

**State of California
Business, Consumer Services and Housing Agency**

MEDICAL BOARD OF CALIFORNIA

Board Meeting

July 25, 2014



2014 Legislation

Agenda Item 23

Consideration of Legislation/Regulations

MEDICAL BOARD OF CALIFORNIA - 2014 TRACKER LIST
July 14, 2014

BILL	AUTHOR	TITLE	STATUS	POSITION	AMENDED
AB 186	Maienschein	Professions & Vocations: Military Spouses: Temporary Licenses	Sen. 3 rd Reading	Support	6/25/14
AB 496	Gordon	CME: Sexual Orientation, Gender Identity, and Gender Expression	Sen. 3 rd Reading	Reco: Support	6/25/14
AB 809	Logue	Healing Arts: Telehealth	Sen. Health	Reco: Support	5/19/14
AB 1535	Bloom	Pharmacists: Naloxone Hydrochloride	Sen. 3 rd Reading	Support	6/24/14
AB 1838	Bonilla	Accelerated Medical School Programs	Enrolled	Sponsor/Support	5/14/14
AB 1841	Mullin	Medical Assistants	Sen. 3 rd Reading	Support	6/2/14
AB 1886	Eggman	Medical Board Internet Posting: 10-year Restriction	Sen. Approps	Sponsor/Support	6/26/14
AB 2139	Eggman	End-of-Life Care: Patient Notification	Sen. 3 rd Reading	Neutral	5/13/14
AB 2214	Fox	Emergency Room Physicians: CME	Sen. Approps	Neutral	6/26/14
SB 491	Hernandez	Nurse Practitioners	Asm. Approps.	Oppose – 2-year Bill	8/14/13
SB 492	Hernandez	Optometrist Practice: Licensure	Asm. Approps	Reco: Oppose	7/1/14
SB 500	Lieu	Medical Practice: Pain Management	Asm. Inactive	Support	5/29/14
SB 1083	Pavley	Physician Assistants: Disability Certifications	Assembly	Support	
SB 1116	Torres	Physicians and Surgeons: STLRP	Assembly	Reco: Support	6/19/14
SB 1243	Lieu	Professions and Vocations	Asm. Approps	Reco: Support if Amended	6/30/14
SB 1262	Correa	Medical Marijuana	Asm. Approps	Reco: Neutral	7/2/14
SB 1466	Sen. B&P	Omnibus	Asm. Approps	Sponsor/Support MBC Provisions	7/1/14

Pink – Sponsored Bill, Green & Orange – For Discussion , Blue – No Discussion Needed

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: AB 1838
Author: Bonilla
Bill Date: May 14, 2014, Amended
Subject: Accelerated Medical School Programs
Sponsor: Medical Board of California and University of California
Position: Sponsor/Support

DESCRIPTION OF CURRENT LEGISLATION:

AB 1838 would allow 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.

One such example is the Texas Tech University Health Sciences Center School of Medicine that offers a Family Medicine Accelerated Track (F-MAT) curriculum that provides 10-12 medical students the opportunity to obtain a medical degree in 3 years with 149 contact weeks, as opposed to a traditional four-year program of 160 weeks. In addition, the F-MAT does not require the medical school student to pass USMLE Step 2CS prior to graduation,

unlike most Liaison Committee on Medical Education (LCME) accredited medical schools.

However, the F-MAT students will be required to pass USMLE Step 2CS during their first year of postgraduate training. Normally, LCME accredited medical school graduates are required to pass USMLE Step 2CS as a graduation requirement and must pass USMLE Step 3 during residency training. F-MAT graduates must also pass USMLE Step 3 during residency and successfully complete residency to be eligible for licensure. The F-MAT also has an incentive program where students are given a scholarship in their first year. It is estimated that approximately \$50,000 can be saved by the student in an accelerated 3-year program. This is a substantial economic incentive to a potential medical student.

There are also 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 are 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 would allow 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 would allow 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, and Kaiser Permanente

OPPOSITION: None on file

CHAPTER _____

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

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 1886
Author: Eggman
Bill Date: June 26, 2014, Amended
Subject: Medical Board Internet Posting: 10-Year Restriction
Sponsor: Medical Board of California (Board)
Position: Sponsor/Support

DESCRIPTION OF CURRENT 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 would allow 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 would allow 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. This bill was amended to address concerns raised by the California Medical Association (CMA) and other provider groups. CMA raised concerns that posting all public information indefinitely would be punitive, especially for information that is a lesser form of discipline or is not considered discipline. CMA also raised concerns that the existing statute was confusing and convoluted. The author, sponsor, and CMA worked on amendments, and with these amendments, CMA is now neutral on this bill. The amendments do the following: restructure the statute to reflect the current and historical information that can be posted to the Board's website related to physicians; require 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); require public letters of reprimand to be posted for 10 years, instead of indefinite posting; and require 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

OPPOSITION: None on file

AMENDED IN SENATE JUNE 26, 2014

AMENDED IN SENATE JUNE 16, 2014

AMENDED IN ASSEMBLY MAY 28, 2014

AMENDED IN ASSEMBLY APRIL 22, 2014

AMENDED IN ASSEMBLY APRIL 2, 2014

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 1886

Introduced by Assembly Member Eggman

February 19, 2014

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.

LEGISLATIVE COUNSEL'S DIGEST

AB 1886, as amended, 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 judgments, 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.

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

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

- 1 SECTION 1. Section 2027 of the Business and Professions
- 2 Code is repealed.
- 3 SEC. 2. Section 2027 is added to the Business and Professions
- 4 Code, to read:
- 5 2027. (a) The board shall post on its Internet Web site the
- 6 following information on the current status of the license for all
- 7 current and former licensees:
- 8 (1) Whether or not the licensee is presently in good standing.
- 9 (2) Current American Board of Medical Specialties certification
- 10 or board equivalent as certified by the board.
- 11 (3) Any of the following enforcement actions or proceedings
- 12 to which the licensee is actively subjected:
- 13 (A) Temporary restraining orders.
- 14 (B) Interim suspension orders.
- 15 (C) Revocations, suspensions, probations, or limitations on
- 16 practice ordered by the board or the board of another state or

1 jurisdiction, including those made part of a probationary order or
2 stipulated agreement.

3 (D) Current accusations filed by the Attorney General, including
4 those accusations that are on appeal. For purposes of this paragraph,
5 “current accusation” means an accusation that has not been
6 dismissed, withdrawn, or settled, and has not been finally decided
7 upon by an administrative law judge and the board unless an appeal
8 of that decision is pending.

9 (E) Citations issued that have not been resolved or appealed
10 within 30 days.

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

14 (1) Approved postgraduate training.

15 (2) Any final revocations and suspensions, or other equivalent
16 actions, taken against the licensee by the board or the board of
17 another state or jurisdiction or the surrender of a license by the
18 licensee in relation to a disciplinary action or investigation,
19 including the operative accusation resulting in the license surrender
20 or discipline by the board.

21 (3) Probation or other equivalent action ordered by the board,
22 or the board of another state or jurisdiction, completed or
23 terminated, including the operative accusation resulting in the
24 discipline by the board.

25 (4) Any felony convictions. Upon receipt of a certified copy of
26 an expungement order granted pursuant to Section 1203.4 of the
27 Penal Code from a licensee, the board shall, within six months of
28 receipt of the expungement order, post notification of the
29 expungement order and the date thereof on its Internet Web site.

30 (5) Misdemeanor convictions resulting in a disciplinary action
31 or accusation that is not subsequently withdrawn or dismissed.
32 Upon receipt of a certified copy of an expungement order granted
33 pursuant to Section 1203.4 of the Penal Code from a licensee, the
34 board shall, within six months of receipt of the expungement order,
35 post notification of the expungement order and the date thereof on
36 its Internet Web site.

37 (6) Civil judgments issued in any amount, whether or not
38 vacated by a settlement after entry of the judgment, that were not
39 reversed on appeal, and arbitration awards issued in any amount,
40 for a claim or action for damages for death or personal injury

1 caused by the physician and surgeon's negligence, error, or
2 omission in practice, or by his or her rendering of unauthorized
3 professional services.

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

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

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

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

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

32 (10) All settlements within the last five years in the possession,
33 custody, or control of the board shall be disclosed for a licensee
34 in the low-risk category if there are three or more settlements for
35 that licensee within the last five years, and for a licensee in the
36 high-risk category if there are four or more settlements for that
37 licensee within the last five years. Classification of a licensee in
38 either a "high-risk category" or a "low-risk" category depends
39 upon the specialty or subspecialty practiced by the licensee and

1 the designation assigned to that specialty or subspecialty by the
2 board pursuant to subdivision (f) of Section 803.1.

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

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

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

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

27 (c) The board shall provide links to other Internet Web sites
28 that provide information on board certifications that meet the
29 requirements of subdivision ~~(b) of Section 851~~. *(h) of Section 651*.
30 The board may also provide links to any other Internet Web sites
31 that provide information on the affiliations of licensed physicians
32 and surgeons. The board may provide links to other Internet Web
33 sites on the Internet that provide information on health care service
34 plans, health insurers, hospitals, or other facilities.

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

37 2233. The board may, by stipulation or settlement with the
38 affected physician and surgeon, issue a public letter of reprimand
39 after it has conducted an investigation or inspection as provided
40 in this article, rather than filing or prosecuting a formal accusation.

1 The public letter of reprimand may, at the discretion of the board,
2 include a requirement for specified training or education. The
3 affected physician and surgeon shall indicate agreement or
4 nonagreement in writing within 30 days of formal notification by
5 the board of its intention to issue the letter. The board, at its option,
6 may extend the response time. Use of a public reprimand shall be
7 limited to minor violations and shall be issued under guidelines
8 established by regulations of the board.

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MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: SB 1466
Author: Committee on Business, Professions, and Economic Development
Bill Date: July 1, 2014, Amended
Subject: Omnibus
Sponsor: Committee, Medical Board of California (Board) and other affected regulatory health boards
Position: Support provisions related to the Board

DESCRIPTION OF CURRENT 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 the American Osteopathic Association-Healthcare Facilities Accreditation Program (AOA-HFAP) as 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:

This bill was amended on June 2, 2014 to include the Board’s sponsored language that would allow the Board to adopt regulations regarding physician availability for all clinical settings, as the Board’s current physician availability regulations only apply to clinics or other settings using laser or intense pulse light devices for elective cosmetic surgery. However, this language was later amended out of the bill on July 1, 2014, at the request of the Assembly Business, Professions, and Consumer Protection Committee. The Committee asked the author to take this language out of the bill because the Committee believes this issue needs further discussion.

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 (B&P Code 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 would amend 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 (Business and Professions Code 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 would strike “scheduled” from this provision.

Both of these proposals have already been approved by the Board to be included in the omnibus bill.

<u>FISCAL:</u>	None to the Board
<u>SUPPORT:</u>	Board of Psychology Medical Board of California
<u>OPPOSITION:</u>	None on file

AMENDED IN ASSEMBLY JULY 1, 2014

AMENDED IN ASSEMBLY JUNE 2, 2014

SENATE BILL

No. 1466

Introduced by Committee on Business, Professions and Economic Development (Senators Lieu (Chair), Berryhill, Block, Corbett, Galgiani, Hernandez, Hill, Padilla, and Wyland)

March 25, 2014

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, ~~to add Section 2023 to~~, 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.

LEGISLATIVE COUNSEL'S DIGEST

SB 1466, as amended, 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. ~~The bill would instead require the board to adopt regulations, by January 1, 2016, regarding the appropriate level of physician availability needed within all clinics or other settings.~~

(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 to complete 75 hours of client centered advocacy or face-to-face counseling, as specified.~~

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

~~(8)~~

(7) 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)~~

(8) Existing law requires an applicant for a license 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 a license 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 a professional clinical counselor.

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

~~(10)~~

(9) 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.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: yes.

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

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

3 27. (a) Each entity specified in subdivisions (c), (d), and (e)
4 shall provide on the Internet information regarding the status of
5 every license issued by that entity in accordance with the California
6 Public Records Act (Chapter 3.5 (commencing with Section 6250)
7 of Division 7 of Title 1 of the Government Code) and the
8 Information Practices Act of 1977 (Chapter 1 (commencing with
9 Section 1798) of Title 1.8 of Part 4 of Division 3 of the Civil Code).
10 The public information to be provided on the Internet shall include
11 information on suspensions and revocations of licenses issued by
12 the entity and other related enforcement action, including
13 accusations filed pursuant to the Administrative Procedure Act
14 (Chapter 3.5 (commencing with Section 11340) of Part 1 of
15 Division 3 of Title 2 of the Government Code) taken by the entity
16 relative to persons, businesses, or facilities subject to licensure or
17 regulation by the entity. The information may not include personal
18 information, including home telephone number, date of birth, or
19 social security number. Each entity shall disclose a licensee's
20 address of record. However, each entity shall allow a licensee to
21 provide a post office box number or other alternate address, instead
22 of his or her home address, as the address of record. This section
23 shall not preclude an entity from also requiring a licensee, who
24 has provided a post office box number or other alternative mailing
25 address as his or her address of record, to provide a physical
26 business address or residence address only for the entity's internal
27 administrative use and not for disclosure as the licensee's address
28 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.

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

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

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

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

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

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

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

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

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

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

26 (e) The Structural Pest Control Board shall disclose information
27 on its licensees, including applicators, field representatives, and
28 operators in the areas of fumigation, general pest and wood
29 destroying pests and organisms, and wood roof cleaning and
30 treatment.

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

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

35 655.2. (a) (1) No physician and surgeon or medical
36 corporation licensed under Chapter 5 (commencing with Section
37 2000), nor any audiologist who is not a licensed dispensing
38 audiologist or hearing aid dispenser shall employ any individual
39 licensed pursuant to Article 8 (commencing with Section 2538.10)
40 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 is added to the Business and Professions Code, to read:~~

~~2023. On or before January 1, 2016, the board shall adopt regulations regarding the appropriate level of physician availability needed within clinics or other settings.~~

~~SEC. 4.~~

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. 5.~~

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

1 a school of osteopathic medicine, and hospital and the
2 responsibilities of each.

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

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

18 (4) The clinical instruction shall be supervised by a full-time
19 director of medical education, and the head of the department for
20 each core clinical course shall hold a full-time faculty appointment
21 of the medical school or school of osteopathic medicine and shall
22 be board certified or eligible, or have an equivalent credential in
23 that specialty area appropriate to the country in which the hospital
24 is located.

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

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

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

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

37 (9) The board, in reviewing the application of a foreign medical
38 graduate, may require the applicant to submit a description of the
39 clinical program, if the board has not previously approved the
40 program, and may require the applicant to submit documentation

1 to demonstrate that the applicant's clinical training met the
2 requirements of this subdivision.

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

7 ~~SEC. 6.~~

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

10 2240. (a) A physician and surgeon who performs a medical
11 procedure outside of a general acute care hospital, as defined in
12 subdivision (a) of Section 1250 of the Health and Safety Code,
13 that results in the death of any patient on whom that medical
14 treatment was performed by the physician and surgeon, or by a
15 person acting under the physician and surgeon's orders or
16 supervision, shall report, in writing on a form prescribed by the
17 board, that occurrence to the board within 15 days after the
18 occurrence.

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

- 29 (1) Name of the patient's physician in the outpatient setting.
30 (2) Name of the physician with hospital privileges.
31 (3) Name of the patient and patient identifying information.
32 (4) Name of the hospital or emergency center where the patient
33 was transferred.
34 (5) Type of outpatient procedures being performed.
35 (6) Events triggering the transfer.
36 (7) Duration of the hospital stay.
37 (8) Final disposition or status, if not released from the hospital,
38 of the patient.
39 (9) Physician's practice specialty and ABMS certification, if
40 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. 7.~~

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

1 conducted within the confines of or under the jurisdiction of a
2 public preschool, elementary, or secondary school by which they
3 are employed and those persons do not either offer to render or
4 render speech-language pathology or audiology services to the
5 public for compensation over and above the salary they receive
6 from the public preschool, elementary, or secondary school by
7 which they are employed for the performance of their official
8 duties.

9 (d) Nothing in this chapter shall be construed as restricting the
10 activities and services of a student or speech-language pathology
11 intern in speech-language pathology pursuing a course of study
12 leading to a degree in speech-language pathology at an accredited
13 or approved college or university or an approved clinical training
14 facility, provided that these activities and services constitute a part
15 of his or her supervised course of study and that those persons are
16 designated by the title as “speech-language pathology intern,”
17 “speech-language pathology trainee,” or other title clearly
18 indicating the training status appropriate to his or her level of
19 training.

20 (e) Nothing in this chapter shall be construed as restricting the
21 activities and services of a student or audiology intern in audiology
22 pursuing a course of study leading to a degree in audiology at an
23 accredited or approved college or university or an approved clinical
24 training facility, provided that these activities and services
25 constitute a part of his or her supervised course of study and that
26 those persons are designated by the title as “audiology intern,”
27 “audiology trainee,” or other title clearly indicating the training
28 status appropriate to his or her level of training.

29 (f) Nothing in this chapter shall be construed as restricting the
30 practice of an applicant who is obtaining the required professional
31 experience specified in subdivision (c) of Section 2532.2 and who
32 has been issued a temporary license pursuant to Section 2532.7.
33 The number of applicants who may be supervised by a licensed
34 speech-language pathologist or a speech-language pathologist
35 having qualifications deemed equivalent by the board shall be
36 determined by the board. The supervising speech-language
37 pathologist shall register with the board the name of each applicant
38 working under his or her supervision, and shall submit to the board
39 a description of the proposed professional responsibilities of the
40 applicant working under his or her supervision. The number of

1 applicants who may be supervised by a licensed audiologist or an
2 audiologist having qualifications deemed equivalent by the board
3 shall be determined by the board. The supervising audiologist shall
4 register with the board the name of each applicant working under
5 his or her supervision, and shall submit to the board a description
6 of the proposed professional responsibilities of the applicant
7 working under his or her supervision.

8 (g) Nothing in this chapter shall be construed as restricting
9 hearing screening services in public or private elementary or
10 secondary schools so long as these screening services are provided
11 by persons registered as qualified school audiometrists pursuant
12 to Sections 1685 and 1686 of the Health and Safety Code or hearing
13 screening services supported by the State Department of Health
14 Care Services so long as these screening services are provided by
15 appropriately trained or qualified personnel.

16 (h) Persons employed as speech-language pathologists or
17 audiologists by a federal agency shall be exempt from this chapter.

18 (i) Nothing in this chapter shall be construed as restricting
19 consultation or the instructional or supervisory activities of a
20 faculty member of an approved or accredited college or university
21 for the first 60 days following appointment after the effective date
22 of this subdivision.

23 ~~SEC. 8.~~

24 *SEC. 7.* Section 2532.2 of the Business and Professions Code
25 is amended to read:

26 2532.2. Except as required by Section 2532.25, to be eligible
27 for licensure by the board as a speech-language pathologist or
28 audiologist, the applicant shall possess all of the following
29 qualifications:

30 (a) Possess at least a master's degree in speech-language
31 pathology or audiology from an educational institution approved
32 by the board or qualifications deemed equivalent by the board.

33 (b) (1) Submit evidence of the satisfactory completion of
34 supervised clinical practice with individuals representative of a
35 wide spectrum of ages and communication disorders. The board
36 shall establish by regulation the required number of clock hours,
37 not to exceed 375 clock hours, of supervised clinical practice
38 necessary for the applicant.

39 (2) The clinical practice shall be under the direction of an
40 educational institution approved by the board.

1 (c) Submit evidence of no less than 36 weeks of satisfactorily
2 completed supervised professional full-time experience or 72 weeks
3 of professional part-time experience obtained under the supervision
4 of a licensed speech-language pathologist or audiologist or a
5 speech-language pathologist or audiologist having qualifications
6 deemed equivalent by the board. This experience shall be evaluated
7 and approved by the board. The required professional experience
8 shall follow completion of the requirements listed in subdivisions
9 (a) and (b). Full time is defined as at least 36 weeks in a calendar
10 year and a minimum of 30 hours per week. Part time is defined as
11 a minimum of 72 weeks and a minimum of 15 hours per week.

12 (d) (1) Pass an examination or examinations approved by the
13 board. The board shall determine the subject matter and scope of
14 the examinations and may waive the examination upon evidence
15 that the applicant has successfully completed an examination
16 approved by the board. Written examinations may be supplemented
17 by oral examinations as the board shall determine. An applicant
18 who fails his or her examination may be reexamined at a
19 subsequent examination upon payment of the reexamination fee
20 required by this chapter.

21 (2) A speech-language pathologist or audiologist who holds a
22 license from another state or territory of the United States or who
23 holds equivalent qualifications as determined by the board and
24 who has completed no less than one year of full-time continuous
25 employment as a speech-language pathologist or audiologist within
26 the past three years is exempt from the supervised professional
27 experience in subdivision (c).

28 (e) As applied to licensure as an audiologist, this section shall
29 apply to applicants who graduated from an approved educational
30 institution on or before December 31, 2007.

31 ~~SEC. 9.~~

32 *SEC. 8.* Section 2532.7 of the Business and Professions Code
33 is amended to read:

34 2532.7. (a) Upon approval of an application filed pursuant to
35 Section 2532.1, and upon payment of the fee prescribed by Section
36 2534.2, the board may issue a required professional experience
37 (RPE) temporary license for a period to be determined by the board
38 to an applicant who is obtaining the required professional
39 experience specified in subdivision (c) of Section 2532.2 or
40 paragraph (2) of subdivision (b) of Section 2532.25.

(b) Effective July 1, 2003, no person shall obtain the required professional experience for licensure in either an exempt or nonexempt setting, as defined in Section 2530.5, unless he or she is licensed in accordance with this section or is completing the final clinical externship of a board-approved audiology doctoral training program in accordance with paragraph (2) of subdivision (b) of Section 2532.25 in another state.

(c) A person who obtains an RPE temporary license outside the State of California shall not be required to hold a temporary license issued pursuant to subdivision (a) if the person is completing the final clinical externship of an audiology doctoral training program in accordance with paragraph (2) of subdivision (b) of Section 2532.25.

(d) Any experience obtained in violation of this act shall not be approved by the board.

(e) An RPE temporary license shall terminate upon notice thereof by certified mail, return receipt requested, if it is issued by mistake or if the application for permanent licensure is denied.

(f) Upon written application, the board may reissue an RPE temporary license for a period to be determined by the board to an applicant who is obtaining the required professional experience specified in subdivision (c) of Section 2532.2 or paragraph (2) of subdivision (b) of Section 2532.25.

~~SEC. 10.~~

SEC. 9. Section 2930.5 of the Business and Professions Code is repealed.

~~SEC. 11.~~

SEC. 10. Section 2936 of the Business and Professions Code is amended to read:

2936. The board shall adopt a program of consumer and professional education in matters relevant to the ethical practice of psychology. The board shall establish as its standards of ethical conduct relating to the practice of psychology, the “Ethical Principles of *Psychologists* and Code of Conduct” published by the American Psychological Association (APA). Those standards shall be applied by the board as the accepted standard of care in all licensing examination development and in all board enforcement policies and disciplinary case evaluations.

To facilitate consumers in receiving appropriate psychological services, all licensees and registrants shall be required to post, in

1 a conspicuous location in their principal psychological business
2 office, a notice which reads as follows:

3
4 “NOTICE TO CONSUMERS: The Department of Consumer
5 Affair’s Board of Psychology receives and responds to questions
6 and complaints regarding the practice of psychology. If you have
7 questions or complaints, you may contact the board by email at
8 bopmail@dca.ca.gov, on the Internet at www.psychology.ca.gov,
9 by calling 1-866-503-3221, or by writing to the following
10 address:

11 Board of Psychology
12 1625 North Market Boulevard, Suite –215
13 Sacramento, California 95834”

14
15 ~~SEC. 12.~~

16 *SEC. 11.* Section 2987.3 of the Business and Professions Code
17 is repealed.

18 ~~SEC. 13.~~

19 *SEC. 12.* Section 4021.5 of the Business and Professions Code
20 is amended to read:

21 4021.5. “Correctional pharmacy” means a pharmacy, licensed
22 by the board, located within a correctional facility for the purpose
23 of providing pharmaceutical care to inmates of the correctional
24 facility.

25 ~~SEC. 14.~~

26 *SEC. 13.* Section 4053 of the Business and Professions Code
27 is amended to read:

28 4053. (a) Notwithstanding Section 4051, the board may issue
29 a license as a designated representative to provide sufficient and
30 qualified supervision in a wholesaler or veterinary food-animal
31 drug retailer. The designated representative shall protect the public
32 health and safety in the handling, storage, and shipment of
33 dangerous drugs and dangerous devices in the wholesaler or
34 veterinary food-animal drug retailer.

35 (b) An individual who is at least 18 years of age may apply for
36 a designated representative license. In order to obtain and maintain
37 that license, the individual shall meet all of the following
38 requirements:

39 (1) He or she shall be a high school graduate or possess a general
40 education development certificate equivalent.

(2) He or she shall have a minimum of one year of paid work experience in a licensed pharmacy, or with a drug wholesaler, drug distributor, or drug manufacturer, in the past three years, related to the distribution or dispensing of dangerous drugs or dangerous devices or meet all of the prerequisites to take the examination required for licensure as a pharmacist by the board.

(3) He or she shall complete a training program approved by the board that, at a minimum, addresses each of the following subjects:

(A) Knowledge and understanding of California law and federal law relating to the distribution of dangerous drugs and dangerous devices.

(B) Knowledge and understanding of California law and federal law relating to the distribution of controlled substances.

(C) Knowledge and understanding of quality control systems.

(D) Knowledge and understanding of the United States Pharmacopoeia standards relating to the safe storage and handling of drugs.

(E) Knowledge and understanding of prescription terminology, abbreviations, dosages, and format.

(4) The board may, by regulation, require training programs to include additional material.

(5) The board may not issue a license as a designated representative until the applicant provides proof of completion of the required training to the board.

(c) The veterinary food-animal drug retailer or wholesaler shall not operate without a pharmacist or a designated representative on its premises.

(d) Only a pharmacist or a designated representative shall prepare and affix the label to veterinary food-animal drugs.

(e) Section 4051 shall not apply to any laboratory licensed under Section 351 of Title III of the Public Health Service Act (Public Law 78-410).

~~SEC. 15.~~

SEC. 14. The heading of Chapter 13 (commencing with Section 4980) of Division 2 of the Business and Professions Code is amended to read:

CHAPTER 13. LICENSED MARRIAGE AND FAMILY THERAPISTS

~~SEC. 16.~~

SEC. 15. Section 4980 of the Business and Professions Code is amended to read:

4980. (a) (1) Many California families and many individual Californians are experiencing difficulty and distress, and are in need of wise, competent, caring, compassionate, and effective counseling in order to enable them to improve and maintain healthy family relationships.

(2) Healthy individuals and healthy families and healthy relationships are inherently beneficial and crucial to a healthy society, and are our most precious and valuable natural resource. Licensed marriage and family therapists provide a crucial support for the well-being of the people and the State of California.

(b) No person may engage in the practice of marriage and family therapy as defined by Section 4980.02, unless he or she holds a valid license as a marriage and family therapist, or unless he or she is specifically exempted from that requirement, nor may any person advertise himself or herself as performing the services of a marriage, family, child, domestic, or marital consultant, or in any way use these or any similar titles, including the letters “L.M.F.T.” “M.F.T.,” or “M.F.C.C.,” or other name, word initial, or symbol in connection with or following his or her name to imply that he or she performs these services without a license as provided by this chapter. Persons licensed under Article 4 (commencing with Section 4996) of Chapter 14 of Division 2, or under Chapter 6.6 (commencing with Section 2900) may engage in such practice or advertise that they practice marriage and family therapy but may not advertise that they hold the marriage and family therapist’s license.

~~SEC. 17.~~ ~~Section 4980.36 of the Business and Professions Code is amended to read:~~

~~4980.36. (a) This section shall apply to the following:~~

~~(1) Applicants for licensure or registration who begin graduate study before August 1, 2012, and do not complete that study on or before December 31, 2018.~~

~~(2) Applicants for licensure or registration who begin graduate study before August 1, 2012, and who graduate from a degree program that meets the requirements of this section.~~

~~(3) Applicants for licensure or registration who begin graduate study on or after August 1, 2012.~~

~~(b) To qualify for a license or registration, applicants shall possess a doctoral or master's degree meeting the requirements of this section in marriage, family, and child counseling, marriage and family therapy, couple and family therapy, psychology, clinical psychology, counseling psychology, or counseling with an emphasis in either marriage, family, and child counseling or marriage and family therapy, obtained from a school, college, or university approved by the Bureau for Private Postsecondary Education, or accredited by either the Commission on Accreditation for Marriage and Family Therapy Education, or a regional accrediting agency that is recognized by the United States Department of Education. The board has the authority to make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements, regardless of accreditation or approval.~~

~~(c) A doctoral or master's degree program that qualifies for licensure or registration shall do the following:~~

~~(1) Integrate all of the following throughout its curriculum:~~

~~(A) Marriage and family therapy principles.~~

~~(B) The principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments, among others.~~

~~(C) An understanding of various cultures and the social and psychological implications of socioeconomic position, and an understanding of how poverty and social stress impact an individual's mental health and recovery.~~

~~(2) Allow for innovation and individuality in the education of marriage and family therapists.~~

~~(3) Encourage students to develop the personal qualities that are intimately related to effective practice, including, but not limited to, integrity, sensitivity, flexibility, insight, compassion, and personal presence.~~

~~(4) Permit an emphasis or specialization that may address any one or more of the unique and complex array of human problems, symptoms, and needs of Californians served by marriage and family therapists.~~

~~(5) Provide students with the opportunity to meet with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.~~

~~(d) The degree described in subdivision (b) shall contain no less than 60 semester or 90 quarter units of instruction that includes, but is not limited to, the following requirements:~~

~~(1) Both of the following:~~

~~(A) No less than 12 semester or 18 quarter units of coursework in theories, principles, and methods of a variety of psychotherapeutic orientations directly related to marriage and family therapy and marital and family systems approaches to treatment and how these theories can be applied therapeutically with individuals, couples, families, adults, including elder adults, children, adolescents, and groups to improve, restore, or maintain healthy relationships.~~

~~(B) Practicum that involves direct client contact, as follows:~~

~~(i) A minimum of six semester or nine quarter units of practicum in a supervised clinical placement that provides supervised fieldwork experience.~~

~~(ii) A minimum of 150 hours of face-to-face experience counseling individuals, couples, families, or groups.~~

~~(iii) A student must be enrolled in a practicum course while counseling clients, except as specified in subdivision (c) of Section 4980.42.~~

~~(iv) The practicum shall provide training in all of the following areas:~~

~~(I) Applied use of theory and psychotherapeutic techniques.~~

~~(II) Assessment, diagnosis, and prognosis.~~

~~(III) Treatment of individuals and premarital, couple, family, and child relationships, including trauma and abuse, dysfunctions, healthy functioning, health promotion, illness prevention, and working with families.~~

~~(IV) Professional writing, including documentation of services, treatment plans, and progress notes.~~

~~(V) How to connect people with resources that deliver the quality of services and support needed in the community.~~

~~(v) Educational institutions are encouraged to design the practicum required by this subparagraph to include marriage and family therapy experience in low income and multicultural mental health settings.~~

~~(vi) In addition to the 150 hours required in clause (ii), 75 hours of either of the following, or a combination thereof:~~

~~(I) Client centered advocacy, as defined in Section 4980.03.~~

- 1 ~~(H) Face-to-face experience counseling individuals, couples,~~
2 ~~families, or groups.~~
3 ~~(2) Instruction in all of the following:~~
4 ~~(A) Diagnosis, assessment, prognosis, and treatment of mental~~
5 ~~disorders, including severe mental disorders, evidence-based~~
6 ~~practices, psychological testing, psychopharmacology, and~~
7 ~~promising mental health practices that are evaluated in peer~~
8 ~~reviewed literature.~~
9 ~~(B) Developmental issues from infancy to old age, including~~
10 ~~instruction in all of the following areas:~~
11 ~~(i) The effects of developmental issues on individuals, couples,~~
12 ~~and family relationships.~~
13 ~~(ii) The psychological, psychotherapeutic, and health~~
14 ~~implications of developmental issues and their effects.~~
15 ~~(iii) Aging and its biological, social, cognitive, and~~
16 ~~psychological aspects. This coursework shall include instruction~~
17 ~~on the assessment and reporting of, as well as treatment related~~
18 ~~to, elder and dependent adult abuse and neglect.~~
19 ~~(iv) A variety of cultural understandings of human development.~~
20 ~~(v) The understanding of human behavior within the social~~
21 ~~context of socioeconomic status and other contextual issues~~
22 ~~affecting social position.~~
23 ~~(vi) The understanding of human behavior within the social~~
24 ~~context of a representative variety of the cultures found within~~
25 ~~California.~~
26 ~~(vii) The understanding of the impact that personal and social~~
27 ~~insecurity, social stress, low educational levels, inadequate housing,~~
28 ~~and malnutrition have on human development.~~
29 ~~(C) The broad range of matters and life events that may arise~~
30 ~~within marriage and family relationships and within a variety of~~
31 ~~California cultures, including instruction in all of the following:~~
32 ~~(i) A minimum of seven contact hours of training or coursework~~
33 ~~in child abuse assessment and reporting as specified in Section 28,~~
34 ~~and any regulations promulgated thereunder.~~
35 ~~(ii) Spousal or partner abuse assessment, detection, intervention~~
36 ~~strategies, and same gender abuse dynamics.~~
37 ~~(iii) Cultural factors relevant to abuse of partners and family~~
38 ~~members.~~
39 ~~(iv) Childbirth, child rearing, parenting, and stepparenting.~~
40 ~~(v) Marriage, divorce, and blended families.~~

- 1 ~~(vi) Long-term care.~~
- 2 ~~(vii) End of life and grief.~~
- 3 ~~(viii) Poverty and deprivation.~~
- 4 ~~(ix) Financial and social stress.~~
- 5 ~~(x) Effects of trauma.~~
- 6 ~~(xi) The psychological, psychotherapeutic, community, and~~
- 7 ~~health implications of the matters and life events described in~~
- 8 ~~clauses (i) to (x), inclusive.~~
- 9 ~~(D) Cultural competency and sensitivity, including a familiarity~~
- 10 ~~with the racial, cultural, linguistic, and ethnic backgrounds of~~
- 11 ~~persons living in California.~~
- 12 ~~(E) Multicultural development and cross-cultural interaction,~~
- 13 ~~including experiences of race, ethnicity, class, spirituality, sexual~~
- 14 ~~orientation, gender, and disability, and their incorporation into the~~
- 15 ~~psychotherapeutic process.~~
- 16 ~~(F) The effects of socioeconomic status on treatment and~~
- 17 ~~available resources.~~
- 18 ~~(G) Resilience, including the personal and community qualities~~
- 19 ~~that enable persons to cope with adversity, trauma, tragedy, threats,~~
- 20 ~~or other stresses.~~
- 21 ~~(H) Human sexuality, including the study of physiological,~~
- 22 ~~psychological, and social cultural variables associated with sexual~~
- 23 ~~behavior and gender identity, and the assessment and treatment of~~
- 24 ~~psychosexual dysfunction.~~
- 25 ~~(I) Substance use disorders, cooccurring disorders, and addiction,~~
- 26 ~~including, but not limited to, instruction in all of the following:~~
- 27 ~~(i) The definition of substance use disorders, cooccurring~~
- 28 ~~disorders, and addiction. For purposes of this subparagraph,~~
- 29 ~~“cooccurring disorders” means a mental illness and substance~~
- 30 ~~abuse diagnosis occurring simultaneously in an individual.~~
- 31 ~~(ii) Medical aspects of substance use disorders and cooccurring~~
- 32 ~~disorders.~~
- 33 ~~(iii) The effects of psychoactive drug use.~~
- 34 ~~(iv) Current theories of the etiology of substance abuse and~~
- 35 ~~addiction.~~
- 36 ~~(v) The role of persons and systems that support or compound~~
- 37 ~~substance abuse and addiction.~~
- 38 ~~(vi) Major approaches to identification, evaluation, and treatment~~
- 39 ~~of substance use disorders, cooccurring disorders, and addiction,~~
- 40 ~~including, but not limited to, best practices.~~

- 1 ~~(vii) Legal aspects of substance abuse.~~
2 ~~(viii) Populations at risk with regard to substance use disorders~~
3 ~~and cooccurring disorders.~~
4 ~~(ix) Community resources offering screening, assessment,~~
5 ~~treatment, and followup for the affected person and family.~~
6 ~~(x) Recognition of substance use disorders, cooccurring~~
7 ~~disorders, and addiction, and appropriate referral.~~
8 ~~(xi) The prevention of substance use disorders and addiction.~~
9 ~~(J) California law and professional ethics for marriage and~~
10 ~~family therapists, including instruction in all of the following areas~~
11 ~~of study:~~
12 ~~(i) Contemporary professional ethics and statutory, regulatory,~~
13 ~~and decisional laws that delineate the scope of practice of marriage~~
14 ~~and family therapy.~~
15 ~~(ii) The therapeutic, clinical, and practical considerations~~
16 ~~involved in the legal and ethical practice of marriage and family~~
17 ~~therapy, including, but not limited to, family law.~~
18 ~~(iii) The current legal patterns and trends in the mental health~~
19 ~~professions.~~
20 ~~(iv) The psychotherapist-patient privilege, confidentiality, the~~
21 ~~patient dangerous to self or others, and the treatment of minors~~
22 ~~with and without parental consent.~~
23 ~~(v) A recognition and exploration of the relationship between~~
24 ~~a practitioner's sense of self and human values and his or her~~
25 ~~professional behavior and ethics.~~
26 ~~(vi) Differences in legal and ethical standards for different types~~
27 ~~of work settings.~~
28 ~~(vii) Licensing law and licensing process.~~
29 ~~(e) The degree described in subdivision (b) shall, in addition to~~
30 ~~meeting the requirements of subdivision (d), include instruction~~
31 ~~in case management, systems of care for the severely mentally ill,~~
32 ~~public and private services and supports available for the severely~~
33 ~~mentally ill, community resources for persons with mental illness~~
34 ~~and for victims of abuse, disaster and trauma response, advocacy~~
35 ~~for the severely mentally ill, and collaborative treatment. This~~
36 ~~instruction may be provided either in credit level coursework or~~
37 ~~through extension programs offered by the degree-granting~~
38 ~~institution.~~
39 ~~(f) The changes made to law by this section are intended to~~
40 ~~improve the educational qualifications for licensure in order to~~

1 ~~better prepare future licentiates for practice, and are not intended~~
2 ~~to expand or restrict the scope of practice for marriage and family~~
3 ~~therapists.~~

4 ~~SEC. 18.~~

5 *SEC. 16.* Section 4980.37 of the Business and Professions Code
6 is amended to read:

7 4980.37. (a) This section shall apply to applicants for licensure
8 or registration who begin graduate study before August 1, 2012,
9 and complete that study on or before December 31, 2018. Those
10 applicants may alternatively qualify under paragraph (2) of
11 subdivision (a) of Section 4980.36.

12 (b) To qualify for a license or registration, applicants shall
13 possess a doctor's or master's degree in marriage, family, and child
14 counseling, marriage and family therapy, couple and family
15 therapy, psychology, clinical psychology, counseling psychology,
16 or counseling with an emphasis in either marriage, family, and
17 child counseling or marriage and family therapy, obtained from a
18 school, college, or university accredited by a regional accrediting
19 agency that is recognized by the United States Department of
20 Education or approved by the Bureau for Private Postsecondary
21 Education. The board has the authority to make the final
22 determination as to whether a degree meets all requirements,
23 including, but not limited to, course requirements, regardless of
24 accreditation or approval. In order to qualify for licensure pursuant
25 to this section, a doctor's or master's degree program shall be a
26 single, integrated program primarily designed to train marriage
27 and family therapists and shall contain no less than 48 semester
28 or 72 quarter units of instruction. This instruction shall include no
29 less than 12 semester units or 18 quarter units of coursework in
30 the areas of marriage, family, and child counseling, and marital
31 and family systems approaches to treatment. The coursework shall
32 include all of the following areas:

33 (1) The salient theories of a variety of psychotherapeutic
34 orientations directly related to marriage and family therapy, and
35 marital and family systems approaches to treatment.

36 (2) Theories of marriage and family therapy and how they can
37 be utilized in order to intervene therapeutically with couples,
38 families, adults, children, and groups.

39 (3) Developmental issues and life events from infancy to old
40 age and their effect on individuals, couples, and family

relationships. This may include coursework that focuses on specific family life events and the psychological, psychotherapeutic, and health implications that arise within couples and families, including, but not limited to, childbirth, child rearing, childhood, adolescence, adulthood, marriage, divorce, blended families, stepparenting, abuse and neglect of older and dependent adults, and geropsychology.

(4) A variety of approaches to the treatment of children.

The board shall, by regulation, set forth the subjects of instruction required in this subdivision.

(c) (1) In addition to the 12 semester or 18 quarter units of coursework specified in subdivision (b), the doctor's or master's degree program shall contain not less than six semester or nine quarter units of supervised practicum in applied psychotherapeutic technique, assessments, diagnosis, prognosis, and treatment of premarital, couple, family, and child relationships, including dysfunctions, healthy functioning, health promotion, and illness prevention, in a supervised clinical placement that provides supervised fieldwork experience within the scope of practice of a marriage and family therapist.

(2) For applicants who enrolled in a degree program on or after January 1, 1995, the practicum shall include a minimum of 150 hours of face-to-face experience counseling individuals, couples, families, or groups.

(3) The practicum hours shall be considered as part of the 48 semester or 72 quarter unit requirement.

(d) As an alternative to meeting the qualifications specified in subdivision (b), the board shall accept as equivalent degrees those master's or doctor's degrees granted by educational institutions whose degree program is approved by the Commission on Accreditation for Marriage and Family Therapy Education.

(e) In order to provide an integrated course of study and appropriate professional training, while allowing for innovation and individuality in the education of marriage and family therapists, a degree program that meets the educational qualifications for licensure or registration under this section shall do all of the following:

(1) Provide an integrated course of study that trains students generally in the diagnosis, assessment, prognosis, and treatment of mental disorders.

1 (2) Prepare students to be familiar with the broad range of
2 matters that may arise within marriage and family relationships.

3 (3) Train students specifically in the application of marriage
4 and family relationship counseling principles and methods.

5 (4) Encourage students to develop those personal qualities that
6 are intimately related to the counseling situation such as integrity,
7 sensitivity, flexibility, insight, compassion, and personal presence.

8 (5) Teach students a variety of effective psychotherapeutic
9 techniques and modalities that may be utilized to improve, restore,
10 or maintain healthy individual, couple, and family relationships.

11 (6) Permit an emphasis or specialization that may address any
12 one or more of the unique and complex array of human problems,
13 symptoms, and needs of Californians served by marriage and
14 family therapists.

15 (7) Prepare students to be familiar with cross-cultural mores
16 and values, including a familiarity with the wide range of racial
17 and ethnic backgrounds common among California's population,
18 including, but not limited to, Blacks, Hispanics, Asians, and Native
19 Americans.

20 (f) Educational institutions are encouraged to design the
21 practicum required by this section to include marriage and family
22 therapy experience in low income and multicultural mental health
23 settings.

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

27 ~~SEC. 19.~~

28 *SEC. 17.* Section 4980.399 of the Business and Professions
29 Code is amended to read:

30 4980.399. (a) Except as provided in subdivision (a) of Section
31 4980.398, each applicant and registrant shall obtain a passing score
32 on a board-administered California law and ethics examination in
33 order to qualify for licensure.

34 (b) A registrant shall participate in a board-administered
35 California law and ethics examination prior to his or her registration
36 renewal.

37 (c) Notwithstanding subdivision (b), an applicant who holds a
38 registration eligible for renewal, with an expiration date no later
39 than June 30, 2016, and who applies for renewal of that registration
40 between January 1, 2016, and June 30, 2016, shall, if eligible, be

1 allowed to renew the registration without first participating in the
2 California law and ethics examination. These applicants shall
3 participate in the California law and ethics examination in the next
4 renewal cycle, and shall pass the examination prior to licensure or
5 issuance of a subsequent registration number, as specified in this
6 section.

7 (d) If an applicant fails the California law and ethics
8 examination, he or she may retake the examination, upon payment
9 of the required fees, without further application except as provided
10 in subdivision (e).

11 (e) If a registrant fails to obtain a passing score on the California
12 law and ethics examination described in subdivision (a) within his
13 or her renewal period on or after the operative date of this section,
14 he or she shall complete, at a minimum, a 12-hour course in
15 California law and ethics in order to be eligible to participate in
16 the California law and ethics examination. Registrants shall only
17 take the 12-hour California law and ethics course once during a
18 renewal period. The 12-hour law and ethics course required by
19 this section shall be taken through a board-approved continuing
20 education provider, a county, state or governmental entity, or a
21 college or university.

22 (f) The board shall not issue a subsequent registration number
23 unless the registrant has passed the California law and ethics
24 examination.

25 (g) Notwithstanding subdivision (f), an applicant who holds or
26 has held a registration, with an expiration date no later than January
27 1, 2017, and who applies for a subsequent registration number
28 between January 1, 2016, and January 1, 2017, shall, if eligible,
29 be allowed to obtain the subsequent registration number without
30 first passing the California law and ethics examination. These
31 applicants shall pass the California law and ethics examination
32 during the next renewal period or prior to licensure, whichever
33 occurs first.

34 (h) This section shall become operative on January 1, 2016.

35 ~~SEC. 20.~~

36 *SEC. 18.* Section 4980.41 of the Business and Professions Code
37 is amended to read:

38 4980.41. (a) An applicant for licensure whose education
39 qualifies him or her under Section 4980.37 shall complete the
40 following coursework or training in order to be eligible to sit for

1 the licensing examinations as specified in subdivision (d) of Section
2 4980.40:

3 (1) A two semester or three quarter unit course in California
4 law and professional ethics for marriage and family therapists,
5 which shall include, but not be limited to, the following areas of
6 study:

7 (A) Contemporary professional ethics and statutory, regulatory,
8 and decisional laws that delineate the profession's scope of
9 practice.

10 (B) The therapeutic, clinical, and practical considerations
11 involved in the legal and ethical practice of marriage and family
12 therapy, including family law.

13 (C) The current legal patterns and trends in the mental health
14 profession.

15 (D) The psychotherapist-patient privilege, confidentiality, the
16 patient dangerous to self or others, and the treatment of minors
17 with and without parental consent.

18 (E) A recognition and exploration of the relationship between
19 a practitioner's sense of self and human values and his or her
20 professional behavior and ethics.

21 This course may be considered as part of the 48 semester or 72
22 quarter unit requirements contained in Section 4980.37.

23 (2) A minimum of seven contact hours of training or coursework
24 in child abuse assessment and reporting as specified in Section 28
25 and any regulations promulgated thereunder.

26 (3) A minimum of 10 contact hours of training or coursework
27 in human sexuality as specified in Section 25, and any regulations
28 promulgated thereunder. When coursework in a master's or
29 doctor's degree program is acquired to satisfy this requirement, it
30 shall be considered as part of the 48 semester or 72 quarter unit
31 requirement contained in Section 4980.37.

32 (4) For persons who began graduate study on or after January
33 1, 1986, a master's or doctor's degree qualifying for licensure shall
34 include specific instruction in alcoholism and other chemical
35 substance dependency as specified by regulation. When coursework
36 in a master's or doctor's degree program is acquired to satisfy this
37 requirement, it shall be considered as part of the 48 semester or
38 72 quarter unit requirement contained in Section 4980.37.
39 Coursework required under this paragraph may be satisfactory if
40 taken either in fulfillment of other educational requirements for

1 licensure or in a separate course. The applicant may satisfy this
2 requirement by successfully completing this coursework from a
3 master's or doctoral degree program at an accredited or approved
4 institution, as described in subdivision (b) of Section 4980.37, or
5 from a board-accepted provider of continuing education, as
6 described in Section 4980.54.

7 (5) For persons who began graduate study during the period
8 commencing on January 1, 1995, and ending on December 31,
9 2003, a master's or doctor's degree qualifying for licensure shall
10 include coursework in spousal or partner abuse assessment,
11 detection, and intervention. For persons who began graduate study
12 on or after January 1, 2004, a master's or doctor's degree qualifying
13 for licensure shall include a minimum of 15 contact hours of
14 coursework in spousal or partner abuse assessment, detection, and
15 intervention strategies, including knowledge of community
16 resources, cultural factors, and same gender abuse dynamics.
17 Coursework required under this paragraph may be satisfactory if
18 taken either in fulfillment of other educational requirements for
19 licensure or in a separate course. The applicant may satisfy this
20 requirement by successfully completing this coursework from a
21 master's or doctoral degree program at an accredited or approved
22 institution, as described in subdivision (b) of Section 4980.37, or
23 from a board-accepted provider of continuing education, as
24 described in Section 4980.54.

25 (6) For persons who began graduate study on or after January
26 1, 2001, an applicant shall complete a minimum of a two semester
27 or three quarter unit survey course in psychological testing. When
28 coursework in a master's or doctor's degree program is acquired
29 to satisfy this requirement, it may be considered as part of the 48
30 semester or 72 quarter unit requirement of Section 4980.37.

31 (7) For persons who began graduate study on or after January
32 1, 2001, an applicant shall complete a minimum of a two semester
33 or three quarter unit survey course in psychopharmacology. When
34 coursework in a master's or doctor's degree program is acquired
35 to satisfy this requirement, it may be considered as part of the 48
36 semester or 72 quarter unit requirement of Section 4980.37.

37 (8) The requirements added by paragraphs (6) and (7) are
38 intended to improve the educational qualifications for licensure in
39 order to better prepare future licentiates for practice and are not

1 intended in any way to expand or restrict the scope of practice for
2 licensed marriage and family therapists.

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

6 ~~SEC. 21.~~

7 *SEC. 19.* Section 4980.43 of the Business and Professions Code
8 is amended to read:

9 4980.43. (a) Prior to applying for licensure examinations, each
10 applicant shall complete experience that shall comply with the
11 following:

12 (1) A minimum of 3,000 hours completed during a period of at
13 least 104 weeks.

14 (2) Not more than 40 hours in any seven consecutive days.

15 (3) Not less than 1,700 hours of supervised experience
16 completed subsequent to the granting of the qualifying master's
17 or doctoral degree.

18 (4) (A) Not more than 1,300 hours of supervised experience
19 obtained prior to completing a master's or doctoral degree.

20 (B) The applicant shall not be credited with more than 750 hours
21 of counseling and direct supervisor contact prior to completing
22 the master's or doctoral degree.

23 (5) No hours of experience may be gained prior to completing
24 either 12 semester units or 18 quarter units of graduate instruction
25 and becoming a trainee except for personal psychotherapy.

26 (6) No hours of experience may be gained more than six years
27 prior to the date the application for examination eligibility was
28 filed, except that up to 500 hours of clinical experience gained in
29 the supervised practicum required by subdivision (c) of Section
30 4980.37 and subparagraph (B) of paragraph (1) of subdivision (d)
31 of Section 4980.36 shall be exempt from this six-year requirement.

32 (7) Not more than a combined total of 1,000 hours of experience
33 in the following:

34 (A) Direct supervisor contact.

35 (B) Professional enrichment activities. For purposes of this
36 chapter, "professional enrichment activities" include the following:

37 (i) Workshops, seminars, training sessions, or conferences
38 directly related to marriage and family therapy attended by the
39 applicant that are approved by the applicant's supervisor. An

1 applicant shall have no more than 250 hours of verified attendance
2 at these workshops, seminars, training sessions, or conferences.

3 (ii) Participation by the applicant in personal psychotherapy,
4 which includes group, marital or conjoint, family, or individual
5 psychotherapy by an appropriately licensed professional. An
6 applicant shall have no more than 100 hours of participation in
7 personal psychotherapy. The applicant shall be credited with three
8 hours of experience for each hour of personal psychotherapy.

9 (8) Not more than 500 hours of experience providing group
10 therapy or group counseling.

11 (9) For all hours gained on or after January 1, 2012, not more
12 than 500 hours of experience in the following:

13 (A) Experience administering and evaluating psychological
14 tests, writing clinical reports, writing progress notes, or writing
15 process notes.

16 (B) Client centered advocacy.

17 (10) Not less than 500 total hours of experience in diagnosing
18 and treating couples, families, and children. For up to 150 hours
19 of treating couples and families in conjoint therapy, the applicant
20 shall be credited with two hours of experience for each hour of
21 therapy provided.

22 (11) Not more than 375 hours of experience providing personal
23 psychotherapy, crisis counseling, or other counseling services via
24 telehealth in accordance with Section 2290.5.

25 (12) It is anticipated and encouraged that hours of experience
26 will include working with elders and dependent adults who have
27 physical or mental limitations that restrict their ability to carry out
28 normal activities or protect their rights.

29 This subdivision shall only apply to hours gained on and after
30 January 1, 2010.

31 (b) All applicants, trainees, and registrants shall be at all times
32 under the supervision of a supervisor who shall be responsible for
33 ensuring that the extent, kind, and quality of counseling performed
34 is consistent with the training and experience of the person being
35 supervised, and who shall be responsible to the board for
36 compliance with all laws, rules, and regulations governing the
37 practice of marriage and family therapy. Supervised experience
38 shall be gained by interns and trainees only as an employee or as
39 a volunteer. The requirements of this chapter regarding gaining
40 hours of experience and supervision are applicable equally to

1 employees and volunteers. Experience shall not be gained by
2 interns or trainees as an independent contractor.

3 (1) If employed, an intern shall provide the board with copies
4 of the corresponding W-2 tax forms for each year of experience
5 claimed upon application for licensure.

6 (2) If volunteering, an intern shall provide the board with a letter
7 from his or her employer verifying the intern's employment as a
8 volunteer upon application for licensure.

9 (c) Except for experience gained pursuant to subparagraph (B)
10 of paragraph (7) of subdivision (a), supervision shall include at
11 least one hour of direct supervisor contact in each week for which
12 experience is credited in each work setting, as specified:

13 (1) A trainee shall receive an average of at least one hour of
14 direct supervisor contact for every five hours of client contact in
15 each setting.

16 (2) An individual supervised after being granted a qualifying
17 degree shall receive at least one additional hour of direct supervisor
18 contact for every week in which more than 10 hours of client
19 contact is gained in each setting. No more than five hours of
20 supervision, whether individual or group, shall be credited during
21 any single week.

22 (3) For purposes of this section, "one hour of direct supervisor
23 contact" means one hour per week of face-to-face contact on an
24 individual basis or two hours per week of face-to-face contact in
25 a group.

26 (4) Direct supervisor contact shall occur within the same week
27 as the hours claimed.

28 (5) Direct supervisor contact provided in a group shall be
29 provided in a group of not more than eight supervisees and in
30 segments lasting no less than one continuous hour.

31 (6) Notwithstanding paragraph (3), an intern working in a
32 governmental entity, a school, a college, or a university, or an
33 institution that is both nonprofit and charitable may obtain the
34 required weekly direct supervisor contact via two-way, real-time
35 videoconferencing. The supervisor shall be responsible for ensuring
36 that client confidentiality is upheld.

37 (7) All experience gained by a trainee shall be monitored by the
38 supervisor as specified by regulation.

39 (d) (1) A trainee may be credited with supervised experience
40 completed in any setting that meets all of the following:

1 (A) Lawfully and regularly provides mental health counseling
2 or psychotherapy.

3 (B) Provides oversight to ensure that the trainee's work at the
4 setting meets the experience and supervision requirements set forth
5 in this chapter and is within the scope of practice for the profession
6 as defined in Section 4980.02.

7 (C) Is not a private practice owned by a licensed marriage and
8 family therapist, a licensed professional clinical counselor, a
9 licensed psychologist, a licensed clinical social worker, a licensed
10 physician and surgeon, or a professional corporation of any of
11 those licensed professions.

12 (2) Experience may be gained by the trainee solely as part of
13 the position for which the trainee volunteers or is employed.

14 (e) (1) An intern may be credited with supervised experience
15 completed in any setting that meets both of the following:

16 (A) Lawfully and regularly provides mental health counseling
17 or psychotherapy.

18 (B) Provides oversight to ensure that the intern's work at the
19 setting meets the experience and supervision requirements set forth
20 in this chapter and is within the scope of practice for the profession
21 as defined in Section 4980.02.

22 (2) An applicant shall not be employed or volunteer in a private
23 practice, as defined in subparagraph (C) of paragraph (1) of
24 subdivision (d), until registered as an intern.

25 (3) While an intern may be either a paid employee or a
26 volunteer, employers are encouraged to provide fair remuneration
27 to interns.

28 (4) Except for periods of time during a supervisor's vacation or
29 sick leave, an intern who is employed or volunteering in private
30 practice shall be under the direct supervision of a licensee that has
31 satisfied the requirements of subdivision (g) of Section 4980.03.
32 The supervising licensee shall either be employed by and practice
33 at the same site as the intern's employer, or shall be an owner or
34 shareholder of the private practice. Alternative supervision may
35 be arranged during a supervisor's vacation or sick leave if the
36 supervision meets the requirements of this section.

37 (5) Experience may be gained by the intern solely as part of the
38 position for which the intern volunteers or is employed.

1 (f) Except as provided in subdivision (g), all persons shall
2 register with the board as an intern in order to be credited for
3 postdegree hours of supervised experience gained toward licensure.

4 (g) Except when employed in a private practice setting, all
5 postdegree hours of experience shall be credited toward licensure
6 so long as the applicant applies for the intern registration within
7 90 days of the granting of the qualifying master's or doctoral
8 degree and is thereafter granted the intern registration by the board.

9 (h) Trainees, interns, and applicants shall not receive any
10 remuneration from patients or clients, and shall only be paid by
11 their employers.

12 (i) Trainees, interns, and applicants shall only perform services
13 at the place where their employers regularly conduct business,
14 which may include performing services at other locations, so long
15 as the services are performed under the direction and control of
16 their employer and supervisor, and in compliance with the laws
17 and regulations pertaining to supervision. Trainees and interns
18 shall have no proprietary interest in their employers' businesses
19 and shall not lease or rent space, pay for furnishings, equipment,
20 or supplies, or in any other way pay for the obligations of their
21 employers.

22 (j) Trainees, interns, or applicants who provide volunteered
23 services or other services, and who receive no more than a total,
24 from all work settings, of five hundred dollars (\$500) per month
25 as reimbursement for expenses actually incurred by those trainees,
26 interns, or applicants for services rendered in any lawful work
27 setting other than a private practice shall be considered an
28 employee and not an independent contractor. The board may audit
29 applicants who receive reimbursement for expenses, and the
30 applicants shall have the burden of demonstrating that the payments
31 received were for reimbursement of expenses actually incurred.

32 (k) Each educational institution preparing applicants for
33 licensure pursuant to this chapter shall consider requiring, and
34 shall encourage, its students to undergo individual, marital or
35 conjoint, family, or group counseling or psychotherapy, as
36 appropriate. Each supervisor shall consider, advise, and encourage
37 his or her interns and trainees regarding the advisability of
38 undertaking individual, marital or conjoint, family, or group
39 counseling or psychotherapy, as appropriate. Insofar as it is deemed
40 appropriate and is desired by the applicant, the educational

1 institution and supervisors are encouraged to assist the applicant
2 in locating that counseling or psychotherapy at a reasonable cost.

3 ~~SEC. 22.~~

4 *SEC. 20.* Section 4980.55 of the Business and Professions Code
5 is amended to read:

6 4980.55. As a model for all therapeutic professions, and to
7 acknowledge respect and regard for the consuming public, all
8 licensed marriage and family therapists are encouraged to provide
9 to each client, at an appropriate time and within the context of the
10 psychotherapeutic relationship, an accurate and informative
11 statement of the therapist's experience, education, specialties,
12 professional orientation, and any other information deemed
13 appropriate by the licensee.

14 ~~SEC. 23.~~

15 *SEC. 21.* Section 4980.72 of the Business and Professions Code
16 is amended to read:

17 4980.72. (a) This section applies to persons who are licensed
18 outside of California and apply for licensure on or after January
19 1, 2016.

20 (b) The board may issue a license to a person who, at the time
21 of submitting an application for a license pursuant to this chapter,
22 holds a valid license in good standing issued by a board of marriage
23 counselor examiners, board of marriage and family therapists, or
24 corresponding authority, of any state or country, if all of the
25 following conditions are satisfied:

26 (1) The applicant's education is substantially equivalent, as
27 defined in Section 4980.78. The applicant's degree title need not
28 be identical to that required by Section 4980.36 or 4980.37.

29 (2) The applicant complies with Section 4980.76, if applicable.

30 (3) The applicant's supervised experience is substantially
31 equivalent to that required for a license under this chapter. The
32 board shall consider hours of experience obtained outside of
33 California during the six-year period immediately preceding the
34 date the applicant initially obtained the license described above.

35 (4) The applicant passes the California law and ethics
36 examination.

37 (5) The applicant passes a clinical examination designated by
38 the board. An applicant who obtained his or her license or
39 registration under another jurisdiction may apply for licensure with

1 the board without taking the clinical examination if both of the
2 following conditions are met:

3 (A) The applicant obtained a passing score on the licensing
4 examination set forth in regulation as accepted by the board.

5 (B) The applicant's license or registration in that jurisdiction is
6 in good standing at the time of his or her application and is not
7 revoked, suspended, surrendered, denied, or otherwise restricted
8 or encumbered.

9 ~~SEC. 24.~~

10 *SEC. 22.* Section 4980.78 of the Business and Professions Code
11 is amended to read:

12 4980.78. (a) This section applies to persons who apply for
13 licensure or registration on or after January 1, 2016.

14 (b) For purposes of Sections 4980.72 and 4980.74, education
15 is substantially equivalent if all of the following requirements are
16 met:

17 (1) The degree is obtained from a school, college, or university
18 accredited by an accrediting agency that is recognized by the
19 United States Department of Education and consists of, at a
20 minimum, 48 semester or 72 quarter units, including, but not
21 limited to, both of the following:

22 (A) Six semester or nine quarter units of practicum, including,
23 but not limited to, a minimum of 150 hours of face-to-face
24 counseling.

25 (B) Twelve semester or 18 quarter units in the areas of marriage,
26 family, and child counseling and marital and family systems
27 approaches to treatment, as specified in subparagraph (A) of
28 paragraph (1) of subdivision (d) of Section 4980.36.

29 (2) The applicant completes any units and course content
30 requirements under subdivision (d) of Section 4980.36 not already
31 completed in his or her education.

32 (3) The applicant completes credit level coursework from a
33 degree-granting institution that provides all of the following:

34 (A) Instruction regarding the principles of mental health
35 recovery-oriented care and methods of service delivery in recovery
36 model practice environments.

37 (B) An understanding of various California cultures and the
38 social and psychological implications of socioeconomic position.

39 (C) Structured meeting with various consumers and family
40 members of consumers of mental health services to enhance

1 understanding of their experience of mental illness, treatment, and
2 recovery.

3 (D) Instruction in addiction and cooccurring substance abuse
4 and mental health disorders, as specified in subparagraph (I) of
5 paragraph (2) of subdivision (d) of Section 4980.36.

6 (4) The applicant completes an 18-hour course in California
7 law and professional ethics. The content of the course shall include,
8 but not be limited to, advertising, scope of practice, scope of
9 competence, treatment of minors, confidentiality, dangerous
10 patients, psychotherapist-patient privilege, recordkeeping, patient
11 access to records, state and federal laws relating to confidentiality
12 of patient health information, dual relationships, child abuse, elder
13 and dependent adult abuse, online therapy, insurance
14 reimbursement, civil liability, disciplinary actions and
15 unprofessional conduct, ethics complaints and ethical standards,
16 termination of therapy, standards of care, relevant family law,
17 therapist disclosures to patients, differences in legal and ethical
18 standards in different types of work settings, and licensing law
19 and licensing process.

20 (5) The applicant's degree title need not be identical to that
21 required by subdivision (b) of Section 4980.36.

22 ~~SEC. 25.~~

23 *SEC. 23.* Section 4987.5 of the Business and Professions Code
24 is amended to read:

25 4987.5. A marriage and family therapy corporation is a
26 corporation that is authorized to render professional services, as
27 defined in Section 13401 of the Corporations Code, so long as that
28 corporation and its shareholders, officers, directors, and employees
29 rendering professional services who are licensed marriage and
30 family therapists, physicians and surgeons, psychologists, licensed
31 professional clinical counselors, licensed clinical social workers,
32 registered nurses, chiropractors, or acupuncturists are in compliance
33 with the Moscone-Knox Professional Corporation Act (Part 4
34 (commencing with Section 13400) of Division 3 of Title 1 of the
35 Corporations Code), this article, and any other statute or regulation
36 pertaining to that corporation and the conduct of its affairs. With
37 respect to a marriage and family therapy corporation, the
38 governmental agency referred to in the Moscone-Knox Professional
39 Corporation Act is the Board of Behavioral Sciences.

1 ~~SEC. 26.~~

2 *SEC. 24.* Section 4989.16 of the Business and Professions Code
3 is amended to read:

4 4989.16. (a) A person appropriately credentialed by the
5 Commission on Teacher Credentialing may perform the functions
6 authorized by that credential in a public school without a license
7 issued under this chapter by the board.

8 (b) Nothing in this chapter shall be construed to constrict, limit,
9 or withdraw the Medical Practice Act (Chapter 5 (commencing
10 with Section 2000)), the Nursing Practice Act (Chapter 6
11 (commencing with Section 2700)), the Psychology Licensing Law
12 (Chapter 6.6 (commencing with Section 2900)), the Licensed
13 Marriage and Family Therapist Practice Act (Chapter 13
14 (commencing with Section 4980)), the Clinical Social Worker
15 Practice Act (Chapter 14 (commencing with Section 4991)), or
16 the Licensed Professional Clinical Counselor Act (Chapter 16
17 (commencing with Section 4999.10)).

18 ~~SEC. 27.~~

19 *SEC. 25.* Section 4989.22 of the Business and Professions Code
20 is amended to read:

21 4989.22. (a) Only persons who satisfy the requirements of
22 Section 4989.20 are eligible to take the licensure examination.

23 (b) An applicant who fails the written examination may, within
24 one year from the notification date of failure, retake the
25 examination as regularly scheduled without further application.
26 Thereafter, the applicant shall not be eligible for further
27 examination until he or she files a new application, meets all
28 current requirements, and pays all fees required.

29 (c) Notwithstanding any other provision of law, the board may
30 destroy all examination materials two years after the date of an
31 examination.

32 (d) The board shall not deny any applicant, whose application
33 for licensure is complete, admission to the written examination,
34 nor shall the board postpone or delay any applicant's written
35 examination or delay informing the candidate of the results of the
36 written examination, solely upon the receipt by the board of a
37 complaint alleging acts or conduct that would constitute grounds
38 to deny licensure.

39 (e) Notwithstanding Section 135, the board may deny any
40 applicant who has previously failed the written examination

1 permission to retake the examination pending completion of the
2 investigation of any complaint against the applicant. Nothing in
3 this section shall prohibit the board from denying an applicant
4 admission to any examination, withholding the results, or refusing
5 to issue a license to any applicant when an accusation or statement
6 of issues has been filed against the applicant pursuant to Section
7 11503 or 11504 of the Government Code, or the applicant has been
8 denied in accordance with subdivision (b) of Section 485.

9 ~~SEC. 28.~~

10 *SEC. 26.* Section 4992.09 of the Business and Professions Code
11 is amended to read:

12 4992.09. (a) Except as provided in subdivision (a) of Section
13 4992.07, an applicant and registrant shall obtain a passing score
14 on a board-administered California law and ethics examination in
15 order to qualify for licensure.

16 (b) A registrant shall participate in a board-administered
17 California law and ethics examination prior to his or her registration
18 renewal.

19 (c) Notwithstanding subdivision (b), an applicant who holds a
20 registration eligible for renewal, with an expiration date no later
21 than June 30, 2016, and who applies for renewal of that registration
22 between January 1, 2016, and June 30, 2016, shall, if eligible, be
23 allowed to renew the registration without first participating in the
24 California law and ethics examination. These applicants shall
25 participate in the California law and ethics examination in the next
26 renewal cycle, and shall pass the examination prior to licensure or
27 issuance of a subsequent registration number, as specified in this
28 section.

29 (d) If an applicant fails the California law and ethics
30 examination, he or she may retake the examination, upon payment
31 of the required fees, without further application except for as
32 provided in subdivision (e).

33 (e) If a registrant fails to obtain a passing score on the California
34 law and ethics examination described in subdivision (a) within his
35 or her renewal period on or after the operative date of this section,
36 he or she shall complete, at a minimum, a 12-hour course in
37 California law and ethics in order to be eligible to participate in
38 the California law and ethics examination. Registrants shall only
39 take the 12-hour California law and ethics course once during a
40 renewal period. The 12-hour law and ethics course required by

1 this section shall be taken through a board-approved continuing
2 education provider, a county, state or governmental entity, or a
3 college or university.

4 (f) The board shall not issue a subsequent registration number
5 unless the registrant has passed the California law and ethics
6 examination.

7 (g) Notwithstanding subdivision (f), an applicant who holds or
8 has held a registration, with an expiration date no later than January
9 1, 2017, and who applies for a subsequent registration number
10 between January 1, 2016, and January 1, 2017, shall, if eligible,
11 be allowed to obtain the subsequent registration number without
12 first passing the California law and ethics examination. These
13 applicants shall pass the California law and ethics examination
14 during the next renewal period or prior to licensure, whichever
15 occurs first.

16 (h) This section shall become operative on January 1, 2016.

17 ~~SEC. 29.~~

18 *SEC. 27.* Section 4996.17 of the Business and Professions Code
19 is amended to read:

20 4996.17. (a) (1) Experience gained outside of California shall
21 be accepted toward the licensure requirements if it is substantially
22 the equivalent of the requirements of this chapter.

23 (2) Commencing January 1, 2014, an applicant with education
24 gained outside of California shall complete an 18-hour course in
25 California law and professional ethics. The content of the course
26 shall include, but not be limited to, the following: advertising,
27 scope of practice, scope of competence, treatment of minors,
28 confidentiality, dangerous patients, psychotherapist-patient
29 privilege, recordkeeping, patient access to records, state and federal
30 laws related to confidentiality of patient health information, dual
31 relationships, child abuse, elder and dependent adult abuse, online
32 therapy, insurance reimbursement, civil liability, disciplinary
33 actions and unprofessional conduct, ethics complaints and ethical
34 standards, termination of therapy, standards of care, relevant family
35 law, therapist disclosures to patients, differences in legal and ethical
36 standards in different types of work settings, and licensing law
37 and process.

38 (b) The board may issue a license to any person who, at the time
39 of application, holds a valid active clinical social work license
40 issued by a board of clinical social work examiners or

1 corresponding authority of any state, if the person passes, or has
2 passed, the licensing examinations as specified in Section 4996.1
3 and pays the required fees. Issuance of the license is conditioned
4 upon all of the following:

5 (1) The applicant has supervised experience that is substantially
6 the equivalent of that required by this chapter. If the applicant has
7 less than 3,200 hours of qualifying supervised experience, time
8 actively licensed as a clinical social worker shall be accepted at a
9 rate of 100 hours per month up to a maximum of 1,200 hours.

10 (2) Completion of the following coursework or training in or
11 out of this state:

12 (A) A minimum of seven contact hours of training or coursework
13 in child abuse assessment and reporting as specified in Section 28,
14 and any regulations promulgated thereunder.

15 (B) A minimum of 10 contact hours of training or coursework
16 in human sexuality as specified in Section 25, and any regulations
17 promulgated thereunder.

18 (C) A minimum of 15 contact hours of training or coursework
19 in alcoholism and other chemical substance dependency, as
20 specified by regulation.

21 (D) A minimum of 15 contact hours of coursework or training
22 in spousal or partner abuse assessment, detection, and intervention
23 strategies.

24 (3) Commencing January 1, 2014, completion of an 18-hour
25 course in California law and professional ethics. The content of
26 the course shall include, but not be limited to, the following:
27 advertising, scope of practice, scope of competence, treatment of
28 minors, confidentiality, dangerous patients, psychotherapist-patient
29 privilege, recordkeeping, patient access to records, state and federal
30 laws related to confidentiality of patient health information, dual
31 relationships, child abuse, elder and dependent adult abuse, online
32 therapy, insurance reimbursement, civil liability, disciplinary
33 actions and unprofessional conduct, ethics complaints and ethical
34 standards, termination of therapy, standards of care, relevant family
35 law, therapist disclosures to patients, differences in legal and ethical
36 standards in different types of work settings, and licensing law
37 and process.

38 (4) The applicant's license is not suspended, revoked, restricted,
39 sanctioned, or voluntarily surrendered in any state.

1 (5) The applicant is not currently under investigation in any
2 other state, and has not been charged with an offense for any act
3 substantially related to the practice of social work by any public
4 agency, entered into any consent agreement or been subject to an
5 administrative decision that contains conditions placed by an
6 agency upon an applicant's professional conduct or practice,
7 including any voluntary surrender of license, or been the subject
8 of an adverse judgment resulting from the practice of social work
9 that the board determines constitutes evidence of a pattern of
10 incompetence or negligence.

11 (6) The applicant shall provide a certification from each state
12 where he or she holds a license pertaining to licensure, disciplinary
13 action, and complaints pending.

14 (7) The applicant is not subject to denial of licensure under
15 Section 480, 4992.3, 4992.35, or 4992.36.

16 (c) The board may issue a license to any person who, at the time
17 of application, holds a valid, active clinical social work license
18 issued by a board of clinical social work examiners or a
19 corresponding authority of any state, if the person has held that
20 license for at least four years immediately preceding the date of
21 application, the person passes, or has passed, the licensing
22 examinations as specified in Section 4996.1, and the person pays
23 the required fees. Issuance of the license is conditioned upon all
24 of the following:

25 (1) Completion of the following coursework or training in or
26 out of state:

27 (A) A minimum of seven contact hours of training or coursework
28 in child abuse assessment and reporting as specified in Section 28,
29 and any regulations promulgated thereunder.

30 (B) A minimum of 10 contact hours of training or coursework
31 in human sexuality as specified in Section 25, and any regulations
32 promulgated thereunder.

33 (C) A minimum of 15 contact hours of training or coursework
34 in alcoholism and other chemical substance dependency, as
35 specified by regulation.

36 (D) A minimum of 15 contact hours of coursework or training
37 in spousal or partner abuse assessment, detection, and intervention
38 strategies.

39 (2) Commencing January 1, 2014, completion of an 18-hour
40 course in California law and professional ethics. The content of

1 the course shall include, but not be limited to, the following:
2 advertising, scope of practice, scope of competence, treatment of
3 minors, confidentiality, dangerous patients, psychotherapist-patient
4 privilege, recordkeeping, patient access to records, state and federal
5 laws related to confidentiality of patient health information, dual
6 relationships, child abuse, elder and dependent adult abuse, online
7 therapy, insurance reimbursement, civil liability, disciplinary
8 actions and unprofessional conduct, ethics complaints and ethical
9 standards, termination of therapy, standards of care, relevant family
10 law, therapist disclosures to patients, differences in legal and ethical
11 standards in different types of work settings, and licensing law
12 and process.

13 (3) The applicant has been licensed as a clinical social worker
14 continuously for a minimum of four years prior to the date of
15 application.

16 (4) The applicant's license is not suspended, revoked, restricted,
17 sanctioned, or voluntarily surrendered in any state.

18 (5) The applicant is not currently under investigation in any
19 other state, and has not been charged with an offense for any act
20 substantially related to the practice of social work by any public
21 agency, entered into any consent agreement or been subject to an
22 administrative decision that contains conditions placed by an
23 agency upon an applicant's professional conduct or practice,
24 including any voluntary surrender of license, or been the subject
25 of an adverse judgment resulting from the practice of social work
26 that the board determines constitutes evidence of a pattern of
27 incompetence or negligence.

28 (6) The applicant provides a certification from each state where
29 he or she holds a license pertaining to licensure, disciplinary action,
30 and complaints pending.

31 (7) The applicant is not subject to denial of licensure under
32 Section 480, 4992.3, 4992.35, or 4992.36.

33 (d) Commencing January 1, 2016, an applicant who obtained
34 his or her license or registration under another jurisdiction may
35 apply for licensure with the board without taking the clinical
36 examination specified in Section 4996.1 if the applicant obtained
37 a passing score on the licensing examination set forth in regulation
38 as accepted by the board.

~~SEC. 30.~~

SEC. 28. Section 4996.23 of the Business and Professions Code is amended to read:

4996.23. The experience required by subdivision (c) of Section 4996.2 shall meet the following criteria:

(a) All persons registered with the board on and after January 1, 2002, shall have at least 3,200 hours of post-master's degree supervised experience providing clinical social work services as permitted by Section 4996.9. At least 1,700 hours shall be gained under the supervision of a licensed clinical social worker. The remaining required supervised experience may be gained under the supervision of a licensed mental health professional acceptable to the board as defined by a regulation adopted by the board. This experience shall consist of the following:

(1) A minimum of 2,000 hours in clinical psychosocial diagnosis, assessment, and treatment, including psychotherapy or counseling.

(2) A maximum of 1,200 hours in client-centered advocacy, consultation, evaluation, and research.

(3) Of the 2,000 clinical hours required in paragraph (1), no less than 750 hours shall be face-to-face individual or group psychotherapy provided to clients in the context of clinical social work services.

(4) A minimum of two years of supervised experience is required to be obtained over a period of not less than 104 weeks and shall have been gained within the six years immediately preceding the date on which the application for licensure was filed.

(5) Experience shall not be credited for more than 40 hours in any week.

(b) "Supervision" means responsibility for, and control of, the quality of clinical social work services being provided. Consultation or peer discussion shall not be considered to be supervision.

(c) (1) Prior to the commencement of supervision, a supervisor shall comply with all requirements enumerated in Section 1870 of Title 16 of the California Code of Regulations and shall sign under penalty of perjury the "Responsibility Statement for Supervisors of an Associate Clinical Social Worker" form.

(2) Supervised experience shall include at least one hour of direct supervisor contact for a minimum of 104 weeks. For

purposes of this subdivision, “one hour of direct supervisor contact” means one hour per week of face-to-face contact on an individual basis or two hours of face-to-face contact in a group conducted within the same week as the hours claimed.

(3) An associate shall receive at least one additional hour of direct supervisor contact for every week in which more than 10 hours of face-to-face psychotherapy is performed in each setting in which experience is gained. No more than five hours of supervision, whether individual or group, shall be credited during any single week.

(4) Group supervision shall be provided in a group of not more than eight supervisees and shall be provided in segments lasting no less than one continuous hour.

(5) Of the 104 weeks of required supervision, 52 weeks shall be individual supervision, and of the 52 weeks of required individual supervision, not less than 13 weeks shall be supervised by a licensed clinical social worker.

(6) Notwithstanding paragraph (2), an associate clinical social worker working for a governmental entity, school, college, or university, or an institution that is both a nonprofit and charitable institution, may obtain the required weekly direct supervisor contact via live two-way videoconferencing. The supervisor shall be responsible for ensuring that client confidentiality is preserved.

(d) The supervisor and the associate shall develop a supervisory plan that describes the goals and objectives of supervision. These goals shall include the ongoing assessment of strengths and limitations and the assurance of practice in accordance with the laws and regulations. The associate shall submit to the board the initial original supervisory plan upon application for licensure.

(e) Experience shall only be gained in a setting that meets both of the following:

(1) Lawfully and regularly provides clinical social work, mental health counseling, or psychotherapy.

(2) Provides oversight to ensure that the associate’s work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4996.9.

(f) Experience shall not be gained until the applicant has been registered as an associate clinical social worker.

1 (g) Employment in a private practice as defined in subdivision
2 (h) shall not commence until the applicant has been registered as
3 an associate clinical social worker.

4 (h) A private practice setting is a setting that is owned by a
5 licensed clinical social worker, a licensed marriage and family
6 therapist, a licensed psychologist, a licensed professional clinical
7 counselor, a licensed physician and surgeon, or a professional
8 corporation of any of those licensed professions.

9 (i) If volunteering, the associate shall provide the board with a
10 letter from his or her employer verifying his or her voluntary status
11 upon application for licensure.

12 (j) If employed, the associate shall provide the board with copies
13 of his or her W-2 tax forms for each year of experience claimed
14 upon application for licensure.

15 (k) While an associate may be either a paid employee or
16 volunteer, employers are encouraged to provide fair remuneration
17 to associates.

18 (l) An associate shall not do the following:

19 (1) Receive any remuneration from patients or clients and shall
20 only be paid by his or her employer.

21 (2) Have any proprietary interest in the employer's business.

22 (3) Lease or rent space, pay for furnishings, equipment, or
23 supplies, or in any other way pay for the obligations of his or her
24 employer.

25 (m) An associate, whether employed or volunteering, may obtain
26 supervision from a person not employed by the associate's
27 employer if that person has signed a written agreement with the
28 employer to take supervisory responsibility for the associate's
29 social work services.

30 (n) Notwithstanding any other provision of law, associates and
31 applicants for examination shall receive a minimum of one hour
32 of supervision per week for each setting in which he or she is
33 working.

34 ~~SEC. 31.~~

35 *SEC. 29.* Section 4998 of the Business and Professions Code
36 is amended to read:

37 4998. A licensed clinical social worker corporation is a
38 corporation that is authorized to render professional services, as
39 defined in Section 13401 of the Corporations Code, so long as that
40 corporation and its shareholders, officers, directors, and employees

1 rendering professional services who are licensed clinical social
2 workers, physicians and surgeons, psychologists, licensed
3 professional clinical counselors, licensed marriage and family
4 therapists, registered nurses, chiropractors, or acupuncturists are
5 in compliance with the Moscone-Knox Professional Corporation
6 Act (Part 4 (commencing with Section 13400) of Division 3 of
7 Title 1 of the Corporations Code), this article, and all other statutes
8 and regulations now or hereafter enacted or adopted pertaining to
9 that corporation and the conduct of its affairs. With respect to a
10 licensed clinical social worker corporation, the governmental
11 agency referred to in the Moscone-Knox Professional Corporation
12 Act is the Board of Behavioral Sciences.

13 ~~SEC. 32.~~

14 *SEC. 30.* Section 4999.55 of the Business and Professions Code
15 is amended to read:

16 4999.55. (a) Each applicant and registrant shall obtain a
17 passing score on a board-administered California law and ethics
18 examination in order to qualify for licensure.

19 (b) A registrant shall participate in a board-administered
20 California law and ethics examination prior to his or her registration
21 renewal.

22 (c) Notwithstanding subdivision (b), an applicant who holds a
23 registration eligible for renewal, with an expiration date no later
24 than June 30, 2016, and who applies for renewal of that registration
25 between January 1, 2016, and June 30, 2016, shall, if eligible, be
26 allowed to renew the registration without first participating in the
27 California law and ethics examination. These applicants shall
28 participate in the California law and ethics examination in the next
29 renewal cycle, and shall pass the examination prior to licensure or
30 issuance of a subsequent registration number, as specified in this
31 section.

32 (d) If an applicant fails the California law and ethics
33 examination, he or she may retake the examination, upon payment
34 of the required fees, without further application, except as provided
35 in subdivision (e).

36 (e) If a registrant fails to obtain a passing score on the California
37 law and ethics examination described in subdivision (a) within his
38 or her renewal period on or after the operative date of this section,
39 he or she shall complete, at minimum, a 12-hour course in
40 California law and ethics in order to be eligible to participate in

1 the California law and ethics examination. Registrants shall only
2 take the 12-hour California law and ethics course once during a
3 renewal period. The 12-hour law and ethics course required by
4 this section shall be taken through a board-approved continuing
5 education provider, a county, state, or governmental entity, or a
6 college or university.

7 (f) The board shall not issue a subsequent registration number
8 unless the registrant has passed the California law and ethics
9 examination.

10 (g) Notwithstanding subdivision (f), an applicant who holds or
11 has held a registration, with an expiration date no later than January
12 1, 2017, and who applies for a subsequent registration number
13 between January 1, 2016, and January 1, 2017, shall, if eligible,
14 be allowed to obtain the subsequent registration number without
15 first passing the California law and ethics examination. These
16 applicants shall pass the California law and ethics examination
17 during the next renewal period or prior to licensure, whichever
18 occurs first.

19 (h) This section shall become operative January 1, 2016.

20 ~~SEC. 33.~~

21 *SEC. 31.* Section 4999.58 of the Business and Professions Code
22 is amended to read:

23 4999.58. (a) This section applies to a person who applies for
24 examination eligibility between January 1, 2011, and December
25 31, 2015, inclusive, and who meets both of the following
26 requirements:

27 (1) At the time of application, holds a valid license as a
28 professional clinical counselor, or other counseling license that
29 allows the applicant to independently provide clinical mental health
30 services, in another jurisdiction of the United States.

31 (2) Has held the license described in paragraph (1) for at least
32 two years immediately preceding the date of application.

33 (b) The board may issue a license to a person described in
34 subdivision (a) if all of the following requirements are satisfied:

35 (1) The education and supervised experience requirements of
36 the other jurisdiction are substantially the equivalent of this chapter,
37 as described in subdivision (e) and in Section 4999.46.

38 (2) The person complies with subdivision (b) of Section 4999.40,
39 if applicable.

(3) The person successfully completes the examinations required by the board pursuant to paragraph (3) of subdivision (a) of Section 4999.50. An applicant who obtained his or her license or registration under another jurisdiction by taking a national examination that is required by the board may apply for licensure with the board without retaking that examination if both of the following conditions are met:

(A) The applicant obtained a passing score on the national licensing examination that is required by the board.

(B) The applicant's license or registration in that jurisdiction is in good standing at the time of his or her application and is not revoked, suspended, surrendered, denied, or otherwise restricted or encumbered.

(4) The person pays the required fees.

(c) Experience gained outside of California shall be accepted toward the licensure requirements if it is substantially equivalent to that required by this chapter. The board shall consider hours of experience obtained in another state during the six-year period immediately preceding the applicant's initial licensure by that state as a licensed professional clinical counselor.

(d) Education gained while residing outside of California shall be accepted toward the licensure requirements if it is substantially equivalent to the education requirements of this chapter, and if the applicant has completed the training or coursework required under subdivision (e) of Section 4999.32, which includes, in addition to the course described in subparagraph (I) of paragraph (1) of subdivision (c) of Section 4999.32, an 18-hour course in California law and professional ethics for professional clinical counselors.

(e) For purposes of this section, the board may, in its discretion, accept education as substantially equivalent if the applicant's education meets the requirements of Section 4999.32. If the applicant's degree does not contain the content or the overall units required by Section 4999.32, the board may, in its discretion, accept the applicant's education as substantially equivalent if the following criteria are satisfied:

(1) The applicant's degree contains the required number of practicum units under paragraph (3) of subdivision (c) of Section 4999.32.

1 (2) The applicant remediates his or her specific deficiency by
2 completing the course content and units required by Section
3 4999.32.

4 (3) The applicant's degree otherwise complies with this section.

5 (f) This section shall become inoperative on January 1, 2016,
6 and as of that date is repealed, unless a later enacted statute, which
7 is enacted before January 1, 2016, deletes or extends that date.

8 ~~SEC. 34.~~

9 *SEC. 32.* Section 4999.59 of the Business and Professions Code
10 is amended to read:

11 4999.59. (a) This section applies to a person who applies for
12 examination eligibility or registration between January 1, 2011,
13 and December 31, 2015, inclusive, who meets both of the following
14 requirements:

15 (1) At the time of application, holds a valid license described
16 in paragraph (1) of subdivision (a) of Section 4999.58.

17 (2) Has held the license described in paragraph (1) for less than
18 two years immediately preceding the date of application.

19 (b) Experience gained outside of California shall be accepted
20 toward the licensure requirements if it is substantially equivalent
21 to that required by this chapter, if the applicant complies with
22 Section 4999.40, if applicable, and if the applicant has gained a
23 minimum of 250 hours of supervised experience in direct
24 counseling within California while registered as an intern with the
25 board. The board shall consider hours of experience obtained in
26 another state during the six-year period immediately preceding the
27 applicant's initial licensure in that state as a professional clinical
28 counselor.

29 (c) Education gained while residing outside of California shall
30 be accepted toward the licensure requirements if it is substantially
31 equivalent to the education requirements of this chapter, and if the
32 applicant has completed the training or coursework required under
33 subdivision (e) of Section 4999.32, which includes, in addition to
34 the course described in subparagraph (I) of paragraph (1) of
35 subdivision (c) of Section 4999.32, an 18-hour course in California
36 law and professional ethics for professional clinical counselors.

37 (d) For purposes of this section, the board may, in its discretion,
38 accept education as substantially equivalent if the applicant's
39 education meets the requirements of Section 4999.32. If the
40 applicant's degree does not contain the content or the overall units

1 required by Section 4999.32, the board may, in its discretion, accept
2 the applicant's education as substantially equivalent if the following
3 criteria are satisfied:

4 (1) The applicant's degree contains the required number of
5 practicum units under paragraph (3) of subdivision (c) of Section
6 4999.32.

7 (2) The applicant remediates his or her specific deficiency by
8 completing the course content and units required by Section
9 4999.32.

10 (3) The applicant's degree otherwise complies with this section.

11 (e) An applicant who obtained his or her license or registration
12 under another jurisdiction by taking a national examination that
13 is required by the board may apply for licensure with the board
14 without retaking that examination if both of the following
15 conditions are met:

16 (1) The applicant obtained a passing score on the national
17 licensing examination that is required by the board.

18 (2) The applicant's license or registration in that jurisdiction is
19 in good standing at the time of his or her application and is not
20 revoked, suspended, surrendered, denied, or otherwise restricted
21 or encumbered.

22 (f) This section shall become inoperative on January 1, 2016,
23 and as of that date is repealed, unless a later enacted statute, which
24 is enacted before January 1, 2016, deletes or extends that date.

25 ~~SEC. 35.~~

26 *SEC. 33.* Section 4999.60 of the Business and Professions Code
27 is amended to read:

28 4999.60. (a) This section applies to persons who are licensed
29 outside of California and apply for examination eligibility on or
30 after January 1, 2016.

31 (b) The board may issue a license to a person who, at the time
32 of submitting an application for a license pursuant to this chapter,
33 holds a valid license as a professional clinical counselor, or other
34 counseling license that allows the applicant to independently
35 provide clinical mental health services, in another jurisdiction of
36 the United States, if all of the following conditions are satisfied:

37 (1) The applicant's education is substantially equivalent, as
38 defined in Section 4999.62.

39 (2) The applicant complies with subdivision (b) of Section
40 4999.40, if applicable.

(3) The applicant's supervised experience is substantially equivalent to that required for a license under this chapter. The board shall consider hours of experience obtained outside of California during the six-year period immediately preceding the date the applicant initially obtained the license described above.

(4) The applicant passes the examinations required to obtain a license under this chapter. An applicant who obtained his or her license or registration under another jurisdiction may apply for licensure with the board without taking the clinical examination if both of the following conditions are met:

(A) The applicant obtained a passing score on the licensing examination set forth in regulation as accepted by the board.

(B) The applicant's license or registration in that jurisdiction is in good standing at the time of his or her application and is not revoked, suspended, surrendered, denied, or otherwise restricted or encumbered.

~~SEC. 36.~~

SEC. 34. Section 4999.123 of the Business and Professions Code is amended to read:

4999.123. A professional clinical counselor corporation is a corporation that is authorized to render professional services, as defined in Section 13401 of the Corporations Code, so long as that corporation and its shareholders, officers, directors, and employees who are rendering professional services and who are licensed professional clinical counselors, licensed marriage and family therapists, physicians and surgeons, psychologists, licensed clinical social workers, registered nurses, chiropractors, or acupuncturists, are in compliance with the Moscone-Knox Professional Corporation Act (Part 4 (commencing with Section 13400) of Division 3 of Title 1 of the Corporations Code), this article, and any other statute or regulation pertaining to that corporation and the conduct of its affairs. With respect to a professional clinical counselor corporation, the term "governmental agency" in the Moscone-Knox Professional Corporation Act (Part 4 (commencing with Section 13400) of Division 3 of Title 1 of the Corporations Code) shall be construed to mean the Board of Behavioral Sciences.

~~SEC. 37.~~

SEC. 35. Section 14132.55 of the Welfare and Institutions Code is amended to read:

1 14132.55. For the purposes of reimbursement under the
2 Medi-Cal program, a speech pathologist or audiologist shall be
3 licensed by the Speech-Language Pathology and Audiology
4 Examining Committee of the Medical Board of California or
5 similarly licensed by a comparable agency in the state in which
6 he or she practices. Licensed speech-language pathologists or
7 licensed audiologists are authorized to utilize and shall be
8 reimbursed for the services of those personnel in the process of
9 completing requirements under the provisions of subdivision (c)
10 of Section 2532.2 of the Business and Professions Code.

11 ~~SEC. 38.~~

12 *SEC. 36.* No reimbursement is required by this act pursuant to
13 Section 6 of Article XIII B of the California Constitution because
14 the only costs that may be incurred by a local agency or school
15 district will be incurred because this act creates a new crime or
16 infraction, eliminates a crime or infraction, or changes the penalty
17 for a crime or infraction, within the meaning of Section 17556 of
18 the Government Code, or changes the definition of a crime within
19 the meaning of Section 6 of Article XIII B of the California
20 Constitution.

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: AB 186
Author: Maienschein
Bill Date: June 25, 2014, Amended
Subject: Military Spouses: Temporary Licenses
Sponsor: Author
Position: Support

DESCRIPTION OF CURRENT LEGISLATION:

This bill would allow 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 licensing requirements, complete an application and provide specified information.

Recent amendments would not affect the Medical Board of California (Board), they are related to other boards under the Department of Consumer Affairs (DCA).

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, and if they 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 would require most boards under DCA, including the Board, to issue a 12-month temporary license to applicants who hold a current, active, and unrestricted license to practice in another state, and who qualify for an expedited license if the applicant has not committed an act in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license and if the applicant has not been disciplined by a licensing entity in another jurisdiction and is not the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction. This bill would require 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 would expire 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 would allow the Board to conduct an investigation of applicants and would allow the Board to require the applicant to submit fingerprints and conduct a criminal background check. This bill would allow the Board to adopt necessary regulations. This bill would specify that the bill does not apply to boards that already have a temporary licensing process.

In addition, this bill would allow 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 would require the Board to issue a notice of termination that would require 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 would require the applicant to meet all licensing requirements in existing law and would require fingerprints to be cleared, would require 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 could be issued. The Board originally took a support if amended position on this bill and asked that language be added to specify if the information on the applicant's application is found to be inaccurate or contrary to the affidavit, that the Board could require the individual that has been issued a temporary license to immediately cease practice, in order to ensure consumer protection. This language was amended into the bill, as such, the Board now has a support position on this bill.

FISCAL: Minor and absorbable

SUPPORT: Easter Seals Disability Services
California Board of Accountancy
California Architects Board
Medical Board of California
78 individuals

OPPOSITION: Board of Behavioral Sciences

AMENDED IN SENATE JUNE 25, 2014

AMENDED IN SENATE MAY 29, 2014

AMENDED IN SENATE JUNE 24, 2013

AMENDED IN ASSEMBLY MAY 24, 2013

AMENDED IN ASSEMBLY APRIL 22, 2013

AMENDED IN ASSEMBLY APRIL 1, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 186

Introduced by Assembly Member Maienschein

(Principal coauthor: Assembly Member Hagman)

**(Coauthors: Assembly Members Chávez, Dahle, Donnelly,
Beth Gaines, Garcia, *Gorell*, Grove, Harkey, Olsen, Patterson,
and V. Manuel Pérez)**

(Coauthors: Senators Fuller and Huff)

January 28, 2013

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

LEGISLATIVE COUNSEL'S DIGEST

AB 186, as amended, 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 an applicant who holds a ~~current~~ *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 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 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. The bill would also authorize a board to require an applicant to successfully pass an examination in jurisprudence or California law and ethics for the issuance of a temporary license if successfully passing the examination is a requirement for all applicants for full licensure.

This bill would exclude the California Architects Board, *the Landscape Architects Technical Committee*, *the Contractors' State License Board*, the State Board of Chiropractic Examiners, ~~or~~ and a board that established a temporary licensing process before January 1, 2014, from these provisions.

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

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

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

- 1 SECTION 1. Section 115.6 is added to the Business and
2 Professions Code, to read:
3 115.6. (a) A board within the department shall, after
4 appropriate investigation, issue a temporary license to an applicant
5 if he or she meets the requirements set forth in subdivision (c).
6 The temporary license shall expire 12 months after issuance, upon
7 issuance of an expedited license pursuant to Section 115.5, or upon
8 denial of the application for expedited licensure by the board,
9 whichever occurs first.
10 (b) The board may conduct an investigation of an applicant for
11 purposes of denying or revoking a temporary license issued
12 pursuant to this section. This investigation may include a criminal
13 background check.
14 (c) An applicant seeking a temporary license pursuant to this
15 section shall meet the following requirements:
16 (1) The applicant shall supply evidence satisfactory to the board
17 that the applicant is married to, or in a domestic partnership or
18 other legal union with, an active duty member of the Armed Forces
19 of the United States who is assigned to a duty station in this state
20 under official active duty military orders.
21 (2) The applicant shall hold a ~~current license~~ *current, active,*
22 *and unrestricted license that confers upon him or her the authority*
23 *to practice*, in another state, district, or territory of the United
24 ~~States in States~~, the profession or vocation for which he or she
25 seeks a temporary license from the board.
26 (3) The applicant shall submit an application to the board that
27 shall include a signed affidavit attesting to the fact that he or she
28 meets all of the requirements for the temporary license and that
29 the information submitted in the application is accurate, to the best
30 of his or her knowledge. The application shall also include written
31 verification from the applicant's original licensing jurisdiction
32 stating that the applicant's license is in good standing in that
33 jurisdiction.
34 (4) The applicant shall not have committed an act in any
35 jurisdiction that would have constituted grounds for denial,

1 suspension, or revocation of the license under this code at the time
2 the act was committed. A violation of this paragraph may be
3 grounds for the denial or revocation of a temporary license issued
4 by the board.

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

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

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

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

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

31 (g) A board within the department may require an applicant to
32 successfully pass an examination in jurisprudence or California
33 law and ethics for the issuance of a temporary license pursuant to
34 this section if successfully passing the examination is a requirement
35 for all applicants for full licensure.

36 (h) This section shall not apply to the California Architects
37 ~~Board~~ Board, the Landscape Architects Technical Committee, the
38 Contractors' State License Board, or the State Board of
39 Chiropractic Examiners.

- 1 (i) This section shall not apply to a board that established a
2 temporary licensing process before January 1, 2014.

O

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: AB 496
Author: Gordon
Bill Date: June 25, 2014, Amended
Subject: CME: Sexual Orientation, Gender Identity, and Gender Expression
Sponsor: Equality California

DESCRIPTION OF CURRENT LEGISLATION:

This bill would amend 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:

This bill previously reauthorized the Task Force on Culturally and Linguistically Competent Physicians and Dentists in order to expand the Task Force's membership and charge to include the lesbian, gay, bisexual, transgender, and intersex (LGBTI) community. This bill would have required the reconstituted Task Force to report its findings to the Legislature by January 1, 2016. This bill would have expanded the definition of cultural competency. This bill also would have required local medical societies to develop and distribute a survey for language minority patients and LGBTI patients to measure the degree of satisfaction with physicians who have taken the educational classes on cultural and linguistic competency provided pursuant to this bill. This bill would have required local medical societies to develop an evaluation survey for physicians to assess the quality of education or training programs on cultural and linguistic competency. This bill would have required the survey information to be shared with the Board's Cultural and Linguistic Competency (CLC) Workgroup. The Board previously had a support position on this bill.

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 was substantially amended and would now only add 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 could 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 would require 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 would only need to include agenda items at future meetings to hear from the organizations who have addressed the amended cultural and linguistic competency curriculum requirement.

The Board supported the previous version of this bill because 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, staff is suggesting that the Board continue to support this bill.

FISCAL: Minimal and absorbable

SUPPORT: Equality California (sponsor); AIDS Legal Referral Panel; Asian & Pacific Islander Wellness Center; California Pan Ethnic Health Network; GMLA: Health Professionals Advancing LGBT Equality; L.A. Gay & Lesbian Center; Mental Health America of Northern California; National Center for Lesbian Rights; Our Family Coalition; Planned Parenthood Affiliates of California; Queer Humboldt; Rainbow Community Center of Contra Costa County; and Transgender Law Center

OPPOSITION: None on File

POSITION: Recommendation: Support

AMENDED IN SENATE JUNE 25, 2014

AMENDED IN SENATE JUNE 25, 2013

AMENDED IN ASSEMBLY APRIL 10, 2013

AMENDED IN ASSEMBLY APRIL 2, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 496

Introduced by Assembly Member Gordon
(Coauthors: Assembly Members Ammiano and Atkins)
(Coauthors: Senators Lara and Leno)

February 20, 2013

An act to amend ~~Sections 852, 2198, and 2198.1~~ *Section 2190.1* of the Business and Professions Code, relating to medicine.

LEGISLATIVE COUNSEL'S DIGEST

AB 496, as amended, 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.

~~Existing law creates the Task Force on Culturally and Linguistically Competent Physicians and Dentists. Existing law requires the Director of Health Care Services and the Director of Consumer Affairs to serve as cochairs of the task force. Existing law requires that the task force consist of, among other people, the Executive Director of the Medical Board of California and the Executive Director of the Dental Board of California. Existing law additionally requires the Director of Consumer Affairs, in consultation with the Director of Health Care Services, to appoint as task force members, among other people, California licensed physicians and dentists who provide health services to members of language and ethnic minority groups and representatives of organizations that advocate on behalf of, or provide health services to, members of language and ethnic minority groups. Existing law required the task force to report its findings to the Legislature and appropriate licensing boards by January 1, 2003.~~

~~This bill would replace the Director of Health Care Services with the Deputy Director of the Office of Health Equity, or his or her designee, as cochair of the task force. The bill would also instead require the appointment of members to be made in consultation with the Office of Health Equity. The bill would authorize a designee of the Director of Consumer Affairs to serve as cochair of the task force and would authorize designees of the Executive Director of the Medical Board of California and the Executive Director of the Dental Board of California to serve as task force members. The bill would require the licensed task~~

~~force members and advocate task force members to be providers of health services to, or advocates on behalf of, members of language and ethnic minority groups as well as lesbian, gay, bisexual, transgender, and intersex groups. The bill would require the task force to report its findings to the Legislature and appropriate licensing boards by January 1, 2016.~~

~~Existing law, the Cultural and Linguistic Competency of Physicians Act of 2003, establishes the cultural and linguistic physician competency program which is operated by local medical societies of the California Medical Association and is monitored by the Medical Board of California. That voluntary program consists of educational classes for all interested physicians and is designed to teach foreign language and cultural beliefs and practices that may impact patient health care practices and allow physicians to incorporate this knowledge in the diagnosis and treatment of patients who are not from the predominate culture in California.~~

~~This bill would additionally require the program to address lesbian, gay, bisexual, transgender, and intersex groups of interest to local medical societies. The bill would require the training programs to be formulated in collaboration with California-based lesbian, gay, bisexual, transgender, and intersex medical societies.~~

~~Existing law requires local medical societies to develop and distribute a survey for language minority patients to measure the degree of satisfaction with physicians who have taken the educational classes on cultural and linguistic competency described above.~~

~~This bill would also require local medical societies to develop and distribute a similar survey to lesbian, gay, bisexual, transgender, and intersex patients.~~

~~Existing law also defines “cultural and linguistic competency” for the purposes of those provisions as meaning cultural and linguistic abilities that can be incorporated into therapeutic and medical evaluation and treatment, including understanding and applying the roles that culture, ethnicity, and race play in diagnosis, treatment, and clinical care, and awareness of how the attitudes, values, and beliefs of health care providers and patients influence and impact professional and patient relations.~~

~~This bill would redefine the term “cultural and linguistic competency” to also include understanding and applying the roles that sexual orientation, gender identity, and gender expression play in diagnosis, treatment, and clinical care, and developing behaviors that increase a~~

patient's satisfaction with, and trust in, his or her physicians and health care institutions. The bill would also make related technical, nonsubstantive changes.

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

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

1 *SECTION 1. Section 2190.1 of the Business and Professions*
 2 *Code is amended to read:*
 3 2190.1. (a) The continuing medical education standards of
 4 Section 2190 may be met by educational activities that meet the
 5 standards of the Division of Licensing and *that* serve to maintain,
 6 develop, or increase the knowledge, skills, and professional
 7 performance that a physician and surgeon uses to provide care, or
 8 to improve the quality of care provided for patients, ~~including, to~~
 9 *patients. These may include, but are not limited to, educational*
 10 activities that meet any of the following criteria:
 11 (1) Have a scientific or clinical content with a direct bearing on
 12 the quality or cost-effective provision of patient care, community
 13 or public health, or preventive medicine.
 14 (2) Concern quality assurance or improvement, risk
 15 management, health facility standards, or the legal aspects of
 16 clinical medicine.
 17 (3) Concern bioethics or professional ethics.
 18 (4) Are designed to improve the physician-patient relationship.
 19 (b) (1) On and after July 1, 2006, all continuing medical
 20 education courses shall contain curriculum that includes cultural
 21 and linguistic competency in the practice of medicine.
 22 (2) Notwithstanding the provisions of paragraph (1), a
 23 continuing medical education course dedicated solely to research
 24 or other issues that does not include a direct patient care component
 25 ~~and or~~ a course offered by a continuing medical education provider
 26 that is not located in this state ~~are~~ *is* not required to contain
 27 curriculum that includes cultural and linguistic competency in the
 28 practice of medicine.
 29 (3) Associations that accredit continuing medical education
 30 courses shall develop standards before July 1, 2006, for compliance
 31 with the requirements of paragraph (1). The associations may
 32 ~~develop~~ *update these—standards standards, as needed, in*

1 conjunction with an advisory group that has expertise in cultural
2 and linguistic competency issues.

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

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

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

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

18 (B) Utilizing cultural information to establish therapeutic
19 relationships.

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

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

27 (2) Linguistic competency. For the purposes of this section,
28 “linguistic competency” means the ability of a physician and
29 surgeon to provide patients who do not speak English or who have
30 limited ability to speak English, direct communication in the
31 patient’s primary language.

32 (3) A review and explanation of relevant federal and state laws
33 and regulations regarding linguistic access, including, but not
34 limited to, the federal Civil Rights Act (42 U.S.C. Sec. 1981, et
35 seq.), Executive Order 13166 of August 11, 2000, of the President
36 of the United States, and the Dymally-Alatorre Bilingual Services
37 Act (Chapter 17.5 (commencing with Section 7290) of Division
38 7 of Title 1 of the Government Code).

39 (d) Notwithstanding subdivision (a), educational activities that
40 are not directed toward the practice of medicine, or are directed

1 primarily toward the business aspects of medical practice,
2 including, but not limited to, medical office management, billing
3 and coding, and marketing shall not be deemed to meet the
4 continuing medical education standards for licensed physicians
5 and surgeons.

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

11 ~~SECTION 1. Section 852 of the Business and Professions Code~~
12 ~~is amended to read:~~

13 ~~852. (a) The Task Force on Culturally and Linguistically~~
14 ~~Competent Physicians and Dentists is hereby created and shall~~
15 ~~consist of the following members:~~

16 ~~(1) The Deputy Director of the Office of Health Equity, or his~~
17 ~~or her designee, and the Director of Consumer Affairs, or his or~~
18 ~~her designee, who shall serve as cochairs of the task force.~~

19 ~~(2) The Executive Director of the Medical Board of California,~~
20 ~~or his or her designee.~~

21 ~~(3) The Executive Director of the Dental Board of California,~~
22 ~~or his or her designee.~~

23 ~~(4) One member appointed by the Senate Committee on Rules.~~

24 ~~(5) One member appointed by the Speaker of the Assembly.~~

25 ~~(b) Additional task force members shall be appointed by the~~
26 ~~Director of Consumer Affairs, in consultation with the Office of~~
27 ~~Health Equity, as follows:~~

28 ~~(1) Representatives of organizations that advocate on behalf of~~
29 ~~California licensed physicians and dentists.~~

30 ~~(2) California licensed physicians and dentists who provide~~
31 ~~health services to members of language and ethnic minority groups,~~
32 ~~as well as lesbian, gay, bisexual, transgender, and intersex groups.~~

33 ~~(3) Representatives of organizations that advocate on behalf of,~~
34 ~~or provide health services to, members of language and ethnic~~
35 ~~minority groups, as well as lesbian, gay, bisexual, transgender,~~
36 ~~and intersex groups.~~

37 ~~(4) Representatives of entities that offer continuing education~~
38 ~~for physicians and dentists.~~

39 ~~(5) Representatives of California's medical and dental schools.~~

1 ~~(6) Individuals with experience in developing, implementing,~~
2 ~~monitoring, and evaluating cultural and linguistic programs.~~

3 ~~(e) The duties of the task force shall include the following:~~

4 ~~(1) Developing recommendations for a continuing education~~
5 ~~program that includes language proficiency standards of foreign~~
6 ~~language to be acquired to meet linguistic competency.~~

7 ~~(2) Identifying the key cultural elements necessary to meet~~
8 ~~cultural competency by physicians, dentists, and their offices.~~

9 ~~(3) Assessing the need for voluntary certification standards and~~
10 ~~examinations for cultural and linguistic competency.~~

11 ~~(d) The task force shall hold hearings and convene meetings to~~
12 ~~obtain input from persons belonging to language and ethnic~~
13 ~~minority groups, as well as lesbian, gay, bisexual, transgender,~~
14 ~~and intersex groups, to determine their needs and preferences for~~
15 ~~having culturally competent medical providers. These hearings~~
16 ~~and meetings shall be convened in communities that have large~~
17 ~~populations of language and ethnic minority groups, as well as~~
18 ~~lesbian, gay, bisexual, transgender, and intersex groups.~~

19 ~~(e) The task force shall report its findings to the Legislature and~~
20 ~~appropriate licensing boards on or before January 1, 2016.~~

21 ~~(f) The Medical Board of California and the Dental Board of~~
22 ~~California shall pay the state administrative costs of implementing~~
23 ~~this section.~~

24 ~~(g) Nothing in this section shall be construed to require~~
25 ~~mandatory continuing education of physicians and dentists.~~

26 ~~SEC. 2. Section 2198 of the Business and Professions Code is~~
27 ~~amended to read:~~

28 ~~2198. (a) This article shall be known and may be cited as the~~
29 ~~Cultural and Linguistic Competency of Physicians Act of 2003.~~
30 ~~The cultural and linguistic physician competency program is hereby~~
31 ~~established and shall be operated by local medical societies of the~~
32 ~~California Medical Association and shall be monitored by the~~
33 ~~Medical Board of California.~~

34 ~~(b) This program shall be a voluntary program for all interested~~
35 ~~physicians. As a primary objective, the program shall consist of~~
36 ~~educational classes which shall be designed to teach physicians~~
37 ~~the following:~~

38 ~~(1) A foreign language at the level of proficiency that initially~~
39 ~~improves their ability to communicate with non-English speaking~~
40 ~~patients.~~

1 ~~(2) A foreign language at the level of proficiency that eventually~~
2 ~~enables direct communication with the non-English speaking~~
3 ~~patients.~~

4 ~~(3) Cultural beliefs and practices that may impact patient health~~
5 ~~care practices and allow physicians to incorporate this knowledge~~
6 ~~in the diagnosis and treatment of patients who are not from the~~
7 ~~predominate culture in California.~~

8 ~~(c) The program shall operate through local medical societies~~
9 ~~and shall be developed to address the ethnic language minority~~
10 ~~groups, as well as lesbian, gay, bisexual, transgender, and intersex~~
11 ~~groups, of interest to local medical societies.~~

12 ~~(d) In dealing with Spanish language and cultural practices of~~
13 ~~Mexican immigrant communities, the cultural and linguistic~~
14 ~~training program shall be developed with direct input from~~
15 ~~physician groups in Mexico who serve the same immigrant~~
16 ~~population in Mexico. A similar approach may be used for any of~~
17 ~~the languages and cultures that are taught by the program or~~
18 ~~appropriate ethnic medical societies may be consulted for the~~
19 ~~development of these programs.~~

20 ~~(e) Training programs shall be based and developed on the~~
21 ~~established knowledge of providers already serving target~~
22 ~~populations and shall be formulated in collaboration with the~~
23 ~~California Medical Association, the Medical Board of California,~~
24 ~~and other California-based ethnic medical societies, as well as~~
25 ~~lesbian, gay, bisexual, transgender, and intersex medical societies.~~

26 ~~(f) Programs shall include standards that identify the degree of~~
27 ~~competency for participants who successfully complete~~
28 ~~independent parts of the course of instruction.~~

29 ~~(g) Programs shall seek accreditation by the Accreditation~~
30 ~~Council for Continuing Medical Education.~~

31 ~~(h) The Medical Board of California shall convene a workgroup~~
32 ~~including, but not limited to, representatives of affected patient~~
33 ~~populations, medical societies engaged in program delivery, and~~
34 ~~community clinics to perform the following functions:~~

35 ~~(1) Evaluation of the progress made in the achievement of the~~
36 ~~intent of this article.~~

37 ~~(2) Determination of the means by which achievement of the~~
38 ~~intent of this article can be enhanced.~~

39 ~~(3) Evaluation of the reasonableness and the consistency of the~~
40 ~~standards developed by those entities delivering the program.~~

1 ~~(4) Determination and recommendation of the credit to be given~~
2 ~~to participants who successfully complete the identified programs.~~
3 ~~Factors to be considered in this determination shall include, at a~~
4 ~~minimum, compliance with requirements for continuing medical~~
5 ~~education and eligibility for increased rates of reimbursement~~
6 ~~under Medi-Cal, the Healthy Families Program, and health~~
7 ~~maintenance organization contracts.~~

8 ~~(i) Funding shall be provided by fees charged to physicians who~~
9 ~~elect to take these educational classes and any other funds that~~
10 ~~local medical societies may secure for this purpose.~~

11 ~~(j) (1) Local medical societies shall develop and distribute a~~
12 ~~survey for both of the following groups of individuals to measure~~
13 ~~the degree of satisfaction with physicians who have taken the~~
14 ~~educational classes on cultural and linguistic competency provided~~
15 ~~pursuant to this section:~~

16 ~~(A) Language minority patients.~~

17 ~~(B) Lesbian, gay, bisexual, transgender, and intersex patients.~~

18 ~~(2) Local medical societies shall also develop an evaluation~~
19 ~~survey for physicians to assess the quality of education or training~~
20 ~~programs on cultural and linguistic competency provided pursuant~~
21 ~~to this section.~~

22 ~~(3) The information provided by these surveys shall be shared~~
23 ~~with the workgroup established by the Medical Board of California~~
24 ~~pursuant to subdivision (h).~~

25 ~~SEC. 3. Section 2198.1 of the Business and Professions Code~~
26 ~~is amended to read:~~

27 ~~2198.1. For purposes of this article, “cultural and linguistic~~
28 ~~competency” means cultural and linguistic abilities that can be~~
29 ~~incorporated into therapeutic and medical evaluation and treatment,~~
30 ~~including, but not limited to, the following:~~

31 ~~(a) Direct communication in the patient-client primary language.~~

32 ~~(b) Understanding and applying the roles that culture, ethnicity,~~
33 ~~race, sexual orientation, gender identity, and gender expression~~
34 ~~play in diagnosis, treatment, and clinical care.~~

35 ~~(c) Awareness of how the attitudes, values, and beliefs of health~~
36 ~~care providers, patients, and society influence and impact~~
37 ~~professional and patient relations.~~

38 ~~(d) Developing behaviors that increase a patient’s satisfaction~~
39 ~~with, and trust in, his or her physicians and health care institutions.~~

O

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: AB 809
Author: Logue
Bill Date: May 19, 2014, Amended
Subject: Healing Arts: Telehealth
Sponsor: Author

DESCRIPTION OF CURRENT LEGISLATION:

This bill would revise the existing requirement on health care providers that they must verbally inform and document consent of the patient prior to delivery of health care services via telehealth. This bill would now require health care providers prior to initiating the use of telehealth to inform (it does not have to be verbally) the patient at the originating site about the use of telehealth. This bill would also allow the health care provider to obtain consent in writing (in addition to verbal consent), for the use of telehealth as an acceptable mode of delivering health care services and public health during a specified course of care and treatment. This bill would specify that it shall not preclude a patient from receiving in-person health care delivery services during a specified course of care and treatment after agreeing to receive services via telehealth.

ANALYSIS:

The Telehealth Advancement Act of 2011 was signed into law as a result of AB 415 (Logue, Chapter 547). This bill would delete the requirement included in that Act that is now in existing law that requires physicians, prior to the delivery of health care via telehealth, to verbally inform the patient at the originating site that telehealth may be used and obtain verbal consent from the patient for this use.

This bill would now require health care providers prior to initiating the use of telehealth to inform (it does not have to be verbally) the patient at the originating site about the use of telehealth. This bill would now allow the health care provider to obtain consent in writing (in addition to verbal consent), for the use of telehealth as an acceptable mode of delivering health care services and public health during a specified course of care and treatment. This bill would also specify that it shall not preclude a patient from receiving in-person health care delivery services during a specified course of care and treatment after agreeing to receive services via telehealth.

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. The latest amendments were taken in response to concerns raised by the Chair of the Senate Health Committee and Kaiser Permanente.

This bill would allow the Telemedicine Advancement Act of 2011 to be implemented as intended, which will help to improve access to care via telehealth. The latest amendments do not adversely affect the Board or the reason why the Board supports this bill, as such, board staff is suggesting the Board continue to support AB 809.

FISCAL: None

SUPPORT: Association of California Healthcare Districts
California Association of Physician Assistants
California Association of Physician Groups
Medical Board of California

OPPOSITION: American Federation of State, County, and Municipal Employees

POSITION: Recommendation: Support

AMENDED IN SENATE MAY 19, 2014
AMENDED IN SENATE JUNE 25, 2013
AMENDED IN ASSEMBLY APRIL 29, 2013
AMENDED IN ASSEMBLY APRIL 3, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 809

Introduced by Assembly Member Logue
(Coauthor: Senator Galgiani)

February 21, 2013

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.

LEGISLATIVE COUNSEL'S DIGEST

AB 809, as amended, 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 at the originating site 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 in the patient's medical record ~~and to transmit that documentation with the initiation of any telehealth to any distant-site health care provider from whom telehealth is requested or obtained. The bill would require a distant-site health~~

care provider to either obtain confirmation of the patient's consent from the originating site provider or separately obtain and document consent from the patient about the use of telehealth, as specified. *record.*

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

Vote: $\frac{2}{3}$. Appropriation: no. Fiscal committee: no.

State-mandated local program: no.

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

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

3 2290.5. (a) For purposes of this division, the following
4 definitions shall apply:

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

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

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

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

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

21 (6) "Telehealth" means the mode of delivering health care
22 services and public health via information and communication
23 technologies to facilitate the diagnosis, consultation, treatment,
24 education, care management, and self-management of a patient's
25 health care while the patient is at the originating site and the health
26 care provider is at a distant site. Telehealth facilitates patient
27 self-management and caregiver support for patients and includes
28 synchronous interactions and asynchronous store and forward
29 transfers.

1 (b) Prior to the delivery of health care via telehealth, the health
2 care provider initiating the use of telehealth at the originating site
3 shall inform the patient about the use of telehealth and obtain verbal
4 or written consent from the patient for the use of telehealth as an
5 acceptable mode of delivering health care services and public
6 health during a specified course of health care and treatment. The
7 consent shall be documented in the patient's medical record, and
8 ~~the documentation shall be transmitted with the initiation of any~~
9 ~~telehealth for that specified course of health care and treatment to~~
10 ~~any distant-site health care provider from whom telehealth is~~
11 ~~requested or obtained. A distant-site health care provider shall~~
12 ~~either obtain confirmation of the patient's consent from the~~
13 ~~originating-site provider or separately obtain and document consent~~
14 ~~from the patient about the use of telehealth as an acceptable mode~~
15 ~~of delivering health care services and public health during a~~
16 ~~specified course of health care and treatment. record.~~

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

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

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

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

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

34 (h) (1) Notwithstanding any other provision of law and for
35 purposes of this section, the governing body of the hospital whose
36 patients are receiving the telehealth services may grant privileges
37 to, and verify and approve credentials for, providers of telehealth
38 services based on its medical staff recommendations that rely on
39 information provided by the distant-site hospital or telehealth

1 entity, as described in Sections 482.12, 482.22, and 485.616 of
2 Title 42 of the Code of Federal Regulations.

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

7 (3) For the purposes of this subdivision, “telehealth” shall
8 include “telemedicine” as the term is referenced in Sections 482.12,
9 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

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

14 In order to protect the health and safety of the public due to a
15 lack of access to health care providers in rural and urban medically
16 underserved areas of California, the increasing strain on existing
17 providers ~~expected to occur~~ *that occurred* with the implementation
18 of the federal Patient Protection and Affordable Care Act, and the
19 assistance that further implementation of telehealth can provide
20 to help relieve these burdens, it is necessary for this act to take
21 effect immediately.

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: AB 1535
Author: Bloom
Bill Date: June 24, 2014, Amended
Subject: Pharmacists: Naloxone Hydrochloride
Sponsor: Drug Policy Alliance
California Pharmacists Association
Position: Support

DESCRIPTION OF CURRENT LEGISLATION:

This bill would allow 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 would specify 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 would require 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.

Recent amendments allow 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

AB 635 (Ammiano, Chapter 707, Statutes of 2013) was signed into law by the Governor and was supported by the Board. This new law allows health care providers to prescribe, dispense, and issue standing orders for an opioid antagonist to persons at risk of overdose, or their family member, friend, or other person in a position to assist persons at risk, without making them professionally, civilly or criminally liable, if acting within reasonable care. It also extends this same liability protection to individuals assisting in dispensing, distributing, or administering the opioid antagonist during an overdose. This law requires a person who is prescribed or possesses an opioid antagonist pursuant to a standing order to receive training provided by an opioid overdose prevention and treatment training program.

This bill would increase 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.

Recent amendments allow 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 would specify 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 would require 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 would authorize 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. The Board supported AB 635 because it encourages licensed healthcare providers to begin prescribing naloxone to patients on chronic opioid pain medications in order to help address the prescription drug overdose epidemic, furthering the Board's mission of consumer protection.

This bill was amended to address concerns raised by the California Medical Association and now would require the BOP and the Board to include specific procedures in the standardized procedures and protocols to ensure education of the person to whom the naloxone hydrochloride is furnished and would also require procedures to be included for the notification of the patient's primary care provider with patient consent. The amendments require that the patient receive consultation from the pharmacist, and would not allow it to be waived.

This bill will increase at-risk patients access to naloxone, while at the same time ensuring standardized procedures and protocols are in place. The Board currently has a Support position on this bill and recent amendments do not change the purpose of the bill or the reasons the Board supports 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 Hospital Association; California Mental Health Directors Association; California Narcotic Officers' Association; California Opioid Maintenance Providers; California Retailers Association; California Society of Addiction Medicine; 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; 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; Paving the Way Foundation; Phoenix House of Los Angeles; Primary Purpose Sober Living Homes; San Fernando Recovery Center; Safer Alternatives Through Networking and Education; SHIELDS For Families; Soberspace; and Solace

OPPOSITION: None on file

AMENDED IN SENATE JUNE 24, 2014

AMENDED IN ASSEMBLY APRIL 1, 2014

AMENDED IN ASSEMBLY MARCH 18, 2014

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 1535

Introduced by Assembly Member Bloom
(Coauthor: Senator Pavley)

January 21, 2014

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

LEGISLATIVE COUNSEL'S DIGEST

AB 1535, as amended, 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.

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

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

1 SECTION 1. Section 4052.01 is added to the Business and
2 Professions Code, to read:
3 4052.01. (a) Notwithstanding any other provision of law, a
4 pharmacist may furnish naloxone hydrochloride in accordance
5 with standardized procedures or protocols developed and approved
6 by both the board and the Medical Board of California, in
7 consultation with the California Society of Addiction Medicine,
8 the California Pharmacists Association, and other appropriate
9 entities. In developing those standardized procedures or protocols,
10 the board and the Medical Board of California shall include the
11 following:

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

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

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

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

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

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

27 (e) *The board may adopt emergency regulations to establish*
28 *the standardized procedures or protocols. The adoption of*
29 *regulations pursuant to this subdivision shall be deemed to be an*
30 *emergency and necessary for the immediate preservation of the*
31 *public peace, health, safety, or general welfare. The emergency*
32 *regulations authorized by this subdivision are exempt from review*
33 *by the Office of Administrative Law. The emergency regulations*
34 *authorized by this subdivision shall be submitted to the Office of*
35 *Administrative Law for filing with the Secretary of State and shall*
36 *remain in effect until the earlier of 180 days following their*
37 *effective date or the effective date of regulations adopted pursuant*
38 *to subdivision (a).*

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MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: AB 1841
Author: Mullin
Bill Date: June 2, 2014, Amended
Subject: Medical Assistants
Sponsor: Planned Parenthood
Position: Support

DESCRIPTION OF CURRENT LEGISLATION:

This bill would allow 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 would require 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 would exclude controlled substances.

ANALYSIS

Existing law allows MAs to administer medication (including narcotics) orally, topically or through injection; perform skin tests; apply bandages; remove casts and stitches; perform simple lab/screening tests; and perform technical supportive services upon training and authorization of a licensed physician. However, MAs are not allowed to physically hand over medication to patients. This bill would allow MAs to hand over properly labeled and pre-packaged medication to patients when ordered by a physician or clinician. This bill would require the medication to have the specific patient's name affixed to the package and for the physician or clinician 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, before the MA can hand over the medication to the patient.

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 has a support position on this bill and recent amendments do not affect the Board's position or the reasons for taking that position.

FISCAL: None

SUPPORT: Planned Parenthood (Sponsor)
Association of California Healthcare Districts
California Association for Nurse Practitioners
Medical Board of California

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

AMENDED IN SENATE JUNE 2, 2014

AMENDED IN ASSEMBLY APRIL 21, 2014

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 1841

Introduced by Assembly Member Mullin
(Coauthor: Senator Hernandez)

February 18, 2014

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

LEGISLATIVE COUNSEL'S DIGEST

AB 1841, as amended, 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.

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

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

- 1 SECTION 1. Section 2069 of the Business and Professions
- 2 Code is amended to read:
- 3 2069. (a) (1) Notwithstanding any other law, a medical
- 4 assistant may administer medication only by intradermal,
- 5 subcutaneous, or intramuscular injections and perform skin tests
- 6 and additional technical supportive services upon the specific
- 7 authorization and supervision of a licensed physician and surgeon
- 8 or a licensed podiatrist. A medical assistant may also perform all
- 9 these tasks and services upon the specific authorization of a
- 10 physician assistant, a nurse practitioner, or a certified
- 11 nurse-midwife.
- 12 (2) The supervising physician and surgeon may, at his or her
- 13 discretion, in consultation with the nurse practitioner, certified
- 14 nurse-midwife, or physician assistant, provide written instructions
- 15 to be followed by a medical assistant in the performance of tasks
- 16 or supportive services. These written instructions may provide that
- 17 the supervisory function for the medical assistant for these tasks
- 18 or supportive services may be delegated to the nurse practitioner,
- 19 certified nurse-midwife, or physician assistant within the
- 20 standardized procedures or protocol, and that tasks may be

1 performed when the supervising physician and surgeon is not
2 onsite, if either of the following apply:

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

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

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

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

29 (2) "Specific authorization" means a specific written order
30 prepared by the supervising physician and surgeon or the
31 supervising podiatrist, or the physician assistant, the nurse
32 practitioner, or the certified nurse-midwife as provided in
33 subdivision (a), authorizing the procedures to be performed on a
34 patient, which shall be placed in the patient's medical record, or
35 a standing order prepared by the supervising physician and surgeon
36 or the supervising podiatrist, or the physician assistant, the nurse
37 practitioner, or the certified nurse-midwife as provided in
38 subdivision (a), authorizing the procedures to be performed, the
39 duration of which shall be consistent with accepted medical

1 practice. A notation of the standing order shall be placed on the
2 patient's medical record.

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

8 (A) A licensed physician and surgeon.

9 (B) A licensed podiatrist.

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

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

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

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

37 (1) The licensure of medical assistants.

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

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

3 (4) A medical assistant to perform any clinical laboratory test
4 or examination for which he or she is not authorized by Chapter
5 3 (commencing with Section 1200).

6 (5) A nurse practitioner, certified nurse-midwife, or physician
7 assistant to be a laboratory director of a clinical laboratory, as those
8 terms are defined in paragraph (8) of subdivision (a) of Section
9 1206 and subdivision (a) of Section 1209.

10 (d) A nurse practitioner, certified nurse-midwife, or physician
11 assistant shall not authorize a medical assistant to perform any
12 clinical laboratory test or examination for which the medical
13 assistant is not authorized by Chapter 3 (commencing with Section
14 1200). A violation of this subdivision constitutes unprofessional
15 conduct.

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

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: AB 2139
Author: Eggman
Bill Date: May 13, 2014, Amended
Subject: End-of-Life Care: Patient Notification
Sponsor: Author
Position: Neutral

DESCRIPTION OF CURRENT LEGISLATION:

This bill would require 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 would specify 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.

ANALYSIS

Existing law, Health and Safety Code Section 442.5 requires that a health care provider provide a patient diagnosed with a terminal illness, upon request of the patient, with comprehensive information or counseling regarding their end-of-life options, or make other arrangements to accommodate the patient's request. The information required to be provided in law includes information about prognosis, availability of hospice and palliative care, the right to refuse or withdraw from life-sustaining treatment, and the right to provide written health care instructions or appoint a decision maker.

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 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 has a neutral position on this bill and recent amendments do not affect the Board's position or the reasons for taking that position.

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 California; and National Association of Social Workers, California Chapter

OPPOSITION: Association of Northern California Oncologists; California Medical Association; California Right to Life Committee; and Medical Oncology Association of Southern California

AMENDED IN ASSEMBLY MAY 13, 2014

AMENDED IN ASSEMBLY APRIL 2, 2014

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 2139

Introduced by Assembly Member Eggman

February 20, 2014

An act to amend Sections ~~442, 442.5, 442.5~~ and 442.7 of the Health and Safety Code, relating to terminal illness.

LEGISLATIVE COUNSEL'S DIGEST

AB 2139, as amended, 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. ~~Existing law authorizes an adult to give an individual, known as an agent, authority to make health care decisions for that individual in the event of his or her incapacity pursuant to a power of attorney for health care.~~

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 ~~an agent under a power of attorney for health care~~ *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 agent, 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 bill would define the term "terminal illness" for these purposes.

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

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

1 ~~SECTION 1. Section 442 of the Health and Safety Code is~~
2 ~~amended to read:~~
3 ~~442. For the purposes of this part, the following definitions~~
4 ~~shall apply:~~
5 ~~(a) "Actively dying" means the phase of terminal illness when~~
6 ~~death is imminent.~~
7 ~~(b) "Agent" means an individual designated in a power of~~
8 ~~attorney for health care, as provided in Article 1 (commencing~~
9 ~~with Section 4670) and Article 2 (commencing with Section 4680)~~
10 ~~of Chapter 1 of Part 2 of Division 4.7 of the Probate Code, to make~~
11 ~~a health care decision for the patient who has been diagnosed with~~
12 ~~a terminal illness, regardless of whether the person is known as~~
13 ~~an agent or attorney in fact, or by some other term.~~
14 ~~(c) "Disease-targeted treatment" means treatment directed at~~
15 ~~the underlying disease or condition that is intended to alter its~~
16 ~~natural history or progression, irrespective of whether or not a cure~~
17 ~~is a possibility.~~
18 ~~(d) "Health care provider" means an attending physician and~~
19 ~~surgeon. It also means a nurse practitioner or physician assistant~~
20 ~~practicing in accordance with standardized procedures or protocols~~
21 ~~developed and approved by the supervising physician and surgeon~~
22 ~~and the nurse practitioner or physician assistant.~~
23 ~~(e) "Hospice" means a specialized form of interdisciplinary~~
24 ~~health care that is designed to provide palliative care, alleviate the~~
25 ~~physical, emotional, social, and spiritual discomforts of an~~
26 ~~individual who is experiencing the last phases of life due to the~~
27 ~~existence of a terminal disease, and provide supportive care to the~~

1 ~~primary caregiver and the family of the hospice patient, and that~~
2 ~~meets all of the criteria specified in subdivision (b) of Section~~
3 ~~1746.~~

4 (f) ~~“Palliative care” means medical treatment, interdisciplinary~~
5 ~~care, or consultation provided to a patient or family members, or~~
6 ~~both, that has as its primary purpose the prevention of, or relief~~
7 ~~from, suffering and the enhancement of the quality of life, rather~~
8 ~~than treatment aimed at investigation and intervention for the~~
9 ~~purpose of cure or prolongation of life as described in subdivision~~
10 ~~(b) of Section 1339.31. In some cases, disease-targeted treatment~~
11 ~~may be used in palliative care.~~

12 (g) ~~“Refusal or withdrawal of life-sustaining treatment” means~~
13 ~~forgoing treatment or medical procedures that replace or support~~
14 ~~an essential bodily function, including, but not limited to,~~
15 ~~cardiopulmonary resuscitation, mechanical ventilation, artificial~~
16 ~~nutrition and hydration, dialysis, and any other treatment or~~
17 ~~discontinuing any or all of those treatments after they have been~~
18 ~~used for a reasonable time.~~

19 (h) ~~“Terminal illness” means a medical condition resulting in~~
20 ~~a prognosis of a life expectancy of one year or less, if the disease~~
21 ~~follows its normal course.~~

22 ~~SEC. 2.~~

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

25 442.5. (a) When a health care provider makes a diagnosis that
26 a patient has a terminal illness, the health care provider shall ~~notify~~
27 ~~do both of the following:~~

28 (1) ~~Notify the patient of his or her right to, or when applicable,~~
29 ~~the agent of the patient’s right to, comprehensive information and~~
30 ~~counseling regarding legal end-of-life options and, upon the patient~~
31 ~~or agent’s request, provide the patient or agent right of another~~
32 ~~person authorized to make health care decisions for the patient~~
33 ~~to, comprehensive information and counseling regarding legal~~
34 ~~end-of-life options. This notification maybe provided at the time~~
35 ~~of diagnosis or at a subsequent visit in which the provider discusses~~
36 ~~treatment options with the patient or the other authorized person.~~

37 (2) ~~Upon the request of the patient or another person authorized~~
38 ~~to make health care decisions for the patient, provide the patient~~
39 ~~or other authorized person with comprehensive information and~~
40 ~~counseling regarding legal end-of-life care options pursuant to this~~

1 section. When a terminally ill patient is in a health facility, as
2 defined in Section 1250, the health care provider, or medical
3 director of the health facility if the patient's health care provider
4 is not available, may refer the patient or ~~agent~~ *other authorized*
5 *person* to a hospice provider or private or public agencies and
6 community-based organizations that specialize in end-of-life care
7 case management and consultation to receive comprehensive
8 information and counseling regarding legal end-of-life care options.

9 (a)

10 (b) ~~If the patient or agent indicates a desire to receive the~~
11 ~~information and counseling, a patient or another person authorized~~
12 ~~to make health care decisions for the patient, requests information~~
13 ~~and counseling pursuant to paragraph (2) of subdivision (a), the~~
14 comprehensive information shall include, but not be limited to,
15 the following:

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

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

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

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

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

28 (6) ~~If the patient has not appointed an agent under a power of~~
29 ~~attorney for health care, the~~ *The patient's right to give individual*
30 *health care instruction pursuant to Section 4670 of the Probate*
31 *Code, which provides the means by which a patient may provide*
32 *written health care instruction, such as an advance health care*
33 *directive, and the patient's right to appoint a legally recognized*
34 *health care decisionmaker.*

35 (b)

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

1 ~~(e)~~

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

8 ~~(d)~~

9 ~~(e)~~ The information and counseling sessions may include a
10 discussion of treatment options in a *culturally sensitive* manner
11 that the patient and his or her family, or, when applicable, ~~the~~
12 ~~agent~~, *another person authorized to make health care decisions*
13 *for the patient*, can easily understand. If the patient or ~~agent~~ *other*
14 *authorized person* requests information on the costs of treatment
15 options, including the availability of insurance and eligibility of
16 the patient for coverage, the patient or ~~agent~~ *other authorized*
17 *person* shall be referred to the appropriate entity for that
18 information.

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

23 ~~(g)~~ *For purposes of this section, "health care decisions" has*
24 *the meaning set fourth in Section 4617 of the Probate Code.*

25 ~~SEC. 3.~~

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

28 442.7. If a health care provider does not wish to comply with
29 his or her patient's request or, when applicable, ~~the agent's~~ request
30 *of another person authorized to make health care decisions, as*
31 *defined in Section 4617 of the Probate Code, for the patient* for
32 information on end-of-life options, the health care provider shall
33 do both of the following:

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

36 (b) Provide the patient or ~~agent~~ *other person authorized to make*
37 *health care decisions for the patient* with information on

- 1 procedures to transfer to another health care provider that shall
- 2 provide the requested information.

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MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: AB 2214
Author: Fox
Bill Date: June 26, 2014, Amended
Subject: Continuing Medical Education: Geriatric Care
Sponsor: Author
Position: Neutral

DESCRIPTION OF CURRENT LEGISLATION:

This bill would require 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)TM;
- 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.

CME courses approved by the Board's Licensing Program for CME include programs that are approved by the California Medical Association and the American Medical Association and programs that qualify for prescribed credit from the American Academy of Family Physicians.

This bill would require 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 would only require 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 has a neutral position on this bill and recent amendments were purely technical in nature (changing "division" to "board").

FISCAL: None

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

OPPOSITION: None on file

AMENDED IN SENATE JUNE 26, 2014

AMENDED IN ASSEMBLY APRIL 21, 2014

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 2214

Introduced by Assembly Member Fox

February 20, 2014

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

LEGISLATIVE COUNSEL'S DIGEST

AB 2214, as amended, 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 ~~division~~, 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.*

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

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

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

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

5 2191. (a) In determining its continuing education requirements,
6 the ~~Division of Licensing~~ board shall consider including a course
7 in human sexuality as defined in Section 2090 and nutrition to be
8 taken by those licensees whose practices may require knowledge
9 in those areas.

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

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

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

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

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

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

35 (h) In determining its continuing education requirements, the
36 ~~division~~ board shall consider including a course providing training
37 and guidelines on how to routinely screen for signs exhibited by
38 abused women, particularly for physicians and surgeons in

1 emergency, surgical, primary care, pediatric, prenatal, and mental
2 health settings. In the event the ~~division~~ *board* establishes a
3 requirement for continuing education coursework in spousal or
4 partner abuse detection or treatment, that requirement shall be met
5 by each licensee within no more than four years from the date the
6 requirement is imposed.

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

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

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

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

AMENDED IN ASSEMBLY AUGUST 14, 2013

AMENDED IN ASSEMBLY AUGUST 8, 2013

AMENDED IN ASSEMBLY AUGUST 5, 2013

AMENDED IN SENATE MAY 21, 2013

AMENDED IN SENATE MAY 1, 2013

AMENDED IN SENATE APRIL 16, 2013

AMENDED IN SENATE APRIL 1, 2013

SENATE BILL

No. 491

Introduced by Senator Hernandez

February 21, 2013

An act to add Section 2835.3 to the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 491, as amended, Hernandez. Nurse practitioners.

Existing law, the Nursing Practice Act, provides for the licensure and regulation of nurse practitioners by the Board of Registered Nursing. Existing law authorizes the implementation of standardized procedures that authorize a nurse practitioner to perform certain acts, including, among others, ordering durable medical equipment, and, in consultation with a physician and surgeon, approving, signing, modifying, or adding to a plan of treatment or plan for an individual receiving home health services or personal care services. A violation of those provisions is a crime.

This bill would authorize a nurse practitioner to perform those acts and certain additional acts without physician supervision if the nurse

practitioner meets specified experience and certification requirements *and is practicing in a clinic, health facility, county medical facility, accountable care organization, or group practice*. The bill would require a nurse practitioner to refer a patient to a physician and surgeon or other licensed health care provider under certain circumstances, ~~and would require specified nurse practitioners to maintain a current list of licensed health care providers most often used for the purposes of obtaining information or advice~~. The bill would also require a nurse practitioner practicing under these provisions to maintain professional liability insurance, as specified. The bill would also specify that a nurse practitioner practicing under the provisions of the bill shall not supplant a physician and surgeon employed by specified health care facilities. Because a violation of those provisions would be a crime, this bill would impose a state-mandated local program.

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.

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

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

- 1 SECTION 1. Section 2835.3 is added to the Business and
- 2 Professions Code, to read:
- 3 2835.3. (a) Notwithstanding any other provision of this chapter,
- 4 a nurse practitioner who holds a certification as a nurse practitioner
- 5 from a national certifying body may practice under this section
- 6 without physician supervision if the nurse practitioner ~~meets the~~
- 7 ~~requirements of this article and one of the following is met:~~
- 8 ~~(1) He or she~~ has practiced under the supervision of a physician
- 9 for at least 4160 hours and is practicing in one of the following:
- 10 ~~(A)~~
- 11 ~~(1)~~ A clinic, health facility, or county medical facility.
- 12 ~~(B)~~
- 13 ~~(2)~~ An accountable care organization, as defined in Section
- 14 3022 of the federal Patient Protection and Affordable Care Act
- 15 (Public Law 111-148).
- 16 ~~(C)~~

1 (3) A group practice, including a professional medical
2 corporation, another form of corporation controlled by physicians
3 and surgeons, a medical partnership, a medical foundation exempt
4 from licensure, or another lawfully organized group of physicians
5 that delivers, furnishes, or otherwise arranges for or provides health
6 care services.

7 ~~(2) He or she has practiced under the supervision of a physician~~
8 ~~for at least 6240 hours.~~

9 (b) Notwithstanding any other law, in addition to any other
10 practices authorized in statute or regulation, a nurse practitioner
11 practicing under this section may do any of the following:

12 (1) Order durable medical equipment. Notwithstanding that
13 authority, nothing in this paragraph shall operate to limit the ability
14 of a third-party payer to require prior approval.

15 (2) After performance of a physical examination by the nurse
16 practitioner, certify disability pursuant to Section 2708 of the
17 Unemployment Insurance Code.

18 (3) For individuals receiving home health services or personal
19 care services, approve, sign, modify, or add to a plan of treatment
20 or plan of care.

21 (4) Assess patients, synthesize and analyze data, and apply
22 principles of health care.

23 (5) Manage the physical and psychosocial health status of
24 patients.

25 (6) Analyze multiple sources of data, including patient history,
26 general behavior, and signs and symptoms of illness, identify
27 alternative possibilities as to the nature of a health care problem,
28 and select, implement, and evaluate appropriate treatment.

29 (7) Establish a diagnosis by client history, physical examination,
30 and other criteria, consistent with this section.

31 (8) Order, furnish, or prescribe drugs or devices.

32 (9) Refer patients to physicians or other licensed health care
33 providers as provided in subdivision (c).

34 (10) Delegate tasks to a medical assistant that are within the
35 medical assistant's scope of practice.

36 (11) Perform additional acts that require education and training
37 and that are recognized by the board as proper to be performed by
38 a nurse practitioner.

39 (12) Order hospice care as appropriate.

1 (13) Perform procedures that are necessary and consistent with
2 the nurse practitioner's education and training.

3 (c) A nurse practitioner shall refer a patient to a physician and
4 surgeon or another licensed health care provider if a situation or
5 condition of the patient is beyond the nurse practitioner's education
6 or training.

7 ~~(d) A nurse practitioner described in paragraph (2) of subdivision~~
8 ~~(a) shall maintain a current list of licensed health care providers~~
9 ~~most often used for the purposes of obtaining information or~~
10 ~~advice.~~

11 ~~(e)~~
12 (d) A nurse practitioner practicing under this section shall
13 maintain professional liability insurance that is appropriate for his
14 or her practice setting.

15 ~~(f)~~
16 (e) Nothing in this section shall do either of the following:
17 (1) Limit a nurse practitioner's authority to practice nursing.
18 (2) Limit the scope of practice of a registered nurse authorized
19 pursuant to this chapter.

20 ~~(g)~~
21 (f) The board shall adopt regulations by July 1, 2015,
22 establishing the means of documenting completion of the
23 requirements of this section.

24 ~~(h)~~
25 (g) A nurse practitioner practicing pursuant to this section shall
26 not supplant a physician and surgeon employed by a health care
27 facility specified in ~~subparagraph (A) of~~ paragraph (1) of
28 subdivision (a).

29 SEC. 2. No reimbursement is required by this act pursuant to
30 Section 6 of Article XIII B of the California Constitution because
31 the only costs that may be incurred by a local agency or school
32 district will be incurred because this act creates a new crime or
33 infraction, eliminates a crime or infraction, or changes the penalty
34 for a crime or infraction, within the meaning of Section 17556 of
35 the Government Code, or changes the definition of a crime within
36 the meaning of Section 6 of Article XIII B of the California
37 Constitution.

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: SB 492
Author: Hernandez
Bill Date: July 1, 2014, Amended
Subject: Optometrist Practice: Licensure
Sponsor: California Optometric Association

DESCRIPTION OF CURRENT LEGISLATION:

This bill originally would have deleted the definition of the practice of optometry in existing law and would have expanded the scope of an optometrist by allowing an optometrist to examine, prevent, diagnose, and treat any disease, condition, or disorder of the visual system, the human eye, and adjacent and related structures; to perform surgical and nonsurgical primary care procedures; and to prescribe drugs, including narcotics, among other allowances.

This bill was amended and would instead generally revise the Optometry Practice Act to clarify and expand the optometrists scope of practice and create an advanced practice optometry certificate. The advanced practice certificate would enable optometrists to perform a range of therapeutic laser procedures for the eye, surgical procedures for the eyelid, and certain injections and immunizations.

ANALYSIS:

This bill is part of a package of bills intended to expand the scope of NPs, pharmacists, and optometrists (the pharmacist bill was signed into law in 2013). Currently, optometrists measure and correct vision, prescribe and fit lenses, as well as provide some basic primary care services.

This bill would revise the definition of the practice of optometry in existing law and would expand the scope of an optometrist. The bill would do the following:

- Allow an optometrist to provide habilitative optometric services.
- Allow an optometrist who is certified to use therapeutic pharmaceutical agents (TPA) to diagnose and treat the human eye or any of its appendages for all of the following conditions:
 - The lacrimal gland, lacrimal drainage system, and the sclera in patients under the age of 12.
 - Ocular inflammation of the anterior segment and adnexa nonsurgical in cause, except when co-managed with the treating physician and surgeon. This bill would remove existing limitations relating to the treatment of ocular inflammation, referral to an ophthalmologist, and the requirement that the

optometrist consult with an ophthalmologist or appropriate physician in recurring cases.

- Corneal surface disease and dry eyes, including treatment with the use of mechanical lipid extraction of meibomian glands using nonsurgical techniques.
- Eyelid disorders, including hypotrichosis and blepharitis.
- Delete the requirement that optometrists can only use a specified list of TPAs, and would instead authorize an optometrist to use all TPAs approved by the Food and Drug Administration (FDA) for use in treating eye conditions, consistent with the scope of practice, limited to a maximum of five days.
- Delete the requirement that optometrists who are certified to use TPAs refer patients with certain conditions to ophthalmologists only, as specified.
- Revise consultation provisions related to the maintenance of written records to apply to all physicians, instead of ophthalmologists only.
- Require, in cases when an optometrist consults with a physician, for both the optometrist and physician to maintain a written record in the patient's file of the information provided to the physician, the physician's response, and other relevant information. Upon the request of the optometrist or the physician, and with the patient's consent, a copy of the record must be furnished to the requesting party.
- Allow TPA-certified optometrists to remove sutures, upon notification of the treating physician, instead of upon prior consultation, and adds an optometrist as an individual to provide notification.
- Delete the specific authorization for TPA-certified optometrists to administer oral fluorescein to patients suspected as having diabetic retinopathy.
- Delete the list of specific tests that TPA-certified optometrists are allowed to order, and instead permits optometrist to order any appropriate laboratory and diagnostic imaging tests necessary to diagnose conditions of the eye or adnexa.
- Clarify that a TPA-certified optometrist may perform a clinical laboratory test or examination necessary to diagnose conditions of the eye or adnexa classified as waived under the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA), provided the tests are performed in compliance with both state and federal law, as specified, and that any ancillary personnel utilized shall also be in compliance.
- Delete the restriction on the use of needles in the removal of foreign bodies from the eye.
- Require the Board of Optometry to certify any optometrist who graduated from an accredited school of optometry before May 1, 2000, to perform lacrimal irrigation and dilation after submitting proof of satisfactory completion of 10 procedures under the supervision of a lacrimal irrigation and dilation certified optometrist.
- Delete obsolete language pertaining to glaucoma certification.
- Require the Board of Optometry to grant a glaucoma-certified optometrist a certificate for the use of specified advanced procedures after the optometrist meets the following applicable requirements:
 - For licensees who graduated from an accredited school of optometry, on or after May 1, 2016, submit proof of completion at that school of a satisfactory curriculum on advanced procedures, as determined by Board of Optometry,

- including passage of a test for competency and performance of specified procedures required (see below requirements).
- For Licensees who graduated from an accredited school before May 1, 2016, submit proof of completion of a board-approved course that meets specified requirements, including competency testing and specific laser and surgical procedure didactic instruction (page 7 of the bill).
 - A glaucoma-certified optometrist must also pass a written test utilizing the National Board of Medical Examiners in Optometry format to obtain an advanced practice certificate.
 - The clinical or laboratory experience must include video demonstration. It must also include between 20 and 35 clinical eyelid or adnexa surgical training procedures, between 18 and 25 laser training procedures and between six and 12 injection training procedures. This bill would require Board of Optometry to convene an advisory committee to establish the exact number of training procedures required and the advisory committee must be composed of the following: two practicing optometrists, two practicing ophthalmologists, one faculty member of a school of optometry, one ophthalmologist that teaches at a school of optometry, and chaired by the Director of the Department of Consumer Affairs (DCA) or his or her appointee. Recommendations from the advisory committee must be reported to the Board of Optometry within 6 months of being convened.
 - The clinical or laboratory experience must also include a formal clinical or laboratory practical exam.
 - Define the term “advanced procedures” as meaning any of the following:
 - Therapeutic lasers used for posterior capsulotomy secondary to cataract surgery.
 - Therapeutic lasers appropriate for treatment of glaucoma and peripheral iridotomy for the prophylactic treatment angle closure glaucoma.
 - Removal, destruction, or drainage of lesions of the eyelid and adnexa clinically evaluated by the optometrist to be noncancerous and closure of any related wound.
 - Injections for the treatment of conditions of the eye and adnexa that a TPA-certified optometrist may treat, excluding intraorbital injections and injections administered for cosmetic effect.
 - Require the Board of Optometry to grant to a glaucoma-certified optometrist a certificate to administer immunizations after the optometrist meets the following requirements:
 - For licensees who graduated from an accredited school of optometry on or after May 1, 2016, that includes satisfactory curriculum on immunizations, as determined by the Board of Optometry, submission of proof of graduation from that institution.
 - Licensees that graduated from an accredited school before May 1, 2016, must do the following: submit proof of completion of a Board-approved immunization training program, as specified; be certified in basic life support for health care professionals; and comply with all state and federal

recordkeeping reporting requirements, as specified.

- Authorize the administration of immunizations for influenza, Herpes Zoster Virus, and additional immunizations that may be necessary to protect public health during a declared disaster or public health emergency for individuals over the age of 18.
- Authorize the Board of Optometry to authorize optometrists to use any noninvasive technology to treat any condition specified as treatable by a TPA-certified optometrist, as specified.
- State that it is the intent of the Legislature that the Office of Statewide Health Planning and Development (OSHPD), under the Health Workforce Pilot Projects Program (HWPP), designate a pilot project intended to test, demonstrate, and evaluate expanded roles for optometrists in the performance of management and treatment of diabetes mellitus, hypertension, and hypercholesterolemia.
- Specify that an optometrist diagnosing other diseases shall be held to the same standard of care to which physicians and osteopathic physicians are held.
- Require an optometrist to consult with, and if necessary, refer a patient to a physician or other appropriate health care provider if a situation or condition occurs that is beyond the optometrists scope of practice.

Per the Assembly Business, Professions, and Consumer Protection Committee analysis: “In response to the author's request, the Committee convened six separate meetings during 2013 to hear expert testimony and discuss key components of advanced practice: laser procedures, surgical procedures, immunizations, and injections. The Committee also conducted a tour of the UC Berkeley School of Optometry. Formal discussions concluded in January without consensus, although the working group had significantly reduced the range of open issues. Additional discussions between optometry and medicine continued from January 2014 through June 2014, often, but not always, with the Committee's involvement. By June, the parties had largely narrowed down the range of procedures under discussion, and were primarily concerned with the minimum number of supervised procedures required to perform the procedures safely and achieve certification. Unfortunately, the parties were unable to find a mutually-agreeable objective standard to bridge the remaining distance. Having failed to reach consensus, this bill was amended on June 16, 2014 to reflect the preferred position of the author and the sponsor, the California Optometric Association.”

Although this bill was significantly amended, it still expands the scope of practice of an optometrist by authorizing advanced practice certification and by allowing optometrists to treat ocular inflammation and pain, non-surgically and surgically; treat eyelid disorders; treat the lacrimal gland, lacrimal drainage system, and the sclera in patients under 12 years of age; use all TPAs approved by the FDA for use in treating eye conditions, including codeine with compounds and hydrocodone with compounds; administer immunizations; expand ability to order laboratory tests; and allow for certified advanced practice optometrists to perform surgical procedures. This is a significant expansion of the scope of practice of an optometrist. Although some provisions in this bill may be reasonable, this bill would allow optometrists to diagnose, treat, and manage ocular conditions, perform surgical procedures, and be granted full drug prescribing authority, including controlled substances, which is a significant scope

expansion. Even with the amendments that require additional education and clinical and didactic experience, it is likely not enough to provide the appropriate education to prepare optometrists for this significant scope expansion; as such, this bill could put patients at serious risk of harm and significantly impact consumer protection. Since we are nearing the end of the legislative session and further negotiation is unlikely at this point, Board staff suggests that the Board oppose this bill.

FISCAL: None

SUPPORT: California Optometric Association (Sponsor); Bay Area Council; Blue Shield of California; California Association of Nurse Practitioners; California Association of Public Hospitals and Health Systems; California Pharmacists Association/California Society of Health-System Pharmacists; Californians for Patient Care; Dignity Health; St. Mary's Medical Center; and United Nurses Associations of California/Union of Health Care Professionals

OPPOSITION: American College of Emergency Physicians- California Chapter; American Academy of Pediatrics, California; Blind Children's Center; California Academy of Eye Physicians & Surgeons; California Academy of Family Physicians; California Association for Medical Laboratory Technology; California Diabetes Program; California Medical Association; California Right to Life Committee; California Society of Anesthesiologists; California Society of Dermatology and Dermatologic Surgery; California Society of Plastic Surgeons; Diabetes Coalition of California; Engineers and Scientists of California; Here 4 Them, Inc.; Let's Face it Together; Lighthouse for Christ Mission Eye Center; Sansum Diabetes Research Institute; and The Dream Machine Foundation

POSITION: Recommendation: Oppose

AMENDED IN ASSEMBLY JULY 1, 2014
AMENDED IN ASSEMBLY JUNE 16, 2014
AMENDED IN ASSEMBLY AUGUST 5, 2013
AMENDED IN SENATE MAY 8, 2013
AMENDED IN SENATE APRIL 24, 2013
AMENDED IN SENATE APRIL 16, 2013
AMENDED IN SENATE APRIL 1, 2013

SENATE BILL

No. 492

Introduced by Senator Hernandez

February 21, 2013

An act to amend Sections 3041, 3041.1, and 3110 of the Business and Professions Code, relating to optometry.

LEGISLATIVE COUNSEL'S DIGEST

SB 492, as amended, Hernandez. Optometrist: practice: licensure.

The Optometry Practice Act creates the State Board of Optometry, which licenses optometrists and regulates their practice. Existing law defines the practice of optometry to include, among other things, the prevention and diagnosis of disorders and dysfunctions of the visual system, and the treatment and management of certain disorders and dysfunctions of the visual system, as well as the provision of rehabilitative optometric services, and doing certain things, including, but not limited to, the examination of the human eyes, the determination of the powers or range of human vision, and the prescribing of contact and spectacle lenses. Existing law authorizes an optometrist certified to use therapeutic pharmaceutical agents to diagnose and treat specified

conditions, use specified pharmaceutical agents, and order specified diagnostic tests. Any violation of the act is a crime.

This bill would include the provision of habilitative optometric services within the scope of practice of optometry. The bill would expand the scope of practice of optometrists who are certified to use therapeutic pharmaceutical agents by, among other things, authorizing those optometrists to use all therapeutic pharmaceutical agents approved by the United States Food and Drug Administration and indicated for use in diagnosing and treating the eye conditions covered by these provisions. The bill would also modify the ability of an optometrist certified to use therapeutic pharmaceutical agents to diagnose and treat certain diseases. The bill would require the board to grant a certificate to an optometrist for the use of advanced procedures, as defined, if the optometrist meets certain educational and certification requirements. The board would also be required to grant a certificate to an optometrist for immunizations if the optometrist meets certain educational and certification requirements. The bill would authorize the board to allow optometrists to use any noninvasive technology to treat specified conditions.

Existing law requires optometrists in diagnosing or treating eye disease to be held to the same standard of care as physicians and surgeons and osteopathic physicians and surgeons.

This bill would expand this requirement to include diagnosing other diseases, and would require an optometrist to consult with and, if necessary, refer to a physician and surgeon or other appropriate health care provider if a situation or condition was beyond the optometrist's scope of practice.

This bill would delete obsolete provisions and make conforming changes.

Because this bill would change the definition of a crime, it would create a state-mandated local program.

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.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: yes.

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

SECTION 1. Section 3041 of the Business and Professions Code is amended to read:

3041. (a) The practice of optometry includes the prevention and diagnosis of disorders and dysfunctions of the visual system, and the treatment and management of certain disorders and dysfunctions of the visual system, as well as the provision of habilitative or rehabilitative optometric services, and is the doing of any or all of the following:

(1) The examination of the human eye or eyes, or its or their appendages, and the analysis of the human vision system, either subjectively or objectively.

(2) The determination of the powers or range of human vision and the accommodative and refractive states of the human eye or eyes, including the scope of its or their functions and general condition.

(3) The prescribing or directing the use of, or using, any optical device in connection with ocular exercises, visual training, vision training, or orthoptics.

(4) The prescribing of contact and spectacle lenses for, or the fitting or adaptation of contact and spectacle lenses to, the human eye, including lenses that may be classified as drugs or devices by any law of the United States or of this state.

(5) The use of topical pharmaceutical agents for the purpose of the examination of the human eye or eyes for any disease or pathological condition.

(b) (1) An optometrist who is certified to use therapeutic pharmaceutical agents, pursuant to Section 3041.3, may also diagnose and treat the human eye or eyes, or any of its or their appendages, for all of the following conditions:

(A) Through medical treatment, infections of the anterior segment and adnexa.

(B) Ocular allergies of the anterior segment and adnexa.

(C) Ocular inflammation of the anterior segment and adnexa nonsurgical in cause, except when comanaged with the treating physician and surgeon.

(D) Traumatic or recurrent conjunctival or corneal abrasions and erosions.

1 (E) Corneal surface disease and dry eyes. Treatment for purposes
2 of this subparagraph includes, but is not limited to, the use of
3 mechanical lipid extraction of meibomian glands using nonsurgical
4 techniques.

5 (F) Ocular pain nonsurgical in cause, except when comanaged
6 with the treating physician and surgeon.

7 (G) Pursuant to subdivision (f), glaucoma in patients over 18
8 years of age, as described in subdivision (m).

9 (H) Eyelid disorders, including hypotrichosis and blepharitis.

10 (2) For purposes of this section, “treat” means the use of
11 therapeutic pharmaceutical agents, as described in subdivision (c),
12 and the procedures described in subdivision (e).

13 (c) In diagnosing and treating the conditions listed in subdivision
14 (b), an optometrist certified to use therapeutic pharmaceutical
15 agents pursuant to Section 3041.3 may use all therapeutic
16 pharmaceutical agents approved by the United States Food and
17 Drug Administration and indicated for use in diagnosing and
18 treating eye conditions set forth in this chapter, including codeine
19 with compounds and hydrocodone with compounds as listed in
20 the California Uniform Controlled Substances Act (Division 10
21 (commencing with Section 11000) of the Health and Safety Code)
22 and the federal Controlled Substances Act (21 U.S.C. Sec. 801 et
23 seq.). The use of controlled substances shall be limited to five
24 days.

25 (d) In any case that an optometrist consults with a physician
26 and surgeon, the optometrist and the physician and surgeon shall
27 both maintain a written record in the patient’s file of the
28 information provided to the physician and surgeon, the physician
29 and surgeon’s response, and any other relevant information. Upon
30 the request of the optometrist or physician and surgeon and with
31 the patient’s consent, a copy of the record shall be furnished to the
32 requesting party.

33 (e) An optometrist who is certified to use therapeutic
34 pharmaceutical agents pursuant to Section 3041.3 may also perform
35 all of the following:

36 (1) Corneal scraping with cultures.

37 (2) Debridement of corneal epithelia.

38 (3) Mechanical epilation.

39 (4) Venipuncture for testing patients suspected of having
40 diabetes.

1 (5) Suture removal, upon notification of the treating physician
2 and surgeon or optometrist.

3 (6) Treatment or removal of sebaceous cysts by expression.

4 (7) Use of an auto-injector to counter anaphylaxis.

5 (8) Ordering of appropriate laboratory and diagnostic imaging
6 tests necessary to diagnose conditions of the eye or adnexa.

7 (9) A clinical laboratory test or examination necessary to
8 diagnose conditions of the eye or adnexa and classified as waived
9 under the federal Clinical Laboratory Improvement Amendments
10 of 1988 (42 U.S.C. Sec. 263a) (CLIA). These laboratory tests are
11 required to be performed in compliance with both CLIA and all
12 clinical laboratory licensing requirements in Chapter 3
13 (commencing with Section 1200), and any ancillary personnel
14 utilized shall be in compliance with those same requirements.

15 (10) Punctal occlusion by plugs, excluding laser, diathermy,
16 cryotherapy, or other means constituting surgery as defined in this
17 chapter.

18 (11) The prescription of therapeutic contact lenses, including
19 lenses or devices that incorporate a medication or therapy the
20 optometrist is certified to prescribe or provide.

21 (12) Removal of foreign bodies from the cornea, eyelid, and
22 conjunctiva with any appropriate instrument other than a scalpel.
23 Corneal foreign bodies shall be nonperforating, be no deeper than
24 the midstroma, and require no surgical repair upon removal.

25 (13) For patients over 12 years of age, lacrimal irrigation and
26 dilation, excluding probing of the nasal lacrimal tract. The board
27 shall certify any optometrist who graduated from an accredited
28 school of optometry before May 1, 2000, to perform this procedure
29 after submitting proof of satisfactory completion of 10 procedures
30 under the supervision of an ophthalmologist or lacrimal irrigation
31 and dilation certified optometrist as confirmed by the
32 ophthalmologist or lacrimal irrigation and dilation certified
33 optometrist. Any optometrist who graduated from an accredited
34 school of optometry on or after May 1, 2000, is exempt from the
35 certification requirement contained in this paragraph.

36 (f) The board shall grant a certificate to an optometrist certified
37 pursuant to Section 3041.3 for the treatment of glaucoma, as
38 described in subdivision (m), in patients over 18 years of age after
39 the optometrist meets the following applicable requirements:

1 (1) For licensees who graduated from an accredited school of
2 optometry on or after May 1, 2008, submission of proof of
3 graduation from that institution.

4 (2) For licensees who were certified to treat glaucoma under
5 this section prior to January 1, 2009, submission of proof of
6 completion of that certification program.

7 (3) For licensees who completed a didactic course of not less
8 than 24 hours in the diagnosis, pharmacological, and other
9 treatment and management of glaucoma, submission of proof of
10 satisfactory completion of the case management requirements for
11 certification established by the board pursuant to Section 3041.10.

12 (4) For licensees who graduated from an accredited school of
13 optometry on or before May 1, 2008, and not described in
14 paragraph (2) or (3), submission of proof of satisfactory completion
15 of the requirements for certification established by the board
16 pursuant to Section 3041.10.

17 (g) The board shall grant to an optometrist, certified pursuant
18 to subdivision (f), a certificate for the use of advanced procedures,
19 as described in subdivision (h), after the optometrist meets the
20 following applicable requirement:

21 ~~(1) For licensees who graduated from an accredited school of~~
22 ~~optometry that includes satisfactory curriculum on advanced~~
23 ~~procedures, as determined by the board, on or after May 1, 2016,~~
24 ~~submission of proof of graduation from that institution.~~

25 *(1) Licensees who graduated from an accredited school of*
26 *optometry, on or after May 1, 2016, shall submit proof of*
27 *completion at that school of a satisfactory curriculum on advanced*
28 *procedures, as determined by the board, including passage of a*
29 *test for competency and performance of the procedures contained*
30 *in subparagraph (F) of paragraph (2).*

31 (2) Licensees who graduated from an accredited school before
32 May 1, 2016, are required to submit proof of completion of a
33 board-approved course that meets all of the following requirements:
34 *requirements in subparagraphs (A) to (G), inclusive. An optometrist*
35 *certified pursuant to Section 3041.3 may perform the training*
36 *procedures in their own practices under the supervision of a*
37 *physician and surgeon or an optometrist with an advanced*
38 *procedure certification.*

1 (A) Provided by an accredited school of ~~optometry~~. *optometry*
2 *and developed in consultation with an ophthalmologist who has*
3 *experience teaching optometric students.*

4 (B) Taught by full-time or adjunct faculty members of an
5 accredited school of optometry.

6 (C) Sponsored by an organization that meets the standards of
7 Section 1536 of Title 16 of the California Code of Regulations.

8 *(D) Included passage of a test for competency.*

9 ~~(D)~~

10 *(E) Included all of the following didactic instruction:*

11 (i) Laser physics, hazards, and safety.

12 (ii) Biophysics of laser.

13 (iii) Laser application in clinical optometry.

14 (iv) Laser tissue interactions.

15 (v) Laser indications, contraindications, and potential
16 complications.

17 (vi) Gonioscopy.

18 (vii) Laser therapy for open angle glaucoma.

19 (viii) Laser therapy for angle closure glaucoma.

20 (ix) Posterior capsulotomy.

21 (x) Common complications: lids, lashes, and lacrimal.

22 (xi) Medicolegal aspects of anterior segment procedures.

23 (xii) Peripheral iridotomy.

24 (xiii) Laser Trabeculoplasty.

25 (xiv) Minor surgical procedures.

26 (xv) Overview of surgical instruments, asepsis, and the federal
27 Occupational Safety and Health Administration.

28 (xvi) Surgical anatomy of the eyelids.

29 (xvii) Emergency surgical procedures.

30 (xviii) Chalazion management.

31 (xix) Epiluminescence microscopy.

32 (xx) Suture techniques.

33 (xxi) Local anesthesia: techniques and complications.

34 (xxii) Anaphylaxis and other office emergencies.

35 (xxiii) Radiofrequency surgery.

36 (xxiv) Postoperative wound care.

37 ~~(E)~~

38 *(F) Included all of the following clinical or laboratory*
39 *experience:*

40 (i) Video demonstration.

1 ~~(ii) A minimum of six procedures involving the removal,~~
2 ~~destruction, or drainage of eye lesions and 14 laser eye procedures,~~
3 ~~as described in paragraph (3) of subdivision (h).~~

4 *(ii) Between 20 and 35 clinical eyelid or adnexa surgical*
5 *training procedures, between 18 and 25 laser training procedures,*
6 *and between six and 12 injection training procedures. The board*
7 *shall convene an advisory committee to establish the exact number*
8 *of training procedures required, including a minimum number of*
9 *training procedures for each procedure listed in subdivision (h).*
10 *The advisory committee shall be composed of the Director of*
11 *Consumer Affairs or his or her appointee, who shall also serve as*
12 *the chair, two practicing optometrists, two practicing*
13 *ophthalmologists, one faculty member of a school of optometry,*
14 *and one ophthalmologist that teaches at a school of optometry.*
15 *The members of the advisory committee shall be appointed by the*
16 *respective licensing boards. Recommendations from the advisory*
17 *committee shall be reported to the board within six months of being*
18 *convened.*

19 (iii) A formal clinical or laboratory practical examination.

20 ~~(F)~~

21 (G) Required passage of a written test utilizing the National
22 Board of Examiners in Optometry format.

23 (h) For the purposes of this chapter, “advanced procedures”
24 means any of the following:

25 (1) Therapeutic lasers used for posterior capsulotomy secondary
26 to cataract surgery.

27 (2) Therapeutic lasers appropriate for treatment of glaucoma
28 and peripheral iridotomy for the prophylactic treatment of angle
29 closure glaucoma.

30 (3) Removal, destruction, or drainage of lesions of the eyelid
31 and adnexa clinically evaluated *by the optometrist* to be
32 noncancerous.

33 (4) Closure of a wound resulting from a procedure described in
34 paragraph (3).

35 (5) Injections for the treatment of conditions of the eye and
36 adnexa described in paragraph (1) of subdivision (b), excluding
37 intraorbital injections and injections administered for cosmetic
38 effect.

39 (i) The board shall grant to an optometrist, certified pursuant to
40 subdivision (f), a certificate for immunizations, as described in

subdivision (o), after the optometrist meets all of the following applicable requirements:

(1) For licensees who graduated, *on or after May 1, 2016*, from an accredited school of optometry that includes satisfactory curriculum on immunizations, as determined by the board, ~~on or after May 1, 2016~~, submission of proof of graduation from that institution.

(2) Licensees who graduated from an accredited school before May 1, 2016, shall do all of the following:

(A) Submit proof of completion of a board-approved immunization training program that, at a minimum, includes hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition and treatment of emergency reactions to vaccines, and shall maintain that training.

(B) Be certified in basic life-support. ~~support for health care professionals.~~

(C) Comply with all state and federal recordkeeping and reporting requirements, including providing documentation to the patient's primary care provider and entering information in the appropriate immunization registry designated by the immunization branch of the State Department of Public Health.

(j) Other than for prescription ophthalmic devices described in subdivision (b) of Section 2541, any dispensing of a therapeutic pharmaceutical agent by an optometrist shall be without charge.

(k) Except as authorized by this section, the practice of optometry does not include performing surgery. "Surgery" means any procedure in which human tissue is cut, altered, or otherwise infiltrated by mechanical or laser means. Nothing in this section shall limit an optometrist's authority to utilize diagnostic laser and ultrasound technology within his or her scope of practice.

(l) An optometrist licensed under this chapter is subject to the provisions of Section 2290.5 for purposes of practicing telehealth.

(m) For purposes of this chapter, "glaucoma" means either of the following:

(1) All primary open-angle glaucoma.

(2) Exfoliation and pigmentary glaucoma.

(n) For purposes of this chapter, "adnexa" means ocular adnexa.

(o) For the purposes of this chapter, "immunization" means administration of immunizations for influenza, *Pertussis*, herpes

1 zoster virus, and additional immunizations that may be necessary
2 to protect public health during a declared disaster or public health
3 emergency in compliance with individual Advisory Committee
4 on Immunization Practices (ACIP) vaccine recommendations
5 published by the federal Centers for Disease Control and
6 Prevention (CDC) for persons ~~eight~~ 18 years of age or older.

7 (p) In an emergency, an optometrist shall stabilize, if possible,
8 and immediately refer any patient who has an acute attack of angle
9 closure to an ophthalmologist.

10 (q) The board may authorize optometrists to use any noninvasive
11 technology to treat a condition listed in paragraph (1) of subdivision
12 (b).

13 SEC. 2. Section 3041.1 of the Business and Professions Code
14 is amended to read:

15 3041.1. With respect to the practices set forth in Section 3041,
16 optometrists diagnosing or treating eye disease or diagnosing other
17 diseases shall be held to the same standard of care to which
18 physicians and surgeons and osteopathic physicians and surgeons
19 are held. An optometrist shall consult with and, if necessary, refer
20 to a physician and surgeon or other appropriate health care provider
21 if a situation or condition occurs that is beyond the optometrist's
22 scope of practice.

23 SEC. 3. Section 3110 of the Business and Professions Code is
24 amended to read:

25 3110. The board may take action against any licensee who is
26 charged with unprofessional conduct, and may deny an application
27 for a license if the applicant has committed unprofessional conduct.
28 In addition to other provisions of this article, unprofessional
29 conduct includes, but is not limited to, the following:

30 (a) Violating or attempting to violate, directly or indirectly
31 assisting in or abetting the violation of, or conspiring to violate
32 any provision of this chapter or any of the rules and regulations
33 adopted by the board pursuant to this chapter.

34 (b) Gross negligence.

35 (c) Repeated negligent acts. To be repeated, there must be two
36 or more negligent acts or omissions.

37 (d) Incompetence.

38 (e) The commission of fraud, misrepresentation, or any act
39 involving dishonesty or corruption, that is substantially related to
40 the qualifications, functions, or duties of an optometrist.

1 (f) Any action or conduct that would have warranted the denial
2 of a license.

3 (g) The use of advertising relating to optometry that violates
4 Section 651 or 17500.

5 (h) Denial of licensure, revocation, suspension, restriction, or
6 any other disciplinary action against a health care professional
7 license by another state or territory of the United States, by any
8 other governmental agency, or by another California health care
9 professional licensing board. A certified copy of the decision or
10 judgment shall be conclusive evidence of that action.

11 (i) Procuring his or her license by fraud, misrepresentation, or
12 mistake.

13 (j) Making or giving any false statement or information in
14 connection with the application for issuance of a license.

15 (k) Conviction of a felony or of any offense substantially related
16 to the qualifications, functions, and duties of an optometrist, in
17 which event the record of the conviction shall be conclusive
18 evidence thereof.

19 (l) Administering to himself or herself any controlled substance
20 or using any of the dangerous drugs specified in Section 4022, or
21 using alcoholic beverages to the extent, or in a manner, as to be
22 dangerous or injurious to the person applying for a license or
23 holding a license under this chapter, or to any other person, or to
24 the public, or, to the extent that the use impairs the ability of the
25 person applying for or holding a license to conduct with safety to
26 the public the practice authorized by the license, or the conviction
27 of a misdemeanor or felony involving the use, consumption, or
28 self-administration of any of the substances referred to in this
29 subdivision, or any combination thereof.

30 (m) (1) Committing or soliciting an act punishable as a sexually
31 related crime, if that act or solicitation is substantially related to
32 the qualifications, functions, or duties of an optometrist.

33 (2) *Committing any act of sexual abuse, misconduct, or relations*
34 *with a patient. The commission of and conviction for any act of*
35 *sexual abuse, sexual misconduct, or attempted sexual misconduct,*
36 *whether or not with a patient, shall be considered a crime*
37 *substantially related to the qualifications, functions, or duties of*
38 *a licensee. This paragraph shall not apply to sexual contact*
39 *between any person licensed under this chapter and his or her*
40 *spouse or person in an equivalent domestic relationship when that*

1 *licensee provides optometry treatment to his or her spouse or*
2 *person in an equivalent domestic relationship.*

3 *(3) Conviction of a crime that requires the person to register*
4 *as a sex offender pursuant to Section 290 of the Penal Code. A*
5 *conviction within the meaning of this paragraph means a plea or*
6 *verdict of guilty or a conviction following a plea of nolo*
7 *contendere. A conviction described in this paragraph shall be*
8 *considered a crime substantially related to the qualifications,*
9 *functions, or duties of a licensee.*

10 (n) Repeated acts of excessive prescribing, furnishing or
11 administering of controlled substances or dangerous drugs specified
12 in Section 4022, or repeated acts of excessive treatment.

13 (o) Repeated acts of excessive use of diagnostic or therapeutic
14 procedures, or repeated acts of excessive use of diagnostic or
15 treatment facilities.

16 (p) The prescribing, furnishing, or administering of controlled
17 substances or drugs specified in Section 4022, or treatment without
18 a good faith prior examination of the patient and optometric reason.

19 (q) The failure to maintain adequate and accurate records
20 relating to the provision of services to his or her patients.

21 (r) Performing, or holding oneself out as being able to perform,
22 or offering to perform, any professional services beyond the scope
23 of the license authorized by this chapter.

24 (s) The practice of optometry without a valid, unrevoked,
25 unexpired license.

26 (t) The employing, directly or indirectly, of any suspended or
27 unlicensed optometrist to perform any work for which an optometry
28 license is required.

29 (u) Permitting another person to use the licensee's optometry
30 license for any purpose.

31 (v) Altering with fraudulent intent a license issued by the board,
32 or using a fraudulently altered license, permit certification, or any
33 registration issued by the board.

34 (w) Except for good cause, the knowing failure to protect
35 patients by failing to follow infection control guidelines of the
36 board, thereby risking transmission of blood borne infectious
37 diseases from optometrist to patient, from patient to patient, or
38 from patient to optometrist. In administering this subdivision, the
39 board shall consider the standards, regulations, and guidelines of
40 the State Department of Health Care Services developed pursuant

1 to Section 1250.11 of the Health and Safety Code and the
2 standards, guidelines, and regulations pursuant to the California
3 Occupational Safety and Health Act of 1973 (Part 1 (commencing
4 with Section 6300) of Division 5 of the Labor Code) for preventing
5 the transmission of HIV, hepatitis B, and other blood borne
6 pathogens in health care settings. As necessary, the board may
7 consult with the Medical Board of California, the Board of
8 Podiatric Medicine, the Board of Registered Nursing, and the
9 Board of Vocational Nursing and Psychiatric Technicians, to
10 encourage appropriate consistency in the implementation of this
11 subdivision.

12 (x) Failure or refusal to comply with a request for the clinical
13 records of a patient, that is accompanied by that patient's written
14 authorization for release of records to the board, within 15 days
15 of receiving the request and authorization, unless the licensee is
16 unable to provide the documents within this time period for good
17 cause.

18 (y) Failure to refer a patient to an appropriate physician if an
19 examination of the eyes indicates a substantial likelihood of any
20 pathology that requires the attention of that physician.

21 SEC. 4. It is the intent of the Legislature that the Office of
22 Statewide Health Planning and Development, under the Health
23 Workforce Pilot Projects Program, designate a pilot project
24 intended to test, demonstrate, and evaluate expanded roles for
25 optometrists in the performance of management and treatment of
26 diabetes mellitus, hypertension, and hypercholesterolemia.

27 SEC. 5. No reimbursement is required by this act pursuant to
28 Section 6 of Article XIII B of the California Constitution because
29 the only costs that may be incurred by a local agency or school
30 district will be incurred because this act creates a new crime or
31 infraction, eliminates a crime or infraction, or changes the penalty
32 for a crime or infraction, within the meaning of Section 17556 of
33 the Government Code, or changes the definition of a crime within
34 the meaning of Section 6 of Article XIII B of the California
35 Constitution.

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: SB 500
Author: Lieu
Bill Date: May 29, 2014, Amended
Subject: Medical Practice: Pain Management
Sponsor: Author
Position: Support

DESCRIPTION OF CURRENT LEGISLATION:

This bill would require the Medical Board of California (Board) to update the pain management guidelines every five years, beginning July 1, 2015. This bill would require the Board to convene a task force to develop and recommend the revised guidelines to the Board. This bill would allow the Task Force to consult with specified entities when developing the revisions to the pain management guidelines.

ANALYSIS

At the April 25, 2013 Enforcement Committee Meeting, the Committee established a Prescribing Task Force. This Task Force was convened to further define best practices related to prescribing controlled substances and to revisit the pain management guidelines to address the serious problem of inappropriate prescribing. The Task Force had its first meeting on September 23, 2013, and discussed corresponding responsibilities of physicians and pharmacists for prescribing and dispensing. The Prescribing Task Force met on February 19, 2014, and June 19, 2014 and discussed revisions to the pain management guidelines, including reviewing revised guidelines drafted by Board staff. The revised guidelines will be taken to the Board for approval after staff finalizes revising the guidelines, in accordance with input received at the last Prescribing Task Force Meeting.

This bill would require the Board to update the pain management guidelines every five years, beginning July 1, 2015. This bill would require the Board to convene a task force to develop and recommend the revised guidelines to the Board. Lastly, this bill would allow the Task Force to consult with the American Pain Society, the American Academy of Pain Medicine, the California Society of Anesthesiologists, the California Chapter of the American College of Emergency Physicians, the Osteopathic Medical Board of California, the American Cancer Society, a physician who treats or evaluates patients as part of the workers compensation system, other medical entities specializing in pain control therapies, an osteopathic physician, a physician assistant, and specialists in pharmacology and addiction medicine, when developing the revisions to the pain management guidelines.

This bill would codify work that the Board has already begun to address related to the important consumer protection issue of inappropriate prescribing. The Board has identified revising these guidelines as an important tool to help combat inappropriate prescribing. This bill will ensure that the pain management guidelines are revised, and then reviewed in a consistent, ongoing manner to provide appropriate guidance to physicians who are prescribing pain medication. The Board currently supports this bill because it furthers the Board's mission of consumer protection and recent amendments do not affect the Board's position or the reasons for taking that position.

FISCAL: Minimal and absorbable fiscal, as a task force has already been convened and meetings are already planned to address this issue.

SUPPORT: Medical Board of California

OPPOSITION: California Right to Life Committee, Inc.

AMENDED IN ASSEMBLY MAY 29, 2014
AMENDED IN SENATE JANUARY 9, 2014
AMENDED IN SENATE JANUARY 6, 2014

SENATE BILL

No. 500

Introduced by Senator Lieu

February 21, 2013

An act to amend Section 2241.6 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 500, as amended, Lieu. Medical practice: pain management.

Existing law establishes the Medical Board of California within the Department of Consumer Affairs. Existing law, among other things, required the board to develop standards before June 1, 2002, to ensure the competent review in cases concerning the management, including, but not limited to, the undertreatment, undermedication, and overmedication of a patient's pain.

This bill would require the board, on or before July 1, 2015, to update those standards. The bill would require the board to convene a task force to develop and recommend the updated standards to the board. The bill would also require the board to update those standards on or before July 1 each 5th year thereafter.

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

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

SECTION 1. Section 2241.6 of the Business and Professions Code is amended to read:

2241.6. (a) (1) The board shall develop standards before June 1, 2002, to ensure the competent review in cases concerning the management, including, but not limited to, the undertreatment, undermedication, and overmedication of a patient's pain.

(2) The board may consult with entities such as the American Pain Society, the American Academy of Pain Medicine, the California Society of Anesthesiologists, the California Chapter of the American College of Emergency Physicians, *the Osteopathic Medical Board of California*, and any other medical entity specializing in pain control therapies to develop the standards utilizing, to the extent they are applicable, current authoritative clinical practice guidelines.

(b) The board shall update the standards adopted pursuant to subdivision (a) on or before July 1, 2015, and on or before July 1 each fifth year thereafter.

(c) The board shall convene a task force to develop and recommend the updated standards to the board. The task force, in developing the updated standards, may consult with the entities specified in paragraph (2) of subdivision (a), the American Cancer Society, a physician who treats or evaluates patients as part of the workers' compensation system, *an osteopathic physician, a physician assistant*, and specialists in pharmacology and addiction medicine.

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: SB 1083
Author: Pavley
Bill Date: February 19, 2014, Introduced
Subject: Physician Assistants: Disability Certifications
Sponsor: California Academy of Physician Assistants (CAPA)
Position: Support

DESCRIPTION OF CURRENT LEGISLATION:

This bill would authorize physician assistants (PAs) 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.

Existing law allows PAs to perform a variety of medical services under physician supervision, including the following: order medication; conduct physical exams; diagnose and treat illnesses; order and interpret tests; instruct and counsel patient on matters pertaining to their physical and mental health; assist in surgery; and conduct medical exams and sign corresponding certificates or forms for the purpose of issuing disabled person placards.

This bill would allow PAs 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 supports this bill because it believes 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 Physician Assistant Board

OPPOSITION: None on file

Introduced by Senator Pavley

February 19, 2014

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.

LEGISLATIVE COUNSEL'S DIGEST

SB 1083, as introduced, 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.

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

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

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

3 3502.3. (a) Notwithstanding any other provision of law, in
4 addition to any other practices that meet the general criteria set
5 forth in this chapter or the Medical Board of California's
6 regulations for inclusion in a delegation of services agreement, a
7 delegation of services agreement may authorize a physician
8 assistant to do any of the following:

9 (1) Order durable medical equipment, subject to any limitations
10 set forth in Section 3502 or the delegation of services agreement.
11 Notwithstanding that authority, nothing in this paragraph shall
12 operate to limit the ability of a third-party payer to require prior
13 approval.

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

17 (3) *After performance of a physical examination by the physician*
18 *assistant under the supervision of a physician and surgeon*
19 *consistent with this chapter, certify disability pursuant to Section*
20 *2708 of the Unemployment Insurance Code.*

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

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

28 2708. (a) (1) In accordance with the director's authorized
29 regulations, and except as provided in subdivision (c) and Sections
30 2708.1 and 2709, a claimant shall establish medical eligibility for
31 each uninterrupted period of disability by filing a first claim for
32 disability benefits supported by the certificate of a treating
33 physician or practitioner that establishes the sickness, injury, or
34 pregnancy of the employee, or the condition of the family member
35 that warrants the care of the employee. For subsequent periods of

1 uninterrupted disability after the period covered by the initial
2 certificate or any preceding continued claim, a claimant shall file
3 a continued claim for those benefits supported by the certificate
4 of a treating physician or practitioner. A certificate filed to establish
5 medical eligibility for the employee's own sickness, injury, or
6 pregnancy shall contain a diagnosis and diagnostic code prescribed
7 in the International Classification of Diseases, or, if no diagnosis
8 has yet been obtained, a detailed statement of symptoms.

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

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

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

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

31 (3) The probable duration of the condition.

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

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

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

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

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

27 (e) For purposes of this part:

28 (1) “Physician” has the same meaning as defined in Section
29 3209.3 of the Labor Code.

30 (2) “Practitioner” means a person duly licensed or certified in
31 California acting within the scope of his or her license or
32 certification who is a dentist, podiatrist, *physician assistant who*
33 *has performed a physical examination under the supervision of a*
34 *physician and surgeon*, or a nurse practitioner, and in the case of
35 a nurse practitioner, after performance of a physical examination
36 by a nurse practitioner and collaboration with a physician and
37 surgeon, or as to normal pregnancy or childbirth, a midwife or
38 nurse midwife, or nurse practitioner.

39 (f) For a claimant who is hospitalized in or under the authority
40 of a county hospital in this state, a certificate of initial and

1 continuing medical disability, if any, shall satisfy the requirements
2 of this section if the disability is shown by the claimant's hospital
3 chart, and the certificate is signed by the hospital's registrar. For
4 a claimant hospitalized in or under the care of a medical facility
5 of the United States government, a certificate of initial and
6 continuing medical disability, if any, shall satisfy the requirements
7 of this section if the disability is shown by the claimant's hospital
8 chart, and the certificate is signed by a medical officer of the
9 facility duly authorized to do so.

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

- 16 (1) Identification of diagnoses.
 - 17 (2) Identification of symptoms.
 - 18 (3) A statement setting forth the facts of the claimant's disability.
- 19 The statement shall be completed by any of the following
20 individuals:

- 21 (A) The physician or practitioner treating the claimant.
 - 22 (B) The registrar, authorized medical officer, or other duly
23 authorized official of the hospital or health facility treating the
24 claimant.
 - 25 (C) An examining physician or other representative of the
26 department.
- 27 (h) This section shall become operative on July 1, 2014.

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: SB 1116
Author: Torres
Bill Date: June 19, 2014, Amended
Subject: Steven M. Thompson Loan Repayment Program (STLRP)
Sponsor: Author

DESCRIPTION OF CURRENT LEGISLATION:

This bill would require 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. In 2006, the administration of STLRP was transitioned from the Board to the Health Professions Education Foundation (HPEF). Since 1990, HPEF has administered statewide scholarship and loan repayment programs for a wide range of health professions students and recent graduates and is funded through grants and contributions from public and private agencies, hospitals, health plans, foundations, corporations, as well as through a surcharge on the renewal fees of various health professionals, including a \$25 mandatory fee paid by physicians and surgeons.

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 previously would have allowed physicians to donate an additional \$75 to the Board to help fund the STLRP. This bill was amended to address concerns raised by the California Medical Association and would now require 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 would further the Board's mission of promoting access to care. The Board supported the previous version of this bill and staff recommends that the Board continue to support this bill and 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; Primary Care Association; California Rheumatology Alliance; and the Medical Board of California

OPPOSITION: None on file

POSITION: Recommendation: Support

AMENDED IN ASSEMBLY JUNE 19, 2014

SENATE BILL

No. 1116

Introduced by Senator Torres
(Coauthor: Senator Lara)

February 19, 2014

An act to amend Sections 2436.5 and 2455.1 of the Business and Professions Code, relating to physicians and surgeons, ~~and making an appropriation therefor.~~ *surgeons.*

LEGISLATIVE COUNSEL'S DIGEST

SB 1116, as amended, 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, ~~which~~ *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 authorize require each of those boards, on or before July 1, 2015, to develop a mechanism for a physician and surgeon and or an osteopathic physician and surgeon, respectively, to pay an additional \$75 to the board a voluntary contribution, at the time of application for initial licensure or biennial renewal, for those purposes. By increasing the amount of revenue in a continuously appropriated fund, the bill would make an appropriation.~~

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

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

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

3 2436.5. (a) (1) In addition to the fees charged for the initial
4 issuance or biennial renewal of a physician and surgeon's certificate
5 pursuant to Section 2435, and at the time those fees are charged,
6 the board shall charge each applicant or renewing licensee an
7 additional twenty-five-dollar (\$25) fee for the purposes of this
8 section.

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

13 (3) ~~A On or before July 1, 2015, the board shall develop a~~
14 ~~mechanism for a physician and surgeon may pay an additional~~
15 ~~seventy-five dollars (\$75) to the board to pay a voluntary~~
16 ~~contribution, at the time of application for initial licensure or~~
17 ~~biennial renewal, for the purposes of this section.~~

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

25 (c) Up to 15 percent of the funds collected pursuant to this
26 section shall be dedicated to loan assistance for physicians and

1 surgeons who agree to practice in geriatric care settings or settings
2 that primarily serve adults over ~~the age of~~ 65 years *of age* or adults
3 with disabilities. Priority consideration shall be given to those
4 physicians and surgeons who are trained in, and practice, geriatrics
5 and who can meet the cultural and linguistic needs and demands
6 of diverse populations of older Californians.

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

9 2455.1. (a) In addition to the fees charged pursuant to Section
10 2455, and at the time those fees are charged, the board shall charge
11 each applicant for an original or reciprocity certificate or for a
12 biennial license an additional twenty-five-dollar (\$25) fee for the
13 purposes of this section. This twenty-five-dollar (\$25) fee shall be
14 due and payable along with the fee for the original or reciprocity
15 certificate or the biennial license.

16 (b) ~~An~~ *On or before July 1, 2015, the board shall develop a*
17 *mechanism for an osteopathic physician and surgeon may to pay*
18 ~~an additional seventy-five dollars (\$75) to the board~~ *a voluntary*
19 *contribution, at the time of initial application for licensure or*
20 *biennial renewal, for the purposes of this section.*

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

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: SB 1243
Author: Lieu
Bill Date: June 30, 2014, amended
Subject: Professions and Vocations
Sponsor: Author

DESCRIPTION OF CURRENT LEGISLATION:

This bill is a sunset review bill for several boards under the Department of Consumer Affairs (DCA). However, language was recently added that will affect all boards under DCA. The purpose of the language is to increase transparency of information distributed by DCA and this bill would require DCA, the Attorney General's Office (AG) and the Office of Administrative Hearings (OAH) to submit specified reports to the Legislature on an annual basis. The information required to be reported by DCA is modeled after existing law (Business and Professions Code (BPC) Section 2313) that requires the Medical Board of California to report specific data in the Board's annual report. This bill would also enhance unlicensed advertising enforcement, require DCA to develop enforcement academy curriculum, amend public meeting notice requirements, and establish a board member mentor program. This analysis will only cover the portions of the bill that impact the Board.

ANALYSIS:

This bill contains various provisions that aim to increase transparency and enhance enforcement for boards under DCA.

This bill would require 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 notice 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 would expand 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, as currently permitted, and provides this authority to all agencies under and within DCA (not just those listed in existing law).

This bill would require DCA to provide an opportunity for an employee of an agency comprising DCA, who performs enforcement functions, to attend an enforcement academy on an annual basis. This bill would require DCA to develop the enforcement academy curricula in consultation and cooperation with the AG's Office and OAH. The curricula must include, but is not limited to, complaint intake, determining which cases should be referred for investigation, preparing cases suitable

for filing accusations, and the Administrative Procedure Act. This bill would require DCA to develop and implement a measure of training outcomes that includes a pre-test and post-test of an employee's knowledge of the training subject matter, and any other performance measures that DCA deems appropriate.

This bill would require 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 would require DCA to conduct a 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, 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 to include the total number of restraining orders or interim suspension orders, as specified, and to include the following information relative to the performance of each constituent entity (including the Board); these requirements are modeled after Board reporting requirements in existing law (BPC Section 2313):

- Number of consumer calls received,
- Number of consumer calls or letters designated as discipline-related complaints,
- Number of complaint forms received,
- Number of convictions of licensees reported to the constituent entity,
- Number of criminal filings reported to the constituent entity,
- Number of complaints and referrals closed, referred out, or resolved without discipline, respectively, prior to the accusation,
- Number of accusations filed and final disposition of accusations through the constituent entities and court review, respectively,
- Final discipline by category,
- Number of citations issued with and without fines,
- Number of cases in process more than six months after a constituent entity receives information regarding the acts relevant to a filed accusation,
- The average and median times in processing complaints from when a constituent entity receives a complaint to each stage of discipline and court review,
- Number of public reprimands issued,
- Probation violation reports and probation revocation filings and dispositions,
- Number of petitions for reinstatement and the dispositions of those petitions,
- Caseloads for investigators for both original cases and probation cases,
- Number of reports pursuant to BPC Section 805 or BPC Section 805.01 by type of peer review body reporting, and, where applicable, the type of health care facility involved and the number and type of administrative or disciplinary actions taken by a constituent issue with respect to those reports,

- Number of reports pursuant to BPC Section 801.01 or 803,
- The number of malpractice settlements in excess of thirty thousand dollars reported pursuant to BPC Section 801.01,
- Number of coroner's reports received by a constituent entity, and
- Average length of time for a constituent entity to reach specified milestones in the enforcement process.

This bill would require the AG's Office to submit a report to DCA, the Governor and the Legislature on or before January 1, 2016 and on or before January 1st of each subsequent year. The report must include specified information regarding the number of cases referred, the number that no action is taken, the number of accusations filed and withdrawn and the average number of days it takes for different steps of the enforcement process where the AG is involved.

This bill would also require OAH to submit a report to DCA, the Governor, and the Legislature on or before January 1, 2016 and on or before January 1st 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.

Lastly, this bill would require DCA to develop a board member mentor program where experienced board members will be trained to act as mentors to newly appointed board members. A mentor member should be assigned to a new board member who serves on a different board and a mentor can be a current or former board member.

This bill would increase transparency; enhance enforcement processes, procedures, and training; and ensure that performance statistics are being reported in a standard manner across all boards. 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.

Board staff does have some technical concerns with some of the reporting requirements that all boards would have to adhere. The required reporting in large part is based on information that the Board is already required to report pursuant to BPC Section 2313. However, the reporting should be changed to July, instead of January, to be consistent with the fiscal year reporting, instead of calendar year reporting. This bill would require the number of complaints to be reported, in addition to the number of consumer calls or letters designated as discipline related complaints, and the number of complaint forms. This is duplicative and is captured in the number of complaints received, which is something already included in the Board's annual report. The reporting requirements make reference to BPC Section 801.01, but this section only applies to the Board, so it should be amended to apply to all boards. Lastly, this bill defines "action" as proceedings brought on or on behalf of DCA's constituent agencies against licensees for unprofessional conduct. Proceedings can be brought against licensees for actions that are not included under unprofessional conduct, so this term should be taken out to ensure that all actions are included.

Board staff is suggesting that the Board support this bill if the technical amendments identified are addressed.

FISCAL: Minimal and absorbable

SUPPORT: None on file

OPPOSITION: None on file

POSITION: Recommendation: Support if the Board's suggested technical amendments are made

AMENDED IN ASSEMBLY JUNE 30, 2014

AMENDED IN ASSEMBLY JUNE 18, 2014

AMENDED IN SENATE APRIL 21, 2014

SENATE BILL

No. 1243

Introduced by Senator Lieu

(Principal coauthor: Assembly Member Bonilla)

February 20, 2014

An act to amend Sections 149, 201, 312, 453, 4800, 4804.5, 11506, and 22259 of, and to add Sections 101.7, 154.1, 211, and 312.1 to, the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

SB 1243, as amended, 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 conduct a study of its system for prorating administrative expenses and to submit a report to the appropriate policy committees of the Legislature, on or before July 1, 2015, and on or before July 1 of each subsequent year, including the findings of the study and an accounting of the pro rata calculation. 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, to 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 an enforcement academy, as specified, and to provide an opportunity for an employee of an agency comprising the department who performs enforcement functions to attend an enforcement academy, at least annually, to provide a solid, standard baseline of knowledge and practices for all employees who perform enforcement functions.

(4) Existing law requires an agency comprising the ~~board~~ *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 ~~board~~ *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 Attorney General 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 the Attorney General pertaining to accusations and cases relating to consumer complaints against a person whose profession or vocation is licensed by an agency comprising the department. The bill would require the Office of Administrative Hearings to submit a report to the same parties in the same timeframe as described above that includes actions taken by that office with respect to cases pertaining to those complaints.

(5) Existing law requires a newly appointed member of a board comprising the department to, within one year of assuming office, complete a training and orientation program offered by the department.

This bill would require the department to develop a board member mentor program to assign an experienced board member to mentor a new board member serving on a different board.

(6) 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.

(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.

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

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

1 SECTION 1. Section 101.7 is added to the Business and
2 Professions Code, to read:

3 101.7. (a) An agency within the department that is required
4 to provide a written notice pursuant to subdivision (a) of Section
5 11125 Government Code, may provide that notice by regular mail,
6 email, or by both regular mail and email. An agency shall give a
7 person who requests a notice the option of receiving the notice by
8 regular mail, email, or by both regular mail and electronic mail.
9 The agency shall comply with the requester's chosen form or forms
10 of notice.

11 (b) An agency that plans to Web cast a meeting shall include
12 in the meeting notice required pursuant to subdivision (a) of Section
13 11125 of the Government Code a statement of the board's intent
14 to Web cast the meeting. An agency may Web cast a meeting even
15 if the agency fails to include that statement of intent in the notice.

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

18 149. (a) If, upon investigation, an agency designated in Section
19 101 has probable cause to believe that a person is advertising with
20 respect to the offering or performance of services, without being
21 properly licensed by or registered with the agency to offer or
22 perform those services, the agency may issue a citation under
23 Section 148 containing an order of correction that requires the
24 violator to do both of the following:

25 (1) Cease the unlawful advertising.

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

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

33 (c) If the person to whom a citation and order of correction is
34 issued under subdivision (a) fails to comply with the order of
35 correction after that order is final, the agency shall inform the
36 Public Utilities Commission of the violation and the Public Utilities
37 Commission shall require the telephone corporation furnishing

1 services to that person to disconnect the telephone service furnished
2 to any telephone number contained in the unlawful advertising.

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

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

10 154.1. (a) The Legislature hereby finds and declares all of the
11 following:

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

15 (2) It is in the best interest of consumers in the state for the
16 department to continue to provide these opportunities for
17 employees performing enforcement functions for each agency
18 comprising the department.

19 (b) The department shall provide an opportunity for an employee
20 of an agency comprising the department who performs enforcement
21 functions to attend an enforcement academy, at least annually, to
22 provide a solid, standard baseline of knowledge and practices for
23 all employees who perform enforcement functions. The department
24 shall encourage an agency executive officer, registrar, executive
25 director, bureau chief, enforcement manager, supervisor, or staff
26 member to attend an enforcement academy.

27 (c) The department shall develop the enforcement academy
28 curricula in consultation and cooperation with the Office of the
29 Attorney General and the Office of Administrative Hearings. The
30 curricula shall include, but not be limited to, complaint intake,
31 determining which cases should be referred for investigation,
32 preparing a case suitable for filing an accusation, and the
33 Administrative Procedure Act.

34 (d) The department shall develop and implement a measure of
35 training outcomes that includes a pretest and posttest of an
36 employee's knowledge of the training subject matter, and any other
37 performance measures that the department deems appropriate.

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

1 201. (a) A charge for the estimated administrative expenses
2 of the department, not to exceed the available balance in any
3 appropriation for any one fiscal year, may be levied in advance on
4 a pro rata share basis against any of the boards, bureaus,
5 commissions, divisions, and agencies, at the discretion of the
6 director and with the approval of the Department of Finance. The
7 department shall submit a report of the accounting of the pro rata
8 calculation of administrative expenses to the appropriate policy
9 committees of the Legislature on or before July 1, 2015, and on
10 or before July 1 of each subsequent year.

11 (b) The department shall conduct a study of its current system
12 for prorating administrative expenses to determine if that system
13 is the most productive, efficient, and cost-effective manner for the
14 department and the agencies comprising the department. The study
15 shall include consideration of whether some of the administrative
16 services offered by the department should be outsourced or charged
17 on an as-needed basis and whether the agencies should be permitted
18 to elect not to receive and be charged for certain administrative
19 services. The department shall include in its report pursuant to
20 subdivision (a) the findings of the study.

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

23 211. If the department hires a third-party consultant to assess
24 the department's operations, the department shall, promptly upon
25 receipt of the consultant's final report on that assessment, submit
26 that report to the appropriate policy committees of the Legislature.

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

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

36 (1) The report shall include, at a minimum, all of the following
37 information:

38 (2) The total number of temporary restraining orders or interim
39 suspension orders sought by each constituent entity to enjoin
40 licensees pursuant to Sections 125.7 and 125.8, the circumstances

1 in each case that prompted the constituent entity to seek that
2 injunctive relief, and whether a restraining order or interim
3 suspension order was issued.

4 (3) Information relative to the performance of each constituent
5 entity, including all of the following:

6 (A) Number of consumer calls received.

7 (B) Number of consumer calls or letters designated as
8 discipline-related complaints.

9 (C) Number of complaint forms received.

10 (D) Number of convictions of licensees reported to the ~~board~~
11 *constituent entity*.

12 (E) Number of criminal filings reported to the constituent entity.

13 (F) Number of complaints and referrals closed, referred out, or
14 resolved without discipline, respectively, prior to accusation.

15 (G) Number of accusations filed and final disposition of
16 accusations through the constituent entities and court review,
17 respectively.

18 (H) Final discipline by category.

19 (I) Number of citations issued with and without fines.

20 (J) Number of cases in process more than six months after a
21 constituent entity receives information regarding the acts relevant
22 to a filed accusation.

23 (K) The average and median times in processing complaints
24 from when a constituent entity receives a complaint to each stage
25 of discipline and court review.

26 ~~(L) Final discipline by category.~~

27 ~~(M)~~

28 (L) Number of public reprimands issued.

29 ~~(N)~~

30 (M) Probation violation reports and probation revocation filings
31 and dispositions.

32 ~~(O)~~

33 (N) Number of petitions for reinstatement and the dispositions
34 of those petitions.

35 ~~(P)~~

36 (O) Caseloads of investigators for both original cases and
37 probation cases.

38 ~~(Q)~~

39 (P) Number of reports pursuant to Section 805 or Section 805.01
40 by type of peer review body reporting and, where applicable, the

1 type of health care facility involved and the number and type of
2 administrative or disciplinary actions taken by a constituent entity
3 with respect to those reports.

4 ~~(R)~~

5 ~~(Q)~~ Number of reports pursuant to Section 801.01 or 803.

6 ~~(S)~~

7 ~~(R)~~ The number of malpractice settlements in excess of thirty
8 thousand dollars (\$30,000) reported pursuant to Section 801.01.

9 ~~(T)~~

10 ~~(S)~~ Number of coroner's reports received by a ~~board~~ *constituent*
11 *entity*.

12 ~~(U)~~

13 ~~(T)~~ Average length of time for a constituent entity to reach each
14 of the following milestones in the enforcement process:

15 (i) Average number of days from when a constituent entity
16 receives a complaint until the ~~board~~ *constituent entity* assigns an
17 investigator to the complaint.

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

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

24 (iv) Average number of days for a constituent entity to conduct
25 a supplemental investigation for a case that was rereferred by the
26 constituent entity to the Attorney General to file an accusation.

27 (b) "Action," for purposes of this section, means a proceeding
28 brought by, or on behalf of, a constituent entity against a licensee
29 for unprofessional conduct that has not been finally adjudicated,
30 and a disciplinary action taken by a constituent entity against a
31 licensee.

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

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

37 312.1. (a) The Attorney General shall submit a report to the
38 department, the Governor, and the appropriate policy committees
39 of the Legislature on or before January 1, 2016, and on or before

1 January 1 of each subsequent year that includes, at a minimum,
2 all of the following:

3 (1) Number of cases referred to the Attorney General by each
4 constituent entity comprising the department.

5 (2) Number of cases referred by the Attorney General back to
6 each constituent entity with no further action.

7 (3) Number of cases rereferred by a constituent entity to the
8 Attorney General after each constituent entity or the Division of
9 Investigation completes a supplemental investigation.

10 (4) Number of accusations filed by each constituent entity.

11 (5) Number of accusations a constituent entity withdraws.

12 (6) Average number of days from the Attorney General receiving
13 a case to filing an accusation on behalf of each constituent entity.

14 (7) Average number of days to prepare an accusation for a case
15 that is rereferred to the Attorney General after a supplemental
16 investigation is conducted by staff of a constituent entity or the
17 Division of Investigation for each constituent entity.

18 (8) Average number of days from filing an accusation to
19 transmitting a stipulated settlement for each constituent entity.

20 (9) Average number of days from filing an accusation to
21 transmitting a default decision for each constituent entity.

22 (10) Average of days from filing an accusation to scheduling a
23 hearing for each constituent entity.

24 (11) Average numbers of days from scheduling a hearing to
25 conducting a hearing for each constituent entity.

26 (b) The Office of Administrative Hearings shall submit a report
27 to the department, the Governor, and the Legislature on or before
28 January 1, 2016, and on or before January 1 of each subsequent
29 year that includes, at a minimum, all of the following:

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

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

35 (3) Average number of days from setting a hearing to conducting
36 the hearing.

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

1 SEC. 8. Section 453 of the Business and Professions Code is
2 amended to read:

3 453. (a) Every newly appointed board member shall, within
4 one year of assuming office, complete a training and orientation
5 program offered by the department regarding, among other things,
6 his or her functions, responsibilities, and obligations as a member
7 of a board. The department shall adopt regulations necessary to
8 establish this training and orientation program and its content.

9 (b) The department shall develop a board member mentor
10 program through which experienced board members will be trained
11 to act as mentors to newly appointed board members. A mentor
12 member should be assigned to a new board member who serves
13 on a different board. A mentor may be a current or former board
14 member.

15 SEC. 9. Section 4800 of the Business and Professions Code is
16 amended to read:

17 4800. (a) There is in the Department of Consumer Affairs a
18 Veterinary Medical Board in which the administration of this
19 chapter is vested. The board consists of the following members:

20 (1) Four licensed veterinarians.

21 (2) One registered veterinary technician.

22 (3) Three public members.

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

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

33 SEC. 10. Section 4804.5 of the Business and Professions Code
34 is amended to read:

35 4804.5. The board may appoint a person exempt from civil
36 service who shall be designated as an executive officer and who
37 shall exercise the powers and perform the duties delegated by the
38 board and vested in him or her by this chapter.

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

4 SEC. 11. Section 11506 of the Business and Professions Code
5 is amended to read:

6 11506. This part shall be subject to review by the appropriate
7 policy committees of the Legislature. This part shall remain in
8 effect only until January 1, 2019, and as of that date is repealed,
9 unless a later enacted statute, that is enacted before January 1,
10 2019, deletes or extends that date.

11 SEC. 12. Section 22259 of the Business and Professions Code
12 is amended to read:

13 22259. (a) This chapter shall be subject to review by the
14 appropriate policy committees of the Legislature.

15 (b) This chapter shall remain in effect only until January 1,
16 2019, and as of that date is repealed, unless a later enacted statute,
17 that is enacted before January 1, 2019, deletes or extends that date.

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: SB 1262
Author: Correa
Bill Date: July 2, 2014, Amended
Subject: Medical Marijuana Regulation
Sponsor: California Police Chiefs Association (Co-Sponsor)
League of California Cities (Co-Sponsor)

DESCRIPTION OF CURRENT LEGISLATION:

This bill would put various licensing and enforcement requirements on medical marijuana dispensaries and cultivation facilities and would create a Bureau of Medical Marijuana Regulation (Bureau) in the Department of Consumer Affairs that would be the regulatory agency performing the licensing functions. It also gives local agencies the primary responsibility for enforcement of Bureau standards, in accordance with Bureau regulations.

This bill would impose specified requirements on physicians recommending medical marijuana and on the Medical Board of California (Board). However, this analysis will only cover the portion of the bill related to the requirements on physicians recommending medical marijuana and requirements of the Board.

BACKGROUND:

In 1996, California voters approved the Compassionate Use Act (Proposition 215), which allowed Californians access to marijuana for medical purposes, and prohibited punitive action against physicians for making medical marijuana recommendations. SB 420 (Vasconcellos, Chapter 875, Statutes of 2003), the Medical Marijuana Program Act, included issuance of identification cards for qualified patients, and allowed patients and their primary caregivers to collectively or cooperatively cultivate medical marijuana. According to the author's office, no feasible, broad regulatory structure has been established for medical marijuana, and the implementation of the Compassionate Use Act has resulted in conflicting authorities, regulatory chaos, intermittent federal action, and a series of lawsuits. According to the author's office, the purpose of this bill is to put a framework around medical marijuana regulation and address the many associated public safety concerns.

In May 2004, the Board issued a statement on the Compassionate Use Act and a physician's role in recommending medical marijuana, which is still the recognized policy. The statement clarifies that physicians who recommend medical marijuana will not be subject to investigation or disciplinary action by the Board if the decision to recommend medical marijuana is made in accordance with accepted standards of medical responsibility, which is not specifically defined. The statement also indicates that a mere complaint that a physician is recommending medical marijuana will not

generate an investigation absent information that a physician is not adhering to accepted medical standards.

According to the Senate Health Committee analysis, the University of California's (UC) Center for Medicinal Cannabis Research (CMCR) was created pursuant to SB 847 (Vasconcellos, Chapter 750, statutes of 1999). The CMCR is tasked with developing and conducting studies intended to ascertain the general medical safety and efficacy of marijuana and, if found valuable, to develop medical guidelines for the appropriate administration and use of medical marijuana. According to CMCR's web site, CMCR coordinates and supports cannabis research throughout California, which focuses on the potential medical benefits of cannabis, the general medical safety and efficacy of cannabis, and on examining alternative forms of cannabis administration.

ANALYSIS:

SB 1262 would require the Board to include, in its investigative priorities, cases involving repeated acts of excessively recommending marijuana to a patient for medical purposes without a good faith examination of the patient and a medical reason for the recommendation.

This bill would prohibit a physician from recommending medical marijuana to a patient unless that person is the patient's attending physician, as defined by subdivision (a) of Section 11362.7 of the Health and Safety Code (HSC). The HSC defines an "attending physician" as an individual who possesses a license in good standing to practice medicine or osteopathy issued by the Medical Board of California or the Osteopathic Medical Board of California and who has taken responsibility for an aspect of the medical care, treatment, diagnosis, counseling, or referral of a patient and who has conducted a medical examination of that patient before recording in the patient's medical record the physician's assessment of whether the patient has a serious medical condition and whether the medical use of marijuana is appropriate.

This bill would also subject physicians recommending medical marijuana to the laws in Business and Professions Code Section (BPC) 650.01 and would not allow a physician to accept, solicit, or offer any form of remuneration from or to a licensed dispenser, producer, or processor of cannabis products in which the licensee or his or her immediate family has a financial interest. This bill would not allow a physician to advertise for medical marijuana physician recommendations unless the advertisement contains the following notice and meets the requirements of BPC 651:

"NOTICE TO CONSUMERS: The Compassionate Use Act of 1996 ensures that seriously ill Californians have the right to obtain and use marijuana for medical purposes where medical use is deemed appropriate and has been recommended by a physician who has determined that the person's health would benefit from the use of marijuana. Physicians are licensed and regulated by the Medical Board of California and arrive at the decision to make this recommendation in accordance with the accepted standards of medical responsibility."

Lastly, this bill requires the Board to consult with CMCR on developing and adopting medical guidelines for the appropriate administration and use of marijuana.

This bill has been significantly amended and no longer expressly spells out what a physician must do before medical marijuana is recommended, including the requirement that an in-person patient examination must be conducted. This bill still places anti-kick back and advertising restrictions on physicians who recommend medical marijuana, and includes in the Board's priorities cases involving repeated acts of excessively recommending marijuana to a patient for medical purposes without a good faith examination of the patient and a medical reason for the recommendation.

This bill requires the Board to consult with CMCR when developing guidelines, but does not expressly require the Board to develop and adopt guidelines for the appropriate administration and use of marijuana. If this bill were to pass, the Board would need to update its current statement and at that time would consult and solicit input from the CMCR.

Board staff is suggesting the Board take a neutral position on this bill, as it no longer contains many of the enforcement tools for the Board to utilize regarding requirements physicians must follow when recommending medical marijuana.

FISCAL: Minor and absorbable costs

SUPPORT: California Police Chiefs Association (Co-Sponsor); League of California Cities (Co-Sponsor); Americans for Safe Access; Association of Orange County Deputy Sheriffs; City of Beaumont; City of Camarillo; City of Concord; City of Del Mar; City of El Cajon; City of La Mirada; City of Palmdale; City of Rancho Cucamonga; City of Rosemead; and City of Sacramento

OPPOSITION: Cannabis Action California Education Foundation; Drug Policy Alliance; Emerald Growers Association; Marijuana Policy Project; and Mendocino County Small Farmer's Association

POSITION: Recommendation: Neutral

AMENDED IN ASSEMBLY JULY 2, 2014

AMENDED IN ASSEMBLY JUNE 15, 2014

AMENDED IN SENATE MAY 27, 2014

AMENDED IN SENATE MAY 7, 2014

AMENDED IN SENATE APRIL 21, 2014

SENATE BILL

No. 1262

Introduced by Senator Correa

(Principal coauthor: Assembly Member Ammiano)

February 21, 2014

An act to amend Section 2220.05 of, to add Article 25 (commencing with Section 2525) to Chapter 5 of Division 2 of, and to add Part 5 (commencing with Section 18100) to Division 7 of, the Business and Professions Code, *to add Section 23028 to the Government Code, and* to add Article 8 (commencing with Section 111658) to Chapter 6 of Part 5 of Division 104 of the Health and Safety Code, ~~and to add Chapter 3.8 (commencing with Section 7295) to Part 1.7 of Division 2 of the Revenue and Taxation Code,~~ relating to medical marijuana, *and making an appropriation therefor.*

LEGISLATIVE COUNSEL'S DIGEST

SB 1262, as amended, Correa. Medical marijuana: regulation of physicians, dispensaries, cultivation sites, and processing facilities.

(1) Existing law, the Compassionate Use Act of 1996, an initiative measure enacted by the approval of Proposition 215 at the November 6, 1996, statewide general election, authorizes the use of marijuana for medical purposes. Existing law enacted by the Legislature requires the establishment of a program for the issuance of identification cards to

qualified patients so that they may lawfully use marijuana for medical purposes, and requires the establishment of guidelines for the lawful cultivation of marijuana grown for medical use. Existing law provides for the licensure of various professions by the Department of Consumer Affairs. Existing law, the Sherman Food, Drug, and Cosmetic Law, provides for the regulation of food, drugs, devices, and cosmetics, as specified. A violation of that law is a crime.

This bill would ~~require~~ *establish within* the Department of Consumer Affairs *a Bureau of Medical Marijuana Regulation* to license dispensing facilities, cultivation sites, and processing facilities that provide, process, and grow marijuana for medical use, as specified, ~~including requiring subject to local ordinances. The bill would require~~ a background check ~~for license of applicants for licensure to be administered by the Department of Justice.~~ The bill would make these licenses subject to the restrictions of the local jurisdiction in which the facility operates or proposes to operate. The bill would, among other things, require licensees to implement sufficient security measures to both deter and prevent unauthorized entrance into areas containing marijuana and theft of marijuana at their facilities, including establishing limited access areas accessible only to authorized facility personnel, and would require these licensees to notify appropriate law enforcement authorities within 24 hours after discovering specified breaches in security. The bill would set forth provisions related to the transportation, testing, and distribution of marijuana. *The bill would set forth provisions for the revocation or suspension of a license for a violation of these provisions or of local ordinances, and would require the bureau to make recommendations to the Legislature pertaining to the establishment of a judicial review process.* The bill would prohibit the distribution of any form of advertising for physician recommendations for medical marijuana, unless the advertisement bears a specified notice and requires that the advertisement meet specified requirements and not be fraudulent, deceitful, or misleading, as specified. Violation of these provisions would be punishable by a civil fine of up to \$35,000 for each individual violation, *or as otherwise specified.*

The bill would establish the Medical Marijuana Regulation Fund and would require the deposit of fees collected pursuant to this act into the fund. The bill would continuously appropriate moneys from the fund to the bureau for the purposes of administering this act, thereby making an appropriation. The bill would require the deposit of penalty moneys collected pursuant to this act into the General Fund.

The bill would provide that it shall not supersede provisions of Measure D, as approved by the voters of the City of Los Angeles, as specified.

The bill would require the ~~department~~ *bureau* to administer and enforce these provisions. The bill would require the ~~department~~ *bureau* to establish quality assurance protocols by July 1, 2016, to ensure uniform testing standards of medical marijuana, and would require licensees to comply with these provisions. The bill would further set forth provisions regulating edible marijuana products, as specified. By adding these provisions to the Sherman Food, Drug, and Cosmetic Law, a violation of which is a crime, the bill would impose a state-mandated local program.

(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 board to prioritize investigations and prosecutions of physicians and surgeons representing the greatest threat of harm, as specified. Existing law identifies the cases that are to be given priority, which include cases of repeated acts of excessively prescribing, furnishing, or administering controlled substances without a good faith prior examination of the patient. Existing law provides that a violation of the Medical Practice Act is a crime.

This bill would require the board to consult with the Center for Medicinal Cannabis Research on developing and adopting medical guidelines for the appropriate administration and use of marijuana.

The bill would also make it a misdemeanor for a physician and surgeon who recommends marijuana to a patient for a medical purpose to accept, solicit, or offer any remuneration from or to a licensed dispensing facility in which the physician and surgeon or his or her immediate family has a financial interest. By creating a new crime, ~~this~~ *the* bill would impose a state-mandated local program.

The bill would provide that specified acts of recommending marijuana without a good faith examination are among the types of cases that should be given priority for investigation and prosecution by the board, as described above. The bill would further prohibit a ~~person~~ *physician and surgeon* from recommending medical marijuana to a patient unless that person is the patient's attending physician, as defined. Because a violation of that provision would be a crime, the bill would impose a state-mandated local program.

(3) Existing law authorizes the legislative body of a city or county to impose various taxes, including a transactions and use tax at a rate

of 0.25%, or a multiple thereof, if approved by the required vote of the legislative body and the required vote of qualified voters, and limits the combined rate of transactions and use taxes within a city or county to 2%.

This bill would authorize the ~~legislative body~~ *board of supervisors* of a county to ~~levy~~ *impose* a tax on the privilege of cultivating, dispensing, producing, processing, preparing, storing, providing, *donating, selling,* or distributing marijuana or products containing marijuana. The bill would authorize the tax to be imposed for either general or specific governmental purposes. The bill would require a tax imposed pursuant to this authority to be subject to any applicable voter approval requirement.

(4) *This bill would provide that its provisions are severable.*

(5) *Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.*

This bill would make legislative findings to that effect.

~~The~~

(6) *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.

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

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

- 1 SECTION 1. The Legislature finds and declares all of the
- 2 following:
- 3 (a) In 1996, the people of the State of California enacted the
- 4 Compassionate Use Act of 1996, codified in Section 11362.5 of
- 5 the Health and Safety Code. The people of the State of California
- 6 declared that their purpose in enacting the measure was, among
- 7 other things, “to ensure that seriously ill Californians have the
- 8 right to obtain and use marijuana for medical purposes where that
- 9 medical use is deemed appropriate and has been recommended by
- 10 a physician who has determined that the person’s health would

1 benefit from the use of marijuana in the treatment of cancer,
2 anorexia, AIDS, chronic pain, spasticity, glaucoma, arthritis,
3 migraine, or any other illness for which marijuana provides relief.”

4 (b) The Compassionate Use Act of 1996 called on state
5 government to implement a plan for the safe and affordable
6 distribution of marijuana to all patients in medical need of
7 marijuana, *while ensuring that nothing in this act shall be*
8 *construed to condone the diversion of marijuana for nonmedical*
9 *purposes.*

10 (c) In 2003, the Legislature enacted the Medical Marijuana
11 Program Act (MMPA), codified in Article 2.5 (commencing with
12 Section 11362.7) of Chapter 6 of Division 10 of the Health and
13 Safety Code.

14 (d) Greater certainty and minimum statewide standards are
15 urgently needed regarding the obligations of medical marijuana
16 facilities, and for the imposition and enforcement of regulations
17 to prevent unlawful cultivation and the diversion of marijuana to
18 nonmedical use.

19 (e) Despite the passage of the Compassionate Use Act of 1996
20 and the MMPA, because of the lack of an effective statewide
21 system for regulating and controlling medical marijuana, cities,
22 counties and local law enforcement officials have been confronted
23 with uncertainty about the legality of some medical marijuana
24 cultivation and distribution activities. ~~The current system of~~
25 ~~collectives and cooperatives~~ *state of affairs* makes law enforcement
26 difficult and endangers patient safety because of an inability to
27 monitor the supply of medical marijuana in the state and the lack
28 of quality control, testing, and labeling requirements.

29 (f) The California Constitution grants cities and counties the
30 authority to make and enforce, within their borders, “all local
31 police, sanitary, and other ordinances and regulations not in conflict
32 with the general laws.” This inherent local police power includes
33 broad authority to determine, for purposes of public health, safety,
34 and welfare, the appropriate uses of land within the local
35 jurisdiction’s borders. The police power, therefore, allows each
36 city and county to determine whether or not a medical marijuana
37 dispensary or other facility that makes medical marijuana available
38 may operate within its borders. This authority has been upheld by
39 *City of Riverside v. Inland Empire Patients Health & Wellness,*
40 *Inc.* (2013) 56 Cal.4th 729 and *County of Los Angeles v. Hill*

1 (2011) 192 Cal.App.4th 861. *Nothing in this act shall diminish,*
2 *erode, or modify that authority.*

3 (g) If, pursuant to this authority, a city or county determines
4 that a dispensary or other facility that makes medical marijuana
5 available may operate within its borders, then there is a need for
6 the state to license these dispensaries and other facilities for the
7 purpose of adopting and enforcing protocols for training and
8 certification of physicians who recommend the use of medical
9 marijuana and for agricultural cultivation practices. This licensing
10 requirement is not intended in any way nor shall it be construed
11 to preempt local ordinances, *regulations, or enforcement actions*
12 regarding the sale and use of medical marijuana, including, but
13 not limited to, security, signage, lighting, and inspections.

14 (h) All of the following elements are necessary to uphold
15 important state goals:

16 (1) Strict provisions to prevent the potential diversion of
17 marijuana for recreational use.

18 (2) Audits to accurately track the volume of both product
19 movement and sales.

20 (3) An effective means of restricting *nonmedical* access to
21 medical marijuana by minors.

22 (i) Nothing in this act shall be construed to promote or facilitate
23 the nonmedical, recreational possession, sale, or use of marijuana.

24 SEC. 2. Section 2220.05 of the Business and Professions Code
25 is amended to read:

26 2220.05. (a) In order to ensure that its resources are maximized
27 for the protection of the public, the Medical Board of California
28 shall prioritize its investigative and prosecutorial resources to
29 ensure that physicians and surgeons representing the greatest threat
30 of harm are identified and disciplined expeditiously. Cases
31 involving any of the following allegations shall be handled on a
32 priority basis, as follows, with the highest priority being given to
33 cases in the first paragraph:

34 (1) Gross negligence, incompetence, or repeated negligent acts
35 that involve death or serious bodily injury to one or more patients,
36 such that the physician and surgeon represents a danger to the
37 public.

38 (2) Drug or alcohol abuse by a physician and surgeon involving
39 death or serious bodily injury to a patient.

(3) Repeated acts of clearly excessive prescribing, furnishing, or administering of controlled substances, or repeated acts of prescribing, dispensing, or furnishing of controlled substances, or recommending marijuana to patients for medical purposes, without a good faith prior examination of the patient and medical reason therefor. However, in no event shall a physician and surgeon prescribing, furnishing, or administering controlled substances for intractable pain consistent with lawful prescribing, including, but not limited to, Sections 725, 2241.5, and 2241.6 of this code and Sections 11159.2 and 124961 of the Health and Safety Code, be prosecuted for excessive prescribing and prompt review of the applicability of these provisions shall be made in any complaint that may implicate these provisions.

(4) Sexual misconduct with one or more patients during a course of treatment or an examination.

(5) Practicing medicine while under the influence of drugs or alcohol.

(b) The board may by regulation prioritize cases involving an allegation of conduct that is not described in subdivision (a). Those cases prioritized by regulation shall not be assigned a priority equal to or higher than the priorities established in subdivision (a).

(c) The Medical Board of California shall indicate in its annual report mandated by Section 2312 the number of temporary restraining orders, interim suspension orders, and disciplinary actions that are taken in each priority category specified in subdivisions (a) and (b).

SEC. 3. Article 25 (commencing with Section 2525) is added to Chapter 5 of Division 2 of the Business and Professions Code, to read:

Article 25. Recommending Medical Marijuana

2525. (a) It is unlawful for a physician and surgeon who recommends marijuana to a patient for a medical purpose to accept, solicit, or offer any form of remuneration from or to a facility licensed pursuant to Part 5 (commencing with Section 18100) of Division 7, if the physician and surgeon or his or her immediate family have a financial interest in that facility.

(b) For the purposes of this section, “financial interest” shall have the same meaning as in Section 650.01.

1 (c) A violation of this section shall be a misdemeanor.

2 2525.1. The board shall consult with the California Marijuana
3 Research Program, known as the Center for Medicinal Cannabis
4 Research, authorized pursuant to Section 11362.9 of the Health
5 and Safety Code, on developing and adopting medical guidelines
6 for the appropriate administration and use of marijuana.

7 2525.2. ~~No person~~ *A physician and surgeon* shall *not*
8 recommend medical marijuana to a patient, unless that person is
9 the patient's attending physician, as defined by subdivision (a) of
10 Section 11362.7 of the Health and Safety Code.

11 SEC. 4. Part 5 (commencing with Section 18100) is added to
12 Division 7 of the Business and Professions Code, to read:

13
14 PART 5. MEDICAL MARIJUANA

15
16 18100. For purposes of this part, the following definitions shall
17 apply:

18 ~~(a) "Certified testing laboratory" means a laboratory that is~~
19 ~~certified by the department to perform random sample testing of~~
20 ~~marijuana pursuant to the certification standards for these facilities~~
21 ~~promulgated by the department.~~

22 ~~(b) "Department" means the Department of Consumer Affairs.~~

23 ~~(c) "Dispensary" means a distribution operation that provides~~
24 ~~marijuana or marijuana derived products to patients.~~

25 ~~(d) "Licensed cultivation site" means a facility that grows~~
26 ~~marijuana for medical use and that is licensed pursuant to Section~~
27 ~~18101.~~

28 ~~(e) "Licensed dispensing facility" means a dispensary or other~~
29 ~~facility that provides marijuana for medical use that is licensed~~
30 ~~pursuant to Section 18101.~~

31 ~~(f) "Licensed processing facility" means a facility where~~
32 ~~marijuana or marijuana products are inspected, packaged, labeled,~~
33 ~~or otherwise prepared prior to being provided to another facility~~
34 ~~licensed pursuant to this section, to a patient with a medical~~
35 ~~marijuana recommendation, or otherwise distributed, and that is~~
36 ~~licensed pursuant to Section 18101.~~

37 ~~(g) "Licensed transporter" means an individual or entity licensed~~
38 ~~by the department to transport marijuana to and from facilities~~
39 ~~licensed pursuant to this part.~~

1 ~~(h) “Marijuana” means marijuana, as defined by Section 11018~~
2 ~~of the Health and Safety Code.~~

3 (a) “Bureau” means the Bureau of Medical Marijuana
4 Regulation in the Department of Consumer Affairs.

5 (b) “Certified testing laboratory” means a laboratory that is
6 certified by the bureau to perform random sample testing of
7 marijuana pursuant to the certification standards for these facilities
8 promulgated by the bureau.

9 (c) “Dispensary” means a distribution operation that provides
10 marijuana or marijuana derived products to patients.

11 (d) “Fund” means the Medical Marijuana Regulation Fund
12 established pursuant to Section 18101.4.

13 (e) “Licensed cultivation site” means a facility that grows
14 marijuana for medical use and that is licensed pursuant to this
15 part.

16 (f) “Licensed dispensing facility” means a dispensary or other
17 facility that provides marijuana for medical use that is licensed
18 pursuant to this part.

19 (g) “Licensed processing facility” means a facility where
20 marijuana or marijuana products are inspected, packaged, labeled,
21 or otherwise prepared, warehoused, or stored prior to being
22 provided to another facility licensed pursuant to this part, to a
23 patient with a medical marijuana recommendation, or otherwise
24 distributed, and that is licensed pursuant to this part.

25 (h) “Licensed transporter” means an individual or entity
26 licensed by the bureau to transport marijuana to and from facilities
27 licensed pursuant to this part.

28 (i) “Marijuana” means all parts of the plant *Cannabis sativa*,
29 *cannabis indica*, or *cannabis ruderalis*, whether growing or not;
30 the seeds thereof; the resin, whether crude or purified, extracted
31 from any part of the plant; and every compound, manufacture,
32 salt, derivative, mixture, or preparation of the plant, its seeds, or
33 resin. “Marijuana” does not include the mature stalks of the plant,
34 fiber produced from the stalks, oil or cake made from the seeds of
35 the plant, any other compound, manufacture, salt, derivative,
36 mixture, or preparation of the mature stalks (except the resin
37 extracted therefrom), fiber, oil, or cake, or the sterilized seed of
38 the plant which is incapable of germination. “Marijuana” also
39 means marijuana, as defined by Section 11018 of the Health and
40 Safety Code.

1 ~~18101. (a) Except as provided in Section 11362.5 of, and~~
2 ~~Article 2.5 (commencing with Section 11362.7) of Chapter 6 of~~
3 ~~Division 10 of, the Health and Safety Code, a person shall not sell~~
4 ~~or provide marijuana other than at a licensed dispensing facility.~~

5 ~~(b) Except as provided in Section 11362.5 of, and Article 2.5~~
6 ~~(commencing with Section 11362.7) of Chapter 6 of Division 10~~
7 ~~of, the Health and Safety Code, a person shall not grow marijuana~~
8 ~~other than at a licensed cultivation site.~~

9 ~~(c) Except as provided in Section 11362.5 of, and Article 2.5~~
10 ~~(commencing with Section 11362.7) of Chapter 6 of Division 10~~
11 ~~of, the Health and Safety Code, a person shall not process~~
12 ~~marijuana other than at a licensed processing facility.~~

13 ~~(d) A person shall not transport marijuana from one facility~~
14 ~~licensed pursuant to this part to another, other than a licensed~~
15 ~~transporter.~~

16 ~~(e) To meet the requirement of Sections 111658 to 111663,~~
17 ~~inclusive, of the Health and Safety Code, marijuana and marijuana~~
18 ~~products shall be tested by a certified testing laboratory.~~

19 ~~(f) The department shall require, prior to issuing a license to a~~
20 ~~dispensing facility or a cultivation site pursuant to this part, all of~~
21 ~~the following:~~

22 ~~(1) The name of the owner or owners of the proposed facility.~~

23 ~~(2) The address and telephone number of the proposed facility.~~

24 ~~(3) A description of the scope of business of the proposed~~
25 ~~facility.~~

26 ~~(4) A certified copy of the local jurisdiction's approval to operate~~
27 ~~within its borders.~~

28 ~~(5) A completed application, as required by the department.~~

29 ~~(6) Payment of a fee, in an amount to be determined by the~~
30 ~~department not to exceed the amount necessary, but that is~~
31 ~~sufficient to cover, the actual costs of the administration of this~~
32 ~~part.~~

33 ~~(7) (A) An applicant's fingerprint images and related~~
34 ~~information required by the Department of Justice for the purpose~~
35 ~~of obtaining information as to the existence and content of a record~~
36 ~~of state and federal convictions and arrests, and information as to~~
37 ~~the existence and content of a record of state and federal~~
38 ~~convictions and arrests for which the Department of Justice~~
39 ~~establishes that the person is free on bail, or on his or her own~~
40 ~~recognizance, pending trial or appeal.~~

~~(B) The Department of Justice shall forward the fingerprint images and related information received pursuant to subparagraph (A) to the Federal Bureau of Investigation and request a federal summary of criminal information. The Department of Justice shall review the information returned from the Federal Bureau of Investigation and compile and disseminate a response to the department.~~

~~(C) The Department of Justice shall charge a fee sufficient to cover the reasonable cost of processing the requests described in this paragraph.~~

~~(D) The department may deny a license based on a past criminal conviction if the crime is substantially related to the qualifications, functions, or duties of the business for which the license will be issued.~~

~~(8) In the case of a cultivation site, the GPS coordinates of the site.~~

~~(9) Any other information as required by the department.~~

~~(g) The department shall deny a license if the application fails to state with sufficient specificity the jurisdiction in which the applicant proposes to establish operations.~~

~~(h) Each application for a license approved by the department pursuant to this part is separate and distinct. A licensee shall not hold a license in more than one class of specified medical marijuana activities. A licensee shall not be an officer, director, member, owner, or shareholder in another entity licensed pursuant to this part. The officers, directors, owners, members, or shareholders of a licensee in one class may not hold a license in another class, and may not be an officer, director, member, owner, or shareholder of an entity licensed pursuant to this part.~~

18101. (a) (1) There is hereby created in the Department of Consumer Affairs the Bureau of Medical Marijuana Regulation. The bureau shall be administered by an executive officer who shall be a civil servant appointed pursuant to civil service rules by the Governor, and who shall be known as the Executive Officer of the Bureau of Medical Marijuana Regulation.

(2) Funds for the establishment and support of the bureau shall be advanced as a loan by the Department of Consumer Affairs and shall be repaid by the initial proceeds from fees collected pursuant to subdivision (b) of Section 18101.1, paragraph (9) of subdivision (f) of Section 18101.2, and subdivision (b) of Section 18101.3.

1 (b) (1) *The bureau shall have the power to license persons for*
2 *the cultivation, manufacture, transportation, storage, distribution,*
3 *and sale of medical marijuana within the state and to collect*
4 *licensing fees in connection with these actions.*

5 (2) *The bureau shall exercise its authority pursuant to*
6 *paragraph (1) consistent with subdivision (f) of Section 1 of the*
7 *act that added this section and consistent with the provisions of*
8 *this part.*

9 18101.1. *The bureau shall have the authority, subject to local*
10 *ordinances, to license persons for the cultivation, manufacture,*
11 *transportation, storage, and sale of medical marijuana within the*
12 *state, and to levy appropriate related licensing fees not to exceed*
13 *the reasonable costs of enforcement and administration of this*
14 *part. The bureau shall not issue a license if the applicant has not*
15 *met all requirements pursuant to this part. A license, once issued,*
16 *shall be suspended within 10 days of notification to the bureau by*
17 *a local agency that a licensee is no longer in compliance with any*
18 *local ordinance or regulation. The bureau shall have the power*
19 *necessary for the administration of this part, including, but not*
20 *limited to, the following:*

21 (a) *Establishing statewide minimum standards for the*
22 *cultivation, manufacturing, transportation, storage, distribution,*
23 *provision, donation, and sale of medical marijuana and medical*
24 *marijuana products, and procedures for the issuance, renewal,*
25 *suspension, and revocation of licenses.*

26 (b) *Establishing a scale of application, license, and renewal*
27 *fees, to be imposed by the state, for licenses for the cultivation,*
28 *manufacturing, transportation, distribution, and sale of medical*
29 *marijuana and medical marijuana products. The bureau may*
30 *charge separate fees for each license application for cultivation,*
31 *manufacturing, transportation, distribution, and sale. The total*
32 *fees imposed pursuant to this part shall be based on the actual*
33 *costs of administering and enforcing this part.*

34 (c) *Making and proscribing any rule that may be necessary or*
35 *proper to carry out the purposes and intent of this part and to*
36 *enable it to exercise the powers and perform the duties conferred*
37 *upon it by this part and in accordance with Chapter 3.5*
38 *(commencing with Section 11340) of Part 1 of Division 3 of Title*
39 *2 of the Government Code. For the performance of its duties, the*
40 *bureau has the powers as set forth in Article 2 (commencing with*

1 *Section 11180) of Chapter 2 of Part 1 of Division 3 of Title 2 of*
2 *the Government Code.*

3 *(d) Approving or denying applications, subject to local*
4 *ordinances, for cultivation, manufacturing, labeling,*
5 *transportation, distribution, provision, donation, and sale of*
6 *medical marijuana pursuant to this part.*

7 *(e) The bureau shall, with input from local agencies, deny,*
8 *suspend, or revoke any license issued pursuant to this part, or fine*
9 *any licensee, if the bureau determines that the granting or*
10 *continuance of the license would be contrary to public welfare or*
11 *morals or that a person holding or seeking a license has violated*
12 *any law prohibiting conduct involving moral turpitude or an*
13 *applicable local ordinance.*

14 *(f) Imposing any penalty authorized by this part or any rule or*
15 *regulation adopted pursuant to this part.*

16 *(g) Taking any action with respect to a license application in*
17 *accordance with procedures established pursuant to this part.*

18 *(h) The bureau shall make recommendations to the Legislature*
19 *pertaining to the establishment of an appeals and judicial review*
20 *process for persons aggrieved by a final decision of the bureau.*

21 *(i) Developing any forms, identification certificates, and*
22 *applications that are necessary or convenient in the discretion of*
23 *the bureau for the administration of this part or any of the rules*
24 *or regulations adopted pursuant to this part.*

25 *(j) Overseeing the operation of the Medical Marijuana*
26 *Regulation Fund established pursuant to Section 18101.4.*

27 *(k) Establishing reasonable fees for processing all applications,*
28 *licenses, notices, or reports required to be submitted to the bureau.*
29 *The amount of the fees shall reflect, but shall not exceed, the direct*
30 *and indirect costs of the bureau for the administration of this part*
31 *and the rules or regulations adopted pursuant to this part.*

32 *(l) The bureau may consult with other state agencies,*
33 *departments, or public or private entities for the purposes of*
34 *establishing statewide standards and regulations.*

35 *18101.2. (a) Except as provided in Section 11362.5 of, and*
36 *Article 2.5 (commencing with Section 11362.7) of Chapter 6 of*
37 *Division 10 of, the Health and Safety Code, a person shall not sell*
38 *or provide marijuana other than at a licensed dispensing facility.*

39 *(b) Except as provided in Section 11362.5 of, and Article 2.5*
40 *(commencing with Section 11362.7) of Chapter 6 of Division 10*

1 *of, the Health and Safety Code, a person shall not grow marijuana*
2 *other than at a licensed cultivation site.*

3 *(c) Except as provided in Section 11362.5 of, and Article 2.5*
4 *(commencing with Section 11362.7) of Chapter 6 of Division 10*
5 *of, the Health and Safety Code, a person shall not process*
6 *marijuana other than at a licensed processing facility.*

7 *(d) A person shall not transport marijuana from one facility*
8 *licensed pursuant to this part to another, other than a licensed*
9 *transporter.*

10 *(e) To meet the requirements of Article 8 (commencing with*
11 *Section 111658) of Chapter 6 of Part 5 of Division 104 of the*
12 *Health and Safety Code, marijuana and marijuana products shall*
13 *be tested by a certified testing laboratory.*

14 *(f) The bureau shall require, prior to issuing a license pursuant*
15 *to this part, all of the following:*

16 *(1) The name of the owner or owners of a proposed facility,*
17 *including all persons or entities having an ownership interest other*
18 *than a security interest, lien, or encumbrance on any property that*
19 *will be used by the applicant.*

20 *(2) The name, address, and date of birth of each principal officer*
21 *and board member.*

22 *(3) The address and telephone number of the proposed facility.*

23 *(4) A description of the scope of business of the proposed*
24 *facility.*

25 *(5) A certified copy of the local jurisdiction's approval to*
26 *operate within its borders.*

27 *(6) Operating and inventory control procedures to ensure*
28 *security and prevent diversion.*

29 *(7) Detailed operating procedures for the proposed facility,*
30 *which shall include, but not be limited to, provisions for facility*
31 *and operational security, prevention of diversion, employee*
32 *screening, storage of medical marijuana, personnel policies, and*
33 *recordkeeping procedures.*

34 *(8) A completed application, as required by the bureau.*

35 *(9) Payment of a fee, in an amount to be determined by the*
36 *bureau, not to exceed the amount necessary, but that is sufficient*
37 *to cover, the actual costs of the administration of this part.*

38 *(10) (A) An applicant's fingerprint images and related*
39 *information required by the Department of Justice for the purpose*
40 *of obtaining information as to the existence and content of a record*

1 of state and federal convictions and arrests, and information as
2 to the existence and content of a record of state and federal
3 convictions and arrests for which the Department of Justice
4 establishes that the person is free on bail, or on his or her own
5 recognizance, pending trial or appeal.

6 (B) The Department of Justice shall charge a fee sufficient to
7 cover the reasonable cost of processing the requests described in
8 the paragraph.

9 (11) In the case of a cultivation site, the GPS coordinates of the
10 site.

11 (12) Any other information as required by the bureau.

12 (13) The bureau shall deny a license based on a past felony
13 criminal conviction for drug trafficking, a felony conviction for
14 embezzlement, a felony conviction involving fraud or deceit, or
15 any violent or serious felony conviction pursuant to subdivision
16 (c) of Section 667.5 of, or subdivision (c) of Section 1192.7 of, the
17 Penal Code. The bureau may also deny a license based on a past
18 criminal conviction if the crime was substantially related to the
19 qualifications, functions, or duties of the business for which the
20 license will be issued.

21 (g) The bureau shall deny a license if the application fails to
22 state with sufficient specificity the jurisdiction in which the
23 applicant proposes to establish operations.

24 (h) (1) Each application for a license approved by the bureau
25 pursuant to this part is separate and distinct, and the bureau may
26 charge a separate fee for each. A licensee shall not hold a license
27 in more than one class of specified medical marijuana activities,
28 except that a licensee may have a transporter license in addition
29 to a license to cultivate, process, or dispense medical marijuana.

30 (2) A licensee shall not be an officer, director, member, owner,
31 or shareholder in another entity licensed pursuant to this part.
32 The officers, directors, owners, members, or shareholders of a
33 licensee in one class of license may not hold a license in another
34 class, and may not be an officer, director, member, owner, or
35 shareholder of an entity licensed pursuant to this part.

36 18101.3. Beginning January 1, 2015, the bureau shall provide
37 for provisional licenses, as follows:

38 (a) The bureau shall request that every city, county, or city and
39 county provide the bureau with a list of approved entities providing
40 medical marijuana to qualified patients and caregivers within the

1 city's, county's, or city and county's jurisdiction, if any, the
2 location at which the entity is operating, and the names of the
3 persons who operate the entity.

4 (1) If the jurisdiction represents that the entity has been
5 operating in compliance with local laws and regulations, or has
6 limited immunity under local laws, including, but not limited to,
7 Measure D, approved by the voters of the City of Los Angeles at
8 the May 21, 2013, general election, the bureau shall issue a
9 provisional license to the entity until the time that the entity's
10 application for a license has been approved or denied under this
11 part, but no later than 90 days after the bureau begins accepting
12 applications for licenses.

13 (2) The bureau shall consult with relevant local agencies in
14 making a determination on whether a provisional license applicant
15 is in compliance with any applicable ordinance. The bureau shall
16 issue a provisional license to an individual or entity once the
17 bureau has obtained confirmation from the relevant local agency
18 that the six months prior to January 1, 2015, the applicant was
19 regularly cultivating or distributing medical marijuana collectively
20 or cooperatively in full compliance with any applicable local
21 ordinance. The bureau shall continue to issue provisional licenses
22 until such time as the licensee's application for a standard license
23 has been approved or denied under this part, but no later than 90
24 days after the bureau begins accepting applications. To qualify
25 for a provisional license, an applicant shall be required to disclose
26 to the bureau the following information in writing on or before
27 January 20, 2015, in order to obtain provisional licensure:

28 (A) The names, addresses, and dates of birth of each principal
29 officer, owner, or board member.

30 (B) The common street address and assessor's parcel number
31 of the property at which the applicant will conduct any activity
32 under the authority of the license.

33 (C) The common street address and assessor's parcel number
34 of the property at which any cultivation activity was or is to be
35 conducted.

36 (D) For the six months prior to January 1, 2015, the quantity
37 of medical marijuana cultivated at a location and the quantity
38 expected to be cultivated from January 1, 2015, to June 30, 2015,
39 inclusive. The applicant shall make its records of current activity

1 *and activity for the six months prior to January 1, 2015, available*
2 *to the bureau upon request.*

3 *(b) The bureau shall charge an application fee of eight thousand*
4 *dollars (\$8,000) for each provisional license.*

5 *(c) Notwithstanding any other provision of this section, the*
6 *bureau shall not issue a provisional license to any individual or*
7 *entity, or for any premises, against whom there are pending state*
8 *or local administrative or judicial proceedings or actions initiated*
9 *by a city, county, or city and county under any applicable local*
10 *ordinance or who has been determined through those proceedings*
11 *to have violated any applicable local ordinance.*

12 *18101.35. Beginning July 1, 2016, the bureau shall provide*
13 *for standard licenses as follows:*

14 *(a) The bureau shall request that every city, county, or city and*
15 *county provide the bureau with a list of approved entities providing*
16 *medical marijuana to qualified patients and caregivers within the*
17 *city's, county's, or city and county's jurisdiction, if any, the*
18 *location at which the entity is operating, and the names of the*
19 *persons who operate the entity.*

20 *(b) If the jurisdiction represents that the entity has been*
21 *operating in compliance with local laws and regulations, or has*
22 *limited immunity under local laws, including, but not limited to,*
23 *Measure D, approved by the voters of the City of Los Angeles at*
24 *the May 21, 2013, general election, the bureau shall issue a license*
25 *to the entity if it meets the licensing requirements of this part.*

26 *(c) The bureau shall consult with relevant local agencies in*
27 *making a determination as to whether a standard license applicant*
28 *is in compliance with local ordinances. The bureau shall issue a*
29 *standard license only after it has obtained confirmation from the*
30 *relevant local agency that the applicant has satisfied all local*
31 *permitting requirements for cultivating or distributing medical*
32 *marijuana in compliance with local ordinances, and fulfilled all*
33 *other requirements under this part.*

34 *(d) The bureau shall charge an application fee of eight thousand*
35 *dollars (\$8,000) for each standard license.*

36 *18101.4. (a) The Medical Marijuana Regulation Fund is*
37 *hereby established within the State Treasury. Notwithstanding*
38 *Section 16305.7 of the Government Code, the fund shall include*
39 *any interest and dividends earned on the money in the fund.*

1 (b) All fees collected pursuant to this part shall be deposited
2 into the Medical Marijuana Regulation Fund. Notwithstanding
3 Section 13340 of the Government Code, all moneys within the fund
4 are hereby continuously appropriated, without regard to fiscal
5 year, to the bureau solely for the purposes of fully funding and
6 administering this part, including, but not limited to, the costs
7 incurred by the bureau for its administrative expenses.

8 (c) All moneys collected pursuant to this part as a result of
9 penalties imposed under this part shall be deposited directly into
10 the General Fund, to be available upon appropriation.

11 (d) The bureau may establish and administer a grant program
12 to allocate moneys from the Medical Marijuana Regulation Fund
13 to state and local entities for the purpose of assisting with medical
14 marijuana regulation and the enforcement of this part and other
15 state and local laws applicable to licensees.

16 18102. (a) A facility licensed pursuant to this part shall not
17 acquire, cultivate, process, possess, store, manufacture, ~~test~~,
18 distribute, sell, deliver, transfer, transport, or dispense marijuana
19 for any purpose other than those authorized by Article 2.5
20 (commencing with Section 11362.7) of Chapter 6 of Division 10
21 of the Health and Safety Code.

22 (b) A licensed dispensing facility shall not acquire, cultivate,
23 process, possess, store, manufacture, ~~test~~, distribute, sell, deliver,
24 transfer, transport, or dispense marijuana plants or marijuana
25 products except through a licensed cultivation site or processing
26 facility.

27 18103. (a) A licensed transporter shall ship only to facilities
28 licensed pursuant to this part and only in response to a request for
29 a specific quantity and variety from those facilities.

30 (b) Prior to transporting any medical marijuana product, a
31 licensed transporter shall do the following:

32 (1) Complete a shipping manifest using a form prescribed by
33 ~~the department.~~ bureau.

34 (2) Securely transmit a copy of the manifest to the licensee that
35 will receive the medical marijuana product, and to the ~~department,~~
36 bureau, prior to transport.

37 (c) The licensed transporter making the shipment and the
38 licensee receiving the shipment shall maintain each shipping
39 manifest and make it available to local code enforcement officers,

1 any other locally designated enforcement entity, and the department
2 bureau upon request.

3 18104. (a) Transported medical marijuana products shall:

4 (1) Be transported only in a locked, safe and secure storage
5 compartment that is securely affixed to the interior of the
6 transporting vehicle.

7 (2) Not be visible from outside the vehicle.

8 (b) Any vehicle transporting medical marijuana products shall
9 travel directly from one licensed facility to another licensed facility
10 authorized to receive the shipment.

11 18105. (a) All transport vehicles shall be staffed with a
12 minimum of two employees. At least one transport team member
13 shall remain with the vehicle at all times that the vehicle contains
14 medical marijuana.

15 (b) Each transport team member shall have access to a secure
16 form of communication by which each member can communicate
17 with personnel at the licensed facility at all times that the vehicle
18 contains medical marijuana.

19 (c) Each transport team member shall possess documentation
20 of licensing and a government-issued identification card at all
21 times when transporting or delivering medical marijuana and shall
22 produce it to any representative of the department or law
23 enforcement official upon request.

24 (d) This part shall not be construed to authorize or permit any
25 licensee to transport, or cause to be transported, marijuana or
26 marijuana products outside the state.

27 18105.5. *A local jurisdiction shall not prevent transportation*
28 *through or to a licensed entity by a licensed transporter who acts*
29 *in compliance with this part.*

30 ~~18106. (a) The department shall have the authority, subject to~~
31 ~~local ordinances, to license persons for the cultivation,~~
32 ~~manufacture, testing, transportation, storage, and sale of medical~~
33 ~~marijuana within the state, and to levy appropriate related licensing~~
34 ~~fees not to exceed the reasonable costs of enforcement and~~
35 ~~administration of this part. The department shall not issue a license~~
36 ~~if the applicant has not met all requirements pursuant to Section~~
37 ~~18101. A license, once issued, shall be suspended within five days~~
38 ~~of notification to the department by a local agency that a licensee~~
39 ~~is no longer in compliance with local ordinances or regulation.~~

40 (b)

1 18106. (a) The ~~department~~ bureau shall promulgate, by July
2 1, 2016, regulations for implementation and enforcement of this
3 part, including all of the following:

4 (1) Procedures for the issuance, renewal, suspension, and
5 revocation of licenses.

6 (2) Application, licensing, and renewal forms and fees.

7 (3) A time period in which the ~~department~~ bureau shall approve
8 or deny an application for a license to operate a facility or
9 dispensary.

10 (4) Qualifications for licensees.

11 (5) Standards for certification of testing laboratories to perform
12 random sample testing of all marijuana products intended for sale,
13 to identify and eliminate chemical residue, microbiological
14 contaminants, and mold.

15 (6) *Requirements to ensure conformance with standards*
16 *analogous to state statutory environmental, agricultural, consumer*
17 *protection, and food and product safety requirements. At a*
18 *minimum, these standards shall do all of the following:*

19 (A) *Prescribe sanitation standards analogous to the California*
20 *Retail Food Code (Part 7 (commencing with Section 113700) of*
21 *Division 104 of the Health and Safety Code) for food preparation,*
22 *storage, and handling and sale of edible marijuana products.*

23 (B) *Require that edible marijuana products produced,*
24 *distributed, provided, donated, or sold by licensees shall be limited*
25 *to nonpotentially hazardous food as established by the State*
26 *Department of Public Health pursuant to Section 114365.5 of*
27 *Health and Safety Code.*

28 (C) *Provide standards for labeling edible marijuana products*
29 *to ensure that the products cannot be mistaken as food not*
30 *containing marijuana.*

31 (D) *Require that facilities in which edible marijuana products*
32 *are prepared shall be constructed in accordance with applicable*
33 *building standards, health and safety standards, and other state*
34 *laws.*

35 (E) *Provide that any weighing or measuring devices used in*
36 *connection with the sale or distribution of marijuana are required*
37 *to meet standards analogous to Division 5 (commencing with*
38 *Section 12001).*

39 (F) *Require that any application of pesticides or other pest*
40 *control in connection with the indoor or outdoor cultivation of*

1 *marijuana shall meet standards analogous to Division 6*
2 *(commencing with Section 11401) of the Food and Agricultural*
3 *Code and its implementing regulations.*

4 ~~(e)~~

5 (b) ~~The department~~ *bureau* shall promulgate, by July 1, 2016,
6 regulations for minimum statewide health and safety standards
7 and quality assurance standards pursuant to Section 111658 of the
8 Health and Safety Code associated with the cultivation, transport,
9 storage, and sale of all medical marijuana produced in this state.
10 Local agencies shall have primary responsibility for enforcement
11 of these standards in accordance with ~~department~~ *bureau*
12 *regulations.*

13 ~~(d)~~

14 (c) An application for or renewal of a license shall not be
15 approved if the ~~department~~ *bureau* determines any of the following:

16 (1) The applicant fails to meet the requirements of this part or
17 any regulation adopted pursuant to this part or any applicable ~~city~~
18 ~~or city county, or city and county~~ ordinance or regulation.

19 (2) The applicant, or any of its officers, directors, owners,
20 members, or shareholders is a minor.

21 (3) The applicant has knowingly answered a question or request
22 for information falsely on the application form, or failed to provide
23 information requested.

24 (4) The applicant, or any of its officers, directors, owners,
25 members, or shareholders has been sanctioned by the ~~department,~~
26 *bureau*, a city, county, or city and county, for marijuana activities
27 conducted in violation of this part or any applicable local ordinance
28 or has had a license revoked in the previous five years.

29 (5) The proposed cultivation, processing, possession, storage,
30 manufacturing, testing, transporting, distribution, provision, or
31 sale of medical marijuana will violate any applicable local law or
32 ordinance.

33 (6) (A) *The bureau shall deny an application for a license if*
34 *issuance of that license would tend to create a law enforcement*
35 *problem, or if issuance would result in or add to an undue*
36 *concentration of licenses.*

37 (B) *For purposes of this paragraph, the following definitions*
38 *shall apply:*

39 (i) *“Population within the census tract or census division”*
40 *means the population as determined by the most recent United*

1 *States decennial or special census. The population determination*
2 *shall not operate to prevent an applicant from establishing that*
3 *an increase of resident population has occurred within the census*
4 *tract or census division.*

5 (ii) *“Reported crimes” means the most recent yearly compilation*
6 *by the local law enforcement agency of reported offenses of*
7 *criminal homicide, forcible rape, robbery, aggravated assault,*
8 *burglary, larceny, theft, and motor vehicle theft, combined with*
9 *all arrests for other crimes, both felonies and misdemeanors, except*
10 *traffic citations.*

11 (iii) *“Reporting districts” means geographical areas within the*
12 *boundaries of a single governmental entity (city or the*
13 *unincorporated area of a county) that are identified by the local*
14 *law enforcement agency in the compilation and maintenance of*
15 *statistical information on reported crimes and arrests.*

16 (iv) *“Undue concentration” means:*

17 (I) *The applicant premises are located in a crime reporting*
18 *district that has a 20 percent greater number of reported crimes*
19 *than the average number of reported crimes as determined from*
20 *all crime reporting districts within the jurisdiction of the local law*
21 *enforcement agency.*

22 (II) *The ratio of licenses to population within the census tract*
23 *or census division in which the applicant premises are located*
24 *exceeds the ratio of licenses to population in the county in which*
25 *the applicant premises are located.*

26 (e)

27 (d) ~~The department~~ *bureau may consult with other state*
28 *agencies, state departments, public entities, or private entities for*
29 *the purposes of establishing statewide standards and regulations.*

30 (f)

31 (e) ~~The department~~ *bureau may assist state taxation authorities*
32 *in the development of uniform policies for the state taxation of*
33 *licensees.*

34 (g)

35 (f) ~~The department~~ *bureau may assist the Division of*
36 *Occupational Safety and Health in the Department of Industrial*
37 *Relations in the development of industry-specific regulations*
38 *related to the activities of licensees.*

1 18107. (a) A person shall not distribute any form of advertising
2 for physician recommendations for medical marijuana in California
3 unless the advertisement bears the following notice to consumers:
4

5 NOTICE TO CONSUMERS: The Compassionate Use Act of
6 1996 ensures that seriously ill Californians have the right to obtain
7 and use marijuana for medical purposes where medical use is
8 deemed appropriate and has been recommended by a physician
9 who has determined that the person's health would benefit from
10 the use of marijuana. Physicians are licensed and regulated by the
11 Medical Board of California and arrive at the decision to make
12 this recommendation in accordance with accepted standards of
13 medical responsibility.
14

15 (b) Advertising for physician recommendations for medical
16 marijuana shall meet all requirements of Section 651. Price
17 advertising shall not be fraudulent, deceitful, or misleading,
18 including statements or advertisements of bait, discounts,
19 premiums, gifts, or statements of a similar nature.

20 18108. (a) A facility licensed pursuant to this part shall
21 implement sufficient security measures to both deter and prevent
22 unauthorized entrance into areas containing marijuana and theft
23 of marijuana at those facilities. These security measures shall
24 include, but not be limited to, all of the following:

25 (1) Allow only qualifying patients, the patient's primary
26 caregiver, and facility agents access to the facility.

27 (2) Prevent individuals from remaining on the premises of the
28 facility if they are not engaging in activity expressly related to the
29 operations of the facility.

30 (3) Establish limited access areas accessible only to authorized
31 facility personnel.

32 (4) Store all finished marijuana in a ~~secure, locked safe or vault~~
33 *secured and locked room, safe, or vault*, and in a manner as to
34 prevent diversion, theft, and loss.

35 (b) A facility licensed pursuant to this part shall notify
36 appropriate law enforcement authorities within 24 hours after
37 discovering any of the following:

38 (1) Discrepancies identified during inventory.

39 (2) Diversion, theft, loss, or any criminal activity involving the
40 facility or a facility agent.

1 (3) The loss or unauthorized alteration of records related to
2 marijuana, registered qualifying patients, personal caregivers, or
3 facility agents.

4 (4) Any other breach of security.

5 (c) A licensed cultivation site shall weigh, inventory, and
6 account for on video, all medical marijuana to be transported prior
7 to its leaving its origination location. Within eight hours after
8 arrival at the destination, the licensed dispensing facility shall
9 reweigh, reinventory, and account for on video, all transported
10 marijuana.

11 18108.5. (a) ~~The department~~ *bureau* shall require an annual
12 audit of all licensees licensed pursuant to this part or otherwise
13 licensed by the ~~department~~ *bureau* to cultivate, manufacture,
14 process, ~~test~~, transport, store, or sell marijuana to be paid for by
15 each licensed vendor and dispensary.

16 (b) Completed audit reports shall also be submitted by the
17 licensee to local code enforcement offices, or the appropriate
18 locally designated enforcement entity, within 30 days of the
19 completion of the audit.

20 (c) It is the responsibility of each licensee licensed pursuant to
21 this part or otherwise licensed by the ~~department~~ *bureau* to
22 cultivate, manufacture, process, ~~test~~, transport, store, or sell
23 marijuana to develop a robust quality assurance protocol that
24 includes all of the provisions of this part.

25 18108.6. (a) *A laboratory certified by the bureau to perform*
26 *random sample testing of marijuana products pursuant to*
27 *paragraph (5) of subdivision (a) of Section 18106 shall not acquire,*
28 *cultivate, process, possess, store, manufacture, distribute, sell,*
29 *deliver, transfer, transport, or dispense marijuana for any purpose*
30 *other than those authorized by Article 2.5 (commencing with*
31 *Section 11362.7) of Chapter 6 of Division 10 of the Health and*
32 *Safety Code.*

33 (b) *A laboratory certified by the bureau to perform random*
34 *sample testing of marijuana products pursuant to paragraph (5)*
35 *of subdivision (a) of Section 18106 shall not acquire, cultivate,*
36 *process, possess, store, manufacture, distribute, sell, deliver,*
37 *transfer, transport, or dispense marijuana plants or marijuana*
38 *products except through a licensed cultivation site, or processing*
39 *facility.*

1 18109. In addition to the provisions of this part, a license
2 granted pursuant to this part shall be subject to the restrictions of
3 the local jurisdiction in which the facility operates or proposes to
4 operate. Even if a license has been granted pursuant to this part, a
5 facility shall not operate in a local jurisdiction that prohibits the
6 establishment of that type of business.

7 ~~18110. Violation of this part shall be punishable by a civil fine~~
8 ~~of up to thirty-five thousand dollars (\$35,000) for each individual~~
9 ~~violation.~~

10 18110. (a) A willful violation of Section 18101.2, including
11 any attempt to falsify information on an application as required
12 by Section 18101.2, or to otherwise defraud or mislead a state or
13 local agency in the course of the application process, shall be
14 punishable by a civil fine of up to thirty-five thousand dollars
15 (\$35,000) for each individual violation. This subdivision shall
16 apply to both the provisional and permanent licensing application
17 processes under this part.

18 (b) A technical violation of Section 18101.2 shall, at the
19 bureau's discretion, be punishable by a civil fine of up to ten
20 thousand dollars (\$10,000) for each individual violation. This
21 subdivision shall apply to both the provisional and permanent
22 licensing application processes under this part.

23 18110.1. The executive officer or any district attorney, county
24 counsel, city attorney, or city prosecutor may bring an action to
25 enjoin a violation or the threatened violation of any provision of
26 this part, including, but not limited to, a licensee's failure to correct
27 objectionable conditions following notice or as a result of any rule
28 promulgated pursuant to this part. The action shall be brought in
29 the county in which the violation occurred or is threatened to
30 occur. Any proceeding brought pursuant to this part shall conform
31 to the requirements of Chapter 3 (commencing with Section 525)
32 of Title 7 of Part 2 of the Code of Civil Procedure. Nothing in this
33 section shall diminish the authority of local government to take
34 requisite enforcement actions pertaining to its own ordinances or
35 regulations.

36 18111. Nothing in this part shall prevent a city or other local
37 governing body from taking action as specified in Section 11362.83
38 of the Health and Safety Code.

39 18112. This part shall in no way supersede the provisions of
40 Measure D, approved by the voters of the City of Los Angeles on

1 the May 21, 2013, ballot for the city, which granted marijuana
2 businesses and dispensaries qualified immunity consistent with
3 the terms of the measure and local ordinances. Notwithstanding
4 the provisions of this part, marijuana businesses and dispensaries
5 subject to the provisions of Measure D and its qualified immunity
6 shall continue to be subject to the ordinances and regulations of
7 the City of Los Angeles.

8 ~~18113. (a) This part shall not apply to, and shall have no~~
9 ~~diminishing effect on, the rights and protections granted to a patient~~
10 ~~or a primary caregiver pursuant to the Compassionate Use Act of~~
11 ~~1996.~~

12 ~~(b) (1)–~~

13 18113. (a) A patient who cultivates, possesses, stores,
14 manufactures, or transports marijuana exclusively for his or her
15 personal medical use and who does not sell, distribute, donate, or
16 provide marijuana to any other person is not considered a licensee
17 under this part and is exempt from licensure under this part.

18 ~~(2)~~

19 (b) A primary caregiver who cultivates, possesses, stores,
20 manufactures, transports, or provides marijuana exclusively for
21 the personal medical purposes of a *no more than five* specified
22 qualified ~~patient~~ *patients* for whom he or she is the primary
23 caregiver within the meaning of Section 11362.7 of the Health and
24 Safety Code and who does not receive remuneration for these
25 activities except for compensation in full compliance with
26 subdivision (c) of Section 11362.765 of the Health and Safety
27 Code is not considered a licensee under this part and is exempt
28 from licensure under this part.

29 18114. (a) *Information identifying the names of patients, their*
30 *medical conditions, or the names of their primary caregivers*
31 *received and contained in records kept by the bureau for the*
32 *purposes of administering this part are confidential and exempt*
33 *from the California Public Records Act (Chapter 3.5 (commencing*
34 *with Section 6250) of Division 7 of Title 1 of the Government Code)*
35 *and are not subject to disclosure to any individual or private entity,*
36 *except as necessary for authorized employees of the State of*
37 *California to perform official duties pursuant to this part:*

38 (b) (1) *Nothing in this section shall preclude any of the*
39 *following:*

1 (A) Bureau employees notifying state or local agencies about
2 information submitted to the bureau that the employee suspects is
3 falsified or fraudulent.

4 (B) Notifications from the bureau to state or local agencies of
5 apparent violations of this part or any applicable local ordinance.

6 (C) Verification of requests by state or local agencies to confirm
7 licenses and certificates issued by the bureau or other state agency.

8 (D) Provision of information requested pursuant to a court
9 order or subpoena issued by a court or an administrative agency
10 or local governing body authorized by law to issue subpoenas.

11 (2) Information shall not be disclosed beyond what is necessary
12 to achieve the goals of a specific investigation or notification or
13 the parameters of a specific court order or subpoena.

14 18115. (a) The actions of a licensee or provisional licensee,
15 its employees, and its agents, permitted pursuant to a license or
16 provisional license issued by the bureau or otherwise permitted
17 by this part, that are conducted in accordance to the requirements
18 of this part and regulations adopted pursuant to the authority
19 granted by this part, are not unlawful under state law and shall
20 not be an offense subject to arrest or prosecution.

21 (b) The actions of a person who, in good faith and upon
22 investigation, allows his or her property to be used by a licensee
23 or provisional licensee, its employees, and its agents, as permitted
24 pursuant to a license or provisional license issued by the bureau
25 or otherwise permitted by this part, are not unlawful under state
26 law and shall not be an offense subject to arrest or prosecution.

27 (c) This section shall not be deemed to limit the authority or
28 remedies of a city, county, or city and county under any provision
29 of law, including, without limitation, Section 7 of Article XI of the
30 California Constitution.

31 18116. (a) A licensee shall not cultivate, process, store,
32 manufacture, transport, or sell medical marijuana in the state
33 unless accurate records are kept at the licensed premises of the
34 growing, processing, storing, manufacturing, transporting, or
35 selling by the licensee in the state. These records shall include the
36 name and address of the supplier of any marijuana received or
37 possessed by the licensee, the location at which the marijuana was
38 cultivated, the amount of marijuana received, the form in which
39 it is received, the name of the employee receiving it, and the date
40 of receipt. These records shall also include receipts for all

1 expenditures incurred by the licensee and banking records, if any,
2 for all funds obtained or expended in the performance of any
3 activity under the authority of the license, provided that a licensee
4 licensed to act at more than one premises may keep all records at
5 one of the licensed premises. Required records shall be kept for a
6 period of seven years from the date of the transaction.

7 (b) The bureau and any state or local agency may make any
8 examination of the books and records of any licensee and may
9 visit and inspect the premises of any licensee that the bureau may
10 deem necessary to perform its duties under this part.

11 (c) Any books or records requested by the bureau or any state
12 or local agency shall be provided by the licensee no later than at
13 the end of the next business day after the request is made.

14 (d) The bureau or any state or local agency may enter and
15 inspect the premises of any facility operated by a licensee between
16 the hours of 8 a.m. and 8 p.m. on any day that the facility is open,
17 or at any reasonable time, to ensure compliance and enforcement
18 of the provisions of this part or any local ordinance.

19 (e) If a licensee or any employee of a licensee refuses, impedes,
20 obstructs, or interferes with an inspection pursuant to this part or
21 local ordinance, or if the licensee fails to maintain or provide the
22 books and records required by this section, the licensee may be
23 summarily suspended pursuant to this part and the bureau shall
24 directly commence proceedings for the revocation of the license
25 in accordance with this part.

26 SEC. 5. Section 23028 is added to the Government Code, to
27 read:

28 23028. (a) (1) In addition to any authority otherwise provided
29 by law, the board of supervisors of any county may impose, by
30 ordinance, a tax on the privilege of cultivating, dispensing,
31 producing, processing, preparing, storing, providing, donating,
32 selling, or distributing marijuana by a licensee operating pursuant
33 to Chapter 18 (commencing with Section 26000) of Division 9 of
34 the Business and Professions Code. The tax may be imposed for
35 general governmental purposes or for purposes specified in the
36 ordinance by the board of supervisors.

37 (2) The board of supervisors shall specify in the ordinance
38 proposing the tax the activities subject to the tax, the applicable
39 rate or rates, the method of apportionment, and the manner of
40 collection of the tax. A tax imposed pursuant to this section is a

1 *tax and not a fee or special assessment, and the tax is not required*
2 *to be apportioned on the basis of benefit to any person or property*
3 *or be applied uniformly to all taxpayers or all real property.*

4 *(3) A tax imposed by a county pursuant to this section by a*
5 *county may include a transactions and use tax imposed solely for*
6 *marijuana or marijuana products, which shall otherwise conform*
7 *to Part 1.6 (commencing with Section 7251) of Division 2 of the*
8 *Revenue and Taxation Code. Notwithstanding Section 7251.1 of*
9 *the Revenue and Taxation Code, the tax may be imposed at any*
10 *rate specified by the board of supervisors, and the tax rate*
11 *authorized by this section shall not be considered for purposes of*
12 *the combined tax rate limitation established by that section.*

13 *(4) The tax authorized by this section may be imposed upon any*
14 *or all of the activities set forth in paragraph (1), regardless of*
15 *whether the activity is undertaken individually, collectively, or*
16 *cooperatively, and regardless of whether the activity is for*
17 *compensation or gratuitously, as determined by the board of*
18 *supervisors.*

19 *(5) The board of supervisors shall specify whether the tax*
20 *applies throughout the entire county or within the unincorporated*
21 *area of the county.*

22 *(b) In addition to any other method of collection authorized by*
23 *law, the board of supervisors may provide for collection of the tax*
24 *imposed pursuant to this section in the same manner, and subject*
25 *to the same penalties and priority of lien, as other charges and*
26 *taxes fixed and collected by the county.*

27 *(c) Any tax imposed pursuant to this section shall be subject to*
28 *applicable voter approval requirements imposed by any other law.*

29 *(d) For purposes of this section, “marijuana” shall have the*
30 *meanings set forth in Section 18100 of the Business and Professions*
31 *Code.*

32 *(e) This section does not limit or prohibit the levy or collection*
33 *or any other fee, charge, or tax, or any license or service fee or*
34 *charge upon, or related to, the activities set forth in subdivision*

35 *(a) as otherwise provided by law. This section shall not be*
36 *construed as a limitation upon the taxing authority of any county*
37 *as provided by other law.*

1 ~~SEC. 5.~~

2 SEC. 6. Article 8 (commencing with Section 111658) is added
3 to Chapter 6 of Part 5 of Division 104 of the Health and Safety
4 Code, to read:

5
6 Article 8. Medical Marijuana
7

8 111658. For purpose of this article, the following definitions
9 shall apply:

10 (a) *“Bureau” means the Bureau of Medical Marijuana*
11 *Regulations in the Department of Consumer Affairs.*

12 ~~(a)~~

13 (b) *“Certified testing laboratories” means a laboratory that is*
14 *certified by the ~~department~~ bureau to perform random sample*
15 *testing of marijuana pursuant to the certification standards for*
16 *those facilities promulgated by the ~~department~~ bureau.*

17 ~~(b) “Department” means the Department of Consumer Affairs.~~

18 (c) *“Edible marijuana product” means marijuana or a*
19 *marijuana-derived product that is ingested or meant to be ingested*
20 *through the mouth and into the digestive system.*

21 ~~(d) “Marijuana” means marijuana, as defined by Section 11018.~~

22 (d) *“Marijuana” means all parts of the plant Cannabis sativa*
23 *L. sativa, cannabis indica, or cannabis ruderalis, whether growing*
24 *or not; the seeds thereof; the resin, whether crude or purified,*
25 *extracted from any part of the plant; and every compound,*
26 *manufacture, salt, derivative, mixture, or preparation of the plant,*
27 *its seeds, or resin. “Marijuana” does not include the mature stalks*
28 *of the plant, fiber produced from the stalks, oil or cake made from*
29 *the seeds of the plant, any other compound, manufacture, salt,*
30 *derivative, mixture, or preparation of the mature stalks (except*
31 *the resin extracted therefrom), fiber, oil, or cake, or the sterilized*
32 *seed of the plant which is incapable of germination. “Marijuana”*
33 *also means marijuana, as defined by Section 11018.*

34 (e) *“Representative samples” means samples taken from each*
35 *batch or shipment of marijuana received from a licensed cultivation*
36 *site or any other source if intended for sale.*

37 111659. The ~~department~~, bureau, by July 1, 2016, shall
38 accomplish the following:

39 (a) Establish quality assurance protocols to ensure uniform
40 testing standards for all marijuana sold via dispensaries or other

1 facilities, or cultivated by any facilities, that are licensed pursuant
2 to Part 5 (commencing with Section 18100) of Division 7 of the
3 Business and Professions Code.

4 (b) In consultation with outside entities at its discretion, develop
5 a list of certified testing laboratories that can perform uniform
6 testing in compliance with this article, and post that list on its
7 Internet Web site.

8 111660. (a) Licensees licensed pursuant to Part 5 (commencing
9 with Section 18100) of Division 7 of the Business and Professions
10 Code shall bear the responsibility for contracting with certified
11 testing laboratories for regular, systematic testing of representative
12 samples of all marijuana cultivated or intended for sale or
13 distribution, and shall bear the cost of that testing.

14 (b) Licensees licensed pursuant to Part 5 (commencing with
15 Section 18100) of Division 7 of the Business and Professions Code
16 shall provide results of test reports to local code enforcement
17 officers, any other locally designated enforcement entity, and the
18 ~~department~~ bureau both on a quarterly basis and upon request.

19 111661. Quality assurance protocols shall be required between
20 all licensed cultivation sites or licensed processing facilities and
21 licensed dispensing facilities to guarantee safe and reliable
22 medicinal marijuana delivery to all patients. These quality
23 assurance protocols shall include:

24 (a) Providing of supplier information to dispensaries in order
25 for recall procedures to be implemented, if and when necessary.

26 (b) Safety testing of all marijuana prior to packaging for sale
27 and patient exposure to identify and eliminate microbiological
28 contaminants and chemical residue.

29 (c) Labeling of all marijuana and marijuana products that shall,
30 at a minimum, include the following:

31 (1) Clear dosage in total milligrams delivered for all products.

32 (2) Clear indication, in bold font, that the product contains
33 marijuana.

34 (3) Tetrahydrocannabinol (THC) and cannabidiol (CBD)
35 content.

36 111662. For purposes of this article, edible marijuana products
37 are deemed to be unadulterated food products. In addition to the
38 quality assurance standards provided in Section 111661, all edible
39 marijuana products shall comply with the following requirements:

(a) Baked edible marijuana products (such as brownies, bars, cookies, and cakes), tinctures, and other edible marijuana products that do not require refrigeration or hot holding may be manufactured, sold, or otherwise distributed at facilities licensed pursuant to Part 5 (commencing with Section 18100) of Division 7 of the Business and Professions Code.

(b) Licensed marijuana facilities shall have an owner or employee who has successfully passed an approved and accredited food safety certification examination as specified in Sections 113947.1, 113947.2, and 113947.3 of the Health and Safety Code prior to selling, manufacturing, or distributing edible marijuana products requiring refrigeration or hot holding.

(c) Individuals' manufacturing or selling edible marijuana products shall thoroughly wash their hands before commencing production and before handling finished edible marijuana products.

(d) All edible marijuana products shall be individually wrapped at the original point of preparation. All edible marijuana products shall be packaged in a fashion that does not exceed a single individual serving size.

(e) Products containing tetrahydrocannabinol (THC) shall be prepared in compliance with maximum potency standards for THC and THC concentrates set forth in the ~~department's~~ *bureau's* regulations.

(f) Prior to sale or distribution at a licensed dispensing facility, edible marijuana products shall be labeled and in an opaque and tamper evident package. Labels and packages of edible marijuana products shall meet the following requirements:

(1) Edible marijuana packages and labels shall not be made to be attractive to children.

(2) All edible marijuana product labels shall include the following information, prominently displayed and in a clear and legible font:

(A) Manufacture date.

(B) The statement "KEEP OUT OF REACH OF CHILDREN."

(C) The statement "FOR MEDICAL USE ONLY."

(D) Net weight of marijuana in package.

(E) A warning, if nuts or other known allergens are used, and shall include the total weight, in ounces or grams, of marijuana in the package.

1 (F) Tetrahydrocannabinol (THC) and cannabidiol (CBD)
2 content.

3 (g) Photos or images of food are not allowed on edible marijuana
4 product packages or labels.

5 (h) Only generic food names may be used to describe edible
6 marijuana products. For example, “snickerdoodle” may not be
7 used to describe a cinnamon cookie.

8 ~~SEC. 6. Chapter 3.8 (commencing with Section 7295) is added~~
9 ~~to Part 1.7 of Division 2 of the Revenue and Taxation Code, to~~
10 ~~read:~~

11
12 ~~CHAPTER 3.8. MEDICAL MARIJUANA~~
13

14 ~~7295. (a) In addition to any authority otherwise provided by~~
15 ~~law, the legislative body of any county may levy a tax on the~~
16 ~~privilege of cultivating, dispensing, producing, processing,~~
17 ~~preparing, storing, providing, or distributing marijuana or products~~
18 ~~containing marijuana.~~

19 ~~(b) The tax may be levied for general governmental purposes~~
20 ~~or for specific purposes specified by the legislative body.~~

21 ~~(c) The legislative body shall specify the activities subject to~~
22 ~~the tax, the applicable rate or rates, the method of apportionment,~~
23 ~~and manner of collection of the tax. A tax imposed pursuant to~~
24 ~~this section is a tax and not a fee or special assessment, and there~~
25 ~~is no requirement that the tax be apportioned on the basis of benefit~~
26 ~~to any property or be applied uniformly to all taxpayers or all real~~
27 ~~property. The tax imposed pursuant to this section may be based~~
28 ~~on any reasonable basis as determined by the legislative body.~~

29 ~~(d) In addition to any other method of collection authorized by~~
30 ~~law, the legislative body may provide for collection of the tax~~
31 ~~imposed pursuant to this section in the same manner, and subject~~
32 ~~to the same penalties and priority of lien as, other charges and~~
33 ~~taxes fixed and collected by the county.~~

34 ~~(e) The tax may be imposed upon any or all of the activities set~~
35 ~~forth in subdivision (a), regardless of whether the activity is~~
36 ~~undertaken individually, collectively, or cooperatively, and~~
37 ~~regardless of whether the activity is undertaken for compensation~~
38 ~~or without compensation or profit, as determined by the legislative~~
39 ~~body.~~

1 ~~(f) Any tax levied pursuant to this section shall be subject to~~
2 ~~any applicable voter approval requirement imposed by any other~~
3 ~~provision of law.~~

4 ~~(g) The tax, when levied by the legislative body of a county,~~
5 ~~shall apply throughout the entire county or within the~~
6 ~~unincorporated area of the county, as specified by the legislative~~
7 ~~body.~~

8 ~~(h) For purposes of this section, “marijuana” means marijuana,~~
9 ~~as defined by Section 11018 of the Health and Safety Code.~~

10 ~~(i) This section is declaratory of existing law, and does not limit~~
11 ~~or prohibit the levy or collection or any other fee, charge, or tax,~~
12 ~~or any license or service fee or charge upon, or related to, the~~
13 ~~activities set forth in subdivision (a) as provided by other provisions~~
14 ~~of law.~~

15 *SEC. 7. The provisions of this act are severable. If any*
16 *provision of this act or its application is held invalid, that invalidity*
17 *shall not affect other provisions or applications that can be given*
18 *effect without the invalid provision or application.*

19 *SEC. 8. The Legislature finds and declares that Section 4 of*
20 *this act imposes a limitation on the public’s right of access to the*
21 *meetings of public bodies or the writings of public officials and*
22 *agencies within the meaning of Section 3 of Article I of the*
23 *California Constitution. Pursuant to that constitutional provision,*
24 *the Legislature makes the following findings to demonstrate the*
25 *interest protected by this limitation and the need for protecting*
26 *that interest:*

27 *The limitation imposed under this act is necessary for purposes*
28 *of compliance with the federal Health Insurance Portability and*
29 *Accountability Act (42 U.S.C. Sec. 1320d et seq.), the*
30 *Confidentiality of Medical Information Act (Part 2.6 (commencing*
31 *with Section 56) of Division 1 of the Civil Code), and the Insurance*
32 *Information Privacy Protection Act (Article 6.6 (commencing with*
33 *Section 79) of Chapter 1 of Part 2 of Division 1 of the Insurance*
34 *Code).*

35 ~~SEC. 7.~~

36 *SEC. 9. No reimbursement is required by this act pursuant to*
37 *Section 6 of Article XIII B of the California Constitution because*
38 *the only costs that may be incurred by a local agency or school*
39 *district will be incurred because this act creates a new crime or*
40 *infraction, eliminates a crime or infraction, or changes the penalty*

1 for a crime or infraction, within the meaning of Section 17556 of
2 the Government Code, or changes the definition of a crime within
3 the meaning of Section 6 of Article XIII B of the California
4 Constitution.

O

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: SB 1466
Author: Committee on Business, Professions, and Economic Development
Bill Date: July 1, 2014, Amended
Subject: Omnibus
Sponsor: Committee, Medical Board of California (Board) and other affected regulatory health boards
Position: Support provisions related to the Board

DESCRIPTION OF CURRENT 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 the American Osteopathic Association-Healthcare Facilities Accreditation Program (AOA-HFAP) as 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:

This bill was amended on June 2, 2014 to include the Board’s sponsored language that would allow the Board to adopt regulations regarding physician availability for all clinical settings, as the Board’s current physician availability regulations only apply to clinics or other settings using laser or intense pulse light devices for elective cosmetic surgery. However, this language was later amended out of the bill on July 1, 2014, at the request of the Assembly Business, Professions, and Consumer Protection Committee. The Committee asked the author to take this language out of the bill because the Committee believes this issue needs further discussion.

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 (B&P Code 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 would amend 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 (Business and Professions Code 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 would strike “scheduled” from this provision.

Both of these proposals have already been approved by the Board to be included in the omnibus bill.

<u>FISCAL:</u>	None to the Board
<u>SUPPORT:</u>	Board of Psychology Medical Board of California
<u>OPPOSITION:</u>	None on file

AMENDED IN ASSEMBLY JULY 1, 2014

AMENDED IN ASSEMBLY JUNE 2, 2014

SENATE BILL

No. 1466

Introduced by Committee on Business, Professions and Economic Development (Senators Lieu (Chair), Berryhill, Block, Corbett, Galgiani, Hernandez, Hill, Padilla, and Wyland)

March 25, 2014

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, ~~to add Section 2023 to~~, 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.

LEGISLATIVE COUNSEL'S DIGEST

SB 1466, as amended, 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. ~~The bill would instead require the board to adopt regulations, by January 1, 2016, regarding the appropriate level of physician availability needed within all clinics or other settings.~~

(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 to complete 75 hours of client centered advocacy or face-to-face counseling, as specified.~~

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

~~(8)~~

(7) 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)~~

(8) Existing law requires an applicant for a license 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 a license 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 a professional clinical counselor.

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

~~(10)~~

(9) 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.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: yes.

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

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

3 27. (a) Each entity specified in subdivisions (c), (d), and (e)
4 shall provide on the Internet information regarding the status of
5 every license issued by that entity in accordance with the California
6 Public Records Act (Chapter 3.5 (commencing with Section 6250)
7 of Division 7 of Title 1 of the Government Code) and the
8 Information Practices Act of 1977 (Chapter 1 (commencing with
9 Section 1798) of Title 1.8 of Part 4 of Division 3 of the Civil Code).
10 The public information to be provided on the Internet shall include
11 information on suspensions and revocations of licenses issued by
12 the entity and other related enforcement action, including
13 accusations filed pursuant to the Administrative Procedure Act
14 (Chapter 3.5 (commencing with Section 11340) of Part 1 of
15 Division 3 of Title 2 of the Government Code) taken by the entity
16 relative to persons, businesses, or facilities subject to licensure or
17 regulation by the entity. The information may not include personal
18 information, including home telephone number, date of birth, or
19 social security number. Each entity shall disclose a licensee's
20 address of record. However, each entity shall allow a licensee to
21 provide a post office box number or other alternate address, instead
22 of his or her home address, as the address of record. This section
23 shall not preclude an entity from also requiring a licensee, who
24 has provided a post office box number or other alternative mailing
25 address as his or her address of record, to provide a physical
26 business address or residence address only for the entity's internal
27 administrative use and not for disclosure as the licensee's address
28 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.

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

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

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

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

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

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

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

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

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

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

26 (e) The Structural Pest Control Board shall disclose information
27 on its licensees, including applicators, field representatives, and
28 operators in the areas of fumigation, general pest and wood
29 destroying pests and organisms, and wood roof cleaning and
30 treatment.

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

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

35 655.2. (a) (1) No physician and surgeon or medical
36 corporation licensed under Chapter 5 (commencing with Section
37 2000), nor any audiologist who is not a licensed dispensing
38 audiologist or hearing aid dispenser shall employ any individual
39 licensed pursuant to Article 8 (commencing with Section 2538.10)
40 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 is added to the Business and Professions Code, to read:~~

~~2023. On or before January 1, 2016, the board shall adopt regulations regarding the appropriate level of physician availability needed within clinics or other settings.~~

~~SEC. 4.~~

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. 5.~~

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

1 a school of osteopathic medicine, and hospital and the
2 responsibilities of each.

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

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

18 (4) The clinical instruction shall be supervised by a full-time
19 director of medical education, and the head of the department for
20 each core clinical course shall hold a full-time faculty appointment
21 of the medical school or school of osteopathic medicine and shall
22 be board certified or eligible, or have an equivalent credential in
23 that specialty area appropriate to the country in which the hospital
24 is located.

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

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

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

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

37 (9) The board, in reviewing the application of a foreign medical
38 graduate, may require the applicant to submit a description of the
39 clinical program, if the board has not previously approved the
40 program, and may require the applicant to submit documentation

1 to demonstrate that the applicant's clinical training met the
2 requirements of this subdivision.

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

7 ~~SEC. 6.~~

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

10 2240. (a) A physician and surgeon who performs a medical
11 procedure outside of a general acute care hospital, as defined in
12 subdivision (a) of Section 1250 of the Health and Safety Code,
13 that results in the death of any patient on whom that medical
14 treatment was performed by the physician and surgeon, or by a
15 person acting under the physician and surgeon's orders or
16 supervision, shall report, in writing on a form prescribed by the
17 board, that occurrence to the board within 15 days after the
18 occurrence.

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

- 29 (1) Name of the patient's physician in the outpatient setting.
30 (2) Name of the physician with hospital privileges.
31 (3) Name of the patient and patient identifying information.
32 (4) Name of the hospital or emergency center where the patient
33 was transferred.
34 (5) Type of outpatient procedures being performed.
35 (6) Events triggering the transfer.
36 (7) Duration of the hospital stay.
37 (8) Final disposition or status, if not released from the hospital,
38 of the patient.
39 (9) Physician's practice specialty and ABMS certification, if
40 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. 7.~~

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

1 conducted within the confines of or under the jurisdiction of a
2 public preschool, elementary, or secondary school by which they
3 are employed and those persons do not either offer to render or
4 render speech-language pathology or audiology services to the
5 public for compensation over and above the salary they receive
6 from the public preschool, elementary, or secondary school by
7 which they are employed for the performance of their official
8 duties.

9 (d) Nothing in this chapter shall be construed as restricting the
10 activities and services of a student or speech-language pathology
11 intern in speech-language pathology pursuing a course of study
12 leading to a degree in speech-language pathology at an accredited
13 or approved college or university or an approved clinical training
14 facility, provided that these activities and services constitute a part
15 of his or her supervised course of study and that those persons are
16 designated by the title as “speech-language pathology intern,”
17 “speech-language pathology trainee,” or other title clearly
18 indicating the training status appropriate to his or her level of
19 training.

20 (e) Nothing in this chapter shall be construed as restricting the
21 activities and services of a student or audiology intern in audiology
22 pursuing a course of study leading to a degree in audiology at an
23 accredited or approved college or university or an approved clinical
24 training facility, provided that these activities and services
25 constitute a part of his or her supervised course of study and that
26 those persons are designated by the title as “audiology intern,”
27 “audiology trainee,” or other title clearly indicating the training
28 status appropriate to his or her level of training.

29 (f) Nothing in this chapter shall be construed as restricting the
30 practice of an applicant who is obtaining the required professional
31 experience specified in subdivision (c) of Section 2532.2 and who
32 has been issued a temporary license pursuant to Section 2532.7.
33 The number of applicants who may be supervised by a licensed
34 speech-language pathologist or a speech-language pathologist
35 having qualifications deemed equivalent by the board shall be
36 determined by the board. The supervising speech-language
37 pathologist shall register with the board the name of each applicant
38 working under his or her supervision, and shall submit to the board
39 a description of the proposed professional responsibilities of the
40 applicant working under his or her supervision. The number of

1 applicants who may be supervised by a licensed audiologist or an
2 audiologist having qualifications deemed equivalent by the board
3 shall be determined by the board. The supervising audiologist shall
4 register with the board the name of each applicant working under
5 his or her supervision, and shall submit to the board a description
6 of the proposed professional responsibilities of the applicant
7 working under his or her supervision.

8 (g) Nothing in this chapter shall be construed as restricting
9 hearing screening services in public or private elementary or
10 secondary schools so long as these screening services are provided
11 by persons registered as qualified school audiometrists pursuant
12 to Sections 1685 and 1686 of the Health and Safety Code or hearing
13 screening services supported by the State Department of Health
14 Care Services so long as these screening services are provided by
15 appropriately trained or qualified personnel.

16 (h) Persons employed as speech-language pathologists or
17 audiologists by a federal agency shall be exempt from this chapter.

18 (i) Nothing in this chapter shall be construed as restricting
19 consultation or the instructional or supervisory activities of a
20 faculty member of an approved or accredited college or university
21 for the first 60 days following appointment after the effective date
22 of this subdivision.

23 ~~SEC. 8.~~

24 *SEC. 7.* Section 2532.2 of the Business and Professions Code
25 is amended to read:

26 2532.2. Except as required by Section 2532.25, to be eligible
27 for licensure by the board as a speech-language pathologist or
28 audiologist, the applicant shall possess all of the following
29 qualifications:

30 (a) Possess at least a master's degree in speech-language
31 pathology or audiology from an educational institution approved
32 by the board or qualifications deemed equivalent by the board.

33 (b) (1) Submit evidence of the satisfactory completion of
34 supervised clinical practice with individuals representative of a
35 wide spectrum of ages and communication disorders. The board
36 shall establish by regulation the required number of clock hours,
37 not to exceed 375 clock hours, of supervised clinical practice
38 necessary for the applicant.

39 (2) The clinical practice shall be under the direction of an
40 educational institution approved by the board.

1 (c) Submit evidence of no less than 36 weeks of satisfactorily
2 completed supervised professional full-time experience or 72 weeks
3 of professional part-time experience obtained under the supervision
4 of a licensed speech-language pathologist or audiologist or a
5 speech-language pathologist or audiologist having qualifications
6 deemed equivalent by the board. This experience shall be evaluated
7 and approved by the board. The required professional experience
8 shall follow completion of the requirements listed in subdivisions
9 (a) and (b). Full time is defined as at least 36 weeks in a calendar
10 year and a minimum of 30 hours per week. Part time is defined as
11 a minimum of 72 weeks and a minimum of 15 hours per week.

12 (d) (1) Pass an examination or examinations approved by the
13 board. The board shall determine the subject matter and scope of
14 the examinations and may waive the examination upon evidence
15 that the applicant has successfully completed an examination
16 approved by the board. Written examinations may be supplemented
17 by oral examinations as the board shall determine. An applicant
18 who fails his or her examination may be reexamined at a
19 subsequent examination upon payment of the reexamination fee
20 required by this chapter.

21 (2) A speech-language pathologist or audiologist who holds a
22 license from another state or territory of the United States or who
23 holds equivalent qualifications as determined by the board and
24 who has completed no less than one year of full-time continuous
25 employment as a speech-language pathologist or audiologist within
26 the past three years is exempt from the supervised professional
27 experience in subdivision (c).

28 (e) As applied to licensure as an audiologist, this section shall
29 apply to applicants who graduated from an approved educational
30 institution on or before December 31, 2007.

31 ~~SEC. 9.~~

32 *SEC. 8.* Section 2532.7 of the Business and Professions Code
33 is amended to read:

34 2532.7. (a) Upon approval of an application filed pursuant to
35 Section 2532.1, and upon payment of the fee prescribed by Section
36 2534.2, the board may issue a required professional experience
37 (RPE) temporary license for a period to be determined by the board
38 to an applicant who is obtaining the required professional
39 experience specified in subdivision (c) of Section 2532.2 or
40 paragraph (2) of subdivision (b) of Section 2532.25.

(b) Effective July 1, 2003, no person shall obtain the required professional experience for licensure in either an exempt or nonexempt setting, as defined in Section 2530.5, unless he or she is licensed in accordance with this section or is completing the final clinical externship of a board-approved audiology doctoral training program in accordance with paragraph (2) of subdivision (b) of Section 2532.25 in another state.

(c) A person who obtains an RPE temporary license outside the State of California shall not be required to hold a temporary license issued pursuant to subdivision (a) if the person is completing the final clinical externship of an audiology doctoral training program in accordance with paragraph (2) of subdivision (b) of Section 2532.25.

(d) Any experience obtained in violation of this act shall not be approved by the board.

(e) An RPE temporary license shall terminate upon notice thereof by certified mail, return receipt requested, if it is issued by mistake or if the application for permanent licensure is denied.

(f) Upon written application, the board may reissue an RPE temporary license for a period to be determined by the board to an applicant who is obtaining the required professional experience specified in subdivision (c) of Section 2532.2 or paragraph (2) of subdivision (b) of Section 2532.25.

~~SEC. 10.~~

SEC. 9. Section 2930.5 of the Business and Professions Code is repealed.

~~SEC. 11.~~

SEC. 10. Section 2936 of the Business and Professions Code is amended to read:

2936. The board shall adopt a program of consumer and professional education in matters relevant to the ethical practice of psychology. The board shall establish as its standards of ethical conduct relating to the practice of psychology, the “Ethical Principles of *Psychologists* and Code of Conduct” published by the American Psychological Association (APA). Those standards shall be applied by the board as the accepted standard of care in all licensing examination development and in all board enforcement policies and disciplinary case evaluations.

To facilitate consumers in receiving appropriate psychological services, all licensees and registrants shall be required to post, in

1 a conspicuous location in their principal psychological business
2 office, a notice which reads as follows:

3
4 “NOTICE TO CONSUMERS: The Department of Consumer
5 Affair’s Board of Psychology receives and responds to questions
6 and complaints regarding the practice of psychology. If you have
7 questions or complaints, you may contact the board by email at
8 bopmail@dca.ca.gov, on the Internet at www.psychology.ca.gov,
9 by calling 1-866-503-3221, or by writing to the following
10 address:

11 Board of Psychology
12 1625 North Market Boulevard, Suite –215
13 Sacramento, California 95834”

14
15 ~~SEC. 12.~~

16 *SEC. 11.* Section 2987.3 of the Business and Professions Code
17 is repealed.

18 ~~SEC. 13.~~

19 *SEC. 12.* Section 4021.5 of the Business and Professions Code
20 is amended to read:

21 4021.5. “Correctional pharmacy” means a pharmacy, licensed
22 by the board, located within a correctional facility for the purpose
23 of providing pharmaceutical care to inmates of the correctional
24 facility.

25 ~~SEC. 14.~~

26 *SEC. 13.* Section 4053 of the Business and Professions Code
27 is amended to read:

28 4053. (a) Notwithstanding Section 4051, the board may issue
29 a license as a designated representative to provide sufficient and
30 qualified supervision in a wholesaler or veterinary food-animal
31 drug retailer. The designated representative shall protect the public
32 health and safety in the handling, storage, and shipment of
33 dangerous drugs and dangerous devices in the wholesaler or
34 veterinary food-animal drug retailer.

35 (b) An individual who is at least 18 years of age may apply for
36 a designated representative license. In order to obtain and maintain
37 that license, the individual shall meet all of the following
38 requirements:

39 (1) He or she shall be a high school graduate or possess a general
40 education development certificate equivalent.

(2) He or she shall have a minimum of one year of paid work experience in a licensed pharmacy, or with a drug wholesaler, drug distributor, or drug manufacturer, in the past three years, related to the distribution or dispensing of dangerous drugs or dangerous devices or meet all of the prerequisites to take the examination required for licensure as a pharmacist by the board.

(3) He or she shall complete a training program approved by the board that, at a minimum, addresses each of the following subjects:

(A) Knowledge and understanding of California law and federal law relating to the distribution of dangerous drugs and dangerous devices.

(B) Knowledge and understanding of California law and federal law relating to the distribution of controlled substances.

(C) Knowledge and understanding of quality control systems.

(D) Knowledge and understanding of the United States Pharmacopoeia standards relating to the safe storage and handling of drugs.

(E) Knowledge and understanding of prescription terminology, abbreviations, dosages, and format.

(4) The board may, by regulation, require training programs to include additional material.

(5) The board may not issue a license as a designated representative until the applicant provides proof of completion of the required training to the board.

(c) The veterinary food-animal drug retailer or wholesaler shall not operate without a pharmacist or a designated representative on its premises.

(d) Only a pharmacist or a designated representative shall prepare and affix the label to veterinary food-animal drugs.

(e) Section 4051 shall not apply to any laboratory licensed under Section 351 of Title III of the Public Health Service Act (Public Law 78-410).

~~SEC. 15.~~

SEC. 14. The heading of Chapter 13 (commencing with Section 4980) of Division 2 of the Business and Professions Code is amended to read:

CHAPTER 13. LICENSED MARRIAGE AND FAMILY THERAPISTS

~~SEC. 16.~~

SEC. 15. Section 4980 of the Business and Professions Code is amended to read:

4980. (a) (1) Many California families and many individual Californians are experiencing difficulty and distress, and are in need of wise, competent, caring, compassionate, and effective counseling in order to enable them to improve and maintain healthy family relationships.

(2) Healthy individuals and healthy families and healthy relationships are inherently beneficial and crucial to a healthy society, and are our most precious and valuable natural resource. Licensed marriage and family therapists provide a crucial support for the well-being of the people and the State of California.

(b) No person may engage in the practice of marriage and family therapy as defined by Section 4980.02, unless he or she holds a valid license as a marriage and family therapist, or unless he or she is specifically exempted from that requirement, nor may any person advertise himself or herself as performing the services of a marriage, family, child, domestic, or marital consultant, or in any way use these or any similar titles, including the letters “L.M.F.T.” “M.F.T.,” or “M.F.C.C.,” or other name, word initial, or symbol in connection with or following his or her name to imply that he or she performs these services without a license as provided by this chapter. Persons licensed under Article 4 (commencing with Section 4996) of Chapter 14 of Division 2, or under Chapter 6.6 (commencing with Section 2900) may engage in such practice or advertise that they practice marriage and family therapy but may not advertise that they hold the marriage and family therapist’s license.

~~SEC. 17.~~ ~~Section 4980.36 of the Business and Professions Code is amended to read:~~

~~4980.36. (a) This section shall apply to the following:~~

~~(1) Applicants for licensure or registration who begin graduate study before August 1, 2012, and do not complete that study on or before December 31, 2018.~~

~~(2) Applicants for licensure or registration who begin graduate study before August 1, 2012, and who graduate from a degree program that meets the requirements of this section.~~

~~(3) Applicants for licensure or registration who begin graduate study on or after August 1, 2012.~~

~~(b) To qualify for a license or registration, applicants shall possess a doctoral or master's degree meeting the requirements of this section in marriage, family, and child counseling, marriage and family therapy, couple and family therapy, psychology, clinical psychology, counseling psychology, or counseling with an emphasis in either marriage, family, and child counseling or marriage and family therapy, obtained from a school, college, or university approved by the Bureau for Private Postsecondary Education, or accredited by either the Commission on Accreditation for Marriage and Family Therapy Education, or a regional accrediting agency that is recognized by the United States Department of Education. The board has the authority to make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements, regardless of accreditation or approval.~~

~~(c) A doctoral or master's degree program that qualifies for licensure or registration shall do the following:~~

~~(1) Integrate all of the following throughout its curriculum:~~

~~(A) Marriage and family therapy principles.~~

~~(B) The principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments, among others.~~

~~(C) An understanding of various cultures and the social and psychological implications of socioeconomic position, and an understanding of how poverty and social stress impact an individual's mental health and recovery.~~

~~(2) Allow for innovation and individuality in the education of marriage and family therapists.~~

~~(3) Encourage students to develop the personal qualities that are intimately related to effective practice, including, but not limited to, integrity, sensitivity, flexibility, insight, compassion, and personal presence.~~

~~(4) Permit an emphasis or specialization that may address any one or more of the unique and complex array of human problems, symptoms, and needs of Californians served by marriage and family therapists.~~

~~(5) Provide students with the opportunity to meet with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.~~

~~(d) The degree described in subdivision (b) shall contain no less than 60 semester or 90 quarter units of instruction that includes, but is not limited to, the following requirements:~~

~~(1) Both of the following:~~

~~(A) No less than 12 semester or 18 quarter units of coursework in theories, principles, and methods of a variety of psychotherapeutic orientations directly related to marriage and family therapy and marital and family systems approaches to treatment and how these theories can be applied therapeutically with individuals, couples, families, adults, including elder adults, children, adolescents, and groups to improve, restore, or maintain healthy relationships.~~

~~(B) Practicum that involves direct client contact, as follows:~~

~~(i) A minimum of six semester or nine quarter units of practicum in a supervised clinical placement that provides supervised fieldwork experience.~~

~~(ii) A minimum of 150 hours of face-to-face experience counseling individuals, couples, families, or groups.~~

~~(iii) A student must be enrolled in a practicum course while counseling clients, except as specified in subdivision (c) of Section 4980.42.~~

~~(iv) The practicum shall provide training in all of the following areas:~~

~~(I) Applied use of theory and psychotherapeutic techniques.~~

~~(II) Assessment, diagnosis, and prognosis.~~

~~(III) Treatment of individuals and premarital, couple, family, and child relationships, including trauma and abuse, dysfunctions, healthy functioning, health promotion, illness prevention, and working with families.~~

~~(IV) Professional writing, including documentation of services, treatment plans, and progress notes.~~

~~(V) How to connect people with resources that deliver the quality of services and support needed in the community.~~

~~(v) Educational institutions are encouraged to design the practicum required by this subparagraph to include marriage and family therapy experience in low income and multicultural mental health settings.~~

~~(vi) In addition to the 150 hours required in clause (ii), 75 hours of either of the following, or a combination thereof:~~

~~(I) Client centered advocacy, as defined in Section 4980.03.~~

- 1 ~~(H) Face-to-face experience counseling individuals, couples,~~
2 ~~families, or groups.~~
3 ~~(2) Instruction in all of the following:~~
4 ~~(A) Diagnosis, assessment, prognosis, and treatment of mental~~
5 ~~disorders, including severe mental disorders, evidence-based~~
6 ~~practices, psychological testing, psychopharmacology, and~~
7 ~~promising mental health practices that are evaluated in peer~~
8 ~~reviewed literature.~~
9 ~~(B) Developmental issues from infancy to old age, including~~
10 ~~instruction in all of the following areas:~~
11 ~~(i) The effects of developmental issues on individuals, couples,~~
12 ~~and family relationships.~~
13 ~~(ii) The psychological, psychotherapeutic, and health~~
14 ~~implications of developmental issues and their effects.~~
15 ~~(iii) Aging and its biological, social, cognitive, and~~
16 ~~psychological aspects. This coursework shall include instruction~~
17 ~~on the assessment and reporting of, as well as treatment related~~
18 ~~to, elder and dependent adult abuse and neglect.~~
19 ~~(iv) A variety of cultural understandings of human development.~~
20 ~~(v) The understanding of human behavior within the social~~
21 ~~context of socioeconomic status and other contextual issues~~
22 ~~affecting social position.~~
23 ~~(vi) The understanding of human behavior within the social~~
24 ~~context of a representative variety of the cultures found within~~
25 ~~California.~~
26 ~~(vii) The understanding of the impact that personal and social~~
27 ~~insecurity, social stress, low educational levels, inadequate housing,~~
28 ~~and malnutrition have on human development.~~
29 ~~(C) The broad range of matters and life events that may arise~~
30 ~~within marriage and family relationships and within a variety of~~
31 ~~California cultures, including instruction in all of the following:~~
32 ~~(i) A minimum of seven contact hours of training or coursework~~
33 ~~in child abuse assessment and reporting as specified in Section 28,~~
34 ~~and any regulations promulgated thereunder.~~
35 ~~(ii) Spousal or partner abuse assessment, detection, intervention~~
36 ~~strategies, and same gender abuse dynamics.~~
37 ~~(iii) Cultural factors relevant to abuse of partners and family~~
38 ~~members.~~
39 ~~(iv) Childbirth, child rearing, parenting, and stepparenting.~~
40 ~~(v) Marriage, divorce, and blended families.~~

1 ~~(vi) Long-term care.~~

2 ~~(vii) End of life and grief.~~

3 ~~(viii) Poverty and deprivation.~~

4 ~~(ix) Financial and social stress.~~

5 ~~(x) Effects of trauma.~~

6 ~~(xi) The psychological, psychotherapeutic, community, and~~
7 ~~health implications of the matters and life events described in~~
8 ~~clauses (i) to (x), inclusive.~~

9 ~~(D) Cultural competency and sensitivity, including a familiarity~~
10 ~~with the racial, cultural, linguistic, and ethnic backgrounds of~~
11 ~~persons living in California.~~

12 ~~(E) Multicultural development and cross-cultural interaction,~~
13 ~~including experiences of race, ethnicity, class, spirituality, sexual~~
14 ~~orientation, gender, and disability, and their incorporation into the~~
15 ~~psychotherapeutic process.~~

16 ~~(F) The effects of socioeconomic status on treatment and~~
17 ~~available resources.~~

18 ~~(G) Resilience, including the personal and community qualities~~
19 ~~that enable persons to cope with adversity, trauma, tragedy, threats,~~
20 ~~or other stresses.~~

21 ~~(H) Human sexuality, including the study of physiological,~~
22 ~~psychological, and social cultural variables associated with sexual~~
23 ~~behavior and gender identity, and the assessment and treatment of~~
24 ~~psychosexual dysfunction.~~

25 ~~(I) Substance use disorders, cooccurring disorders, and addiction,~~
26 ~~including, but not limited to, instruction in all of the following:~~

27 ~~(i) The definition of substance use disorders, cooccurring~~
28 ~~disorders, and addiction. For purposes of this subparagraph,~~
29 ~~“cooccurring disorders” means a mental illness and substance~~
30 ~~abuse diagnosis occurring simultaneously in an individual.~~

31 ~~(ii) Medical aspects of substance use disorders and cooccurring~~
32 ~~disorders.~~

33 ~~(iii) The effects of psychoactive drug use.~~

34 ~~(iv) Current theories of the etiology of substance abuse and~~
35 ~~addiction.~~

36 ~~(v) The role of persons and systems that support or compound~~
37 ~~substance abuse and addiction.~~

38 ~~(vi) Major approaches to identification, evaluation, and treatment~~
39 ~~of substance use disorders, cooccurring disorders, and addiction,~~
40 ~~including, but not limited to, best practices.~~

- 1 ~~(vii) Legal aspects of substance abuse.~~
2 ~~(viii) Populations at risk with regard to substance use disorders~~
3 ~~and cooccurring disorders.~~
4 ~~(ix) Community resources offering screening, assessment,~~
5 ~~treatment, and followup for the affected person and family.~~
6 ~~(x) Recognition of substance use disorders, cooccurring~~
7 ~~disorders, and addiction, and appropriate referral.~~
8 ~~(xi) The prevention of substance use disorders and addiction.~~
9 ~~(J) California law and professional ethics for marriage and~~
10 ~~family therapists, including instruction in all of the following areas~~
11 ~~of study:~~
12 ~~(i) Contemporary professional ethics and statutory, regulatory,~~
13 ~~and decisional laws that delineate the scope of practice of marriage~~
14 ~~and family therapy.~~
15 ~~(ii) The therapeutic, clinical, and practical considerations~~
16 ~~involved in the legal and ethical practice of marriage and family~~
17 ~~therapy, including, but not limited to, family law.~~
18 ~~(iii) The current legal patterns and trends in the mental health~~
19 ~~professions.~~
20 ~~(iv) The psychotherapist-patient privilege, confidentiality, the~~
21 ~~patient dangerous to self or others, and the treatment of minors~~
22 ~~with and without parental consent.~~
23 ~~(v) A recognition and exploration of the relationship between~~
24 ~~a practitioner's sense of self and human values and his or her~~
25 ~~professional behavior and ethics.~~
26 ~~(vi) Differences in legal and ethical standards for different types~~
27 ~~of work settings.~~
28 ~~(vii) Licensing law and licensing process.~~
29 ~~(e) The degree described in subdivision (b) shall, in addition to~~
30 ~~meeting the requirements of subdivision (d), include instruction~~
31 ~~in case management, systems of care for the severely mentally ill,~~
32 ~~public and private services and supports available for the severely~~
33 ~~mentally ill, community resources for persons with mental illness~~
34 ~~and for victims of abuse, disaster and trauma response, advocacy~~
35 ~~for the severely mentally ill, and collaborative treatment. This~~
36 ~~instruction may be provided either in credit level coursework or~~
37 ~~through extension programs offered by the degree-granting~~
38 ~~institution.~~
39 ~~(f) The changes made to law by this section are intended to~~
40 ~~improve the educational qualifications for licensure in order to~~

1 ~~better prepare future licentiates for practice, and are not intended~~
2 ~~to expand or restrict the scope of practice for marriage and family~~
3 ~~therapists.~~

4 ~~SEC. 18.~~

5 *SEC. 16.* Section 4980.37 of the Business and Professions Code
6 is amended to read:

7 4980.37. (a) This section shall apply to applicants for licensure
8 or registration who begin graduate study before August 1, 2012,
9 and complete that study on or before December 31, 2018. Those
10 applicants may alternatively qualify under paragraph (2) of
11 subdivision (a) of Section 4980.36.

12 (b) To qualify for a license or registration, applicants shall
13 possess a doctor's or master's degree in marriage, family, and child
14 counseling, marriage and family therapy, couple and family
15 therapy, psychology, clinical psychology, counseling psychology,
16 or counseling with an emphasis in either marriage, family, and
17 child counseling or marriage and family therapy, obtained from a
18 school, college, or university accredited by a regional accrediting
19 agency that is recognized by the United States Department of
20 Education or approved by the Bureau for Private Postsecondary
21 Education. The board has the authority to make the final
22 determination as to whether a degree meets all requirements,
23 including, but not limited to, course requirements, regardless of
24 accreditation or approval. In order to qualify for licensure pursuant
25 to this section, a doctor's or master's degree program shall be a
26 single, integrated program primarily designed to train marriage
27 and family therapists and shall contain no less than 48 semester
28 or 72 quarter units of instruction. This instruction shall include no
29 less than 12 semester units or 18 quarter units of coursework in
30 the areas of marriage, family, and child counseling, and marital
31 and family systems approaches to treatment. The coursework shall
32 include all of the following areas:

33 (1) The salient theories of a variety of psychotherapeutic
34 orientations directly related to marriage and family therapy, and
35 marital and family systems approaches to treatment.

36 (2) Theories of marriage and family therapy and how they can
37 be utilized in order to intervene therapeutically with couples,
38 families, adults, children, and groups.

39 (3) Developmental issues and life events from infancy to old
40 age and their effect on individuals, couples, and family

relationships. This may include coursework that focuses on specific family life events and the psychological, psychotherapeutic, and health implications that arise within couples and families, including, but not limited to, childbirth, child rearing, childhood, adolescence, adulthood, marriage, divorce, blended families, stepparenting, abuse and neglect of older and dependent adults, and geropsychology.

(4) A variety of approaches to the treatment of children.

The board shall, by regulation, set forth the subjects of instruction required in this subdivision.

(c) (1) In addition to the 12 semester or 18 quarter units of coursework specified in subdivision (b), the doctor's or master's degree program shall contain not less than six semester or nine quarter units of supervised practicum in applied psychotherapeutic technique, assessments, diagnosis, prognosis, and treatment of premarital, couple, family, and child relationships, including dysfunctions, healthy functioning, health promotion, and illness prevention, in a supervised clinical placement that provides supervised fieldwork experience within the scope of practice of a marriage and family therapist.

(2) For applicants who enrolled in a degree program on or after January 1, 1995, the practicum shall include a minimum of 150 hours of face-to-face experience counseling individuals, couples, families, or groups.

(3) The practicum hours shall be considered as part of the 48 semester or 72 quarter unit requirement.

(d) As an alternative to meeting the qualifications specified in subdivision (b), the board shall accept as equivalent degrees those master's or doctor's degrees granted by educational institutions whose degree program is approved by the Commission on Accreditation for Marriage and Family Therapy Education.

(e) In order to provide an integrated course of study and appropriate professional training, while allowing for innovation and individuality in the education of marriage and family therapists, a degree program that meets the educational qualifications for licensure or registration under this section shall do all of the following:

(1) Provide an integrated course of study that trains students generally in the diagnosis, assessment, prognosis, and treatment of mental disorders.

1 (2) Prepare students to be familiar with the broad range of
2 matters that may arise within marriage and family relationships.

3 (3) Train students specifically in the application of marriage
4 and family relationship counseling principles and methods.

5 (4) Encourage students to develop those personal qualities that
6 are intimately related to the counseling situation such as integrity,
7 sensitivity, flexibility, insight, compassion, and personal presence.

8 (5) Teach students a variety of effective psychotherapeutic
9 techniques and modalities that may be utilized to improve, restore,
10 or maintain healthy individual, couple, and family relationships.

11 (6) Permit an emphasis or specialization that may address any
12 one or more of the unique and complex array of human problems,
13 symptoms, and needs of Californians served by marriage and
14 family therapists.

15 (7) Prepare students to be familiar with cross-cultural mores
16 and values, including a familiarity with the wide range of racial
17 and ethnic backgrounds common among California's population,
18 including, but not limited to, Blacks, Hispanics, Asians, and Native
19 Americans.

20 (f) Educational institutions are encouraged to design the
21 practicum required by this section to include marriage and family
22 therapy experience in low income and multicultural mental health
23 settings.

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

27 ~~SEC. 19.~~

28 *SEC. 17.* Section 4980.399 of the Business and Professions
29 Code is amended to read:

30 4980.399. (a) Except as provided in subdivision (a) of Section
31 4980.398, each applicant and registrant shall obtain a passing score
32 on a board-administered California law and ethics examination in
33 order to qualify for licensure.

34 (b) A registrant shall participate in a board-administered
35 California law and ethics examination prior to his or her registration
36 renewal.

37 (c) Notwithstanding subdivision (b), an applicant who holds a
38 registration eligible for renewal, with an expiration date no later
39 than June 30, 2016, and who applies for renewal of that registration
40 between January 1, 2016, and June 30, 2016, shall, if eligible, be

1 allowed to renew the registration without first participating in the
2 California law and ethics examination. These applicants shall
3 participate in the California law and ethics examination in the next
4 renewal cycle, and shall pass the examination prior to licensure or
5 issuance of a subsequent registration number, as specified in this
6 section.

7 (d) If an applicant fails the California law and ethics
8 examination, he or she may retake the examination, upon payment
9 of the required fees, without further application except as provided
10 in subdivision (e).

11 (e) If a registrant fails to obtain a passing score on the California
12 law and ethics examination described in subdivision (a) within his
13 or her renewal period on or after the operative date of this section,
14 he or she shall complete, at a minimum, a 12-hour course in
15 California law and ethics in order to be eligible to participate in
16 the California law and ethics examination. Registrants shall only
17 take the 12-hour California law and ethics course once during a
18 renewal period. The 12-hour law and ethics course required by
19 this section shall be taken through a board-approved continuing
20 education provider, a county, state or governmental entity, or a
21 college or university.

22 (f) The board shall not issue a subsequent registration number
23 unless the registrant has passed the California law and ethics
24 examination.

25 (g) Notwithstanding subdivision (f), an applicant who holds or
26 has held a registration, with an expiration date no later than January
27 1, 2017, and who applies for a subsequent registration number
28 between January 1, 2016, and January 1, 2017, shall, if eligible,
29 be allowed to obtain the subsequent registration number without
30 first passing the California law and ethics examination. These
31 applicants shall pass the California law and ethics examination
32 during the next renewal period or prior to licensure, whichever
33 occurs first.

34 (h) This section shall become operative on January 1, 2016.

35 ~~SEC. 20.~~

36 *SEC. 18.* Section 4980.41 of the Business and Professions Code
37 is amended to read:

38 4980.41. (a) An applicant for licensure whose education
39 qualifies him or her under Section 4980.37 shall complete the
40 following coursework or training in order to be eligible to sit for

1 the licensing examinations as specified in subdivision (d) of Section
2 4980.40:

3 (1) A two semester or three quarter unit course in California
4 law and professional ethics for marriage and family therapists,
5 which shall include, but not be limited to, the following areas of
6 study:

7 (A) Contemporary professional ethics and statutory, regulatory,
8 and decisional laws that delineate the profession's scope of
9 practice.

10 (B) The therapeutic, clinical, and practical considerations
11 involved in the legal and ethical practice of marriage and family
12 therapy, including family law.

13 (C) The current legal patterns and trends in the mental health
14 profession.

15 (D) The psychotherapist-patient privilege, confidentiality, the
16 patient dangerous to self or others, and the treatment of minors
17 with and without parental consent.

18 (E) A recognition and exploration of the relationship between
19 a practitioner's sense of self and human values and his or her
20 professional behavior and ethics.

21 This course may be considered as part of the 48 semester or 72
22 quarter unit requirements contained in Section 4980.37.

23 (2) A minimum of seven contact hours of training or coursework
24 in child abuse assessment and reporting as specified in Section 28
25 and any regulations promulgated thereunder.

26 (3) A minimum of 10 contact hours of training or coursework
27 in human sexuality as specified in Section 25, and any regulations
28 promulgated thereunder. When coursework in a master's or
29 doctor's degree program is acquired to satisfy this requirement, it
30 shall be considered as part of the 48 semester or 72 quarter unit
31 requirement contained in Section 4980.37.

32 (4) For persons who began graduate study on or after January
33 1, 1986, a master's or doctor's degree qualifying for licensure shall
34 include specific instruction in alcoholism and other chemical
35 substance dependency as specified by regulation. When coursework
36 in a master's or doctor's degree program is acquired to satisfy this
37 requirement, it shall be considered as part of the 48 semester or
38 72 quarter unit requirement contained in Section 4980.37.
39 Coursework required under this paragraph may be satisfactory if
40 taken either in fulfillment of other educational requirements for

1 licensure or in a separate course. The applicant may satisfy this
2 requirement by successfully completing this coursework from a
3 master's or doctoral degree program at an accredited or approved
4 institution, as described in subdivision (b) of Section 4980.37, or
5 from a board-accepted provider of continuing education, as
6 described in Section 4980.54.

7 (5) For persons who began graduate study during the period
8 commencing on January 1, 1995, and ending on December 31,
9 2003, a master's or doctor's degree qualifying for licensure shall
10 include coursework in spousal or partner abuse assessment,
11 detection, and intervention. For persons who began graduate study
12 on or after January 1, 2004, a master's or doctor's degree qualifying
13 for licensure shall include a minimum of 15 contact hours of
14 coursework in spousal or partner abuse assessment, detection, and
15 intervention strategies, including knowledge of community
16 resources, cultural factors, and same gender abuse dynamics.
17 Coursework required under this paragraph may be satisfactory if
18 taken either in fulfillment of other educational requirements for
19 licensure or in a separate course. The applicant may satisfy this
20 requirement by successfully completing this coursework from a
21 master's or doctoral degree program at an accredited or approved
22 institution, as described in subdivision (b) of Section 4980.37, or
23 from a board-accepted provider of continuing education, as
24 described in Section 4980.54.

25 (6) For persons who began graduate study on or after January
26 1, 2001, an applicant shall complete a minimum of a two semester
27 or three quarter unit survey course in psychological testing. When
28 coursework in a master's or doctor's degree program is acquired
29 to satisfy this requirement, it may be considered as part of the 48
30 semester or 72 quarter unit requirement of Section 4980.37.

31 (7) For persons who began graduate study on or after January
32 1, 2001, an applicant shall complete a minimum of a two semester
33 or three quarter unit survey course in psychopharmacology. When
34 coursework in a master's or doctor's degree program is acquired
35 to satisfy this requirement, it may be considered as part of the 48
36 semester or 72 quarter unit requirement of Section 4980.37.

37 (8) The requirements added by paragraphs (6) and (7) are
38 intended to improve the educational qualifications for licensure in
39 order to better prepare future licentiates for practice and are not

1 intended in any way to expand or restrict the scope of practice for
2 licensed marriage and family therapists.

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

6 ~~SEC. 21.~~

7 *SEC. 19.* Section 4980.43 of the Business and Professions Code
8 is amended to read:

9 4980.43. (a) Prior to applying for licensure examinations, each
10 applicant shall complete experience that shall comply with the
11 following:

12 (1) A minimum of 3,000 hours completed during a period of at
13 least 104 weeks.

14 (2) Not more than 40 hours in any seven consecutive days.

15 (3) Not less than 1,700 hours of supervised experience
16 completed subsequent to the granting of the qualifying master's
17 or doctoral degree.

18 (4) (A) Not more than 1,300 hours of supervised experience
19 obtained prior to completing a master's or doctoral degree.

20 (B) The applicant shall not be credited with more than 750 hours
21 of counseling and direct supervisor contact prior to completing
22 the master's or doctoral degree.

23 (5) No hours of experience may be gained prior to completing
24 either 12 semester units or 18 quarter units of graduate instruction
25 and becoming a trainee except for personal psychotherapy.

26 (6) No hours of experience may be gained more than six years
27 prior to the date the application for examination eligibility was
28 filed, except that up to 500 hours of clinical experience gained in
29 the supervised practicum required by subdivision (c) of Section
30 4980.37 and subparagraph (B) of paragraph (1) of subdivision (d)
31 of Section 4980.36 shall be exempt from this six-year requirement.

32 (7) Not more than a combined total of 1,000 hours of experience
33 in the following:

34 (A) Direct supervisor contact.

35 (B) Professional enrichment activities. For purposes of this
36 chapter, "professional enrichment activities" include the following:

37 (i) Workshops, seminars, training sessions, or conferences
38 directly related to marriage and family therapy attended by the
39 applicant that are approved by the applicant's supervisor. An

1 applicant shall have no more than 250 hours of verified attendance
2 at these workshops, seminars, training sessions, or conferences.

3 (ii) Participation by the applicant in personal psychotherapy,
4 which includes group, marital or conjoint, family, or individual
5 psychotherapy by an appropriately licensed professional. An
6 applicant shall have no more than 100 hours of participation in
7 personal psychotherapy. The applicant shall be credited with three
8 hours of experience for each hour of personal psychotherapy.

9 (8) Not more than 500 hours of experience providing group
10 therapy or group counseling.

11 (9) For all hours gained on or after January 1, 2012, not more
12 than 500 hours of experience in the following:

13 (A) Experience administering and evaluating psychological
14 tests, writing clinical reports, writing progress notes, or writing
15 process notes.

16 (B) Client centered advocacy.

17 (10) Not less than 500 total hours of experience in diagnosing
18 and treating couples, families, and children. For up to 150 hours
19 of treating couples and families in conjoint therapy, the applicant
20 shall be credited with two hours of experience for each hour of
21 therapy provided.

22 (11) Not more than 375 hours of experience providing personal
23 psychotherapy, crisis counseling, or other counseling services via
24 telehealth in accordance with Section 2290.5.

25 (12) It is anticipated and encouraged that hours of experience
26 will include working with elders and dependent adults who have
27 physical or mental limitations that restrict their ability to carry out
28 normal activities or protect their rights.

29 This subdivision shall only apply to hours gained on and after
30 January 1, 2010.

31 (b) All applicants, trainees, and registrants shall be at all times
32 under the supervision of a supervisor who shall be responsible for
33 ensuring that the extent, kind, and quality of counseling performed
34 is consistent with the training and experience of the person being
35 supervised, and who shall be responsible to the board for
36 compliance with all laws, rules, and regulations governing the
37 practice of marriage and family therapy. Supervised experience
38 shall be gained by interns and trainees only as an employee or as
39 a volunteer. The requirements of this chapter regarding gaining
40 hours of experience and supervision are applicable equally to

1 employees and volunteers. Experience shall not be gained by
2 interns or trainees as an independent contractor.

3 (1) If employed, an intern shall provide the board with copies
4 of the corresponding W-2 tax forms for each year of experience
5 claimed upon application for licensure.

6 (2) If volunteering, an intern shall provide the board with a letter
7 from his or her employer verifying the intern's employment as a
8 volunteer upon application for licensure.

9 (c) Except for experience gained pursuant to subparagraph (B)
10 of paragraph (7) of subdivision (a), supervision shall include at
11 least one hour of direct supervisor contact in each week for which
12 experience is credited in each work setting, as specified:

13 (1) A trainee shall receive an average of at least one hour of
14 direct supervisor contact for every five hours of client contact in
15 each setting.

16 (2) An individual supervised after being granted a qualifying
17 degree shall receive at least one additional hour of direct supervisor
18 contact for every week in which more than 10 hours of client
19 contact is gained in each setting. No more than five hours of
20 supervision, whether individual or group, shall be credited during
21 any single week.

22 (3) For purposes of this section, "one hour of direct supervisor
23 contact" means one hour per week of face-to-face contact on an
24 individual basis or two hours per week of face-to-face contact in
25 a group.

26 (4) Direct supervisor contact shall occur within the same week
27 as the hours claimed.

28 (5) Direct supervisor contact provided in a group shall be
29 provided in a group of not more than eight supervisees and in
30 segments lasting no less than one continuous hour.

31 (6) Notwithstanding paragraph (3), an intern working in a
32 governmental entity, a school, a college, or a university, or an
33 institution that is both nonprofit and charitable may obtain the
34 required weekly direct supervisor contact via two-way, real-time
35 videoconferencing. The supervisor shall be responsible for ensuring
36 that client confidentiality is upheld.

37 (7) All experience gained by a trainee shall be monitored by the
38 supervisor as specified by regulation.

39 (d) (1) A trainee may be credited with supervised experience
40 completed in any setting that meets all of the following:

1 (A) Lawfully and regularly provides mental health counseling
2 or psychotherapy.

3 (B) Provides oversight to ensure that the trainee's work at the
4 setting meets the experience and supervision requirements set forth
5 in this chapter and is within the scope of practice for the profession
6 as defined in Section 4980.02.

7 (C) Is not a private practice owned by a licensed marriage and
8 family therapist, a licensed professional clinical counselor, a
9 licensed psychologist, a licensed clinical social worker, a licensed
10 physician and surgeon, or a professional corporation of any of
11 those licensed professions.

12 (2) Experience may be gained by the trainee solely as part of
13 the position for which the trainee volunteers or is employed.

14 (e) (1) An intern may be credited with supervised experience
15 completed in any setting that meets both of the following:

16 (A) Lawfully and regularly provides mental health counseling
17 or psychotherapy.

18 (B) Provides oversight to ensure that the intern's work at the
19 setting meets the experience and supervision requirements set forth
20 in this chapter and is within the scope of practice for the profession
21 as defined in Section 4980.02.

22 (2) An applicant shall not be employed or volunteer in a private
23 practice, as defined in subparagraph (C) of paragraph (1) of
24 subdivision (d), until registered as an intern.

25 (3) While an intern may be either a paid employee or a
26 volunteer, employers are encouraged to provide fair remuneration
27 to interns.

28 (4) Except for periods of time during a supervisor's vacation or
29 sick leave, an intern who is employed or volunteering in private
30 practice shall be under the direct supervision of a licensee that has
31 satisfied the requirements of subdivision (g) of Section 4980.03.
32 The supervising licensee shall either be employed by and practice
33 at the same site as the intern's employer, or shall be an owner or
34 shareholder of the private practice. Alternative supervision may
35 be arranged during a supervisor's vacation or sick leave if the
36 supervision meets the requirements of this section.

37 (5) Experience may be gained by the intern solely as part of the
38 position for which the intern volunteers or is employed.

1 (f) Except as provided in subdivision (g), all persons shall
2 register with the board as an intern in order to be credited for
3 postdegree hours of supervised experience gained toward licensure.

4 (g) Except when employed in a private practice setting, all
5 postdegree hours of experience shall be credited toward licensure
6 so long as the applicant applies for the intern registration within
7 90 days of the granting of the qualifying master's or doctoral
8 degree and is thereafter granted the intern registration by the board.

9 (h) Trainees, interns, and applicants shall not receive any
10 remuneration from patients or clients, and shall only be paid by
11 their employers.

12 (i) Trainees, interns, and applicants shall only perform services
13 at the place where their employers regularly conduct business,
14 which may include performing services at other locations, so long
15 as the services are performed under the direction and control of
16 their employer and supervisor, and in compliance with the laws
17 and regulations pertaining to supervision. Trainees and interns
18 shall have no proprietary interest in their employers' businesses
19 and shall not lease or rent space, pay for furnishings, equipment,
20 or supplies, or in any other way pay for the obligations of their
21 employers.

22 (j) Trainees, interns, or applicants who provide volunteered
23 services or other services, and who receive no more than a total,
24 from all work settings, of five hundred dollars (\$500) per month
25 as reimbursement for expenses actually incurred by those trainees,
26 interns, or applicants for services rendered in any lawful work
27 setting other than a private practice shall be considered an
28 employee and not an independent contractor. The board may audit
29 applicants who receive reimbursement for expenses, and the
30 applicants shall have the burden of demonstrating that the payments
31 received were for reimbursement of expenses actually incurred.

32 (k) Each educational institution preparing applicants for
33 licensure pursuant to this chapter shall consider requiring, and
34 shall encourage, its students to undergo individual, marital or
35 conjoint, family, or group counseling or psychotherapy, as
36 appropriate. Each supervisor shall consider, advise, and encourage
37 his or her interns and trainees regarding the advisability of
38 undertaking individual, marital or conjoint, family, or group
39 counseling or psychotherapy, as appropriate. Insofar as it is deemed
40 appropriate and is desired by the applicant, the educational

1 institution and supervisors are encouraged to assist the applicant
2 in locating that counseling or psychotherapy at a reasonable cost.

3 ~~SEC. 22.~~

4 *SEC. 20.* Section 4980.55 of the Business and Professions Code
5 is amended to read:

6 4980.55. As a model for all therapeutic professions, and to
7 acknowledge respect and regard for the consuming public, all
8 licensed marriage and family therapists are encouraged to provide
9 to each client, at an appropriate time and within the context of the
10 psychotherapeutic relationship, an accurate and informative
11 statement of the therapist's experience, education, specialties,
12 professional orientation, and any other information deemed
13 appropriate by the licensee.

14 ~~SEC. 23.~~

15 *SEC. 21.* Section 4980.72 of the Business and Professions Code
16 is amended to read:

17 4980.72. (a) This section applies to persons who are licensed
18 outside of California and apply for licensure on or after January
19 1, 2016.

20 (b) The board may issue a license to a person who, at the time
21 of submitting an application for a license pursuant to this chapter,
22 holds a valid license in good standing issued by a board of marriage
23 counselor examiners, board of marriage and family therapists, or
24 corresponding authority, of any state or country, if all of the
25 following conditions are satisfied:

26 (1) The applicant's education is substantially equivalent, as
27 defined in Section 4980.78. The applicant's degree title need not
28 be identical to that required by Section 4980.36 or 4980.37.

29 (2) The applicant complies with Section 4980.76, if applicable.

30 (3) The applicant's supervised experience is substantially
31 equivalent to that required for a license under this chapter. The
32 board shall consider hours of experience obtained outside of
33 California during the six-year period immediately preceding the
34 date the applicant initially obtained the license described above.

35 (4) The applicant passes the California law and ethics
36 examination.

37 (5) The applicant passes a clinical examination designated by
38 the board. An applicant who obtained his or her license or
39 registration under another jurisdiction may apply for licensure with

1 the board without taking the clinical examination if both of the
2 following conditions are met:

3 (A) The applicant obtained a passing score on the licensing
4 examination set forth in regulation as accepted by the board.

5 (B) The applicant's license or registration in that jurisdiction is
6 in good standing at the time of his or her application and is not
7 revoked, suspended, surrendered, denied, or otherwise restricted
8 or encumbered.

9 ~~SEC. 24.~~

10 *SEC. 22.* Section 4980.78 of the Business and Professions Code
11 is amended to read:

12 4980.78. (a) This section applies to persons who apply for
13 licensure or registration on or after January 1, 2016.

14 (b) For purposes of Sections 4980.72 and 4980.74, education
15 is substantially equivalent if all of the following requirements are
16 met:

17 (1) The degree is obtained from a school, college, or university
18 accredited by an accrediting agency that is recognized by the
19 United States Department of Education and consists of, at a
20 minimum, 48 semester or 72 quarter units, including, but not
21 limited to, both of the following:

22 (A) Six semester or nine quarter units of practicum, including,
23 but not limited to, a minimum of 150 hours of face-to-face
24 counseling.

25 (B) Twelve semester or 18 quarter units in the areas of marriage,
26 family, and child counseling and marital and family systems
27 approaches to treatment, as specified in subparagraph (A) of
28 paragraph (1) of subdivision (d) of Section 4980.36.

29 (2) The applicant completes any units and course content
30 requirements under subdivision (d) of Section 4980.36 not already
31 completed in his or her education.

32 (3) The applicant completes credit level coursework from a
33 degree-granting institution that provides all of the following:

34 (A) Instruction regarding the principles of mental health
35 recovery-oriented care and methods of service delivery in recovery
36 model practice environments.

37 (B) An understanding of various California cultures and the
38 social and psychological implications of socioeconomic position.

39 (C) Structured meeting with various consumers and family
40 members of consumers of mental health services to enhance

1 understanding of their experience of mental illness, treatment, and
2 recovery.

3 (D) Instruction in addiction and cooccurring substance abuse
4 and mental health disorders, as specified in subparagraph (I) of
5 paragraph (2) of subdivision (d) of Section 4980.36.

6 (4) The applicant completes an 18-hour course in California
7 law and professional ethics. The content of the course shall include,
8 but not be limited to, advertising, scope of practice, scope of
9 competence, treatment of minors, confidentiality, dangerous
10 patients, psychotherapist-patient privilege, recordkeeping, patient
11 access to records, state and federal laws relating to confidentiality
12 of patient health information, dual relationships, child abuse, elder
13 and dependent adult abuse, online therapy, insurance
14 reimbursement, civil liability, disciplinary actions and
15 unprofessional conduct, ethics complaints and ethical standards,
16 termination of therapy, standards of care, relevant family law,
17 therapist disclosures to patients, differences in legal and ethical
18 standards in different types of work settings, and licensing law
19 and licensing process.

20 (5) The applicant's degree title need not be identical to that
21 required by subdivision (b) of Section 4980.36.

22 ~~SEC. 25.~~

23 *SEC. 23.* Section 4987.5 of the Business and Professions Code
24 is amended to read:

25 4987.5. A marriage and family therapy corporation is a
26 corporation that is authorized to render professional services, as
27 defined in Section 13401 of the Corporations Code, so long as that
28 corporation and its shareholders, officers, directors, and employees
29 rendering professional services who are licensed marriage and
30 family therapists, physicians and surgeons, psychologists, licensed
31 professional clinical counselors, licensed clinical social workers,
32 registered nurses, chiropractors, or acupuncturists are in compliance
33 with the Moscone-Knox Professional Corporation Act (Part 4
34 (commencing with Section 13400) of Division 3 of Title 1 of the
35 Corporations Code), this article, and any other statute or regulation
36 pertaining to that corporation and the conduct of its affairs. With
37 respect to a marriage and family therapy corporation, the
38 governmental agency referred to in the Moscone-Knox Professional
39 Corporation Act is the Board of Behavioral Sciences.

1 ~~SEC. 26.~~

2 *SEC. 24.* Section 4989.16 of the Business and Professions Code
3 is amended to read:

4 4989.16. (a) A person appropriately credentialed by the
5 Commission on Teacher Credentialing may perform the functions
6 authorized by that credential in a public school without a license
7 issued under this chapter by the board.

8 (b) Nothing in this chapter shall be construed to constrict, limit,
9 or withdraw the Medical Practice Act (Chapter 5 (commencing
10 with Section 2000)), the Nursing Practice Act (Chapter 6
11 (commencing with Section 2700)), the Psychology Licensing Law
12 (Chapter 6.6 (commencing with Section 2900)), the Licensed
13 Marriage and Family Therapist Practice Act (Chapter 13
14 (commencing with Section 4980)), the Clinical Social Worker
15 Practice Act (Chapter 14 (commencing with Section 4991)), or
16 the Licensed Professional Clinical Counselor Act (Chapter 16
17 (commencing with Section 4999.10)).

18 ~~SEC. 27.~~

19 *SEC. 25.* Section 4989.22 of the Business and Professions Code
20 is amended to read:

21 4989.22. (a) Only persons who satisfy the requirements of
22 Section 4989.20 are eligible to take the licensure examination.

23 (b) An applicant who fails the written examination may, within
24 one year from the notification date of failure, retake the
25 examination as regularly scheduled without further application.
26 Thereafter, the applicant shall not be eligible for further
27 examination until he or she files a new application, meets all
28 current requirements, and pays all fees required.

29 (c) Notwithstanding any other provision of law, the board may
30 destroy all examination materials two years after the date of an
31 examination.

32 (d) The board shall not deny any applicant, whose application
33 for licensure is complete, admission to the written examination,
34 nor shall the board postpone or delay any applicant's written
35 examination or delay informing the candidate of the results of the
36 written examination, solely upon the receipt by the board of a
37 complaint alleging acts or conduct that would constitute grounds
38 to deny licensure.

39 (e) Notwithstanding Section 135, the board may deny any
40 applicant who has previously failed the written examination

1 permission to retake the examination pending completion of the
2 investigation of any complaint against the applicant. Nothing in
3 this section shall prohibit the board from denying an applicant
4 admission to any examination, withholding the results, or refusing
5 to issue a license to any applicant when an accusation or statement
6 of issues has been filed against the applicant pursuant to Section
7 11503 or 11504 of the Government Code, or the applicant has been
8 denied in accordance with subdivision (b) of Section 485.

9 ~~SEC. 28.~~

10 *SEC. 26.* Section 4992.09 of the Business and Professions Code
11 is amended to read:

12 4992.09. (a) Except as provided in subdivision (a) of Section
13 4992.07, an applicant and registrant shall obtain a passing score
14 on a board-administered California law and ethics examination in
15 order to qualify for licensure.

16 (b) A registrant shall participate in a board-administered
17 California law and ethics examination prior to his or her registration
18 renewal.

19 (c) Notwithstanding subdivision (b), an applicant who holds a
20 registration eligible for renewal, with an expiration date no later
21 than June 30, 2016, and who applies for renewal of that registration
22 between January 1, 2016, and June 30, 2016, shall, if eligible, be
23 allowed to renew the registration without first participating in the
24 California law and ethics examination. These applicants shall
25 participate in the California law and ethics examination in the next
26 renewal cycle, and shall pass the examination prior to licensure or
27 issuance of a subsequent registration number, as specified in this
28 section.

29 (d) If an applicant fails the California law and ethics
30 examination, he or she may retake the examination, upon payment
31 of the required fees, without further application except for as
32 provided in subdivision (e).

33 (e) If a registrant fails to obtain a passing score on the California
34 law and ethics examination described in subdivision (a) within his
35 or her renewal period on or after the operative date of this section,
36 he or she shall complete, at a minimum, a 12-hour course in
37 California law and ethics in order to be eligible to participate in
38 the California law and ethics examination. Registrants shall only
39 take the 12-hour California law and ethics course once during a
40 renewal period. The 12-hour law and ethics course required by

1 this section shall be taken through a board-approved continuing
2 education provider, a county, state or governmental entity, or a
3 college or university.

4 (f) The board shall not issue a subsequent registration number
5 unless the registrant has passed the California law and ethics
6 examination.

7 (g) Notwithstanding subdivision (f), an applicant who holds or
8 has held a registration, with an expiration date no later than January
9 1, 2017, and who applies for a subsequent registration number
10 between January 1, 2016, and January 1, 2017, shall, if eligible,
11 be allowed to obtain the subsequent registration number without
12 first passing the California law and ethics examination. These
13 applicants shall pass the California law and ethics examination
14 during the next renewal period or prior to licensure, whichever
15 occurs first.

16 (h) This section shall become operative on January 1, 2016.

17 ~~SEC. 29.~~

18 *SEC. 27.* Section 4996.17 of the Business and Professions Code
19 is amended to read:

20 4996.17. (a) (1) Experience gained outside of California shall
21 be accepted toward the licensure requirements if it is substantially
22 the equivalent of the requirements of this chapter.

23 (2) Commencing January 1, 2014, an applicant with education
24 gained outside of California shall complete an 18-hour course in
25 California law and professional ethics. The content of the course
26 shall include, but not be limited to, the following: advertising,
27 scope of practice, scope of competence, treatment of minors,
28 confidentiality, dangerous patients, psychotherapist-patient
29 privilege, recordkeeping, patient access to records, state and federal
30 laws related to confidentiality of patient health information, dual
31 relationships, child abuse, elder and dependent adult abuse, online
32 therapy, insurance reimbursement, civil liability, disciplinary
33 actions and unprofessional conduct, ethics complaints and ethical
34 standards, termination of therapy, standards of care, relevant family
35 law, therapist disclosures to patients, differences in legal and ethical
36 standards in different types of work settings, and licensing law
37 and process.

38 (b) The board may issue a license to any person who, at the time
39 of application, holds a valid active clinical social work license
40 issued by a board of clinical social work examiners or

1 corresponding authority of any state, if the person passes, or has
2 passed, the licensing examinations as specified in Section 4996.1
3 and pays the required fees. Issuance of the license is conditioned
4 upon all of the following:

5 (1) The applicant has supervised experience that is substantially
6 the equivalent of that required by this chapter. If the applicant has
7 less than 3,200 hours of qualifying supervised experience, time
8 actively licensed as a clinical social worker shall be accepted at a
9 rate of 100 hours per month up to a maximum of 1,200 hours.

10 (2) Completion of the following coursework or training in or
11 out of this state:

12 (A) A minimum of seven contact hours of training or coursework
13 in child abuse assessment and reporting as specified in Section 28,
14 and any regulations promulgated thereunder.

15 (B) A minimum of 10 contact hours of training or coursework
16 in human sexuality as specified in Section 25, and any regulations
17 promulgated thereunder.

18 (C) A minimum of 15 contact hours of training or coursework
19 in alcoholism and other chemical substance dependency, as
20 specified by regulation.

21 (D) A minimum of 15 contact hours of coursework or training
22 in spousal or partner abuse assessment, detection, and intervention
23 strategies.

24 (3) Commencing January 1, 2014, completion of an 18-hour
25 course in California law and professional ethics. The content of
26 the course shall include, but not be limited to, the following:
27 advertising, scope of practice, scope of competence, treatment of
28 minors, confidentiality, dangerous patients, psychotherapist-patient
29 privilege, recordkeeping, patient access to records, state and federal
30 laws related to confidentiality of patient health information, dual
31 relationships, child abuse, elder and dependent adult abuse, online
32 therapy, insurance reimbursement, civil liability, disciplinary
33 actions and unprofessional conduct, ethics complaints and ethical
34 standards, termination of therapy, standards of care, relevant family
35 law, therapist disclosures to patients, differences in legal and ethical
36 standards in different types of work settings, and licensing law
37 and process.

38 (4) The applicant's license is not suspended, revoked, restricted,
39 sanctioned, or voluntarily surrendered in any state.

1 (5) The applicant is not currently under investigation in any
2 other state, and has not been charged with an offense for any act
3 substantially related to the practice of social work by any public
4 agency, entered into any consent agreement or been subject to an
5 administrative decision that contains conditions placed by an
6 agency upon an applicant's professional conduct or practice,
7 including any voluntary surrender of license, or been the subject
8 of an adverse judgment resulting from the practice of social work
9 that the board determines constitutes evidence of a pattern of
10 incompetence or negligence.

11 (6) The applicant shall provide a certification from each state
12 where he or she holds a license pertaining to licensure, disciplinary
13 action, and complaints pending.

14 (7) The applicant is not subject to denial of licensure under
15 Section 480, 4992.3, 4992.35, or 4992.36.

16 (c) The board may issue a license to any person who, at the time
17 of application, holds a valid, active clinical social work license
18 issued by a board of clinical social work examiners or a
19 corresponding authority of any state, if the person has held that
20 license for at least four years immediately preceding the date of
21 application, the person passes, or has passed, the licensing
22 examinations as specified in Section 4996.1, and the person pays
23 the required fees. Issuance of the license is conditioned upon all
24 of the following:

25 (1) Completion of the following coursework or training in or
26 out of state:

27 (A) A minimum of seven contact hours of training or coursework
28 in child abuse assessment and reporting as specified in Section 28,
29 and any regulations promulgated thereunder.

30 (B) A minimum of 10 contact hours of training or coursework
31 in human sexuality as specified in Section 25, and any regulations
32 promulgated thereunder.

33 (C) A minimum of 15 contact hours of training or coursework
34 in alcoholism and other chemical substance dependency, as
35 specified by regulation.

36 (D) A minimum of 15 contact hours of coursework or training
37 in spousal or partner abuse assessment, detection, and intervention
38 strategies.

39 (2) Commencing January 1, 2014, completion of an 18-hour
40 course in California law and professional ethics. The content of

1 the course shall include, but not be limited to, the following:
2 advertising, scope of practice, scope of competence, treatment of
3 minors, confidentiality, dangerous patients, psychotherapist-patient
4 privilege, recordkeeping, patient access to records, state and federal
5 laws related to confidentiality of patient health information, dual
6 relationships, child abuse, elder and dependent adult abuse, online
7 therapy, insurance reimbursement, civil liability, disciplinary
8 actions and unprofessional conduct, ethics complaints and ethical
9 standards, termination of therapy, standards of care, relevant family
10 law, therapist disclosures to patients, differences in legal and ethical
11 standards in different types of work settings, and licensing law
12 and process.

13 (3) The applicant has been licensed as a clinical social worker
14 continuously for a minimum of four years prior to the date of
15 application.

16 (4) The applicant's license is not suspended, revoked, restricted,
17 sanctioned, or voluntarily surrendered in any state.

18 (5) The applicant is not currently under investigation in any
19 other state, and has not been charged with an offense for any act
20 substantially related to the practice of social work by any public
21 agency, entered into any consent agreement or been subject to an
22 administrative decision that contains conditions placed by an
23 agency upon an applicant's professional conduct or practice,
24 including any voluntary surrender of license, or been the subject
25 of an adverse judgment resulting from the practice of social work
26 that the board determines constitutes evidence of a pattern of
27 incompetence or negligence.

28 (6) The applicant provides a certification from each state where
29 he or she holds a license pertaining to licensure, disciplinary action,
30 and complaints pending.

31 (7) The applicant is not subject to denial of licensure under
32 Section 480, 4992.3, 4992.35, or 4992.36.

33 (d) Commencing January 1, 2016, an applicant who obtained
34 his or her license or registration under another jurisdiction may
35 apply for licensure with the board without taking the clinical
36 examination specified in Section 4996.1 if the applicant obtained
37 a passing score on the licensing examination set forth in regulation
38 as accepted by the board.

~~SEC. 30.~~

SEC. 28. Section 4996.23 of the Business and Professions Code is amended to read:

4996.23. The experience required by subdivision (c) of Section 4996.2 shall meet the following criteria:

(a) All persons registered with the board on and after January 1, 2002, shall have at least 3,200 hours of post-master's degree supervised experience providing clinical social work services as permitted by Section 4996.9. At least 1,700 hours shall be gained under the supervision of a licensed clinical social worker. The remaining required supervised experience may be gained under the supervision of a licensed mental health professional acceptable to the board as defined by a regulation adopted by the board. This experience shall consist of the following:

(1) A minimum of 2,000 hours in clinical psychosocial diagnosis, assessment, and treatment, including psychotherapy or counseling.

(2) A maximum of 1,200 hours in client-centered advocacy, consultation, evaluation, and research.

(3) Of the 2,000 clinical hours required in paragraph (1), no less than 750 hours shall be face-to-face individual or group psychotherapy provided to clients in the context of clinical social work services.

(4) A minimum of two years of supervised experience is required to be obtained over a period of not less than 104 weeks and shall have been gained within the six years immediately preceding the date on which the application for licensure was filed.

(5) Experience shall not be credited for more than 40 hours in any week.

(b) "Supervision" means responsibility for, and control of, the quality of clinical social work services being provided. Consultation or peer discussion shall not be considered to be supervision.

(c) (1) Prior to the commencement of supervision, a supervisor shall comply with all requirements enumerated in Section 1870 of Title 16 of the California Code of Regulations and shall sign under penalty of perjury the "Responsibility Statement for Supervisors of an Associate Clinical Social Worker" form.

(2) Supervised experience shall include at least one hour of direct supervisor contact for a minimum of 104 weeks. For

purposes of this subdivision, “one hour of direct supervisor contact” means one hour per week of face-to-face contact on an individual basis or two hours of face-to-face contact in a group conducted within the same week as the hours claimed.

(3) An associate shall receive at least one additional hour of direct supervisor contact for every week in which more than 10 hours of face-to-face psychotherapy is performed in each setting in which experience is gained. No more than five hours of supervision, whether individual or group, shall be credited during any single week.

(4) Group supervision shall be provided in a group of not more than eight supervisees and shall be provided in segments lasting no less than one continuous hour.

(5) Of the 104 weeks of required supervision, 52 weeks shall be individual supervision, and of the 52 weeks of required individual supervision, not less than 13 weeks shall be supervised by a licensed clinical social worker.

(6) Notwithstanding paragraph (2), an associate clinical social worker working for a governmental entity, school, college, or university, or an institution that is both a nonprofit and charitable institution, may obtain the required weekly direct supervisor contact via live two-way videoconferencing. The supervisor shall be responsible for ensuring that client confidentiality is preserved.

(d) The supervisor and the associate shall develop a supervisory plan that describes the goals and objectives of supervision. These goals shall include the ongoing assessment of strengths and limitations and the assurance of practice in accordance with the laws and regulations. The associate shall submit to the board the initial original supervisory plan upon application for licensure.

(e) Experience shall only be gained in a setting that meets both of the following:

(1) Lawfully and regularly provides clinical social work, mental health counseling, or psychotherapy.

(2) Provides oversight to ensure that the associate’s work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4996.9.

(f) Experience shall not be gained until the applicant has been registered as an associate clinical social worker.

1 (g) Employment in a private practice as defined in subdivision
2 (h) shall not commence until the applicant has been registered as
3 an associate clinical social worker.

4 (h) A private practice setting is a setting that is owned by a
5 licensed clinical social worker, a licensed marriage and family
6 therapist, a licensed psychologist, a licensed professional clinical
7 counselor, a licensed physician and surgeon, or a professional
8 corporation of any of those licensed professions.

9 (i) If volunteering, the associate shall provide the board with a
10 letter from his or her employer verifying his or her voluntary status
11 upon application for licensure.

12 (j) If employed, the associate shall provide the board with copies
13 of his or her W-2 tax forms for each year of experience claimed
14 upon application for licensure.

15 (k) While an associate may be either a paid employee or
16 volunteer, employers are encouraged to provide fair remuneration
17 to associates.

18 (l) An associate shall not do the following:

19 (1) Receive any remuneration from patients or clients and shall
20 only be paid by his or her employer.

21 (2) Have any proprietary interest in the employer's business.

22 (3) Lease or rent space, pay for furnishings, equipment, or
23 supplies, or in any other way pay for the obligations of his or her
24 employer.

25 (m) An associate, whether employed or volunteering, may obtain
26 supervision from a person not employed by the associate's
27 employer if that person has signed a written agreement with the
28 employer to take supervisory responsibility for the associate's
29 social work services.

30 (n) Notwithstanding any other provision of law, associates and
31 applicants for examination shall receive a minimum of one hour
32 of supervision per week for each setting in which he or she is
33 working.

34 ~~SEC. 31.~~

35 *SEC. 29.* Section 4998 of the Business and Professions Code
36 is amended to read:

37 4998. A licensed clinical social worker corporation is a
38 corporation that is authorized to render professional services, as
39 defined in Section 13401 of the Corporations Code, so long as that
40 corporation and its shareholders, officers, directors, and employees

1 rendering professional services who are licensed clinical social
2 workers, physicians and surgeons, psychologists, licensed
3 professional clinical counselors, licensed marriage and family
4 therapists, registered nurses, chiropractors, or acupuncturists are
5 in compliance with the Moscone-Knox Professional Corporation
6 Act (Part 4 (commencing with Section 13400) of Division 3 of
7 Title 1 of the Corporations Code), this article, and all other statutes
8 and regulations now or hereafter enacted or adopted pertaining to
9 that corporation and the conduct of its affairs. With respect to a
10 licensed clinical social worker corporation, the governmental
11 agency referred to in the Moscone-Knox Professional Corporation
12 Act is the Board of Behavioral Sciences.

13 ~~SEC. 32.~~

14 *SEC. 30.* Section 4999.55 of the Business and Professions Code
15 is amended to read:

16 4999.55. (a) Each applicant and registrant shall obtain a
17 passing score on a board-administered California law and ethics
18 examination in order to qualify for licensure.

19 (b) A registrant shall participate in a board-administered
20 California law and ethics examination prior to his or her registration
21 renewal.

22 (c) Notwithstanding subdivision (b), an applicant who holds a
23 registration eligible for renewal, with an expiration date no later
24 than June 30, 2016, and who applies for renewal of that registration
25 between January 1, 2016, and June 30, 2016, shall, if eligible, be
26 allowed to renew the registration without first participating in the
27 California law and ethics examination. These applicants shall
28 participate in the California law and ethics examination in the next
29 renewal cycle, and shall pass the examination prior to licensure or
30 issuance of a subsequent registration number, as specified in this
31 section.

32 (d) If an applicant fails the California law and ethics
33 examination, he or she may retake the examination, upon payment
34 of the required fees, without further application, except as provided
35 in subdivision (e).

36 (e) If a registrant fails to obtain a passing score on the California
37 law and ethics examination described in subdivision (a) within his
38 or her renewal period on or after the operative date of this section,
39 he or she shall complete, at minimum, a 12-hour course in
40 California law and ethics in order to be eligible to participate in

1 the California law and ethics examination. Registrants shall only
2 take the 12-hour California law and ethics course once during a
3 renewal period. The 12-hour law and ethics course required by
4 this section shall be taken through a board-approved continuing
5 education provider, a county, state, or governmental entity, or a
6 college or university.

7 (f) The board shall not issue a subsequent registration number
8 unless the registrant has passed the California law and ethics
9 examination.

10 (g) Notwithstanding subdivision (f), an applicant who holds or
11 has held a registration, with an expiration date no later than January
12 1, 2017, and who applies for a subsequent registration number
13 between January 1, 2016, and January 1, 2017, shall, if eligible,
14 be allowed to obtain the subsequent registration number without
15 first passing the California law and ethics examination. These
16 applicants shall pass the California law and ethics examination
17 during the next renewal period or prior to licensure, whichever
18 occurs first.

19 (h) This section shall become operative January 1, 2016.

20 ~~SEC. 33.~~

21 *SEC. 31.* Section 4999.58 of the Business and Professions Code
22 is amended to read:

23 4999.58. (a) This section applies to a person who applies for
24 examination eligibility between January 1, 2011, and December
25 31, 2015, inclusive, and who meets both of the following
26 requirements:

27 (1) At the time of application, holds a valid license as a
28 professional clinical counselor, or other counseling license that
29 allows the applicant to independently provide clinical mental health
30 services, in another jurisdiction of the United States.

31 (2) Has held the license described in paragraph (1) for at least
32 two years immediately preceding the date of application.

33 (b) The board may issue a license to a person described in
34 subdivision (a) if all of the following requirements are satisfied:

35 (1) The education and supervised experience requirements of
36 the other jurisdiction are substantially the equivalent of this chapter,
37 as described in subdivision (e) and in Section 4999.46.

38 (2) The person complies with subdivision (b) of Section 4999.40,
39 if applicable.

(3) The person successfully completes the examinations required by the board pursuant to paragraph (3) of subdivision (a) of Section 4999.50. An applicant who obtained his or her license or registration under another jurisdiction by taking a national examination that is required by the board may apply for licensure with the board without retaking that examination if both of the following conditions are met:

(A) The applicant obtained a passing score on the national licensing examination that is required by the board.

(B) The applicant's license or registration in that jurisdiction is in good standing at the time of his or her application and is not revoked, suspended, surrendered, denied, or otherwise restricted or encumbered.

(4) The person pays the required fees.

(c) Experience gained outside of California shall be accepted toward the licensure requirements if it is substantially equivalent to that required by this chapter. The board shall consider hours of experience obtained in another state during the six-year period immediately preceding the applicant's initial licensure by that state as a licensed professional clinical counselor.

(d) Education gained while residing outside of California shall be accepted toward the licensure requirements if it is substantially equivalent to the education requirements of this chapter, and if the applicant has completed the training or coursework required under subdivision (e) of Section 4999.32, which includes, in addition to the course described in subparagraph (I) of paragraph (1) of subdivision (c) of Section 4999.32, an 18-hour course in California law and professional ethics for professional clinical counselors.

(e) For purposes of this section, the board may, in its discretion, accept education as substantially equivalent if the applicant's education meets the requirements of Section 4999.32. If the applicant's degree does not contain the content or the overall units required by Section 4999.32, the board may, in its discretion, accept the applicant's education as substantially equivalent if the following criteria are satisfied:

(1) The applicant's degree contains the required number of practicum units under paragraph (3) of subdivision (c) of Section 4999.32.

1 (2) The applicant remediates his or her specific deficiency by
2 completing the course content and units required by Section
3 4999.32.

4 (3) The applicant's degree otherwise complies with this section.

5 (f) This section shall become inoperative on January 1, 2016,
6 and as of that date is repealed, unless a later enacted statute, which
7 is enacted before January 1, 2016, deletes or extends that date.

8 ~~SEC. 34.~~

9 *SEC. 32.* Section 4999.59 of the Business and Professions Code
10 is amended to read:

11 4999.59. (a) This section applies to a person who applies for
12 examination eligibility or registration between January 1, 2011,
13 and December 31, 2015, inclusive, who meets both of the following
14 requirements:

15 (1) At the time of application, holds a valid license described
16 in paragraph (1) of subdivision (a) of Section 4999.58.

17 (2) Has held the license described in paragraph (1) for less than
18 two years immediately preceding the date of application.

19 (b) Experience gained outside of California shall be accepted
20 toward the licensure requirements if it is substantially equivalent
21 to that required by this chapter, if the applicant complies with
22 Section 4999.40, if applicable, and if the applicant has gained a
23 minimum of 250 hours of supervised experience in direct
24 counseling within California while registered as an intern with the
25 board. The board shall consider hours of experience obtained in
26 another state during the six-year period immediately preceding the
27 applicant's initial licensure in that state as a professional clinical
28 counselor.

29 (c) Education gained while residing outside of California shall
30 be accepted toward the licensure requirements if it is substantially
31 equivalent to the education requirements of this chapter, and if the
32 applicant has completed the training or coursework required under
33 subdivision (e) of Section 4999.32, which includes, in addition to
34 the course described in subparagraph (I) of paragraph (1) of
35 subdivision (c) of Section 4999.32, an 18-hour course in California
36 law and professional ethics for professional clinical counselors.

37 (d) For purposes of this section, the board may, in its discretion,
38 accept education as substantially equivalent if the applicant's
39 education meets the requirements of Section 4999.32. If the
40 applicant's degree does not contain the content or the overall units

1 required by Section 4999.32, the board may, in its discretion, accept
2 the applicant's education as substantially equivalent if the following
3 criteria are satisfied:

4 (1) The applicant's degree contains the required number of
5 practicum units under paragraph (3) of subdivision (c) of Section
6 4999.32.

7 (2) The applicant remediates his or her specific deficiency by
8 completing the course content and units required by Section
9 4999.32.

10 (3) The applicant's degree otherwise complies with this section.

11 (e) An applicant who obtained his or her license or registration
12 under another jurisdiction by taking a national examination that
13 is required by the board may apply for licensure with the board
14 without retaking that examination if both of the following
15 conditions are met:

16 (1) The applicant obtained a passing score on the national
17 licensing examination that is required by the board.

18 (2) The applicant's license or registration in that jurisdiction is
19 in good standing at the time of his or her application and is not
20 revoked, suspended, surrendered, denied, or otherwise restricted
21 or encumbered.

22 (f) This section shall become inoperative on January 1, 2016,
23 and as of that date is repealed, unless a later enacted statute, which
24 is enacted before January 1, 2016, deletes or extends that date.

25 ~~SEC. 35.~~

26 *SEC. 33.* Section 4999.60 of the Business and Professions Code
27 is amended to read:

28 4999.60. (a) This section applies to persons who are licensed
29 outside of California and apply for examination eligibility on or
30 after January 1, 2016.

31 (b) The board may issue a license to a person who, at the time
32 of submitting an application for a license pursuant to this chapter,
33 holds a valid license as a professional clinical counselor, or other
34 counseling license that allows the applicant to independently
35 provide clinical mental health services, in another jurisdiction of
36 the United States, if all of the following conditions are satisfied:

37 (1) The applicant's education is substantially equivalent, as
38 defined in Section 4999.62.

39 (2) The applicant complies with subdivision (b) of Section
40 4999.40, if applicable.

(3) The applicant's supervised experience is substantially equivalent to that required for a license under this chapter. The board shall consider hours of experience obtained outside of California during the six-year period immediately preceding the date the applicant initially obtained the license described above.

(4) The applicant passes the examinations required to obtain a license under this chapter. An applicant who obtained his or her license or registration under another jurisdiction may apply for licensure with the board without taking the clinical examination if both of the following conditions are met:

(A) The applicant obtained a passing score on the licensing examination set forth in regulation as accepted by the board.

(B) The applicant's license or registration in that jurisdiction is in good standing at the time of his or her application and is not revoked, suspended, surrendered, denied, or otherwise restricted or encumbered.

~~SEC. 36.~~

SEC. 34. Section 4999.123 of the Business and Professions Code is amended to read:

4999.123. A professional clinical counselor corporation is a corporation that is authorized to render professional services, as defined in Section 13401 of the Corporations Code, so long as that corporation and its shareholders, officers, directors, and employees who are rendering professional services and who are licensed professional clinical counselors, licensed marriage and family therapists, physicians and surgeons, psychologists, licensed clinical social workers, registered nurses, chiropractors, or acupuncturists, are in compliance with the Moscone-Knox Professional Corporation Act (Part 4 (commencing with Section 13400) of Division 3 of Title 1 of the Corporations Code), this article, and any other statute or regulation pertaining to that corporation and the conduct of its affairs. With respect to a professional clinical counselor corporation, the term "governmental agency" in the Moscone-Knox Professional Corporation Act (Part 4 (commencing with Section 13400) of Division 3 of Title 1 of the Corporations Code) shall be construed to mean the Board of Behavioral Sciences.

~~SEC. 37.~~

SEC. 35. Section 14132.55 of the Welfare and Institutions Code is amended to read:

1 14132.55. For the purposes of reimbursement under the
2 Medi-Cal program, a speech pathologist or audiologist shall be
3 licensed by the Speech-Language Pathology and Audiology
4 Examining Committee of the Medical Board of California or
5 similarly licensed by a comparable agency in the state in which
6 he or she practices. Licensed speech-language pathologists or
7 licensed audiologists are authorized to utilize and shall be
8 reimbursed for the services of those personnel in the process of
9 completing requirements under the provisions of subdivision (c)
10 of Section 2532.2 of the Business and Professions Code.

11 ~~SEC. 38.~~

12 *SEC. 36.* No reimbursement is required by this act pursuant to
13 Section 6 of Article XIII B of the California Constitution because
14 the only costs that may be incurred by a local agency or school
15 district will be incurred because this act creates a new crime or
16 infraction, eliminates a crime or infraction, or changes the penalty
17 for a crime or infraction, within the meaning of Section 17556 of
18 the Government Code, or changes the definition of a crime within
19 the meaning of Section 6 of Article XIII B of the California
20 Constitution.

MBC TRACKER II BILLS**7/17/2014**

BILL	AUTHOR	TITLE	STATUS	AMENDED
AB 357	Pan	California Healthy Child Advisory Task Force	Sen. Approps	07/01/14
AB 369	Pan	Continuity of Care	Chaptered, #4	02/18/14
AB 395	Fox	Alcoholism and Drug Abuse Treatment Facilities	2-year	07/10/13
AB 467	Stone	Prescription Drugs: Collection and Distribution Program	Chaptered, #10	03/11/14
AB 678	Gordon	Health Care Districts: Community Health Needs Assessment	2-year	04/15/13
AB 889	Frazier	Health Care Coverage: Prescription Drugs	2-year	05/02/13
AB 1153	Eggman	Master Esthetician: License	Sen. Approps	06/30/14
AB 1310	Bonta	Medi-Cal: Telehealth	Sen. Approps	07/01/14
AB 1558	Hernandez	California Health Data Organization	Sen. Approps	06/05/14
AB 1575	Pan	Public Contracts for Services	Sen. Approps	05/20/14
AB 1592	Gaines	California Diabetes Program	Sen. Approps	06/23/14
AB 1612	Donnelly	State Government: Regulations	Sen. Approps	05/23/14
AB 1621	Lowenthal	Emergency Medical Services: Data and Informaiton System	Sen. Approps	06/24/14
AB 1650	Jones-Sawyer	Public Contracts: Bidders	Sen. Approps	05/28/14
AB 1702	Maienschein	Professions and Vocations: Incarceration	Sen. 3rd Reading	04/23/14
AB 1727	Rodriguez	Prescription Drugs: Collection and Distribution Program	Enrolled	06/15/14
AB 1735	Hall	Nitrous Oxide: Dispensing and Distributing	Sen. Approps	07/01/14
AB 1743	Ting	Hypodermic Needles and Syringes	Sen. 3rd Reading	05/27/14
AB 1755	Gomez	Medical Information	Sen. 3rd Reading	07/01/14
AB 1758	Patterson	Healing Arts: Initial License Fees: Proration	Sen. Approps	06/30/14
AB 1812	Pan	Health Facilities: Information: Disclosure	Assembly	06/17/14
AB 1822	Bonta	Tissue Banks	Sen. Approps	05/28/14
AB 1868	Gomez	Medi-Cal: Optional Benefits: Podiatric Medicine	Sen. Approps	06/10/14
AB 1890	Chau	Athletic Trainers	Enrolled	05/13/14
AB 1898	Brown	Public Health Records: Reporting: HIV/AIDS	Sen. 3rd Reading	05/06/14

MBC TRACKER II BILLS**7/17/2014**

BILL	AUTHOR	TITLE	STATUS	AMENDED
AB 1917	Gordon	Outpatient Prescription Drugs: Cost Sharing	Sen. Approps	06/24/14
AB 1921	Holden	Public Contracts for Services: Access to Records	Sen. Approps	04/28/14
AB 2052	Gonzalez	Worker's Compensation	Sen. Approps	04/08/14
AB 2058	Wilk	Open Meetings	Sen. 3rd Reading	06/19/14
AB 2059	Muratsuchi	Medical Records: Electronic Delivery	Sen. 3rd Reading	06/15/14
AB 2062	Hernandez	Health Facilities: Surgical Technologists	Sen. Approps	07/03/14
AB 2069	Maienschein	Immunizations: Influenza	Sen. Approps	04/24/14
AB 2102	Ting	Licensees: Data Collection	Sen. Approps	06/02/14
AB 2143	Williams	Clinical Laboratories: Chiropractors	Sen. Approps	05/27/14
AB 2198	Levine	Mental Health Professionals: Suicide Prevention Training	Sen. Approps	04/21/14
AB 2232	Gray	UC: Medical Education	Sen. Approps	06/12/14
AB 2374	Mansoor	Substance Abuse: Recovery and Treatment Services	Sen. Approps	07/01/14
AB 2387	Pan	Commission on Peace Officer Standards and Training	Sen. 3rd Reading	04/21/14
AB 2396	Bonta	Convictions: Expungement: Licenses	Sen. Approps	05/15/14
AB 2399	Perez	Organ and Tissue Donor Registry: Driver's License	Sen. Approps	04/24/14
AB 2418	Bonilla	Health Care Coverage: Prescription Drug Refills	Sen. Approps	07/03/14
AB 2471	Frazier	Public Contracts: Change Orders	Sen. Approps	06/30/14
AB 2491	Nestande	Substance Abuse: Adult Recovery Maintenance Facilities	Sen. Approps	07/01/14
AB 2605	Bonilla	Pharmacy: Third-Party Logistics Providers	Sen. Approps	06/17/14
AB 2616	Skinner	Workers Compensation: Hospital Employers	Sen. Approps	04/29/14
AB 2675	Lowenthal	State Agency: Public Contracts	Sen. Approps	
AB 2720	Ting	State Agencies: Meetings: Record of Action Taken	Senate	04/02/14
AB 2723	Medina	Administrative Procedure: Small Business	Sen. Approps	05/01/14
AB 2757	Bocanegra	Centralized Hospital Packaging Pharmacies: Medication Labels	Sen. Approps	07/02/14
ACR 93	Buchanan	Prescription Drug Abuse Awareness Month	Chaptered, #23	03/24/14

MBC TRACKER II BILLS

7/17/2014

BILL	AUTHOR	TITLE	STATUS	AMENDED
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	Senate	07/03/14
SB 18	Leno	Medi-Cal Renewal	Asm. Approps	06/30/14
SB 20	Hernandez	Individual Health Care Coverage: Enrollment Periods	Chaptered, #24	05/08/14
SB 204	Corbett	Prescription Drugs: Labeling	Asm. 3rd Reading	06/10/14
SB 266	Lieu	Prevailing Wages	Asm. Approps	06/30/14
SB 570	DeSaulnier	Advanced Alcohol and Drug Licensing Act	Asm. Approps	07/02/14
SB 577	Pavley	Autism & Other Developmental Disabilities: Employment	Asm. Approps	06/25/14
SB 600	Lieu	Drugs	Asm. Approps	06/30/14
SB 852	Leno	Budget Act of 2014	Chaptered, #25	05/14/14
SB 906	Correa	Elective Percutaneous Coronary Intervention Offsite Program	Asm. Approps	06/04/14
SB 973	Hernandez	Narcotic Treatment Programs	Assembly	06/02/14
SB 1014	Jackson	Pharmaceutical Waste: Home Generated	Asm. Approps	06/30/14
SB 1039	Hernandez	Pharmacy: Third-Party Logistics Providers	Asm. Approps	06/26/14
SB 1053	Mitchell	Health Care Coverage: Contraceptives	Asm. Approps	07/02/14
SB 1135	Jackson	Inmates: Sterilization	Asm. Approps	06/26/14
SB 1159	Lara	Professions and Vocations: Federal Tax ID Number	Asm. Approps	06/30/14
SB 1176	Steinberg	Health Care Coverage: Cost Sharing: Tracking	Asm. Approps	06/24/14
SB 1193	Evans	Controlled Substances: Marijuana	Asm. Approps	06/19/14
SB 1256	Mitchell	Medical Services: Credit	Assembly	06/25/14
SB 1266	Huff	Pupil Health: Epinephrine Auto-Injectors	Asm. Approps	07/01/14
SB 1315	Monning	Medi-Cal: Providers	Asm. Approps	06/30/14

MBC TRACKER II BILLS**7/17/2014**

BILL	AUTHOR	TITLE	STATUS	AMENDED
SB 1322	Hernandez	California Health Care Cost and Quality Database	Asm. Approps	06/30/14
SB 1337	DeSaulnier	Reports	Assembly	05/27/14
SB 1340	Hernandez	Health Care Coverage: Provider Contracts	Chaptered, #83	03/24/14
SB 1438	Pavley	Controlled Substances: Opioid Antagonists	Asm. Approps	06/11/14
SB 1445	Evans	Developmental Services: Telehealth	Assembly	06/25/14
SB 1457	Evans	Medical Care: Electronic Treatment Authorization Requests	Asm. Approps	06/30/14
SR 36	Walters	Relative to Prescription Drug Abuse Awareness	Adopted	03/25/14