

MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

**Bill Number:** SB 62  
**Author:** Price  
**Bill Date:** January 8, 2013, Introduced  
**Subject:** Coroners: Reporting Requirements: Prescription Drug Use  
**Sponsor:** Author

**STATUS OF BILL:**

This bill has just been introduced.

**DESCRIPTION OF CURRENT LEGISLATION:**

This bill would require a coroner to report deaths that may be the result of prescription drug use to the Medical Board of California (Board), the Osteopathic Medical Board of California (OMBC), the California Board of Podiatric Medicine (BPM), the Physician Assistant Board (PAB), and the Board of Pharmacy (BOP). The initial report must include the name of the decedent, date and place of death, attending physicians, podiatrists, or physician assistants, and all other relevant information available. The initial report shall be followed, within 90 days, by copies of the coroner's report, autopsy protocol, and all other relevant information.

**ANALYSIS:**

Existing law, Business and Professions Code Section 802.5, requires a coroner to report to the Board (and the OMBC, BPM, and PAB) when he/she receives information based on findings by a pathologist indicating that a death may be the result of a physician's gross negligence or incompetence. This section requires the coroner to make a determination that the death may be the result of the physician's gross negligence or incompetence. Requiring coroners to make the determination, could be the reason the Board has seen a decrease in coroners reports; the number of reports received by the Board is at an all-time low. Only four reports were received in FY 2011/12, and only one of the reports indicated a drug related death.

The Board has reason to believe that numerous death have occurred in California that are related to prescription drug overdoses. However, complaints regarding drug-related offenses are often hard for the Board to obtain. In most instances, patients who are receiving prescription drugs in a manner that is not within the standard of practice, are unlikely to make a complaint to the Board. Some complaints regarding overprescribing come from anonymous tips, which usually do not have enough information to allow forwarding to the Board's district office for investigation, as there is no patient to obtain records for or not enough information to

open an investigation. Family members of patients may make a complaint to the Board; however, the Board must have a patient release in order to obtain medical records or seek a subpoena. Sometimes it is difficult to obtain evidence to warrant a subpoena, or the family is not responsive.

The Board included a proposal for required coroner reporting prescription drug related deaths in its Sunset Review Report, as a new issue for the Legislature's consideration. Requiring deaths related to prescription drug use to be reported to the Board would allow the Board to review the documentation to determine if the prescribing physician was treating in a correct or inappropriate manner. This would increase consumer protection and ensure the Board is notified of physicians who might pose a danger to the public, so action can be taken prior to another individual suffering the same outcome. If only one physician was found to be overprescribing, this could save numerous lives.

Senator Price introduced this bill in response to several articles run by the LA Times. These articles included cases of physicians prescribing opioid prescription drugs to multiple patients, which may have resulted in these patients' deaths. The Senator introduced this bill to ensure that the Board has knowledge about these types of cases in the future, so the Board can review these cases, investigate, and take appropriate disciplinary action against physicians prescribing inappropriately.

The current language in this bill still requires the coroner to make a judgment call if the death may be the result of prescription drug use, which could lead to a decrease in reporting. The Board may wish to consider requesting an amendment to change "may be" to "is the result of prescription drug use". In addition, requiring coroner reporting of all prescription drug use deaths might be overly broad and interpreted to include deaths that occurred while an individual was taking a non-opioid prescription (i.e., antibiotics). The Board may wish to consider narrowing the type of prescription drug use deaths reported to those related to Schedule II and III prescription drugs.

**FISCAL:** This bill will likely result in increased workload to the Board. However, the increased workload would be offset by the benefit added to consumer protection. Once the Board has specific numbers, staff will be able work on developing a full fiscal analysis.

**SUPPORT:** None on file

**OPPOSITION:** None on file

**POSITION:** Recommendation: Support if Amended

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**Introduced by Senator Price**January 8, 2013

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An act to amend Section 802.5 of the Business and Professions Code, relating to coroners.

## LEGISLATIVE COUNSEL'S DIGEST

SB 62, as introduced, Price. Coroners: reporting requirements: prescription drug use.

Existing law requires a coroner to make a report, as specified, when he or she receives information that indicates that a death may be the result of a physician and surgeon's, podiatrist's, or physician assistant's gross negligence or incompetence.

This bill would expand those provisions to require a coroner to make a report when he or she receives information that indicates a death may be the result of prescription drug use and to require the coroner to additionally file the report with the California State Board of Pharmacy. By increasing the duties of county officers, this bill creates 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, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

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 802.5 of the Business and Professions Code is amended to read:

802.5. (a) When a coroner receives information that is based on findings that were reached by, or documented and approved by a board-certified or board-eligible pathologist indicating that a death may be the result of a physician and surgeon's, podiatrist's, or physician assistant's gross negligence or incompetence, a report shall be filed with the Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, or the Physician Assistant Board. The initial report shall include the name of the decedent, date and place of death, attending physicians ~~or~~, podiatrists, *or physician assistants*, and all other relevant information available. The initial report shall be followed, within 90 days, by copies of the coroner's report, autopsy protocol, and all other relevant information.

15 (b) *When a coroner receives information that is based on findings that were reached by, or documented and approved by a board-certified or board-eligible pathologist indicating that a death may be the result of prescription drug use, a report shall be filed with the Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, or the Physician Assistant Board, and shall also be filed with the California State Board of Pharmacy. The initial report shall include the name of the decedent, date and place of death, attending physicians, podiatrists, or physician assistants, and all other relevant information available. The initial report shall be followed, within 90 days, by copies of the coroner's report, autopsy protocol, and all other relevant information.*

~~(b) The~~

(c) A report required by this section shall be confidential. No coroner, physician and surgeon, or medical examiner, nor any authorized agent, shall be liable for damages in any civil action as a result of his or her acting in compliance with this section. No board-certified or board-eligible pathologist, nor any authorized agent, shall be liable for damages in any civil action as a result of his or her providing information under subdivision (a) *or (b)*.

SEC. 2. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to

- 1 local agencies and school districts for those costs shall be made
- 2 pursuant to Part 7 (commencing with Section 17500) of Division
- 3 4 of Title 2 of the Government Code.

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MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

**Bill Number:** SCR 8  
**Author:** DeSaulnier  
**Bill Date:** January 14, 2013, Introduced  
**Subject:** Prescription Drug Abuse Awareness Month  
**Sponsor:** Author

**STATUS OF BILL:**

This bill has just been introduced.

**DESCRIPTION OF CURRENT LEGISLATION:**

This concurrent resolution would proclaim the month of March, each year, as Prescription Drug Abuse Awareness Month and would encourage all citizens to participate in prevention programs and activities and to pledge to "Spread the Word....One Pill Can Kill."

**ANALYSIS:**

This resolution makes declarations regarding prescription drugs. In 2008, 20,044 deaths were from prescription drug overdoses; in 2009, 1.2 million emergency department visits were related to misuse or abuse of pharmaceuticals; in 2010, 2 million people reported using prescription painkillers non-medically for the first time within the last year; and as many as 70 percent of people who abuse prescription drugs get them from a relative or friend instead of a doctor. This resolution also states that the National Coalition Against Prescription Drug Abuse, in cooperation with local law enforcement agencies and other community organizations, coordinate Prescription Drug Abuse Awareness Month activities. Lastly, this resolution states that community organizations, local government, practitioners, pharmacists, and the general public will demonstrate their commitment to the prevention of prescription medication abuse by participating in activities to highlight local efforts in March.

This bill would proclaim the month of March, each year, to be Prescription Drug Abuse Awareness Month and would encourage all citizens to participate in prevention programs and activities and to pledge to "Spread the Word....One Pill Can Kill."

The epidemic of prescription drug abuse and overdoses is plaguing the nation, as well as California. This bill would help to increase awareness of the prescription drug abuse problem in California and would encourage participation in prescription medication abuse prevention programs. Staff suggests the Board take a support position on this resolution, as it would help to further the Board's mission of consumer protection.

**FISCAL:** None to the Board.

**SUPPORT:** None on file

**OPPOSITION:** None on file

**POSITION:** Recommendation: Support

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**Introduced by Senator DeSaulnier  
(Coauthors: Senators Hancock, Lieu, and Price)**

January 14, 2013

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Senate Concurrent Resolution No. 8—Relative to Prescription Drug Abuse Awareness Month.

LEGISLATIVE COUNSEL'S DIGEST

SCR 8, as introduced, DeSaulnier. Prescription Drug Abuse Awareness Month

This measure would proclaim the month of March, each year, as Prescription Drug Abuse Awareness Month and encourage all citizens to participate in prevention programs and activities and to pledge to "Spread the Word ... One Pill Can Kill."

Fiscal committee: no.

- 1 WHEREAS, In 2008, drug overdoses in the United States caused  
2 36,450 deaths and 20,044 of these were from prescription drug  
3 overdoses; and  
4 WHEREAS, Overdose deaths involving opioid pain relievers  
5 (OPR) have increased and now exceed deaths involving heroin  
6 and cocaine combined; and  
7 WHEREAS, In 2009, 1.2 million emergency department visits  
8 were related to misuse or abuse of pharmaceuticals (an increase  
9 of 98.4 percent since 2004); and  
10 WHEREAS, Nonmedical use of OPR costs insurance companies  
11 up to \$72.5 billion annually in health care costs; and  
12 WHEREAS, By 2010, enough prescription painkillers were sold  
13 to medicate every American adult with a typical dose of five  
14 milligrams of hydrocodone every four hours for one month; and



1 WHEREAS, In 2010, 2 million people reported using  
2 prescription painkillers nonmedically for the first time within the  
3 last year—nearly 5,500 a day; and

4 WHEREAS, As many as 70 percent of people who abuse  
5 prescription drugs get them from a relative or friend instead of a  
6 doctor; and

7 WHEREAS, The National Coalition Against Prescription Drug  
8 Abuse, in cooperation with law enforcement agencies,  
9 community-based organizations, alcohol and other drug service  
10 providers, and civic and business leaders, coordinates Prescription  
11 Drug Abuse Awareness Month activities to offer our citizens the  
12 opportunity to demonstrate their commitment to campaigns and  
13 education aimed at raising awareness about the abuse and misuse  
14 of prescription drugs, promoting safe storage and disposal of  
15 prescription drugs, and using medications only as prescribed; and

16 WHEREAS, Families, schools, businesses, faith-based  
17 communities, law enforcement, medical professionals, county and  
18 local governments, health care practitioners, pharmacists, and the  
19 general public throughout the state will demonstrate their  
20 commitment to the prevention of prescription medication abuse  
21 by participating in activities intended to highlight local efforts  
22 during the month of March; now, therefore, be it

23 *Resolved by the Senate of the State of California, the Assembly*  
24 *thereof concurring*, That the month of March, each year, is hereby  
25 be proclaimed to be Prescription Drug Abuse Awareness Month  
26 and that all citizens are encouraged to participate in prevention  
27 programs and activities and to pledge to “Spread the Word ... One  
28 Pill Can Kill”; and be it further

29 *Resolved*, That the Secretary of the Senate transmit copies of  
30 this resolution to the author for appropriate distribution.

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# MBC TRACKER II BILLS

1/17/2013

BILL	AUTHOR	TITLE	STATUS	AMENDED
AB 5	Ammiano	Homelessness	Introduced	
AB 12	Cooley	Standardized Regulatory Impact Analysis	Introduced	
AB 18	Pan	Individual Health Care Coverage	Introduced	
AB 27	Medina	UC Riverside Medical School: Funding	Asm. Higher Ed.	
AB 58	Wieckowski	Medical Experiments: Human Subjects	Introduced	
ACA 1	Donnelly	Administrative Regulations: Legislative Approval	Introduced	
ACR 1	Medina	UC Riverside School of Medicine	Introduced	
SB 18	Hernandez	Individual Health Care Coverage	Introduced	
SB 20	Hernandez	Health Care Coverage: Basic Health Program	Introduced	
SB 21	Roth	UC Riverside Medical School: Funding	Sen. Education	
SB 44	Yee	State Internet Web sties: online voter registration	Sen. Elections	