

**MEDICAL BOARD OF CALIFORNIA - 2014 TRACKER LIST**  
**October 9, 2014**

<b>BILL</b>	<b>AUTHOR</b>	<b>TITLE</b>	<b>STATUS</b>	<b>POSITION</b>	<b>AMENDED</b>
AB 186	Maienschein	Professions & Vocations: Military Spouses: Temporary Licenses	Chaptered, #640	Support	8/20/14
AB 496	Gordon	CME: Sexual Orientation, Gender Identity, and Gender Expression	Chaptered, #630	Support	6/25/14
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AB 1886	Eggman	Medical Board Internet Posting: 10-year Restriction	Chaptered, #285	Sponsor/Support	6/26/14
AB 2139	Eggman	End-of-Life Care: Patient Notification	Chaptered, #568	Neutral	8/18/14
AB 2214	Fox	Emergency Room Physicians: CME	Chaptered, #422	Neutral	6/26/14
SB 1083	Pavley	Physician Assistants: Disability Certifications	Chaptered, #438	Support	8/18/14
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SB 1243	Lieu	Professions and Vocations	Chaptered, #395	Support	8/18/14
SB 1466	Sen. B&P	Omnibus	Chaptered, #316	Sponsor/Support MBC Provisions	8/18/14

Pink – Sponsored Bill, Blue – Chaptered Bill

MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

**Bill Number:** AB 186  
**Author:** Maienschein  
**Chapter:** 640  
**Subject:** Military Spouses: Temporary Licenses  
**Sponsor:** Author  
**Position:** Support

**DESCRIPTION OF LEGISLATION:**

This bill allows spouses of military personnel that have moved to California based upon active duty orders of the military spouse, and who have a physician and surgeon license in another state, to receive a 12-month temporary license if they meet the temporary licensing requirements, complete an application, and provide specified information.

**ANALYSIS:**

Existing law requires boards in DCA to expedite the licensure process for applicants if they supply satisfactory evidence to the Board that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders. This person must hold a current license in another state in the profession or vocation for which he or she seeks a license from the Board.

This bill requires specified boards under DCA, including the Board, to issue a 12-month temporary license to spouses of military personnel that have moved to California based upon active duty orders of the military spouse, who hold a current, active, and unrestricted license to practice in another state. The applicant can not have committed an act in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license, can not have been disciplined by a licensing entity in another jurisdiction, and can not be the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction. This bill requires the applicant to submit an application that includes an affidavit that the information submitted in the application is accurate and that verification documentation from the other jurisdiction has been requested. The temporary license expires 12 months after issuance, upon issuance of an expedited license (pursuant to Business and Professions Code Section 115.5), or upon denial of the application for expedited licensure, whichever occurs first. This bill allows the Board to conduct an investigation of applicants and allows the Board to require the applicant to submit fingerprints and conduct a criminal background check. This bill allows the Board to adopt necessary regulations. This bill specifies that the bill does not apply to boards that already have a temporary licensing process.

In addition, this bill allows a temporary license to be immediately terminated upon a finding that the temporary license holder failed to meet the requirements of the bill or provided substantively inaccurate information that would affect his or her eligibility for temporary licensure. Once the

temporary license is terminated, this bill requires the Board to issue a notice of termination that requires the temporary license holder to immediately cease the practice of medicine.

The fact sheet on this bill states that according to a recent study by the California Research Bureau, California has about 72,500 military spouses residing in this State, and over one third of these individuals are involved in a profession that requires some sort of licensing requirement. According to the author's office, this bill will allow military spouses to immediately look for employment to help support their families, while taking all the necessary steps to apply and receive a license from the State.

This bill will allow military spouses to look for employment on a more immediate basis, while still ensuring consumer protection. This bill requires fingerprints to be cleared, requires license verification through the American Medical Association and/or the National Practitioner's Data bank, and verification from the state the applicant is licensed in, before the provisional license can be issued. For these reasons, the Board supported this bill.

**FISCAL:** Minor and absorbable

**SUPPORT:** American Legion – Department of California; AMVETS – Department of California; California Association for Health Services at Home; California State Commanders Veterans Council; Department of Defense; Easter Seals Disability Services; Marine Corps Installations West; Medical Board of California; National Military Family Association; San Diego Military Advisory Council; Veterans Caucus of the California Democratic Party; VFW – Department of California; and Vietnam Veterans of America-California State Council

**OPPOSITION:** None on file

**IMPLEMENTATION:**

- Newsletter article
- Notify/train Board staff
- Develop procedures for staff to process these temporary licenses, which would become full, unrestricted licenses once all documentation is received
- Identify a licensing staff member to be the single point of contact for all temporary licenses
- Work with DCA on BreZE processes
- Post information for military spouses on the Board's website regarding how to apply for a temporary license and the eligibility requirements

## Assembly Bill No. 186

### CHAPTER 640

An act to add Section 115.6 to the Business and Professions Code, relating to professions and vocations, and making an appropriation therefor.

[Approved by Governor September 27, 2014. Filed with Secretary of State September 27, 2014.]

#### LEGISLATIVE COUNSEL'S DIGEST

AB 186, Maienschein. Professions and vocations: military spouses: temporary licenses.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law provides for the issuance of reciprocal licenses in certain fields where the applicant, among other requirements, has a license to practice within that field in another jurisdiction, as specified. Existing law requires that the licensing fees imposed by certain boards within the department be deposited in funds that are continuously appropriated. Existing law requires a board within the department to expedite the licensure process for an applicant who holds a current license in another jurisdiction in the same profession or vocation and who supplies satisfactory evidence of being married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders.

This bill would, in addition to the expedited licensure provisions described above, establish a temporary licensure process for specified licensed professions for an applicant who holds a current, active, and unrestricted license in another jurisdiction, as specified, and who supplies satisfactory evidence of being married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders. The bill would require a temporary license issued pursuant to these provisions to expire 12 months after issuance, upon issuance of an expedited license, or upon denial of the application for expedited licensure by the board, whichever occurs first.

This bill would also require an applicant seeking a temporary license as a civil engineer, geotechnical engineer, structural engineer, land surveyor, professional geologist, professional geophysicist, certified engineering geologist, or certified hydrogeologist to successfully pass the appropriate California-specific examination or examinations required for licensure in those respective professions by the Board for Professional Engineers, Land Surveyors, and Geologists.

Because the bill would authorize the expenditure of continuously appropriated funds for a new purpose, the bill would make an appropriation.  
Appropriation: yes.

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

SECTION 1. Section 115.6 is added to the Business and Professions Code, to read:

115.6. (a) A board within the department shall, after appropriate investigation, issue the following eligible temporary licenses to an applicant if he or she meets the requirements set forth in subdivision (c):

- (1) Registered nurse license by the Board of Registered Nursing.
- (2) Vocational nurse license issued by the Board of Vocational Nursing and Psychiatric Technicians of the State of California.
- (3) Psychiatric technician license issued by the Board of Vocational Nursing and Psychiatric Technicians of the State of California.
- (4) Speech-language pathologist license issued by the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board.
- (5) Audiologist license issued by the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board.
- (6) Veterinarian license issued by the Veterinary Medical Board.
- (7) All licenses issued by the Board for Professional Engineers, Land Surveyors, and Geologists.
- (8) All licenses issued by the Medical Board of California.

(b) The board may conduct an investigation of an applicant for purposes of denying or revoking a temporary license issued pursuant to this section. This investigation may include a criminal background check.

(c) An applicant seeking a temporary license pursuant to this section shall meet the following requirements:

- (1) The applicant shall supply evidence satisfactory to the board that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders.
- (2) The applicant shall hold a current, active, and unrestricted license that confers upon him or her the authority to practice, in another state, district, or territory of the United States, the profession or vocation for which he or she seeks a temporary license from the board.
- (3) The applicant shall submit an application to the board that shall include a signed affidavit attesting to the fact that he or she meets all of the requirements for the temporary license and that the information submitted in the application is accurate, to the best of his or her knowledge. The application shall also include written verification from the applicant's original licensing jurisdiction stating that the applicant's license is in good standing in that jurisdiction.

(4) The applicant shall not have committed an act in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license under this code at the time the act was committed. A violation of this paragraph may be grounds for the denial or revocation of a temporary license issued by the board.

(5) The applicant shall not have been disciplined by a licensing entity in another jurisdiction and shall not be the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction.

(6) The applicant shall, upon request by a board, furnish a full set of fingerprints for purposes of conducting a criminal background check.

(d) A board may adopt regulations necessary to administer this section.

(e) A temporary license issued pursuant to this section may be immediately terminated upon a finding that the temporary licenseholder failed to meet any of the requirements described in subdivision (c) or provided substantively inaccurate information that would affect his or her eligibility for temporary licensure. Upon termination of the temporary license, the board shall issue a notice of termination that shall require the temporary licenseholder to immediately cease the practice of the licensed profession upon receipt.

(f) An applicant seeking a temporary license as a civil engineer, geotechnical engineer, structural engineer, land surveyor, professional geologist, professional geophysicist, certified engineering geologist, or certified hydrogeologist pursuant to this section shall successfully pass the appropriate California-specific examination or examinations required for licensure in those respective professions by the Board for Professional Engineers, Land Surveyors, and Geologists.

(g) A temporary license issued pursuant to this section shall expire 12 months after issuance, upon issuance of an expedited license pursuant to Section 115.5, or upon denial of the application for expedited licensure by the board, whichever occurs first.

MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

**Bill Number:** AB 496  
**Author:** Gordon  
**Chapter:** 630  
**Subject:** CME: Sexual Orientation, Gender Identity, and Gender Expression  
**Sponsor:** Equality California  
**Position:** Support

**DESCRIPTION OF LEGISLATION:**

This bill amends the existing cultural competency continuing medical education (CME) course requirement to also include information pertinent to the provision of appropriate treatment and care to the lesbian, gay, bisexual, transgender, and intersex (LGBTI) communities.

**ANALYSIS:**

Existing law requires physicians to take CME courses in order to renew their medical licenses. All CME courses are required to contain curriculum that includes cultural and linguistic competency in the practice of medicine. The course must address at least one or a combination of the following:

- Applying linguistic skills to communicate effectively with the target population.
- Utilizing cultural information to establish therapeutic relationships.
- Eliciting and incorporating pertinent cultural data in diagnosis and treatment.
- Understanding and applying cultural and ethnic data to the process of clinical care.

This bill adds to the existing cultural competency CME course requirement of understanding and applying cultural and ethnic data to the process of clinical care, to also include information pertinent to the provision of appropriate treatment and care to LGBTI communities, as appropriate.

According to the author's office, LGBTI patients have reported a reluctance to reveal their sexual orientation or gender identity to their providers, despite the importance of such information for their health care. The author believes that cultural competency plays a crucial role in understanding, diagnosing, and delivering appropriate care to LGBTI patients. The ability of physicians to effectively communicate with, and to create a welcoming and safe environment for their LGBTI patients, has an impact on LGBTI patient health outcomes and on provider-patient relationships.

The Board will work with organizations that accredit CME courses to ensure compliance with the new requirement. This bill does not expand the Board's Cultural and Linguistic Physician Competency Program Workgroup, but requires organizations that accredit CME courses to update their standards, if necessary, to meet the new requirements in this bill. Since this bill does not expand the working group convened by the Board, the Board only needs to include an agenda item at a future Board Meeting to hear from the CME accrediting organizations on how they have addressed this amended cultural and linguistic competency curriculum requirement.

The Board believes it is important that LGBTI cultural issues be addressed by providers, so physicians can provide appropriate care for all patients and believes cultural competency is an important factor in the physician-patient relationship. The Board also believes that LGBTI cultural competency is important for all providers, in order to ensure that LGBTI cultural issues are addressed and that LGBTI patients are delivered appropriate care. For these reasons, the Board supported this bill.

**FISCAL:** Minimal and absorbable

**SUPPORT:** Equality California (Sponsor)  
AFSCME  
Medical Board of California

**OPPOSITION:** None on file

**IMPLEMENTATION:**

- Newsletter article(s)
- Notify agencies that accredit CME of this new requirement
- Include an agenda item at a future Licensing Committee Meeting to hear from CME accrediting organizations on how they have addressed this amended cultural and linguistic competency requirement
- Include information on this new requirement on the Board's CME webpage



## Assembly Bill No. 496

### CHAPTER 630

An act to amend Section 2190.1 of the Business and Professions Code, relating to medicine.

[Approved by Governor September 26, 2014. Filed with  
Secretary of State September 26, 2014.]

#### LEGISLATIVE COUNSEL'S DIGEST

AB 496, Gordon. Medicine: continuing medical education: sexual orientation, gender identity, and gender expression.

Existing law, the Medical Practice Act, provides for the licensure and regulation of physicians and surgeons by the Medical Board of California. Under the act, a physician and surgeon is required to demonstrate satisfaction of continuing education requirements. Existing law requires all continuing medical education courses on or after July 1, 2006, to contain curriculum that includes cultural and linguistic competency, as defined, in the practice of medicine. Existing law requires accrediting associations to develop standards for compliance with the cultural competency requirement before July 1, 2006, and authorizes the development of these standards in conjunction with an advisory group that has expertise in cultural and linguistic competency issues, as specified.

This bill would authorize the accrediting associations to update these compliance standards, as needed, in conjunction with the advisory group described above.

Existing law, for purposes of these provisions, defines cultural competency as a set of integrated attitudes, knowledge, and skills that enables a health care professional or organization to care effectively for patients from diverse cultures, groups, and communities. Existing law recommends that this definition, at a minimum, include, among other things, understanding and applying cultural and ethnic data to the process of clinical care.

This bill would expand this recommendation to include, as appropriate, information pertinent to the appropriate treatment of, and provision of care to, the lesbian, gay, bisexual, transgender, and intersex communities.

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

SECTION 1. Section 2190.1 of the Business and Professions Code is amended to read:

2190.1. (a) The continuing medical education standards of Section 2190 may be met by educational activities that meet the standards of the Division of Licensing and that serve to maintain, develop, or increase the knowledge,

skills, and professional performance that a physician and surgeon uses to provide care, or to improve the quality of care provided to patients. These may include, but are not limited to, educational activities that meet any of the following criteria:

(1) Have a scientific or clinical content with a direct bearing on the quality or cost-effective provision of patient care, community or public health, or preventive medicine.

(2) Concern quality assurance or improvement, risk management, health facility standards, or the legal aspects of clinical medicine.

(3) Concern bioethics or professional ethics.

(4) Are designed to improve the physician-patient relationship.

(b) (1) On and after July 1, 2006, all continuing medical education courses shall contain curriculum that includes cultural and linguistic competency in the practice of medicine.

(2) Notwithstanding the provisions of paragraph (1), a continuing medical education course dedicated solely to research or other issues that does not include a direct patient care component or a course offered by a continuing medical education provider that is not located in this state is not required to contain curriculum that includes cultural and linguistic competency in the practice of medicine.

(3) Associations that accredit continuing medical education courses shall develop standards before July 1, 2006, for compliance with the requirements of paragraph (1). The associations may update these standards, as needed, in conjunction with an advisory group that has expertise in cultural and linguistic competency issues.

(4) A physician and surgeon who completes a continuing education course meeting the standards developed pursuant to paragraph (3) satisfies the continuing education requirement for cultural and linguistic competency.

(c) In order to satisfy the requirements of subdivision (b), continuing medical education courses shall address at least one or a combination of the following:

(1) Cultural competency. For the purposes of this section, “cultural competency” means a set of integrated attitudes, knowledge, and skills that enables a health care professional or organization to care effectively for patients from diverse cultures, groups, and communities. At a minimum, cultural competency is recommended to include the following:

(A) Applying linguistic skills to communicate effectively with the target population.

(B) Utilizing cultural information to establish therapeutic relationships.

(C) Eliciting and incorporating pertinent cultural data in diagnosis and treatment.

(D) Understanding and applying cultural and ethnic data to the process of clinical care, including, as appropriate, information pertinent to the appropriate treatment of, and provision of care to, the lesbian, gay, bisexual, transgender, and intersex communities.

(2) Linguistic competency. For the purposes of this section, “linguistic competency” means the ability of a physician and surgeon to provide patients

who do not speak English or who have limited ability to speak English, direct communication in the patient's primary language.

(3) A review and explanation of relevant federal and state laws and regulations regarding linguistic access, including, but not limited to, the federal Civil Rights Act (42 U.S.C. Sec. 1981, et seq.), Executive Order 13166 of August 11, 2000, of the President of the United States, and the Dymally-Alatorre Bilingual Services Act (Chapter 17.5 (commencing with Section 7290) of Division 7 of Title 1 of the Government Code).

(d) Notwithstanding subdivision (a), educational activities that are not directed toward the practice of medicine, or are directed primarily toward the business aspects of medical practice, including, but not limited to, medical office management, billing and coding, and marketing shall not be deemed to meet the continuing medical education standards for licensed physicians and surgeons.

(e) Educational activities that meet the content standards set forth in this section and are accredited by the California Medical Association or the Accreditation Council for Continuing Medical Education may be deemed by the Division of Licensing to meet its continuing medical education standards.

MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

**Bill Number:** AB 809  
**Author:** Logue  
**Chapter:** 404  
**Subject:** Healing Arts: Telehealth  
**Sponsor:** Author

**DESCRIPTION OF LEGISLATION:**

This bill revises the informed consent requirements relating to the delivery of health care via telehealth by permitting consent to be made verbally or in writing, and by deleting the requirement that the health care provider who obtains the consent be at the originating site where the patient is physically located. This act is an urgency statute, which means it takes effect immediately upon being signed into law.

**ANALYSIS:**

The Telehealth Advancement Act of 2011 was signed into law as a result of AB 415 (Logue, Chapter 547). According to the author, under existing law, in order to ensure that both physicians and patients understand that telehealth may be used to treat the patient, a physician is required to obtain verbal consent for each and every visit with the patient. Physicians have reported that this constant requirement is burdensome on their ability to treat patients effectively. This was a requirement added to statute from AB 415 (Logue, Chapter 547, Statutes of 2011). The author of this bill, who also authored AB 415, believes that the requirement included in his bill in 2011 eliminates efficiencies achieved in rendering telehealth services and was an unintended consequence that is inconsistent with the intent and principles of his bill.

This bill would now require health care providers, prior to initiating the use of telehealth, to inform the patient about the use of telehealth and obtain verbal or written consent from the patient, and the consent must be documented. This bill deletes the requirement in existing law that the health care provider who obtains the consent be at the originating site where the patient is physical located. This bill took effect immediately upon signature by the Governor.

Although the Medical Board of California (Board) previously had a support position on this bill, the Board did not consider the most recent amendment that no longer requires a health care provider who obtains consent to be at the originating site where the patient is physically located.

**FISCAL:** None

**SUPPORT:** Association of California Healthcare Districts  
Board of Behavioral Sciences  
National Multiple Sclerosis Society  
Occupational Therapy Association of California  
Planned Parenthood Affiliates of California

**OPPOSITION:** None on file

**IMPLEMENTATION:**

- Newsletter article
- Notify/train Board staff and Department of Consumer Affairs, Division of Investigation staff
- Update the Board's website and related publications

## Assembly Bill No. 809

### CHAPTER 404

An act to amend Section 2290.5 of the Business and Professions Code, relating to telehealth, and declaring the urgency thereof, to take effect immediately.

[Approved by Governor September 18, 2014. Filed with  
Secretary of State September 18, 2014.]

#### LEGISLATIVE COUNSEL'S DIGEST

AB 809, Logue. Healing arts: telehealth.

Existing law requires a health care provider, as defined, prior to the delivery of health care services via telehealth, as defined, to verbally inform the patient that telehealth may be used and obtain verbal consent from the patient for this use. Existing law also provides that failure to comply with this requirement constitutes unprofessional conduct.

This bill would require the health care provider initiating the use of telehealth to obtain verbal or written consent from the patient for the use of telehealth, as specified. The bill would require that health care provider to document the consent.

This bill would declare that it is to take effect immediately as an urgency statute.

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

SECTION 1. Section 2290.5 of the Business and Professions Code is amended to read:

2290.5. (a) For purposes of this division, the following definitions shall apply:

(1) "Asynchronous store and forward" means the transmission of a patient's medical information from an originating site to the health care provider at a distant site without the presence of the patient.

(2) "Distant site" means a site where a health care provider who provides health care services is located while providing these services via a telecommunications system.

(3) "Health care provider" means a person who is licensed under this division.

(4) "Originating site" means a site where a patient is located at the time health care services are provided via a telecommunications system or where the asynchronous store and forward service originates.

(5) "Synchronous interaction" means a real-time interaction between a patient and a health care provider located at a distant site.

(6) “Telehealth” means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care while the patient is at the originating site and the health care provider is at a distant site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.

(b) Prior to the delivery of health care via telehealth, the health care provider initiating the use of telehealth shall inform the patient about the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services and public health. The consent shall be documented.

(c) Nothing in this section shall preclude a patient from receiving in-person health care delivery services during a specified course of health care and treatment after agreeing to receive services via telehealth.

(d) The failure of a health care provider to comply with this section shall constitute unprofessional conduct. Section 2314 shall not apply to this section.

(e) This section shall not be construed to alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law.

(f) All laws regarding the confidentiality of health care information and a patient’s rights to his or her medical information shall apply to telehealth interactions.

(g) This section shall not apply to a patient under the jurisdiction of the Department of Corrections and Rehabilitation or any other correctional facility.

(h) (1) Notwithstanding any other provision of law and for purposes of this section, the governing body of the hospital whose patients are receiving the telehealth services may grant privileges to, and verify and approve credentials for, providers of telehealth services based on its medical staff recommendations that rely on information provided by the distant-site hospital or telehealth entity, as described in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

(2) By enacting this subdivision, it is the intent of the Legislature to authorize a hospital to grant privileges to, and verify and approve credentials for, providers of telehealth services as described in paragraph (1).

(3) For the purposes of this subdivision, “telehealth” shall include “telemedicine” as the term is referenced in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

SEC. 2. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the Constitution and shall go into immediate effect. The facts constituting the necessity are:

In order to protect the health and safety of the public due to a lack of access to health care providers in rural and urban medically underserved

areas of California, the increasing strain on existing providers that occurred with the implementation of the federal Patient Protection and Affordable Care Act, and the assistance that further implementation of telehealth can provide to help relieve these burdens, it is necessary for this act to take effect immediately.

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MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

**Bill Number:** AB 1535  
**Author:** Bloom  
**Chapter:** 326  
**Subject:** Pharmacists: Naloxone Hydrochloride  
**Sponsor:** Drug Policy Alliance  
California Pharmacists Association  
**Position:** Support

**DESCRIPTION OF LEGISLATION:**

This bill allows pharmacists to furnish naloxone hydrochloride in accordance with standardized procedures or protocols developed and approved by the Board of Pharmacy (BOP) and the Medical Board of California (Board), in consultation with the California Society of Addiction Medicine, the California Pharmacists Association, and other appropriate entities. This bill specifies that a pharmacist furnishing naloxone hydrochloride shall not permit the person to whom the drug is being furnished to waive the consultation required by the Board and the BOP. This bill requires a pharmacist to complete a training program on the use of opioid antagonists that consists of at least one hour of approved continuing education on the use of naloxone hydrochloride, before furnishing naloxone hydrochloride. This bill allows the BOP to adopt emergency regulations to establish the standardized procedures or protocols that would remain in effect until the final standardized procedures or protocols are developed.

**BACKGROUND**

Naloxone is used in opioid overdoses to counteract life-threatening depression of the central nervous system and respiratory system, allowing an overdosing person to breathe normally. Naloxone is a non-scheduled, inexpensive prescription medication with the same level of regulation as ibuprofen. Naloxone only works if a person has opioids in their system, and has no effect if opioids are absent.

According to the fact sheet, public health experts agree that increasing access to naloxone is a key strategy in preventing drug overdose deaths. The American Medical Association, the White House Office of National Drug Control Policy, the Director of the National Institutes of Drug Abuse, among others, have called for providing naloxone to at-risk patients, first responders, and persons likely to witness a potentially fatal opioid overdose.

## **ANALYSIS**

This bill increases access to naloxone by allowing community pharmacists to provide naloxone to at-risk patients in accordance with standardized procedures or protocols developed and approved by BOP and the Board, and in consultation with the California Society of Addiction Medicine, the California Pharmacists Association, and other appropriate entities. The Board and the BOP must include the following when developing the standardized procedures or protocols:

- Procedures to ensure education of the person to whom the drug is furnished, including, but not limited to, opioid overdose prevention, recognition and response, safe administration of naloxone hydrochloride, potential side effects or adverse events, and the importance of seeking emergency medical care for the patient.
- Procedures for the notification of the patient's primary care provider, with patient consent, of any drugs or devices furnished to the patient, or entry of appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider, and with patient consent.

This bill allows the BOP to adopt emergency regulations to establish the standardized procedures or protocols that would remain in effect until the final standardized procedures or protocols are developed.

This bill specifies that a pharmacist furnishing naloxone hydrochloride shall not permit the person to whom the drug is being furnished to waive the consultation required by the Board and the BOP. This bill requires a pharmacist to complete a training program on the use of opioid antagonists that consists of at least one hour of approved continuing education on the use of naloxone hydrochloride, before furnishing naloxone hydrochloride. This bill authorizes BOP and the Board to ensure compliance with this bill by the Boards' respective licensees.

Drug overdoses are now the leading cause of injury death in the United States, surpassing motor vehicle crash deaths. This bill will increase at-risk patients access to naloxone, while at the same time ensuring standardized procedures and protocols are in place. For these reasons, the Board supported this bill.

**FISCAL:** Minimal and absorbable fiscal to develop standardized procedures and protocols with the BOP.

**SUPPORT:** California Pharmacists Association (Co-Sponsor); Drug Policy Alliance (Co-Sponsor); A New PATH; Addiction Research and Treatment Amity Foundation; Bay Area Addiction Recovery Treatment; Behind the Orange Curtain; Broadway Treatment Center; Broken No More; California Association of Alcohol and Drug Program Executives, Inc.; California Hospital Association; California Mental Health Directors

Association; California Narcotic Officers' Association; California Opioid Maintenance Providers; California Retailers Association; California Society of Addiction Medicine; California United for a Responsible Budget; Center for Living and Learning; County Alcohol and Drug Program Administrators Association of California; CRI-HELP, Inc.; Drug and Alcohol Addiction Awareness and Prevention Program; Families ACT!; Fred Brown Recovery Services; Gateways Hospital and Mental Health Center; Grief Recovery After a Substance Passing; Health Officers Association of California; Health Right 360; Hillview Mental Health Center; Homeless Health Care Los Angeles; Hope of the Valley Rescue Mission; In Depth; Legal Services for Prisoners with Children; Los Angeles Centers for Alcohol and Drug Abuse; Los Angeles Community Action Network; Los Angeles HIV Drug and Alcohol Task Force; Mary Magdalene Project; Medical Board of California; National Federation of Independent Business; Not One More; Paramedics Plus; Paving the Way Foundation; Phoenix House of Los Angeles; Primary Purpose Sober Living Homes; Safer Alternatives thru Networking and Education; San Fernando Recovery Center;; SHIELDS For Families; Soberspace; and Solace

**OPPOSITION:** None on file

**IMPLEMENTATION:**

- Newsletter article
- Notify/train Board staff
- Work with BOP to develop standardized procedures and protocols for pharmacists to use when furnishing naloxone
- Bring standardized procedures and protocols to the Board for approval

## Assembly Bill No. 1535

### CHAPTER 326

An act to add Section 4052.01 to the Business and Professions Code, relating to pharmacists.

[Approved by Governor September 15, 2014. Filed with  
Secretary of State September 15, 2014.]

#### LEGISLATIVE COUNSEL'S DIGEST

AB 1535, Bloom. Pharmacists: naloxone hydrochloride.

Existing law, the Pharmacy Law, provides for the licensure and regulation of pharmacists by the California State Board of Pharmacy. Existing law, generally, authorizes a pharmacist to dispense or furnish drugs only pursuant to a valid prescription. Existing law authorizes a pharmacist to furnish emergency contraceptives and hormonal contraceptives pursuant to standardized procedures or protocols developed and approved by both the board and the Medical Board of California, as specified, or developed by the pharmacist and an authorized prescriber. Existing law also authorizes a pharmacist to furnish nicotine replacement products pursuant to standardized procedures or protocols developed and approved by both the board and the Medical Board of California, as specified. Existing law authorizes a licensed health care provider who is permitted to prescribe an opioid antagonist and is acting with reasonable care to prescribe and dispense or distribute an opioid antagonist for the treatment of an opioid overdose to a person at risk of an opioid-related overdose or a family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose.

This bill would authorize a pharmacist to furnish naloxone hydrochloride in accordance with standardized procedures or protocols developed and approved by both the board and the Medical Board of California, in consultation with specified entities. The bill would require the board and the Medical Board of California, in developing those procedures and protocols, to include procedures requiring the pharmacist to provide a consultation to ensure the education of the person to whom the drug is furnished, as specified, and notification of the patient's primary care provider of drugs or devices furnished to the patient, as specified. The bill would prohibit a pharmacist furnishing naloxone hydrochloride pursuant to its provisions from permitting the person to whom the drug is furnished to waive the consultation described above. The bill would require a pharmacist to complete a training program on the use of opioid antagonists prior to performing this procedure. The bill would require each board to enforce these provisions with respect to its respective licensees.

This bill would authorize the California State Board of Pharmacy to adopt emergency regulations to establish the standardized procedures or protocols

that would remain in effect until the earlier of 180 days following their effective date or the effective date of regulations adopted as described above.

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

SECTION 1. Section 4052.01 is added to the Business and Professions Code, to read:

4052.01. (a) Notwithstanding any other provision of law, a pharmacist may furnish naloxone hydrochloride in accordance with standardized procedures or protocols developed and approved by both the board and the Medical Board of California, in consultation with the California Society of Addiction Medicine, the California Pharmacists Association, and other appropriate entities. In developing those standardized procedures or protocols, the board and the Medical Board of California shall include the following:

(1) Procedures to ensure education of the person to whom the drug is furnished, including, but not limited to, opioid overdose prevention, recognition, and response, safe administration of naloxone hydrochloride, potential side effects or adverse events, and the imperative to seek emergency medical care for the patient.

(2) Procedures to ensure the education of the person to whom the drug is furnished regarding the availability of drug treatment programs.

(3) Procedures for the notification of the patient's primary care provider with patient consent of any drugs or devices furnished to the patient, or entry of appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider, and with patient consent.

(b) A pharmacist furnishing naloxone hydrochloride pursuant to this section shall not permit the person to whom the drug is furnished to waive the consultation required by the board and the Medical Board of California.

(c) Prior to performing a procedure authorized under this section, a pharmacist shall complete a training program on the use of opioid antagonists that consists of at least one hour of approved continuing education on the use of naloxone hydrochloride.

(d) The board and the Medical Board of California are each authorized to ensure compliance with this section. Each board is specifically charged with enforcing this section with respect to its respective licensees. This section does not expand the authority of a pharmacist to prescribe any prescription medication.

(e) The board may adopt emergency regulations to establish the standardized procedures or protocols. The adoption of regulations pursuant to this subdivision shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare. The emergency regulations authorized by this subdivision are exempt from review by the Office of Administrative Law. The emergency regulations authorized by this subdivision shall be submitted to the Office

of Administrative Law for filing with the Secretary of State and shall remain in effect until the earlier of 180 days following their effective date or the effective date of regulations adopted pursuant to subdivision (a).

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MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

**Bill Number:** AB 1838  
**Author:** Bonilla  
**Chapter:** 143  
**Subject:** Accelerated Medical School Programs  
**Sponsor:** Medical Board of California and University of California  
**Position:** Sponsor/Support

**DESCRIPTION OF LEGISLATION:**

AB 1838 allows graduates of accelerated and competency-based medical school programs to be eligible for licensure in California, if the program is accredited by the Liaison Committee on Medical Education (LCME), the Committee on Accreditation of Canadian Medical Schools (CACMS), or the Commission on Osteopathic College Accreditation (COCA).

**BACKGROUND**

The Medical Board of California (Board) raised the issue of accelerated three-year and competency-based medical school programs as a new issue in its Sunset Report. A nationwide physician shortage is projected to reach 90,000+ physicians by the year 2020. Nearly half of that shortage is projected for primary care doctors (family physicians, pediatricians, and family practitioners). The federal Affordable Care Act (ACA) contains provisions to relieve the projected shortage of primary care professionals. Combined with the Prevention and Public Health Fund and the American Recovery and Reinvestment Act, the ACA will provide for the training, development and placement of more than 16,000 primary care providers, including physicians, over the next five years. A significant deterrent to becoming a physician is the substantial cost of medical education. At an estimated cost of \$80,000 per year, a medical student can easily accrue a debt of up to \$400,000 upon graduation.

In an effort to reduce the nationwide shortage of primary care doctors, as well as lessen burdens on medical students, there is a movement toward an accelerated three-year curriculum. This curriculum would allow medical students to receive the same amount of education in a concentrated, modified, year-round education schedule, by eliminating the existing summer breaks, which occur currently in the standard four-year program. Reducing or eliminating the summer breaks allows for an accelerated curriculum completion date.

There are some California Medical School Programs that are proposing or considering competency-based tracks for students that excel and can progress at a faster rate than the standard four-year program. Some accelerated programs will not meet the requirements of Business and Professions Code Sections 2089 – 2091.2, and legislative changes were needed in

order to accommodate changes in medical education and to license graduates from the accelerated curriculum programs. Specifically:

- Section 2089(a) provides “a medical curriculum extending over a period of at least four academic years, or 32 months of actual instruction . . . the total number of hours of all courses shall consist of a minimum of 4,000 hours. At least 80% of actual attendance shall be required.”
- Section 2089.5(b) provides “instruction in the clinical courses shall total a minimum of 72 weeks in length.”
- Section 2089.5(c) provides “instruction in the core clinical courses of surgery, medicine, family medicine, pediatrics, obstetrics and gynecology, and psychiatry shall total a minimum of 40 weeks in length, with a minimum of eight weeks in pediatrics, six weeks in obstetrics and gynecology, a minimum of four weeks in family medicine and four weeks in psychiatry.”
- Section 2089.5(d) provides “of the instruction . . . 54 weeks shall be performed in a hospital that sponsors the instruction . . .”

### **ANALYSIS**

AB 1838 allows graduates of accelerated and competency-based medical school programs to be eligible for licensure in California, if the program is accredited by the LCME, CACMS, or for doctors of osteopathic medicine, COCA. This curriculum allows medical students to receive the same medical education as that received in standard medical programs, but in a concentrated, modified, year-round education schedule by eliminating the existing summer breaks, which occur currently in standard medical school programs. Providing this additional pathway for physicians that would like to practice in California will allow more physicians to be eligible for licensure, as well as reduce debt for medical school students. This bill supports the Board’s mission of promoting access to quality medical care.

**FISCAL:** None

**SUPPORT:** Medical Board of California (Co-Sponsor); University of California (Co-Sponsor); Association of California Healthcare Districts; California Academy of Family Physicians; California Children’s Hospital Association; California Healthcare Institute; California Hospital Association; Kaiser Permanente; Los Medanos Community Healthcare District; Osteopathic Physicians and Surgeons of California; and Tenet Healthcare

**OPPOSITION:** None on file



**IMPLEMENTATION:**

- Newsletter article
- Notify/train Board staff
- Update the Board's website, publications, and forms

**Assembly Bill No. 1838**

CHAPTER 143

An act to add Section 2084.5 to the Business and Professions Code, relating to healing arts.

[Approved by Governor July 18, 2014. Filed with  
Secretary of State July 18, 2014.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1838, Bonilla. Healing arts: medical school accreditation.

Existing law, the Medical Practice Act, provides for the licensure and regulation of physicians and surgeons by the Medical Board of California. Existing law requires each applicant for a physician's and surgeon's certificate to show by official transcript or other official evidence satisfactory to the Division of Licensing that he or she has successfully completed a specified medical curriculum that meets certain clinical instruction requirements extending over a period of at least 4 academic years, or 32 months of actual instruction, in a medical school, as specified.

This bill, notwithstanding any other law, would provide that a medical school or medical school program accredited by the Liaison Committee on Medical Education, the Committee on Accreditation of Canadian Medical Schools, or the Commission on Osteopathic College Accreditation is deemed to meet the requirements described above.

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

SECTION 1. Section 2084.5 is added to the Business and Professions Code, to read:

2084.5. Notwithstanding any other law, a medical school or medical school program accredited by the Liaison Committee on Medical Education, the Committee on Accreditation of Canadian Medical Schools, or the Commission on Osteopathic College Accreditation shall be deemed to meet the requirements of Sections 2089 and 2089.5.

MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

**Bill Number:** AB 1841  
**Author:** Mullin  
**Chapter:** 333  
**Subject:** Medical Assistants  
**Sponsor:** Planned Parenthood  
**Position:** Support

**DESCRIPTION OF LEGISLATION:**

This bill allows medical assistants (MAs) to hand to patients properly labeled and pre-packaged prescription drugs, that have been ordered by a licensed physician, podiatrist, physician assistant (PA), nurse practitioner (NP), or a certified nurse-midwife (CNM). This bill requires the properly labeled and pre-packaged prescription drug to have the patient's name affixed to the package and for the physician, podiatrist, PA, NP, or CNM to verify that it is the correct medication and dosage for that specific patient and provide the appropriate patient consultation regarding use of the drug, prior to the MA handing medication to a patient. This bill excludes controlled substances.

**ANALYSIS**

According to the author's office, current practice in community health centers relies on the use of MAs to support clinicians. Allowing MAs to hand over medication to patients will increase efficiency and streamline and improve operations, which will allow clinicians to focus on patient care and expand and improve access to care for patients.

Existing law already allows MAs to administer medication orally, topically, or through injection. Allowing MAs to hand over properly labeled, pre-packaged medication seems to be a minor increase in the MAs duties, and one that does not compromise consumer protection, as the physician would have to label the medication for the patient, package the medication, and provide the appropriate patient consultation. The Board supported this bill.

**FISCAL:** None

**SUPPORT:** Planned Parenthood (Sponsor); Association of California Healthcare Districts; California Academy of Physician Assistants; California Association for Nurse Practitioners; California Family Health Council; California Nurse-Midwives Association; California Primary Care Association; Medical Board of California; Planned Parenthood Advocacy Project Los Angeles County; Planned Parenthood Mar Monte; Planned Parenthood of Orange and San Bernardino Counties; Planned Parenthood of Santa Barbara, Ventura, and San Luis Obispo Counties, Inc.; Planned Parenthood of the Pacific Southwest; Planned Parenthood

Pasadena and San Gabriel Valley; Planned Parenthood Shasta Pacific Action Fund; and Six Rivers Planned Parenthood

**OPPOSITION:**

California Right to Life Committee, Inc.  
California Society of Health-System Pharmacists (unless amended)

**IMPLEMENTATION:**

- Newsletter article
- Notify/train Board staff and Department of Consumer Affairs, Division of Investigation staff
- Update the Board's website and publications

## Assembly Bill No. 1841

### CHAPTER 333

An act to amend Section 2069 of the Business and Professions Code, relating to medicine.

[Approved by Governor September 15, 2014. Filed with  
Secretary of State September 15, 2014.]

#### LEGISLATIVE COUNSEL'S DIGEST

AB 1841, Mullin. Medical assistants.

Existing law, the Medical Practice Act, provides for the licensure and regulation of the practice of medicine by the Medical Board of California. The act authorizes a medical assistant to administer medication only by intradermal, subcutaneous, or intramuscular injections and to perform skin tests and additional technical supportive services upon the specific authorization and supervision of a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife. Existing law defines the term "technical supportive services" to mean simple routine medical tasks and procedures that may be safely performed by a medical assistant who has limited training and who functions under the supervision of a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife. Existing law, the Pharmacy Law, prohibits a prescriber, as defined, from dispensing drugs to patients in his or her office unless specified conditions are satisfied, and authorizes a certified nurse-midwife, a nurse practitioner, a physician assistant, or a naturopathic doctor who functions pursuant to a specified protocol or procedure to hand to a patient of his or her supervising physician a properly labeled and prepackaged prescription drug. Existing law authorizes specified facilities licensed by the California State Board of Pharmacy to purchase drugs at wholesale for administration or dispensing, under the direction of a physician and surgeon, to patients registered for care at those facilities.

This bill would specify that the "technical supportive services" a medical assistant may perform in those California State Board of Pharmacy licensed facilities also includes handing to a patient a properly labeled and prepackaged prescription drug, other than a controlled substance, ordered by a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife, as specified.

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

SECTION 1. Section 2069 of the Business and Professions Code is amended to read:

2069. (a) (1) Notwithstanding any other law, a medical assistant may administer medication only by intradermal, subcutaneous, or intramuscular injections and perform skin tests and additional technical supportive services upon the specific authorization and supervision of a licensed physician and surgeon or a licensed podiatrist. A medical assistant may also perform all these tasks and services upon the specific authorization of a physician assistant, a nurse practitioner, or a certified nurse-midwife.

(2) The supervising physician and surgeon may, at his or her discretion, in consultation with the nurse practitioner, certified nurse-midwife, or physician assistant, provide written instructions to be followed by a medical assistant in the performance of tasks or supportive services. These written instructions may provide that the supervisory function for the medical assistant for these tasks or supportive services may be delegated to the nurse practitioner, certified nurse-midwife, or physician assistant within the standardized procedures or protocol, and that tasks may be performed when the supervising physician and surgeon is not onsite, if either of the following apply:

(A) The nurse practitioner or certified nurse-midwife is functioning pursuant to standardized procedures, as defined by Section 2725, or protocol. The standardized procedures or protocol, including instructions for specific authorizations, shall be developed and approved by the supervising physician and surgeon and the nurse practitioner or certified nurse-midwife.

(B) The physician assistant is functioning pursuant to regulated services defined in Section 3502, including instructions for specific authorizations, and is approved to do so by the supervising physician and surgeon.

(b) As used in this section and Sections 2070 and 2071, the following definitions apply:

(1) "Medical assistant" means a person who may be unlicensed, who performs basic administrative, clerical, and technical supportive services in compliance with this section and Section 2070 for a licensed physician and surgeon or a licensed podiatrist, or group thereof, for a medical or podiatry corporation, for a physician assistant, a nurse practitioner, or a certified nurse-midwife as provided in subdivision (a), or for a health care service plan, who is at least 18 years of age, and who has had at least the minimum amount of hours of appropriate training pursuant to standards established by the board. The medical assistant shall be issued a certificate by the training institution or instructor indicating satisfactory completion of the required training. A copy of the certificate shall be retained as a record by each employer of the medical assistant.

(2) "Specific authorization" means a specific written order prepared by the supervising physician and surgeon or the supervising podiatrist, or the physician assistant, the nurse practitioner, or the certified nurse-midwife as provided in subdivision (a), authorizing the procedures to be performed on

a patient, which shall be placed in the patient's medical record, or a standing order prepared by the supervising physician and surgeon or the supervising podiatrist, or the physician assistant, the nurse practitioner, or the certified nurse-midwife as provided in subdivision (a), authorizing the procedures to be performed, the duration of which shall be consistent with accepted medical practice. A notation of the standing order shall be placed on the patient's medical record.

(3) "Supervision" means the supervision of procedures authorized by this section by the following practitioners, within the scope of their respective practices, who shall be physically present in the treatment facility during the performance of those procedures:

(A) A licensed physician and surgeon.

(B) A licensed podiatrist.

(C) A physician assistant, nurse practitioner, or certified nurse-midwife as provided in subdivision (a).

(4) (A) "Technical supportive services" means simple routine medical tasks and procedures that may be safely performed by a medical assistant who has limited training and who functions under the supervision of a licensed physician and surgeon or a licensed podiatrist, or a physician assistant, a nurse practitioner, or a certified nurse-midwife as provided in subdivision (a).

(B) Notwithstanding any other law, in a facility licensed by the California State Board of Pharmacy under Section 4180 or 4190, other than a facility operated by the state, "technical supportive services" also includes handing to a patient a prepackaged prescription drug, excluding a controlled substance, that is labeled in compliance with Section 4170 and all other applicable state and federal laws and ordered by a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife in accordance with subdivision (a). In every instance, prior to handing the medication to a patient pursuant to this subparagraph, the properly labeled and prepackaged prescription drug shall have the patient's name affixed to the package and a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife shall verify that it is the correct medication and dosage for that specific patient and shall provide the appropriate patient consultation regarding use of the drug.

(c) Nothing in this section shall be construed as authorizing any of the following:

(1) The licensure of medical assistants.

(2) The administration of local anesthetic agents by a medical assistant.

(3) The board to adopt any regulations that violate the prohibitions on diagnosis or treatment in Section 2052.

(4) A medical assistant to perform any clinical laboratory test or examination for which he or she is not authorized by Chapter 3 (commencing with Section 1200).

(5) A nurse practitioner, certified nurse-midwife, or physician assistant to be a laboratory director of a clinical laboratory, as those terms are defined

in paragraph (8) of subdivision (a) of Section 1206 and subdivision (a) of Section 1209.

(d) A nurse practitioner, certified nurse-midwife, or physician assistant shall not authorize a medical assistant to perform any clinical laboratory test or examination for which the medical assistant is not authorized by Chapter 3 (commencing with Section 1200). A violation of this subdivision constitutes unprofessional conduct.

(e) Notwithstanding any other law, a medical assistant shall not be employed for inpatient care in a licensed general acute care hospital, as defined in subdivision (a) of Section 1250 of the Health and Safety Code.



MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

**Bill Number:** AB 1886  
**Author:** Eggman  
**Chapter:** 285  
**Subject:** Medical Board Internet Posting: 10-Year Restriction  
**Sponsor:** Medical Board of California (Board)  
**Position:** Sponsor/Support

**DESCRIPTION OF LEGISLATION:**

Currently, public disciplinary information for currently and formerly licensed physicians can only be posted on the Board’s website for 10 years. AB 1886 allows the Board to post the most serious disciplinary information, which is already public information, on the Board’s website for as long as it remains public.

**BACKGROUND**

The Board raised the 10-year posting restriction as a new issue in its 2012 Sunset Report. Business and Professions Code (BPC) Section 2027 was amended effective January 1, 2003 to require the Board to remove certain public disclosure information from its website. Specifically, the amendment stated:

“From January 1, 2003, the information described in paragraphs (1) (other than whether or not the licensee is in good standing), (2), (4), (5), (7), and (9) of subdivision (a) shall remain posted for a period of 10 years from the date the board obtains possession, custody, or control of the information, and after the end of that period shall be removed from being posted on the board's Internet Website. Information in the possession, custody, or control of the board prior to January 1, 2003, shall be posted for a period of 10 years from January 1, 2003.”

The information contained in these subsections pertaining to a physician’s license, that would require removal, include: any license or practice suspension/restriction; any enforcement actions (e.g. revocation, probation, public reprimand, etc.); any disciplinary action in California or any other state as described in BPC Section 803.1; any current accusations; any malpractice judgment or arbitration award; any misdemeanor conviction that resulted in disciplinary action; and any information required pursuant to BPC Section 803.1. The only items that would remain on a physician’s profile on the Board’s website after ten years would be a felony conviction and hospital disciplinary action that resulted in termination or revocation of a physician’s hospital staff privileges (unless those privileges were reinstated and then the information will only remain posted for 10 years from the date of restoration).

## **ANALYSIS**

AB 1886 restructures the statute to reflect the current and historical information that can be posted to the Board's website related to physicians. This bill now allows the Board to post the most serious disciplinary information on the Board's website for as long as it remains public. This bill does change website posting requirements, as follows: requires malpractice settlement information to be posted over a 5-year period, instead of a 10-year period (the posting would be in the same manner as specified in BPC Section 803.1); requires public letters of reprimand to be posted for 10 years, instead of indefinite posting; and requires citations to be posted that have not been resolved or appealed within 30 days, and once the citation has been resolved, to only be posted for 3 years, instead of 5 years (citations are not considered discipline).

The Board believes that this bill is needed to increase transparency and allow consumers to access public records. This bill does not change what information is available to the public, it simply allows consumers to more easily access information that is already public. Currently, a consumer can call or come to Board offices and request any public documents that have been removed from the Board's website due to the 10-year restriction. However, requiring consumers to call or physically come to the Board's office is burdensome to consumers. The Board believes that not posting these public documents can be misleading to consumers, as they may believe that the physician has no history of discipline, when in fact the public documents have only been removed from the Board's website. In addition, if a consumer were to look up a physician, if the record is removed the website says there are no public documents found. To increase transparency and accessibility, the Board feels it is very important, in the interest of consumer protection, to have the serious disciplinary public information available for consumers on the Board's website. This bill will further the Board's mission of consumer protection.

**FISCAL:** Minimal and absorbable

**SUPPORT:** Medical Board of California (Sponsor)  
Center for Public Interest Law  
Consumer Union's Safe Patient Project

**OPPOSITION:** None on file

## **IMPLEMENTATION:**

- Newsletter article
- Notify/train Board staff
- Update the Board's website and publications
- Identify documents that were taken off the Board's website due to the 10-year rule and place these public documents back on the Board's website

- Work on processes and procedures to identify malpractice settlements over 5 years for posting and over 10 years to be available to the public if requested (not on the website)
- Send an email blast out to all physicians alerting them of this change in posting requirements
- Update regulations through a Section 100 change for the citation posting to three years

## **Assembly Bill No. 1886**

### **CHAPTER 285**

An act to amend Section 2233 of, and to repeal and add Section 2027 of, the Business and Professions Code, relating to physicians and surgeons.

[Approved by Governor August 25, 2014. Filed with  
Secretary of State August 25, 2014.]

#### **LEGISLATIVE COUNSEL'S DIGEST**

AB 1886, Eggman. Medical Board of California.

Existing law, the Medical Practice Act, provides for the licensure and regulation of physicians and surgeons by the Medical Board of California. Existing law requires the board to post certain information on the Internet indefinitely regarding licensed physicians and surgeons and requires specified information, including any malpractice judgements, arbitration awards, and settlement information, to be posted for a period of 10 years.

This bill would revise and recast these provisions, and would, among other things, require specified information regarding all current and former licensed physicians and surgeons, including enforcement actions, disciplinary actions, civil judgments, arbitration awards, and certain misdemeanor convictions, to be posted indefinitely on the board's Internet Web site. This bill would also reduce the period that settlement information is required to be posted on the Internet Web site from 10 years to 5 years. This bill would require that public letters of reprimand issued within the past 10 years by the board or the board of another jurisdiction be posted on the board's Internet Web site.

Existing law authorizes the board, by stipulation or settlement with the affected physician and surgeon, to issue a public letter of reprimand after it has conducted an investigation or inspection as specified, rather than filing or prosecuting a formal accusation.

Existing law requires the board to disclose information regarding any enforcement actions taken against a licensee, including, among other things, public letters of reprimand issued, to an inquiring member of the public, as specified.

This bill would make a clarifying and conforming change regarding the disclosure of public letters of reprimand to an inquiring member of the public by deleting a conflicting provision that authorizes, rather than requires, the board to disclose those public letters of reprimand.

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

SECTION 1. Section 2027 of the Business and Professions Code is repealed.

SEC. 2. Section 2027 is added to the Business and Professions Code, to read:

2027. (a) The board shall post on its Internet Web site the following information on the current status of the license for all current and former licensees:

- (1) Whether or not the licensee is presently in good standing.
- (2) Current American Board of Medical Specialties certification or board equivalent as certified by the board.
- (3) Any of the following enforcement actions or proceedings to which the licensee is actively subjected:
  - (A) Temporary restraining orders.
  - (B) Interim suspension orders.
  - (C) Revocations, suspensions, probations, or limitations on practice ordered by the board or the board of another state or jurisdiction, including those made part of a probationary order or stipulated agreement.
  - (D) Current accusations filed by the Attorney General, including those accusations that are on appeal. For purposes of this paragraph, “current accusation” means an accusation that has not been dismissed, withdrawn, or settled, and has not been finally decided upon by an administrative law judge and the board unless an appeal of that decision is pending.
  - (E) Citations issued that have not been resolved or appealed within 30 days.

(b) The board shall post on its Internet Web site all of the following historical information in its possession, custody, or control regarding all current and former licensees:

- (1) Approved postgraduate training.
- (2) Any final revocations and suspensions, or other equivalent actions, taken against the licensee by the board or the board of another state or jurisdiction or the surrender of a license by the licensee in relation to a disciplinary action or investigation, including the operative accusation resulting in the license surrender or discipline by the board.
- (3) Probation or other equivalent action ordered by the board, or the board of another state or jurisdiction, completed or terminated, including the operative accusation resulting in the discipline by the board.
- (4) Any felony convictions. Upon receipt of a certified copy of an expungement order granted pursuant to Section 1203.4 of the Penal Code from a licensee, the board shall, within six months of receipt of the expungement order, post notification of the expungement order and the date thereof on its Internet Web site.
- (5) Misdemeanor convictions resulting in a disciplinary action or accusation that is not subsequently withdrawn or dismissed. Upon receipt of a certified copy of an expungement order granted pursuant to Section 1203.4 of the Penal Code from a licensee, the board shall, within six months

of receipt of the expungement order, post notification of the expungement order and the date thereof on its Internet Web site.

(6) Civil judgments issued in any amount, whether or not vacated by a settlement after entry of the judgment, that were not reversed on appeal, and arbitration awards issued in any amount, for a claim or action for damages for death or personal injury caused by the physician and surgeon's negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services.

(7) Except as provided in subparagraphs (A) and (B), a summary of any final hospital disciplinary actions that resulted in the termination or revocation of a licensee's hospital staff privileges for a medical disciplinary cause or reason. The posting shall provide any additional explanatory or exculpatory information submitted by the licensee pursuant to subdivision (f) of Section 805. The board shall also post on its Internet Web site a factsheet that explains and provides information on the reporting requirements under Section 805.

(A) If a licensee's hospital staff privileges are restored and the licensee notifies the board of the restoration, the information pertaining to the termination or revocation of those privileges shall remain posted on the Internet Web site for a period of 10 years from the restoration date of the privileges, and at the end of that period shall be removed.

(B) If a court finds, in a final judgment, that peer review resulting in a hospital disciplinary action was conducted in bad faith and the licensee notifies the board of that finding, the information concerning that hospital disciplinary action posted on the Internet Web site shall be immediately removed. For purposes of this subparagraph, "peer review" has the same meaning as defined in Section 805.

(8) Public letters of reprimand issued within the past 10 years by the board or the board of another state or jurisdiction, including the operative accusation, if any, resulting in discipline by the board.

(9) Citations issued within the last three years that have been resolved by payment of the administrative fine or compliance with the order of abatement.

(10) All settlements within the last five years in the possession, custody, or control of the board shall be disclosed for a licensee in the low-risk category if there are three or more settlements for that licensee within the last five years, and for a licensee in the high-risk category if there are four or more settlements for that licensee within the last five years. Classification of a licensee in either a "high-risk category" or a "low-risk" category depends upon the specialty or subspecialty practiced by the licensee and the designation assigned to that specialty or subspecialty by the board pursuant to subdivision (f) of Section 803.1.

(A) For the purposes of this paragraph, "settlement" means a settlement in an amount of thirty thousand dollars (\$30,000) or more of any claim or action for damages for death or personal injury caused by the physician and surgeon's negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services.

(B) For the purposes of this paragraph, “settlement” does not include a settlement by a licensee, regardless of the amount paid, when (i) the settlement is made as a part of the settlement of a class claim, (ii) the amount paid in settlement of the class claim is the same amount paid by the other licensees in the same class or similarly situated licensees in the same class, and (iii) the settlement was paid in the context of a case for which the complaint that alleged class liability on behalf of the licensee also alleged a products liability class action cause of action.

(C) The board shall not disclose the actual dollar amount of a settlement, but shall disclose settlement information in the same manner and with the same disclosures required under subparagraph (B) of paragraph (2) of subdivision (b) of Section 803.1.

(11) Appropriate disclaimers and explanatory statements to accompany the information described in paragraphs (1) to (10), inclusive, including an explanation of what types of information are not disclosed. These disclaimers and statements shall be developed by the board and shall be adopted by regulation.

(c) The board shall provide links to other Internet Web sites that provide information on board certifications that meet the requirements of subdivision (h) of Section 651. The board may also provide links to any other Internet Web sites that provide information on the affiliations of licensed physicians and surgeons. The board may provide links to other Internet Web sites on the Internet that provide information on health care service plans, health insurers, hospitals, or other facilities.

SEC. 3. Section 2233 of the Business and Professions Code is amended to read:

2233. The board may, by stipulation or settlement with the affected physician and surgeon, issue a public letter of reprimand after it has conducted an investigation or inspection as provided in this article, rather than filing or prosecuting a formal accusation. The public letter of reprimand may, at the discretion of the board, include a requirement for specified training or education. The affected physician and surgeon shall indicate agreement or nonagreement in writing within 30 days of formal notification by the board of its intention to issue the letter. The board, at its option, may extend the response time. Use of a public reprimand shall be limited to minor violations and shall be issued under guidelines established by regulations of the board.

MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

**Bill Number:** AB 2139  
**Author:** Eggman  
**Chapter:** 568  
**Subject:** End-of-Life Care: Patient Notification  
**Sponsor:** Author  
**Position:** Neutral

**DESCRIPTION OF LEGISLATION:**

This bill requires a health care provider that makes a diagnosis that a patient has a terminal illness, to notify the patient, or when applicable, another person authorized to make health care decisions for the patient, of the patient's right to comprehensive information and counseling regarding legal end-of-life options pursuant to existing law.

This bill specifies that this notification may be provided at the time of diagnosis or at a subsequent visit in which the provider discusses treatment options with the patient or the other authorized person. This bill also specifies that it shall not be construed to interfere with the clinical judgment of a health care provider in recommending the course of treatment.

**ANALYSIS**

According to the author's office, a recent report from the California Health Care Foundation (CHCF) found that Californians frequently do not receive the care they would prefer at the end of life. According to the CHCF Report, 80% of Californians say they definitely, or probably would, like to talk with a doctor about end-of-life care, yet less than 1 in 10 have had this conversation. Existing law only requires health care providers to give patients this information on end-of-life care if the patient requests this information. According to the author's office, this bill would ensure that all California patients diagnosed with a terminal illness are notified of their right to receive comprehensive information or counseling regarding their end-of-life options.

Existing law (Health and Safety Code Section 442.5) already requires health care providers to provide comprehensive information and counseling regarding end-of-life options if the patient requests this information. Requiring a health care provider to notify a patient or their authorized person of the patient's right to request this information seems reasonable, as the patient should know that these resources are available. The Board had a neutral position on this bill.

**FISCAL:** None



**SUPPORT:** Alzheimer’s Foundation of America; American Cancer Society Cancer Action Network; California Advocates for Nursing Home Reform; California Commission on Aging; California Hospice and Palliative Care Association; Compassion and Choices, Northern California; and National Association of Social Workers, California Chapter

**OPPOSITION:** California Right to Life Committee

**IMPLEMENTATION:**

- Newsletter article
- Notify/train Board staff
- Update the Board’s website and publications

## Assembly Bill No. 2139

### CHAPTER 568

An act to amend Sections 442.5 and 442.7 of the Health and Safety Code, relating to terminal illness.

[Approved by Governor September 25, 2014. Filed with Secretary of State September 25, 2014.]

#### LEGISLATIVE COUNSEL'S DIGEST

AB 2139, Eggman. End-of-life care: patient notification.

Under existing law, the State Department of Public Health licenses and regulates health facilities, including hospice facilities, and the provision of hospice services. Existing law establishes the Medical Practice Act, which provides for the regulation and licensure of physicians and surgeons by the Medical Board of California.

When a health care provider, as defined, makes a diagnosis that a patient has a terminal illness, existing law requires the health care provider to provide the patient, upon the patient's request, with comprehensive information and counseling regarding legal end-of-life options, as specified, and provide for the referral or transfer of a patient, as provided, if the patient's health care provider does not wish to comply with the patient's request for information on end-of-life options.

This bill would apply these provisions to another person authorized to make health care decisions, as defined, for a patient with a terminal illness diagnosis. The bill would additionally require the health care provider to notify, except as specified, the patient or, when applicable, the other person authorized to make health care decisions, when the health care provider makes a diagnosis that a patient has a terminal illness, of the patient's and the other authorized person's right to comprehensive information and counseling regarding legal end-of-life care options.

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

SECTION 1. Section 442.5 of the Health and Safety Code is amended to read:

442.5. (a) When a health care provider makes a diagnosis that a patient has a terminal illness, the health care provider shall do both of the following:

(1) Notify the patient of his or her right, or when applicable, the right of another person authorized to make health care decisions for the patient, to comprehensive information and counseling regarding legal end-of-life options. This notification may be provided at the time of diagnosis or at a

subsequent visit in which the provider discusses treatment options with the patient or the other authorized person.

(2) Upon the request of the patient or another person authorized to make health care decisions for the patient, provide the patient or other authorized person with comprehensive information and counseling regarding legal end-of-life care options pursuant to this section. When a terminally ill patient is in a health facility, as defined in Section 1250, the health care provider, or medical director of the health facility if the patient's health care provider is not available, may refer the patient or other authorized person to a hospice provider or private or public agencies and community-based organizations that specialize in end-of-life care case management and consultation to receive comprehensive information and counseling regarding legal end-of-life care options.

(b) If a patient or another person authorized to make health care decisions for the patient, requests information and counseling pursuant to paragraph (2) of subdivision (a), the comprehensive information shall include, but not be limited to, the following:

(1) Hospice care at home or in a health care setting.

(2) A prognosis with and without the continuation of disease-targeted treatment.

(3) The patient's right to refusal of or withdrawal from life-sustaining treatment.

(4) The patient's right to continue to pursue disease-targeted treatment, with or without concurrent palliative care.

(5) The patient's right to comprehensive pain and symptom management at the end of life, including, but not limited to, adequate pain medication, treatment of nausea, palliative chemotherapy, relief of shortness of breath and fatigue, and other clinical treatments useful when a patient is actively dying.

(6) The patient's right to give individual health care instruction pursuant to Section 4670 of the Probate Code, which provides the means by which a patient may provide written health care instruction, such as an advance health care directive, and the patient's right to appoint a legally recognized health care decisionmaker.

(c) The information described in subdivision (b) may, but is not required to, be in writing. Health care providers may utilize information from organizations specializing in end-of-life care that provide information on factsheets and Internet Web sites to convey the information described in subdivision (b).

(d) Counseling may include, but is not limited to, discussions about the outcomes for the patient and his or her family, based on the interest of the patient. Information and counseling, as described in subdivision (b), may occur over a series of meetings with the health care provider or others who may be providing the information and counseling based on the patient's needs.

(e) The information and counseling sessions may include a discussion of treatment options in a culturally sensitive manner that the patient and his

or her family, or, when applicable, another person authorized to make health care decisions for the patient, can easily understand. If the patient or other authorized person requests information on the costs of treatment options, including the availability of insurance and eligibility of the patient for coverage, the patient or other authorized person shall be referred to the appropriate entity for that information.

(f) The notification made pursuant to paragraph (1) of subdivision (a) shall not be required if the patient or other person authorized to make health care decisions, as defined in Section 4617 of the Probate Code, for the patient has already received the notification.

(g) For purposes of this section, “health care decisions” has the meaning set fourth in Section 4617 of the Probate Code.

(h) This section shall not be construed to interfere with the clinical judgment of a health care provider in recommending the course of treatment.

SEC. 2. Section 442.7 of the Health and Safety Code is amended to read:

442.7. If a health care provider does not wish to comply with his or her patient’s request or, when applicable, the request of another person authorized to make health care decisions, as defined in Section 4617 of the Probate Code, for the patient for information on end-of-life options, the health care provider shall do both of the following:

(a) Refer or transfer a patient to another health care provider that shall provide the requested information.

(b) Provide the patient or other person authorized to make health care decisions for the patient with information on procedures to transfer to another health care provider that shall provide the requested information.

MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

**Bill Number:** AB 2214  
**Author:** Fox  
**Chapter:** 422  
**Subject:** Continuing Medical Education: Geriatric Care  
**Sponsor:** Author  
**Position:** Neutral

**DESCRIPTION OF LEGISLATION:**

This bill enacts the Dolores H. Fox Act and requires the Board, when determining continuing medical education (CME) requirements, to consider including a course in geriatric care for emergency room physicians.

**ANALYSIS**

Existing law requires physicians and surgeons to complete at least 50 hours of approved CME during each two-year license renewal cycle. Currently, physicians and surgeons only have a mandatory one-time CME requirement of 12 credit hours in the subject of pain management and the treatment of the terminally ill. There is also a mandate in existing law that requires general internists and family physicians who have a patient population of which over 25 percent are 65 years of age or older to complete at least 20 percent of all mandatory CME in a course in the field of geriatric medicine or the care of older patients.

Existing CME courses approved by the Board's Licensing Program include:

- Programs accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA), the American Medical Association (AMA), and the Accreditation Council for Continuing Medical Education (ACCME) that qualify for AMA PRA Category 1 Credit(s)<sup>TM</sup>;
- Programs which qualify for prescribed credit from the American Academy of Family Physicians (AAFP); and
- Other programs offered by other organizations and institutions acceptable to the Board.

This bill requires the Board, when determining continuing education requirements, to consider including a course in geriatric care for emergency room physicians. Although the Board has historically opposed mandated CME, this bill would not mandate particular CME for physicians. This bill only requires the Board to consider a course on geriatric care for emergency room physicians. The Board does not track employment information for physicians, so the Board would not know which physicians are emergency room physicians. However, if the Board decides that it is important to get out information to physicians on this particular type of CME to encourage attendance in these CME courses, it could include an

article in its Newsletter or put information out on the Board's website. The Board had a neutral position on this bill.

**FISCAL:** None

**SUPPORT:** California Commission on Aging  
California Long-Term Care Ombudsman Association

**OPPOSITION:** None on file

**IMPLEMENTATION**

- Newsletter article (a stand-alone article geared towards emergency room physicians and geriatric care)

## Assembly Bill No. 2214

### CHAPTER 422

An act to amend Section 2191 of the Business and Professions Code, relating to physicians and surgeons.

[Approved by Governor September 18, 2014. Filed with  
Secretary of State September 18, 2014.]

#### LEGISLATIVE COUNSEL'S DIGEST

AB 2214, Fox. Emergency room physicians and surgeons: continuing medical education: geriatric care.

Existing law, the Medical Practice Act, provides for the licensure and regulation of physicians and surgeons by the Medical Board of California. Existing law requires the Division of Licensing of the Medical Board of California to establish continuing education requirements for physicians and surgeons. Existing law abolishes the division, provides for the board to handle the responsibilities of the division, and deems a reference to the division to refer to the board.

This bill would require the board in determining continuing education requirements, to consider including a course in geriatric care for emergency room physicians and surgeons. The bill would make nonsubstantive, technical, and conforming changes.

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

SECTION 1. This act shall be known and may be cited as the Dolores H. Fox Act.

SEC. 2. Section 2191 of the Business and Professions Code is amended to read:

2191. (a) In determining its continuing education requirements, the board shall consider including a course in human sexuality as defined in Section 2090 and nutrition to be taken by those licensees whose practices may require knowledge in those areas.

(b) The board shall consider including a course in child abuse detection and treatment to be taken by those licensees whose practices are of a nature that there is a likelihood of contact with abused or neglected children.

(c) The board shall consider including a course in acupuncture to be taken by those licensees whose practices may require knowledge in the area of acupuncture and whose education has not included instruction in acupuncture.

(d) The board shall encourage every physician and surgeon to take nutrition as part of his or her continuing education, particularly a physician and surgeon involved in primary care.

(e) The board shall consider including a course in elder abuse detection and treatment to be taken by those licensees whose practices are of a nature that there is a likelihood of contact with abused or neglected persons 65 years of age and older.

(f) In determining its continuing education requirements, the board shall consider including a course in the early detection and treatment of substance abusing pregnant women to be taken by those licensees whose practices are of a nature that there is a likelihood of contact with these women.

(g) In determining its continuing education requirements, the board shall consider including a course in the special care needs of drug addicted infants to be taken by those licensees whose practices are of a nature that there is a likelihood of contact with these infants.

(h) In determining its continuing education requirements, the board shall consider including a course providing training and guidelines on how to routinely screen for signs exhibited by abused women, particularly for physicians and surgeons in emergency, surgical, primary care, pediatric, prenatal, and mental health settings. In the event the board establishes a requirement for continuing education coursework in spousal or partner abuse detection or treatment, that requirement shall be met by each licensee within no more than four years from the date the requirement is imposed.

(i) In determining its continuing education requirements, the board shall consider including a course in the special care needs of individuals and their families facing end-of-life issues, including, but not limited to, all of the following:

- (1) Pain and symptom management.
- (2) The psycho-social dynamics of death.
- (3) Dying and bereavement.
- (4) Hospice care.

(j) In determining its continuing education requirements, the board shall give its highest priority to considering a course on pain management.

(k) In determining its continuing education requirements, the board shall consider including a course in geriatric care for emergency room physicians and surgeons.



MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

**Bill Number:** SB 1083  
**Author:** Pavley  
**Chapter:** 438  
**Subject:** Physician Assistants: Disability Certifications  
**Sponsor:** California Academy of Physician Assistants (CAPA)  
**Position:** Support

**DESCRIPTION OF LEGISLATION:**

This bill authorizes physician assistants (PAs), on or before January 1, 2017, to certify claims for disability insurance (DI) with the Employment Development Department (EDD). The PA would first have to perform a physical exam under the supervision of a physician, pursuant to existing law.

**ANALYSIS**

Existing law does not authorize PAs to certify claims for DI with EDD. Current law authorizes the following practitioners to certify claims for DI: licensed medical or osteopathic physicians; authorized medical officers of a U.S. Government facility; chiropractors; podiatrists; optometrists; dentists; psychologists; nurse practitioners (after examination and collaboration with a physician); licensed midwives; certified nurse midwives; nurse practitioners (for normal pregnancy or child-birth); or accredited religious practitioners.

This bill allow PAs, on or before January 1, 2017, to certify claims for DI with EDD if a physical exam is performed by the PA under the supervision of a physician. PAs are already allowed to certify temporary disability and issue disabled person placards. The Board believes it is appropriate to also allow PAs to certify claims for DI with EDD in alignment with the PA scope of practice. The PA is still under a delegated services agreement with a physician, as such, this bill will not compromise consumer protection. The Board supported this bill because it believed this bill will help to increase efficiencies and further the Board's mission of increasing access to care.

**FISCAL:** None

**SUPPORT:** CAPA (sponsor); Kaiser Permanente; Medical Board of California; and the Physician Assistant Board

**OPPOSITION:** None on file

**IMPLEMENTATION**

- Newsletter article
- Notify/train Board staff and Department of Consumer Affairs, Division of Investigation staff

## Senate Bill No. 1083

### CHAPTER 438

An act to amend Section 3502.3 of the Business and Professions Code, and to amend Section 2708 of the Unemployment Insurance Code, relating to physician assistants.

[Approved by Governor September 18, 2014. Filed with  
Secretary of State September 18, 2014.]

#### LEGISLATIVE COUNSEL'S DIGEST

SB 1083, Pavley. Physician assistants: disability certifications.

The Physician Assistant Practice Act authorizes a delegation of services agreement to authorize a physician assistant to engage in specified activities.

Existing law requires a claimant for unemployment compensation disability benefits to establish medical eligibility for each uninterrupted period of disability by filing a first claim for disability benefits supported by the certificate of a treating physician or practitioner that establishes the sickness, injury, or pregnancy of the employee, or the condition of the family member that warrants the care of the employee. Existing law defines the term "practitioner" to mean a person duly licensed or certified in California acting within the scope of his or her license or certification who is a dentist, podiatrist, or a nurse practitioner, as prescribed.

This bill would amend the Physician Assistant Practice Act to authorize a physician assistant to certify disability, after performance of a physical examination by the physician assistant under the supervision of a physician and surgeon consistent with the act. The bill would correspondingly expand the definition of practitioner to include a physician assistant. This bill would require the Employment Development Department to implement these provisions on or before January 1, 2017.

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

SECTION 1. Section 3502.3 of the Business and Professions Code is amended to read:

3502.3. (a) Notwithstanding any other provision of law, in addition to any other practices that meet the general criteria set forth in this chapter or the Medical Board of California's regulations for inclusion in a delegation of services agreement, a delegation of services agreement may authorize a physician assistant to do any of the following:

(1) Order durable medical equipment, subject to any limitations set forth in Section 3502 or the delegation of services agreement. Notwithstanding

that authority, nothing in this paragraph shall operate to limit the ability of a third-party payer to require prior approval.

(2) For individuals receiving home health services or personal care services, after consultation with the supervising physician, approve, sign, modify, or add to a plan of treatment or plan of care.

(3) After performance of a physical examination by the physician assistant under the supervision of a physician and surgeon consistent with this chapter, certify disability pursuant to Section 2708 of the Unemployment Insurance Code. The Employment Development Department shall implement this paragraph on or before January 1, 2017.

(b) Nothing in this section shall be construed to affect the validity of any delegation of services agreement in effect prior to the enactment of this section or those adopted subsequent to enactment.

SEC. 2. Section 2708 of the Unemployment Insurance Code, as added by Section 2 of Chapter 350 of the Statutes of 2013, is amended to read:

2708. (a) (1) In accordance with the director's authorized regulations, and except as provided in subdivision (c) and Sections 2708.1 and 2709, a claimant shall establish medical eligibility for each uninterrupted period of disability by filing a first claim for disability benefits supported by the certificate of a treating physician or practitioner that establishes the sickness, injury, or pregnancy of the employee, or the condition of the family member that warrants the care of the employee. For subsequent periods of uninterrupted disability after the period covered by the initial certificate or any preceding continued claim, a claimant shall file a continued claim for those benefits supported by the certificate of a treating physician or practitioner. A certificate filed to establish medical eligibility for the employee's own sickness, injury, or pregnancy shall contain a diagnosis and diagnostic code prescribed in the International Classification of Diseases, or, if no diagnosis has yet been obtained, a detailed statement of symptoms.

(2) A certificate filed to establish medical eligibility of the employee's own sickness, injury, or pregnancy shall also contain a statement of medical facts, including secondary diagnoses when applicable, within the physician's or practitioner's knowledge, based on a physical examination and a documented medical history of the claimant by the physician or practitioner, indicating the physician's or practitioner's conclusion as to the claimant's disability, and a statement of the physician's or practitioner's opinion as to the expected duration of the disability.

(b) An employee shall be required to file a certificate to establish eligibility when taking leave to care for a family member with a serious health condition. The certificate shall be developed by the department. In order to establish medical eligibility of the serious health condition of the family member that warrants the care of the employee, the information shall be within the physician's or practitioner's knowledge and shall be based on a physical examination and documented medical history of the family member and shall contain all of the following:

(1) A diagnosis and diagnostic code prescribed in the International Classification of Diseases, or, if no diagnosis has yet been obtained, a detailed statement of symptoms.

(2) The date, if known, on which the condition commenced.

(3) The probable duration of the condition.

(4) An estimate of the amount of time that the physician or practitioner believes the employee needs to care for the child, parent, grandparent, grandchild, sibling, spouse, or domestic partner.

(5) (A) A statement that the serious health condition warrants the participation of the employee to provide care for his or her child, parent, grandparent, grandchild, sibling, spouse, or domestic partner.

(B) “Warrants the participation of the employee” includes, but is not limited to, providing psychological comfort, and arranging “third party” care for the child, parent, grandparent, grandchild, sibling, spouse, or domestic partner, as well as directly providing, or participating in, the medical care.

(c) The department shall develop a certification form for bonding that is separate and distinct from the certificate required in subdivision (a) for an employee taking leave to bond with a minor child within the first year of the child’s birth or placement in connection with foster care or adoption.

(d) The first and any continuing claim of an individual who obtains care and treatment outside this state shall be supported by a certificate of a treating physician or practitioner duly licensed or certified by the state or foreign country in which the claimant is receiving the care and treatment. If a physician or practitioner licensed by and practicing in a foreign country is under investigation by the department for filing false claims and the department does not have legal remedies to conduct a criminal investigation or prosecution in that country, the department may suspend the processing of all further certifications until the physician or practitioner fully cooperates, and continues to cooperate, with the investigation. A physician or practitioner licensed by, and practicing in, a foreign country who has been convicted of filing false claims with the department may not file a certificate in support of a claim for disability benefits for a period of five years.

(e) For purposes of this part:

(1) “Physician” has the same meaning as defined in Section 3209.3 of the Labor Code.

(2) (A) “Practitioner” means a person duly licensed or certified in California acting within the scope of his or her license or certification who is a dentist, podiatrist, or a nurse practitioner, and in the case of a nurse practitioner, after performance of a physical examination by a nurse practitioner and collaboration with a physician and surgeon, or as to normal pregnancy or childbirth, a midwife or nurse midwife, or nurse practitioner.

(B) “Practitioner” also means a physician assistant who has performed a physical examination under the supervision of a physician and surgeon. Funds appropriated to cover the costs required to implement this subparagraph shall come from the Unemployment Compensation Disability Fund. This subparagraph shall be implemented on or before January 1, 2017.

(f) For a claimant who is hospitalized in or under the authority of a county hospital in this state, a certificate of initial and continuing medical disability, if any, shall satisfy the requirements of this section if the disability is shown by the claimant's hospital chart, and the certificate is signed by the hospital's registrar. For a claimant hospitalized in or under the care of a medical facility of the United States government, a certificate of initial and continuing medical disability, if any, shall satisfy the requirements of this section if the disability is shown by the claimant's hospital chart, and the certificate is signed by a medical officer of the facility duly authorized to do so.

(g) Nothing in this section shall be construed to preclude the department from requesting additional medical evidence to supplement the first or any continued claim if the additional evidence can be procured without additional cost to the claimant. The department may require that the additional evidence include any or all of the following:

- (1) Identification of diagnoses.
- (2) Identification of symptoms.
- (3) A statement setting forth the facts of the claimant's disability. The statement shall be completed by any of the following individuals:
  - (A) The physician or practitioner treating the claimant.
  - (B) The registrar, authorized medical officer, or other duly authorized official of the hospital or health facility treating the claimant.
  - (C) An examining physician or other representative of the department.

(h) This section shall become operative on July 1, 2014.

MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

**Bill Number:** SB 1116  
**Author:** Torres  
**Chapter:** 439  
**Subject:** Steven M. Thompson Loan Repayment Program (STLRP)  
**Sponsor:** Author

**DESCRIPTION OF LEGISLATION:**

This bill requires the Medical Board of California (Board) by July 1, 2015, to develop a mechanism for physicians to pay a voluntary contribution, at the time of application for initial license or renewal, to the STLRP.

**ANALYSIS:**

The STLRP was created in 2002 via legislation that was co-sponsored by the Board. The STLRP encourages recently licensed physicians to practice in underserved locations in California by authorizing a plan for repayment of their student loans (up to \$105,000) in exchange for a minimum three years of service.

Currently, a physician could donate more than the mandatory \$25 to the STLRP, however, this information is not included on the initial licensing or renewal application. This bill requires the Board by July 1, 2015, to develop a mechanism for physicians to pay a voluntary contribution, at the time of application for initial license or renewal, to the STLRP.

This bill will ensure that physicians are aware of their ability to donate additional funding to the STLRP. This information should already be included on the initial license and renewal applications as physicians can already donate any amount to the STLRP, and the Board is already planning on making these revisions. This bill will allow for a mechanism for additional funding for the STLRP, which will help fund more loans for the STLRP and more physicians to serve in underserved areas. This bill will further the Board's mission of promoting access to care and the Board supported this bill and will continue to support any other measures that help fund or make improvements to the STLRP.

**FISCAL:** Minimal and absorbable

**SUPPORT:** California Arthritis Foundation Council; California Chapter of the American College of Emergency Physicians; California Primary Care Association; California Rheumatology Alliance; and the Medical Board of California

**OPPOSITION:** None on file

**IMPLEMENTATION:**

- Newsletter article
- Update the Board's website to highlight the fact that physicians can donate more than the mandatory \$25 to the STLRP and provide directions on how to do so

- Work with Department of Consumer Affairs on needed BreZE enhancements
- Amend the licensing and renewal applications to include information that physicians can donate more than the mandatory \$25 to the STLRP and provide an opportunity for them to do so on both forms
- Identify procedures for staff to process additional voluntary contributions to the STLRP

## Senate Bill No. 1116

### CHAPTER 439

An act to amend Sections 2436.5 and 2455.1 of the Business and Professions Code, relating to physicians and surgeons.

[Approved by Governor September 18, 2014. Filed with Secretary of State September 18, 2014.]

#### LEGISLATIVE COUNSEL'S DIGEST

SB 1116, Torres. Physicians and surgeons.

Under existing law, the Medical Board of California licenses and regulates physicians and surgeons and imposes various fees on those licensees. Under existing law, the Osteopathic Medical Board of California licenses and regulates osteopathic physicians and surgeons and imposes various fees on those licensees. Existing law establishes the Medically Underserved Account for Physicians within the Health Professions Education Fund that is managed by the Health Professions Education Foundation and the Office of Statewide Health Planning and Development. Under existing law, the primary purpose of the account is to fund the Steven M. Thompson Physician Corps Loan Repayment Program, that provides for the repayment of educational loans, as specified, obtained by a physician and surgeon who practices in a medically underserved area of the state, as defined. Under existing law, funds placed in the account for those purposes are continuously appropriated for the repayment of loans and may be used for any other authorized purpose. Physicians and surgeons and osteopathic physicians and surgeons are eligible for the loan repayment program and the board assesses an additional \$25 license fee for purposes of the loan repayment program.

This bill would require each of those boards, on or before July 1, 2015, to develop a mechanism for a physician and surgeon or an osteopathic physician and surgeon, respectively, to pay a voluntary contribution, at the time of application for initial licensure or biennial renewal, for those purposes.

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

SECTION 1. Section 2436.5 of the Business and Professions Code is amended to read:

2436.5. (a) (1) In addition to the fees charged for the initial issuance or biennial renewal of a physician and surgeon's certificate pursuant to Section 2435, and at the time those fees are charged, the board shall charge each applicant or renewing licensee an additional twenty-five-dollar (\$25) fee for the purposes of this section.



(2) The twenty-five-dollar (\$25) fee shall be paid at the time of application for initial licensure or biennial renewal and shall be due and payable along with the fee for the initial certificate or biennial renewal.

(3) On or before July 1, 2015, the board shall develop a mechanism for a physician and surgeon to pay a voluntary contribution, at the time of application for initial licensure or biennial renewal, for the purposes of this section.

(b) The board shall transfer all funds collected pursuant to this section, on a monthly basis, to the Medically Underserved Account for Physicians created by Section 128555 of the Health and Safety Code for the Steven M. Thompson Physician Corps Loan Repayment Program. Notwithstanding Section 128555 of the Health and Safety Code, these funds shall not be used to provide funding for the Physician Volunteer Program.

(c) Up to 15 percent of the funds collected pursuant to this section shall be dedicated to loan assistance for physicians and surgeons who agree to practice in geriatric care settings or settings that primarily serve adults over 65 years of age or adults with disabilities. Priority consideration shall be given to those physicians and surgeons who are trained in, and practice, geriatrics and who can meet the cultural and linguistic needs and demands of diverse populations of older Californians.

SEC. 2. Section 2455.1 of the Business and Professions Code is amended to read:

2455.1. (a) In addition to the fees charged pursuant to Section 2455, and at the time those fees are charged, the board shall charge each applicant for an original or reciprocity certificate or for a biennial license an additional twenty-five-dollar (\$25) fee for the purposes of this section. This twenty-five-dollar (\$25) fee shall be due and payable along with the fee for the original or reciprocity certificate or the biennial license.

(b) On or before July 1, 2015, the board shall develop a mechanism for an osteopathic physician and surgeon to pay a voluntary contribution, at the time of initial application for licensure or biennial renewal, for the purposes of this section.

(c) The board shall transfer all funds collected pursuant to this section, on a monthly basis, to the Medically Underserved Account for Physicians created by Section 128555 of the Health and Safety Code for the purposes of the Steven M. Thompson Physician Corps Loan Repayment Program. Notwithstanding Section 128555 of the Health and Safety Code, these funds shall not be used to provide funding for the Physician Volunteer Program.

MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

**Bill Number:** SB 1243  
**Author:** Lieu  
**Chapter:** 395  
**Subject:** Professions and Vocations  
**Sponsor:** Author

**DESCRIPTION OF LEGISLATION:**

This bill is a sunset review bill for several boards under the Department of Consumer Affairs (DCA). In addition to the sunset review provisions, this bill also requires the Department of Consumer Affairs (DCA) and the Office of Administrative Hearings (OAH) to submit specified reports to the Legislature on an annual basis. This bill enhances unlicensed advertising enforcement, requires DCA to develop and offer enforcement training, and amends public meeting notice requirements.

**ANALYSIS:**

This bill requires agencies under and within DCA to provide written notice of a board meeting by regular mail, email, or both. The agency shall also provide individuals these options and comply with the individuals' chosen method of delivery. This bill would require an agency that plans to webcast a meeting to include in the meeting notice the intent to webcast the meeting; however, this bill would allow the meeting to be webcast even if the information is not included in the meeting notice.

This bill expands the existing authority of boards to request telephone disconnection for advertising of unlicensed activity to any form of advertisement, not just those in a telephone directory and provides this authority to all agencies under and within DCA (not just those listed in existing law).

This bill requires DCA to continue to develop and make available training courses for employees who perform enforcement functions. This bill requires DCA to encourage staff to attend enforcement training courses and requires DCA to develop the enforcement training curricula in consultation and cooperation with the AG's Office and OAH.

This bill requires DCA to submit a report of the accounting of the pro rata calculation of administrative expenses to the appropriate policy committees of the Legislature on or before July 1, 2015, and on or before July 1 of each subsequent year. This bill requires DCA to conduct a one-time study of its current system for prorating administrative expenses to determine if the current system is the most productive, efficient, and cost-effective manner for DCA and the agencies comprising DCA. The study must include consideration on whether some of the administrative services offered by DCA should be outsourced, or charged on an as-needed basis, and whether the agencies should be allowed to elect not to receive and be charged for certain

administrative services. DCA shall include the findings of the study in the report to the Legislature. If DCA hires a third-party consultant to assess operations, DCA shall submit the final third-party report, as soon as it is received, (omitting any confidential information) to the Legislature.

This bill revises information contained in DCA's annual report to the Governor and the Legislature that is due January 1 each year regarding the activities of DCA and its constituent entities for the previous fiscal year. This bill requires the report to include information relative to the performance of each constituent entity on the length of time to reach each of the following milestones in the enforcement process:

- Average number of days from when a constituent entity receives a compliant until the constituent entity assigns an investigator;
- Average number of days from a constituent entity or DCA's Division of Investigation opening an investigation to closing the investigation, regardless of the outcome; and
- Average number of days from a constituent entity closing an investigation to imposing formal discipline.

This bill also requires OAH to submit a report to DCA, the Governor, and the Legislature on or before January 1, 2016 and on or before January 1<sup>st</sup> of each subsequent year. The report must include specified information on the number of cases referred to OAH and the average amount of time it takes to set a hearing, to conduct a hearing, and to issue a proposed decision.

This bill increases transparency and enhances enforcement processes, procedures, and training. This bill will also take steps to improve DCA's pro-rata methodology that all boards are required to adhere to and ensure that it is productive, efficient, and cost effective. For these reasons the Board supported this bill.

**FISCAL:** Minimal and absorbable

**SUPPORT:** California Association of Community Managers and the Medical Board of California

**OPPOSITION:** None on file

**IMPLEMENTATION:**

- Newsletter article
- Notify/train Board staff

## Senate Bill No. 1243

### CHAPTER 395

An act to amend Sections 101.7, 149, 201, 312, 4800, 4804.5, 4836.2, 4841.5, 4844, 11506, and 22259 of, and to add Sections 154.1, 211, and 312.1 to, the Business and Professions Code, relating to professions and vocations.

[Approved by Governor September 17, 2014. Filed with  
Secretary of State September 17, 2014.]

#### LEGISLATIVE COUNSEL'S DIGEST

SB 1243, Lieu. Professions and vocations.

(1) Under existing law, the Department of Consumer Affairs is comprised of various boards, bureaus, commissions, committees, and similarly constituted agencies that license and regulate the practice of various professions and vocations. Existing law requires those agencies to hold public meetings and provide public notice of a meeting.

This bill would require each of those agencies to offer a person requesting to receive notice of a meeting the option to receive that notice by regular mail, email, or both regular mail and email, and would require the agency to comply with that request. The bill would require an agency that intends to Web cast a meeting, to provide notice of intent to Web cast the meeting.

(2) Existing law authorizes certain agencies within the department, upon investigation and with probable cause to believe that a person is advertising in a telephone directory with respect to the offering or performance of services, without being properly licensed by or registered with the agency, to issue a citation including an order of correction. Existing law authorizes those agencies to notify the Public Utilities Commission if a person does not comply with a final order of correction, and requires the commission to require the telephone corporation providing the telephone services to disconnect the service.

This bill would apply those provisions to all agencies that comprise the department, and would delete the requirement that the advertising appear in a telephone directory.

(3) Existing law imposes specified duties on the department and allows the department to levy a charge for the estimated administrative expenses in advance on a pro rata share basis against funds of an agency comprising the department.

This bill would require the department to submit an annual report of the accounting of the pro rata calculation of administrative expenses to the appropriate policy committees of the Legislature, on or before July 1, 2015, and on or before July 1 of each subsequent year. The bill would require the department to conduct a one-time study of its system for prorating

administrative excesses, and to include the findings of the study in the report it is required to submit on or before July 1, 2015. The bill would also require the department, if it engages a third-party consultant to assess the department's operations, to promptly, upon receipt of the consultant's final report on that assessment, submit that report to the appropriate policy committees of the Legislature including the entire study upon its completion.

The bill would require the department to develop and make available training courses for employees who perform enforcement functions to develop knowledge of enforcement practices for all employees who perform enforcement functions.

(4) Existing law requires an agency comprising the department to investigate a consumer accusation or complaint against a licensee and, where appropriate, the agency is authorized to impose disciplinary action against a licensee. Under existing law, an agency comprising the department may refer a complaint to the Attorney General or Office of Administrative Hearings for further action. Existing law requires the Director of Consumer Affairs to submit an annual report to the Governor and the Legislature, on or before January 1, that includes information regarding consumer complaints and the action taken on those complaints.

This bill would require the director's report to include specific, detailed information regarding those complaints and actions. The bill would require the Office of Administrative Hearings to submit a report to the department, the Governor, and the appropriate policy committees of the Legislature, on or before January 1, 2016, and on or before January 1 of each subsequent year, that includes specified information regarding the actions taken by the Office of Administrative Hearings pertaining to accusations and cases relating to consumer complaints against a person whose profession or vocation is licensed by an agency comprising the department.

(5) Existing law regulates the practice of veterinary medicine. Existing law, until January 1, 2016, provides for a Veterinary Medical Board within the Department of Consumer Affairs. Existing law, until January 1, 2016, authorizes the board to appoint a person exempt from civil service to be designated as an executive officer of the board, as specified.

This bill would extend those provisions until January 1, 2017.

(6) Existing law, beginning January 1, 2015, requires a veterinary assistant to obtain a controlled substance permit from the board in order to administer a controlled substance, and requires the board to revoke a veterinary controlled substance permit upon notification that the veterinary assistant has been convicted of a state or federal felony controlled substance violation.

This bill would, instead, beginning July 1, 2015, authorize the board to deny, suspend, or revoke the controlled substance permit of a veterinary assistant after notice and hearing if the veterinary assistant has been convicted of a state or federal felony controlled substance violation.

(7) Existing law regulates the practice of common interest development managers, and makes those provisions effective only until January 1, 2015.

This bill would extend the effectiveness of those provisions until January 1, 2019, and subject those provisions to review by the appropriate policy

committees of the Legislature. The bill would also delete an obsolete reference.

(8) Existing law establishes the California Tax Education Council, a nonprofit organization, and requires the council to register and regulate tax preparers. Existing law makes those provisions effective only until January 1, 2015.

This bill would extend the effectiveness of those provisions until January 1, 2019.

(9) This bill would make technical, nonsubstantive, and conforming changes.

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

SECTION 1. Section 101.7 of the Business and Professions Code is amended to read:

101.7. (a) Notwithstanding any other provision of law, boards shall meet at least three times each calendar year. Boards shall meet at least once each calendar year in northern California and once each calendar year in southern California in order to facilitate participation by the public and its licensees.

(b) The director at his or her discretion may exempt any board from the requirement in subdivision (a) upon a showing of good cause that the board is not able to meet at least three times in a calendar year.

(c) The director may call for a special meeting of the board when a board is not fulfilling its duties.

(d) An agency within the department that is required to provide a written notice pursuant to subdivision (a) of Section 11125 of the Government Code, may provide that notice by regular mail, email, or by both regular mail and email. An agency shall give a person who requests a notice the option of receiving the notice by regular mail, email, or by both regular mail and email. The agency shall comply with the requester's chosen form or forms of notice.

(e) An agency that plans to Web cast a meeting shall include in the meeting notice required pursuant to subdivision (a) of Section 11125 of the Government Code a statement of the board's intent to Web cast the meeting. An agency may Web cast a meeting even if the agency fails to include that statement of intent in the notice.

SEC. 2. Section 149 of the Business and Professions Code is amended to read:

149. (a) If, upon investigation, an agency designated in Section 101 has probable cause to believe that a person is advertising with respect to the offering or performance of services, without being properly licensed by or registered with the agency to offer or perform those services, the agency may issue a citation under Section 148 containing an order of correction that requires the violator to do both of the following:

(1) Cease the unlawful advertising.

(2) Notify the telephone company furnishing services to the violator to disconnect the telephone service furnished to any telephone number contained in the unlawful advertising.

(b) This action is stayed if the person to whom a citation is issued under subdivision (a) notifies the agency in writing that he or she intends to contest the citation. The agency shall afford an opportunity for a hearing, as specified in Section 125.9.

(c) If the person to whom a citation and order of correction is issued under subdivision (a) fails to comply with the order of correction after that order is final, the agency shall inform the Public Utilities Commission of the violation and the Public Utilities Commission shall require the telephone corporation furnishing services to that person to disconnect the telephone service furnished to any telephone number contained in the unlawful advertising.

(d) The good faith compliance by a telephone corporation with an order of the Public Utilities Commission to terminate service issued pursuant to this section shall constitute a complete defense to any civil or criminal action brought against the telephone corporation arising from the termination of service.

SEC. 3. Section 154.1 is added to the Business and Professions Code, to read:

154.1. (a) The Legislature hereby finds and declares all of the following:

(1) The department is currently providing opportunities for employees of agencies comprising the department who perform enforcement functions to attend an entry level enforcement academy.

(2) It is in the best interest of consumers in the state for the department to continue to provide ongoing training opportunities for employees performing enforcement functions for each agency comprising the department.

(b) The department shall continue to develop and make available training courses for employees who perform enforcement functions. The purpose of the training courses is to develop knowledge of enforcement practices for all employees who perform enforcement functions. The department shall encourage an agency executive officer, registrar, executive director, bureau chief, enforcement manager, supervisor, or staff member to attend enforcement training courses.

(c) The department shall develop the enforcement training curricula in consultation and cooperation with the office of the Attorney General and the Office of Administrative Hearings.

SEC. 4. Section 201 of the Business and Professions Code is amended to read:

201. (a) (1) A charge for the estimated administrative expenses of the department, not to exceed the available balance in any appropriation for any one fiscal year, may be levied in advance on a pro rata share basis against any of the boards, bureaus, commissions, divisions, and agencies, at the discretion of the director and with the approval of the Department of Finance.

(2) The department shall submit a report of the accounting of the pro rata calculation of administrative expenses to the appropriate policy committees of the Legislature on or before July 1, 2015, and on or before July 1 of each subsequent year.

(b) The department shall conduct a one-time study of its current system for prorating administrative expenses to determine if that system is the most productive, efficient, and cost-effective manner for the department and the agencies comprising the department. The study shall include consideration of whether some of the administrative services offered by the department should be outsourced or charged on an as-needed basis and whether the agencies should be permitted to elect not to receive and be charged for certain administrative services. The department shall include the findings in its report pursuant to paragraph (2) of subdivision (a) that it is required to submit on or before July 1, 2015.

SEC. 5. Section 211 is added to the Business and Professions Code, to read:

211. If the department hires a third-party consultant to assess the department's operations, the department shall, promptly upon receipt of the consultant's final report on that assessment, submit that report to the appropriate policy committees of the Legislature after omitting any information that is not subject to disclosure under the California Public Records Act (Chapter 3.5 commencing with Section 6250) of Division 7 of Title 1 of the Government Code.

SEC. 6. Section 312 of the Business and Professions Code is amended to read:

312. (a) The director shall submit to the Governor and the Legislature on or before January 1, 2003, and annually thereafter, a report of programmatic and statistical information regarding the activities of the department and its constituent entities for the previous fiscal year. The report shall include information concerning the director's activities pursuant to Section 326, including the number and general patterns of consumer complaints and the action taken on those complaints.

(b) The report shall include information relative to the performance of each constituent entity, including, but not limited to, length of time for a constituent entity to reach each of the following milestones in the enforcement process:

(1) Average number of days from when a constituent entity receives a complaint until the constituent entity assigns an investigator to the complaint.

(2) Average number of days from a constituent entity opening an investigation conducted by the constituent entity staff or the Division of Investigation to closing the investigation regardless of outcome.

(3) Average number of days from a constituent entity closing an investigation to imposing formal discipline.

(c) A report submitted pursuant to subdivision (a) shall be submitted in compliance with Section 9795 of the Government Code.

SEC. 7. Section 312.1 is added to the Business and Professions Code, to read:



312.1. The Office of Administrative Hearings shall submit a report to the department, the Governor, and the Legislature on or before January 1, 2016, and on or before January 1 of each subsequent year that includes, at a minimum, all of the following for the previous fiscal year:

(a) Number of cases referred by each constituent entity to each office of the Office of Administrative Hearings for a hearing.

(b) Average number of days from receiving a request to setting a hearing date at each office of the Office of Administrative Hearings.

(c) Average number of days from setting a hearing to conducting the hearing.

(d) Average number of days after conducting a hearing to transmitting the proposed decision by each office of the Office of Administrative Hearings.

SEC. 8. Section 4800 of the Business and Professions Code is amended to read:

4800. (a) There is in the Department of Consumer Affairs a Veterinary Medical Board in which the administration of this chapter is vested. The board consists of the following members:

(1) Four licensed veterinarians.

(2) One registered veterinary technician.

(3) Three public members.

(b) This section shall remain in effect only until January 1, 2017, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2017, deletes or extends that date.

(c) Notwithstanding any other law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature. However, the review of the board shall be limited to those issues identified by the appropriate policy committees of the Legislature and shall not involve the preparation or submission of a sunset review document or evaluative questionnaire.

SEC. 9. Section 4804.5 of the Business and Professions Code is amended to read:

4804.5. The board may appoint a person exempt from civil service who shall be designated as an executive officer and who shall exercise the powers and perform the duties delegated by the board and vested in him or her by this chapter.

This section shall remain in effect only until January 1, 2017, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2017, deletes or extends that date.

SEC. 10. Section 4836.2 of the Business and Professions Code is amended to read:

4836.2. (a) Applications for a veterinary assistant controlled substance permit shall be upon a form furnished by the board.

(b) The fee for filing an application for a veterinary assistant controlled substance permit shall be set by the board in an amount the board determines is reasonably necessary to provide sufficient funds to carry out the purposes of this section, not to exceed one hundred dollars (\$100).

(c) The board may deny, suspend, or revoke the controlled substance permit of a veterinary assistant after notice and hearing for any cause provided in this subdivision. The proceedings under this section shall be conducted in accordance with the provisions for administrative adjudication in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the board shall have all the powers granted therein. The board may revoke or suspend a veterinary assistant controlled substance permit for any of the following reasons:

(1) The employment of fraud, misrepresentation, or deception in obtaining a veterinary assistant controlled substance permit.

(2) Chronic inebriety or habitual use of controlled substances.

(3) The veterinary assistant to whom the permit is issued has been convicted of a state or federal felony controlled substance violation.

(4) Violating or attempts to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this chapter, or of the regulations adopted under this chapter.

(d) The board shall not issue a veterinary assistant controlled substance permit to any applicant with a state or federal felony controlled substance conviction.

(e) (1) As part of the application for a veterinary assistant controlled substance permit, the applicant shall submit to the Department of Justice fingerprint images and related information, as required by the Department of Justice for all veterinary assistant applicants, for the purposes of obtaining information as to the existence and content of a record of state or federal convictions and state or federal arrests and information as to the existence and content of a record of state or federal arrests for which the Department of Justice establishes that the person is free on bail or on his or her own recognizance pending trial or appeal.

(2) When received, the Department of Justice shall forward to the Federal Bureau of Investigation requests for federal summary criminal history information that it receives pursuant to this section. The Department of Justice shall review any information returned to it from the Federal Bureau of Investigation and compile and disseminate a response to the board summarizing that information.

(3) The Department of Justice shall provide a state or federal level response to the board pursuant to paragraph (1) of subdivision (p) of Section 11105 of the Penal Code.

(4) The Department of Justice shall charge a reasonable fee sufficient to cover the cost of processing the request described in this subdivision.

(f) The board shall request from the Department of Justice subsequent notification service, as provided pursuant to Section 11105.2 of the Penal Code, for persons described in paragraph (1) of subdivision (e).

(g) This section shall become operative on July 1, 2015.

SEC. 11. Section 4841.5 of the Business and Professions Code is amended to read:

4841.5. To be eligible to take the written and practical examination for registration as a registered veterinary technician, the applicant shall:

(a) Be at least 18 years of age.

(b) (1) Furnish satisfactory evidence of graduation from, at minimum, a two-year curriculum in veterinary technology, in a college or other postsecondary institution approved by the board, or the equivalent thereof as determined by the board. In the case of a private postsecondary institution, the institution shall also be approved by the Bureau for Private Postsecondary Education.

(2) For purposes of this subdivision, education or a combination of education and clinical practice experience may constitute the equivalent of the graduation requirement imposed under this subdivision, as determined by the board.

SEC. 12. Section 4844 of the Business and Professions Code is amended to read:

4844. A person who fails to renew his certificate of registration within five years after its expiration may not renew it, and it shall not be restored, reissued, or reinstated thereafter, but that person may apply for and obtain a new certificate of registration if:

(a) He or she is not subject to denial of registration under Section 480.

(b) No fact, circumstance, or condition exists which, if the certificate of registration were issued, would justify its revocation or suspension.

(c) He or she takes and passes the examination, if any, that would be required of him or her if he or she were then applying for a certificate of registration for the first time, or otherwise establishes to the satisfaction of the board that, with due regard for the public interest, he or she is qualified to be a registered veterinary technician.

(d) He or she pays all of the fees that would be required of him or her if he or she were applying for the certificate of registration for the first time.

The board may, by regulation, provide for the waiver or refund of all or any part of the examination fee when a certificate of registration is issued without an examination pursuant to this section.

SEC. 13. Section 11506 of the Business and Professions Code is amended to read:

11506. This part shall be subject to review by the appropriate policy committees of the Legislature. This part shall remain in effect only until January 1, 2019, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2019, deletes or extends that date.

SEC. 14. Section 22259 of the Business and Professions Code is amended to read:

22259. (a) This chapter shall be subject to review by the appropriate policy committees of the Legislature.

(b) This chapter shall remain in effect only until January 1, 2019, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2019, deletes or extends that date.

MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

**Bill Number:** SB 1466  
**Author:** Committee on Business, Professions, and Economic Development  
**Chapter:** 316  
**Subject:** Omnibus  
**Sponsor:** Committee, Medical Board of California (Board) and other affected regulatory health boards  
**Position:** Support provisions related to the Board

**DESCRIPTION OF LEGISLATION:**

This bill is the vehicle by which omnibus legislation has been carried by the Senate Business, Professions and Economic Development Committee. This analysis will only include the relevant sections of the bill in the Business and Professions Code (BPC) that are sponsored by and impact the Board. The omnibus language would include making the American Osteopathic Association-Healthcare Facilities Accreditation Program (AOA-HFAP) an approved accreditation agency for hospitals offering accredited postgraduate training programs. This bill would also strike “scheduled” from existing law that requires physicians who perform a “scheduled” medical procedure outside of a hospital, that results in a death, to report the occurrence to the Board within 15 days.

**ANALYSIS:**

**BPC Section 2089.5 – AOA-HFAP**

Currently, the Board recognizes Accreditation Council Graduate for Medical Education (ACGME) accredited postgraduate training for the purposes of allopathic medical school students’ clinical clerkship training and for the required postgraduate training for licensure as a physician and surgeon. ACGME accredited postgraduate training programs are at institutions that are accredited by the Joint Commission. Recently, ACGME has accredited postgraduate training programs in hospitals that are accredited by the AOA-HFAP. However, existing law (BPC Section 2089.5) specifically references the “Joint Commission on Accreditation of Hospitals” as the hospital accreditation agency for ACGME postgraduate training programs.

The American Osteopathic Association (AOA) accredits postgraduate training for licensure purposes for osteopathic medical school graduates. AOA accredited postgraduate training programs are usually obtained in hospitals that are accredited by the AOA-HFAP. ACGME and AOA have reached an agreement for ACGME to approve all postgraduate training programs for both allopathic medical school (M.D. degrees awarded) and osteopathic medical school (D.O. degrees awarded) graduates.

The language included in the omnibus bill amends BPC Section 2089.5 to include the AOA-HFAP as an approved accreditation agency for hospitals offering ACGME accredited postgraduate training programs.

**BPC Section 2240 – Striking “Scheduled”**

Existing law (BPC Section 2240 (a)) requires a physician who performs a scheduled medical procedure outside of a general acute care hospital, that results in a death, to report the occurrence to the Board within 15 days. The Board would like to ensure all deaths in outpatient settings are reported to the Board, not just those that resulted from a scheduled medical procedure. As such, the language included in the omnibus bill strikes “scheduled” from this provision.

**FISCAL:**                   None to the Board

**SUPPORT:**               Board of Psychology  
                                  Medical Board of California

**OPPOSITION:**       None on file

**IMPLEMENTATION:**

- Newsletter article
- Notify/train Board staff
- Update the Board’s website, relevant publications, and forms

## Senate Bill No. 1466

### CHAPTER 316

An act to amend Sections 27, 655.2, 2023.5, 2089.5, 2240, 2530.5, 2532.2, 2532.7, 2936, 4021.5, 4053, 4980, 4980.36, 4980.37, 4980.399, 4980.41, 4980.43, 4980.55, 4980.72, 4980.78, 4987.5, 4989.16, 4989.22, 4992.09, 4996.17, 4996.23, 4998, 4999.55, 4999.58, 4999.59, 4999.60, and 4999.123 of, to amend the heading of Chapter 13 (commencing with Section 4980) of Division 2 of, and to repeal Sections 2930.5 and 2987.3 of, the Business and Professions Code, and to amend Section 14132.55 of the Welfare and Institutions Code, relating to health care professionals.

[Approved by Governor September 9, 2014. Filed with  
Secretary of State September 9, 2014.]

#### LEGISLATIVE COUNSEL'S DIGEST

SB 1466, Committee on Business, Professions and Economic Development. Health care professionals.

(1) Existing law prohibits a physician and surgeon, licensed medical corporation, or any audiologist who is not a licensed hearing aid dispenser from employing a licensed hearing aid dispenser for the purpose of fitting or selling hearing aids.

This bill would prohibit a licensed hearing aid dispenser from employing a physician and surgeon or any audiologist who is not a licensed dispensing audiologist or hearing aid dispenser, or contracting with a licensed medical corporation, for the purpose of fitting or selling hearing aids.

(2) Existing law, the Medical Practice Act, provides for the licensure and regulation of physicians and surgeons by the Medical Board of California. Existing law requires the Medical Board of California to review issues and problems surrounding the use of laser or intense light pulse devices for elective cosmetic procedures, in conjunction with the Board of Registered Nursing and in consultation with other specified groups. Existing law requires the board and the Board of Registered Nursing to adopt regulations, by January 1, 2009, with regard to the use of laser or intense pulse light devices for elective cosmetic procedures, as specified. Existing law requires the board to adopt regulations, by January 1, 2013, regarding the appropriate level of physician availability needed within clinics or other settings using laser or intense pulse light devices for elective cosmetic procedures.

This bill would delete the provisions that require the board to adopt regulations by January 1, 2009, and January 1, 2013.

(3) Existing law requires a physician and surgeon who performs a scheduled medical procedure outside of a general acute care hospital that results in the death of any patient on whom that medical treatment was

performed by the physician and surgeon, or by a person acting under the physician and surgeon's orders or supervision, to report, in writing on a form prescribed by the board, that occurrence to the board within 15 days after the occurrence. A person who violates this requirement is guilty of a misdemeanor.

This bill would make that provision applicable without regard to whether the procedure was scheduled. By expanding the scope of a crime, the bill would impose a state-mandated local program.

(4) Existing law provides for the licensing and regulation of persons who are engaged in the practice of speech-language pathology or audiology, as specified, and vests the enforcement of these provisions in the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board. Among other requirements, an applicant for licensure as a speech-language pathologist or audiologist is required to submit transcripts from an educational institution approved by the board evidencing completion of specified coursework, and submit evidence of the satisfactory completion of supervised clinical practice with individuals representative of a wide spectrum of ages and communication disorders. Existing law requires the board to establish by regulation the required number of clock hours, not to exceed 300 clock hours, of supervised clinical practice necessary for the applicant.

This bill would delete the requirement that the applicant submit transcripts from an educational institution approved by the board evidencing completion of specified coursework and would increase the maximum number of clock hours that the board may establish by regulation to 375.

(5) Existing law, the Psychology Licensing Law, provides for the licensure and regulation of psychologists by the Board of Psychology. Under certain circumstances, existing law authorizes the board to issue a fictitious-name permit to a psychologist, as specified.

This bill would repeal the provision that authorizes the issuance of a fictitious-name permit, and would make conforming changes with regard to that repeal. The bill would make other changes to update a provision related to consumer notices, as specified.

(6) Existing law, the Pharmacy Law, governs the regulation of the practice of pharmacy and establishes the California State Board of Pharmacy to administer and enforce these provisions. The law authorizes the board to issue a license to an individual to serve as a designated representative to provide sufficient and qualified supervision in a wholesaler or veterinary food-animal drug retailer, as specified, and requires the licensee to protect the public health and safety in the handling, storage, and shipment of dangerous drugs and dangerous devices in the wholesaler or veterinary food-animal drug retailer. The law also defines a correctional pharmacy to mean a pharmacy, licensed by the board, located within a state correctional facility, as specified.

This bill would require an individual who applies for a designated representative license to be at least 18 years of age. The bill would also revise the definition of a correctional pharmacy to mean a pharmacy, licensed

by the board, located within a correctional facility, without regard to whether the facility is a state or local correctional facility.

(7) Existing law, the Licensed Marriage and Family Therapist Act, provides for the licensure and regulation of marriage and family therapists by the Board of Behavioral Sciences. Existing law sets forth the educational and training requirements for licensure as a marriage and family therapist. Existing law, among other requirements, requires an applicant for licensure as a marriage and family therapist to complete 75 hours of client centered advocacy or face-to-face counseling, as specified.

This bill would authorize an applicant for licensure as a marriage and family therapist to meet this requirement by completing 75 hours of client centered advocacy or face-to-face counseling, or any combination thereof.

(8) Existing law, the Educational Psychologist Practice Act, provides for the licensure and regulation of educational psychologists by the Board of Behavioral Sciences. Existing law authorizes an applicant for examination who has passed the standard written examination to take a clinical vignette written examination for licensure if that applicant is the subject of a complaint or under investigation by the board, as specified.

This bill would eliminate the clinical vignette written examination for those purposes, and would make conforming changes to other provisions.

(9) Existing law requires an applicant for licensure as a marriage and family therapist, clinical social worker, or professional clinical counselor to participate in and obtain a passing score on a board-administered California law and ethics examination in order to qualify for licensure or renewal of a license.

This bill would permit an applicant who holds a registration eligible for renewal, with an expiration date no later than June 30, 2016, and who applies for renewal of that registration between January 1, 2016, and June 30, 2016, if eligible, to renew the registration without first participating in the California law and ethics examination. The bill would require the applicant to pass that examination prior to licensure or issuance of a subsequent registration number. The bill would also permit an applicant who holds or has held a registration, with an expiration date no later than January 1, 2017, and who applies for a subsequent registration number between January 1, 2016, and January 1, 2017, if eligible, to obtain the subsequent registration number without first passing the California law and ethics examination, if he or she passes the law and ethics examination during the next renewal period or prior to licensure, whichever occurs first.

This bill would make other changes relating to licensure as a marriage and family therapist, clinical social worker, or professional clinical counselor.

The bill would also make other technical, conforming, and clarifying changes.

(10) This bill would incorporate additional changes to Sections 4980.72, 4980.78, 4999.58, 4999.59, and 4999.60 of the Business and Professions Code proposed by AB 2213, to be operative only if AB 2213 and this bill are both chaptered and become effective on or before January 1, 2015, and this bill is chaptered last.



(11) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

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

SECTION 1. Section 27 of the Business and Professions Code is amended to read:

27. (a) Each entity specified in subdivisions (c), (d), and (e) shall provide on the Internet information regarding the status of every license issued by that entity in accordance with the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code) and the Information Practices Act of 1977 (Chapter 1 (commencing with Section 1798) of Title 1.8 of Part 4 of Division 3 of the Civil Code). The public information to be provided on the Internet shall include information on suspensions and revocations of licenses issued by the entity and other related enforcement action, including accusations filed pursuant to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code) taken by the entity relative to persons, businesses, or facilities subject to licensure or regulation by the entity. The information may not include personal information, including home telephone number, date of birth, or social security number. Each entity shall disclose a licensee's address of record. However, each entity shall allow a licensee to provide a post office box number or other alternate address, instead of his or her home address, as the address of record. This section shall not preclude an entity from also requiring a licensee, who has provided a post office box number or other alternative mailing address as his or her address of record, to provide a physical business address or residence address only for the entity's internal administrative use and not for disclosure as the licensee's address of record or disclosure on the Internet.

(b) In providing information on the Internet, each entity specified in subdivisions (c) and (d) shall comply with the Department of Consumer Affairs' guidelines for access to public records.

(c) Each of the following entities within the Department of Consumer Affairs shall comply with the requirements of this section:

(1) The Board for Professional Engineers, Land Surveyors, and Geologists shall disclose information on its registrants and licensees.

(2) The Bureau of Automotive Repair shall disclose information on its licensees, including auto repair dealers, smog stations, lamp and brake stations, smog check technicians, and smog inspection certification stations.

(3) The Bureau of Electronic and Appliance Repair, Home Furnishings, and Thermal Insulation shall disclose information on its licensees and registrants, including major appliance repair dealers, combination dealers

(electronic and appliance), electronic repair dealers, service contract sellers, and service contract administrators.

(4) The Cemetery and Funeral Bureau shall disclose information on its licensees, including cemetery brokers, cemetery salespersons, cemetery managers, crematory managers, cemetery authorities, crematories, cremated remains disposers, embalmers, funeral establishments, and funeral directors.

(5) The Professional Fiduciaries Bureau shall disclose information on its licensees.

(6) The Contractors' State License Board shall disclose information on its licensees and registrants in accordance with Chapter 9 (commencing with Section 7000) of Division 3. In addition to information related to licenses as specified in subdivision (a), the board shall also disclose information provided to the board by the Labor Commissioner pursuant to Section 98.9 of the Labor Code.

(7) The Bureau for Private Postsecondary Education shall disclose information on private postsecondary institutions under its jurisdiction, including disclosure of notices to comply issued pursuant to Section 94935 of the Education Code.

(8) The California Board of Accountancy shall disclose information on its licensees and registrants.

(9) The California Architects Board shall disclose information on its licensees, including architects and landscape architects.

(10) The State Athletic Commission shall disclose information on its licensees and registrants.

(11) The State Board of Barbering and Cosmetology shall disclose information on its licensees.

(12) The State Board of Guide Dogs for the Blind shall disclose information on its licensees and registrants.

(13) The Acupuncture Board shall disclose information on its licensees.

(14) The Board of Behavioral Sciences shall disclose information on its licensees, including licensed marriage and family therapists, licensed clinical social workers, licensed educational psychologists, and licensed professional clinical counselors.

(15) The Dental Board of California shall disclose information on its licensees.

(16) The State Board of Optometry shall disclose information regarding certificates of registration to practice optometry, statements of licensure, optometric corporation registrations, branch office licenses, and fictitious name permits of its licensees.

(17) The Board of Psychology shall disclose information on its licensees, including psychologists, psychological assistants, and registered psychologists.

(d) The State Board of Chiropractic Examiners shall disclose information on its licensees.

(e) The Structural Pest Control Board shall disclose information on its licensees, including applicators, field representatives, and operators in the

areas of fumigation, general pest and wood destroying pests and organisms, and wood roof cleaning and treatment.

(f) “Internet” for the purposes of this section has the meaning set forth in paragraph (6) of subdivision (f) of Section 17538.

SEC. 2. Section 655.2 of the Business and Professions Code is amended to read:

655.2. (a) (1) No physician and surgeon or medical corporation licensed under Chapter 5 (commencing with Section 2000), nor any audiologist who is not a licensed dispensing audiologist or hearing aid dispenser shall employ any individual licensed pursuant to Article 8 (commencing with Section 2538.10) of Chapter 5.3 for the purpose of fitting or selling hearing aids.

(2) No individual licensed pursuant to Article 8 (commencing with Section 2538.10) of Chapter 5.3 shall employ any physician and surgeon or any audiologist who is not a licensed dispensing audiologist or hearing aid dispenser, or contract with a medical corporation licensed under Chapter 5 (commencing with Section 2000), for the purpose of fitting or selling hearing aids.

(b) This section shall not apply to any physician and surgeon or medical corporation that contracts with or is affiliated with a comprehensive group practice health care service plan licensed pursuant to the Knox-Keene Health Care Service Plan Act, as set forth in Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code.

SEC. 3. Section 2023.5 of the Business and Professions Code is amended to read:

2023.5. (a) The board, in conjunction with the Board of Registered Nursing, and in consultation with the Physician Assistant Committee and professionals in the field, shall review issues and problems surrounding the use of laser or intense light pulse devices for elective cosmetic procedures by physicians and surgeons, nurses, and physician assistants. The review shall include, but need not be limited to, all of the following:

- (1) The appropriate level of physician supervision needed.
- (2) The appropriate level of training to ensure competency.
- (3) Guidelines for standardized procedures and protocols that address,

at a minimum, all of the following:

- (A) Patient selection.
- (B) Patient education, instruction, and informed consent.
- (C) Use of topical agents.
- (D) Procedures to be followed in the event of complications or side effects from the treatment.
- (E) Procedures governing emergency and urgent care situations.

(b) Nothing in this section shall be construed to modify the prohibition against the unlicensed practice of medicine.

SEC. 4. Section 2089.5 of the Business and Professions Code is amended to read:

2089.5. (a) Clinical instruction in the subjects listed in subdivision (b) of Section 2089 shall meet the requirements of this section and shall be

considered adequate if the requirements of subdivision (a) of Section 2089 and the requirements of this section are satisfied.

(b) Instruction in the clinical courses shall total a minimum of 72 weeks in length.

(c) Instruction in the core clinical courses of surgery, medicine, family medicine, pediatrics, obstetrics and gynecology, and psychiatry shall total a minimum of 40 weeks in length with a minimum of eight weeks instruction in surgery, eight weeks in medicine, six weeks in pediatrics, six weeks in obstetrics and gynecology, a minimum of four weeks in family medicine, and four weeks in psychiatry.

(d) Of the instruction required by subdivision (b), including all of the instruction required by subdivision (c), 54 weeks shall be performed in a hospital that sponsors the instruction and shall meet one of the following:

(1) Is a formal part of the medical school or school of osteopathic medicine.

(2) Has a residency program, approved by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC), in family practice or in the clinical area of the instruction for which credit is being sought.

(3) Is formally affiliated with an approved medical school or school of osteopathic medicine located in the United States or Canada. If the affiliation is limited in nature, credit shall be given only in the subject areas covered by the affiliation agreement.

(4) Is formally affiliated with a medical school or a school of osteopathic medicine located outside the United States or Canada.

(e) If the institution, specified in subdivision (d), is formally affiliated with a medical school or a school of osteopathic medicine located outside the United States or Canada, it shall meet the following:

(1) The formal affiliation shall be documented by a written contract detailing the relationship between the medical school, or a school of osteopathic medicine, and hospital and the responsibilities of each.

(2) The school and hospital shall provide to the board a description of the clinical program. The description shall be in sufficient detail to enable the board to determine whether or not the program provides students an adequate medical education. The board shall approve the program if it determines that the program provides an adequate medical education. If the board does not approve the program, it shall provide its reasons for disapproval to the school and hospital in writing specifying its findings about each aspect of the program that it considers to be deficient and the changes required to obtain approval.

(3) The hospital, if located in the United States, shall be accredited by the Joint Commission on Accreditation of Hospitals, or the American Osteopathic Association's Healthcare Facilities Accreditation Program, and if located in another country, shall be accredited in accordance with the law of that country.

(4) The clinical instruction shall be supervised by a full-time director of medical education, and the head of the department for each core clinical

course shall hold a full-time faculty appointment of the medical school or school of osteopathic medicine and shall be board certified or eligible, or have an equivalent credential in that specialty area appropriate to the country in which the hospital is located.

(5) The clinical instruction shall be conducted pursuant to a written program of instruction provided by the school.

(6) The school shall supervise the implementation of the program on a regular basis, documenting the level and extent of its supervision.

(7) The hospital-based faculty shall evaluate each student on a regular basis and shall document the completion of each aspect of the program for each student.

(8) The hospital shall ensure a minimum daily census adequate to meet the instructional needs of the number of students enrolled in each course area of clinical instruction, but not less than 15 patients in each course area of clinical instruction.

(9) The board, in reviewing the application of a foreign medical graduate, may require the applicant to submit a description of the clinical program, if the board has not previously approved the program, and may require the applicant to submit documentation to demonstrate that the applicant's clinical training met the requirements of this subdivision.

(10) The medical school or school of osteopathic medicine shall bear the reasonable cost of any site inspection by the board or its agents necessary to determine whether the clinical program offered is in compliance with this subdivision.

SEC. 5. Section 2240 of the Business and Professions Code is amended to read:

2240. (a) A physician and surgeon who performs a medical procedure outside of a general acute care hospital, as defined in subdivision (a) of Section 1250 of the Health and Safety Code, that results in the death of any patient on whom that medical treatment was performed by the physician and surgeon, or by a person acting under the physician and surgeon's orders or supervision, shall report, in writing on a form prescribed by the board, that occurrence to the board within 15 days after the occurrence.

(b) A physician and surgeon who performs a scheduled medical procedure outside of a general acute care hospital, as defined in subdivision (a) of Section 1250 of the Health and Safety Code, that results in the transfer to a hospital or emergency center for medical treatment for a period exceeding 24 hours, of any patient on whom that medical treatment was performed by the physician and surgeon, or by a person acting under the physician and surgeon's orders or supervision, shall report, in writing, on a form prescribed by the board that occurrence, within 15 days after the occurrence. The form shall contain all of the following information:

- (1) Name of the patient's physician in the outpatient setting.
- (2) Name of the physician with hospital privileges.
- (3) Name of the patient and patient identifying information.
- (4) Name of the hospital or emergency center where the patient was transferred.

- (5) Type of outpatient procedures being performed.
  - (6) Events triggering the transfer.
  - (7) Duration of the hospital stay.
  - (8) Final disposition or status, if not released from the hospital, of the patient.
  - (9) Physician's practice specialty and ABMS certification, if applicable.
- (c) The form described in subdivision (b) shall be constructed in a format to enable the physician and surgeon to transmit the information in paragraphs (5) to (9), inclusive, to the board in a manner that the physician and surgeon and the patient are anonymous and their identifying information is not transmitted to the board. The entire form containing information described in paragraphs (1) to (9), inclusive, shall be placed in the patient's medical record.
- (d) The board shall aggregate the data and publish an annual report on the information collected pursuant to subdivisions (a) and (b).
- (e) On and after January 1, 2002, the data required in subdivision (b) shall be sent to the Office of Statewide Health Planning and Development (OSHPD) instead of the board. OSHPD may revise the reporting requirements to fit state and national standards, as applicable. The board shall work with OSHPD in developing the reporting mechanism to satisfy the data collection requirements of this section.
- (f) The failure to comply with this section constitutes unprofessional conduct.

SEC. 6. Section 2530.5 of the Business and Professions Code is amended to read:

2530.5. (a) Nothing in this chapter shall be construed as restricting hearing testing conducted by licensed physicians and surgeons or by persons conducting hearing tests under the direct supervision of a physician and surgeon.

(b) Nothing in this chapter shall be construed to prevent a licensed hearing aid dispenser from engaging in testing of hearing and other practices and procedures used solely for the fitting and selling of hearing aids nor does this chapter restrict persons practicing their licensed profession and operating within the scope of their licensed profession or employed by someone operating within the scope of their licensed professions, including persons fitting and selling hearing aids who are properly licensed or registered under the laws of the State of California.

(c) Nothing in this chapter shall be construed as restricting or preventing the practice of speech-language pathology or audiology by personnel holding the appropriate credential from the Commission on Teacher Credentialing as long as the practice is conducted within the confines of or under the jurisdiction of a public preschool, elementary, or secondary school by which they are employed and those persons do not either offer to render or render speech-language pathology or audiology services to the public for compensation over and above the salary they receive from the public preschool, elementary, or secondary school by which they are employed for the performance of their official duties.

**MBC TRACKER II BILLS**  
**10/10/2014**

<b>BILL</b>	<b>AUTHOR</b>	<b>TITLE</b>	<b>STATUS</b>	<b>AMENDED</b>
AB 357	Pan	Medi-Cal Children's Health Advisory Panel	Chaptered, #376	08/05/14
AB 369	Pan	Continuity of Care	Chaptered, #4	02/18/14
AB 467	Stone	Prescription Drugs: Collection and Distribution Program	Chaptered, #10	03/11/14
AB 1559	Pan	Newborn Screening Program	Chaptered, #565	08/21/14
AB 1575	Pan	Public Contracts for Services	Vetoed	05/20/14
AB 1577	Atkins	Certificates of Death: Gender Identity	Chaptered, #631	08/22/14
AB 1592	Gaines	California Diabetes Program	Vetoed	08/19/14
AB 1612	Donnelly	State Government: Regulations	Vetoed	05/23/14
AB 1650	Jones-Sawyer	Public Contracts: Bidders	Chaptered, #880	08/18/14
AB 1702	Maienschein	Professions and Vocations: Incarceration	Chaptered, #410	04/23/14
AB 1727	Rodriguez	Prescription Drugs: Collection and Distribution Program	Chaptered, #155	06/15/14
AB 1735	Hall	Nitrous Oxide: Dispensing and Distributing	Chaptered, #458	07/01/14
AB 1743	Ting	Hypodermic Needles and Syringes	Chaptered, #331	05/27/14
AB 1755	Gomez	Medical Information	Chaptered, #412	08/04/14
AB 1812	Pan	Health Facilities: Information: Disclosure	Chaptered, #265	06/17/14
AB 1822	Bonta	Tissue Banks	Vetoed	08/21/14
AB 1843	Jones	Child Custody Evaluations: Confidentiality	Chaptered, #283	07/01/14
AB 1890	Chau	Athletic Trainers	Vetoed	05/13/14
AB 1898	Brown	Public Health Records: Reporting: HIV/AIDS	Chaptered, #566	08/18/14
AB 2032	Bonta	Civil Service: Employee Hearings	Vetoed	08/04/14
AB 2052	Gonzalez	Worker's Compensation	Vetoed	08/18/14
AB 2062	Hernandez	Health Facilities: Surgical Technologists	Vetoed	08/21/14
AB 2069	Maienschein	Immunizations: Influenza	Chaptered, #357	04/24/14
AB 2102	Ting	Licensees: Data Collection	Chaptered, #420	08/04/14
AB 2143	Williams	Clinical Laboratories: Chiropractors	Chaptered, #269	05/27/14

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**10/10/2014**

<b>BILL</b>	<b>AUTHOR</b>	<b>TITLE</b>	<b>STATUS</b>	<b>AMENDED</b>
AB 2198	Levine	Mental Health Professionals: Suicide Prevention Training	Vetoed	08/04/14
AB 2374	Mansoor	Substance Abuse: Recovery and Treatment Services	Chaptered, #815	08/22/14
AB 2387	Pan	Public Contracts	Chaptered, #504	08/22/14
AB 2396	Bonta	Convictions: Expungement: Licenses	Chaptered, #737	08/19/14
AB 2399	Perez	Organ and Tissue Donor Registry: Driver's License	Chaptered, #569	08/21/14
AB 2418	Bonilla	Health Care Coverage: Prescription Drug Refills	Vetoed	08/19/14
AB 2605	Bonilla	Pharmacy: Third-Party Logistics Providers	Chaptered, #507	08/22/14
AB 2612	Dababneh	Medi-Cal	Vetoed	08/19/14
AB 2616	Skinner	Workers Compensation: Hospital Employers	Vetoed	08/18/14
AB 2675	Lowenthal	State Agency: Public Contracts	Chaptered, #617	08/22/14
AB 2720	Ting	State Agencies: Meetings: Record of Action Taken	Chaptered, #510	08/07/14
AB 2723	Medina	Administrative Procedure: Small Business	Vetoed	08/21/14
ACR 93	Buchanan	Prescription Drug Abuse Awareness Month	Chaptered, #23	03/24/14
ACR 107	Bloom	Year of the Family Physician	Chaptered, #82	
ACR 110	Fox	Health Care District Month	Chaptered, #55	05/08/14
ACR 111	Levine	Colorectal Cancer Awareness Month	Chaptered, #25	03/20/14
ACR 125	Perez	Donate Life California Day: Driver's License	Chaptered, #27	04/07/14
ACR 152	Pan	Patient Centered Medical Homes	Chaptered, #143	07/03/14
SB 18	Leno	Medi-Cal Renewal	Chaptered, #551	08/18/14
SB 20	Hernandez	Individual Health Care Coverage: Enrollment Periods	Chaptered, #24	05/08/14
SB 204	Corbett	Prescription Drugs: Labeling	Vetoed	06/10/14
SB 266	Lieu	Prevailing Wages	Chaptered, #916	08/22/14
SB 577	Pavley	Autism & Other Developmental Disabilities: Employment	Chaptered, #431	08/21/14
SB 600	Lieu	Drugs	Chaptered, #492	08/22/14
SB 852	Leno	Budget Act of 2014	Chaptered, #25	05/14/14



**MBC TRACKER II BILLS**  
**10/10/2014**

<b>BILL</b>	<b>AUTHOR</b>	<b>TITLE</b>	<b>STATUS</b>	<b>AMENDED</b>
SB 906	Correa	Elective Percutaneous Coronary Intervention Offsite Program	Chaptered, #368	08/18/14
SB 973	Hernandez	Narcotic Treatment Programs	Chaptered, #484	08/14/14
SB 1004	Hernandez	Health Care: Palliative Care	Chaptered, #574	08/22/14
SB 1039	Hernandez	Pharmacy: Third-Party Logistics Providers	Chaptered, #319	08/04/14
SB 1052	Torres	Health Care Coverage	Chaptered, #575	08/18/14
SB 1053	Mitchell	Health Care Coverage: Contraceptives	Chaptered, #576	08/18/14
SB 1135	Jackson	Inmates: Sterilization	Chaptered, #558	08/11/14
SB 1159	Lara	Professions and Vocations: Federal Tax ID Number	Chaptered, #752	08/22/14
SB 1226	Correa	Veterans: Professional Licensing	Chaptered, #657	08/19/14
SB 1256	Mitchell	Medical Services: Credit	Chaptered, #256	06/25/14
SB 1266	Huff	Pupil Health: Epinephrine Auto-Injectors	Chaptered, #321	08/21/14
SB 1315	Monning	Medi-Cal: Providers	Chaptered, #844	06/30/14
SB 1337	DeSaulnier	Reports	Vetoed	05/27/14
SB 1340	Hernandez	Health Care Coverage: Provider Contracts	Chaptered, #83	03/24/14
SB 1438	Pavley	Controlled Substances: Opioid Antagonists	Chaptered, #491	08/22/14
SB 1445	Evans	Developmental Services: Telehealth	Chaptered, #260	06/25/14
SB 1457	Evans	Medical Care: Electronic Treatment Authorization Requests	Chaptered, #849	06/30/14
SR 36	Walters	Relative to Prescription Drug Abuse Awareness	Adopted	03/25/14