:5; Exh. 13, 18:1–25:23; Exh. 14, 35:7–41:18, 92:23–93:8. Indeed, California has established a DNP program at its state universities, recognizing the need to advance these much-needed healthcare professionals. Exh. 8.

Defendants' response is to first diminish the educational[2] and professional accomplishments of nurse practitioners, ignoring the significant role they play in the provision of care in California and this country. Then they turn to dictionaries to cherry pick definitions where "doctor" *can mean* "physician." Yet the very dictionaries they rely on tell another story: "doctor" also means "a person who holds a doctorate" (New Oxford English Dictionary); "a person who has been awarded a doctor's degree" (Webster's Unabridged Dictionary); and "Any of certain other healthcare professionals, such as a dentist, optometrist, chiropractor, podiatrist, or veterinarian" (American Heritage Dictionary). These meanings of "doctor" are common and truthful. Doctor legitimately means many things in 2025. It's obviously not true that *only* physicians

[2] Defendants disparagingly refer to a DNP's ability to take certain courses online, while "there are no online medical schools." Defs.' Mem. 10. However, in this modern world many doctoral programs at professional schools employ online education for the didactic portion of education while still requiring in-person clinical hours with patients. *See* Exh. 15 (physical therapy), Exh. 16 (clinical psychology) and Exh. 17 (nursing practice, John's Hopkins University, where Plaintiff Hanson earned his DNP).

and surgeons have the exclusive right to use the title "Dr." or the term "doctor."[3]

Defendants carry the burden of justifying—in both proof and persuasion—section 2054's speech restriction. *Lim v. City of Long Beach*, 217 F.3d 1050, 1054 (9th Cir. 2000) ("[T]he party seeking to restrict protected speech has the burden of justifying the restriction."). For all Defendants' reliance on select dictionary definitions and the long history of section 2054 and its predecessors, they have not satisfied their burden under the First Amendment. Defendants provide no evidence to support a substantial—much less compelling—interest in "protecting patients from being misled by nonmedical doctors using the title 'Dr.'," much less that the law is narrowly tailored to achieve that interest. Whether this Court applies strict or intermediate scrutiny here, Defendants have failed to carry their burden.

ARGUMENT

I. Strict Scrutiny Applies to Noncommercial Speech Where the Regulation Is Content-Based

Where noncommercial and commercial speech are "inextricably intertwined," a content-based restriction like section 2054 merits strict scrutiny. *Riley v. Nat'l Fed. of the Blind of North Carolina, Inc.*, 487 U.S.

[3] Defendants rely on a 1988 Oregon case to argue that nurse practitioners are not comparable to physicians. Defs.' Mem. 4. Plaintiffs don't disagree, but that's not at issue. It's also true that dentists and chiropractors are not comparable to physicians. On the issue that matters, *Cook v. Workers' Compensation Department* fails to support their claim that a *doctorally prepared* NP is not a "doctor." 306 Or. 134, 143 (1988). Indeed, the case arose well before the existence of DNP programs. Defs.' Mem. 9.

781, 796 (1988).[4] Section 2054 bans all use of "Dr." by anyone not a licensed physician or surgeon, whether they use the title on a sign, business card, or letterhead. § 2054(a). While these platforms can convey commercial speech, they can also be purely informational. *See, e.g.*, *Bolger v. Youngs Drug Prod. Corp.*, 463 U.S. 60, 66 (1983) (informational pamphlets cannot necessarily be characterized merely as proposals to engage in commercial transactions.)

The law also bans the use of "Dr." or "doctor" "in a healthcare setting," which Defendants argue is commercial because Plaintiffs get paid to do their jobs. Defs.' Mem. 17–18. However, the presence of profit does not automatically render the speech "commercial." *Bd. of Trustees of State University of New York v. Fox*, 492 U.S. 469, 482 (1989); *New York Times Co. v. Sullivan*, 376 U.S. 254, 718 (1964) (the fact that the newspaper was paid to publish an editorial advertisement did not render such publication "commercial speech"); *Ariix, LLC v. NutriSearch Corp.*, 985 F.3d 1107, 1117 (9th Cir. 2021) ("Not all types of economic motivation support commercial speech.") Because banning Plaintiffs' self-identification in the workplace—a healthcare setting—is noncommercial, the law triggers strict scrutiny.

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[4] Defendants take issue with Plaintiffs' reliance on *Riley*, asserting that because it was a compelled speech case, it is inapplicable here. Defs.' Mem. 25, n.15. As the Supreme Court in *Riley* noted, "There is certainly some difference between compelled speech and compelled silence, but in the context of protected speech, the difference is without constitutional significance, for the First Amendment guarantees 'freedom of speech,' a term necessarily comprising the decision of both what to say and what *not* to say." 487 U.S. at 796–97.

A. Content-based restrictions require strict scrutiny

Defendants do not dispute that section 2054 is a content-based and speaker-based restriction; nor can they. Instead, they argue that even if the court applies strict scrutiny, the law restricting the speech of Plaintiffs and others like them can survive. They are wrong.

Content-based restrictions are presumptively unconstitutional. *Reed v. Town of Gilbert, Arizona*, 576 U.S. 155, 163 (2015). To survive strict scrutiny, Defendants must come forth with proof 1) of a compelling government interest; and that 2) section 2054 is narrowly tailored to achieve that interest. This standard does not lapse because the restriction takes place "in a healthcare setting."

B. Defendants fail to provide a compelling interest

Defendants assert a compelling interest in "protecting patients from being misled about healthcare providers," or "protecting patients in a healthcare context." Defs.' Mem. 25. But Defendants fail to support that interest with evidence. *See Brown v. Entertainment Merchants Ass'n*, 564 U.S. 786, 799 (2011) ("The State must specifically identify an 'actual problem' in need of solving . . . and the curtailment of free speech must be actually necessary to the solution. . . . That is a demanding standard.") Defendants point only to a survey by the American Medical Association (AMA) taken as long as 17 years ago and as recently as seven years ago[5] to show that among 800+ adults nationwide, 39% of those surveyed did not know whether a DNP is a physician. Choe Decl. Exh. 27. But whether the public understands whether DNPs are physicians says nothing about whether the public is misled by DNPs truthfully referring to themselves as doctors. Even if the survey spoke to that point—it doesn't—the survey

[5] The survey appears to be a combination of telephone survey results from 2008 and internet survey results from 2018. *See* Choe Decl. Exh. 27 fn 1.

is of little probative value. For starters, it's not scientific—it was conducted in part by a public relations firm, Global Strategy Group.[6] It includes little information about the demographics of the individuals surveyed; whether and how often they consume healthcare services; how the questions were framed; and what biases may be inherent in the survey. Beyond the AMA survey, Defendants fail to provide anything to help this Court assess whether *California* has a compelling interest in banning truthful speech by California healthcare providers.

C. Section 2054 is not narrowly tailored to a compelling interest

Defendants claim that section 2054(a) is "precisely" tailored to its interest in protecting patients from being misled. Defs.' Mem. 25. Defendants also insist that anyone using "Dr." and "doctor" who is not a physician or surgeon is violating the law, even if they provide disclosures regarding their actual credentials and licensure. That cannot be true, and Defendants fail to point to any evidence that disclosures could not achieve the same outcome.

It's also true that Defendants' vast underenforcement of section 2054 against *most* doctorate holders undercuts the claim that the law is tailored to prevent patient misinformation. For example, although SB 1451 added an exemption allowing certain healthcare professionals to use the title "Dr." "to the extent the use of the title is consistent with the act governing the practice of that license," Cal. Bus. & Prof. Code § 2054(b)(4), prior to 2024 the law criminalized use of the title by anyone who is not a licensed physician or surgeon. And yet when asked in

[6] *See* https://globalstrategygroup.com/. The firm helps its clients "Craft Compelling Narratives," "Influence Decision Makers," and "Build and Protect Reputations." *Id.*

discovery for documents relating to enforcement of section 2054, neither Defendant Medical Board nor the Attorney General produced evidence of enforcement against dentists, chiropractors, physical therapists, acupuncturists, and the like, for simply using the title "Dr." with disclosure of their licensure. Additionally, healthcare professionals such as psychologists (PsyD), audiologists (AuD), or pharmacists (PharmD), whose practice acts do not expressly allow them to use "Dr." and therefore are not exempt under section 2054(b)(4), seem not to have been the target of Defendants' enforcement efforts either. *See* Cal. Bus. & Prof. Code Div. 2 Ch. 6.6 (psychologists); Cal. Bus. & Prof. Code Div. 2 Ch. 5.3 (audiologists). "[A] law cannot be regarded as protecting an interest of the highest order, and thus as justifying a restriction on truthful speech, when it leaves appreciable damage to that supposedly vital interest unprotected." *Rosemond v. Markham*, 135 F.Supp.3d 574, 588 (E.D. Ky. 2015).

D. Speech "in a healthcare setting" is not commercial speech

That plaintiffs work in a healthcare setting does not transform their speech there into *commercial* speech. To constitute commercial speech, it must "propose a commercial transaction." *Virginia Pharmacy Board v. Virginia Citizens Consumer Council, Inc.*, 425 U.S. 748, 762 (1976). Prior to section 2054's amendment by SB 1451, the law already covered commercial speech by prohibiting the use of "Dr." or "doctor" in advertisements as well as "in any sign, business card, or letterhead" (which might also be commercial). SB 1451 expanded the law's reach into noncommercial space by adding the phrase "in a healthcare setting that would lead a reasonable *patient* to determine that person is a licensed 'M.D.'" or 'D.O.'" A DNP in a clinician's jacket embroidered with "Dr." who

encounters a patient is not proposing a commercial transaction. *See* Pls.' SUF 14. Nor can a DNP's nameplate on a desk be considered solicitation for a commercial transaction when observed by a patient. *See* Pls.' SUF 78–79, 83. In fact much, perhaps most, speech in a healthcare setting is not commercial.

Plaintiffs testified that they would use "Dr." or "doctor" in a healthcare setting if it were legal to do so. Pls.' SUF 20, 36, 80, 84, 88. But without more specific context, the court cannot assume that such speech would be commercial. As things stand now, Plaintiffs do not currently advertise "in a healthcare setting," and Defendants have not put forth any evidence that they do.

Defendants' reliance on *Brandwein v. California Board of Osteopathic Examiners*, 708 F.2d 1466, 1469–70 (9th Cir. 1983), does little to determine how the use of "Dr." "in a healthcare setting" would constitute commercial speech. In *Brandwein*, a Doctor of Osteopathy (D.O.) falsely claimed he held an M.D. *Id.* at 1469. He was prosecuted under a prior version of section 2054, which prohibited falsely using "M.D." "in any sign, business card, letterhead" and "in any advertisement," but not "in a healthcare setting." As noted, the latter text was only added in 2024. Defs.' Mem. 6. Thus, although the court did not lay out the circumstances under which plaintiff Brandwein misrepresented himself, the language of the statute at the time was only directed at commercial and potentially commercial speech.[7] *See* Defs.' Mem. 16.

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[7] Unlike the plaintiff in *Brandwein*, Plaintiffs here do not seek to falsely hold themselves out as M.D.s, D.O.s, physicians, or surgeons. Pls.' SUF 18, 29, 50.

II. To the Extent that Section 2054 Regulates Commercial Speech, the Law Cannot Survive Intermediate Scrutiny

A. Commercial speech is entitled to robust First Amendment protections

Even if this Court finds that some of the restricted uses of "Dr." or "doctor" are commercial speech, it is still entitled to First Amendment protection. *Edenfield v. Fane*, 507 U.S. 761, 767 (1993). Defendants bear the burden of justifying restrictions on commercial speech, too. *Id.* at 770. That burden is significant, *Ibanez v. Fla. Dep't of Bus. and Prof. Reg. Bd. of Accountancy*, 512 U.S. 136, 143 (1994), because "the free flow of commercial information is valuable enough to justify imposing on would-be regulators the costs of distinguishing the truthful from the false, the helpful from the misleading, and the harmless from the harmful." *Id.* (quoting *Zauderer v. Office of Disciplinary Couns. of Sup. Ct. of Ohio*, 471 U.S. 626, 646 (1985) (cleaned up)). In carrying their burden, Defendants cannot rely on mere conjecture but must demonstrate with evidence that the alleged harms justifying the statute are real and that the law "will in fact alleviate them to a material degree." *Edenfield*, 507 U.S. at 771.

Under the Supreme Court's test in *Central Hudson Gas & Electric Corp. v. Public Service Commission*, the court must satisfy itself that the speech is not misleading and is therefore entitled to First Amendment protection. 447 U.S. 557, 566 (1980). The state then carries the burden of showing that the law "directly advances" a substantial government interest, and that it is "no more extensive than necessary to serve that interest." *Id.*

/ / /

B. The use of "Dr." and "doctor" by persons holding doctoral degrees is not inherently misleading

Where a term is truthful and verifiable, it cannot be inherently misleading. *Peel v. Attorney Registration and Disciplinary Comm'n*, 496 U.S. 91, 101 (1990). "The accurate use of a descriptive and generic term to describe one's services cannot become inherently misleading merely because the State has decided to appropriate the term." *Roberts v. Farrell*, 630 F.Supp.2d 242, 250 (D. Conn. 2009). Plaintiffs are truthfully "doctors," and the State cannot appropriate it for its own use.

American Academy of Pain Management v. Joseph (*AAPM*) is not "on all fours" with this case.[8] Defs.' Mem. 19; Pls.' Mem. 28. Based on an abundance of evidence supporting the state's claim that "board certified" had evolved into a narrow term of art among physicians over time, the Ninth Circuit found that use of the term by nonphysicians was inherently misleading. *Am. Acad. of Pain Mgmt. v. Joseph*, 353 F.3d 1099, 1110–11 (9th Cir. 2004). Here, Defendants have *no evidence* that the use of "Dr." has become a similar term of art. In fact, all the evidence is to the contrary (as is common sense).

The use of "Dr." by individuals with a doctorate, whether in pharmacology, audiology, or nursing practice, for example, is ubiquitous—it cannot be inherently misleading. The term identifies a level of educational accomplishment common to all who earn a doctorate. *See* p. 5, *supra*. Yet the assumption baked into section 2054 is that the very use of "Dr." or "doctor" *necessarily implies* that the person using it is holding themselves out as a physician. That assumption is plainly false and contrary to common use of the term. It also fails the lesson in *Peel*,

[8] The district court in *Roberts* provides useful analysis of *AAPM*'s narrow holding. *See* 630 F.Supp.2d at 249–50.

namely that the state cannot imply a misleading interpretation from objective, verifiable facts. *See Peel*, 496 U.S. at 101.

Undoubtedly, one could use the title "Dr." or term "doctor" falsely, if, for example, one who does not hold a doctorate degree claimed to have one. Even a doctorate holder such as Plaintiffs *could* use the term falsely. But a mere potential to mislead does not "satisfy the State's heavy burden of justifying the categorical prohibition against the accurate dissemination of accurate factual information to the public." *Id.* at 109 (citing *In re RMJ*, 455 U.S. 191, 203 (1982)). Defendants must come forward with evidence of deception. *Ibanez,* 512 U.S. at 145. They have not; they cannot.

Here, there is no evidence that Plaintiffs have ever used the title "Dr." to deceive patients. To the contrary, Plaintiffs testified that they always inform patients that they are nurse practitioners. Pls.' SUF 18, 29, 50. Indeed, the law *already* requires them to do so. Cal. Bus. & Prof. Code § 2835. They do not intend to stop such disclosures if section 2054 is struck down. Pls.' SUF 20, 36, 80, 88. As such, Defendants cannot restrict their truthful speech. "[S]tates may not place an absolute prohibition on certain types of potentially misleading information . . . if the information also may be presented in a way that is not deceptive." *Peel,* 406 U.S. at 100–01.

C. Defendants cannot substantiate their asserted interest in protecting patients

"It is well established that the party seeking to uphold a restriction on commercial speech bears the burden of justifying it." *Edenfield*, 507 U.S. at 770–71. The state "must demonstrate that the alleged harms justifying the statute are real and that the law will in fact alleviate them to a material degree." *Id. See also Bolger,* 463 U.S. at 71 n.20.

Defendants must come forth with evidence to prove to the Court that patients in California have actually been misled by nonphysicians who use the title "Dr." *See Edenfield*, 507 U.S. at 771. They have not done so. As noted in section I.B. above, the only evidence Defendants rely on to support their interest in protecting patients from being misled is a general survey of random adults by the AMA. The survey lacks sufficient information to allow this court to assess its validity, biases, and flaws. Moreover, the survey does not focus on California consumers, the very people Defendants claim an interest in protecting. Defendants do not even provide evidence of the harm they seek to avoid in those states that allow nonphysician doctors to use the title "Dr." *See, e.g.*, *id.* (Where 21 states did not restrict solicitation by CPAs, but the defendant's state of Florida did, the defendant's failure to put forth evidence showing harm in those states was fatal.).

While Plaintiffs recognize that protecting patients could be a legitimate government interest, Pls.' Mem. 29, Defendants must have specific evidence that the law supports that interest. *Bingham v. Hamilton*, 100 F.Supp.2d 1233, 1240 (E.D. Cal. 2000). They have failed because none exists. Instead, they offer "virtually no evidence beyond conjecture that [their] concerns ha[ve] real substance." *Id.* But as the Supreme Court noted in *Peel*, "concern about the possibility of deception in hypothetical cases is not sufficient to rebut the constitutional presumption favoring disclosure over concealment." 496 U.S. at 111.

D. Section 2054(a) does not advance the state's asserted interest in a direct and material way

Assuming Defendants could satisfy the substantial interest showing, they must then demonstrate that the statute's restriction advances the state's asserted interest in a direct and material way.

Edenfield, 507 U.S. at 770–71. However, Defendants have offered no evidence that Plaintiffs have misled patients or that other doctorate degree holders in California have caused confusion or harm to healthcare patients. This evidence does not appear in the legislative history, their briefing, nor the industry-generated AMA survey.

Defendants refer to *Florida Bar v. Went For It, Inc.*, 515 U.S. 618, 628 (1995), to justify their lack of evidence demonstrating that section 2054's ban on speech advances its alleged interest in protecting patients. They rely on a passage in which the Supreme Court says that the state is not required to produce "empirical data . . . accompanied by a surfeit of background information." *id.* at 628. In *Went For It*, the state produced mountains of evidence, both statistical and anecdotal, to satisfy this prong. *Id*. Defendants here provide nothing remotely comparable; Defendants' showing here is closer to the sparse showing in *Edenfield* (i.e., no evidence). *See* 507 U.S. at 771–72.

Defendants direct this Court to section 2054's legislative history, Defs.' Mem. 23, but the history they refer to lacks evidence of an actual problem with misled California patients. And lastly, even if some evidence in that legislative record existed—it doesn't—Defendants' underinclusive enforcement of section 2054 against the many doctorate-holding healthcare professionals in California demonstrates that the law is not targeted to solve the asserted problem. "[U]nderinclusivity is relevant to *Central Hudson*'s direct advancement prong because it 'may diminish the credibility of the government's rational for restricting speech in the first place.'" *Valle del Sol Inc. v. Whiting*, 709 F.3d 808, 824 (9th Cir. 2013) (quoting *Metro Lights, LLC v. City of Los Angeles*, 551 F.3d 898, 904–05 (9th Cir. 2009)) (cleaned up).

E. Section 2054 bans far more speech than is necessary

To satisfy *Central Hudson*, this Court must also find that the law does not restrict more speech than is necessary. 709 F.3d at 825. "To sustain [a] targeted, content-based burden . . . on protected expression, the State must show at least that . . . the measure is drawn to achieve that interest." *Sorrell v. IMS Health Inc.*, 564 U.S. 552, 572 (2011). That is, the law should not be overinclusive. *Valle del Sol Inc.*, 709 F.3d at 825.

The Ninth Circuit's opinion in *Valle del Sol* is instructive. There, the Court held that an Arizona law limiting the commercial speech of day laborers by prohibiting in-street employment solicitation that blocked traffic prohibited more speech than necessary. *Id.* at 826. The court noted that the availability of other laws at the state's disposal to help it to achieve its asserted interest was "highly relevant and persuasive" to a finding of over inclusiveness. *Id.* "[B]ecause restricting speech should be the government's tool of last resort, the availability of obvious less-restrictive alternatives renders a speech restriction overinclusive." *Id.*

Here, less restrictive means are already available to the state. First, Plaintiffs must already disclose that they are nurse practitioners. *See* Cal. Bus. & Prof. Code § 2835. Second, Cal. Bus. & Prof. Code § 680 *et seq*. requires all healthcare practitioners to disclose their licensure and credentials. (Even the American Medical Association advocates for disclosure over prohibition in their proposed "Health Care Transparency Act" model bill. Exh. 18.) Finally, California's false advertising and unfair business practices laws already address concerns about patient deception. *See* Cal. Bus. & Prof. Code §§ 17500, 17200.

Absent a finding that the use of "Dr." or "doctor" by Plaintiffs is inherently misleading, the state's prohibition on such speech cannot satisfy intermediate, much less strict, scrutiny where less restrictive

alternatives are plentiful. *In Re R.M.J.*, 455 U.S. at 207. Rather than a ban on disclosure of truthful information, a better, less restrictive alternative is "to assume that this information is not in itself harmful, that people will perceive their own best interests if only they are well enough informed, and that the best means to that end is to open the channels of communication rather than to close them." *Virginia State Bd. of Pharmacy*, 425 U.S. at 770.

CONCLUSION

For the reasons laid out in Plaintiffs' Motion for Summary Judgment and above, Plaintiffs respectfully ask this Court to grant its Motion for Summary Judgment and to deny Defendants' Cross-Motion for Summary Judgment.

DATED: March 31, 2025.

Respectfully submitted,

DONNA G. MATIAS
CALEB R. TROTTER
Pacific Legal Foundation

By /s/ DONNA G. MATIAS
DONNA G. MATIAS

Attorneys for Plaintiffs

L.R. 11-6.2 CERTIFICATE OF COMPLIANCE

The undersigned, counsel of record for Plaintiffs, certifies that this memorandum contains no more than 17 pages of argument, which complies with the limit set by court order dated March 3, 2025.

DATED: March 31, 2025.

By /s/ DONNA G. MATIAS
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UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

JACQUELINE PALMER, et al.,

Plaintiffs,

v.

ROB BONTA, et al.

Defendants.

Case No.: 5:23-cv-01047-JGB-SP

SECOND DECLARATION OF DONNA G. MATIAS IN SUPPORT OF PLAINTIFFS' MOTION FOR SUMMARY JUDGMENT

Date: April 21, 2025
Time: 9:00 a.m.
Courtroom: 1, Riverside
Judge: Hon. Jesus G. Bernal
Trial Date: June 24, 2025
Action Filed: June 6, 2023

I, Donna G. Matias, hereby state and declare as follows:

The matters set forth herein are within my own personal knowledge, and if called to do so, I would and could competently testify thereto.

1. I am an attorney at law duly licensed to practice law before

all the courts in the state of California. I am the attorney of record herein for Plaintiffs Jacqueline Palmer, Heather Lewis, and Rodolfo Jaravata Hanson.

2. Attached hereto as Exhibit 8 is a true and correct copy of a document entitled *New Law Allows California State Nursing Schools to Offer the DNP*, Am. Assoc. of Colleges of Nursing, *available at* https://www.aacnnursing.org/news-data/all-news/2010-dnp-bill.

3. Attached hereto as Exhibit 9 is a true and correct copy of a document entitled *Historical Development of the Council on Chiropractic Education*, Council on Chiropractic Education, *available at* https://www.cce-usa.org/history.html.

4. Attached hereto as Exhibit 10 is a true and correct copy of a document entitled *The Clinical Doctorate (or "DPT") Becomes the Only Degree Conferred by CAPTE-Accredited Educational Institutions*, *available at* https://timeline.apta.org/timeline/the-clinical-doctorate-or-dpt-becomes-the-only-degree-conferred-by-capte-accredited-educational-institutions/.

5. Attached hereto as Exhibit 11 is a true and correct excerpt of a document entitled *California Consortium Serves as Model for Audiology Clinical Doctoral Programs*, 12 The ASHA Leader 30, 30 (2007), *available at* https://leader.pubs.asha.org/doi/10.1044/leader.AE3.12052007.30.

6. Attached hereto as Exhibit 12 are excerpts of the transcript of the deposition of Plaintiff Jacqueline Palmer, taken on February 13, 2025.

7. Attached hereto as Exhibit 13 are excerpts of the transcript of the deposition of Plaintiff Heather Lewis, taken on February 6, 2025.

8. Attached hereto as Exhibit 14 are excerpts of the transcript

of the deposition of Plaintiff Rodolfo Jaravata Hanson, taken on February 7, 2025.

9. Attached hereto as Exhibit 15 is a true and correct excerpt of a document entitled *Doctor of Physical Therapy*, describing a hybrid program of the Southern California University of Health Sciences, *available at* https://www.scuhs.edu/doctoral-degrees/doctor-of-physical-therapy/

10. Attached hereto as Exhibit 16 is a true and correct excerpt of a document entitled *Psy.D. Applied Clinical Psychology - Psy.D. Program Online*, describing a hybrid post-masters program of The Chicago School of Professional Psychology, *available at* https://www.thechicagoschool.edu/programs/psychology/applied-clinical-psychology/psyd/

11. Attached hereto as Exhibit 17 is a true and correct excerpt of a document entitled *DNP: Family Primary Care Nurse Practitioner*, describing a graduate program of Johns Hopkins University, *available at* https://nursing.jhu.edu/programs/doctoral/msn-dnp/dnp-family/#how-are-courses-delivered.

12. Attached hereto as Exhibit 18 is a true and correct excerpt of a document entitled "'*Truth in Advertising' Campaign*," a publication of the American Medical Association Advocacy Resource Center, *available at* https://www.ama-assn.org/system/files/2020-10/truth-in-advertising-campaign-booklet.pdf.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on March 31, 2025 at San Clemente, California.

By /s/ DONNA G. MATIAS

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EXHIBIT - 8

All News

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New Law Allows California State Nursing Schools to Offer the DNP

September 30, 2010

WASHINGTON, D.C., September 30, 2010 - On Tuesday, California Governor Arnold Schwarzenegger signed into law Assembly Bill 867, which permits the California State University (CSU) system to launch a Doctor of Nursing Practice (DNP) Pilot Program. Previously in the state of California, only schools affiliated with the University of California (UC) system were permitted to offer doctoral degrees in nursing.

"Removing regulatory barriers to higher education in nursing is a critical step to sustaining the momentum for raising educational standards for nurses working in advanced roles," said AACN President Kathleen Potempa. "AACN applauds California's governor and legislature for recognizing the importance of

accommodate up to 90 full-time equivalent doctoral students. The DNP pilot program must be designed to enable professionals to earn the degree while working full time, educate nurses for advanced practice roles, and prepare clinical faculty to teach in postsecondary nursing programs. To read the text of the new law, see **http://www.leginfo.ca.gov/pub/09-10/bill/asm/ab_0851-0900/ab_867_bill_20100928_chaptered.html**.

"Passage of this bill would not have been possible without the strong advocacy for change on the part of CSU nursing schools and other advocates in the state," added Dr. Potempa. "Their collective efforts have helped to open the doors of opportunity to nurses wishing to complete the terminal practice degree for the nursing profession, the DNP."

To read more about the national movement toward the DNP, including the latest data on enrollment and graduations, see **www.aacnnursing.org/DNP/Fact-Sheet**.

Categories: **Policy & Advocacy**, **Press Release**

EXHIBIT - 9

History

Historical Development of the Council on Chiropractic Education

The importance of quality education was recognized early in the chiropractic profession. Voluntary efforts to improve chiropractic education were undertaken as early as 1935 when the National Chiropractic Association (NCA) created a Committee on Educational Standards (CES).

During the years between 1935 and 1940, various national chiropractic associations such as the NCA; the Chiropractic Health Bureau (CHB); and the Council on State Chiropractic Examining Boards (CSCEB) supported the improvement of chiropractic education with both funds and human resources. Years later the NCA became the American Chiropractic Association (ACA) and the Chiropractic Health Bureau became the International Chiropractors Association (ICA).

In 1938 the CES and CSCEB merged into a new CES. Under the direction of this committee the first institution self-study questionnaire was sent to all 37 chiropractic institutions actively engaged in chiropractic education in the United States.

In 1939 the CES completed work on educational criteria, which were presented for approval of the chiropractic institutions. Funds were subsequently appropriated by the NCA to employ an inspector to visit the applicant institutions and evaluate their programs against their self-studies and the educational criteria. In 1941 the CES issued its first list of institutions with status; the list contained twelve provisionally approved institutions.

In 1947 institutional representatives and members of the CES formed the Council on Education. On August 4, 1947, this Council received the approval and support of the House of Delegates of the NCA.

In 1952 the Council on Education made initial contact with the United States Office of Education (later to become the United States Department of Education [USDE]) with an official application for recognition being filed in 1959.
From 1941 to 1961 the Council continued to strengthen chiropractic education. Many institutions were merged with other institutions to create stronger academic programs. During this timeline, a number of the institutions were closed. By 1961, the number of institutions had been reduced to ten.

In 1964 the NCA merged with other groups to form the ACA, which continued to support the Council on Education. Suggestions for strengthening academics and procedures were received and implemented, and in 1969 an unofficial filing of materials with the USDE resulted in further suggestions for change.

In 1971 the Council on Chiropractic Education (CCE) was incorporated as an autonomous national organization and continues to function as such.

On April 28, 1972 CCE was issued a ruling letter by the IRS granting an exemption from Federal Income Tax under the provisions of Section 501(c)(3) for non-profit status.

On August 16, 1972, CCE filed a formal application and on August 26, 1974, the U.S. Commissioner of Education, Department of Health, Education and Welfare first awarded the Accrediting Commission of the CCE its recognition on the list of Nationally Recognized Accrediting Agencies and Associations for a period of one (1) year.

CCE was accepted as a member of the Council of Specialized Accrediting Agencies in 1975. CCE continues membership with the now, Association of Specialized and Professional Accreditors (ASPA).

The U.S. Commissioner of Education, Department of Health, Education and Welfare, extended the recognition of the Accrediting Commission of the CCE on December 11, 1975, for a period of three years.
On July 1, 1976, the New York State Education Department began accepting the status decisions of the CCE Commission on Accreditation (COA), thus discontinuing its policy of independent evaluation of chiropractic institutions outside the state of New York.

On October 13, 1976, the CCE was granted initial recognition by the Council on Postsecondary Accreditation (COPA) for a period of five years for the accreditation of educational programs leading to the Doctor of Chiropractic degree.

The U. S. Commissioner on Education, Department of Health, Education and Welfare, granted continued recognition to the CCE Commission on Accreditation on June 21, 1979, for a period of three years.

In July 1981, CCE initiated an effort to identify those clinical competencies requisite to entrance into the chiropractic profession. An ad hoc task force was appointed consisting of members representing CCE member Doctor of Chiropractic Programs (DCPs), as well as professional and regulatory organizations. The work of the task force was completed and the clinical competencies were adopted by the CCE in 1984.

CCE received continued recognition by COPA on April 14, 1982, for a period of five (5) years.

On November 18, 1982 the U. S. Commissioner on Education continued recognition of the CCE Commission on Accreditation for a period of four (4) years.

In 1986-87 the CCE underwent a major review and revision of the Educational Standards for Chiropractic Institutions (Standards), subsequently renaming the document as Standards for Chiropractic Programs/institutions (Standards). A random sample of more than 500 persons from CCE's various publics were asked to critique the Standards.

CCE received continued recognition by COPA on April 17, 1987, for a period of five years.

On September 28, 1987 the U. S. Department of Education continued the recognition of the Commission on Accreditation of the CCE for a period of two years and later, on July 13, 1989 extended the recognition for two additional years.

In 1987-89 the CCE continued the Standards review process in response to impending substantive changes in postsecondary education and accreditation recognition requirements. The USDE and the COPA revised their provisions and procedures governing recognition of accrediting bodies to require that program review assess outcomes as well as resources.

In 1990, the CCE approved major revision of its Standards; the revision focused on the development of an accreditation program that assesses chiropractic institutional effectiveness and outcomes.

On January 28, 1992 the Commission on Accreditation of the CCE was granted continued recognition by COPA for a five-year period.

On August 18, 1992, the Commission on Accreditation of the CCE was awarded continued

recognition by the U.S. Department of Education for a period of five (5) years.

In 1995, CCE approved major revisions of its Standards in order to maintain compliance with the provisions added to the Higher Education Act of 1965 (HEA) by the Higher Education Amendments of 1992, and the Higher Education Technical Amendments of 1993.

In 1996, the CCE approved major revisions of the Clinical Competency Document and established Clinical Competencies as a section of the Standards.

Since 1996, CCE has continued its commitment to ensure that the Standards for the accreditation of DCPs are adequate and effective measures for assessment of quality, and relevant to the requirements and expectations of the chiropractic profession and to the protection of the public. Specific revisions of the Standards have taken place from time to time, particularly with regard to requirements for admission to the programs and clinical aspects of the curriculum. In this regard, the CCE Board of Directors has approved a specific and systematic program for review of the Standards and the accreditation process. This program insures regular and thorough reconsideration and improvements where necessary.

On March 21, 1997 the Commission on Accreditation of the CCE was granted continued recognition by the Commission on Recognition of Postsecondary Education (CORPA), which replaced COPA, for a five-year period.

On August 1, 1997 the Commission on Accreditation of the CCE was awarded continued recognition by the U. S. Department of Education for a period of four (4) years.

In January 1999, the CCE Board of Directors voted to change the organizational structure and makeup of the components of CCE; the Board of Directors composed of thirteen individuals, seven from the accredited chiropractic programs/institutions, four practicing chiropractors from the field and two individuals from the general public. The Board of Directors establishes the Standards, elects the members of the COA, and conducts the general business of CCE through its Executive Committee and the Executive Director.

The COA became a separate body composed of eleven individuals, five from the accredited chiropractic programs/institutions, four practicing chiropractors from the field and two individuals from the general public. The COA implements the CCE Standards and renders decisions pertaining to the accreditation of programs/institutions.

Initially named the CCE Council, The CCE Corporation was given responsibility for election of the Board of Directors and approval of the CCE Bylaws. This body was composed of representatives from each of the accredited programs.

In the year 2000, the CCE Board of Directors conducted an extensive review of proposed revisions of the Standards, involving participation by all entities in CCE and interested outside parties. Major revisions of the Standards resulted from this activity.

On December 17, 2001 the CCE Commission on Accreditation was granted continued recognition by the U. S. Secretary of Education, for a period of five (5) years.

In 2002, the CCE Commission on Accreditation instituted processes to enhance consistency in application of requirements and in reporting on site team visits, and revised the COA Manual that included examples illustrating compliance with the CCE Standards, to assist programs in understanding CCE accreditation requirements.

In January 2005, the Board of Directors (BOD) established “membership” into the structure of

CCE, with "members" being representatives of the accredited DCPs, in accordance with the CCE Articles of Incorporation. As a provision of this change, the member programs elected the majority of the BOD and voted, along with the BOD, on amendments to the Articles of Incorporation.

On February 2, 2005 CCE received continued recognition by the Council for Higher Education Accreditation (CHEA), which replaced CORPA, with a required interim five-year report and a full recognition review in ten years.

In January 2006, the CCE Board of Directors changed the normal revision of the CCE Standards from a one-year to a five-year process. The Board also authorized the establishment of a Standards Improvement Task Force, to begin review and recommend any needed revisions to the Standards. This group initially met in July 2006.

On December 12, 2006 the U.S. Secretary of Education continued recognition of the CCE Commission on Accreditation for a period of five (5) years.

In March 2009, CCE received continued recognition by the Council for Higher Education Accreditation (CHEA) with the next recognition review in 2013-2014.

In March 2009, the Board of Directors of The Council on Chiropractic Education (CCE) voted to change the organizational structure and makeup of The Council on Chiropractic Education. The Board of Directors (BOD) and the Commission on Accreditation (COA) were combined into one body, hereinafter referred to as the Council. The Council shall constitute the policy and decision-making body, and shall be responsible for all matters pertaining to the accreditation of DCPs, institutions housing DCPs, or solitary purpose chiropractic institutions. Individuals who serve on the Council shall be known as Councilors.

From 2006-2011, the Standards Review Task Force held eight (8) meetings of the task force, conducted twelve public hearings with various stakeholders and presented three (3) draft Standards documents to the public for comment. The Task Force finalized their process with the presentation of the final CCE Standards document for review by the Council at the January 2011 Annual Meeting. The Council approved the Standards for implementation, effective January 2012.

In March 2012, the US Department of Education continued recognition of the CCE with the next recognition review in 2013.

In January 2014, the US Department of Education continued recognition of the CCE for a period of three (3) years.

In January 2014, the Council formed the Administrative Review Task Force and the Governance Review Task Force to review the organizational structure of The Council on Chiropractic Education. At the January 2015 Annual Meeting, the Council voted to complete a restructuring of the Council over the next three (3) years, by revising the total number of Councilor seats from 24 to 18. During this restructuring phase, the Council also revised the number of seats voted on by the Members and Council, from the previous 17-Council and 7-Members, to, 9-Council and 9-Members.

In May 2015, CCE received continued recognition by the Council for Higher Education Accreditation (CHEA) with the next recognition review in 2018-19.

From 2013-2017, the Standards Review Task Force held 10 meetings of the task force, conducted 9 public hearings/meetings with various stakeholders and presented three (3) draft Standards documents to the public for comment. The Task Force finalized their process with the presentation of the final CCE Accreditation Standards for review by the Council at the January 2017 Annual Meeting. The Council approved the Standards for implementation, effective January 2018. Also, at

the January 2017 meeting, the Council revised the Standards review process from a five-year to an eight-year process to account for review of the application of the newly developed Standards by programs and site visit teams.

In May 2017, the US Department of Education continued recognition of CCE with the next recognition review in 2018-19.

In March 2019, CCE received continued recognition by the Council for Higher Education Accreditation (CHEA) with the next recognition review in 2024.

On November 8, 2019, the Secretary of Education granted continued recognition to CCE for a period of three (3) years as a nationally recognized accrediting agency.

In March 2021, CCE submitted the required interim report in accordance with the CHEA Standards and Procedures for Recognition to CHEA. At its July 2021 meeting, the CHEA Committee on Recognition accepted the interim report with no further reporting required until the end of the final year of the current period of recognition (December 2025).

On February 23, 2022, NACIQI and Department staff found CCE in substantial compliance with the Criteria and recommended approval of the Agency's request for renewal of recognition. Accordingly, on May 20, 2022, the Secretary granted renewal of recognition to CCE for a period of five (5) years as a nationally recognized accrediting agency for the accreditation of programs leading to the Doctor of Chiropractic (DC) degree.

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EXHIBIT 10

2016

The Clinical Doctorate (or “DPT”) Becomes the Only Degree Conferred by CAPTE-Accredited Educational Institutions.

Members of the first class to complete the DPT program at Creighton University in July 1996 proudly wear their doctoral hoods, stripes, and tassles in the signature teal blue of the physical therapy doctoral degree. From left to right: J. Bradley Barr, Andrew Bartek, Michelle Steinhagen, Darin White, Brian Barney, and Russell Parker. Source: Woods EN. "The DPT: What It Means for the Profession," PT Magazine, May 2001, 9(5): 36-43.

Physical therapy education has changed dramatically over the decades. When the profession began, physical therapists (PTs) earned a bachelor’s degree in another closely related field and then obtained a certificate in physical therapy. As time went on, the profession created and adopted the entry-level physical therapy bachelor’s degree. Later, education programs adopted the postbaccalaureate degree, primarily the master’s degree, as the highest entry-level degree in the field. And in 1996, the Creighton University, the first professional doctor of physical therapy program in the nation, graduated its first class of students. Adoption of the DPT recognized that the complexity of patient needs requires a

greater understanding of how to treat an individual, one that comes with a doctorate-level education, and so in January 2016 the Commission on Accreditation in Physical Therapy Education (CAPTE) made the DPT the required degree for all of its accredited entry-level physical therapist education programs.

« Back to Timeline

American Physical Therapy Association
800-999-2782

3030 Potomac Avenue, Suite 100, Alexandria, VA 22305-3085

EXHIBIT 11

California Consortium Serves as Model for Audiology Clinical Doctoral Programs

Steven Kramer

The San Diego State University (SDSU) and the University of California San Diego (UCSD) have joined forces to form the first AuD program in California, which will graduate its first cohort of doctors of audiology in May. The collaboration stands as a model for future audiology academic programs by creating a consortium that links the long-standing clinical audiology program at SDSU with the internationally known neurotology and neuroscience programs at UCSD. For UCSD, this collaboration meant the opportunity to bring a doctoral-level audiology faculty to UCSD and more broadly trained audiologists to the clinic.

The program is structured to maintain a balanced contribution from each campus and to minimize student travel time between the campuses, which are 15 miles apart. Students spend their first year at SDSU completing courses in hearing science, diagnostics, amplification, evoked potentials, pediatrics, and communication disorders across the lifespan and cultures. They are assigned on-campus practica in diagnostic audiology and amplification at the SDSU audiology clinic during both semesters and the summer.

During the second year, students are immersed in a medical environment at UCSD. Course content includes anatomy, physiology, development, pathophysiology, and treatment of auditory/vestibular disorders. Special attention is given to cochlear implants, vestibular assessment, auditory processing disorders, and genetics.

Clinical Experience

A unique aspect of program is the “preceptorship,” in which each AuD student, along with a medical student and/or resident, works with the program’s neurotologist in medical assessments, treatments, and surgeries. In addition, students participate in a supervised audiology clinical practicum in the same busy neurotology university clinic, where they gain diagnostic audiologic and vestibular testing and amplification experience with populations representing a variety of hearing and balance disorders.

In the third year, the students return to SDSU to complete advanced courses in vestibular assessment, evoked potentials, amplification, aural rehabilitation, psychoacoustics, aural rehabilitation, and hearing conservation. At this time, students are assigned to a clinical practicum three days each week in a variety of high-caliber off-campus clinical sites within San Diego County, including the Veterans Administration, Children’s Hospital, Navy Medical Hospitals, private hearing aid dispensing practices, and public schools. The audiology clinic director coordinates these off-campus assignments and helps students apply for local and national externships during their final year. This coordination ensures that each student is afforded well-rounded, challenging clinical experiences and that the program maintains contact with these sites to monitor students’ progress.

The program advances research and its clinical applications by integrating components into the student experience as well as by providing opportunities for scholarly collaboration between the two campuses. Students complete two research rotations, one on each campus, in which they

participate or assist in ongoing faculty-directed research. These experiences may lead the student into an area that will serve as their required third-year doctoral project. Already, eight doctoral students have presented at national meetings.

The Making of a Consortium

In the process of transitioning to a doctor of audiology program, the two academic programs found the roots of their partnership in a 1960 mandate—the Master Plan for Education in California. This plan designated the University of California (UC) system exclusive jurisdiction for doctoral degrees, and stated that doctoral programs in the California State University (CSU) system must be offered jointly with a UC campus or private institution. Because all of the audiology master's programs resided in the CSU system, including the one offered at SDSU, the conversion to AuD programs in California proved challenging.

The biggest challenge for the joint program was to establish consensus between the two different university systems on program components, resource allocation, and faculty workload. Additional hurdles included coordinating the quarter system at UCSD and the semester system at SDSU. Tuition, health insurance, and financial aid arrangements also had to be established.

The joint program opened its doors in fall 2003 following several years of planning and 18 months acquiring university and state approvals.

Four years later, the joint program exceeds expectations by providing an AuD program that complements, enriches, and broadens existing graduate education at both UCSD and SDSU in the instructional, clinical, and research arenas. The program operates with an established set of bylaws and a six-member executive committee comprising three faculty from each campus, with oversight by the graduate deans of both campuses.

The program co-directors work together regularly to evaluate and improve operations and to keep faculty and administrators informed of developments. Faculty from both campuses participate in the admissions process, and they also develop and teach courses, provide clinical supervision, evaluate annual comprehensive practical and written exams, provide research rotations, mentor doctoral projects, hire faculty, and review student performance.

Although the joint program is still in the growing stages, the two universities have successfully demonstrated that by bringing together these closely allied professions, the students and faculty from both campuses benefit tremendously, and the patients are better served.

Information & Authors

Information

Published In

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EXHIBIT - 12

IN THE UNITED STATES DISTRICT COURT

FOR THE CENTRAL DISTRICT OF CALIFORNIA

- - - -

JACQUELINE PALMER,

Plaintiff,

vs. No. 5:23-cv-01047-JGB-SP

ROB BONTA, in his official capacity as Attorney General of the State of California, et al,

Defendants.
_____/

- - - -

VIDEOCONFERENCE DEPOSITION OF

JACQUELINE PALMER

Held via Zoom

Witness located in Lancaster, California

Thursday, February 13, 2025, 9:34 a.m. PST

- - - -

Q. -- bachelor's program?
A. Yes, m-hm.
Q. What school was this?
A. Chamberlain University.
(Reporter clarification.)
BY MR. CHOE:
Q. So your next school program was a master's in nursing practice in 2018; is that correct?
A. No, that was the nurse -- you said nurse practitioner.
Q. Oh, nurse practitioner. My apologies. What is that, what was that program?
A. So the nurse practitioner program is the program so you can become a nurse practitioner so that you can diagnose and treat patients.
Q. Where did you take that program?
A. Chamberlain University.
Q. How long was that program?
A. Two years.
Q. Was that in person or online?
A. In person. It was -- I should say hybrid. So it's the core classes are online. And then after you do a year of that, then the next year is in person with the clinicals.
Q. So can you explain to me what the core classes

are and what the clinicals are?

A. The core classes are going to be in whatever you're GE requirements are. So like advanced pharm, advanced anatomy and physiology. The advanced classes. And then the clinicals is going to be where you're actually going out with a preceptor, which is somebody who is going to train you on how to diagnose and treat patients. So you actually see patients at that point.

Q. Where was the clinical component?

A. In Georgia.

Q. (Inaudible).

A. I'm sorry, I didn't hear you.

Q. Who were the patients you saw?

A. Lifespan, so from zero to however old.

Q. Does receiving the master's in nurse practitioner then make you a nurse practitioner?

A. After you take boards.

Q. Then after that program you said you got a doctorate in nursing leadership; is that correct?

A. Nursing practice leadership, yes.

Q. Nursing practice leadership?

A. M-hm.

Q. What is that?

A. That is the terminal degree for the nurse, nursing field. And it just proves your abilities to

A. Gosh, it's -- honestly I don't remember. It would be whatever was the subject for that week. It was a long time ago. I have no idea.

Q. Did you have a final exam --

A. Yes.

Q. -- in --

A. Sorry. In some classes, yes.

Q. What were those like?

A. It was the eight weeks worth of work compounded into one to prove that we were capable of moving onto the next course.

Q. Were there any courses in the DNP program in anatomy?

A. From my program or in general?

Q. Let's start with your program.

A. I had already taken it, so no.

Q. Were there any courses in your DNP project manager in biology?

A. Same. It's a requirement but I had already taken it.

Q. So not in the program?

A. No. For me, no.

Q. What about biochemistry?

A. I apologize, I need to clarify. Are you asking for myself in particular or for the DNP program

itself?

Q. What's the difference?

A. So I already had degrees, so therefore my requirements are made, so that's why it wasn't required for me to complete it because I had already done it.

Q. So focusing on you, and I'm asking only about the DNP program, not about the other programs or education you had done. So in your DNP program were there any courses in anatomy?

A. No.

Q. Biology?

A. No.

Q. Biochemistry?

A. No.

Q. Immunology?

A. No.

Q. Physiology?

A. No.

Q. Pathology?

A. No.

Q. Pharmacology?

A. No.

Q. Differential diagnoses?

A. I want to say yes.

Q. Can you tell me about that?

A. If I'm recalling correct, so just basically knowing the difference between different diagnoses and how to differentiate between one diagnosis versus the other based on the patients signs and symptoms.

Q. Have you taken differential diagnoses courses in any of your other programs other than --

A. The nurse practitioner program, yes.

Q. Was the differential diagnoses program in the DNP different than the differential diagnoses program in the nurse practitioner program?

A. I don't remember.

Q. Did you do any clinical work in the DNP program?

A. Yes.

Q. Can you tell me about that?

A. So I was -- because my paper was the telemed and patients with CHF, the clinical part of that was assessing patients who had CHF and incorporating the telehealth system, which basically follows a patient from discharge at the hospital or a patient who is diagnosed with CHF and checking on them, making sure that their blood pressure and medications are within normal range. And then calculating how often they were re-admitted or not re-admitted to the hospital during that duration of care.

Palmer, to go over here briefly.

EXAMINATION

BY MR. TROTTER:

Q. What is -- what would you say the value to your practice as a nurse practitioner is from obtaining your DNP?

A. It just helps in my expertise in the clinical setting, having a broader knowledge of how the healthcare system works and how I can improve patients' health.

Q. So is it fair to say, then, that by obtaining your DNP, you believe that makes you perform better as a nurse practitioner?

A. Yes, in some instances, yes.

Q. So if I understand correctly, in your path to obtain your DNP, that's allowed you to -- is it correct to say that's allowed you to have a more holistic view of healthcare?

A. Absolutely.

Q. And how does having that more holistic view of healthcare help you do your job as a nurse practitioner better?

A. So along with my training, I'm also able to see different resources that are available to patients that I didn't obtain through my other education. So

it's just like, you know, resources for the patients to get the care that they need. So it's more so along those lines.

Q. There were some back and forth, some questions from Mr. Choe about Ph.D. degrees specifically. Do you recall those questions?

A. Yes.

Q. Would you say -- is it accurate to for -- strike that.

Do you think that a Ph.D. degree is more academic than a DNP degree?

A. Yes.

Q. Do you know of any providers in the healthcare setting that have a Ph.D. degree?

A. Yes. Can I just go back to that other question you asked, though, about the academic? Are you asking me like as far as what they learn is more academic or that they had to do more schooling than a DNP?

Q. As I recall, an earlier answer of yours saying that the Ph.D. was more research related than the DNP. And so my question is kind of referring back to that. So from a research focus of the Ph.D., are you saying that that would be more of an academic type degree, like for a professor?

A. Yes, that's correct.

Q. Okay. So the other question I asked, do you know any providers in a healthcare setting that have a Ph.D. degree?

A. Not at this time, no.

Q. So is it fair to say that that would be uncommon for healthcare providers to have a Ph.D.?

MR. CHOE: Objection.

THE WITNESS: I'm not really sure to be honest. Yeah, I'm not really sure.

BY MR. TROTTER:

Q. Okay. Earlier there was -- there was an exhibit and there were some questions about an email to you from someone by the name of Borromeo at the M.D. Registry. Is it possible that that email was just a spam email?

A. Absolutely. When we register ourselves, people reach out to us from all types of -- yeah.

Q. When you say when we register ourselves, what do you mean?

A. When we register our -- like when we become licensed, there's on myriad of people that will reach out to us. That one in particular, like I don't even recall seeing that email, but they just -- I think it's maybe from Indeed. I'm not really sure where it comes

STATE OF CALIFORNIA.)
) ss.
County of Sonoma)

I, Debbie Welch, holding CSR License No. 9029, a Certified Shorthand Reporter, licensed by the State of California, hereby certify that, pursuant to Notice to take the foregoing deposition, said witness was by me duly remotely sworn to tell the truth, the whole truth and nothing but the truth in the within-entitled cause; that said deposition was taken at the time and place stated herein; that the testimony of the said witness was recorded by me by stenotype, and that said deposition was under my direction thereafter reduced to computer transcript and, when completed, was available to said witness for signature under penalty of perjury.

I further certify that I am not of counsel or attorney for either of the parties to said deposition, nor in any way interested in the outcome of the cause named in the caption.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this 28th day of February, 2025.

Debbie Welch

Debbie Welch, CSR No. 9029

CERTIFICATE OF DEPONENT

I hereby certify that I have read and examined the foregoing transcript, and the same is a true and accurate record of the testimony given by me. Any additions or corrections that I feel are necessary, I will attach on a separate sheet of paper to the original transcript.

3/6/25

Signature of Deponent

I hereby certify that the individual representing himself/herself to be the above-named individual, appeared before me this 6 day of March, 2025 and executed the above certificate in my presence.

NOTARY PUBLIC IN AND FOR

Los Angeles

County Name

MY COMMISSION EXPIRES: NOV 28 2027

California Notary Certificate Attached

CALIFORNIA ACKNOWLEDGMENT CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles }

On March 04 2025 before me, _____,
Date *Here Insert Name and Title of the Officer*

personally appeared Jacqueline N. Palmer
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

CLAUDIA ALDAPE
Notary Public - California
Los Angeles County
Commission # 2474185
My Comm. Expires Nov 28, 2027

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

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☐ Corporate Officer – Title(s): _____	☐ Corporate Officer – Title(s): _____
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☑ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
☐ Other: _____	☐ Other: _____
Signer is Representing: _____	Signer is Representing: _____

EXHIBIT - 13

IN THE UNITED STATES DISTRICT COURT

FOR THE CENTRAL DISTRICT OF CALIFORNIA

JACQUELINE PALMER, et al.,

Plaintiffs,

vs. CASE NO.: 5:23-cv-01047-JGB-SP

ROB BONTA, in his official capacity as Attorney General of the State of California, et al.,

Defendants.

_____/

REMOTE
DEPOSITION OF: HEATHER MICHELLE LEWIS

DATE: THURSDAY, FEBRUARY 6, 2025

TIME: 9:29 A.M. - 12:06 P.M.

LOCATION: VIA ZOOM

STENOGRAPHICALLY
REPORTED BY: LINDY ROMANOFF, COURT REPORTER

Q. Please tell me about your educational background, starting after high school.

A. Oh, after high school, I was accepted to Mount Sinai Central College. I attended LVN school from -- actually, I didn't know I was going to need my CV. I attended from -- let's see, '90 -- I would say 1990, I think, until about '93 we graduated. Got my LVN secured, started working in '94.

I attended a couple of the community colleges doing night courses, whoever had things available to get me into the bridge program.

Then I formally started attending Cal State University San Bernardino. I believe that was around 1999 -- 1998, '99, graduating in 2002 with my bachelor's degree in nursing. And I studied a minor in paralegal studies and public health nursing, certified in public health nursing.

Then I went back to school, I attended Chamberlain University. I graduated both my master's in nursing education in 2014. So, I guess I would have started around 2011.

And then immediately went into the family nurse practitioner program, attending and graduating consecutively, ending in 2016.

And then I went back for my doctoral degree.

The years are flying by now. Gosh, when did I graduate? It's at Aspen University, '23. So, I probably started in '21 -- no, it was '20 because I was off of work, and I thought, I'm getting my bachelor's, let me go ahead and get my doctoral degree while I'm off work, and then -- yeah, that would have been the end of 2020, starting and finishing in '23, '22.

Sorry, I'm a little loose on that date.

Q. Your best recollection is fine.

A. Yeah.

Q. So, starting at the beginning, you said you went to LVN school.

What is LVN?

A. A licensed vocational nurse.

Q. What is that?

A. It is under a registered nurse. So, it's kind of a beginning nursing.

Q. Is LVN -- excuse me.

Is LVN a degree? Is it a certification? Is it title? What is it?

A. It is a certification, I guess. I did not earn my associate degree with that one; you can, but I did not.

Q. Then you said you attended the FNP program; what is FNP?

Q. So, I would like to break that down, if you don't mind.

A. Uh-huh.

Q. So, can you start with the class component, if there is a class component? What is the class component like?

A. It is individualized -- you get a syllabus, you order your books, you read the materials, and then you're working towards steps to produce your doctoral thesis.

Q. Is there an in-class or electric component?

A. No.

Q. So, let me see if I have this right. You order books, and then you have independent reading and writing for your thesis.

Is there anything else involved in the classes?

A. Not that I really recall. Most of it is meeting just with your instructor and going through that writing process.

Q. Was it a single thesis that you had to write?

A. Yes.

Q. Was that the only assignment or project that you had to complete over the course of your --

A. Oh --

Q. -- DNP program?

A. No, it -- each week, when you are in class -- during each week and you're reading those chapter components, there are portions you have to be online.

So, there's typically about eight to ten students assigned in a class. And so, there are discussion forums where the students can go back and forth with each other about the readings that we had that week, how it pertains to them. And if you have an answer, you can answer somebody else's, you know, question that they've posed in the online forum. And you have brought it to produce each week.

So, as you're working towards your product -- end product, you know, you have -- as you're reading through the chapters and you're writing your chapters to your thesis, you're answering dialog of why it's important -- why that chapter reading was important to your doctoral thesis chapter.

Q. You -- you mentioned a week in class. Like, what does it mean to be a week in class?

A. Each class is eight weeks long.

Q. Is -- when you say in class, is there -- is this just the -- the -- it --

A. I click on the syllabus, I'm assigned to that teacher for eight weeks, that's it.

Q. And that --

A. I go week by week with what reading I'm supposed to do, that's it. I answer discussions, I get my ten points, done.

I don't know how else to answer this. I feel like we're going back and forth --

Q. No, no, no.

A. -- about the same thing.

Q. I am just trying -- I am just trying to make sure that -- that I am following what --

A. Yeah.

Q. -- what the course is. Apologies for belaboring this.

So, in a -- in a class, you would click, you would get the reading assignment --

A. Uh-huh.

Q. -- you would read, you would have a session with eight to ten other students, and then that was the -- that was the -- sort of week to week of each class?

A. Yes.

Q. And did you have to submit assignments other than working toward your thesis?

A. Yes, those weekly assignments that I said. This reading goes towards this. This is why it's important that I did this reading. And those would be

submitted.

Q. What was your thesis?

A. My thesis was in obesity medicine on a six-month medically supervised weight management program.

Q. And what does the final product -- the final thesis look like?

A. Further development is needed, if I'm going to battle against the society.

Q. What -- what does that mean?

A. I believe, and I would like further the proof and the evidence, that a six-month medically supervised weight management where a patient is taught something once a month, put it into practice six months before they have surgery, that they will have better long-term out comes than somebody who bypasses that, makes no change in their dietary eating habits, or water habits, or exercise habits, and they fail within two years after surgery, as the current studies show.

Q. Is your thesis -- is it a written product?

A. Yes.

Q. How long is it?

A. Oh, I would like to say, I think I ended about 95 pages.

Q. So, let's go back to your courses. You said

you took one course at a time.

How many courses did you need to take all together to complete the program?

A. I don't remember how many there were.

Q. Did you pick your courses, or were they set requirements?

A. They're set requirements.

Q. What were the set requirements?

A. I would have to go back to the -- I don't know.

Q. What was your best recollection of what the classes were about?

A. They're all focused on obtaining that written product at the end.

Q. How do you pick -- or how do students in your DNP program pick what the written product is at the end?

A. So, when you meet with your clinical advisor as you begin the thesis writing process, you can submit to them product that you would like to produce and what you -- so in the beginning, when you're doing those chapter readings, right, you are learning about what the thesis process is and how much time I have to complete a scientific study before I have to write this paper and have all my statistical evidence into the paper, and everything.

So, they help to kind of guide you in narrowing

a focus down. So, you can't just have a broad term that would take a two-year study, or you would never graduate on time, right? So, they help you to kind of narrow down your study field and be able to produce a product in a timely fashion to graduate on time, if that makes --

Q. What -- what did you do in support of your studies, or the studies in your thesis?

A. I can -- I don't understand what you mean what I did.

Q. Sure.

In terms of, I think you mentioned, was there research? Are there trials? Do you work with patients? How -- how do you put together --

A. Sure.

Q. -- your thesis?

A. So, there was a lot of research. You have to go through all of the literature. You have to do a complete literature search, show that you have exhausted all sides that -- of studies that have already been conducted.

Then you take that information and compile it down to -- well, what are the gaps in the literature? And how will my project fill a gap in the literature? And so your doctoral degrees are about closing the gaps,

and making more of a complete picture for the nursing practice.

So, how can I close this gap and ensure that my project makes a difference to nursing practice? So, literature review. Then, once I was approved -- just like any clinical trial and things, you have to be approved to proceed forward with obtaining people into your study.

And so each week, for three weeks, any new patient that presented to our practice and was seen by the physician, or myself, as a new patient to the practice, I sent them a notice asking them if they would like to participate in a six-month study where they would have certain criteria that were outlined in my project; meeting with the registered dietician, being allowed to ask questions via email or text, that sort of thing through the study.

And then at the close of my -- close of my study, it was then, you know, to use the statistical evidence of -- of their weight loss journey through that six months, how well did they perform, so that I could write that up statistically for my paper.

Q. When you say any new patient at our practice, what is our practice?

A. So, I've been working with Dr. Bobby

Bhasker-Rao, who is an obesity specialist. He is a robotic surgeon in Rancho Mirage.

Q. This was not a practice associated with Aspen University?

A. No.

Q. Were the patient studies overseen by Aspen University?

A. Yes.

Q. What was the oversee -- oversight that Aspen University had on patient studies?

A. You have to -- any -- like, any clinical trial, when you are having human subjects, you have to -- my brain is a drawing a blank on what the form is called, but you have to submit to the board that you are not violating any human rights, and you have to -- your study has to be approved, just like any clinical trial in the U.S.

Q. How many patients were in your study?

A. I had seven patients enroll, and I had two complete.

Q. So, you were working at the same time that you were attending Aspen?

A. Yes.

Q. Did Aspen have any classes that involved patient interaction?

A. No.
Q. Did Aspen offer any courses in anatomy?
A. No.
Q. Biology?
A. No.
Q. Biochemistry?
A. No.
Q. Immunology?
A. No.
Q. Physiology?
A. No.
Q. Pathology?
A. No.
Q. Pharmacology?
A. No.
Q. Differential diagnosis?
A. No.
Q. Medical ethics?
A. No.
Q. How were you --
A. I take that back, I take that back.
Q. Uh-huh.
A. Ethics, yes, in -- in the clinical trial sense, not --
Q. What's the ethics?

A. I'm -- I'm not going to provide -- what's a good ethical -- ethical dilemmas? In submitting information to my project to be approved, you have to state that ethically I'm going to treat my patients with dignity, respect; that they will have their choice of participation, they can leave the project at any time that they choose to without penalties, and those sorts of things.

Q. How were you graded or evaluated at Aspen?

A. So, the discussion boards, it was graded as far as interaction with your peers; helping your peers, them helping me as we're going through the readings together and how we're going to formulate our projects and the papers that were due throughout the course.

Like I said, we do the reading, this is what we're thinking of doing, how -- writing up how they're going to coincide and why this information from the text is important to what we're learning on how we're going to write our thesis project.

So those papers are graded as far as ability to write. Some are better than others, obviously, but -- and then at the end, at the very end -- so you have all these classes, but at the very end, you have to present your project in detail to your preceptor, your blind -- gosh, if I can think of what they called it. Basically,

you have your instructor, a blind read instructor and your preceptor.

And so it was a Zoom meeting like this. I presented my 30-minute presentation over my data and everything collected in. And then you wait to see if your information meets guidelines.

And then your instructor will come back to you after the board meets and says that you have passed, or that they feel that your project needs more information and data to be cleared before you graduate. So, that is your final project, is being evaluated on your substance of your project.

Q. You mentioned a preceptor, what's a preceptor?

A. So, the preceptor is something you are working with clinically, if I have questions in the clinic.

So, Dr. Bobby Bhasker-Rao, as my surgeon that I was working with, if I had any questions on patients he had that week, if he thought one would be a better candidate for my project than another, or if he was not moving forward with a patient for surgery, that patient would be excluded from me asking them to participate.

And so, he just -- and then I really -- I really didn't have any questions for him along the growth of my project other than that, getting patients into the program.

have an anesthesiologist that I've worked with for many years, lives around the corner for me. I still -- even though he is retired, if I run into him at the supermarket or run into him on the street: Hi, Dr. Newton. How are you? I don't know if his license is still current. He's retired. I have no idea. To me, he is still Dr. Newton.

Q. Do you have written communication with patients?

A. Typically, no.

Q. Do you ever send them after-visit notes, or summaries, anything like that?

A. No.

Q. Do you ever sign medical orders for patients?

A. Yes.

Q. How do you sign them?

A. H. Lewis, FNP-C.

Q. Would you want to use the title doctor in signing medical orders and prescriptions for patients?

A. If I had the option to, yes, I would.

MR. CHOE: All right. Why don't we take a five to ten-minute break.

THE WITNESS: Okay.

MR. CHOE: Off the record.

(Off the record from 11:24 a.m. to 11:29 a.m.)

I just signed up for a doctoral degree. How is this going to work? But truly made it work. It was -- it was very easy.

And then I believe it was around March of '21, possibly -- I think it -- the beginning of the year of 2021 surgical services was open again to elective surgeries. It may have been as late as April or May. And then we all went back to work at Dr. Bobby Bhasker-Rao's office also.

And then in January -- let's see, November -- in January, I started back one day a week at my family practice. And so it was a lot of work and a lot of school.

Q. Okay. So, at any time prior to your getting your DNP, did you ever have to take a class in biology?

A. Yes.

Q. What about biochemistry?

A. Yes.

Q. Anatomy?

A. Yes.

Q. Immunology?

A. Yes.

Q. Differential diagnosis?

A. Yes.

Q. What about pathology?

A. Yes.

Q. Okay. So, in total, how many years of education -- if we start from your LVN certification all the way into your DNP, how many years of education have you had, if you can do the math?

A. As best estimate, would be about 17 years.

Q. Okay. And in order to be qualified for your DNP, would you be able to -- if -- if you know, would you be able to qualify as a DNP, if you have not had any clinical experience with patients.

A. Yes.

Q. Or to put it another way --

A. Can you clarify what we're talking about as clinical experience with patients, I guess?

Q. In order -- yeah, I guess -- so, I guess, the question is: Can you get a DNP if you haven't practiced as a nurse practitioner?

A. Yes.

Q. Okay. And what does the -- what does that path look like if you --

A. So, if I had gone for my LVN to my bachelor degree, registered nursing degree, and then I went on and got my master's of science in nursing education and then went on to get my doctor of nursing practice, I could have simply done that route and just gone into

A. I think it's important for patients to know what every one of their practitioners is.

Q. Including that you're a nurse practitioner?

A. Including that I'm a nurse practitioner.

I also think it's appropriate for patients to know when their physician is not board certified, that he couldn't pass boards, or she couldn't pass boards. It means she didn't or he didn't have the basic knowledge to be providing care, but they can still practice.

Q. Now, you mentioned your clinic had a designated six-month weight loss program?

A. Yes.

Q. When did -- when did that program start?

A. Oh, well before I was hired.

Q. So, it started before you received your DNP degree?

A. Before I received my master's degree. Dr. Bobby was my preceptor through my master's degree as well.

Q. And Ms. Matias asked about your taking, I think, biology, biochemistry, immunology, differential diagnoses, pathology.

When did you take those courses?

A. I'll have to separate because they come in

different terms. Even back in LVN school, prior to being accepted, you have to complete an anatomy and physiology course, along with biology, chemistry, mathematics. And I think I took, like, English and stuff, you know, basics before I was accepted into that program also.

In the registered nursing program, you continue with anatomy and physiology, biochemistry, biology, regular chemistry because you're talking about medications and the interactions and how they function inside of a patient's body, so that you have the working knowledge of creating a nursing diagnosis, okay? So there's a clarification: There's a nursing diagnosis, not a medical diagnosis.

And when you create a nursing diagnosis, it is along the line of patient's inability to comprehend terms of their medicines, and then I'm going to create a treatment plan for them that says that I'll educate them on their Lipitor medication and why their statin is so important for their cholesterol and their cardiovascular disease and their coronary artery disease, which are their medical diagnosis.

Then as you go into the FNP program, you're learning more along the lines of differential diagnosis for medical diagnosing. So, going above and beyond

those nursing diagnoses and actually coming up with the medical diagnosing. What are we going to do as advanced practitioners to confirm that diagnosis or refute that diagnosis? Then what treatment plan will I be providing, and so on and so forth. So you're building on each accept as you go.

Q. And you mentioned nursing diagnosis versus medical diagnosis, can you explain what the difference is between those?

A. I -- can I say asked and answered?

Q. I -- I might not have followed you. I think you -- you gave me some examples, but if you could sort of explain conceptually what the difference is.

A. You're taking in a nursing diagnosis. You're looking at the holistic view of the patient and finding out where their lack of knowledge may be, their potential risk factors may be.

You can diagnosis them with risk of falling. Why? They ambulate with a walker. They have an oxygen hose they pay trip over. They have a small Chihuahua who gets under their feet.

So, it's not a clinical diagnosis that needs to go have an X-ray of their hip done. So, even -- you can still have risk of falling as a clinical diagnosis, but as that medical portion of it, their risk of falling

CERTIFICATE OF OATH

STATE OF FLORIDA:

COUNTY OF CITRUS:

I, Lindy Romanoff, Notary Public, State of Florida, do hereby certify that HEATHER MICHELLE LEWIS remotely appeared before me on February 6, 2025 and was duly sworn and produced driver's license as identification.

Signed this 24th day of February, 2025.

Lindy Romanoff, Court Reporter

Notary Public, State of Florida
My Commission No.: HH 578868
Expires: August 14, 2028

CERTIFICATE OF REPORTER

STATE OF FLORIDA:

COUNTY OF CITRUS:

I, Lindy Romanoff, Notary Public, State of Florida, certify that I was authorized to and did stenographically report the deposition of HEATHER MICHELLE LEWIS; that a review of the transcript was requested; and that the foregoing transcript, pages 4 through 98, is a true and accurate record of my stenographic notes.

I further certify that I am not a relative, employee, or attorney, or counsel of any of the parties, nor am I a relative or employee of any of the parties' attorneys or counsel connected with the action, nor am I financially interested in the action.

DATED this 24th day of February, 2025.

Lindy Romanoff, Court Reporter

CERTIFICATE OF DEPONENT

I hereby certify that I have read and examined the foregoing transcript, and the same is a true and accurate record of the testimony given by me. Any additions or corrections that I feel are necessary, I will attach on a separate sheet of paper to the original transcript.

Heather Lewis

Signature of Deponent

I hereby certify that the individual representing himself/herself to be the above-named individual, appeared before me this _____ day of _____, 20__, and executed the above certificate in my presence.

SEE ATTACHED NOTARY DOCUMENT

_____

NOTARY PUBLIC IN AND FOR

_____

County Name

MY COMMISSION EXPIRES:

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Riverside

On 03/07/2025 before me, Zsuzsanna Pheil, Notary Public,
(Here insert name and title of the officer)

personally appeared Heather Lewis,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public

(Notary Seal)

ZSUZSANNA PHEIL
COMM. #2451542
NOTARY PUBLIC • CALIFORNIA
RIVERSIDE COUNTY
Commission Expires JULY 22, 2027

ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Certificate of Deponent
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages ____ Document Date 3/7/25

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)
- ☐ Corporate Officer

(Title)

- ☐ Partner(s)
- ☐ Attorney-in-Fact
- ☐ Trustee(s)
- ☐ Other

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they,~~ is ~~/are~~) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
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- Signature of the notary public must match the signature on file with the office of the county clerk.
  - Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - Indicate title or type of attached document, number of pages and date.
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- Securely attach this document to the signed document

EXHIBIT - 14

IN THE UNITED STATES DISTRICT COURT

FOR THE CENTRAL DISTRICT OF CALIFORNIA

JACQUELINE PALMER, et al.,

Plaintiffs,

vs. CASE NO.: 5:23-cv-01047-JGB-SP

ROB BONTA, in his official capacity as Attorney General of the State of California, et al.,

Defendants.

_____/

REMOTE DEPOSITION OF: RODOLFO JARAVATA HANSON

DATE: FRIDAY, FEBRUARY 7, 2025

TIME: 9:28 A.M. - 12:02 P.M.

LOCATION: VIA ZOOM

STENOGRAPHICALLY REPORTED BY: LINDY ROMANOFF, COURT REPORTER

Q. Have you talked with anyone about this issue, generally? Not necessarily specific to this case, but about that issue generally.

A. No.

MR. CHOE: Okay. I have no further questions.

MS. MATIAS: Okay. I just have a couple of questions for you, Mr. Hanson.

CROSS-EXAMINATION

BY MS. MATIAS:

Q. Let me go back to -- you -- when Mr. Choe asked you A little bit earlier at the beginning of the deposition about the course load that you took for your DNP, and you mentioned that you had not taken a series of different courses in biology, for example, biochemistry, immunology.

Have you, at any time in your educational career, had to take any of those classes? And we'll start with biology.

Have you taken biology?

A. Yes, it's a prerequisite to enroll for any anatomy program -- any anatomy course; so, yes.

Q. Any anatomy course?

A. Yes.

Q. So you've taken anatomy?

A. Yes, multiple times.

Q. Multiple times.

Okay. And --

A. Radial physical therapy, two in nursing school, and then I retook it again for studying here in the United States.

Q. Okay. And was it always the same basic anatomy course, or was it different in any way?

A. So, in nursing school, the way anatomy is -- is taught is systems anatomy. So, you learn about nervous system, cardiovascular system, and so on.

In physical therapy, the -- the training is more similar to how physicians are trained. So, we do the systems anatomy, and then we go to the higher levels of anatomy, and that's regional anatomy. So, we study the head, the neck, the chest, abdomen, so on.

Q. And what about biochemistry?

A. Yes, undergrad.

Q. That was undergrad?

A. Yes.

Q. Okay. Physiology?

A. Yes, multiple times.

Q. Okay. How did that differ, or did it differ?

A. There's no major differences when I learned it in physical therapy versus nursing, but it was to -- yeah, there's no dig difference. The -- the -- it's

still the same physiology.

Q. Okay. What about pathology?

A. In nurse practitioner school.

Q. Okay. And was that -- how many courses in pathology did you have, if you -- if you remember?

A. I'm sorry, physical therapy and nurse practitioner school.

Q. Okay. So you had --

A. One course for nursing school, NP school.

Q. Okay. And what about differential diagnosis?

A. Nurse practitioner school, that was a course.

Q. Okay. One course?

A. Yes.

Q. Okay. And did I ask you about immunology?

A. Immunology is incorporated into other courses, such as the path of physiology and pharmacology.

Q. Okay. And so you've had pharmacology as well?

A. Yes, undergrad and graduate school.

Q. Okay. And in graduate school, do you mean -- was that at the master's level or the --

A. Master's level.

Q. Master's level.

Okay. What value do you believe that your DNP has added to your practice as a FNP?

A. It made me a better leader. It is one of the

program goals in DNP that you lead changes in your individual practice, in your institution or your profession. It also made me a better nurse practitioner when it comes to understanding what the literature has on topics.

It is -- it is a step-up and -- an enhancing of my training in my master's to better understand and better appreciate and apply current research.

Q. Okay. You mentioned that there are some patient recommendations that you make -- medication recommendations that you make without consulting a physician --

A. Yes.

Q. -- you remember that?

Is that within your scope of practice?

A. Yes.

Q. Okay. Have you ever operated outside of your scope of practice?

A. No.

Q. Okay. How -- if you can calculate this on the fly.

How many years total education would you say that you have undergone to end with your terminal degree?

A. Including physical therapy?

CERTIFICATE OF OATH

STATE OF FLORIDA:

COUNTY OF CITRUS:

I, Lindy Romanoff, Notary Public, State of Florida, do hereby certify that RODOLFO JARAVATA HANSON remotely appeared before me on February 7, 2025 and was duly sworn and produced driver's license as identification.

Signed this 25th day of February, 2025.

Lindy Romanoff, Court Reporter

Notary Public, State of Florida
My Commission No.: HH 578868
Expires: August 14, 2028

CERTIFICATE OF REPORTER

STATE OF FLORIDA:

COUNTY OF CITRUS:

I, Lindy Romanoff, Notary Public, State of Florida, certify that I was authorized to and did stenographically report the deposition of RODOLFO JARAVATA HANSON; that a review of the transcript was requested; and that the foregoing transcript, pages 4 through 97, is a true and accurate record of my stenographic notes.

I further certify that I am not a relative, employee, or attorney, or counsel of any of the parties, nor am I a relative or employee of any of the parties' attorneys or counsel connected with the action, nor am I financially interested in the action.

DATED this 25th day of February, 2025.

Lindy Romanoff, Court Reporter

Notice Date: Tuesday, 25. February 2025

Attention: Rodolfo Jaravata Hanson

Re:Palmer v. Bonta, et al.
Deposition of Rodolfo Jaravata Hanson (2/7/2025)

NOTICE REGARDING SIGNING DEPOSITION TRANSCRIPT

The above referenced transcript is available for review. Within 30 days, or the applicable timeframe of your legal jurisdiction, the witness may read the testimony to verify its accuracy. Any changes can be noted on the following errata page.

Once the transcript has been reviewed, the witness should sign and date the certificate of deponent page. The signed certificate, errata, and original transcript (if provided) must be returned to TP.One per the rules of civil procedure.

If the transcript and errata are not returned within the allotted time, the unsigned transcript may be used as if signed by the witness.

Thank you,

TP.One Production Department
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TP One

Deponent Errata Page

Notice Date: 02/25/2025

Deposition Date: 2/7/2025

Deponent: Rodolfo Jaravata Hanson

Case Name: Palmer v. Bonta, et al.

Page:Line	Now Reads	Should Read
12:7	2014, graduated 2015	2016, graduated 2017
13:2	2015	2017
13:7	... 2017 to 2020	... 2018 to 2019
32:12	August 2021	September 2021
33:4	2015 until 2021	2017 until 2020
34:25	... October 2022	... October 2021
35:20	... October 2022	... October 2021
36:19	... whole aspirin ... whole	... hold aspirin ... hold
37:17	... should whole	... should hold
37:18	... or not whole	... or not hold
38:4	2022	2021
38:8	October 2022...	October 2021...
44:12	That's Zoe...	That's Zoey...
45:24	... Registered Nurse; PHN...	... Registered Nurse; FNP-C, certified family nurse practitioner; PHN
57:22	of Ophthalmology	of Osteopathy
91:3	Radial physical therapy	Several in physical therapy
92:16	... path of physiology	... pathophysiology

CERTIFICATE OF DEPONENT

I hereby certify that I have read and examined the foregoing transcript, and the same is a true and accurate record of the testimony given by me. Any additions or corrections that I feel are necessary, I will attach on a separate sheet of paper to the original transcript.

_____

Signature of Deponent

I hereby certify that the individual representing himself/herself to be the above-named individual, appeared before me this _____ day of _____, 20__, and executed the above certificate in my presence.

_____

NOTARY PUBLIC IN AND FOR

_____

County Name

MY COMMISSION EXPIRES:

See Attached Notorial Certificate

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of RIVERSIDE)

On 3/3/2025 before me, JESSICA REYES MORALES (Notary Public)
(insert name and title of the officer)

personally appeared Rodolfo Jaravata Hanson,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

JESSICA REYES MORALES
COMM. #2475722
NOTARY PUBLIC-CALIFORNIA
RIVERSIDE COUNTY
My Comm. Expires Dec. 09, 2027

Signature _____ (Seal)

EXHIBIT - 15

(/)

REQUEST INFO (/REQUEST-INFORMATION/)

Doctor of Physical Therapy

APPLY NOW

REQUEST INFO

INFORMATION SESSION

OVERVIEW

PROGRAM OF STUDY

FLEXIBLE AND LOW RESIDENCY LEARNING MODEL

MESSAGE FROM THE PROGRAM DIRECTOR

FACULTY

ACCREDITATION, EXAMS, AND LICENSURE

ADMISSIONS REQUIREMENTS

TUITION & SCHOLARSHIPS

Overview

As chronic health conditions become more prevalent, the aging population explodes, and our healthcare system places greater emphasis on preventative care, the **demand for Physical Therapists (PTs) is on the rise (https://www.scuhs.edu/doctoral-degrees/doctor-of-physical-therapy/?activetab=content_career_information)**. Leveraging a wide range of treatment modalities—from stretching and strengthening exercises to manual therapies like massage or joint manipulation to assistive technologies like ultrasound or electrical stimulation—PTs help individuals of all ages recover, improve, or maintain their physical abilities and quality of life.

SCU's online-hybrid Doctor of Physical Therapy program provides

CAREER INFORMATION

FAQS

a unique blend of remote and in-person learning, enabling students with a variety of work and life commitments to launch careers in this rapidly expanding field.

REQUEST INFO (/REQUEST-INFORMATION/)

Program at a Glance

- Full-time, online-hybrid program (6 terms)
- Largely online coursework, complemented by immersive, in-person clinical training
- Completed in just 2 years (vs. 3 years at many other institutions)
- Fixed tuition guarantee, federal financial aid for those who qualify, and a range of institutional scholarship opportunities

Upcoming Start Dates

- Fall: September 2nd, 2025

What Sets Our Program Apart?

FASTER, MORE FLEXIBLE FORMAT

While many Doctor of Physical Therapy programs take roughly three years to complete, ours takes

just two. And thanks to a unique blend of online and in-person instruction, you can pursue your dream of becoming a Physical Therapist without relocating or abandoning your personal and professional commitments. At SCU, you'll attend lectures online but receive essential hands-on training and clinical experiences live and in-person. During Year 1, you'll come to our campus in Whittier California six times (7-10 days per visit) for immersive lab training. During Year 2, you'll put your learning into practice during your real-world clinical rotations, at a location near your hometown (subject to availability).

(/)

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DIVERSE CLINICAL ROTATIONS

Students will broaden clinical skills at various partner sites nationwide. SCU collaborates with more than 500 private practices specializing in fields like pediatrics, sports medicine, integrative medicine, and functional medicine, in addition to Veterans' Health Administration (VA) hospitals, renowned teaching hospitals, Division 1 athletic programs, Federally Qualified Health Centers, and Hispanic-serving community clinics.

CADAVER LAB

At SCU, you won't learn anatomy solely through textbooks and technology. You'll have the powerful opportunity to learn in our cadaver lab—a classic teaching

method offering unparalleled insight into the shape, feel, and function of the body. During this awe-inspiring experience, you'll examine and dissect real human tissues and structures, gaining an understanding of human anatomy that is simply not possible through textbooks and virtual models alone.

(/)

REQUEST INFO (/REQUEST-INFORMATION/)

TECHNOLOGY-ENHANCED LEARNING

In addition to classroom lessons and hands-on clinical training, we support your learning through advanced teaching technology including:

Complete Anatomy: Also known as 3D4 Medical, Complete Anatomy is a powerful simulated anatomy suite on which you can perform intricate tasks such as removing layers of tissue and visualizing details of the human body.

SynDavers: These lifelike silicone structures replicate living human tissue and are designed to be ultra realistic, helping you better understand the human body as you move muscles and parts.

Draw It to Know It (DITKI): This interactive tool is perhaps our most popular, featuring YouTube-style videos that include drawings, animations, and digital worksheets to help you more easily learn about physiology and successfully

prepare for your licensure exams.

Diagnostic Imaging Technology: You'll learn to use advanced tools like X-rays, MRIs, CT scans, and more to "see" inside the body without surgery, for less invasive, earlier diagnosis.

(/)

REQUEST INFO (/REQUEST-INFORMATION/)

BROADER INTERPROFESSIONAL EDUCATION

Most of today's healthcare colleges offer an "interprofessional education" through which students learn with, from, and about other disciplines. But at SCU, our Interprofessional Education is broader and, frankly, we think that makes it better. Unlike other colleges, we teach you about both conventional and complementary disciplines—*not just one or the other*—because we believe in both and we teach both, all under one roof.

AN INTEGRATIVE, WHOLE HEALTH APPROACH

All too often, healthcare providers "stay in their lanes" rather than building comprehensive care plans that include other disciplines, professionals, and approaches. In addition, they look strictly at the physical body as opposed to all the factors that may be influencing a patient's health and well-being—genetics, lifestyle, mental health, relationships, physical

environments, community support, and beyond. But at SCU no matter what program you are in, you'll learn to blend the best of conventional and complementary approaches (integrative healthcare) and to treat the entire mind, body, and spirit (whole health)—for true lasting wellness.

(/)

REQUEST INFO (/REQUEST-INFORMATION/)

Accreditation Statement per CAPTE

Graduation from a physical therapist education program accredited by the Commission on Accreditation in Physical Therapy Education, 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; phone; 703-706-3245; **accreditation@apta.org (mailto:accreditation@apta.org)** is necessary for eligibility to sit for the licensure examination, which is required in all states. Candidacy is considered to be an accredited status, as such the credits and degree earned from a program with Candidacy status are considered, by CAPTE, to be from an accredited program. Therefore, students in the charter (first) class should be eligible to take the licensure exam even if CAPTE withholds accreditation at the end of the candidacy period. The initial

accreditation decision will be determined at CAPTE's fall meeting in October of 2027. Graduates of the charter class will be eligible to take the National Physical Therapy Examination in October of 2027, the first time that the exam is offered after graduation in August of 2027. That said, it is up to each state licensing agency, not CAPTE, to determine who is eligible for licensure. Information on licensing requirements should be directed to the Federation of State Boards of Physical Therapy (FSBPT: www.fsbpt.org) or specific state boards (a list of state boards and contact information is available on FSBPT's website.

(/)

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Southern California University of Health Sciences is seeking accreditation of a new physical therapist education program from CAPTE. On November 1, 2024, the program submitted an Application for Candidacy, which is the formal application required in the pre-accreditation stage. Submission of this document does not assure that the program will be granted Candidate for Accreditation status. Achievement of Candidate for Accreditation status is required prior to implementation of the professional phase of the program; therefore, no students may be enrolled in professional courses until Candidate for Accreditation status has been achieved. Further, though achievement of Candidate

for Accreditation status signifies satisfactory progress toward accreditation, it does not assure that the program will be granted accreditation.

(/)

REQUEST INFO (/REQUEST-INFORMATION/)

Request Information (/)

REQUEST INFO (/REQUEST-INFORMATION/)

First Name

First Name

Last Name

Last Name

Phone

Phone Number

Email

Email

Zip Code

Zip Code

Graduation Date (MM/YYYY)

MM/YYYY

Desired Cohort

--Choose Option--

GPA

--Choose Option--

SUBMIT QUERY

By submitting this form, I authorize and agree that a representative of Southern California University of Health Sciences can contact me about educational services and future offers by email, phone and/or text messaging at the email and telephone number provided above using automated technology for calls or text messages. Message and data rates may apply. I understand that consent is not required to purchase any goods or services from this school and that my consent can be revoked at any time by emailing info@scuhs.edu (mailto:info@scuhs.edu). All information provided shall be subject to our privacy policy (/privacy-policy).

Financing Your Dreams

(/)

We are proud to offer a fixed tuition guarantee, federal financial aid for those who qualify, and a range of institutional and program-specific scholarship opportunities.

REQUEST INFO (/REQUEST-INFORMATION/)

(/)

(https://www.scuhs.edu/accolades/)

16200 Amber Valley Dr. Whittier, CA 90604 (https://goo.gl/maps/j66SSk8JB42bdJHw5)

562-947-8755 (tel:5629478755)

GET STARTED

Apply Now (https://scuapply.force.com/application/TX_SiteLogin)

Request Info (/request-information/)

Contact SCU (/contact/)

Tour the Campus (https://www.scuhs.edu/admissions/plan-a-visit/)

RESOURCES

COVID-19 Information (https://www.scuhs.edu/coronavirus-covid-19-information/)

On-Campus Requirements (https://www.scuhs.edu/on-campus-requirements/)

Transfer Credits (https://www.scuhs.edu/admissions/?activetab=transfer_students)

REQUEST INFO (/REQUEST-INFORMATION/)

Request Transcripts (https://www.scuhs.edu/student-services/?activetab=content_registrar)

Current & Historic Catalogs (https://www.scuhs.edu/about-scu/?activetab=catalogs)

Academic Calendars (https://www.scuhs.edu/student-services/?activetab=content_calendars)

Consumer Information (https://www.scuhs.edu/student-services/?activetab=content_consumer_information)

Student Achievement (https://www.scuhs.edu/student-achievement/)

Institutional Review Board (https://www.scuhs.edu/irb/?activetab=content_IRB_Home)

The Office of Institutional and Academic Insights (IAI) (https://www.scuhs.edu/iai/)

Scholarships (https://www.scuhs.edu/financial-aid/scholarships/)

CAMPUS

Virtual Campus Tour (https://vr.peekpeek.com/scuhs/)

Campus Store (https://shop.scuhs.edu/)

News & Events (https://www.scuhs.edu/news-and-events/)

COVID-19 (https://www.scuhs.edu/coronavirus-covid-19-information/)

On-Campus Requirements (https://www.scuhs.edu/on-campus-requirements/)

Annual Security Report (https://my.scuhs.edu/ICS/Departments/Campus_Safety/Annual_Security_Report__Daily_Crime_Log.jnz)

Returning to Campus (https://www.scuhs.edu/on-campus-requirements/)

NEWS

SCU News (https://www.scuhs.edu/news-and-events/)

SCU

SCU Blog (https://www.scuhs.edu/news-and-events/?activetab=scu_news_stories)

Careers (/about-scu/careers/)

Donate Today (https://give.scuhs.edu/donate)

Clinical and Health Services Research (https://www.scuhs.edu/about-scu/?activetab=chsr)

Research Publications (https://www.scuhs.edu/publications/)

Sitemap (https://www.scuhs.edu/sitemap/)

tps:// (https://www.youtube.com/ (https:// (ht
book.com/ channel/ www.instagram.com/ www.link
JHS) UCFUbgvwb96QrzeD8fm7BsLQ) scuhs/) school/

EXHIBIT 16

Psy.D. Applied Clinical Psychology | Psy.D. Program Online

Three years full time

Practicum and internship transform academic learning into clinical experience

6% annual job growth, according to Bureau of Labor Statistics

Program available at the following campus(es):

Ethical Psychology Care With Diverse Clients

The Psy.D. Applied Clinical Psychology post-master's program at The Chicago School will train you to be an informed and critical practitioner who possesses broad knowledge of scientific and theoretical principles and the ability to apply it to specific clinical situations.

Our actively engaged practitioner-scholar faculty incorporate a wide variety of clinical examples into classroom activities, while integrating Core Competencies from the National Council of Schools and Program of Professional Psychology. You will become well prepared for your career through rigorous coursework, practicum training, an immersive internship experience, and by completing a dissertation project, synthesizing your educational achievements.

Upon successful completion of this 3-year Psy.D. program, you will be able to:

- Deliver effective and ethical psychotherapeutic services.
- Conduct culturally competent interviews, goal-setting, and treatment with diverse clients.
- Balance ethical, legal, and professional standards of psychotherapy.
- Critically evaluate research in clinical psychology for practice and broader communication.

This Applied Clinical Psychology online Psy.D. program offers flexibility for our students. Students are required to attend four, in-person, mandatory residencies, which help establish community and networking in the field. Also, students may request or be requested for face-to-face assistance or additional meetings with the faculty for their dissertation. Our Psy.D. online program has the same standards and expectations of coursework, quality of work, and rigor as the in-person Applied Clinical Psychology program.

Sean Sterling, Ph.D., ABPP

Professor, Applied Clinical Psychology Program

We are invested in hiring faculty who have clinical experience. So, they can talk about actual cases and how things actually occur in the real world.

Admissions Requirements

Application to The Chicago School's in-person and online Psy.D. Applied Clinical Psychology program is open to any person who has earned a master's degree in a mental health field from an institutionally accredited institution and who meets other entrance requirements. Applicants must demonstrate an under graduate grade point average of 3.0 or higher for consideration.

Students applying to the Psy.D. Applied Clinical Psychology program must submit the following:

- Application
- Application Fee: $50
- Resume or Curriculum Vitae
- Two essays
- Letters of recommendation
- Official College/University Transcripts

Send materials to:

Admissions Operations
c/o The Chicago School of Professional Psychology
203 N. LaSalle Street, Suite 1900
Chicago, IL 60601

Licensure

For information on whether a program at The Chicago School meets or does not meet licensure eligibility requirements for the state in which you wish to be licensed, please visit our licensure disclosures page.

Fieldwork Experience

Practicum Experience

The Applied Clinical Psychology practicum is an integral component of clinical training. It provides a closely supervised clinical experience in which students use the knowledge obtained in the classroom to understand their clients and to develop skills in assessment, psychotherapy, and other discipline related areas. As such, the practicum serves to integrate the theoretical and practical aspects of the education of the professional psychologist. It allows students to become familiar with professional collaboration and consultation in a clinical setting.

All students, including the Psy.D. online students, are required to complete an 800-hour practicum as part of this program.

Internship

All in-person and online Psy.D. program students are required to complete a 1,500-hour internship following the completion of all course work, practicum, and dissertation requirements. On internship, Applied Clinical Psychology students integrate academic knowledge with clinical skills and demonstrate the effective and ethical use of these skills in clinical practice. Through intensive supervised training, students gain direct experience in applying their knowledge with a clinical population.

Additional Program Components

Comprehensive Examination

The Applied Clinical Psychology Comprehensive Exam will focus on the eight areas of professional psychological practice identified by the Association of State and Provincial Psychology Boards:

- Biological Bases of Behavior
- Cognitive-Affective Bases of Behavior
- Social and Cultural Bases of Behavior
- Growth and Lifespan Development
- Assessment and Diagnosis
- Treatment, Intervention, and Prevention and Supervision
- Research Methods and Statistics
- Ethical/Legal/Professional Issues

The Comprehensive Exam will evaluate the student's knowledge of the above domains as well as competency to practice at an internship level in an ethical and culturally sensitive manner. Ultimately, the Comprehensive Exam allows the department to assess the student's abilities as a future clinical psychologist.

Dissertation

The Applied Clinical Psychology dissertation is an essential aspect of a student's academic experience. The dissertation evaluates the student's ability to contribute to the field by applying theory and research to areas of clinical psychology, thinking critically and creatively about professional psychology, and demonstrating self-direction and professional and scholarly writing.

Sample Courses

Below are a few examples of courses offered to students enrolled in the 3-year Psy.D. Applied Clinical Psychology program.

Advanced Legal and Ethical Principles

Analysis of the application of advanced legal and ethical issues in clinic psychology to such topics as clinical interventions, research, and teaching. This Applied Clinical Psychology course will address the role and process of developing clinically competent decision-making skills in all aspects of a clinical psychologist's role.

Trauma and Crisis Intervention

This Psy.D. program online and in-person course addresses various types of trauma, the lasting effects of trauma exposure, and the implications for treatment of individuals, groups, and diverse populations. A variety of theoretical frameworks and intervention approaches will be explored. The Applied Clinical Psychology course will also promote the development of skills focused on both the prevention of and response to various types of crisis events.

Sport Psychology

This Psy.D. Applied Clinical Psychology course will provide an overview of the psychological principles of sport, exercise, and recreational activity. Emphasis is given to the conceptual frameworks and the applied aspects of sport performance enhancement and mental skills, exercise behavior and motivation, sociological factors, and overall health and well-being. Critical elements such as anxiety, self-confidence, goal setting, leadership, and group dynamics across settings (individual or group sports settings, recreational or competitive activities, etc.) will be explored.

Residency Requirement for Psy.D. Program Online/Distance Learning Students

Students in the online program version of the Psy.D. Applied Clinical Psychology program attend four, in-person, mandatory residencies. Each residency is two and one-half days and takes place at a Chicago School or affiliate ground campus. Students must successfully complete all four in-person residencies as a requirement of their doctoral program. The residencies occur during the fall and spring semesters of the program during the first two years. The Applied Clinical Psychology residencies are designed to bring together community aspects, research aspects, and clinical skills work including therapy and assessment that are best accomplished in person and supplement and extend work completed during the online coursework.

Career Pathways

The Chicago School's Psy.D. Applied Clinical Psychology program equips graduates with the skills necessary to work in a variety of professional settings, such as:

- Clinics
- Private practice
- Hospitals
- Government agencies
- Nonprofit agencies
- Educational institutions

Career Outcomes

Financing Your Education

The Chicago School is dedicated to keeping our academic programs accessible to anyone, regardless of financial status. In addition to the scholarships that may be available, our Financial Aid Department will provide you with information to determine what financial arrangements are right for you and our Applied Clinical Psychology program.

Learn More

Connect With Us

New legislation and record funding can bolster mental health programming—but meaningful progress will require unprecedented collaboration between experts and community members.

EXHIBIT 17

DNP: FAMILY PRIMARY CARE NURSE PRACTITIONER

Need your questions answered?

CONNECT WITH ADMISSIONS

APPLY

INQUIRE

OVERVIEW

DNP Family Nurse Practitioner

Become a DNP-prepared family nurse practitioner all while taking advantage of resources found only at Johns Hopkins. You will learn to diagnose and manage acute and chronic primary health problems across the lifespan; you'll enhance your skills in physical and psychosocial assessment, clinical decision-making, and health promotion and disease prevention. In addition to your NP training, the DNP provides you with the skills needed to develop, evaluate, advocate, and provide leaderships to transform health care at the organizational or system level.

Students will be prepared to take the American Nurses Credentialing Center or American Academy of Nurse Practitioners certification examinations as Family Nurse Practitioner.

DNP graduates remain in practice, leading cross-professional teams in the improvement and provision of informed quality healthcare. The knowledge, skills, and abilities to conduct such work is developed across the program and applied in the conduct of the DNP final project. The DNP final project is the student's original work that establishes them as a Hopkins Nursing clinical scholar.

HOW MANY CREDITS CAN I TRANSFER?

WHAT ACADEMIC TERMS DO STUDENTS ATTEND?

WHAT IS THE COST PER CREDIT HOUR?

HOW ARE COURSES DELIVERED?

For students admitted to the DNP Nurse Practitioner tracks, please note that while this is an on-campus program, many of the courses and course content will be delivered in an online format. Please refer to the course schedule for the upcoming semester for specific course delivery information.

HOW WILL I GET CLINICAL EXPERIENCE IF I DON'T HAVE EXPERIENCE WORKING AS A RN?

HOW MANY STUDENTS ARE IN A CLASS?

DO WE ATTEND THE SAME CLASSES WITH OUR COHORT?

IF I HAVE A SPECIFIC AREA THAT I WOULD LIKE TO FOCUS IN, FOR EXAMPLE ONCOLOGY, ARE THERE ADDITIONAL ELECTIVES I CAN TAKE OR OTHER OPPORTUNITIES WHERE I COULD GAIN MORE INSIGHT AND EXPERIENCE IN THAT PARTICULAR AREA?

WHAT IS THE ROLE OF THE FAMILY PRIMARY CARE NURSE PRACTITIONER?

WHAT CLINICAL EXPERIENCE IS PREFERRED BY AN APPLICANT FOR THE FNP TRACK?

HOW ARE CLINICAL SITES FOR CLINICAL PRACTICUM DETERMINED?

WHAT IS INCLUDED IN A DNP PROJECT?

JHSON RESOURCES

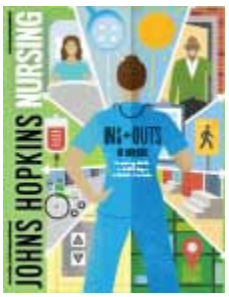
Email

My JH

Canvas

Calendar

JOHNS HOPKINS NURSING MAGAZINE



Fall Magazine

Read | Subscribe

EXHIBIT 18

AMA Advocacy Resource Center

"Truth in Advertising" campaign

Resource materials to support state legislative and regulatory campaigns

ama-assn.org/truth-advertising

"Health Care Professional Transparency Act": A model bill created by the AMA

Purpose

The purpose of this model bill is to help provide clarity and transparency for patients when they seek out and go to a health care practitioner. Due to the explosion of professional and quasi-professional titles employing the term "doctor," patients are confused about the training and education of health care practitioners. This model bill helps ensure that patients are promptly and clearly informed of the training and qualifications of their health care practitioner.

Definition

This model bill defines "deceptive" or "misleading" advertisements and any advertisement or affirmative communication or representation that mis-states, falsely describes, holds out or falsely details the health care practitioner's profession, skills, training, expertise, education, board certification or licensure.

The model bill also includes definitions for several different types of health care practitioner, including medical doctors, doctors of osteopathic medicine, podiatrists, chiropractors, dentists, optometrists, naturopaths, physician and medical assistants, psychologists, therapists, audiologists and counselors. Medical societies using this model bill will need to determine which definitions to include in their legislation.

Requirements

There are three main requirements under this model bill. First, the health care practitioner must wear a name tag during all patient encounters that clearly identifies the type of license held by the health care practitioner. Second, the health care practitioner must display in his or her office a writing that clearly identifies the type of license held by the health care practitioner. Third, the health care practitioner must identify his or her license in all advertisements for health care services. These ads must be free from deceptive or misleading information.

Violations and enforcement

The model bill provides that it is a violation to knowingly aid, assist, procure, employ or advise any unlicensed person to practice or engage in acts contrary to the health care practitioner's degree of licensure. It also is a violation to delegate or contract for the performance of health care services to a person that does not have the required authority to provide the health care services.

Violators under this model bill are guilty of unprofessional conduct and subject to disciplinary action under the health care practitioner's licensing statute. Of note, this model bill does not provide for criminal penalties, although a state may wish to pursue that course.

Model legislation

IN THE GENERAL ASSEMBLY
STATE OF _____

Health Care Professional Transparency Act

Be it enacted by the People of the State of _____, represented in the

General Assembly:

Section 1. Title

This act shall be known and may be cited as the "Health Care Professional Transparency Act."

Section 2. Purpose

The Legislature hereby finds and declares that:

(a) There are a multitude of professional degrees using the term "doctor," including Medical Doctor (MD); Doctor of Osteopathic Medicine (DO); Doctor of Dental Surgery (DDS) Doctor of Podiatric Medicine (DPM); Doctor of Optometry (OD); Doctor of Chiropractic (DC); and other designations which may be used by health care practitioners.

(b) A July 2018 study by the American Medical Association found that twenty-seven (27) percent of patients believe that a chiropractor is a medical doctor; thirty-nine (39) percent of patients believe that a doctor of nursing practice is a medical doctor; forty-three (43) percent of patients believe that a psychologist is a medical doctor; forty-seven (47) percent of patients believe that an optometrist is a medical doctor; and sixty-seven (67) percent of patients believe a podiatrist is a medical doctor.

(c) There are widespread differences regarding the training and qualifications required to earn the professional degrees described in and subject to this act. These differences often concern the training and skills necessary to correctly detect, diagnose, prevent and treat serious health care conditions.

(d) There is a compelling state interest in patients being promptly and clearly informed of the training and qualifications of the health care practitioners who provide health care services.

(e) There is a compelling state interest in the public being protected from potentially misleading and deceptive health care advertising that might cause patients to have undue expectations regarding their treatment and outcome.

Section 3. Definitions

For the purposes of this act:

(a) "Advertisement" denotes any communication or statement, whether printed, electronic, or oral, that names the health care practitioner in relation to his or her practice, profession, or institution in which the individual is employed, volunteers or otherwise provides health care services. This includes business cards, letterhead, patient brochures, email, Internet, audio and video, and any other communication or statement used in the course of business.

(b) "Deceptive" or "misleading" includes, but is not limited to, any advertisement or affirmative communication or representation that mis-states, falsely describes, holds out or falsely details the health care practitioner's profession, skills, training, expertise, education, board certification or licensure.

(c) "Health care practitioner" means any person who engages in acts that are the subject of licensure or regulation.

Drafting note re: Health care practitioner—*to provide further guidance on different types of health care practitioners that a state may wish to include as a subset under this "Definitions" provision, this drafting note provides the following suggestions.*

Categories of health care practitioner include:

(1) Practitioners of allopathic medicine, signified by the letters "MD" or the words surgeon, medical doctor, or doctor of medicine by a person licensed to practice medicine and surgery.

(2) Practitioners of osteopathic medicine, signified by the letters "DO" or the words surgeon, osteopathic surgeon, osteopath, doctor of osteopathy, or doctor of osteopathic medicine.

(3) Practitioners of nursing, signified by the letters "DNP," "NP," "RN," "LPN," "CRNA," "CNA," or any other commonly used signifier to denote a doctorate of nursing practice, nurse practitioner, registered nurse, licensed practical nurse, certified registered nurse anesthetist, or certified nurse assistant, respectively, as appropriate to signify the appropriate degree of licensure and degree earned from a regionally accredited institution of higher education in the appropriate field of learning.

(4) Practitioners of podiatry, signified by the letters "DPM" or the words podiatrist, doctor of podiatry or doctor of podiatric medicine.

(5) Practitioners of chiropractic, signified by the letters "DC" or the words chiropractor or doctor of chiropractic.

(6) Practitioners of dentistry, signified by the letters "DDS" or "DMD", as appropriate, or the words dentist, doctor of dental surgery, or doctor of dental medicine, as appropriate.

(7) Practitioners of optometry, signified by the letters "OD" or the words optometrist or doctor of optometry.

(8) Practitioners of naturopathy, signified by the letters, "ND" or the words naturopathic doctor or doctor of naturopathy.

(9) Physician assistants, signified by the letters "PA" or the words physician assistant.

(10) Medical assistants, signified by the letters "MA" or the words medical assistant.

(11) Practitioners of audiology, signified by the letters "AuD," "ScD," or "PhD," or the words audiologist or doctor of audiology.

(12) Psychologists, pharmacists, physical therapists, speech-language pathologists, counselors, or any other health care practitioner not covered under this section, including but not limited to those signified by the letters "PhD," "EdD," "PharmD," "PT," "MPT," "PsyD," or "ScD," as appropriate to signify the appropriate degree of licensure and degree earned from a regionally accredited institution of higher education in the appropriate field of learning.

(d) "Licensee" means a health care practitioner who holds an active license with the licensing board governing his or her practice in this state.

Section 4. Requirements

(a) An advertisement for health care services that names a health care practitioner must identify the type of license held pursuant to the definitions under this act. The advertisement shall be free from any and all deceptive or misleading information.

Drafting note re: Board certification—*to provide further guidance on an additional type of requirement related to MD or DO board certification, this drafting note provides the following sample.*

A medical doctor or doctor of osteopathic medicine may not hold oneself out to the public in any manner as being certified by a public or private board including but not limited to a multidisciplinary board or "board certified," unless all of the following criteria are satisfied:

(a) The advertisement states the full name of the certifying board.

(b) The board either:

1. Is a member board of the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA); or

2. Is a non-ABMS or non-AOA board that requires as prerequisites for issuing certification:

(i) successful completion of a postgraduate training program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the AOA that provides complete training in the specialty or subspecialty certified by the non-ABMS or non-AOA board;

(ii) certification by an ABMS or AOA board covering that training field that provides complete ACGME or AOA-accredited training in the specialty or subspecialty certified by the non-ABMS or non-AOA board; and

(iii) successful passage of examination in the specialty or subspecialty certified by the non-ABMS or non-AOA board.

(b) A health care practitioner providing health care services in this state must conspicuously post and affirmatively communicate the practitioner's specific licensure as defined under this act. This shall consist of the following:

1. The health care practitioner shall wear a photo identification name tag during all patient encounters that shall include (i) a recent photograph of the employee; (ii) the employee's name; (iii) the type of license (e.g., "medical doctor", "psychologist", "nurse practitioner", "podiatrist"); and (iv) the expiration date of the license. The name tag shall be of sufficient size and be worn in a conspicuous manner so as to be visible and apparent.

2. The health care practitioner shall display in his or her office a writing that clearly identifies the type of license held by the health care practitioner. The writing must be of sufficient size so as to be visible and apparent to all current and prospective patients.

(c) A health care practitioner who practices in more than one office shall be required to comply with these requirements in each practice setting.

(d) A medical doctor or doctor of osteopathic medicine who supervises or participates in collaborative practice agreements with non-MD or non-DO health care practitioners shall be required to conspicuously post in each office a schedule of the regular hours when he or she will be present in that office.

(e) Health care practitioners working in non-patient care settings, and who do not have any direct patient care interactions, are not subject to the provisions of this act.

Drafting note re: Exceptions—*To provide further guidance on different types of exceptions provisions, this drafting note provides a representative sample from states with truth in advertising laws.*

California, Nevada, Tennessee and West Virginia waive any name tag requirements for health care practitioners who provide services in certain medical facilities such as medical research laboratories, community mental health facilities, and other medical facilities where the person does not provide services directly to the public.

Texas, Illinois and Utah require that health care providers who are providing direct patient care at the hospital must where a photo identification badge during all patient encounters, unless precluded by sterilization or isolation protocols.

Maine, Mississippi and Illinois provide that health care practitioners working in non-patient care settings, and who do not have any direct patient care interactions, are not subject to provisions regarding the use of a name badge/identification during the course of service.

Pennsylvania and Utah provide an exemption when wearing a badge would not be clinical feasible.

Pennsylvania, Utah, and West Virginia allow the last name of the employee to be concealed or omitted when the employee is concerned about his or her safety, when delivering direct care to a consumer who exhibits signs of irrationality or violence, or when wearing identification would jeopardize the health care provider's safety.

Utah exempts solo health care practitioners or offices where the license type and names of all health care providers in the office are displayed on the office door.

Section 5. Violations and enforcement

(a) Failure to comply with any provision under this Section shall constitute a violation under this act.

(b) Knowingly aiding, assisting, procuring, employing or advising any unlicensed person or entity to practice or engage in acts contrary to the health care practitioner's degree of licensure shall constitute a violation under this act.

(c) Delegating or contracting for the performance of health care services by a health care practitioner when the licensee delegating or contracting for performance knows, or has reason to know, the person does not have the required authority pursuant to the person's licensure, shall constitute a violation under this act.

(d) Each day this act is violated shall constitute a separate offense and shall be punishable as such.

(e) Any health care practitioner who violates any provision under this act is guilty of unprofessional conduct and subject to disciplinary action under the appropriate licensure provisions governing the respective health care practitioner.

(f) Any and all fees and other amounts billed to and paid by the patient shall be effectively rescinded and refunded. This includes third parties contracted to collect fees on behalf of the health care practitioner, the health care practitioner's employer, or other entity contracting with the health care practitioner.

(g) The imposition of professional sanctions, administrative fees or other disciplinary actions shall be publicly reported in a journal of official record.

(h) Notwithstanding the imposition of any penalty, a professional licensing board or other administrative agency with jurisdiction may seek an injunction or other legal means as appropriate against a person or entity violating this act.

Drafting note re: Enforcement—*to provide further guidance on different types of enforcement provisions, this drafting note provides a representative sample from eight states with truth-in-advertising-type laws.*

California. Current law requires a health care practitioner to display the type of license, highest level of academic degree and the name of a certifying board or association (if applicable) in writing at the patient's initial office visit or in a prominent display in an office area visible to patients. Violators are guilty of a misdemeanor, may result in license revocation or suspension, "or other disciplinary action including an administrative fine not to exceed $10,000." (Cal. Bus. & Prof. Code § 651 (2010)).

Florida. Current law requires health care practitioners to inform patients about their credentials. Violations for misleading or deceptive statements, or offering to practice beyond one's scope of practice, include professional licensure sanctions, suspension, restrictions and probation. Violators also may be subject to administrative fines and be forced to undergo "remedial education." (Fla. Stat. § 456.072 (2006)).

Georgia. Current law provides that "Any person willfully violating, with intent to defraud, subsection (a) of this Code section shall be guilty of a misdemeanor." (Ga. Code Ann. §10-1-422 (2006)).

Illinois. Under current law, advertisements for health care services must identify the license of the health care professional and be free of deceptive or misleading information. The law also requires a health care professional to clearly communicate his or her licensure on a visible name tag or office display. Violators are guilty of unprofessional conduct and subject to disciplinary action at the discretion of the state medical board. (225 ILCS § 145 (2010)).

New Hampshire. Current law is limited to health care practitioners being required to wear name tags or some other form of identification that "readily discloses the name, licensure status, if any, and staff position." Violations are limited to fines "of no more than $50 on the facility per infraction." (N.H. Rev. Stat. Ann. § 151:3-b (1999)).

Oklahoma. Current law provides that any advertisement must include a notice stating "If you find anything in this communication to be inaccurate or misleading, you may report the same by writing to [the MD or DO medical board]." The law also deems violations of the appropriate health care practitioner licensing act. An amendment enacted in 2010 provides that nine classes of health professionals may use the title "doctor" or "Dr." in conjunction with appropriate licensing designation. The amendment requires a provider to identify in any advertisement for health care services the type of license, using the applicable words for the profession. Violators are subject to fines; repeated or gross violations will be referred to the Attorney General. (O.S. § 59-725.1-3 (2010)).

Tennessee. Current law provides a requirement that all licensed health care practitioners in the state keep their "certificate of registration" in a conspicuous place, and the certificate contain the "recognized professional abbreviation or designation" after the practitioner's name. An amendment enacted in 2011 expands the categories of health care practitioners who are required to communicate this information, and requires disclosure of licensure on Internet advertisements. Violations, including civil penalties, suspension or license revocation, are at the discretion of the respective health care licensing boards. (Tenn. Code Ann. § 63-1-109 (2011) [Amended effective January 1, 2012]).

Utah. Current law requires all licensed health care providers to include their name and license type in any advertisement for health care services. Violations are considered unprofessional conduct. (Utah Code Section § 58-1-501.6 (2011)). See also, Ariz. Rev. Stat. § 32-3213.

Section 6. Effective date

This act shall become effective immediately upon being enacted into law.

Section 7. Severability

If any provision of this act is held by a court to be invalid, such invalidity shall not affect the remaining provisions of this act, and to this end the provisions of this act are hereby declared severable.