Historical Listing of Major Changes Impacting The Medical Board of California

1876 – California passed the first Medical Practice Act (Act)
1878 – Revision to Act set up 3 Boards (Medical, Eclectic, Homeopathic)
1901 – Revision into 9 member Board composed of members from 3 medical societies and set forth that only this Board could grant physician licenses
1907 – Revision to 11 members appointed by Governor not societies, Osteopathic member added
1913 – Membership changed to 10 members for terms of 4 years, enforcement division created and by 1922, 8 committees of the Board were established
1922 – Osteopathic Board created separate from Medical Board
1925 – Act strengthened due to “diploma mills” and by 1927 it was a felony to file fraudulent credentials
1936 – Resolution adopted related to credentials of foreign graduates
1953 – Board begins regulating Physical Therapists
1957 – Podiatry Examining Committee formed, no longer licensed by Board
1965 – District Review Committees created as new approach to discipline, also new enforcement authority over narcotics use and criminal convictions
1975 – MICRA and with this huge changes to the authority of the Board: 3 divisions (licensing, allied health and medical quality), increased membership to 12 MDs and 7 public, 5 district review committees, peer review reporting
1977 – Board took over investigation of its complaints, established regional offices, and added Chief of Enforcement and attorney positions
1978 – Probation monitoring began, continuing medical education (CME) began
1979 – Diversion program implemented, strike force created to focus on prescription drug trafficking, physicians allowed to advertise, malpractice settlement reporting required, sexual relationship with patients became unprofessional conduct, and physician responsibility booklet printed
1983 – Caribbean medial school crisis, Board authorized to inspect and recognize schools (disapproved 6, reinstated 3)
1984 – Enforcement expanded, repeated negligent acts became unprofessional conduct, physician loan program implemented
1985 – Further authority granted to evaluate medical schools around the world
1988 – Toll-free line established by law, hosted the first national meeting of the Federation of State Medical Boards, began discussions around issue of outpatient surgery centers and consumer protection, complaint/investigation backlog increases due to loss of many employees
1989 – Board prioritizes complaints, Little Hoover Commission issues report on role of physicians in Nursing homes, shortage of mental health providers
1990 – Board issued report “Curing the Backlog”, CPIL issued report “Physician Discipline in California: A Code Blue Emergency” containing 32 recommendations for improvement, Central Complaint and Investigation Control unit formed, name changed to Medical Board of California
1991 – Restrictions placed on advertising certification unless ABMS certified or approved by the Board, AG’s Health Quality Enforcement Section formed, average days to complete a case set at 180 days
1992 – Board established distinct unit to focus on investigating fraud
1993 – 1994 CHP investigation, Board restructuring proposed, cite and fines, public letters of reprimand, interim suspension orders, failure to provide medical records implemented, accreditation of outpatient surgery settings, allied health division dissolved, stronger enforcement language implemented
1994 – Midwives added to licensing pool (again), Sunset review set for and required in 1998
1995 – Many expanded scope of practice bills were introduced, but most failed and the Board was involved in opposing many of these.
1996 – Dal Cielo case decided that supported the authority of the Board's investigators to access records maintained by hospital review committees; outpatient surgery accreditation is required in July, addressing the growing issue of surgery being performed without safeguards
1997 – Telemedicine law written but requires California licensure if performed across state lines, Proposition 215 passes regarding the medical use of marijuana, Sunset review process begins
1998 – Board sponsored bills to enhance enforcement with automatic suspension and to allow for “academically eminent” physicians to apply to and practice in certain medical schools without meeting all of the California licensing requirements, major public disclosure bill signed requiring information on the Internet regarding disciplined physicians, Sunset review bill is passed and next review set for 2002
1999 – Statute of limitations for the filing of disciplinary actions is passed, many revisions to laws related to how physicians may practice within health care service plans pass
2000 – Major reforms regarding the staffing, transfer of patients and reporting of issues in outpatient surgery centers passes, including requirements to adopt liposuction and postoperative care standards; advertising laws revised regarding misleading and deceptive images and statements is passed; pain management and end of life care are added to medical school curriculum requirements
2001 – Major revisions to triplicate prescription requirements passed, new requirements for Alternative medical practices and treatment passed, added requirements to law for revocation if a physician is involved in automotive insurance fraud, geriatric CME is required for physicians with a patient population of 25% over 65 years of age, cultural and linguistic requirements are required to be studied by a task force including the Board, Sunset review process begins
2002 – Peer review reporting laws undergo major revisions including increasing the fines, CME requirements added for pain management and end of life care and requires the Board to review how it enforces cases related to pain management, requirements added to data that must be collected from physicians and posted on the internet, Sunset review bill is passed and next
review set for 2004 (this date continued to change due to other factors), enforcement monitor is mandated

2003 – Board sponsored student loan repayment program is launched with $3 million dollars from the Board’s fund, major revisions to the enforcement program in the Board’s sunset extension bill, a study of the 5th pathway for entry into licensure is required of the Board

2004 – CURES program is permanently established and becomes applicable to Schedule III drugs allowing for more access and information to physicians; Board sponsored voluntary status license is passed in addition to other licensing revisions; registered sex offenders are barred from practicing medicine; workgroup is formed, led by Board, on cultural and linguistic competency in CME courses; physicians on probation are prohibited from receiving reimbursement on any Medi-Cal claim; enforcement monitor issues first report

2005 – Prescription forms revised for easier use by physicians, reporting of discipline to DHS is required, revisions made to the unprofessional conduct provisions related to complementary and alternative medicine, enforcement monitor issues second report

2006 – Sunset type review bill passed with major enforcement provisions including the implementation of a quasi-vertical enforcement/prosecution model with the AG’s office, fees raised to support this program and cost recovery eliminated, voluntary fee of $50 allowed for those wishing to contribute to the student loan repayment program, loan repayment program (now called the Steven M. Thompson Physician Corps LRP) is transferred to the Health Professions Education Foundation to better serve physicians from a 501(c)(3) environment

2007 – All 7 Board sponsored bills signed into law: revising licensing provisions and exams, revising pain management requirements to an appropriate exam, revising the special programs for international graduates and faculty, revising reporting of misdemeanor convictions and 800 sections, requiring the establishment of a midwifery council and revising reporting requirements for midwives, and revising the requirements for providing the breast cancer brochure; study required on use of laser and intense light pulse devices for elective cosmetic procedures

2008 – Board sponsors successful legislation which restructures 2 divisions into 1 Board, reducing Board membership to 15, and delegating to the Executive Director the authority to sign default decisions and license surrenders; telemedicine pilot program is authorized and report required at end of study; requirements for physicians signing off of disabled parking permits is revised

2009 – Board sponsors 2 bills related to public letters of reprimand, allowing for education requirements within the reprimand; required assessment of $25 for all renewal and initial applicants to fund SMTLRP; requires physicians to provide information to patients on end-of-life care and adds new document for patients regarding life sustaining treatment; extends vertical enforcement/prosecution model; requires Board to participate in Substance
Abuse Coordination Committee to formulate uniform standards; Board hires a consultant to review the licensing program; Board hires a consultant to review the overall Board

2010 – Board sponsors 3 bills, one to revise licensing requirements and use of M.D. and one to enhance enforcement/licensing requirements regarding reporting (one fails passage – to develop a program to pay for malpractice insurance for volunteer physicians); consultant issues business re-engineering report on licensing; consultant issues report on the Board but focuses on the vertical enforcement/prosecution process

2011 – Board sponsors 2 bills allowing the AG to represent the Board’s medical expert reviewers and to revise licensing statutes regarding exams and postgraduate training; physicians are required to expand on identifying type of license and degree; allows military to receiving training in non-military hospitals; establishes a program of Sponsored Free Health Clinics by individuals not licensed in this state; revises the 800 reporting sections related to peer reporting; requires Board to order a physician to cease practice if tests positive for substances that are prohibited

2012 – Board sponsors 3 bills, 2 to enhance the enforcement program and timelines (both signed into law by the Governor), 1 to expedite the contracting process for medical expert reviewers (currently pending), co-sponsored with Contractor’s State License Board (CSLB) and for all the boards/bureaus in the department