MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: SB 1483
Author: Steinberg
Bill Date: July 2, 2012, amended
Subject: Physicians and Surgeons: Physician Health Program
Sponsor: California Medical Association
California Hospital Association
California Psychiatric Association
California Society of Addiction Medicine

STATUS OF BILL:

This bill is in the Assembly Appropriations Committee.

DESCRIPTION OF CURRENT LEGISLATION:

This bill would create the Physician Health Awareness, and Monitoring Quality Act of 2012. This bill would establish the Physician Health Program (PHP), which would be administered by the Physician Health, Recovery, and Monitoring Oversight Committee (Committee), also created by this bill. This bill would place the Committee in the Department of Consumer Affairs (DCA), and would require DCA to select a contractor to implement the PHP, and the Committee would serve as the evaluation body of the PHP. The PHP would provide for confidential participation by physicians who have a qualifying illness and are not on probation with the Medical Board of California (Board). The PHP would refer physicians (participants) to monitoring programs though written agreements and monitor the compliance of the participants with that agreement. The bill would require the Committee to report to DCA on the outcome of the PHP and the bill would require regular audits of the PHP. This bill would increase the physician and surgeon license renewal fee by $39.50 to fund the costs of the PHP and the Committee.

ANALYSIS:

This bill would define "physician and surgeon" as a holder of a valid physician's and surgeon's certificate. For the purposes of participating in the PHP, it also would include students enrolled in medical schools approved or recognized by the Board, graduates of medical schools enrolled in medical specialty residency training programs approved or recognized by the Board, or physicians and surgeons seeking reinstatement of a license from the Board.

Including students and graduates enrolled in residency training programs could expand the PHP to include individuals that do not reside in California or may even include individuals attending international medical schools. In addition, if a student or graduate enrolled in residency training, who is participating in the PHP, doesn't comply with the written agreement, that individual may not yet be licensed by the Board; however, applicants would be required to report this information on their licensing application, as this information is already required to be reported on the Board's licensing application. The sponsors have been informed of this.

This bill would define "qualifying illness" to mean alcohol or substance abuse, a mental disorder, or another health condition that a clinical evaluation determines can be monitored and treated with private clinical and monitoring programs. The definition for "impairment" also includes this terminology.

It is not necessarily clear what other health condition could be monitored and treated with private and clinical monitoring programs. However, this would be under the purview of DCA.

This bill would define "Physician Health Program" in part as the vendors, providers, or entities that contract with the committee. This bill would prohibit the PHP from offering or providing treatment services to physicians.

This bill would create the PHP and require the PHP to do all of the following:

- Be available to all physicians and surgeons.
- Promote awareness among members of the medical community on the recognition of health issues that could interfere with safe practice.
- Educate the medical community on the benefits of and options available for early intervention to address those health issues.
- Refer physicians and surgeons to monitoring programs certified by the program by executing a written agreement with the participant and monitoring the compliance of the participant with that agreement.
- Provide for the confidential participation by physicians and surgeons who have a qualifying illness and who are not on probation with the Board.

It is not clear how the PHP will certify programs, but it is assumed that the Committee/DCA would have to promulgate regulations to establish this process.

This bill would create the Physician Health, Awareness, and Monitoring Quality Oversight Committee in DCA, which would be allowed to take any reasonable administrative actions to carry out the responsibilities of this bill, including hiring staff and entering into contracts with vendors or others. The Committee is required to be formed no later than April 1, 2013 and would consist of 14 members; 12 members would be appointed by the Governor and would consist of the following:

- Eight physician members that have education, training, and experience in the identification and treatment of substance use or mental disorders, or both. The physician appointments are as follows:
    - Two members recommended by a statewide association representing psychiatrists with at least 3,000 members.
    - Two members recommended by a statewide association representing addiction medicine specialists with at least 300 members.
    - Three members recommended by a statewide association representing physicians from all specialties, modes of practice, and practice settings with at least 25,000 members.
    - One member recommended by a statewide hospital association representing at least 400 hospitals.
- Four members of the public that have experience in a field related to mental illness, or alcohol or substance abuse, or both, as specified.

One public member would be appointed by the Speaker of the Assembly, and one public member would be appointed by the Senate Committee on Rules. This bill would require members of the Committee to serve without compensation and would serve for a term of four years, unless specified differently in the bill. The Committee would be subject to the Bagley-Keene Open Meeting Act and the California Public Records Act.

The Committee would be required to adopt rules that would include, but not be limited to, criteria for acceptance of participants into the PHP and refusal to accept a person as a participant, and assigning the costs of participation and the associated financial responsibilities of participants. The rules are required to be consistent with the Uniform Standards Regarding Substance-Abusing Healing Arts Licensees as adopted by the Substance Abuse Coordination Committee of DCA.

This bill would require DCA to select a contractor for the PHP program for a five year term, termed a "program vendor". This bill would require the Committee to serve as the evaluation body for procurement. This bill would specify criteria for the program vendor selected through the contracting process, who would be responsible for running the PHP program. This criteria would require the program vendor to monitor the monitoring entities that participants have retained for mentoring treatment, and provide ongoing services to physicians that resume practice. The program vendor would also be required to have a system in place for immediately reporting physicians who fail to meet program requirements. The system would be required to ensure absolute confidentiality in the communication to the enforcement division of the Board, and would not be allowed to provide information to any other individual or entity, unless authorized by the physician.

Although this bill requires the program to report to the Board participants who fail to meet the requirements of this program, it does not require the reporting to the Board of those whose treatment does not substantially alleviate the impairment, those who withdraw or terminate prior to completion, or those who after an assessment are unable to practice medicine safely. This lack of reporting to the Board appears to be an oversight in how the bill was drafted and should be corrected for consumer protection purposes.

The contract with the Program Vendor for the PHP would require the PHP to do the following:

- Report annually to the Committee on the statistics of the PHP, as specified.
- Submit to periodic audits and inspections, as specified. The audits would be required to be published, given to the Legislature, and posted on the Committee's Web site. The Committee would be required to biennially contract to perform an audit of the PHP, as specified. This bill would not allow General Fund monies to be used for this purpose.
- The Committee would be required to report statistics to DCA, and DCA would be required to report this information to the Legislature, as specified.

This bill would require a physician to enter into an individual agreement with the PHP and agree to pay expenses related to treatment, monitoring, laboratory tests, and other activities specified in the written agreement as a condition of participation. The written agreement would be required to include the following:

- A jointly agreed-upon plan and mandatory conditions and procedures to monitor compliance with the program, including, but not limited to, an agreement to cease practice.
- Compliance with the terms and conditions of treatment and monitoring.
- Limitations on practice.
- Conditions and terms for return to practice.
- Criteria for program completion.
- Criteria for termination of the participant from the program.
- A stipulation that expenses related to treatment, monitoring, laboratory tests, and other activities specified in the written agreement will be paid by the participant.
- If a participant retains the service of a private monitoring entity, the participant must agree to authorize the program to receive reports from the private monitoring entity and to request information from the private monitoring entity regarding the participant's treatment status.

This bill would specify that agreements with participants would not be disclosed to the Board or Committee if the participant did not enroll in PHP as a condition of probation or as a result of an action by the Board and if the participant is in compliance with the conditions and procedures in the agreement. This bill would require the PHP to

immediately report the name of the participant to the Committee when it learns the participant is failing to meet the requirements of the program, if the participant's impairment is not substantially alleviated through treatment, if the participant withdraws or is terminated from PHP prior to completion, or if the participant is unable to practice medicine with reasonable skill and safety. This bill would require the Committee to refer the matter to the Board within two business days of receiving a report from the PHP.

This bill would increase the biennial license renewal fee for all physicians and surgeons by $39.50, to fund the costs of the PHP and the Committee.

The previous major issues of concern with this bill – that it was located in the Medical Practice Act, that it did not identify a state agency to have oversight of the Committee and the PHP, and that it did not identify a funding source, have been addressed.

The Board does have a concern with implementing the fee increase on January 1, 2013. The Board sends renewal notices to physicians 90 days in advance of the renewal expiration date. For licensees with a renewal expiration date of January 1, 2013, the renewal letters go out on October 1, 2012. With the transition to a new computer system set for October 15, 2012, the Board's current computer system is frozen and no new changes can currently be made. The new system will not be able to accept revisions until mid to late November, then the programming time to accomplish this update and revise all renewal forms, the web site, cashiering, etc. will take approximately 3-4 months. Board staff would not have time to update the computer system, revise the renewal forms and get out the renewal letters by October 1, 2012. Board staff instead would either have to delay the renewal of those applicants, or have to send an additional letter to those applicants requesting an additional $39.50 in renewal fees. This additional workload would result in fiscal impact to the Board.

The Board would be able to implement this bill in a more efficient manner if the increased fee had a delayed implementation date of July 1, 2013. This would give the Board until April 1, 2013 to update the computer system and revise forms, etc., and would allow Board staff the necessary time to do this within its normal workload, and would not result in a fiscal impact to the Board. As this is the last remaining concern, Board staff is suggesting a Neutral if Amended position on this bill, with the amendment being to delay implementation of the increased fee to July 1, 2013.

FISCAL: As currently written, this bill would result in additional workload to Board staff at a cost of $20,000 to update its computer system and revise forms in an extremely short period of time.

SUPPORT: California Medical Association (Co-Sponsor)
California Hospital Association (Co-Sponsor)
California Psychiatric Association (Co-Sponsor)
California Society of Addiction Medicine (Co-sponsor)
California Academy of Family Physicians
California Society of Anesthesiologists
Kaiser Permanente

OPPOSITION: None on file

POSITION: Recommendation: Neutral if Amended

AMENDED IN ASSEMBLY JULY 2, 2012

AMENDED IN SENATE MAY 29, 2012

AMENDED IN SENATE APRIL 30, 2012

AMENDED IN SENATE APRIL 17, 2012

SENATE BILL No. 1483

Introduced by Senator Steinberg

February 24, 2012

An act to add Article 12.7 (commencing with Section 830) to Chapter 1 of Division 2 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 1483, as amended, Steinberg. Physicians and surgeons.

Existing law provides for the ~~licensing~~ *licensure* and regulation of physicians and surgeons by the Medical Board of California (board) within the Department of Consumer Affairs (department). Under existing law, the biennial license renewal fee for physicians and surgeons is required to be fixed by the board and may not exceed $790.

This bill would create the Physician Health Program, administered by the Physician Health, Recovery, and Monitoring Oversight Committee within the department, with 14 members to be appointed as specified. The purpose of the program would be, among other things, to promote awareness and education relative to physician and surgeon health issues, including impairment due to alcohol or substance abuse, mental disorders, or other health conditions that could affect the safe practice of medicine, and to make treatment available to all physicians and surgeons subject to a written agreement with the program that includes agreement by the physician and surgeon to pay for expenses

associated with the treatment. The bill would also provide for referral by the program of physicians and surgeons, as defined, to certified monitoring programs on a voluntary basis, governed by a written agreement between the participant and the program. The bill would require the department to select a contractor to implement the program, with the committee serving as the evaluation body for submitted proposals. The bill would require the program to report the name of a participant to the board and the committee when it learns of the participant's failure to meet the requirements of the program. The bill would require the committee to report to the department certain statistics received from the program, would require the department to report to the Legislature on the outcomes of the program, and would require regular audits of the program.

This bill would increase the biennial license renewal fee by $39.50 for purposes of these provisions, except as specified. The bill would direct the board to transfer this revenue on a monthly basis to the Physician Health, Awareness, and Monitoring Quality Trust Fund, which the bill would create, and would specify that the use of these funds is subject to appropriation by the Legislature.

The bill would enact other related provisions and make other conforming changes.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature finds and declares all of the
2 following:
3 (a) (1) It is in every patient's interest to have physicians and
4 surgeons who are healthy and well.
5 (2) Physicians and surgeons may have health conditions that
6 interfere with their ability to practice medicine safely.
7 (3) In such cases, the most effective long-term protection for
8 patients is early intervention to address health issues that have the
9 potential to interfere with the safe practice of physicians and
10 surgeons.
11 (b) While the Legislature recognizes that physicians and
12 surgeons have a number of options for obtaining treatment, it is
13 the intent of the Legislature in enacting this act to promote
14 awareness among members of the medical community about health

issues that could interfere with safe practice, to promote awareness that private early intervention options are available, to provide resources and referrals to ensure physicians and surgeons are better able to choose high-quality private interventions that meet their specific needs, and to provide a separate mechanism for monitoring treatment.

SEC. 2. Article 12.7 (commencing with Section 830) is added to Chapter 1 of Division 2 of the Business and Professions Code, to read:

Article 12.7. Physician Health, Awareness, and Monitoring Quality

830. This article shall be known and may be cited as the Physician Health, Awareness, and Monitoring Quality Act of 2012.

830.2. For purposes of this article, the following terms shall have the following meanings:

(a) "Board" means the Medical Board of California.

(b) "Committee" means the Physician Health, Awareness, and Monitoring Quality Oversight Committee established pursuant to Section 830.6.

(c) "Department" means the Department of Consumer Affairs.

(d) "Impairment" means the inability to practice medicine with reasonable skill and safety to patients by reason of alcohol or substance abuse, a mental disorder, or another health condition as determined by a clinical evaluation in individual circumstances.

(e) "Participant" means a physician and surgeon enrolled in the program pursuant to an agreement entered into as provided in Section 830.10.

(f) "Physician Health Program" or "program" means the program defined in Section 830.4 and includes vendors, providers, or entities that contract with the committee pursuant to this article. The program itself shall not offer or provide treatment services to physicians and surgeons.

(g) "Physician and surgeon" means a holder of a valid physician and surgeon's certificate. For the purposes of participating in the program under this article, "physician and surgeon" shall also mean a student enrolled in a medical school approved or recognized by the board, a graduate of a medical school enrolled in a medical specialty residency training program approved or recognized by

the board, or a physician and surgeon seeking reinstatement of a license from the board.

(h) "Qualifying illness" means alcohol or substance abuse, a mental disorder, or another health condition that a clinical evaluation determines can be monitored and treated with private clinical and monitoring programs.

830.4. The Physician Health Program shall do all of the following:

(a) Subject to the requirements of Section 830.10, be available to all physicians and surgeons, as defined in subdivision (g) of Section 830.2.

(b) Promote awareness among members of the medical community on the recognition of health issues that could interfere with safe practice.

(c) Educate the medical community on the benefits of and options available for early intervention to address those health issues.

(d) Refer physicians and surgeons to monitoring programs certified by the program by executing a written agreement with the participant and monitoring the compliance of the participant with that agreement.

(e) Provide for the confidential participation by physicians and surgeons who have a qualifying illness and who are not on probation with the board.

830.6. (a) (1) There is hereby established within the Department of Consumer Affairs the Physician Health, Awareness, and Monitoring Quality Oversight Committee that shall have the duties and responsibilities set forth in this article. The committee may take any reasonable administrative actions to carry out the responsibilities and duties set forth in this article, including, but not limited to, hiring staff and entering into contracts.

(2) The committee shall be formed no later than April 1, 2013.

(3) The committee composition shall be as follows:

(A) All of the members under this subparagraph shall be appointed by the Governor and licensed in this state as physicians and surgeons with education, training, and experience in the identification and treatment of substance use or mental disorders, or both.

(i) Two members recommended by a statewide association representing psychiatrists with at least 3,000 members.

(ii) Two members recommended by a statewide association representing addiction medicine specialists with at least 300 members.

(iii) Three members recommended by a statewide association representing physicians and surgeons from all specialties, modes of practice, and practice settings with at least 25,000 members.

(iv) One member recommended by a statewide hospital association representing at least 400 hospitals.

(v) For the purpose of the initial composition of the committee, one member appointed under clause (i) shall be appointed for a two-year term and the other member for a three-year term; one member appointed under clause (ii) shall be appointed for a two-year term and the other member for a three-year term; one member appointed under clause (iii) shall be appointed for a two-year term, one member ~~for a~~ shall be appointed for *a* three-year term, and one member shall be appointed for a four-year term; and the member appointed under clause (iv) shall be appointed for a four-year term.

(B) All members appointed under this subparagraph shall have experience in a field related to mental illness, or alcohol or substance abuse, or both.

(i) Four members of the public appointed by the Governor. For the initial appointment to the committee, two members shall be appointed to serve for two-year terms and two members shall be appointed to serve for four-year terms.

(ii) One member of the public appointed by the Speaker of the Assembly. The initial appointment shall be for a three-year term.

(iii) One member of the public appointed by the Senate Committee on Rules. The initial appointment shall be for a three-year term.

(4) For the purposes of this section, a public member may not be any of the following:

(A) A current or former physician and surgeon or an immediate family member of a physician and surgeon.

(B) A current or former employee of a physician and surgeon, or a business providing or arranging for physician and surgeon services, or having any financial interest in the business of a physician and surgeon.

(C) An employee or agent or representative of any organization representing physicians and surgeons.

(D) An individual or an affiliate of an organization who has conducted business with or regularly appeared before the board.

(5) A public member shall meet all of the requirements for public members on a board as set forth in Chapter 6 (commencing with Section 450) of Division 1.

(b) Members of the committee shall serve without compensation.

(c) Except as provided for in subdivision (a), committee members shall serve terms of four years and may be reappointed.

(d) The committee shall be subject to the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code), the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), and the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code).

(e) The rules adopted by the committee shall be consistent with the Uniform Standards Regarding Substance-Abusing Healing Arts Licensees as adopted by the Substance Abuse Coordination Committee of the Department of Consumer Affairs pursuant to Section 315, the guidelines of the Federation of State Physician Health Programs, Inc., as well as community standards of practice, including, but not limited to, criteria for acceptance of participants into the program and the refusal to accept a person as a participant into the program and the assigning of costs of participation and associated financial responsibilities of participants. In the event of any conflicts between the Uniform Standards Regarding Substance-Abusing Healing Arts Licensees as adopted by the Substance Abuse Coordination Committee of the Department of Consumer Affairs pursuant to Section 315 and the guidelines of the Federation of State Physician Health Programs, Inc., and community standards of practice, the Uniform Standards Regarding Substance-Abusing Healing Arts Licensees as adopted by the Substance Abuse Coordination Committee of the Department of Consumer Affairs pursuant to Section 315 shall prevail.

830.8. (a) The department shall select a contractor for the Physician Health Program pursuant to a request for proposals, and the committee shall contract for a five-year term with that entity. The process for procuring the services for the program shall be administered by the department pursuant to Article 4 (commencing

with Section 10335) of Chapter 2 of Part 2 of Division 2 of the Public Contract Code. However, the committee shall serve as the evaluation body for the procurement.

(b) The ~~chief executive officer of the~~ program vendor shall have expertise in the areas of substance or alcohol abuse, and mental disorders in health care professionals.

(c) The program vendor shall ~~have a medical director to~~ oversee clinical aspects of the program's operations. The ~~medical director~~ *program vendor* shall have expertise in the diagnosis and treatment of alcohol and substance abuse and mental disorders in health care professionals.

~~(d) The program vendor shall have established relationships with local medical societies and hospital well-being committees for conducting education, outreach, and referrals for physician and surgeon health.~~

~~(e)~~

(d) The program vendor shall monitor the monitoring entities that participating physicians and surgeons have retained for monitoring a participant's treatment and shall provide ongoing services to physicians and surgeons that resume practice.

~~(f)~~

(e) The program vendor shall have a system for immediately reporting physicians and surgeons who fail to meet the requirements of the program as provided in subdivision (e) of Section 830.10. This system shall ensure absolute confidentiality in the communication to the enforcement division of the board, and shall not provide this information to any other individual or entity unless authorized by the enrolled physician and surgeon.

~~(g)~~

(f) The contract entered into pursuant to this article shall also require the program vendor to do both of the following:

(1) Report annually to the committee statistics related to the program, including, but not limited to, the number of participants currently in the program, the number of participants referred by the board as a condition of probation, the number of participants who have successfully completed their agreement period, the number of participants terminated from the program, and the number of participants reported by the program pursuant to subdivision (e) of Section 830.10. However, in making that report,

the program shall not disclose any personally identifiable information relating to any participant.

(2) Submit to periodic audits and inspections of all operations, records, and management related to the program to ensure compliance with the requirements of this article and its implementing rules and regulations.

~~(h)~~

(g) In addition to the requirements of Section 830.16, the committee shall monitor compliance of the program with the requirements of this article. The committee or its designee may make periodic inspections and onsite visits with the vendor contracted to provide Physician Health Program services.

~~(i)~~

(h) Copies of the audits referenced in paragraph (2) of subdivision ~~(g)~~ *(f)* shall be published and provided to the appropriate policy committees of the Legislature within 10 business days of publication. A copy shall also be made available to the public by posting a link on the committee's Internet Web site homepage no more than 10 business days after publication.

830.10. (a) A physician and surgeon shall, as a condition of participation in the Physician Health Program, enter into an individual agreement with the program and agree to pay expenses related to treatment, monitoring, laboratory tests, and other activities specified in the participant's written agreement with the program.

(b) The written agreement between the physician and surgeon and the program shall be consistent with the standards adopted by the committee pursuant to subdivision (e) of Section 830.6, and shall include all of the following:

(1) A jointly agreed-upon plan and mandatory conditions and procedures to monitor compliance with the program, including, but not limited to, an agreement to cease practice.

(2) Compliance with terms and conditions of treatment and monitoring.

(3) Limitations on practice.

(4) Conditions and terms for return to practice.

(5) Criteria for program completion.

(6) Criteria for termination of the participant from the program.

(7) A stipulation that expenses related to treatment, monitoring, laboratory tests, and other activities specified in the participant's written agreement with the program will be paid by the participant.

(c) In addition, if the physician and surgeon retains the services of a private monitoring entity, he or she shall agree to authorize the program vendor to receive reports from the private monitoring entity and to request information from the private monitoring entity regarding his or her treatment status. Except as provided in subdivisions (b), ~~(c),~~ (d), and (e), and subdivision ~~(f)~~ *(e)* of Section 830.8, a physician and surgeon's participation in the program pursuant to an agreement shall be confidential unless waived by the physician and surgeon.

(d) Any agreement entered into pursuant to this section shall not be considered a disciplinary action or order by the board, and shall not be disclosed to the committee or the board if both of the following apply:

(1) The physician and surgeon did not enroll in the program as a condition of probation or as a result of an action of the board.

(2) The physician and surgeon is in compliance with the conditions and procedures in the agreement.

(e) (1) The program shall immediately report the name of a participant to the board and the committee when it learns of the participant's failure to meet the requirements of the program, including failure to cease practice when required, failure to submit to evaluation, treatment, or biological testing when required, or a violation of the rules adopted by the committee pursuant to subdivision (e) of Section 830.6. The program shall also immediately report the name of a participant to the committee when it learns that the participant's impairment is not substantially alleviated through treatment, or if the participant withdraws or is terminated from the program prior to completion, or if, in the opinion of the program after a risk assessment is conducted, the participant is unable to practice medicine with reasonable skill and safety.

(2) Notwithstanding subdivision ~~(f)~~ *(e)* of Section 830.8, the report shall provide sufficient information to permit the board to assess whether discipline or other action is required to protect the public.

(f) Except as otherwise provided in subdivisions (b), (c), ~~(e), and (f)~~ *(d), and (e)* of Section 830.8, subdivision (e) of this section,

and this subdivision, any oral or written information reported to the board pursuant to this section, including, but not limited to, any physician and surgeon's participation in the program and any agreement entered into pursuant to this article, shall remain confidential as provided in subdivision (c) of Section 800, and shall not constitute a waiver of any existing evidentiary privileges under any other provision or rule of law. However, confidentiality regarding the physician and surgeon's participation in the program and of all information and records created by the program related to that participation shall not apply if the board has referred a participant as a condition of probation.

(g) Nothing in this section prohibits, requires, or otherwise affects the discovery or admissibility of evidence in an action by the board against a physician and surgeon based on acts or omissions within the course and scope of his or her practice.

(h) Any information received, developed, or maintained by the committee regarding a physician and surgeon in the program shall not be used for any other purposes.

830.12. (a) The biennial license renewal fee established in subdivision (d) of Section 2435 shall increase by thirty-nine dollars and fifty cents ($39.50) for purposes of this article, except those purposes specified in Section 830.10. The board shall, on a monthly basis, transfer the revenue generated from this increase to the trust fund described in subdivision (b).

(b) There is hereby established in the State Treasury the Physician Health, Awareness, and Monitoring Quality Trust Fund into which all revenue generated pursuant to subdivision (a) shall be deposited. These funds shall be used, upon appropriation by the Legislature, exclusively for the purposes of this article, except those purposes specified in Section 830.10.

(c) Nothing in this section shall be construed to prohibit additional funding from private sources from being used to support operations of the program or to support the establishment of the committee and the program.

830.14. (a) The committee shall report to the department statistics received from the program pursuant to Section 830.8, and the department shall, thereafter, report to the appropriate policy committees of the Legislature on or before October 1, 2014, and annually thereafter, the outcomes of the program, including, but not limited to, the number of individuals served, the number of

1 participants currently in the program, the number of participants
2 referred by the board as a condition of probation, the number of
3 individuals who have successfully completed their agreement
4 period, the number of participants terminated from the program,
5 and the number of individuals reported to the board for
6 noncompliance pursuant to subdivision (e) of Section 830.10.
7 However, in making those reports, the committee and the
8 department shall not disclose any personally identifiable
9 information relating to any physician and surgeon participating in
10 the program pursuant to an agreement entered into pursuant to
11 Section 830.10.
12 (b) This section shall become inoperative on October 1, 2018,
13 pursuant to Section 10231.5 of the Government Code.
14 830.16. (a) The committee shall biennially contract to perform
15 an audit of the Physician Health Program and its vendors. This
16 section is not intended to reduce the number of audits the
17 committee may otherwise conduct. The initial audit shall
18 commence two years after the award of an initial five-year contract.
19 Under no circumstances shall General Fund revenue be used for
20 this purpose.
21 (b) Any person or entity conducting the audit required by this
22 section shall maintain the confidentiality of all records reviewed
23 and information obtained in the course of conducting the audit and
24 shall not disclose any information identifying any program
25 participant.
26 (c) The biennial audit shall be completed by ____ and shall
27 ascertain if the program is operating in conformance with the rules
28 and regulations established by the committee.

O