MEDICAL BOARD OF CALIFORNIA - 2018 TRACKER LIST
October 2, 2018

BILL	AUTHOR	TITLE	STATUS	POSITION	AMENDED
AB 505	Caballero	Medical Board of California: Adjudication: Expert Testimony	Chaptered, #469	Support if Amended	6/28/18
AB 710	Wood	Cannabidiol	Chaptered, #62	Neutral	4/2/18
AB 1751	Low	Controlled Substances: CURES Database	Chaptered, #478	Support	8/24/18
AB 1791	Waldron and Gipson	Physicians and Surgeons: Continuing Education	Chaptered, #122	Neutral	4/2/18
AB 2086	Gallagher	Controlled Substances: CURES Database	Chaptered, #274	Support	8/14/18
AB 2138	Chiu and Low	Licensing Boards: Denial of Application: Criminal Conviction	Chaptered, #995	Oppose Unless Amended	8/24/18
AB 2193	Maienschein	Maternal Mental Health	Chaptered, #755	Neutral	8/17/18
AB 2311	Arambula	Medicine: Trainees: International Medical Graduates	Chaptered, #144	Sponsor/Support	
AB 2461	Flora and Obernolte	Criminal History Information: Subsequent Arrest Notification	Chaptered, #300	Support	5/25/18
AB 2487	McCarty	Physicians: Continuing Education: Opiate-Dependent Patient Treatment and Management	Chaptered, #301	Neutral	8/6/18
AB 2760	Wood	Prescription Drugs: Naloxone Hydrochloride and Other FDA-Approved Drugs	Chaptered, #324	Support	8/15/18
AB 2789	Wood	Health Care Practitioners: Prescriptions: Electronic Data Transmission	Chaptered, #438	Support	8/14/18
AB 2968	Levine	Psychotherapist-Client Relationship: Informational Brochure	Chaptered, #778	Support	8/14/18

Green – Chaptered, Orange - Vetoed

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AB 3115	Gipson	Community Paramedicine or Triage to Alternate Destination Act	Vetoed		8/28/18
SB 1109	Bates	Controlled Substances: Schedule II Drugs: Opioids	Chaptered, #693	Support	8/24/18
SB 1448	Hill	Healing Arts Licensees: Probation Status: Disclosure	Chaptered, #570	Support	8/23/18
SB 1480	Hill	Professions and Vocations	Chaptered, #571		8/24/18
SB 1495	Comm. on Health	Health	Chaptered, #424	Neutral	6/14/18

Green – Chaptered, Orange - Vetoed

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number:	AB 505
Author:	Caballero
Chapter:	469
Bill Date:	June 28, 2018, Amended
Subject:	Medical Board of California: Adjudication: Expert Testimony
Sponsor:	California Medical Association
Position:	Support if Amended

DESCRIPTION OF CURRENT LEGISLATION:

This bill allows an administrative law judge (ALJ) to extend the deadline for the exchange of expert witness reports, upon a motion and based upon a showing of good cause. This bill specifies that the ALJ may extend the timeline for the exchange for a period not to exceed 100 calendar days cumulatively, but in no case would this bill allow the exchange to take place less than 30 calendar days before the hearing date, whichever comes first.

ANALYSIS

The Medical Board of California (Board) raised the issue of requiring expert reviewer reports to be provided in a more timely fashion and for both parties to include more information in its 2012 and 2016 Sunset Review Reports. Prior to the Board's 2017 sunset bill being signed into law, Business and Professions Code Section 2334 only required a brief narrative statement be provided by the defense expert, although the Board turns over its whole expert reviewer report to the other side. In addition, the Board included the issue of timely sharing of reports in its sunset report to ensure that the expert reviewer reports are exchanged in a timely manner, and tied the deadline to the originally scheduled hearing date, to avoid the exchange getting delayed due to the hearing being delayed. Language was included in the Board's sunset bill SB 798 (Hill) to require the complete expert witness report be exchanged by both parties 30 calendar days prior to the originally scheduled hearing date, or as determined by an administrative law judge (ALJ) in the case of interim orders under Government Code Section 11529.

In the Governor's signing message for the Board's sunset bill, he stated that two issues needed further review; one being the exchange of expert witness reports regarding a doctor under investigation by the Board. The Governor directed his staff to work with the Legislature to determine what changes are needed. Board staff met with the Governor's staff and interested parties and provided technical assistance, as concerns were brought up that ALJs should be given more discretion to extend the timeline of the exchange of reports for good cause.

This bill is in response to the Governor's signing message on SB 798, the Board's sunset bill. The Board took a support if amended position on this bill at the last Board meeting because concerns were raised that 100 days could potentially result in unnecessary delays to the exchange of expert witness reports. The Board requested that the bill be amended to allow the ALJ to extend the timeline for a period not to exceed 60 calendar days cumulatively, but in no case less than 30 calendar days before the hearing date, whichever comes first. However, this change was not made.

FISCAL: Minimal and absorbable fiscal impact

SUPPORT: California Medical Association (Sponsor)
Medical Board of California (if amended)

OPPOSITION: None on file

IMPLEMENTATION:

- Newsletter article(s); and
- Notify/train Board staff; Department of Consumer Affairs, Division of Investigation staff; and the Attorney General's Office, Health Quality Enforcement Section.

Assembly Bill No. 505

CHAPTER 469

An act to amend Section 2334 of the Business and Professions Code, relating to healing arts.

[Approved by Governor September 18, 2018. Filed with Secretary of State September 18, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

AB 505, Caballero. Medical Board of California: adjudication: expert testimony.

Existing law prohibits the use of expert testimony in matters brought by the Medical Board of California unless specified information is exchanged with counsel for the other party, and requires the exchange of the information to be completed 30 calendar days prior to the commencement date of the hearing or as specified.

This bill would authorize the administrative law judge to extend the time for the exchange of information, upon a motion based on a showing of good cause, for a period not to exceed 100 calendar days, as specified.

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

SECTION 1. Section 2334 of the Business and Professions Code is amended to read:

2334. (a) Notwithstanding any other provision of law, with respect to the use of expert testimony in matters brought by the Medical Board of California, no expert testimony shall be permitted by any party unless the following information is exchanged in written form with counsel for the other party, as ordered by the Office of Administrative Hearings:

(1) A curriculum vitae setting forth the qualifications of the expert.

(2) A complete expert witness report, which must include the following:

(A) A complete statement of all opinions the expert will express and the bases and reasons for each opinion.

(B) The facts or data considered by the expert in forming the opinions.

(C) Any exhibits that will be used to summarize or support the opinions.

(3) A representation that the expert has agreed to testify at the hearing.

(4) A statement of the expert's hourly and daily fee for providing testimony and for consulting with the party who retained his or her services.

(b) The exchange of the information described in subdivision (a) shall be completed 30 calendar days prior to the originally scheduled commencement date of the hearing, or as determined by an administrative law judge when Section 11529 of the Government Code applies. Upon motion to extend the deadline based on a showing of good cause, the administrative law judge may extend the time for the exchange of information for a period not to exceed 100 calendar days cumulatively, but in no case shall the exchange take place less than 30 calendar days before the hearing date, whichever comes first.

(c) The Office of Administrative Hearings may adopt regulations governing the required exchange of the information described in this section.

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: AB 710
Author: Wood
Chapter: 62
Bill Date: April 2, 2018, Amended
Subject: Cannabidiol
Sponsor: Epilepsy Foundation of Greater Los Angeles
Position: Neutral

DESCRIPTION OF CURRENT LEGISLATION:

This bill allows a physician, pharmacist, or other authorized healing arts licensee acting within his or her scope of practice, to prescribe, furnish, or dispense cannabidiol, if it is excluded from Schedule 1 of the federal Controlled Substances Act (Act) and placed on a schedule other than Schedule I, or if a product composed of cannabidiol is approved by the federal Food and Drug Administration (FDA) and either placed on a schedule of the Act other than Schedule I or is exempted from the Act. If a physician, pharmacist, or other authorized healing arts licensee prescribes, furnishes, or dispenses cannabidiol in accordance with federal law, they shall be deemed to be in compliance with state law. This bill is an urgency statute and took effect upon being signed into law.

ANALYSIS

This bill specifies that the provisions in this bill do not apply to any product containing cannabidiol that has been approved by the federal Food and Drug Administration that has either been placed on a schedule of the federal Controlled Substances Act other than Schedule 1 or has been exempted from one or more provisions of that act, and that is intended for prescribed use for the treatment of a medical condition.

This bill states that upon the effective date of one of the federal changes specified in this bill, notwithstanding any other state law, a product composed of cannabidiol may be prescribed, furnished, dispensed, transferred, possessed, or used in accordance with federal law and is authorized pursuant to state law. This bill would specify that this section does not apply to any product containing cannabidiol that is made or derived from industrial hemp, and regulated accordingly.

Per the author’s office, currently any product that contains any quantity of marijuana is considered a Schedule I controlled substance, unless specifically exempted. Under current law, should a product be derived from cannabidiol, it would still be considered a Schedule I controlled substance and therefore could not be prescribed in California. According to the author, the purpose of this bill is to ensure Californians with uncontrolled seizures will have continued access to FDA approved epilepsy treatments derived from cannabidiol.

This bill ensures that if the federal government approves cannabidiol treatment, then cannabidiol can be prescribed, furnished and dispensed in California, in accordance with federal law. This bill merely aligns state law with federal law to allow treatments authorized by the federal government. As such, the Board has taken a neutral position on this bill.

FISCAL: None

SUPPORT: Epilepsy Foundation of Greater Los Angeles (Sponsor)
BioCom
CalAsian Chamber of Commerce
Epilepsy Foundation of Northern California
Southern California Coalition
Vote Hemp

OPPOSITION: None on file

IMPLEMENTATION:

- Newsletter article(s);
- Update the Board's website; and
- Notify/train Board staff; Department of Consumer Affairs, Division of Investigation staff; and the Attorney General's Office, Health Quality Enforcement Section.

Assembly Bill No. 710

CHAPTER 62

An act to add Section 26002 to the Business and Professions Code, and to add Section 11150.2 to the Health and Safety Code, relating to controlled substances, and declaring the urgency thereof, to take effect immediately.

[Approved by Governor July 9, 2018. Filed with Secretary of State July 9, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

AB 710, Wood. Cannabidiol.

Existing law, the California Uniform Controlled Substances Act, classifies controlled substances into 5 designated schedules, with the most restrictive limitations generally placed on controlled substances classified in Schedule I, and the least restrictive limitations generally placed on controlled substances classified in Schedule V. Existing law designates cannabis in Schedule I. Cannabidiol is a compound contained in cannabis.

Existing law restricts the prescription, furnishing, possession, sale, and use of controlled substances, including cannabis and synthetic cannabinoid compounds, and makes a violation of those laws a crime, except as specified.

This bill, if one of specified changes in federal law regarding the controlled substance cannabidiol occurs, would deem a physician, pharmacist, or other authorized healing arts licensee who prescribes, furnishes, or dispenses a product composed of cannabidiol, in accordance with federal law, to be in compliance with state law governing those acts. The bill would also provide that upon the effective date of one of those changes in federal law regarding cannabidiol, the prescription, furnishing, dispensing, transfer, transportation, possession, or use of that product in accordance with federal law is for a legitimate medical purpose and is authorized pursuant to state law.

Existing law, the Medicinal and Adult-Use Cannabis Regulation and Safety Act, regulates the cultivation, processing, and sale of medicinal and adult-use cannabis within the state.

This bill would expressly exclude from regulation under that act, any medicinal product composed of cannabidiol approved by the federal Food and Drug Administration and either placed on a schedule of the federal Controlled Substances Act other than Schedule I, or exempted from one or more provisions of that act.

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

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

SECTION 1. The Legislature finds and declares that both children and adults with epilepsy are in desperate need of new treatment options and that cannabidiol has shown potential as an effective treatment option. If federal laws prohibiting the prescription of medications composed of cannabidiol are repealed or if an exception from the general prohibition is enacted permitting the prescription of drugs composed of cannabidiol, patients should have rapid access to this treatment option. The availability of this new prescription medication is intended to augment, not to restrict or otherwise amend, other cannabinoid treatment modalities including, but not limited to, industrial hemp products and derivatives containing cannabidiol, currently available under state law.

SEC. 2. Section 26002 is added to the Business and Professions Code, to read:

26002. This division shall not apply to any product containing cannabidiol that has been approved by the federal Food and Drug Administration that has either been placed on a schedule of the federal Controlled Substances Act other than Schedule I or has been exempted from one or more provisions of that act, and that is intended for prescribed use for the treatment of a medical condition.

SEC. 3. Section 11150.2 is added to the Health and Safety Code, to read:

11150.2. (a) Notwithstanding any other law, if cannabidiol is excluded from Schedule I of the federal Controlled Substances Act and placed on a schedule of the act other than Schedule I, or if a product composed of cannabidiol is approved by the federal Food and Drug Administration and either placed on a schedule of the act other than Schedule I, or exempted from one or more provisions of the act, so as to permit a physician, pharmacist, or other authorized healing arts licensee acting within his or her scope of practice, to prescribe, furnish, or dispense that product, the physician, pharmacist, or other authorized healing arts licensee who prescribes, furnishes, or dispenses that product in accordance with federal law shall be deemed to be in compliance with state law governing those acts.

(b) For purposes of this chapter, upon the effective date of one of the changes in federal law described in subdivision (a), notwithstanding any other state law, a product composed of cannabidiol may be prescribed, furnished, dispensed, transferred, transported, possessed, or used in accordance with federal law and is authorized pursuant to state law.

(c) This section does not apply to any product containing cannabidiol that is made or derived from industrial hemp, as defined in Section 11018.5 and regulated pursuant to that section.

SEC. 4. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the California Constitution and shall go into immediate effect. The facts constituting the necessity are:

In order to ensure that patients are able to obtain access to a new treatment modality as soon as federal law makes it available, it is necessary that this act take effect immediately.

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: AB 1751
Author: Low
Chapter: 478
Bill Date: August 24, 2018, Amended
Subject: Controlled Substances: CURES Database
Sponsor: Author
Position: Support

DESCRIPTION OF CURRENT LEGISLATION:

This bill allows for information sharing between California's prescription drug monitoring program (PDMP), the Controlled Substances Utilization Review and Evaluation System (CURES), and other states' PDMPs. This bill requires the Department of Justice (DOJ) to adopt regulations, by July 1, 2020, regarding the access and use of information within CURES. This bill allows DOJ to enter into an interstate data sharing agreement, as specified.

ANALYSIS

This bill allows DOJ to enter into an agreement with an entity operating an interstate data share hub, or any agency operating a prescription drug monitoring program in another state, for purposes of participating in inter-jurisdictional information sharing between PDMPs across state lines. This bill allows data obtained from CURES to be provided to authorized users of another state's prescription drug monitoring program as determined by DOJ, if the entity operating the interstate data sharing hub and the PDMP have entered into an agreement with DOJ. This bill requires any agreement entered into by DOJ to ensure that all access of data within CURES complies with California law and regulations, and it must meet the same patient privacy, audit, and data security standards employed and required for direct access of CURES. This bill does not allow DOJ to enter into an interstate data sharing agreement until DOJ has issued final regulations regarding the access and use of information within CURES, as required by this bill.

This bill specifies that DOJ cannot disclose any personal information in a manner that would identify the individual to whom it pertains, unless the information is disclosed for the sole purpose of participation in interstate data sharing of PDMP information, if disclosure is limited to PDMP information.

This bill requires DOJ to adopt regulations, by July 1, 2020, regarding the access and use of information within CURES. This bill requires DOJ to consult with stakeholders identified by DOJ during the rulemaking process. This bill requires the regulations, at a minimum, to address all of the following:

- The process for approving, denying, and disapproving individuals or entities seeking access to information in CURES.

- The purposes for which a health care practitioner may access information in CURES.
- The conditions under which a warrant, subpoena, or court order is required for a law enforcement agency to obtain information from CURES as part of a criminal investigation.
- The process by which information in CURES may be provided for educational, peer review, statistical, or research purposes.

According to the author, several entities offer interstate data share hubs to allow doctors to review prescriptions dispensed in other states, and many state PDMPs are already participating. The author believes this bill will provide health professionals in California with state-of-the-art tools to combat the opioid abuse crisis.

The Medical Board of California (Board) believes CURES is a very important enforcement tool and an effective aid for physicians to use to prevent doctor shopping. This bill will give physicians access to prescription drug information from other states, which will help to further the Board's mission of consumer protection; as such, the Board took a support position on this bill.

FISCAL: None to the Board

SUPPORT: America's Physician Groups; Biocom; California Association of Health Underwriters; California Chiropractic Association; California Dental Association; California District Attorneys Association; California Pharmacists Association; California Police Chiefs Association; California State Board of Pharmacy; California State Sheriffs' Association; Consumer Attorneys of California; County Health Executives Association of California; Kaiser Permanente; Medical Board of California; OCHIN; San Diego County District Attorney Summer Stephan; and Troy and Alana Pack Foundation

OPPOSITION: American Civil Liberties Union
Electronic Frontier Foundation

IMPLEMENTATION:

- Newsletter article(s), including a stand-alone article;
- Notify/train Board staff; Department of Consumer Affairs, Division of Investigation staff; and the Attorney General's Office, Health Quality Enforcement Section; and
- Update the Board's webpage on CURES.

Assembly Bill No. 1751

CHAPTER 478

An act to amend Section 1798.24 of the Civil Code, and to amend Section 11165 of the Health and Safety Code, relating to controlled substances.

[Approved by Governor September 18, 2018. Filed with Secretary of State September 18, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1751, Low. Controlled substances: CURES database.

Existing law classifies certain controlled substances into designated schedules. Existing law requires the Department of Justice to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by a health care practitioner authorized to prescribe, order, administer, furnish, or dispense a Schedule II, Schedule III, or Schedule IV controlled substance.

This bill would require the department, no later than July 1, 2020, to adopt regulations regarding the access and use of the information within CURES by consulting with stakeholders, and addressing certain processes, purposes, and conditions in the regulations. The bill would authorize the department, once final regulations have been issued, to enter into an agreement with any entity operating an interstate data sharing hub, or any agency operating a prescription drug monitoring program in another state, for purposes of interstate data sharing of prescription drug monitoring program information, as specified. The bill would require any agreement entered into by the department for those purposes to ensure that all access to data obtained from CURES and the handling of data contained within CURES comply with California law and meet the same patient privacy, audit, and data security standards employed and required for direct access to CURES.

The bill would make conforming changes to related provisions concerning exceptions to the prohibition on a state agency from disclosing personal information.

This bill would incorporate additional changes to Section 11165 of the Health and Safety Code proposed by AB 1753 to be operative only if this bill and AB 1753 are enacted and this bill is enacted last.

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

SECTION 1. Section 1798.24 of the Civil Code is amended to read:

1798.24. An agency shall not disclose any personal information in a manner that would link the information disclosed to the individual to whom it pertains unless the information is disclosed, as follows:

(a) To the individual to whom the information pertains.

(b) With the prior written voluntary consent of the individual to whom the information pertains, but only if that consent has been obtained not more than 30 days before the disclosure, or in the time limit agreed to by the individual in the written consent.

(c) To the duly appointed guardian or conservator of the individual or a person representing the individual if it can be proven with reasonable certainty through the possession of agency forms, documents, or correspondence that this person is the authorized representative of the individual to whom the information pertains.

(d) To those officers, employees, attorneys, agents, or volunteers of the agency that has custody of the information if the disclosure is relevant and necessary in the ordinary course of the performance of their official duties and is related to the purpose for which the information was acquired.

(e) To a person, or to another agency if the transfer is necessary for the transferee agency to perform its constitutional or statutory duties, and the use is compatible with a purpose for which the information was collected and the use or transfer is in accordance with Section 1798.25. With respect to information transferred from a law enforcement or regulatory agency, or information transferred to another law enforcement or regulatory agency, a use is compatible if the use of the information requested is needed in an investigation of unlawful activity under the jurisdiction of the requesting agency or for licensing, certification, or regulatory purposes by that agency.

(f) To a governmental entity if required by state or federal law.

(g) Pursuant to the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code).

(h) To a person who has provided the agency with advance, adequate written assurance that the information will be used solely for statistical research or reporting purposes, but only if the information to be disclosed is in a form that will not identify any individual.

(i) Pursuant to a determination by the agency that maintains information that compelling circumstances exist that affect the health or safety of an individual, if upon the disclosure notification is transmitted to the individual to whom the information pertains at his or her last known address. Disclosure shall not be made if it is in conflict with other state or federal laws.

(j) To the State Archives as a record that has sufficient historical or other value to warrant its continued preservation by the California state government, or for evaluation by the Director of General Services or his or her designee to determine whether the record has further administrative, legal, or fiscal value.

(k) To any person pursuant to a subpoena, court order, or other compulsory legal process if, before the disclosure, the agency reasonably attempts to notify the individual to whom the record pertains, and if the notification is not prohibited by law.

(*l*) To any person pursuant to a search warrant.

(m) Pursuant to Article 3 (commencing with Section 1800) of Chapter 1 of Division 2 of the Vehicle Code.

(n) For the sole purpose of verifying and paying government health care service claims made pursuant to Division 9 (commencing with Section 10000) of the Welfare and Institutions Code.

(o) To a law enforcement or regulatory agency when required for an investigation of unlawful activity or for licensing, certification, or regulatory purposes, unless the disclosure is otherwise prohibited by law.

(p) To another person or governmental organization to the extent necessary to obtain information from the person or governmental organization for an investigation by the agency of a failure to comply with a specific state law that the agency is responsible for enforcing.

(q) To an adopted person and is limited to general background information pertaining to the adopted person's biological parents, if the information does not include or reveal the identity of the biological parents.

(r) To a child or a grandchild of an adopted person and disclosure is limited to medically necessary information pertaining to the adopted person's biological parents. However, the information, or the process for obtaining the information, shall not include or reveal the identity of the biological parents. The State Department of Social Services shall adopt regulations governing the release of information pursuant to this subdivision. The regulations shall require licensed adoption agencies to provide the same services provided by the department as established by this subdivision.

(s) To a committee of the Legislature or to a Member of the Legislature, or his or her staff if authorized in writing by the member, if the member has permission to obtain the information from the individual to whom it pertains or if the member provides reasonable assurance that he or she is acting on behalf of the individual.

(t) (1) To the University of California, a nonprofit educational institution, or, in the case of education-related data, another nonprofit entity, conducting scientific research, if the request for information is approved by the Committee for the Protection of Human Subjects (CPHS) for the California Health and Human Services Agency (CHHSA) or an institutional review board, as authorized in paragraphs (4) and (5). The approval shall include a review and determination that all the following criteria have been satisfied:

(A) The researcher has provided a plan sufficient to protect personal information from improper use and disclosures, including sufficient administrative, physical, and technical safeguards to protect personal information from reasonable anticipated threats to the security or confidentiality of the information.

(B) The researcher has provided a sufficient plan to destroy or return all personal information as soon as it is no longer needed for the research project, unless the researcher has demonstrated an ongoing need for the personal information for the research project and has provided a long-term plan sufficient to protect the confidentiality of that information.

(C) The researcher has provided sufficient written assurances that the personal information will not be reused or disclosed to any other person or entity, or used in any manner, not approved in the research protocol, except as required by law or for authorized oversight of the research project.

(2) The CPHS or institutional review board shall, at a minimum, accomplish all of the following as part of its review and approval of the research project for the purpose of protecting personal information held in agency databases:

(A) Determine whether the requested personal information is needed to conduct the research.

(B) Permit access to personal information only if it is needed for the research project.

(C) Permit access only to the minimum necessary personal information needed for the research project.

(D) Require the assignment of unique subject codes that are not derived from personal information in lieu of social security numbers if the research can still be conducted without social security numbers.

(E) If feasible, and if cost, time, and technical expertise permit, require the agency to conduct a portion of the data processing for the researcher to minimize the release of personal information.

(3) Reasonable costs to the agency associated with the agency's process of protecting personal information under the conditions of CPHS approval may be billed to the researcher, including, but not limited to, the agency's costs for conducting a portion of the data processing for the researcher, removing personal information, encrypting or otherwise securing personal information, or assigning subject codes.

(4) The CPHS may enter into written agreements to enable other institutional review boards to provide the data security approvals required by this subdivision, if the data security requirements set forth in this subdivision are satisfied.

(5) Pursuant to paragraph (4), the CPHS shall enter into a written agreement with the institutional review board established pursuant to former Section 49079.6 of the Education Code. The agreement shall authorize, commencing July 1, 2010, or the date upon which the written agreement is executed, whichever is later, that board to provide the data security approvals required by this subdivision, if the data security requirements set forth in this subdivision and the act specified in subdivision (a) of Section 49079.5 of the Education Code are satisfied.

(u) To an insurer if authorized by Chapter 5 (commencing with Section 10900) of Division 4 of the Vehicle Code.

(v) Pursuant to Section 450, 452, 8009, or 18396 of the Financial Code.

(w) For the sole purpose of participation in interstate data sharing of prescription drug monitoring program information pursuant to the California Uniform Controlled Substances Act (Division 10 (commencing with Section

11000) of the Health and Safety Code), if disclosure is limited to prescription drug monitoring program information.

This article does not require the disclosure of personal information to the individual to whom the information pertains if that information may otherwise be withheld as set forth in Section 1798.40.

SEC. 2. Section 11165 of the Health and Safety Code is amended to read:

11165. (a) To assist health care practitioners in their efforts to ensure appropriate prescribing, ordering, administering, furnishing, and dispensing of controlled substances, law enforcement and regulatory agencies in their efforts to control the diversion and resultant abuse of Schedule II, Schedule III, and Schedule IV controlled substances, and for statistical analysis, education, and research, the Department of Justice shall, contingent upon the availability of adequate funds in the CURES Fund, maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of, and Internet access to information regarding, the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by all practitioners authorized to prescribe, order, administer, furnish, or dispense these controlled substances.

(b) The Department of Justice may seek and use grant funds to pay the costs incurred by the operation and maintenance of CURES. The department shall annually report to the Legislature and make available to the public the amount and source of funds it receives for support of CURES.

(c) (1) The operation of CURES shall comply with all applicable federal and state privacy and security laws and regulations.

(2) (A) CURES shall operate under existing provisions of law to safeguard the privacy and confidentiality of patients. Data obtained from CURES shall only be provided to appropriate state, local, and federal public agencies for disciplinary, civil, or criminal purposes and to other agencies or entities, as determined by the Department of Justice, for the purpose of educating practitioners and others in lieu of disciplinary, civil, or criminal actions. Data may be provided to public or private entities, as approved by the Department of Justice, for educational, peer review, statistical, or research purposes, if patient information, including any information that may identify the patient, is not compromised. Further, data disclosed to any individual or agency as described in this subdivision shall not be disclosed, sold, or transferred to any third party, unless authorized by, or pursuant to, state and federal privacy and security laws and regulations. The Department of Justice shall establish policies, procedures, and regulations regarding the use, access, evaluation, management, implementation, operation, storage, disclosure, and security of the information within CURES, consistent with this subdivision.

(B) Notwithstanding subparagraph (A), a regulatory board whose licensees do not prescribe, order, administer, furnish, or dispense controlled substances shall not be provided data obtained from CURES.

(3) The Department of Justice shall, no later than July 1, 2020, adopt regulations regarding the access and use of the information within CURES.

The Department of Justice shall consult with all stakeholders identified by the department during the rulemaking process. The regulations shall, at a minimum, address all of the following in a manner consistent with this chapter:

(A) The process for approving, denying, and disapproving individuals or entities seeking access to information in CURES.

(B) The purposes for which a health care practitioner may access information in CURES.

(C) The conditions under which a warrant, subpoena, or court order is required for a law enforcement agency to obtain information from CURES as part of a criminal investigation.

(D) The process by which information in CURES may be provided for educational, peer review, statistical, or research purposes.

(4) In accordance with federal and state privacy laws and regulations, a health care practitioner may provide a patient with a copy of the patient's CURES patient activity report as long as no additional CURES data are provided and keep a copy of the report in the patient's medical record in compliance with subdivision (d) of Section 11165.1.

(d) For each prescription for a Schedule II, Schedule III, or Schedule IV controlled substance, as defined in the controlled substances schedules in federal law and regulations, specifically Sections 1308.12, 1308.13, and 1308.14, respectively, of Title 21 of the Code of Federal Regulations, the dispensing pharmacy, clinic, or other dispenser shall report the following information to the Department of Justice as soon as reasonably possible, but not more than seven days after the date a controlled substance is dispensed, in a format specified by the Department of Justice:

(1) Full name, address, and, if available, telephone number of the ultimate user or research subject, or contact information as determined by the Secretary of the United States Department of Health and Human Services, and the gender, and date of birth of the ultimate user.

(2) The prescriber's category of licensure, license number, national provider identifier (NPI) number, the federal controlled substance registration number, and the state medical license number of any prescriber using the federal controlled substance registration number of a government-exempt facility, if provided.

(3) Pharmacy prescription number, license number, NPI number, and federal controlled substance registration number.

(4) National Drug Code (NDC) number of the controlled substance dispensed.

(5) Quantity of the controlled substance dispensed.

(6) International Statistical Classification of Diseases, 9th revision (ICD-9) or 10th revision (ICD-10) Code, if available.

(7) Number of refills ordered.

(8) Whether the drug was dispensed as a refill of a prescription or as a first-time request.

(9) Date of origin of the prescription.

(10) Date of dispensing of the prescription.

(e) The Department of Justice may invite stakeholders to assist, advise, and make recommendations on the establishment of rules and regulations necessary to ensure the proper administration and enforcement of the CURES database. All prescriber and dispenser invitees shall be licensed by one of the boards or committees identified in subdivision (d) of Section 208 of the Business and Professions Code, in active practice in California, and a regular user of CURES.

(f) The Department of Justice shall, prior to upgrading CURES, consult with prescribers licensed by one of the boards or committees identified in subdivision (d) of Section 208 of the Business and Professions Code, one or more of the boards or committees identified in subdivision (d) of Section 208 of the Business and Professions Code, and any other stakeholder identified by the department, for the purpose of identifying desirable capabilities and upgrades to the CURES Prescription Drug Monitoring Program (PDMP).

(g) The Department of Justice may establish a process to educate authorized subscribers of the CURES PDMP on how to access and use the CURES PDMP.

(h) (1) The Department of Justice may enter into an agreement with any entity operating an interstate data sharing hub, or any agency operating a prescription drug monitoring program in another state, for purposes of interstate data sharing of prescription drug monitoring program information.

(2) Data obtained from CURES may be provided to authorized users of another state's prescription drug monitoring program, as determined by the Department of Justice pursuant to subdivision (c), if the entity operating the interstate data sharing hub, and the prescription drug monitoring program of that state, as applicable, have entered into an agreement with the Department of Justice for interstate data sharing of prescription drug monitoring program information.

(3) Any agreement entered into by the Department of Justice for purposes of interstate data sharing of prescription drug monitoring program information shall ensure that all access to data obtained from CURES and the handling of data contained within CURES comply with California law, including regulations, and meet the same patient privacy, audit, and data security standards employed and required for direct access to CURES.

(4) For purposes of interstate data sharing of CURES information pursuant to this subdivision, an authorized user of another state's prescription drug monitoring program shall not be required to register with CURES, if he or she is registered and in good standing with that state's prescription drug monitoring program.

(5) The Department of Justice shall not enter into an agreement pursuant to this subdivision until the department has issued final regulations regarding the access and use of the information within CURES as required by paragraph (3) of subdivision (c).

SEC. 2.5. Section 11165 of the Health and Safety Code is amended to read:

11165. (a) To assist health care practitioners in their efforts to ensure appropriate prescribing, ordering, administering, furnishing, and dispensing of controlled substances, law enforcement and regulatory agencies in their efforts to control the diversion and resultant abuse of Schedule II, Schedule III, and Schedule IV controlled substances, and for statistical analysis, education, and research, the Department of Justice shall, contingent upon the availability of adequate funds in the CURES Fund, maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of, and Internet access to information regarding, the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by all practitioners authorized to prescribe, order, administer, furnish, or dispense these controlled substances.

(b) The Department of Justice may seek and use grant funds to pay the costs incurred by the operation and maintenance of CURES. The department shall annually report to the Legislature and make available to the public the amount and source of funds it receives for support of CURES.

(c) (1) The operation of CURES shall comply with all applicable federal and state privacy and security laws and regulations.

(2) (A) CURES shall operate under existing provisions of law to safeguard the privacy and confidentiality of patients. Data obtained from CURES shall only be provided to appropriate state, local, and federal public agencies for disciplinary, civil, or criminal purposes and to other agencies or entities, as determined by the Department of Justice, for the purpose of educating practitioners and others in lieu of disciplinary, civil, or criminal actions. Data may be provided to public or private entities, as approved by the Department of Justice, for educational, peer review, statistical, or research purposes, if patient information, including any information that may identify the patient, is not compromised. Further, data disclosed to any individual or agency as described in this subdivision shall not be disclosed, sold, or transferred to any third party, unless authorized by, or pursuant to, state and federal privacy and security laws and regulations. The Department of Justice shall establish policies, procedures, and regulations regarding the use, access, evaluation, management, implementation, operation, storage, disclosure, and security of the information within CURES, consistent with this subdivision.

(B) Notwithstanding subparagraph (A), a regulatory board whose licensees do not prescribe, order, administer, furnish, or dispense controlled substances shall not be provided data obtained from CURES.

(3) The Department of Justice shall, no later than July 1, 2020, adopt regulations regarding the access and use of the information within CURES. The Department of Justice shall consult with all stakeholders identified by the department during the rulemaking process. The regulations shall, at a minimum, address all of the following in a manner consistent with this chapter:

(A) The process for approving, denying, and disapproving individuals or entities seeking access to information in CURES.

(B) The purposes for which a health care practitioner may access information in CURES.

(C) The conditions under which a warrant, subpoena, or court order is required for a law enforcement agency to obtain information from CURES as part of a criminal investigation.

(D) The process by which information in CURES may be provided for educational, peer review, statistical, or research purposes.

(4) In accordance with federal and state privacy laws and regulations, a health care practitioner may provide a patient with a copy of the patient's CURES patient activity report as long as no additional CURES data are provided and keep a copy of the report in the patient's medical record in compliance with subdivision (d) of Section 11165.1.

(d) For each prescription for a Schedule II, Schedule III, or Schedule IV controlled substance, as defined in the controlled substances schedules in federal law and regulations, specifically Sections 1308.12, 1308.13, and 1308.14, respectively, of Title 21 of the Code of Federal Regulations, the dispensing pharmacy, clinic, or other dispenser shall report the following information to the Department of Justice as soon as reasonably possible, but not more than seven days after the date a controlled substance is dispensed, in a format specified by the Department of Justice:

(1) Full name, address, and, if available, telephone number of the ultimate user or research subject, or contact information as determined by the Secretary of the United States Department of Health and Human Services, and the gender, and date of birth of the ultimate user.

(2) The prescriber's category of licensure, license number, national provider identifier (NPI) number, the federal controlled substance registration number, and the state medical license number of any prescriber using the federal controlled substance registration number of a government-exempt facility, if provided.

(3) Pharmacy prescription number, license number, NPI number, and federal controlled substance registration number.

(4) National Drug Code (NDC) number of the controlled substance dispensed.

(5) Quantity of the controlled substance dispensed.

(6) International Statistical Classification of Diseases, 9th revision (ICD-9) or 10th revision (ICD-10) Code, if available.

(7) Number of refills ordered.

(8) Whether the drug was dispensed as a refill of a prescription or as a first-time request.

(9) Date of origin of the prescription.

(10) Date of dispensing of the prescription.

(11) The serial number for the corresponding prescription form, if applicable.

(e) The Department of Justice may invite stakeholders to assist, advise, and make recommendations on the establishment of rules and regulations necessary to ensure the proper administration and enforcement of the CURES database. All prescriber and dispenser invitees shall be licensed by one of the boards or committees identified in subdivision (d) of Section 208 of the Business and Professions Code, in active practice in California, and a regular user of CURES.

(f) The Department of Justice shall, prior to upgrading CURES, consult with prescribers licensed by one of the boards or committees identified in subdivision (d) of Section 208 of the Business and Professions Code, one or more of the boards or committees identified in subdivision (d) of Section 208 of the Business and Professions Code, and any other stakeholder identified by the department, for the purpose of identifying desirable capabilities and upgrades to the CURES Prescription Drug Monitoring Program (PDMP).

(g) The Department of Justice may establish a process to educate authorized subscribers of the CURES PDMP on how to access and use the CURES PDMP.

(h) (1) The Department of Justice may enter into an agreement with any entity operating an interstate data sharing hub, or any agency operating a prescription drug monitoring program in another state, for purposes of interstate data sharing of prescription drug monitoring program information.

(2) Data obtained from CURES may be provided to authorized users of another state's prescription drug monitoring program, as determined by the Department of Justice pursuant to subdivision (c), if the entity operating the interstate data sharing hub, and the prescription drug monitoring program of that state, as applicable, have entered into an agreement with the Department of Justice for interstate data sharing of prescription drug monitoring program information.

(3) Any agreement entered into by the Department of Justice for purposes of interstate data sharing of prescription drug monitoring program information shall ensure that all access to data obtained from CURES and the handling of data contained within CURES comply with California law, including regulations, and meet the same patient privacy, audit, and data security standards employed and required for direct access to CURES.

(4) For purposes of interstate data sharing of CURES information pursuant to this subdivision, an authorized user of another state's prescription drug monitoring program shall not be required to register with CURES, if he or she is registered and in good standing with that state's prescription drug monitoring program.

(5) The Department of Justice shall not enter into an agreement pursuant to this subdivision until the department has issued final regulations regarding the access and use of the information within CURES as required by paragraph (3) of subdivision (c).

SEC. 3. Section 2.5 of this bill incorporates amendments to Section 11165 of the Health and Safety Code proposed by both this bill and Assembly Bill 1753. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2019, (2) each bill amends Section 11165 of the Health and Safety Code, and (3) this bill is enacted after Assembly Bill 1753, in which case Section 2 of this bill shall not become operative.

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number:	AB 1791
Author:	Waldron and Gipson
Chapter:	122
Bill Date:	April 2, 2018, Amended
Subject:	Physicians and Surgeons: Continuing Education
Sponsor:	Authors
Position:	Neutral

DESCRIPTION OF LEGISLATION:

This bill allows for an optional continuing medical education (CME) course in integrating HIV/AIDS pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) medication maintenance and counseling in primary care settings.

ANALYSIS

This bill requires the Board, in determining its CME requirements, to consider including a course in integrating HIV/AIDS PrEP and PEP medication maintenance and counseling in primary care settings, especially as it pertains to HIV testing, access to care, counseling, high-risk communities, patient concerns, exposure to HIV/AIDS, and the appropriate care and treatment referrals. This bill specifies that the course shall be consistent with the most recent guidelines on PrEP and PEP, as published by the United States Public Health Service and the Centers for Disease Control and Prevention.

According to the authors, ample research shows that PrEP and PEP awareness among primary care providers is inadequate. As a result, these lifesaving treatments are under-prescribed at the expense of patient care, especially for prevention treatment and counseling in high-risk communities.

This bill does not mandate particular CME for physicians, it only requires the Board to consider a course on integrating HIV/AIDS PrEP and PEP medication maintenance and counseling in primary care settings. The Board does not track employment information for physicians, so the Board would not know which physicians practice in primary care settings. 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 on the Board's website. The Board has taken a neutral position on this bill.

FISCAL: None

SUPPORT: APLA Health
Desert AIDS Project
Gilead Sciences, Inc.
The Los Angeles LGBT Center
The North County LGBTQ Resource Center
The San Diego LGBT Community Center
The San Francisco AIDS Foundation

OPPOSITION: None on file

IMPLEMENTATION:

- Newsletter article(s), including a stand-alone article; and
- Update the Board's website, including adding a page on CME topics that are in law.

Assembly Bill No. 1791

CHAPTER 122

An act to add Section 2191.4 to the Business and Professions Code, relating to healing arts.

[Approved by Governor July 18, 2018. Filed with Secretary of State July 18, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1791, Waldron. Physicians and surgeons: continuing education.

Existing law, the Medical Practice Act, provides for the licensure and regulation of physicians and surgeons by the Medical Board of California. Under that act, the board is required to adopt and administer standards for the continuing education of physicians and surgeons.

This bill would require the board, in determining continuing education requirements, to consider including a course in integrating HIV/AIDS pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) medication maintenance and counseling in primary care settings, as specified.

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

SECTION 1. Section 2191.4 is added to the Business and Professions Code, to read:

2191.4. The board, in determining its continuing education requirements, shall consider including a course in integrating HIV/AIDS pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) medication maintenance and counseling in primary care settings, especially as it pertains to HIV testing, access to care, counseling, high-risk communities, patient concerns, exposure to HIV/AIDS, and the appropriate care and treatment referrals. That course shall be consistent with the most recent guidelines on PrEP and PEP as published by the United States Public Health Service and the Centers for Disease Control and Prevention.

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: AB 2086
Author: Gallagher
Chapter: 274
Bill Date: August 14, 2018, Amended
Subject: Controlled Substances: CURES Database
Sponsor: Author
Position: Support

DESCRIPTION OF CURRENT LEGISLATION:

This bill allows a prescriber to access the Controlled Substances Utilization Review and Evaluation System (CURES) database for a list of patients for whom that prescriber is listed as a prescriber.

ANALYSIS

According to the author, currently, physicians can only pull up individual patient activity reports to check that patient's prescription history in CURES. DOJ has historically interpreted statute to prohibit prescribers from receiving a list of patients to whom they are listed in CURES as having prescribed controlled substances, which makes it difficult for prescribers to identify whether a patient has been presenting fraudulent or forged prescriptions in that prescriber's name. This bill allows prescribers of controlled substances to access the CURES database for a list of patients for whom they are listed as being the prescriber in CURES. The author believes this bill will help prevent fraudulent prescriptions of controlled substances.

The Medical Board of California (Board) believes CURES is a very important enforcement tool and an effective aid for physicians to use to prevent doctor shopping. This bill will give physicians access to more information in CURES, which will make it even more effective for physicians. The Board has taken a support position on this bill.

FISCAL: None to the Board

SUPPORT: America's Physician Group; California Academy of Family Physicians; California Chiropractic Association; California Dental Association; California District Attorneys Association; California Health+ Advocates; California Hospital Association; California Medical Association; California Police Chiefs Association; California Society of Addiction Medicine; California Society of Anesthesiologists; Dental Board of California; McKesson Corporation; and Medical Board of California

OPPOSITION: None on file

IMPLEMENTATION:

- Newsletter article(s), including a stand-alone article;
- Notify/train Board staff; Department of Consumer Affairs, Division of Investigation staff; and the Attorney General’s Office, Health Quality Enforcement Section; and
- Update the Board’s webpage on CURES.

Assembly Bill No. 2086

CHAPTER 274

An act to add Section 11165.6 to the Health and Safety Code, relating to controlled substances.

[Approved by Governor September 6, 2018. Filed with Secretary of State September 6, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2086, Gallagher. Controlled substances: CURES database.

Existing law classifies certain controlled substances into designated schedules. Existing law requires the Department of Justice to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by a health care practitioner authorized to prescribe, order, administer, furnish, or dispense a Schedule II, Schedule III, or Schedule IV controlled substance.

This bill would allow prescribers to access the CURES database for a list of patients for whom that prescriber is listed as a prescriber in the CURES database.

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

SECTION 1. Section 11165.6 is added to the Health and Safety Code, to read:

11165.6. A prescriber shall be allowed to access the CURES database for a list of patients for whom that prescriber is listed as a prescriber in the CURES database.

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: AB 2138
Author: Chiu and Low
Chapter: 995
Bill Date: August 24, 2018, Amended
Subject: Licensing boards: denial of application: revocation or suspension of licensure: criminal conviction
Sponsor: Anti-Recidivism Coalition; East Bay Community Law Center; Legal Services for Prisoners with Children; and Root & Rebound
Position: Oppose Unless Amended

DESCRIPTION OF CURRENT LEGISLATION:

This bill, which becomes effective July 1, 2020, limits the current discretion given to boards, bureaus and committees within the Department of Consumer Affairs (DCA) to apply criminal conviction history for a license denial. This bill prohibits regulatory boards from requiring an applicant to self-disclose criminal history information. This bill requires boards to collect and publish demographic data regarding applicants who are denied licensure or who have licenses revoked or suspended, among other provisions.

ANALYSIS

This bill amends the definition of a conviction in the Business and Professions Code (BPC) to mean a judgment following a plea or verdict of guilty or a plea of nolo contendere or finding of guilt. This bill no longer allows a conviction that has been dismissed under Penal Code Section 1203.4 to fall under the definition of a conviction.

This bill allows a board to deny a license on the grounds that the applicant has been convicted of a crime or has been subject to formal discipline only if any of the following conditions are met:

- The applicant has been convicted of a crime for which the applicant is presently incarcerated or for a conviction occurring within the preceding seven years. However, the preceding seven year limitation would not apply to a conviction for a serious felony, as defined in Penal Code Section 1192.7.
- The applicant has been subjected to formal discipline by a board within the preceding seven years from the date of application based on professional misconduct that would have been cause for discipline before the board for which the present application is made and that is substantially related to the qualifications, functions, or duties of the business or profession for which the present application is made. However, prior disciplinary action by a board within the preceding seven years shall not be the basis for denial of a license if the basis for that

disciplinary action was a conviction that has been dismissed pursuant to the Penal Code, or a comparable dismissal or expungement.

This bill prohibits a board from denying a license on the basis that an applicant has been convicted of a crime, or on the basis of the acts underlying a conviction for a crime, if the applicant has obtained a certificate of rehabilitation under the Penal Code, has been granted clemency or a pardon by a state or federal executive, or has made a showing of rehabilitation. This bill prohibits a board from denying a license on the basis of any conviction, or on the basis of the acts underlying the conviction, that has been dismissed pursuant to the Penal Code, or a comparable dismissal or expungement. This bill prohibits a board from denying a license on the basis of an arrest that resulted in a disposition other than a conviction, including an arrest that resulted in an infraction, citation, or a juvenile adjudication. This bill prohibits a board from denying a license based solely on an applicant's failure to disclose a fact that would not have been cause for denial of the license had it been disclosed.

This bill requires a board to adhere to the following procedures in requesting or acting on an applicant's or licensee's criminal history information:

- Except for specified boards (not the Medical Board), a board must not require an applicant for licensure to disclose any information or documentation regarding the applicant's criminal history. This bill does allow a board to request mitigating information from an applicant regarding the applicant's criminal history for purposes of determining substantial relation or demonstrating evidence of rehabilitation, as long as the applicant is informed that disclosure is voluntary and that the applicant's decision not to disclose any information shall not be a factor in a board's decision to grant or deny an application for licensure.
- If a board decides to deny an application based solely or in part on the applicant's conviction history, the board shall notify the applicant in writing of all of the following:
    - The denial or disqualification of licensure.
    - Any existing procedure the board has for the applicant to challenge the decision or to request reconsideration.
    - That the applicant has the right to appeal the board's decision.
    - The processes for the applicant to request a copy of his or her complete conviction history and question the accuracy or completeness of the record pursuant to the Penal Code.

This bill requires each board to retain, for a minimum of three years, application forms and other documents submitted by an applicant, any notice provided to an applicant, all other communications received from and provided to an applicant, and criminal history reports of applicants. This bill requires each board to retain the number of applications received for each license and the number of applications requiring inquiries regarding criminal history. This bill requires each board to retain the number of applications received for each license and the number of applications requiring inquiries regarding criminal history. In addition, this bill requires each board to retain all of the following information:

- The number of applicants with a criminal record who received notice of denial or disqualification of licensure.
- The number of applicants with a criminal record who provided evidence of mitigation or rehabilitation.
- The number of applicants with a criminal record who appealed any denial or disqualification of licensure.
- The final disposition and demographic information, including, but not limited to, voluntarily provided information on race or gender, of any applicant described in the above bullets.

This bill requires each board to annually make the required reporting information available to the public through the board's internet website and through a report submitted to the appropriate policy committees of the Legislature, of the de-identified information collected. This bill requires each board to ensure confidentiality of the individual applicants.

This bill includes some additional criteria for specified boards to use when denying a license for specified criminal convictions, but the Medical Board is not included in the Boards that can use this criteria.

This bill requires each board to develop criteria to aid it, when considering the denial, suspension, or revocation of a license, to determine whether a crime is substantially related to the qualifications, functions, or duties of the business or profession it regulates.

This bill requires the criteria for determining whether a crime is substantially related to the qualifications, functions, or duties of the business or profession a board regulates to include all of the following:

- The nature and gravity of the offense.
- The number of years elapsed since the date of the offense.
- The nature and duties of the profession in which the applicant seeks licensure or in which the licensee is licensed.

This bill prohibits a board from denying a license based in whole or in part on a conviction, without considering evidence of rehabilitation submitted by an applicant pursuant to any process established in the practice act or regulations of the particular board. This bill requires each board to post on its website a summary of the criteria used to consider whether a crime is considered to be substantially related to the qualifications, functions, or duties of the business or profession it regulates.

This bill requires each board to develop criteria to evaluate the rehabilitation of a person when considering the denial of a license under BPC Section 480 or considering suspension or revocation of a license under BPC Section 490. This bill requires each board to consider whether an applicant or licensee has made a showing of rehabilitation if either of the following are met:

- The applicant or licensee has completed the criminal sentence at issue without a violation of parole or probation.

- The board, applying its criteria for rehabilitation, finds that the applicant is rehabilitated.

This bill prohibits a board from categorically barring an applicant based solely on the type of conviction without considering evidence of rehabilitation.

The author's office believes this bill will reduce barriers to entry in occupational licensure for individuals with prior convictions, which the author believes will reduce recidivism and provide economic opportunity to Californians.

FISCAL: Board staff estimates it will need one half-time office technician position to ensure the Board is meeting the record retention requirements. The Board would also need a .25 Information Technology Specialist I to create and run the annual report required by this bill. This is estimated at a cost of $61,000 per year for both positions.

SUPPORT: Alliance for Boys and Men of Color (Co-Sponsor); Anti-Recidivism Coalition (Co-Sponsor); East Bay Community Law Center (Co-Sponsor); Legal Services for Prisoners With Children (Co-Sponsor); Root & Rebound (Co-Sponsor); ACLU; AFSCME; Alameda County Public Defender; All of us or None; Anchor of Hope Ministries; Bay Area Legal Aid; Bayview Hunters Point Foundation; Because Black is Still Beautiful; California Chiropractic Association; California Immigrant Policy Center; California Labor Federation; California Landscape Contractors Association; Californians for Prop 57; Californians for Safety and Justice; Center for Employment Opportunities; Center for Living and Learning; Center on Juvenile and Criminal Justice; City and County of San Francisco; Checkr, Inc.; City and County of San Francisco; Courage Campaign; Ella Baker Center for Human Rights; Homeboy Industries; Hunters Point Family; Kitchens for Good; Lawyers' Committee for Civil Rights; Leadership for Urban Renewal Network; Los Angeles Regional Reentry Partnership; National Association of Social Workers, California Chapter; National Employment Law Project; New Door Ventures; Oakland Private Industry Council, Inc.; Planting Justice; PolicyLink; Prisoner Reentry Network; Project Rebound: Expanded; REDF; Rise Together Bay Area; Rubicon Programs; San Francisco Adult Probation Department; San Francisco Conservation Corps; San Francisco Public Defender's Office; San Jose State University Record Clearance Project; The Rock Found; and The Young Women's Freedom Center.

OPPOSITION: Board for Professional Engineers, Land Surveyors and Geologists; Board of Barbering and Cosmetology; Board of Behavioral Sciences; Board of Pharmacy; California Board of Accountancy; California Board of Psychology; Board of Registered Nursing; Board of Vocational Nursing and Psychiatric Technicians; California Acupuncture Board; Contractors State License Board; Court Reporters Board of California; Dental Hygiene Committee of California; Medical Board of California; Osteopathic Medical Board of California; Pacific Advocacy Group; Physical Therapy Board of California; Physician Assistant Board; Plumbing-Heating-Cooling Contractors Association of California; Respiratory Care Board of California; San Diego, Southern and Central California Chapters of Associated Builders and Contractors; Structural Pest Control Board of California; and Western Electrical Contractors Association

IMPLEMENTATION:

- Newsletter article(s);
- Notify/train Board staff; Department of Consumer Affairs, Division of Investigation staff; and the Attorney General's (AG) Office, Health Quality Enforcement Section (HQES);
- Request additional staff to handle the workload that will be generated by this bill;
- Update the Board's processes and procedures for licensing denials related to criminal convictions;
- Establish codes in BreEZe so the Board can track data required by this bill and run a report with the required information on an annual basis;
- Change the record retention requirements to three years for the items in this bill that the Board is required to keep for applicants;
- Work with other DCA boards on regulations to develop the criteria for determining whether a crime is substantially related to the qualifications, functions, or duties of the business or profession a board regulates and post the criteria on the Board's website;
- Work with other DCA boards on regulations to develop criteria to evaluate the rehabilitation of a person when considering the denial of a license under BPC Section 480 or considering suspension or revocation of a license under BPC Section 490;
- Update the Board's licensing application to no longer request criminal conviction information; and
- Update the Board's applicant page on its website to include the changes in this bill.

Assembly Bill No. 2138

Passed the Assembly August 30, 2018

Chief Clerk of the Assembly

Passed the Senate August 28, 2018

Secretary of the Senate

This bill was received by the Governor this ____ day of ______________, 2018, at ____ o'clock ___M.

Private Secretary of the Governor

CHAPTER ________

An act to amend, repeal, and add Sections 7.5, 480, 481, 482, 488, 493, and 11345.2 of, and to add Section 480.2 to, the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 2138, Chiu. Licensing boards: denial of application: revocation or suspension of licensure: criminal conviction.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law authorizes a board to deny, suspend, or revoke a license or take disciplinary action against a licensee on the grounds that the applicant or licensee has, among other things, been convicted of a crime, as specified. Existing law provides that a person shall not be denied a license solely on the basis that the person has been convicted of a felony if he or she has obtained a certificate of rehabilitation or that the person has been convicted of a misdemeanor if he or she has met applicable requirements of rehabilitation developed by the board, as specified. Existing law also prohibits a person from being denied a license solely on the basis of a conviction that has been dismissed, as specified. Existing law requires a board to develop criteria to aid it when considering the denial, suspension, or revocation of a license to determine whether a crime is substantially related to the qualifications, functions, or duties of the business or profession the board regulates and requires a board to develop criteria to evaluate the rehabilitation of a person when considering the denial, suspension, or revocation of a license.

This bill would revise and recast those provisions to instead authorize a board to, among other things, deny, revoke, or suspend a license on the grounds that the applicant or licensee has been subject to formal discipline, as specified, or convicted of a crime only if the applicant or licensee has been convicted of a crime within the preceding 7 years from the date of application that is substantially related to the qualifications, functions, or duties of the business or profession for which the application is made, regardless of whether the applicant was incarcerated for that crime, or if the applicant has been convicted of a crime that is substantially related to the qualifications, functions, or duties of the business or profession for which the application is made and for which the applicant is presently incarcerated or for which the applicant was released from incarceration within the preceding 7 years, except as specified. The bill would prohibit a board from denying a person a license based on the conviction of a crime, or on the basis of acts underlying a conviction, as defined, for a crime, if the conviction has been dismissed or expunged, if the person has provided evidence of rehabilitation, if the person has been granted clemency or a pardon, or if an arrest resulted in a disposition other than a conviction.

The bill would require the board to develop criteria for determining whether a crime is substantially related to the qualifications, functions, or duties of the business or profession. The bill would require a board to consider whether a person has made a showing of rehabilitation if certain conditions are met. The bill would require a board to follow certain procedures when requesting or acting on an applicant's or licensee's criminal history information. The bill would also require a board to annually submit a report to the Legislature and post the report on its Internet Web site containing specified deidentified information regarding actions taken by a board based on an applicant or licensee's criminal history information.

Existing law authorizes a board to deny a license on the grounds that an applicant knowingly made a false statement of fact that is required to be revealed in the application for licensure.

This bill would prohibit a board from denying a license based solely on an applicant's failure to disclose a fact that would not have been cause for denial of the license had the fact been disclosed.

Existing law authorizes a board, after a specified hearing requested by an applicant for licensure to take various actions in relation to denying or granting the applicant the license.

This bill would revise and recast those provisions to eliminate some of the more specific options that the board may take in these circumstances.

This bill would clarify that the existing above-described provisions continue to apply to the State Athletic Commission, the Bureau for Private Postsecondary Education, and the California Horse Racing Board.

This bill would also make necessary conforming changes.

This bill would make these provisions operative on July 1, 2020.

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

SECTION 1. Section 7.5 of the Business and Professions Code is amended to read:

7.5. (a) A conviction within the meaning of this code means a plea or verdict of guilty or a conviction following a plea of nolo contendere. Any action which a board is permitted to take following the establishment of a conviction may be taken when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4 of the Penal Code. However, a board may not deny a license to an applicant who is otherwise qualified pursuant to subdivision (b) of Section 480.

Nothing in this section shall apply to the licensure of persons pursuant to Chapter 4 (commencing with Section 6000) of Division 3.

(b) This section shall become inoperative on July 1, 2020, and, as of January 1, 2021, is repealed.

SEC. 2. Section 7.5 is added to the Business and Professions Code, to read:

7.5. (a) A conviction within the meaning of this code means a judgment following a plea or verdict of guilty or a plea of nolo contendere or finding of guilt. Any action which a board is permitted to take following the establishment of a conviction may be taken when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending the imposition of sentence. However, a board may not deny a license to an applicant who is otherwise qualified pursuant to subdivision (b) or (c) of Section 480.

(b) (1) Nothing in this section shall apply to the licensure of persons pursuant to Chapter 4 (commencing with Section 6000) of Division 3.

(2) This section does not in any way modify or otherwise affect the existing authority of the following entities in regard to licensure:

(A) The State Athletic Commission.

(B) The Bureau for Private Postsecondary Education.

(C) The California Horse Racing Board.

(c) Except as provided in subdivision (b), this section controls over and supersedes the definition of conviction contained within individual practice acts under this code.

(d) This section shall become operative on July 1, 2020.

SEC. 3. Section 480 of the Business and Professions Code is amended to read:

480. (a) A board may deny a license regulated by this code on the grounds that the applicant has one of the following:

(1) Been convicted of a crime. A conviction within the meaning of this section means a plea or verdict of guilty or a conviction following a plea of nolo contendere. Any action that a board is permitted to take following the establishment of a conviction may be taken when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4, 1203.4a, or 1203.41 of the Penal Code.

(2) Done any act involving dishonesty, fraud, or deceit with the intent to substantially benefit himself or herself or another, or substantially injure another.

(3) (A) Done any act that if done by a licentiate of the business or profession in question, would be grounds for suspension or revocation of license.

(B) The board may deny a license pursuant to this subdivision only if the crime or act is substantially related to the qualifications, functions, or duties of the business or profession for which application is made.

(b) Notwithstanding any other provision of this code, a person shall not be denied a license solely on the basis that he or she has been convicted of a felony if he or she has obtained a certificate of rehabilitation under Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3 of the Penal Code or that he or she has been convicted of a misdemeanor if he or she has met all applicable requirements of the criteria of rehabilitation developed by the board to evaluate the rehabilitation of a person when considering the denial of a license under subdivision (a) of Section 482.

(c) Notwithstanding any other provisions of this code, a person shall not be denied a license solely on the basis of a conviction that has been dismissed pursuant to Section 1203.4, 1203.4a, or 1203.41 of the Penal Code. An applicant who has a conviction that has been dismissed pursuant to Section 1203.4, 1203.4a, or 1203.41 of the Penal Code shall provide proof of the dismissal.

(d) A board may deny a license regulated by this code on the ground that the applicant knowingly made a false statement of fact that is required to be revealed in the application for the license.

(e) This section shall become inoperative on July 1, 2020, and, as of January 1, 2021, is repealed.

SEC. 4. Section 480 is added to the Business and Professions Code, to read:

480. (a) Notwithstanding any other provision of this code, a board may deny a license regulated by this code on the grounds that the applicant has been convicted of a crime or has been subject to formal discipline only if either of the following conditions are met:

(1) The applicant has been convicted of a crime within the preceding seven years from the date of application that is substantially related to the qualifications, functions, or duties of the business or profession for which the application is made, regardless of whether the applicant was incarcerated for that crime, or the applicant has been convicted of a crime that is substantially related to the qualifications, functions, or duties of the business or profession for which the application is made and for which the applicant is presently incarcerated or for which the applicant was released from incarceration within the preceding seven years from the date of application. However, the preceding seven-year limitation shall not apply in either of the following situations:

(A) The applicant was convicted of a serious felony, as defined in Section 1192.7 of the Penal Code or a crime for which registration is required pursuant to paragraph (2) or (3) of subdivision (d) of Section 290 of the Penal Code.

(B) The applicant was convicted of a financial crime currently classified as a felony that is directly and adversely related to the fiduciary qualifications, functions, or duties of the business or profession for which the application is made, pursuant to regulations adopted by the board, and for which the applicant is seeking licensure under any of the following:

(i) Chapter 1 (commencing with Section 5000) of Division 3.

(ii) Chapter 6 (commencing with Section 6500) of Division 3.

(iii) Chapter 9 (commencing with Section 7000) of Division 3.

(iv) Chapter 11.3 (commencing with Section 7512) of Division 3.

(v) Licensure as a funeral director or cemetery manager under Chapter 12 (commencing with Section 7600) of Division 3.

(vi) Division 4 (commencing with Section 10000).

(2) The applicant has been subjected to formal discipline by a licensing board in or outside California within the preceding seven years from the date of application based on professional misconduct that would have been cause for discipline before the board for which the present application is made and that is substantially related to the qualifications, functions, or duties of the business or profession for which the present application is made. However, prior disciplinary action by a licensing board within the preceding seven years shall not be the basis for denial of a license if the basis for that disciplinary action was a conviction that has been dismissed pursuant to Section 1203.4, 1203.4a, 1203.41, or 1203.42 of the Penal Code or a comparable dismissal or expungement.

(b) Notwithstanding any other provision of this code, a person shall not be denied a license on the basis that he or she has been convicted of a crime, or on the basis of acts underlying a conviction for a crime, if he or she has obtained a certificate of rehabilitation under Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3 of the Penal Code, has been granted clemency or a pardon by a state or federal executive, or has made a showing of rehabilitation pursuant to Section 482.

(c) Notwithstanding any other provision of this code, a person shall not be denied a license on the basis of any conviction, or on the basis of the acts underlying the conviction, that has been dismissed pursuant to Section 1203.4, 1203.4a, 1203.41, or 1203.42 of the Penal Code, or a comparable dismissal or expungement. An applicant who has a conviction that has been dismissed pursuant to Section 1203.4, 1203.4a, 1203.41, or 1203.42 of the Penal Code shall provide proof of the dismissal if it is not reflected on the report furnished by the Department of Justice.

(d) Notwithstanding any other provision of this code, a board shall not deny a license on the basis of an arrest that resulted in a disposition other than a conviction, including an arrest that resulted in an infraction, citation, or a juvenile adjudication.

(e) A board may deny a license regulated by this code on the ground that the applicant knowingly made a false statement of fact that is required to be revealed in the application for the license. A board shall not deny a license based solely on an applicant's failure to disclose a fact that would not have been cause for denial of the license had it been disclosed.

(f) A board shall follow the following procedures in requesting or acting on an applicant's criminal history information:

(1) A board issuing a license pursuant to Chapter 3 (commencing with Section 5500), Chapter 3.5 (commencing with Section 5615), Chapter 10 (commencing with Section 7301), Chapter 20 (commencing with Section 9800), or Chapter 20.3 (commencing with Section 9880), of Division 3, or Chapter 3 (commencing with Section 19000) or Chapter 3.1 (commencing with Section 19225) of Division 8 may require applicants for licensure under those chapters to disclose criminal conviction history on an application for licensure.

(2) Except as provided in paragraph (1), a board shall not require an applicant for licensure to disclose any information or documentation regarding the applicant's criminal history. However, a board may request mitigating information from an applicant regarding the applicant's criminal history for purposes of determining substantial relation or demonstrating evidence of rehabilitation, provided that the applicant is informed that disclosure is voluntary and that the applicant's decision not to disclose any information shall not be a factor in a board's decision to grant or deny an application for licensure.

(3) If a board decides to deny an application for licensure based solely or in part on the applicant's conviction history, the board shall notify the applicant in writing of all of the following:

(A) The denial or disqualification of licensure.

(B) Any existing procedure the board has for the applicant to challenge the decision or to request reconsideration.

(C) That the applicant has the right to appeal the board's decision.

(D) The processes for the applicant to request a copy of his or her complete conviction history and question the accuracy or completeness of the record pursuant to Sections 11122 to 11127 of the Penal Code.

(g) (1) For a minimum of three years, each board under this code shall retain application forms and other documents submitted by an applicant, any notice provided to an applicant, all other communications received from and provided to an applicant, and criminal history reports of an applicant.

(2) Each board under this code shall retain the number of applications received for each license and the number of applications requiring inquiries regarding criminal history. In addition, each licensing authority shall retain all of the following information:

(A) The number of applicants with a criminal record who received notice of denial or disqualification of licensure.

(B) The number of applicants with a criminal record who provided evidence of mitigation or rehabilitation.

(C) The number of applicants with a criminal record who appealed any denial or disqualification of licensure.

(D) The final disposition and demographic information, consisting of voluntarily provided information on race or gender, of any applicant described in subparagraph (A), (B), or (C).

(3) (A) Each board under this code shall annually make available to the public through the board's Internet Web site and through a report submitted to the appropriate policy committees of the Legislature deidentified information collected pursuant to this subdivision. Each board shall ensure confidentiality of the individual applicants.

(B) A report pursuant to subparagraph (A) shall be submitted in compliance with Section 9795 of the Government Code.

(h) "Conviction" as used in this section shall have the same meaning as defined in Section 7.5.

(i) This section does not in any way modify or otherwise affect the existing authority of the following entities in regard to licensure:

(1) The State Athletic Commission.

(2) The Bureau for Private Postsecondary Education.

(3) The California Horse Racing Board.

(j) This section shall become operative on July 1, 2020.

SEC. 5. Section 480.2 is added to the Business and Professions Code, to read:

480.2. (a) The Bureau for Private Postsecondary Education, the State Athletic Commission, and the California Horse Racing Board may deny a license regulated by it on the grounds that the applicant has one of the following:

(1) Been convicted of a crime.

(2) Done any act involving dishonesty, fraud, or deceit with the intent to substantially benefit himself or herself or another, or substantially injure another.

(3) (A) Done any act that if done by a licentiate of the business or profession in question, would be grounds for suspension or revocation of license.

(B) The Bureau for Private Postsecondary Education, the State Athletic Commission, and the California Horse Racing Board may deny a license pursuant to this subdivision only if the crime or act is substantially related to the qualifications, functions, or duties of the business or profession for which application is made.

(b) Notwithstanding any other provision of this code, a person shall not be denied a license solely on the basis that he or she has been convicted of a felony if he or she has obtained a certificate of rehabilitation under Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3 of the Penal Code or that he or she has been convicted of a misdemeanor if he or she has met all applicable requirements of the criteria of rehabilitation developed by the Bureau for Private Postsecondary Education, the State Athletic Commission, and the California Horse Racing Board to evaluate the rehabilitation of a person when considering the denial of a license under paragraph (1) of subdivision (f).

(c) Notwithstanding any other provisions of this code, a person shall not be denied a license by the Bureau for Private Postsecondary Education, the State Athletic Commission, or the California Horse Racing Board solely on the basis of a conviction that has been dismissed pursuant to Section 1203.4, 1203.4a, or 1203.41 of the Penal Code. An applicant who has a conviction that has been dismissed pursuant to Section 1203.4, 1203.4a, or 1203.41 of the Penal Code shall provide proof of the dismissal.

(d) The Bureau for Private Postsecondary Education, the State Athletic Commission, and the California Horse Racing Board may deny a license regulated by it on the ground that the applicant knowingly made a false statement of fact that is required to be revealed in the application for the license.

(e) The Bureau for Private Postsecondary Education, the State Athletic Commission, and the California Horse Racing Board shall develop criteria to aid it, when considering the denial, suspension or revocation of a license, to determine whether a crime or act is substantially related to the qualifications, functions, or duties of the business or profession it regulates.

(f) (1) The Bureau for Private Postsecondary Education, the State Athletic Commission, and the California Horse Racing Board shall develop criteria to evaluate the rehabilitation of a person either when:

(A) Considering the denial of a license under this section.

(B) Considering suspension or revocation of a license under Section 490.

(2) The Bureau for Private Postsecondary Education, the State Athletic Commission, and the California Horse Racing Board shall take into account all competent evidence of rehabilitation furnished by the applicant or licensee.

(g) Except as otherwise provided by law, following a hearing requested by an applicant pursuant to subdivision (b) of Section 485, the Bureau for Private Postsecondary Education, the State Athletic Commission, and the California Horse Racing Board may take any of the following actions:

(1) Grant the license effective upon completion of all licensing requirements by the applicant.

(2) Grant the license effective upon completion of all licensing requirements by the applicant, immediately revoke the license, stay the revocation, and impose probationary conditions on the license, which may include suspension.

(3) Deny the license.

(4) Take other action in relation to denying or granting the license as the Bureau for Private Postsecondary Education, the State Athletic Commission, or the California Horse Racing Board, in its discretion, may deem proper.

(h) Notwithstanding any other law, in a proceeding conducted by the Bureau for Private Postsecondary Education, the State Athletic Commission, or the California Horse Racing Board to deny an application for a license or to suspend or revoke a license or otherwise take disciplinary action against a person who holds a license, upon the ground that the applicant or the licensee has been convicted of a crime substantially related to the qualifications, functions, and duties of the licensee in question, the record of conviction of the crime shall be conclusive evidence of the fact that the conviction occurred, but only of that fact, and the Bureau for Private Postsecondary Education, the State Athletic Commission, and the California Horse Racing Board may inquire into the circumstances surrounding the commission of the crime in order to fix the degree of discipline or to determine if the conviction is substantially related to the qualifications, functions, and duties of the licensee in question.

(i) Notwithstanding Section 7.5, a conviction within the meaning of this section means a plea or verdict of guilty or a conviction following a plea of nolo contendere. Any action that the Bureau for Private Postsecondary Education, the State Athletic Commission, or the California Horse Racing Board is permitted to take following the establishment of a conviction may be taken when the time for appeal has elapsed, the judgment of conviction has been affirmed on appeal, or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4, 1203.4a, or 1203.41 of the Penal Code.

(j) This section shall become operative on July 1, 2020.

SEC. 6. Section 481 of the Business and Professions Code is amended to read:

481. (a) Each board under the provisions of this code shall develop criteria to aid it, when considering the denial, suspension or revocation of a license, to determine whether a crime or act is substantially related to the qualifications, functions, or duties of the business or profession it regulates.

(b) This section shall become inoperative on July 1, 2020, and, as of January 1, 2021, is repealed.

SEC. 7. Section 481 is added to the Business and Professions Code, to read:

481. (a) Each board under this code shall develop criteria to aid it, when considering the denial, suspension, or revocation of a license, to determine whether a crime is substantially related to the qualifications, functions, or duties of the business or profession it regulates.

(b) Criteria for determining whether a crime is substantially related to the qualifications, functions, or duties of the business or profession a board regulates shall include all of the following:

(1) The nature and gravity of the offense.

(2) The number of years elapsed since the date of the offense.

(3) The nature and duties of the profession in which the applicant seeks licensure or in which the licensee is licensed.

(c) A board shall not deny a license based in whole or in part on a conviction without considering evidence of rehabilitation submitted by an applicant pursuant to any process established in the practice act or regulations of the particular board and as directed by Section 482.

(d) Each board shall post on its Internet Web site a summary of the criteria used to consider whether a crime is considered to be substantially related to the qualifications, functions, or duties of the business or profession it regulates consistent with this section.

(e) This section does not in any way modify or otherwise affect the existing authority of the following entities in regard to licensure:

(1) The State Athletic Commission.

(2) The Bureau for Private Postsecondary Education.

(3) The California Horse Racing Board.

(f) This section shall become operative on July 1, 2020.

SEC. 8. Section 482 of the Business and Professions Code is amended to read:

482. (a) Each board under the provisions of this code shall develop criteria to evaluate the rehabilitation of a person when:

(1) Considering the denial of a license by the board under Section 480; or

(2) Considering suspension or revocation of a license under Section 490.

(b) Each board shall take into account all competent evidence of rehabilitation furnished by the applicant or licensee.

(c) This section shall become inoperative on July 1, 2020, and, as of January 1, 2021, is repealed.

SEC. 9. Section 482 is added to the Business and Professions Code, to read:

482. (a) Each board under this code shall develop criteria to evaluate the rehabilitation of a person when doing either of the following:

(1) Considering the denial of a license by the board under Section 480.

(2) Considering suspension or revocation of a license under Section 490.

(b) Each board shall consider whether an applicant or licensee has made a showing of rehabilitation if either of the following are met:

(1) The applicant or licensee has completed the criminal sentence at issue without a violation of parole or probation.

(2) The board, applying its criteria for rehabilitation, finds that the applicant is rehabilitated.

(c) This section does not in any way modify or otherwise affect the existing authority of the following entities in regard to licensure:

(1) The State Athletic Commission.

(2) The Bureau for Private Postsecondary Education.

(3) The California Horse Racing Board.

(d) This section shall become operative on July 1, 2020.

SEC. 10. Section 488 of the Business and Professions Code is amended to read:

488. (a) Except as otherwise provided by law, following a hearing requested by an applicant pursuant to subdivision (b) of Section 485, the board may take any of the following actions:

(1) Grant the license effective upon completion of all licensing requirements by the applicant.

(2) Grant the license effective upon completion of all licensing requirements by the applicant, immediately revoke the license, stay the revocation, and impose probationary conditions on the license, which may include suspension.

(3) Deny the license.

(4) Take other action in relation to denying or granting the license as the board in its discretion may deem proper.

(b) This section shall become inoperative on July 1, 2020, and, as of January 1, 2021, is repealed.

SEC. 11. Section 488 is added to the Business and Professions Code, to read:

488. (a) Except as otherwise provided by law, following a hearing requested by an applicant pursuant to subdivision (b) of Section 485, the board may take any of the following actions:

(1) Grant the license effective upon completion of all licensing requirements by the applicant.

(2) Grant the license effective upon completion of all licensing requirements by the applicant, immediately revoke the license, stay the revocation, and impose probationary conditions on the license, which may include suspension.

(3) Deny the license.

(4) Take other action in relation to denying or granting the license as the board in its discretion may deem proper.

(b) This section does not in any way modify or otherwise affect the existing authority of the following entities in regard to licensure:

(1) The State Athletic Commission.

(2) The Bureau for Private Postsecondary Education.

(3) The California Horse Racing Board.

(c) This section shall become operative on July 1, 2020.

SEC. 12. Section 493 of the Business and Professions Code is amended to read:

493. (a) Notwithstanding any other provision of law, in a proceeding conducted by a board within the department pursuant to law to deny an application for a license or to suspend or revoke a license or otherwise take disciplinary action against a person who holds a license, upon the ground that the applicant or the licensee has been convicted of a crime substantially related to the qualifications, functions, and duties of the licensee in question, the record of conviction of the crime shall be conclusive evidence of the fact that the conviction occurred, but only of that fact, and the board may inquire into the circumstances surrounding the commission of the crime in order to fix the degree of discipline or to determine if the conviction is substantially related to the qualifications, functions, and duties of the licensee in question.

(b) As used in this section, “license” includes “certificate,” “permit,” “authority,” and “registration.”

(c) This section shall become inoperative on July 1, 2020, and, as of January 1, 2021, is repealed.

SEC. 13. Section 493 is added to the Business and Professions Code, to read:

493. (a) Notwithstanding any other law, in a proceeding conducted by a board within the department pursuant to law to deny an application for a license or to suspend or revoke a license

or otherwise take disciplinary action against a person who holds a license, upon the ground that the applicant or the licensee has been convicted of a crime substantially related to the qualifications, functions, and duties of the licensee in question, the record of conviction of the crime shall be conclusive evidence of the fact that the conviction occurred, but only of that fact.

(b) (1) Criteria for determining whether a crime is substantially related to the qualifications, functions, or duties of the business or profession the board regulates shall include all of the following:

(A) The nature and gravity of the offense.

(B) The number of years elapsed since the date of the offense.

(C) The nature and duties of the profession.

(2) A board shall not categorically bar an applicant based solely on the type of conviction without considering evidence of rehabilitation.

(c) As used in this section, “license” includes “certificate,” “permit,” “authority,” and “registration.”

(d) This section does not in any way modify or otherwise affect the existing authority of the following entities in regard to licensure:

(1) The State Athletic Commission.

(2) The Bureau for Private Postsecondary Education.

(3) The California Horse Racing Board.

(e) This section shall become operative on July 1, 2020.

SEC. 14. Section 11345.2 of the Business and Professions Code is amended to read:

11345.2. (a) An individual shall not act as a controlling person for a registrant if any of the following apply:

(1) The individual has entered a plea of guilty or no contest to, or been convicted of, a felony. Notwithstanding subdivision (c) of Section 480, if the individual’s felony conviction has been dismissed pursuant to Section 1203.4, 1203.4a, or 1203.41 of the Penal Code, the bureau may allow the individual to act as a controlling person.

(2) The individual has had a license or certificate to act as an appraiser or to engage in activities related to the transfer of real property refused, denied, canceled, or revoked in this state or any other state.

(b) Any individual who acts as a controlling person of an appraisal management company and who enters a plea of guilty or no contest to, or is convicted of, a felony, or who has a license or certificate as an appraiser refused, denied, canceled, or revoked in any other state shall report that fact or cause that fact to be reported to the office, in writing, within 10 days of the date he or she has knowledge of that fact.

(c) This section shall become inoperative on July 1, 2020, and, as of January 1, 2021, is repealed.

SEC. 15. Section 11345.2 is added to the Business and Professions Code, to read:

11345.2. (a) An individual shall not act as a controlling person for a registrant if any of the following apply:

(1) The individual has entered a plea of guilty or no contest to, or been convicted of, a felony. If the individual's felony conviction has been dismissed pursuant to Section 1203.4, 1203.4a, 1203.41, or 1203.42 of the Penal Code, the bureau may allow the individual to act as a controlling person.

(2) The individual has had a license or certificate to act as an appraiser or to engage in activities related to the transfer of real property refused, denied, canceled, or revoked in this state or any other state.

(b) Any individual who acts as a controlling person of an appraisal management company and who enters a plea of guilty or no contest to, or is convicted of, a felony, or who has a license or certificate as an appraiser refused, denied, canceled, or revoked in any other state shall report that fact or cause that fact to be reported to the office, in writing, within 10 days of the date he or she has knowledge of that fact.

(c) This section shall become operative on July 1, 2020.

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number:	AB 2193
Author:	Maienschein
Chapter:	755
Bill Date:	August 17, 2018, Amended
Subject:	Maternal Mental Health
Sponsor:	2020 Mom and Maternal Mental Health NOW
Position:	Neutral

DESCRIPTION OF CURRENT LEGISLATION:

This bill requires, by July 1, 2019, a licensed health care practitioner who provides prenatal or postpartum care for a patient to ensure that the mother is offered screening or is appropriately screened for maternal mental health conditions. This bill also requires health insurers and health care service plans to develop maternal mental health clinical case management programs, as specified.

ANALYSIS

This bill specifies that it does not apply to emergency services or care and that this bill does not preclude any licensed or certified provider acting within his or her scope of practice from screening for maternal mental health conditions.

This bill defines a health care practitioner as a physician, naturopathic doctor, nurse practitioner, physician assistant, nurse midwife, or midwife, acting within his or her scope of practice.

This bill defines a maternal mental health condition as a mental health condition that occurs during pregnancy or during the postpartum period and includes, but is not limited to, postpartum depression.

This bill requires health insurers and health care service plans, by July 1, 2019, to develop maternal mental health clinical case management programs (programs) designed to promote quality and cost-effective outcomes. This bill requires the programs to be developed consistent with sound clinical principles and processes. This bill requires the program guidelines and criteria to be made available upon request to medical providers, including obstetric providers.

This bill provides more opportunities for patients to be screened for maternal mental health conditions and the Board took a neutral position on this bill.

FISCAL: Minimal and absorbable fiscal impact

SUPPORT: 2020 Mom (co-sponsor); Maternal Mental Health NOW (co-sponsor); Association of Women's health; Obstetric and Neonatal Nurses; California Access Coalition; California Behavioral Health Planning Council; California Council of Community Behavioral Health Agencies; California Nurse-Midwives Association; Children Now; County Behavioral Health Directors Association of California; Depression and Bipolar Support Alliance; Every Mother Counts; Feminists in Action; Harbor Community Clinics; Health Access California; Hive; ImprovingBirth.org, Inc.; Inland Empire Maternal Mental Health; Lamaze International; Mental Health America of California; Mothers Strong; MotherSquad; National Association of Nurse Practitioners in Women's Health; Postpartum Health Alliance; Postpartum Support International; Prenatal Depression and Anxiety Support; Return to Zero: H.O.P.E; Saddleback Church; Society for Mental-Fetal Medicine; Solid Start Initiative at Zuckerberg San Francisco General Hospital; TheBlueDotProject; University of California, San Francisco; Victor Community Support Services; Women's Foundation of California; and One Individual.

OPPOSITION: None on File

IMPLEMENTATION:

- Newsletter article(s), including a stand-alone article; and
- Notify/train Board staff; Department of Consumer Affairs, Division of Investigation staff; and the Attorney General's Office, Health Quality Enforcement Section; and
- Update the Board's citation and fine regulations.

Assembly Bill No. 2193

CHAPTER 755

An act to add Section 1367.625 to, and to add Article 6 (commencing with Section 123640) to Chapter 2 of Part 2 of Division 106 to, the Health and Safety Code, and to add Section 10123.867 to the Insurance Code, relating to health care.

[Approved by Governor September 26, 2018. Filed with Secretary of State September 26, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2193, Maienschein. Maternal mental health.

Existing law provides for the licensure and regulation of various healing arts professions, including, but not limited to, physicians and surgeons, by various boards within the Department of Consumer Affairs. Existing law imposes certain fines and other penalties for, and authorizes these boards to take disciplinary action against licensees for, violations of the provisions governing those professions.

This bill would require, by July 1, 2019, a licensed health care practitioner who provides prenatal or postpartum care for a patient to offer to screen or appropriately screen a mother for maternal mental health conditions.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of that act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contracts and health insurance policies that provide hospital, medical, or surgical coverage to provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses, as defined, of a person of any age.

This bill would require health care service plans and health insurers, by July 1, 2019, to develop, consistent with sound clinical principles and processes, a maternal mental health program, as specified. Because a willful violation of the bill's requirement by a health care service plan would be a crime, the 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.

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

SECTION 1. Section 1367.625 is added to the Health and Safety Code, to read:

1367.625. (a) By July 1, 2019, a health care service plan shall develop a maternal mental health program designed to promote quality and cost-effective outcomes. The program shall be developed consistent with sound clinical principles and processes. The program guidelines and criteria shall be made available upon request to medical providers, including a contracting obstetric provider.

(b) For the purposes of this section, the following terms have the following meanings:

(1) "Contracting obstetric provider" means an individual who is certified or licensed pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, or an initiative act referred to in that division, and who is contracted with the enrollee's health care service plan to provide services under the enrollee's plan contract.

(2) "Maternal mental health" means a mental health condition that occurs during pregnancy or during the postpartum period and includes, but is not limited to, postpartum depression.

(c) This section shall not apply to specialized health care service plans, except specialized behavioral health-only plans offering professional mental health services.

SEC. 2. Article 6 (commencing with Section 123640) is added to Chapter 2 of Part 2 of Division 106 of the Health and Safety Code, to read:

Article 6. Maternal Mental Health

123640. (a) By July 1, 2019, a licensed health care practitioner who provides prenatal or postpartum care for a patient shall ensure that the mother is offered screening or is appropriately screened for maternal mental health conditions.

(b) This section shall not apply to a licensed health care practitioner when providing emergency services or care, as defined in Section 1317.1.

(c) This section does not preclude any licensed or certified provider acting within his or her scope of practice from screening for maternal mental health conditions.

(d) For purposes of this section, the following definitions apply:

(1) "Maternal mental health condition" means a mental health condition that occurs during pregnancy or during the postpartum period and includes, but is not limited to, postpartum depression.

(2) "Health care practitioner" means a physician and surgeon, naturopathic doctor, nurse practitioner, physician assistant, nurse midwife, or a midwife licensed pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code or an initiative act referred to in that division and who is acting within his or her scope of practice.

SEC. 3. Section 10123.867 is added to the Insurance Code, to read:

10123.867. (a) By July 1, 2019, a health insurer shall develop a maternal mental health program designed to promote quality and cost-effective outcomes. The program shall be developed consistent with sound clinical principles and processes. The program guidelines and criteria shall be made available upon request to medical providers, including a contracting obstetric provider.

(b) For the purposes of this section, the following terms have the following meanings:

(1) "Contracting obstetric provider" means an individual who is certified or licensed pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, or an initiative act referred to in that division, and who is contracted with the insured's health insurer to provide services under the insured's health insurance policy.

(2) "Maternal mental health" means a mental health condition that occurs during pregnancy or during the postpartum period and includes, but is not limited to, postpartum depression.

(c) This section shall not apply to specialized health insurers, except behavioral health-only insurers that provide coverage for professional mental health services.

SEC. 4. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number:	AB 2311
Author:	Arambula
Chapter:	144
Bill Date:	February 13, 2018, Introduced
Subject:	Medicine: Trainees: International Medical Graduates
Sponsor:	Medical Board of California and University of California
Position:	Co-Sponsor/Support

DESCRIPTION OF CURRENT LEGISLATION:

AB 2311 removes the pilot program status in existing law for the University of California Los Angeles (UCLA) International Medical Graduate (IMG) Program, which allows trainees to engage in supervised patient care activities.

ANALYSIS

AB 2311 allows the UCLA IMG Program trainees to engage in supervised patient care activities for a typical assignment lasting 16 weeks, as part of an approved and supervised clinical clerkship/rotation at UCLA health care facilities, or with other approved UCLA affiliates. All such training occurs with supervision provided by licensed physicians. Making this change permanent in statute will allow UCLA IMG Program trainees to receive valuable clinical learning opportunities and not be at risk for disciplinary action by the Board.

The Board believes making this pilot program permanent will benefit the UCLA IMG Program, its participants, and California family medicine programs seeking to increase the recruitment of bilingual physicians to their programs. Allowing for hands-on clinical training in the UCLA IMG Program permanently will ensure that the program continues to improve the preparation and readiness of UCLA IMG Program participants. Because UCLA IMG graduates commit to 24-36 months of post-residency employment in a California health care facility located in a designated medically underserved area, the continued success of the UCLA IMG Program offers longer term benefits for underserved communities throughout California. The Board is a co-sponsor/supporter of this bill, along with the University of California, Office of the President.

FISCAL: No fiscal impact to the Board. The UCLA IMG Program is funded by private sources. Funding sponsors include Kaiser Permanente Community Benefit, UniHealth Foundation, The California Endowment, Molina Family Foundation, New America Alliance, Kaplan educational programs and, private individuals.

SUPPORT: Medical Board of California (Co-Sponsor)
University of California Office of the President (Co-Sponsor)
America's Physician Groups
California Academy of Family Physicians
California Health+ Advocates
California Medical Association

OPPOSITION: None on file

IMPLEMENTATION:

- Newsletter article(s), including a stand-alone article; and
- Notify/train Board staff.

Assembly Bill No. 2311

CHAPTER 144

An act to amend Section 2066.5 of the Business and Professions Code, relating to healing arts.

[Approved by Governor July 20, 2018. Filed with Secretary of State July 20, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2311, Arambula. Medicine: trainees: international medical graduates.

The Medical Practice Act provides for the licensure and regulation of physicians and surgeons by the Medical Board of California and imposes various requirements in that regard. Existing law requires an applicant for a license as a physician and surgeon to successfully complete a specified medical curriculum, a clinical instruction program, and a training program. Existing law provides that nothing in the Medical Practice Act shall be construed to prohibit a foreign medical graduate from engaging in the practice of medicine whenever and wherever required as part of a clinical service program, subject to certain conditions.

Existing law, until January 1, 2019, authorizes a clinical instruction pilot program for certain international medical graduates at the David Geffen School of Medicine of the University of California at Los Angeles (UCLA) as part of an existing preresidency training program, at the option of UCLA. Existing law requires the program to include specified elements relating to the qualifications of the program participants, the clinical instruction, and the training timeframe requirements. Under existing law, those international medical graduates (IMGs) selected for the program are authorized to receive hands-on clinical instruction in specified core courses of study.

This bill would eliminate the reference to the specific courses authorized to be offered to the IMG participants. The bill would also remove the repeal date of January 1, 2019, thereby extending the operation of these provisions indefinitely. The bill would additionally remove various references to the program operating as a pilot.

Existing law specifies that nothing in those provisions should be construed to alter the licensure requirements, and also provides that the board may consider participation in the clinical instruction of the program as remediation for medical education deficiencies, as specified. Existing law also requires UCLA, on or before January 1, 2018, to prepare a report for the board and the Legislature on topics related to the pilot program.

This bill would delete the above provisions.

This bill would make legislative findings and declarations as to the necessity of a special statute for the UCLA International Medical Graduate Program.

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

SECTION 1. Section 2066.5 of the Business and Professions Code is amended to read:

2066.5. (a) The program authorized by this section shall be known and may be cited as the University of California at Los Angeles David Geffen School of Medicine's International Medical Graduate Program.

(b) Nothing in this chapter shall be construed to prohibit a foreign medical graduate from engaging in the practice of medicine when required as part of the program authorized by this section.

(c) There is currently a preresidency training program at the University of California, Los Angeles David Geffen School of Medicine, Department of Family Medicine, hereafter referred to as UCLA, for selected international medical graduates (IMGs). Participation in the program authorized by this section shall be at the option of UCLA. This section authorizes those IMGs, through the program authorized by this section, to receive, through the existing program, hands-on clinical instruction. The program, as administered by UCLA, shall include all of the following elements:

(1) Each program participant shall have done all of the following:

(A) Graduated from a medical school recognized by the Medical Board of California at the time of selection.

(B) Taken and passed the United States Medical Licensing Examination Steps 1 and 2 (Clinical Knowledge and Clinical Science).

(C) Submitted an application and materials to the Educational Commission for Foreign Medical Graduates.

(2) A program participant shall receive all clinical instruction at health care facilities operated by the University of California, Los Angeles, or other approved UCLA-designated teaching sites, which shall be hospitals or clinics with either a signed formal affiliation agreement with UCLA or a signed letter of agreement.

(3) Participation of a trainee in clinical instruction offered by the program shall not generally exceed 16 weeks. However, at the discretion of UCLA, an additional eight weeks of clinical instruction may be granted. In no event shall a participant receive more than 24 weeks of clinical instruction under the program.

(4) The clinical instruction shall be supervised by licensed physicians on faculty at UCLA or faculty affiliated with UCLA as specified in an approved affiliation agreement between UCLA and the affiliated entity.

(5) The clinical instruction shall be provided pursuant to written affiliation agreements for clinical instruction of trainees established by UCLA.

(6) The supervising faculty shall evaluate each participant on a regular basis and shall document the completion of each aspect of the clinical instruction portion of the program for each participant.

(d) UCLA shall provide the board with the names of the participants in the program on an annual basis, or more frequently if necessary to maintain accuracy. Upon a reasonable request of the board, UCLA shall provide additional information such as the courses successfully completed by program participants, the dates of instruction, and other relevant information.

SEC. 2. The Legislature finds and declares that a special statute is necessary and that a general statute cannot be made applicable within the meaning of Section 16 of Article IV of the California Constitution because the UCLA International Medical Graduate Program provides a unique medical training program, serving as a leading producer of Family Medicine physicians in California and serves a critical role in increasing the number of highly skilled physicians with the bicultural and bilingual abilities to meet the needs of patients in California's underserved rural and inner urban communities.

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number:	AB 2461
Author:	Flora and Obernolte
Chapter:	300
Bill Date:	May 25, 2018, Amended
Subject:	Criminal History Information: Subsequent Arrest Notification: State Department of Social Services
Sponsor:	Authors
Position:	Support

DESCRIPTION OF CURRENT LEGISLATION:

This bill requires the Department of Justice (DOJ) to provide all subsequent state and federal arrest or disposition notifications to specified entities, including the Medical Board of California (Board), for any licensee whose fingerprints are maintained on file at DOJ or the Federal Bureau of Investigation (FBI).

ANALYSIS

Existing law requires DOJ to receive federal and state criminal history and in accordance with its statutory requirements, disseminate it to appropriate state entities at the time of the initial background check at time of application. However, after the initial background check, DOJ is not required to provide these state entities, including the Board, with the subsequent federal criminal information, including arrests and convictions.

This bill would require DOJ to provide to the State Department of Social Services, the Board, and the Osteopathic Medical Board of California, pursuant to state or federal law authorizing those departments to receive state or federal summary criminal history information, subsequent state or federal arrest or disposition notifications to assist in fulfilling employment, licensing, or certification duties, or the duties of approving relative caregivers, nonrelative extended family members, and resource families, upon the arrest or disposition of any person whose fingerprints are maintained on file at the DOJ or the FBI.

This bill would also require any entity that submits the fingerprints of applicants for licensing, employment, or certification, or approval to DOJ to comply with existing law that requires the entity to immediately notify DOJ when the applicant is terminated or the license is revoked, in order to allow DOJ to terminate the state or federal subsequent notification.

The Board depends on the DOJ notifications to be informed that a licensee has been arrested or convicted of a crime. This is very important information for the Board to receive so it can look into the matter and take appropriate action. The Board currently receives subsequent arrest records for acts within California and reported to DOJ. However, the Board does not receive subsequent arrest information from the FBI. Requiring DOJ to provide information from the FBI is essential for the Board to meet its mission of consumer protection. For these reasons the Board is supportive of this bill.

<u>FISCAL</u>: None

<u>SUPPORT</u>: Medical Board of California

<u>OPPOSITION:</u> None on file

<u>IMPLEMENTATION:</u>

- Newsletter article(s);
- Set up meeting with DOJ to establish implementation and exchange process; and
- Notify/train Board staff; Department of Consumer Affairs, Division of Investigation staff; and the Attorney General's Office, Health Quality Enforcement Section.

Assembly Bill No. 2461

CHAPTER 300

An act to amend Section 11105.2 of the Penal Code, relating to criminal history information.

[Approved by Governor September 7, 2018. Filed with Secretary of State September 7, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2461, Flora. Criminal history information: subsequent arrest notification: State Department of Social Services.

Existing law authorizes the Department of Justice to provide subsequent state or federal arrest or disposition notification to an entity authorized by state or federal law to receive state or federal summary criminal history information to assist in fulfilling employment, licensing, or certification duties, or the duties of approving relative caregivers, nonrelative extended family members, and resource families upon the arrest or disposition of a person whose fingerprints are maintained on file at the Department of Justice or the Federal Bureau of Investigation as the result of an application for licensing, employment, certification, or approval.

This bill would require the department to provide that subsequent arrest or disposition notification to the State Department of Social Services, the Medical Board of California, and the Osteopathic Medical Board of California.

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

SECTION 1. Section 11105.2 of the Penal Code is amended to read:

11105.2. (a) (1) The Department of Justice shall provide to the State Department of Social Services, the Medical Board of California, and the Osteopathic Medical Board of California, pursuant to state or federal law authorizing those departments to receive state or federal summary criminal history information, and may provide to any other entity authorized by state or federal law to receive state or federal summary criminal history information, subsequent state or federal arrest or disposition notification to assist in fulfilling employment, licensing, or certification duties, or the duties of approving relative caregivers, nonrelative extended family members, and resource families upon the arrest or disposition of any person whose fingerprints are maintained on file at the Department of Justice or the Federal Bureau of Investigation as the result of an application for licensing, employment, certification, or approval. This section does not authorize the notification of a subsequent disposition pertaining to a disposition that does not result in a conviction, unless the department has previously received notification of the arrest and has previously lawfully notified a receiving entity of the pending status of that arrest. If the department supplies subsequent arrest or disposition notification to a receiving entity, the entity shall, at the same time, expeditiously furnish a copy of the information to the person to whom it relates if the information is a basis for an adverse employment, licensing, or certification decision. If the copy is not furnished in person, the copy shall be delivered to the last contact information provided by the applicant.

(2) An entity that submits the fingerprints of applicants for licensing, employment, or certification, or approval to the Department of Justice for the purpose of establishing a record of the applicant to receive notification of subsequent state or federal arrests or dispositions pursuant to paragraph (1) shall comply with subdivision (d).

(b) For purposes of this section, "approval" means those duties described in subdivision (d) of Section 309 of the Welfare and Institutions Code for approving the home of a relative caregiver or of a nonrelative extended family member for placement of a child supervised by the juvenile court, and those duties in Section 16519.5 of the Welfare and Institutions Code for resource families.

(c) An entity, other than a law enforcement agency employing peace officers as defined in Section 830.1, subdivisions (a) and (e) of Section 830.2, subdivision (a) of Section 830.3, subdivisions (a) and (b) of Section 830.5, and subdivision (a) of Section 830.31, shall enter into a contract with the Department of Justice in order to receive notification of subsequent state or federal arrests or dispositions for licensing, employment, or certification purposes.

(d) An entity that submits the fingerprints of applicants for licensing, employment, certification, or approval to the Department of Justice for the purpose of establishing a record of the applicant to receive notification of subsequent state or federal arrests or dispositions shall immediately notify the department when the employment of the applicant is terminated, when the applicant's license or certificate is revoked, when the applicant may no longer renew or reinstate the license or certificate, or when a relative caregiver's or nonrelative extended family member's approval is terminated. The Department of Justice shall terminate state or federal subsequent notification on any applicant upon the request of the licensing, employment, certifying, or approving authority.

(e) An entity that receives a notification of a state or federal subsequent arrest or disposition for a person unknown to the entity, or for a person no longer employed by the entity, or no longer eligible to renew the certificate or license for which subsequent notification service was established shall immediately return the subsequent notification to the Department of Justice, informing the department that the entity is no longer interested in the applicant. The entity shall not record or otherwise retain any information received as a result of the subsequent notice.

(f) An entity that submits the fingerprints of an applicant for employment, licensing, certification, or approval to the Department of Justice for the purpose of establishing a record at the department or the Federal Bureau of Investigation to receive notification of subsequent arrest or disposition shall immediately notify the department if the applicant is not subsequently employed, or if the applicant is denied licensing certification, or approval.

(g) An entity that fails to provide the Department of Justice with notification as set forth in subdivisions (c), (d), and (e) may be denied further subsequent notification service.

(h) Notwithstanding subdivisions (c), (d), and (f), subsequent notification by the Department of Justice and retention by the employing agency shall continue as to retired peace officers listed in subdivision (c) of Section 830.5.

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number:	AB 2487
Author:	McCarty
Chapter:	301
Bill Date:	August 6, 2018, Amended
Subject:	Physicians and Surgeons: Continuing Education: Opiate-Dependent Patient Treatment and Management
Sponsor:	Author
Position:	Neutral

DESCRIPTION OF CURRENT LEGISLATION:

This bill allows physicians the option of taking the currently required one-time 12 hour continuing medical education (CME) course on pain management and the treatment of terminally ill and dying patients or taking a one-time 12 hour CME course on the treatment and management of opiate-dependent patients.

ANALYSIS

This bill allows all physicians, licensed after January 1, 2019, to opt to complete a one-time mandatory 12-hour CME course on the treatment and management of opiate-dependent patients, which must include 8 hours of training in buprenorphine treatment, or other similar medicinal treatment, for opioid use disorders, in lieu of the existing required CME on pain management. Physicians are required to take one of these CME courses.

This bill specifies that the new option for the CME requirement does not apply to a physician who met the CME requirements before January 1, 2019. This bill requires the Board to determine whether a physician has met the requirements of this bill.

According to the author's office, this training is already offered and available to physicians from the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, and the American Osteopathic Association. The author's office believes that this education and training will give physicians important tools to address the opioid epidemic.

The growing opioid abuse epidemic remains a matter of concern for the Board and this bill will help to increase education in medication-assisted treatment for physicians. This bill does not mandate a new CME requirement, but allows a physician the option of deciding which CME course they would rather take to meet the CME requirement. For these reasons, the Board has taken a neutral position on this bill.

FISCAL: Minimal and absorbable fiscal impact

SUPPORT: California Chapter of the American College of Emergency Physicians

OPPOSITION: None on file

IMPLEMENTATION:

- Update the Board's webpage on CME;
- Update BreEZe and the renewal notice to require physicians to verify they have taken one of the required courses;
- Newsletter article(s), including a stand-alone article; and
- Notify/train Board staff; Department of Consumer Affairs, Division of Investigation staff; and the Attorney General's Office, Health Quality Enforcement Section.

Assembly Bill No. 2487

CHAPTER 301

An act to add Section 2190.6 to the Business and Professions Code, relating to healing arts.

[Approved by Governor September 7, 2018. Filed with Secretary of State September 7, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2487, McCarty. Physicians and surgeons: continuing education: opiate-dependent patient treatment and management.

Existing state law, the Medical Practice Act, establishes the Medical Board of California within the Department of Consumer Affairs. The board is responsible for the licensure and regulation of physicians and surgeons, and is required by the act to adopt and administer standards for the continuing education of those physicians and surgeons. Existing law requires all physicians and surgeons to complete a mandatory continuing education course on pain management and the treatment of terminally ill and dying patients, as provided.

Existing federal law, the Comprehensive Addiction Recovery Act of 2016, requires physicians and surgeons who dispense narcotic drugs for patient treatment to obtain a separate registration from the United States Attorney General. The United States Drug Enforcement Administration, within the federal Office of the Attorney General, administers the registration and requires physicians and surgeons to renew that registration at specified intervals. A physician and surgeon qualifies for a waiver of the registration if he or she is licensed under state law and completes at least one specified training, such as 8 hours of training in the treatment and management of opiate-dependent patients.

This bill would authorize a physician and surgeon to complete a one-time continuing education course on opiate-dependent patient treatment and management, as specified, as an alternative to the mandatory continuing education course on pain management and the treatment of terminally ill and dying patients.

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

SECTION 1. Section 2190.6 is added to the Business and Professions Code, to read:

2190.6. (a) As an alternative to Section 2190.5, a physician and surgeon may complete a one-time continuing education course of 12 credit hours in the subjects of treatment and management of opiate-dependent patients, including eight hours of training in buprenorphine treatment, or other similar medicinal treatment, for opioid use disorders.

(b) A physician and surgeon who meets the requirements, as determined by the board, of a “qualifying physician” under clause (ii) of subparagraph (G) of paragraph (2) of subsection (g) of Section 823 of Title 21 of the United States Code, the Comprehensive Addiction Recovery Act of 2016 (Public Law 114-198), as that clause read on January 1, 2018, shall be deemed to have met the requirements of subdivision (a).

(c) A physician and surgeon who chooses to comply with this section as an alternative to Section 2190.5 shall complete the requirements of this section by his or her next license renewal date.

(d) The board shall determine whether a physician and surgeon has met the requirements of this section.

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: AB 2760
Author: Wood
Chapter: 324
Bill Date: August 15, 2018, Amended
Subject: Prescription Drugs: Prescribers: Naloxone Hydrochloride and Other FDA-Approved Drugs
Sponsor: Author
Position: Support

DESCRIPTION OF CURRENT LEGISLATION:

This bill requires a health care practitioner authorized to prescribe controlled substances (prescriber) to offer a prescription for naloxone hydrochloride (naloxone) or another drug approved by the United States Food and Drug Administration (FDA) for the complete or partial reversal of opioid depression, under specified conditions. This bill also requires a prescriber to provide education to a patient, or the patient's parent or guardian, or designee, on overdose prevention and the use of naloxone or other similar drug approved by the FDA.

ANALYSIS

This bill makes findings and declarations regarding opioid misuse and abuse and overdose deaths. This bill requires a prescriber to offer a prescription for naloxone or another drug approved by the FDA for the complete or partial reversal of opioid depression, when one or more of the following conditions are present:

- The prescription dosage for the patient is 90 or more morphine milligram equivalents of an opioid medication per day.
- An opioid medication is prescribed concurrently with a prescription for a benzodiazepine.
- The patient presents with an increased risk for overdose, including a patient history of overdose, a patient with a history of substance use disorder, or a patient at risk for returning to a high dose of opioid medication to which the patient is no longer tolerant.

This bill also requires a prescriber, consistent with the existing standard of care, to provide education to a patient, or the patient's parent or guardian, or designee, on overdose prevention and the use of naloxone or other similar drug approved by the FDA.

This bill specifies that a prescriber who fails to offer a prescription or provide education, as required by this bill, must be referred to the appropriate licensing board solely for the imposition of administrative sanctions deemed appropriate by that board. This bill specifies that it does not create a private right of action against a prescriber, and does not limit a prescriber's liability for the negligent failure to diagnose or treat a patient.

According to the author's office, offering a prescription for naloxone or other similar drug for those at high-risk places an immediate deterrent into the hands of those directly impacted or into the hands of their family and care givers. Naloxone is a tool that can immediately save lives and hopefully provide an opportunity for discussion of treatment for individuals suffering from a substance use disorder.

This bill will increase at-risk patients' access to naloxone, which will further the Board's mission of consumer protection. In addition, it will not require these prescriptions to be filled if the patient cannot fill for financial or other reasons. For these reasons, the Board is supportive of this bill.

FISCAL: Minimal and absorbable fiscal impact

SUPPORT: A New Path; California Association of Code Enforcement Officers; California Chronic Care Coalition; California College and University Police Chiefs Association; California College of Community Behavioral Agencies; California Hepatitis C Task Force; California Narcotic Officers Association; California Pharmacists Association; Congress of California Seniors; County Behavioral Health Directors Association; County Health Executives Association of California; Drug Policy Alliance; Emergency Medical Services Medical Directors Association of California; Los Angeles County Professional Peace Officers Association; McKesson Corporation; Medical Board of California; National Health Law Program; Western Center on Law and Poverty; and three individuals

OPPOSITION: California Academy of Family Physicians; California Chapter of the American College of Emergency Physicians; and California Medical Association

IMPLEMENTATION:

- Newsletter article(s), including a stand-alone article;
- Notify/train Board staff; Department of Consumer Affairs, Division of Investigation staff; and the Attorney General's Office, Health Quality Enforcement Section;

- Update procedures for both complaints and investigations related to violations of the requirements in this bill; and
- Update the Board's citation and fine regulations.

Assembly Bill No. 2760

CHAPTER 324

An act to add Article 10.7 (commencing with Section 740) to Chapter 1 of Division 2 of the Business and Professions Code, relating to healing arts.

[Approved by Governor September 10, 2018. Filed with Secretary of State September 10, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2760, Wood. Prescription drugs: prescribers: naloxone hydrochloride and other FDA-approved drugs.

Existing law provides for the regulation of health care practitioners and requires prescription drugs to be ordered and dispensed in accordance with the Pharmacy Law. Existing law authorizes a pharmacist to furnish naloxone hydrochloride in accordance with standardized procedures or protocols developed by both the California State Board of Pharmacy and the Medical Board of California.

This bill would require a prescriber, as defined, to offer a prescription for naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid depression to a patient when certain conditions are present and to provide education on overdose prevention and the use of naloxone hydrochloride or another drug to the patient and specified others, except as specified. The bill would subject a prescriber to referral to the board charged with regulating his or her license for the imposition of administrative sanctions, as that board deems appropriate, for violating those provisions.

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

SECTION 1. The Legislature finds and declares all of the following:

(a) Abuse and misuse of opioids is a serious problem that affects the health, social, and economic welfare of the state.

(b) After alcohol, prescription drugs are the most commonly abused substances by Americans over 12 years of age.

(c) Almost 2,000,000 people in the United States suffer from substance use disorders related to prescription opioid pain relievers.

(d) Nonmedical use of prescription opioid pain relievers can be particularly dangerous when the products are manipulated for snorting or injection or are combined with other drugs.

(e) Deaths involving prescription opioid pain relievers represent the largest proportion of drug overdose deaths, greater than the number of overdose deaths involving heroin or cocaine.

(f) Driven by the continued surge in drug deaths, life expectancy in the United States dropped for the second year in a row in 2016, resulting in the first consecutive decline in national life expectancy since 1963.

(g) Should 2017 also result in a decline in life expectancy as a result of drug deaths, it would be the first three-year period of consecutive life expectancy declines since World War I and the Spanish flu pandemic in 1918.

SEC. 2. Article 10.7 (commencing with Section 740) is added to Chapter 1 of Division 2 of the Business and Professions Code, to read:

Article 10.7 Opioid Medication

740. For purposes of this article, "prescriber" means a person licensed, certified, registered, or otherwise subject to regulation pursuant to this division, or an initiative act referred to in this division, who is authorized to prescribe prescription drugs.

741. (a) Notwithstanding any other law, a prescriber shall do the following:

(1) Offer a prescription for naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid depression to a patient when one or more of the following conditions are present:

(A) The prescription dosage for the patient is 90 or more morphine milligram equivalents of an opioid medication per day.

(B) An opioid medication is prescribed concurrently with a prescription for benzodiazepine.

(C) The patient presents with an increased risk for overdose, including a patient with a history of overdose, a patient with a history of substance use disorder, or a patient at risk for returning to a high dose of opioid medication to which the patient is no longer tolerant.

(2) Consistent with the existing standard of care, provide education to patients receiving a prescription under paragraph (1) on overdose prevention and the use of naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid depression.

(3) Consistent with the existing standard of care, provide education on overdose prevention and the use of naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid depression to one or more persons designated by the patient, or, for a patient who is a minor, to the minor's parent or guardian.

(b) This section does not apply to a prescriber when prescribing to an inmate or a youth under the jurisdiction of the Department of Corrections and Rehabilitation or the Division of Juvenile Justice within the Department of Corrections and Rehabilitation.

742. A prescriber who fails to offer a prescription, as required by paragraph (1) of subdivision (a) of Section 741, or fails to provide the education and use information required by paragraphs (2) and (3) of subdivision (a) of Section 741 shall be referred to the appropriate licensing board solely for the imposition of administrative sanctions deemed appropriate by that board. This section does not create a private right of action against a prescriber, and does not limit a prescriber's liability for the negligent failure to diagnose or treat a patient.

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: AB 2789
Author: Wood
Chapter: 438
Bill Date: August 14, 2018, Amended
Subject: Health Care Practitioners: Prescriptions: Electronic Data Transmission
Sponsor: Author
Position: Support

DESCRIPTION OF CURRENT LEGISLATION:

This bill requires all prescriptions issued by licensed prescribers, on or after January 1, 2022, to be issued as electronic data transmission prescriptions (e-prescriptions).

ANALYSIS

This bill requires a health care practitioner authorized to issue a prescription to have the capability to issue an e-prescription and to transmit an e-prescription to a pharmacy by January 1, 2022. This bill requires a pharmacy, pharmacist, or other practitioner authorized to dispense and furnish a prescription to have the capability to receive an e-prescription by January 1, 2022. This bill requires all prescriptions to be issued as e-prescriptions by January 1, 2022.

This bill specifies that the requirement to issue prescriptions as e-prescriptions does not apply to any of the following:

- A prescription issued for a controlled substance for use by a patient who has a terminal illness.
- If an e-prescription is not available due to a temporary technological or electrical failure, which is defined as a failure of a computer system, application, or device, or the loss of electrical power to that system, application, or device, or any other service interruption affecting the certified electronic transmission prescription application used to transmit the prescription.
- If the prescribing health care practitioner is issuing a prescription to be dispensed by a pharmacy located outside of California.
- If the prescription is issued by a veterinarian.
- If the prescription is for eyeglasses or contact lenses.
- If the prescribing health care practitioner and the dispenser are the same entity.
- If the prescription is issued by a prescribing health care practitioner under circumstances whereby the practitioner reasonably determines that it would be impractical for the patient to obtain controlled substances prescribed by an e-prescription in a timely manner, and the delay would adversely impact the patient's medical condition.

- If the prescription that is issued includes elements not covered by the latest version of the National Council for Prescription Drug Programs' SCRIPT standard, as amended from time to time.
- If the prescription is issued in a hospital emergency department or urgent care clinic and one or more of the following conditions are present:
  - The patient resides outside of California.
  - The patient resides outside the geographic service area of the hospital.
  - The patient is homeless or indigent and does not have a regular or preferred pharmacy.
  - The prescription is issued at a time when a patient's regular or preferred pharmacy is likely to be closed.

  For prescriptions that meet these circumstances, they may be provided directly to the patient.

This bill specifies that it does not apply to a health care practitioner, pharmacist, or pharmacy when providing health care services to an inmate, individual on parole, or youth under the jurisdiction of the Department of Corrections and Rehabilitation.

This bill specifies that if a health care practitioner does not transmit the prescription as an e-prescription, he or she shall document the reason in the patient's medical record as soon as practicable, and within 72 hours of the end of the technological or electrical failure that prevented the electronic transmission of the prescription.

This bill requires a pharmacy that receives an e-prescription, who has not yet dispensed the medication to the patient, to immediately transfer or forward the e-prescription to an alternative pharmacy at the request of the patient. This bill specifies that if a pharmacy or its staff is aware that an attempted e-prescription failed, is incomplete, or not appropriately received, the pharmacy shall immediately notify the prescriber. This bill also specifies that a pharmacist who receives a written, oral, or faxed prescription is not required to verify that the prescription properly falls under one of the exceptions; pharmacists may continue to dispense medications from legally valid written, oral, or fax prescriptions.

This bill specifies that a health care practitioner, pharmacist, or pharmacy who fails to meet the applicable requirements of this bill must be referred to the appropriate state professional licensing board solely for administrative sanctions, as deemed appropriate by that board. This bill specifies that it does not create a private right of action against a health care practitioner and it does not limit a health care practitioner's liability for the negligent failure to diagnose or treat a patient.

The author believes that the sheer number of opioid prescriptions written in California lends itself to the conclusion that many of these prescriptions are obtained through fraudulent means, such as doctor shopping, stolen or forged prescription pads, and the altering of legitimate prescriptions to increase the quantity and/or frequency of refills. The author believes the adoption of e-prescribing would significantly reduce, if not eliminate, paper-based fraud and forgery, while creating records of controlled substance transactions. Electronic controlled substance prescriptions cannot be altered or copied and are electronically trackable.

The Board's primary mission is consumer protection and the growing opioid abuse epidemic remains a matter of concern for the Board. Moving towards e-prescribing would help to eliminate fraudulent prescriptions, including prescriptions for opioids. This will further the Board's mission of consumer protection and the Board has taken a support position on this bill.

FISCAL: Minor and absorbable fiscal impact.

SUPPORT: America's Physician Groups; California Association of Health Underwriters; California Dental Association; California Pharmacists Association; California State Board of Pharmacy; Healthcare Distribution Alliance; McKesson; Medical Board of California; National Association of Chain Drug Stores; and OCHIN

OPPOSITION: California Academy of Family Physicians; California Medical Association; California Society of Plastic Surgeons; and Osteopathic Physicians and Surgeons of California

IMPLEMENTATION:

- Newsletter article(s), including a stand-alone article;
- Notify/train Board staff; Department of Consumer Affairs, Division of Investigation staff; and the Attorney General's Office, Health Quality Enforcement Section;
- Update the Board's citation and fine regulations; and
- Provide outreach to physicians regarding the new requirement, including email blasts, posting information on social media, and posting information on the Board's website.

Assembly Bill No. 2789

CHAPTER 438

An act to add Section 688 to the Business and Professions Code, relating to healing arts.

[Approved by Governor September 17, 2018. Filed with Secretary of State September 17, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2789, Wood. Health care practitioners: prescriptions: electronic data transmission.

Existing law provides for the regulation of health care practitioners and requires prescription drugs to be ordered and dispensed in accordance with the Pharmacy Law. The Pharmacy Law provides that a prescription is an oral, written, or electronic data transmission order and requires electronic data transmission prescriptions to be transmitted and processed in accordance with specified requirements.

This bill, on and after January 1, 2022, would require health care practitioners authorized to issue prescriptions to have the capability to transmit electronic data transmission prescriptions, and would require pharmacies to have the capability to receive those transmissions. The bill would require those health care practitioners to issue prescriptions as an electronic data transmission prescription, unless specified exceptions are met. The bill would not require the pharmacy to verify that a written, oral, or faxed prescription satisfies the specified exemptions. The bill would require the pharmacy receiving the electronic data transmission prescription to immediately notify the prescriber if the electronic data transmission prescription fails, is incomplete, or is otherwise not appropriately received. The bill would require the pharmacy to transfer or forward the prescription to another pharmacy at the request of the patient, as specified. The bill would exempt from these provisions a health care practitioner, pharmacist, or pharmacy when providing health care services to specified individuals under the jurisdiction of the Department of Corrections and Rehabilitation. The bill would require that a health care practitioner, pharmacist, or pharmacy who fails to meet the applicable requirements imposed by this bill be referred to the appropriate state professional licensing board solely for administrative sanctions, as provided.

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

SECTION 1. Section 688 is added to the Business and Professions Code, to read:

688. (a) On and after January 1, 2022, a health care practitioner authorized to issue a prescription pursuant to Section 4040 shall have the capability to issue an electronic data transmission prescription, as defined under Section 4040, on behalf of a patient and to transmit that electronic data transmission prescription to a pharmacy selected by the patient.

(b) On and after January 1, 2022, a pharmacy, pharmacist, or other practitioner authorized under California law to dispense or furnish a prescription pursuant to Section 4040 shall have the capability to receive an electronic data transmission prescription on behalf of a patient.

(c) For a prescription for a controlled substance, as defined by Section 4021, generation and transmission of the electronic data transmission prescription shall comply with Parts 1300, 1304, 1306, and 1311 of Title 21 of the Code of Federal Regulations, as amended from time to time.

(d) On and after January 1, 2022, a prescription prescribed by a health care practitioner shall be issued as an electronic data transmission prescription. This subdivision shall not apply to prescriptions issued pursuant to subdivision (e).

(e) Subdivision (d) shall not apply to any of the following:

(1) The prescription is issued pursuant to Section 11159.2 of the Health and Safety Code.

(2) An electronic data transmission prescription is not available due to a temporary technological or electrical failure. For purposes of this paragraph, "temporary technological or electrical failure" means failure of a computer system, application, or device, or the loss of electrical power to that system, application, or device, or any other service interruption affecting the certified electronic data transmission prescription application used to transmit the prescription.

(3) The prescribing health care practitioner is issuing a prescription to be dispensed by a pharmacy located outside California.

(4) (A) The prescription is issued in a hospital emergency department or urgent care clinic and one or more of the following conditions are present:

(i) The patient resides outside California.

(ii) The patient resides outside the geographic area of the hospital.

(iii) The patient is homeless or indigent and does not have a preferred pharmacy.

(iv) The prescription is issued at a time when a patient's regular or preferred pharmacy is likely to be closed.

(B) Under any of the conditions described in subparagraph (A), a prescription shall be electronically issued but does not require electronic transmission and may be provided directly to the patient.

(5) The prescription is issued by a veterinarian.

(6) The prescription is for eyeglasses or contact lenses.

(7) The prescribing health care practitioner and the dispenser are the same entity.

(8) The prescription is issued by a prescribing health care practitioner under circumstances whereby the practitioner reasonably determines that it would be impractical for the patient to obtain substances prescribed by

an electronic data transmission prescription in a timely manner, and the delay would adversely impact the patient's medical condition.

(9) The prescription that is issued includes elements not covered by the latest version of the National Council for Prescription Drug Programs' SCRIPT standard, as amended from time to time.

(f) A health care practitioner who issues a prescription for a controlled substance but does not transmit the prescription as an electronic data transmission prescription shall document the reason in the patient's medical record as soon as practicable and within 72 hours of the end of the technological or electrical failure that prevented the electronic data transmission of the prescription.

(g) A pharmacy that receives an electronic data transmission prescription from a prescribing health care practitioner who has issued the prescription but has not dispensed the medication to the patient shall, at the request of the patient or a person authorized to make a request on behalf of the patient, immediately transfer or forward the electronic data transmission prescription to an alternative pharmacy designated by the requester.

(h) If a pharmacy, or its staff, is aware than an attempted transmission of an electronic data transmission prescription failed, is incomplete, or is otherwise not appropriately received, the pharmacy shall immediately notify the prescribing health care practitioner.

(i) A pharmacist who receives a written, oral, or faxed prescription shall not be required to verify that the prescription properly falls under one of the exceptions in subdivision (e). Pharmacists may continue to dispense medications from legally valid written, oral, or fax prescriptions pursuant to this division.

(j) A health care practitioner, pharmacist, or pharmacy who fails to meet the applicable requirements of this section shall be referred to the appropriate state professional licensing board solely for administrative sanctions, as deemed appropriate by that board. This section does not create a private right of action against a health care practitioner. This section does not limit a health care practitioner's liability for the negligent failure to diagnose or treat a patient.

(k) This section shall not apply to a health care practitioner, pharmacist, or pharmacy when providing health care services to an inmate, individual on parole, or youth under the jurisdiction of the Department of Corrections and Rehabilitation.

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number:	AB 2968
Author:	Levine
Chapter:	778
Bill Date:	August 14, 2018, Amended
Subject:	Psychotherapist-Client Relationship: Victims of Sexual Behavior and Sexual Contact: Informational Brochure
Sponsor:	Author
Position:	Support

DESCRIPTION OF CURRENT LEGISLATION:

This bill updates and modernizes the informational brochure for victims of psychotherapist-patient sexual impropriety.

This bill amends existing law regarding the informational brochure DCA is currently required to prepare and now requires the Medical Board of California (Board), the Board of Behavioral Sciences, the Board of Psychology, and the Osteopathic Medical Board of California to prepare and disseminate this brochure. Currently, the brochure is for victims of psychotherapist-patient sexual contact. This bill changes it to psychotherapist-client sexual behavior and contact. This bill also deletes the requirement in existing law that DCA must consult with the Office of Criminal Justice and the Office of the Attorney General in developing the brochure.

This bill changes the definition of a psychotherapist to any of the following: A physician or surgeon specializing in the practice of psychiatry or practicing psychotherapy; a psychologist; a psychological assistant; a registered psychologist; a trainee under the supervision of a licensed psychologist; a marriage and family therapist; an associate marriage and family therapist; a marriage and family therapist trainee; a licensed educational psychologist; a clinical social worker; an associate clinical social worker; a licensed professional clinical counselor; an associate professional clinical counselor; and a clinical counselor trainee.

This bill adds sexual behavior and defines it as inappropriate contact or communication of a sexual nature. This bill specifies that sexual behavior does not include the provision of appropriate therapeutic interventions relating to sexual issues.

Per the author's office, this bill updates and modernizes existing statute by removing obsolete language, including currently recognized forms of sexual exploitation and modern modes of communication, and more clearly articulates to consumers the most effective course of action when reporting these types of allegations.

Medical Board staff worked with other affected boards to provide technical assistance on the language included in this bill. This bill updates existing law and the content for the required informational brochure, which will help consumers to know when to file a complaint. This bill promotes the Board's mission of consumer protection and the Board took a support position on this bill.

FISCAL: None

SUPPORT: American Association for Marriage and Family Therapy, California Division; Board of Behavioral Sciences; California Access Coalition; California Board of Psychology; Depression and Bipolar Support Alliance; Medical Board of California; and Osteopathic Medical Board of California

OPPOSITION: None on file

IMPLEMENTATION:

- Newsletter article(s), including a stand-alone article when the brochure is revised;
- Notify/train Board staff; and
- Update the Board's website with the revised brochure and ensure the updated brochure is disseminated to consumers who make these types of complaints.

Assembly Bill No. 2968

CHAPTER 778

An act to amend Sections 337 and 728 of the Business and Professions Code, relating to healing arts.

[Approved by Governor September 26, 2018. Filed with Secretary of State September 26, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2968, Levine. Psychotherapist-client relationship: victims of sexual behavior and sexual contact: informational brochure.

Existing law requires the Department of Consumer Affairs to prepare and disseminate an informational brochure for victims of psychotherapist-patient sexual contact and their advocates, and requires the brochure to be developed by the department in consultation with the office of Criminal Justice Planning and the office of the Attorney General, as specified. Existing law requires the brochure to include specified subjects and requires the brochure to be provided to individuals who contact the Medical Board of California and affiliated health boards or the Board of Behavioral Sciences regarding a complaint involving psychotherapist-patient sexual relations.

This bill would instead require the brochure to be prepared, developed, and disseminated by the Board of Behavioral Sciences, the Board of Psychology, the Medical Board of California, and the Osteopathic Medical Board of California. The bill would require that the brochure also be for victims of psychotherapist-client sexual behavior. The bill would revise the required content of the brochure, would require the brochure to be made available on the Internet Web sites of the Board of Behavioral Sciences, the Board of Psychology, the Medical Board of California, and the Osteopathic Medical Board of California, and would require the brochure to be provided to each individual contacting those boards regarding a complaint involving psychotherapist-client sexual behavior and sexual contact. The bill would also make conforming changes.

Existing law requires a psychotherapist or an employer of a psychotherapist who becomes aware through a patient that the patient had alleged sexual intercourse or alleged sexual contact, as defined, with a previous psychotherapist to provide a brochure developed by the department that delineates the rights of, and remedies for, patients who have been involved sexually with their psychotherapists. Existing law defines "psychotherapist" for purposes of those provisions to include various mental health practitioners and makes a failure to comply unprofessional conduct.

This bill would make this requirement also apply in the case of alleged sexual behavior, as defined, with a previous psychotherapist and would specify that the required brochure is the above-described brochure. The bill would also expand the list of mental health practitioners included in the definition of "psychotherapist" for those purposes.

This bill would incorporate additional changes to Section 728 of the Business and Professions Code proposed by AB 93 to be operative only if this bill and AB 93 are enacted and this bill is enacted last.

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

SECTION 1. Section 337 of the Business and Professions Code is amended to read:

337. (a) The Board of Behavioral Sciences, the Board of Psychology, the Medical Board of California, and the Osteopathic Medical Board of California shall prepare and disseminate an informational brochure for victims of psychotherapist-client sexual behavior and sexual contact and their advocates. This brochure shall be developed by the Board of Behavioral Sciences, the Board of Psychology, the Medical Board of California, and the Osteopathic Medical Board of California.

(b) The brochure shall include, but is not limited to, the following:

(1) A legal and an informal definition of psychotherapist-client sexual behavior and sexual contact.

(2) A brief description of common personal reactions.

(3) A client's bill of rights.

(4) Instructions for reporting psychotherapist-client sexual behavior and sexual contact.

(5) A full description of administrative complaint procedures.

(6) Information that other civil and criminal remedies may also be available to them in regards to the incident.

(7) A description of services available for support of victims.

(c) The brochure shall be provided to each individual contacting the Board of Behavioral Sciences, the Board of Psychology, the Medical Board of California, or the Osteopathic Medical Board of California regarding a complaint involving psychotherapist-client sexual behavior and sexual contact.

(d) The brochure shall be made available on the Internet Web sites of the Board of Behavioral Sciences, the Board of Psychology, the Medical Board of California, and the Osteopathic Medical Board of California.

SEC. 2. Section 728 of the Business and Professions Code is amended to read:

728. (a) Any psychotherapist or employer of a psychotherapist who becomes aware through a client that the client had alleged sexual intercourse or alleged sexual behavior or sexual contact with a previous psychotherapist during the course of a prior treatment shall provide to the client a brochure developed pursuant to Section 337 that delineates the rights of, and remedies for, clients who have been involved sexually with their psychotherapists. Further, the psychotherapist or employer shall discuss the brochure with the client.

(b) Failure to comply with this section constitutes unprofessional conduct.

(c) For the purpose of this section, the following definitions apply:

(1) “Psychotherapist” means any of the following:

(A) A physician and surgeon specializing in the practice of psychiatry or practicing psychotherapy.

(B) A psychologist.

(C) A psychological assistant.

(D) A registered psychologist.

(E) A trainee under the supervision of a licensed psychologist.

(F) A marriage and family therapist.

(G) An associate marriage and family therapist.

(H) A marriage and family therapist trainee.

(I) A licensed educational psychologist.

(J) A clinical social worker.

(K) An associate clinical social worker.

(L) A licensed professional clinical counselor.

(M) An associate professional clinical counselor.

(N) A clinical counselor trainee.

(2) “Sexual behavior” means inappropriate contact or communication of a sexual nature. “Sexual behavior” does not include the provision of appropriate therapeutic interventions relating to sexual issues.

(3) “Sexual contact” means the touching of an intimate part of another person.

(4) “Intimate part” and “touching” have the same meaning as defined in subdivisions (g) and (e), respectively, of Section 243.4 of the Penal Code.

(5) “The course of a prior treatment” means the period of time during which a client first commences treatment for services that a psychotherapist is authorized to provide under his or her scope of practice, or that the psychotherapist represents to the client as being within his or her scope of practice, until the psychotherapist-client relationship is terminated.

SEC. 2.5. Section 728 of the Business and Professions Code is amended to read:

728. (a) Any psychotherapist or employer of a psychotherapist who becomes aware through a client that the client had alleged sexual intercourse or alleged sexual behavior or sexual contact with a previous psychotherapist during the course of a prior treatment shall provide to the client a brochure developed pursuant to Section 337 that delineates the rights of, and remedies for, clients who have been involved sexually with their psychotherapists. Further, the psychotherapist or employer shall discuss the brochure with the client.

(b) Failure to comply with this section constitutes unprofessional conduct.

(c) For the purpose of this section, the following definitions apply:

(1) “Psychotherapist” means any of the following:

(A) A physician and surgeon specializing in the practice of psychiatry or practicing psychotherapy.

(B) A psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900).

(C) A psychological assistant.
(D) A registered psychologist.
(E) A trainee under the supervision of a licensed psychologist.
(F) A marriage and family therapist.
(G) An associate marriage and family therapist.
(H) A marriage and family therapist trainee.
(I) A licensed educational psychologist.
(J) A clinical social worker.
(K) An associate clinical social worker.
(L) A licensed professional clinical counselor.
(M) An associate professional clinical counselor, as specified in Chapter 16 (commencing with Section 4999.10).
(N) A clinical counselor trainee, as specified in Chapter 16 (commencing with Section 4999.10).

(2) "Sexual behavior" means inappropriate contact or communication of a sexual nature. "Sexual behavior" does not include the provision of appropriate therapeutic interventions relating to sexual issues.

(3) "Sexual contact" means the touching of an intimate part of another person.

(4) "Intimate part" and "touching" have the same meanings as defined in subdivisions (g) and (e), respectively, of Section 243.4 of the Penal Code.

(5) "The course of a prior treatment" means the period of time during which a client first commences treatment for services that a psychotherapist is authorized to provide under his or her scope of practice, or that the psychotherapist represents to the client as being within his or her scope of practice, until the psychotherapist-client relationship is terminated.

SEC. 3. Section 2.5 of this bill incorporates amendments to Section 728 of the Business and Professions Code proposed by both this bill and Assembly Bill 93. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2019, (2) each bill amends Section 728 of the Business and Professions Code, and (3) this bill is enacted after Assembly Bill 93, in which case Section 2 of this bill shall not become operative.

OFFICE OF THE GOVERNOR

SEP 30 2018

To the Members of the California State Assembly:

I am returning Assembly Bill 3115 without my signature.

This bill would permit local emergency medical services agencies to develop community paramedicine programs under prescribed state rules.

Through the health workforce pilot project started in 2014, local community paramedicine programs are using paramedics to assist in the transportation and care of patients in settings other than an emergency room. While this bill has the good intention of making the pilot project permanent, it restricts the types of facilities to which patients can be transported. It also limits the discretion of local governments to design and manage their projects in the way they think best.

I support these innovative local efforts and believe they should be expanded but without the restrictions contained in this bill. To achieve that, I am directing the continuation of the existing pilot project and encouraging all of the interested parties to work together to make this program permanent.

Sincerely,

Edmund G. Brown Jr.

Assembly Bill No. 3115

Passed the Assembly August 31, 2018

Chief Clerk of the Assembly

Passed the Senate August 31, 2018

Secretary of the Senate

This bill was received by the Governor this _____ day of ________________, 2018, at _____ o'clock ____M.

Private Secretary of the Governor

CHAPTER ________

An act to amend Section 1799.2 of, to amend, repeal, and add Section 1797.272 of, to add Section 1797.259 to, and to add and repeal Chapter 13 (commencing with Section 1800) of Division 2.5 of, the Health and Safety Code, relating to community paramedicine.

LEGISLATIVE COUNSEL'S DIGEST

AB 3115, Gipson. Community Paramedicine or Triage to Alternate Destination Act.

(1) Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, governs local emergency medical services (EMS) systems. The existing act establishes the Emergency Medical Services Authority, which is responsible for the coordination and integration of EMS systems. Among other duties, existing law requires the authority is required to develop planning and implementation guidelines for EMS systems, provide technical assistance to existing agencies, counties, and cities for the purpose of developing the components of EMS systems, and receive plans for the implementation of EMS and trauma care systems from local EMS agencies. Existing law makes violation of the act or regulations adopted pursuant to the act punishable as a misdemeanor.

This bill would establish within the act until January 1, 2025, the Community Paramedicine or Triage to Alternate Destination Act of 2018. The bill would authorize a local EMS agency to develop a community paramedicine or triage to alternate destination program, as defined, to provide specified community paramedicine services. The bill would require the authority to develop regulations to establish minimum standards for a program, and would further require the Commission on Emergency Medical Services to review and approve those regulations. The bill would require the authority to review a local EMS agency's proposed program and approve, approve with conditions, or deny the proposed program no later than 6 months after it is submitted by the local EMS agency. The bill would require a local EMS agency that opts to develop a program to perform specified duties that include, among others, integrating the proposed program into the local EMS agency's EMS plan. The bill would require the Emergency Medical Services Authority to contract with an independent 3rd party to prepare a report on community paramedicine or triage to alternate destination programs on or before June 1, 2023, as specified.

The bill would prohibit a person or organization from providing community paramedicine or triage to alternate destination services or representing, advertising, or otherwise implying that it is authorized to provide those services unless it is expressly authorized by a local EMS agency to provide those services as part of a program approved by the authority. The bill would also prohibit a community paramedic from providing community paramedicine services if he or she has not been certified and accredited to perform those services and is working as an employee of an authorized community paramedicine provider. Because a violation of the act described above is punishable as a misdemeanor, and this bill would create new requirements within the act, the bill would expand an existing crime, thereby imposing a state-mandated local program.

(2) Existing law authorizes a county to establish an emergency medical care committee and requires the committee, at least annually, to review the operations of ambulance services operating within the county, emergency medical care offered within the county, and first aid practices in the county. Existing law requires the county board of supervisors to prescribe the membership, and appoint the members, of the committee.

This bill would require the committee to include additional members, as specified, and to advise a local EMS agency within the county on the development of its community paramedicine or triage to alternate destination program if the local EMS agency develops that program. The bill would specifically require the mayor of a city and county, rather than the county board of supervisors, to appoint the membership.

The bill would repeal these provisions on January 1, 2025.

(3) Existing law establishes the Commission on Emergency Medical Services with 18 members. The commission, among other things, reviews and approves regulations, standards, and guidelines developed by the authority.

This bill would increase the membership of the commission to 20 members and modify the entities that submit names for appointment to the commission by the Governor, the Senate Committee on Rules, and the Speaker of the Assembly.

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

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

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

SECTION 1. Section 1797.259 is added to the Health and Safety Code, to read:

1797.259. A local EMS agency that elects to implement a community paramedicine or triage to alternate destination program on or after the effective date of the regulations adopted pursuant to Section 1830 shall develop and submit a plan for that program to the authority according to the requirements of Chapter 13 (commencing with Section 1800) prior to implementation of that program.

SEC. 2. Section 1797.272 of the Health and Safety Code is amended to read:

1797.272. (a) The county board of supervisors, or in the case of a city and county, the mayor, shall prescribe the membership, and appoint the members, of the emergency medical care committee. If two or more adjacent counties establish a single committee, the county boards of supervisors shall jointly prescribe the membership, and appoint the members of the committee. If a city and county establishes a single committee with one or more adjacent counties, the county board of supervisors for each county and the mayor of the city and county shall jointly prescribe the membership, and appoint the members of the committee.

(b) If a local EMS agency within the county elects to develop a community paramedicine or triage to alternate destination program pursuant to Section 1840, the county board of supervisors, or in the case of a city and county, the mayor, shall establish an emergency medical care committee, or if an emergency medical care committee is already established, ensure that the membership includes, all of the following members to advise the local EMS agency on the development of the community paramedicine or triage to alternate destination program:

(1) One emergency medicine physician and surgeon who is board certified or board eligible practicing at an emergency department within the local EMS agency's jurisdiction.

(2) One registered nurse practicing within the local EMS agency's jurisdiction.

(3) One licensed paramedic practicing in the local EMS agency's jurisdiction. Whenever possible, the paramedic shall be employed by a public agency.

(4) One acute care hospital representative with an emergency department operating within the local EMS agency's jurisdiction.

(5) If a local EMS agency elects to implement a triage to alternate destination program to a sobering center, one individual with expertise in substance use disorder detoxification and recovery.

(6) Additional advisory members in the fields of public health, social work, hospice, or mental health practicing in the local EMS agency's jurisdiction with expertise commensurate with the program specialty or specialties described in Section 1815 proposed to be adopted by the local EMS agency.

(c) This section shall remain in effect only until January 1, 2025, and as of that date is repealed.

SEC. 3. Section 1797.272 is added to the Health and Safety Code, to read:

1797.272. (a) The county board of supervisors shall prescribe the membership, and appoint the members, of the emergency medical care committee. If two or more adjacent counties establish a single committee, the county boards of supervisors shall jointly prescribe the membership, and appoint the members of the committee.

(b) This section shall become operative on January 1, 2025.

SEC. 4. Section 1799.2 of the Health and Safety Code is amended to read:

1799.2. The commission shall consist of 20 members appointed as follows:

(a) One full-time physician and surgeon, whose primary practice is emergency medicine, appointed by the Senate Committee on Rules from a list of three names submitted by the California Chapter of the American College of Emergency Physicians.

(b) One physician and surgeon, who is a trauma surgeon, appointed by the Speaker of the Assembly from a list of three names submitted by the California Chapter of the American College of Surgeons.

(c) One physician and surgeon appointed by the Senate Committee on Rules from a list of three names submitted by the California Medical Association.

(d) One county health officer appointed by the Governor from a list of three names submitted by the California Conference of Local Health Officers.

(e) One registered nurse, who is currently, or has been previously, authorized as a mobile intensive care nurse and who is knowledgeable in state emergency medical services programs and issues, appointed by the Governor in consultation with the Emergency Nurses Association and the California Labor Federation.

(f) One full-time paramedic or EMT-II, who is not employed as a full-time peace officer, appointed by the Senate Committee on Rules from a list of three names submitted by the California Labor Federation.

(g) One prehospital emergency medical service provider from the private sector, appointed by the Speaker of the Assembly from a list of three names submitted by the California Ambulance Association.

(h) One management member of an entity providing fire protection and prevention services appointed by the Governor from a list of three names submitted by the California Fire Chiefs Association.

(i) One physician and surgeon who is board prepared or board certified in the specialty of emergency medicine by the American Board of Emergency Medicine and who is knowledgeable in state emergency medical services programs and issues appointed by the Speaker of the Assembly from a list of three names submitted by the California Chapter of the American College of Emergency Physicians.

(j) One hospital administrator of a base hospital who is appointed by the Governor from a list of three names submitted by the California Hospital Association.

(k) One full-time peace officer, who is either an EMT-II or a paramedic, who is appointed by the Governor from a list of three names submitted by the California Peace Officers Association.

(*l*) Two public members who have experience in local EMS policy issues, at least one of whom resides in a rural area as defined by the authority, and who are appointed by the Governor.

(m) One administrator from a local EMS agency appointed by the Governor from a list of four names submitted by the Emergency Medical Services Administrator's Association of California.

(n) One medical director of a local EMS agency who is an active member of the Emergency Medical Directors Association of California and who is appointed by the Governor.

(o) One person appointed by the Governor, who is an active member of the California State Firemen's Association.

(p) One person who is employed by the Department of Forestry and Fire Protection (CAL-FIRE) appointed by the Governor from a list of three names submitted by the California Professional Firefighters.

(q) One person who is employed by a city, county, or special district that provides fire protection appointed by the Governor from a list of three names submitted by the California Professional Firefighters.

(r) One physician and surgeon specializing in comprehensive care of individuals with co-occurring mental health or psychosocial and substance use disorders appointed by the Governor in consultation with the California Psychiatric Association and the California Society of Addiction Medicine.

(s) One licensed clinical social worker appointed by the Governor in consultation with the California State Council of the Service Employees International Union and the California Chapter of the National Association of Social Workers.

SEC. 5. Chapter 13 (commencing with Section 1800) is added to Division 2.5 of the Health and Safety Code, to read:

Chapter 13. Community Paramedicine Or Triage to Alternate Destination

Article 1. General Provisions

1800. This chapter shall be known, and may be cited, as the Community Paramedicine or Triage to Alternate Destination Act of 2018.

1801. (a) It is the intent of the Legislature to establish state standards that govern the implementation of community paramedicine or triage to alternate destination programs by local EMS agencies in California.

(b) It is the intent of the Legislature that a community paramedicine or triage to alternate destination program developed by a local EMS agency be submitted to the Emergency Medical Services Authority for review and approval.

(c) It is the intent of the Legislature to improve the health of individuals in their communities by authorizing licensed paramedics, working under expert medical oversight, to deliver community paramedicine or triage to alternate destination services in California utilizing existing providers, promoting continuity of care, and maximizing existing efficiencies within the first response and emergency medical services system.

(d) It is the intent of the Legislature that a community paramedicine or triage to alternate destination program developed by a local EMS agency and approved by the Emergency Medical Services Authority do all of the following:

(1) Improve coordination among providers of medical services, behavioral health services, and social services.

(2) Preserve and protect the underlying 911 emergency medical services delivery system.

(3) Preserve, protect, and deliver the highest level of patient care to every Californian.

(e) It is the intent of the Legislature that an alternate destination facility participating as part of an approved program always be staffed by a health care professional with a higher scope of practice, such as, at minimum, a registered nurse.

(f) It is the intent of the Legislature that the delivery of community paramedicine or triage to alternate destination services is a public good to be delivered in a manner that promotes continuity of care and continuity of providers and is consistent with, coordinated with, and complementary to, the existing first response and emergency medical response system in place in a local EMS agency's jurisdiction.

(g) It is the intent of the Legislature that a community paramedicine or triage to alternate destination program be designed to improve community health and be implemented in a fashion that respects the current emergency medical system and its providers. In furtherance of the public interest and good, agencies that provide first response services are well positioned to deliver care under a community paramedicine or triage to alternate destination program.

(h) It is the intent of the Legislature that the development of any community paramedicine or triage to alternate destination program reflects input from all practitioners of appropriate medical authorities, including, but not limited to, medical directors, physicians, nurses, mental health professionals, first responder paramedics, hospitals, and other entities within the emergency medical response system.

(i) It is the intent of the Legislature that local EMS agencies be authorized to develop a community paramedicine or triage to alternate destination program to improve patient care and community health. A community paramedicine or triage to alternate destination program should not be used to replace any other health care worker, reduce personnel costs, harm working conditions of emergency medical and health care workers, or otherwise compromise the emergency medical response or health care system. The highest priority of any community paramedicine or triage to alternate destination program should be improving patient care and providing further efficiencies in the emergency medical system.

Article 2. Definitions

1810. Unless otherwise indicated in this chapter, the definitions contained in this article govern the provisions of this chapter.

1811. "Alternate destination facility" means a treatment location that is an authorized mental health facility or an authorized sobering center, but not a general acute care hospital, as defined in subdivision (a) of Section 1250 or 1797.88.

1812. "Authorized mental health facility" means a designated facility, as defined in subdivision (n) of Section 5008 of the Welfare and Institutions Code, that has at least one registered nurse staffed onsite at the facility at all times.

1813. "Authorized sobering center" means a facility that is staffed at all times with at least one registered nurse and is a federally qualified health center, including a clinic described in Section 1211.

1814. "Community paramedic" means a paramedic licensed under this division who has completed the curriculum for community paramedic training adopted pursuant to paragraph (1) of subdivision (d) of Section 1830, has received certification in one or more of the community paramedicine program specialties described in Section 1815, and is certified and accredited to provide community paramedic services by a local EMS agency as part of an approved community paramedicine program.

1815. "Community paramedicine program" means a program developed by a local EMS agency and approved by the Emergency Medical Services Authority to provide community paramedicine services consisting of one or more of the program specialties described in this section under the direction of medical protocols developed by the local EMS agency that are consistent with the minimum medical protocols established by the authority. Community paramedicine services may consist of the following program specialties:

(a) Providing short-term postdischarge followup for persons recently discharged from a hospital due to a serious health condition, including collaboration with and by providing referral to home health services when eligible.

(b) Providing directly observed therapy to persons with tuberculosis.

(c) Providing case management services to frequent emergency medical services users in collaboration with and by providing referral to existing appropriate community resources.

1816. "Community paramedicine provider" means an advanced life support provider authorized by a local EMS agency to provide advanced life support who has entered into a contract to deliver community paramedicine services as described in Section 1815 as part of an approved community paramedicine program developed by a local EMS agency.

1817. "Public agency" means a city, county, city and county, special district, or other political subdivision of the state that provides first response services, including emergency medical care.

1818. "Triage paramedic" means a paramedic licensed under this division who has completed the curriculum for triage paramedic services adopted pursuant to paragraph (2) of subdivision (d) of Section 1830, has been accredited by a local EMS agency in one or more of the triage paramedic specialties described in Section 1819 as part of an approved triage to alternate destination program.

1819. (a) "Triage to alternate destination program" means a program developed by a local EMS agency and approved by the Emergency Medical Services Authority to provide triage paramedic assessments consisting of one or more specialties described in this section operating under triage and assessment protocols developed by the local EMS agency that are consistent with the minimum triage and assessment protocols established by the authority. Triage paramedic assessments may consist of the following program specialties:

(1) Providing care and comfort services to hospice patients in their homes in response to 911 calls by providing for the patient's and the family's immediate care needs, including grief support in collaboration with the patient's hospice agency until the hospice nurse arrives to treat the patient.

(2) Providing patients with advanced life support triage and assessment by a triage paramedic and transportation to an alternate destination facility.

(b) Nothing in this section shall be construed to prevent or eliminate any authorities to provide continuous transport of a patient to a participating hospital for priority evaluation by a physician, nurse practitioner, or physician assistant followed by a transport to an alternate destination facility.

1820. "Triage to alternate destination provider" means an advanced life support provider authorized by a local EMS agency to provide advanced life support triage paramedic assessments as part of an approved triage to alternate destination program specialty, as described in Section 1819.

Article 3. State Administration

1830. (a) The Emergency Medical Services Authority shall develop regulations that establish minimum standards for the development of a community paramedicine or triage to alternate destination program.

(b) The Commission on Emergency Medical Services shall review and approve the regulations described in this section in accordance with Section 1799.50.

(c) The regulations described in this section shall be based upon, and informed by, the Community Paramedicine Pilot Program under the Office of Statewide Health Planning and Development Health Workforce Pilot Project No. 173 and the protocols and operation of the pilot projects approved under the project.

(d) The regulations that establish minimum standards for the development of a community paramedicine or triage to alternate destination program shall consist of all of the following:

(1) Minimum standards and curriculum for each program specialty described in Section 1815. The authority, in developing the minimum standards and curriculum, shall provide for community paramedics to be trained in one or more of the program specialties described in Section 1815 and approved by the local EMS agency pursuant to Section 1840.

(2) Minimum standards and curriculum for each program specialty described in Section 1819. The authority, in developing the minimum standards and curriculum shall provide for triage paramedics to be trained in one or more of the program specialties described in Section 1819 and approved by the local EMS agency pursuant to Section 1840.

(3) A process for verifying on a paramedic's license the successful completion of the training described in paragraph (1) or (2).

(4) Minimum standards for approval, review, withdrawal, and revocation of a community paramedicine or triage to alternate destination program in accordance with Section 1797.105. Those standards shall also include, but not be limited to, both of the following:

(A) A requirement that facilities participating in the program accommodate privately or commercially insured, Medi-Cal, Medicare, and uninsured patients.

(B) Immediate termination of participation in the program by the alternate destination facility or the community paramedicine or triage to alternate destination provider, if it fails to operate in accordance with subdivision (b) of Section 1317.

(5) Minimum standards for collecting and submitting data to the authority to ensure patient safety that include consideration of both quality assurance and quality improvement. These standards shall include, but not be limited to, all of the following:

(A) Intervals for community paramedicine or triage to alternate destination providers, participating health facilities, and local EMS agencies to submit community paramedicine services data.

(B) Relevant program use data and the online posting of program analyses.

(C) Exchange of electronic patient health information between community paramedicine or triage to alternate destination providers and health providers and facilities. The authority may grant a one-time temporary waiver, not to exceed five years, of this requirement for alternate destination facilities that are unable to immediately comply with the electronic patient health information requirement.

(D) Emergency medical response system feedback, including feedback from the emergency medical care committee described in subdivision (b) of Section 1797.272.

(E) If the community paramedicine or triage to alternate destination program utilizes an alternate destination facility, consideration of ambulance patient offload times for the alternate destination facility, the number of patients that are turned away, diverted, or required to be subsequently transferred to an emergency department, and identification of the reasons for turning away, diverting, or transferring the patient.

(F) An assessment of each community paramedicine or triage to alternate destination program's medical protocols or other processes.

(G) An assessment of the impact that implementation of a community paramedicine or triage to alternate destination program has on the delivery of emergency medical services, including the impact on response times in the local EMS agency's jurisdiction.

1831. For regulations adopted pursuant to Section 1830 relating to a triage to alternate destination program, the Emergency Medical Services Authority shall ensure the following:

(a) Local EMS agencies participating in providing patients with advanced life support triage and assessment by a triage paramedic and transportation to an alternate destination facility shall ensure that any patient who meets the triage criteria for transport to an alternate destination facility, but who requests to be transported to an emergency department of a general acute care hospital, shall be transported to the emergency department of a general acute care hospital.

(b) Local EMS agencies participating in providing patients with advanced life support triage and assessment by a triage paramedic and transportation to an alternate destination facility shall require that a patient who is transported to an alternate destination facility and, upon assessment, is found to no longer meet the criteria for admission to an alternate destination facility, be immediately transported to the emergency department of a general acute care hospital.

(c) For transport to a behavioral health facility, training and accreditation shall include topics relevant to the needs of the patient population, including, but not limited to:

(1) A requirement that a participating EMT-P complete instruction on all of the following:

(A) Mental health crisis intervention, provided by a licensed physician and surgeon with experience in the emergency department of a general acute care hospital.

(B) Assessment and treatment of intoxicated patients.

(C) Local EMS agency policies for the triage, treatment, transport, and transfer of care, of patients to a behavioral health facility.

(2) A requirement that the local EMS agency verify that the participating EMT-P has completed training in all of the following topics meeting the standards of the United States Department of Transportation National Highway Traffic Safety Administration National Emergency Medical Services Education Standards:

(A) Psychiatric disorders.

(B) Neuropharmacology.

(C) Alcohol and substance abuse.

(D) Patient consent.

(E) Patient documentation.

(F) Medical quality improvement.

(d) For transport to a sobering center, a training component that requires a participating EMT-P to complete instruction on all of the following:

(1) The impact of alcohol intoxication on the local public health and emergency medical services system.

(2) Alcohol and substance use disorders.

(3) Triage and transport parameters.

(4) Health risks and interventions in stabilizing acutely intoxicated patients.

(5) Common conditions with presentations similar to intoxication.

(6) Disease process, behavioral emergencies, and injury patterns common to those with chronic alcohol use disorders.

1832. (a) The Emergency Medical Services Authority shall consult with a committee of advisory members in the fields of public health, social work, hospice, or mental health with expertise commensurate with the program specialty or specialties described in Section 1815 and physicians and surgeons whose primary practice is emergency medicine, including, but not limited to, local EMS medical directors with two each named by the EMS Medical Directors Association of California and the California Chapter of the American College of Emergency Physicians, and adopt minimum medical protocols for each community paramedicine program specialty described in Section 1815 and minimum triage and assessment protocols for triage to alternate destination program specialties described in Section 1815 minimum triage and assessment protocols for triage to alternate destination program specialties described in Section 1819.

(b) The protocols described in this section shall be based upon, and informed by, the Community Paramedicine Pilot Program under the Office of Statewide Health Planning and Development's Health Workforce Pilot Project No. 173, and further refinements provided by local EMS agencies during the course and operation of the pilot projects.

1833. (a) The Emergency Medical Services Authority shall submit an annual report on the community paramedicine or triage to alternate destination programs operating in California to the relevant policy committees of the Legislature in accordance with Section 9795 of the Government Code, and shall post the annual report on its Internet Web site. The authority shall submit and post its first report six months after the authority adopts the regulations described in Section 1830, and every January 1 thereafter for the next five years.

(b) The report required in subdivision (a) shall include all of the following:

(1) An assessment of each program specialty, including an assessment of patient outcomes in the aggregate and an assessment of any adverse patient events resulting from services provided under approved plans pursuant to this chapter.

(2) An assessment of the impact that the program specialties have had on the emergency medical system.

(3) An update on the implementation of program specialties operating in local EMS agency jurisdictions.

(4) Policy recommendations for improvement of administration of local plans and for the improvement of patient outcomes.

(c) All data collected by the authority shall be posted on its Internet Web site in a downloadable format with due regard for the confidentiality of information that would identify individual patients.

1834. (a) The Emergency Medical Services Authority shall identify and contract with an independent third-party evaluator to develop the report required pursuant to subdivision (b).

(b) (1) No later than June 1, 2023, the Emergency Medical Services Authority shall submit a review report on the community paramedicine or triage to alternate destination programs operating in California to the relevant policy committees of the Legislature, in accordance with Section 9795 of the Government Code, and shall post the annual report on its Internet Web site.

(2) The report required in paragraph (1) shall include all of the following:

(A) A detailed assessment of each community paramedicine or triage to alternate destination program operating in local EMS agency jurisdictions.

(B) An assessment of patient outcomes in the aggregate resulting from services provided under approved plans under the program.

(C) An assessment of workforce impact due to implementation of the program.

(D) An assessment of the impact of the program on the emergency medical services system.

(E) An assessment of how the currently operating program specialties achieve the legislative intent stated in Section 1801.

(F) An assessment of community paramedic and triage training.

(c) The report in subdivision (b) may include recommendations for changes to, or the elimination of, community paramedicine or triage to alternate destination program specialties that do not achieve the community health and patient goals expressed in Section 1801.

1835. (a) The Emergency Medical Services Authority shall review a local EMS agency's proposed community paramedicine or triage to alternate destination program following procedures consistent with Section 1797.105 and review the program's protocols as described in subdivision (b) of Section 1797.172, to ensure the proposed program is consistent with the authority's regulations and the provisions of this chapter.

(b) The authority may impose conditions as part of the approval of a community paramedicine or triage to alternate destination program that the local EMS agency is required to incorporate into its program to achieve consistency with the authority's regulations and the provisions of this chapter.

(c) The authority shall approve, approve with conditions, or deny the proposed community paramedicine or triage to alternate destination program no later than six months after it is submitted by the local EMS agency.

1836. (a) A community paramedicine pilot program approved under the Office of Statewide Health Planning and Development's Health Workforce Pilot Project No. 173 before January 1, 2019, is authorized to operate until one year after the regulations described in Section 1830 become effective.

(b) The Office of Statewide Planning and Development shall continue to review, and where appropriate, approve Health Workforce Pilot Project No. 173 applications until one year after the regulations described in Section 1830 become effective.

Article 4. Local Administration

1840. A local EMS agency may develop a community paramedicine or triage to alternate destination program that is consistent with the Emergency Medical Services Authority's regulations and the provisions of this chapter and submit evidence of compliance with the requirements of Section 1841 to the authority for approval pursuant to Section 1835.

1841. A local EMS agency that opts to develop a community paramedicine or triage to alternate destination program shall do all of the following:

(a) Integrate the proposed community paramedicine or triage to alternate destination program into the local EMS agency's emergency medical services plan described in Article 2 (commencing with Section 1797.250) of Chapter 4.

(b) Consistent with this article, develop a process to select community paramedicine providers, to provide services as described in Section 1815, at a periodic interval established by the local EMS agency.

(c) Facilitate any necessary agreements with one or more community paramedicine or triage to alternate destination providers for the delivery of community paramedicine or triage to alternate destination services within the local EMS agency's jurisdiction that are consistent with the proposed community paramedicine or triage to alternate destination program. The local EMS agency shall provide medical control and oversight of the program.

(d) Any contract to provide the program specialties described in subdivisions (a) to (c), inclusive, of Section 1815 shall not be included as part of an existing or proposed contract for the delivery of emergency medical services as part of an exclusive operating area awarded pursuant to Section 1797.224 or the provision of, or administration of, emergency medical services authorized pursuant to Section 1797.201.

(e) If the community paramedicine program proposes to provide the program specialties described in subdivisions (a) to (c), inclusive, of Section 1815, the local EMS agency shall coordinate and review and approve any written agreements for the provision of those specialties to ensure compliance with the requirements of this chapter and according to the following:

(1) A local EMS agency shall provide a right of refusal for the public agency or agencies within the jurisdiction of the proposed program area to provide the proposed program specialties. If the public agency or agencies agree to provide the proposed program specialties, the local EMS agency shall review and approve written agreements with those public agencies.

(2) A local EMS agency shall review and approve agreements with community paramedicine providers that partner with a public agency or agencies to deliver those program specialties described in subdivisions (a) to (c), inclusive, of Section 1815.

(3) If no public agency chooses to provide the proposed program specialties pursuant to paragraph (1) or (2), the local EMS agency shall develop a process to select community paramedicine providers to deliver the specialties described in subdivisions (a) to (c), inclusive, of Section 1815.

(f) For triage to alternate destination program specialties described in Section 1819, the local EMS agency shall continue the use of existing providers operating within the local EMS agency's jurisdiction pursuant to Section 1797.201 or 1797.224 and shall do all of the following:

(1) At the discretion of the local medical director, develop additional triage and assessment protocols commensurate with the need of the local programs authorized under this act.

(2) Require the triage and assessment protocols and decision of the triage paramedic to transport to an alternate destination facility to not be based upon, or affected by, the patient's ethnicity, citizenship, age, preexisting medical condition, insurance status, economic status, ability to pay for medical services, or any other characteristic listed or defined in subdivision (b) or (e) of Section 51 of the Civil Code, except to the extent that a circumstance such as age, sex, preexisting medical condition, or physical or mental disability is medically significant to the provision of appropriate medical care to the patient.

(3) Certify and provide documentation and periodic updates to the Emergency Medical Service Authority showing that the alternate destination facility authorized to receive patients has adequate licensed medical and professional staff, facilities, and equipment that comply with the requirements of the Emergency Medical Services Authority's regulations and the provisions of this chapter which shall include the following:

(A) Qualified staff to care for the degree and severity of a patient's injuries and needs.

(B) Standardized medical and nursing procedures for nursing staff.

(C) The equipment and services available at an alternate destination facility necessary to care for patients requiring medical services, including, but not limited to, an automatic external defibrillator and at least one bed or mat per individual patient.

(D) The time of day and any limitations that may apply for an alternate destination facility to treat patients requiring medical services.

(4) Secure an agreement with the alternate destination facility that requires the facility to notify the local EMS agency within 24 hours if there are changes in the status of the facility with respect to the protocols and the facility's ability to care for patients.

(5) Secure an agreement with the alternate destination facility attesting that the facility will operate in accordance with Section 1317 and providing that failure to operate in accordance with Section 1317 will result in the immediate termination of use of the facility as part of the triage to alternate destination facility.

(g) A local EMS agency shall establish the following training pursuant to the requirements established by the authority and the program specialty that is being proposed by the local EMS agency:

(1) Establish a process to verify training and accreditation of community paramedics in each of the proposed community paramedicine program's specialties described in subdivisions (a) to (c), inclusive, of Section 1815.

(2) Establish a process for training and accreditation of triage paramedics in each of the proposed triage to alternate destination program's specialties described in Section 1819.

(h) Facilitate funding discussions between a community paramedicine or triage to alternate destination provider and public or private health system participants to support the implementation of the local EMS agency's community paramedicine or triage to alternate destination program.

Article 5. Miscellaneous

1850. A community paramedicine pilot program approved under the Office of Statewide Health Planning and Development's Health Workforce Pilot Project No. 173 before January 1, 2019, to deliver community paramedicine services as described in Section 1815, is authorized to continue the use of existing providers and shall be exempt from subdivisions (d) and (e) of Section 1841 until such time as the provider elects to reduce or eliminate one or more of those community paramedicine services approved under the pilot program or fails to comply with the program standards as required by this chapter.

1851. A person or organization shall not provide community paramedicine or triage to alternate destination services or represent, advertise, or otherwise imply that it is authorized to provide community paramedicine or triage to alternate destination services unless it is expressly authorized by a local EMS agency to provide those services as part of a community paramedicine or triage to alternate destination program approved by the Emergency Medical Services Authority in accordance with Section 1835.

1852. A community paramedic shall provide community paramedicine services only if he or she has been certified and accredited to perform those services by a local EMS agency and is working as an employee of an authorized community paramedicine provider.

1853. A triage paramedic shall provide triage to alternate destination services only if he or she has been accredited to perform those services by a local EMS agency and is working as an employee of an authorized triage to alternate destination provider.

1854. The disciplinary procedures for a community paramedic shall be consistent with subdivision (d) of Section 1797.194.

1855. Entering into an agreement to be a community paramedicine or triage to alternate destination provider pursuant to this chapter shall not alter or otherwise invalidate an agency's authority to provide or administer emergency medical services pursuant to Section 1797.201 or 1797.224.

1856. The liability provisions described in Chapter 9 (commencing with Section 1799.100) apply to this chapter.

1857. This chapter shall remain in effect only until January 1, 2025, and as of that date is repealed.

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

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number:	SB 1109
Author:	Bates
Chapter:	693
Bill Date:	August 24, 2018, Amended
Subject:	Controlled Substances: Schedule II Drugs: Opioids
Sponsor:	San Diego District Attorney Summer Stephan
Position:	Support

DESCRIPTION OF CURRENT LEGISLATION:

This bill requires existing pain management continuing education courses to include the risks of addiction associated with the use of Schedule II drugs. This bill also requires a warning label on all Schedule II controlled substance prescription bottles on the associated addiction and overdose risks. This bill requires a prescriber to discuss specified information with the minor or the minor's parent or guardian before prescribing an opioid for the first time. Lastly, this bill requires a youth sports organization to annually give the Opioid Factsheet for Patients to each athlete, and for the athlete's parent or guardian to sign a document acknowledging receipt before participation in an organized sports team.

ANALYSIS

This bill makes findings and declarations regarding opioid addiction, misuse and overdose and would state the intent to ensure that health care providers and young athletes receive necessary education on this topic.

This bill requires existing mandated pain management continuing education courses to include the risks of addiction associated with the use of Schedule II drugs for physicians licensed on or after January 1, 2019. This bill requires the information and educational material regarding pain management techniques and procedures disseminated by the Board to include the risks of addiction associated with the use of Schedule II drugs. This bill also makes the same continuing education changes for other prescribers.

This bill requires a prescriber, with exceptions for treatment of addicts or those with chronic pain, to discuss all of the following with the minor, with the minor's parent or guardian, or with another adult authorized to consent to the minor's medical treatment before directly dispensing or issuing for a minor the first prescription in a single course of treatment for a controlled substance containing an opioid:

- The risks of addiction and overdose associated with the use of opioids.

- The increased risk of addiction to an opioid to an individual who is suffering from both mental and substance abuse disorders.
- The danger of taking an opioid with a benzodiazepine, alcohol, or another central nervous system depressant.
- Any other information required by law.

This bill specifies that the discussion requirements would not apply in any of the following circumstances:

- If the minor's treatment includes emergency services and care.
- If the minor's treatment is associated with or incident to an emergency surgery, regardless of whether the surgery is performed on an inpatient or outpatient basis.
- If, in the prescriber's professional judgment, fulfilling the requirements would be detrimental to the minor's health or safety, or in violation of the minor's legal rights regarding confidentiality.

This bill specifies that failure to comply with the discussion requirements would not constitute a criminal offense.

Lastly, this bill requires a youth sports organization to annually give the Centers for Disease Control and Prevention's (CDC) Opioid Factsheet for Patients to each athlete, and for the athlete's parent or guardian to sign a document acknowledging receipt before participation in an organized sports team.

According to the author's office, this bill is needed to continue educating everyone who comes in contact with opioid prescriptions. Ensuring that patients, minors, parents, and prescribers have the necessary information will help prevent future addiction and overdoses.

The growing opioid abuse epidemic remains a matter of concern for the Board. This bill will increase education for physicians and patients, which will further the Board's mission of consumer protection. The Board has taken a support position on this bill.

FISCAL: Minimal and absorbable fiscal impact

SUPPORT: San Diego County District Attorney Summer Stephan (Sponsor); Association of California Life and Health Insurance Companies; California Dental Association; California District Attorneys Association; California Medical Association; Dental Board of California; McKesson Corporation; Medical Board of California; and Orange County Sheriff Sandra Hutchens

OPPOSITION: None on file

IMPLEMENTATION:

- Newsletter article(s), including a stand-alone article;
- Notify/train Board staff; Department of Consumer Affairs, Division of Investigation staff; and the Attorney General's Office, Health Quality Enforcement Section;
- Provide outreach to CME providers regarding the new requirement; and
- Update the Board's webpage on continuing medical education and post the CDC Opioid Factsheet for Patients.

Senate Bill No. 1109

CHAPTER 693

An act to amend Sections 1645, 2190.5, 2191, 2196.2, 2454.5, 2746.51, 2836.1, 3059, and 3502.1 of, and to add Section 4076.7 to, the Business and Professions Code, to add Section 49476 to the Education Code, and to add Sections 11158.1 and 124236 to the Health and Safety Code, relating to controlled substances.

[Approved by Governor September 22, 2018. Filed with Secretary of State September 22, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

SB 1109, Bates. Controlled substances: Schedule II drugs: opioids.

(1) The Medical Practice Act provides for the licensure and regulation of physicians and surgeons by the Medical Board of California. Under that act, the board is required to adopt and administer standards for the continuing education of physicians and surgeons. Existing law requires a physician and surgeon to complete a mandatory continuing education course in the subjects of pain management and the treatment of terminally ill and dying patients. That act requires the board to give its highest priority to considering a course in pain management among its continuing education requirements for licensees, and requires the board to periodically develop and disseminate information and educational material on pain management techniques and procedures to licensees and general acute care hospitals.

This bill would require, for physicians and surgeons licensed on or after January 1, 2019, the mandatory continuing education course to also include the subject of the risks of addiction associated with the use of Schedule II drugs. The bill would require the board to give its highest priority to considering a course in the risks of addiction associated with the use of Schedule II drugs among its continuing education requirements for physicians and surgeons and would require the board to periodically develop and disseminate information and educational material on the risks of addiction associated with the use of Schedule II drugs to physicians and surgeons and general acute care hospitals.

(2) The Nursing Practice Act provides for the licensure and regulation of the practice of nursing by the Board of Registered Nursing and makes a violation of its provisions a crime. Existing law authorizes a certified nurse-midwife to furnish or order drugs or devices under specified circumstances, including board certification that the certified nurse-midwife has completed a course in pharmacology, as specified.

This bill would require the pharmacology course to include the risks of addiction and neonatal abstinence syndrome associated with the use of opioids.

Existing law also authorizes a nurse practitioner to furnish or order drugs or devices under specified circumstances, including board certification that the nurse practitioner has completed a course in pharmacology, as specified. Existing law requires nurse practitioners who are authorized to furnish Schedule II controlled substances to complete a mandatory continuing education course in Schedule II controlled substances.

This bill would require the mandatory continuing education course to include the risks of addiction associated with their use.

By expanding the scope of a crime under the Nursing Practice Act, the bill would impose a state-mandated local program.

(3) The Physician Assistant Practice Act provides for licensure and regulation of physician assistants by the Physician Assistant Board and authorizes a physician assistant to perform medical services as set forth by regulations when those services are rendered under the supervision of a licensed physician and surgeon, as specified. The act prohibits a physician assistant from administering, providing, or issuing a drug order to a patient for Schedule II through Schedule V controlled substances without advance approval by a supervising physician and surgeon for that particular patient unless the physician assistant has completed an education course that meets specific standards.

This bill would require that course to include the risks of addiction associated with the use of Schedule II controlled substances.

(4) The Pharmacy Law provides for the licensure and regulation of pharmacists, pharmacy technicians, and pharmacies by the California State Board of Pharmacy. Existing law requires the board to promulgate regulations that require a standardized, patient-centered, prescription drug label on all prescription medicine dispensed to patients in California. The act makes a violation of its provisions a crime.

This bill would require a pharmacy or practitioner dispensing an opioid to a patient for outpatient use to prominently display on the label or container a notice that warns of the risk of overdose and addiction, as specified. Because a violation of that requirement would be a crime, the bill would impose a state-mandated local program.

(5) The Dental Practice Act provides for the licensure and regulation of persons engaged in the practice of dentistry by the Dental Board of California, which is within the Department of Consumer Affairs. The act authorizes the board, as a condition of license renewal, to require licentiates to successfully complete a portion of required continuing education hours in specific areas, including patient care, health and safety, and law and ethics.

This bill would include the risks of addiction associated with the use of Schedule II drugs in those specific areas of continuing education.

(6) Existing law, the Osteopathic Act, establishes the Osteopathic Medical Board of California, which issues certificates to, and regulates, osteopathic physicians and surgeons. Existing law requires the board to require each licensed osteopathic physician and surgeon to complete a minimum of 100 hours of American Osteopathic Association continuing education hours

during each 2-year cycle, of which 40 hours must be completed in American Osteopathic Association Category 1 continuing education hours as a condition for renewal of an active license.

This bill would additionally require licensed osteopathic physician and surgeons to complete a course on the risks of addiction associated with the use of Schedule II drugs.

(7) The Optometry Practice Act provides for the licensure and regulation of the practice of optometry by the State Board of Optometry. The act requires an optometrist certified to use therapeutic pharmaceutical agents to complete a total of 50 hours of continuing education every 2 years in order to renew his or her certificate. Existing law requires 35 of the 50 hours of continuing education to be on the diagnosis, treatment, and management of ocular disease in any combination of specified areas, including pain medication.

This bill would expand the areas of continuing education to include risks of addiction associated with the use of Schedule II drugs.

(8) The California Uniform Controlled Substances Act classifies opioids as Schedule II controlled substances and places restrictions on the prescription of those drugs, including prohibiting refills and specifying the requirements of a prescription for these drugs. The act makes a violation of its provisions a crime.

This bill would require a prescriber to discuss specified information with the minor, the minor's parent or guardian, or other adult authorized to consent to the minor's medical treatment before directly dispensing or issuing for a minor the first prescription in a single course of treatment for a controlled substance containing an opioid. This bill would provide that a violation of these requirements is not a criminal offense.

(9) Existing law requires a school district, charter school, or private school that elects to offer an athletic program to take specified actions if an athlete is suspected to have sustained a concussion and to obtain a signed concussion and head injury information sheet from the athlete and athlete's parent or guardian before the athlete initiates practice or competition.

This bill would require a youth sports organization, as defined, that elects to offer an athletic program to annually give a specified Opioid Factsheet for Patients to each athlete, and would require each athlete and his or her parent to sign a document acknowledging receipt of that factsheet, as specified.

(10) Existing law requires a youth sports organization, as defined, that elects to offer an athletic program to, among other things, annually give a concussion and head injury information sheet to each athlete and requires that the sheet be signed, as specified.

This bill would also require a youth sports organization that elects to offer an athletic program to annually give a specified Opioid Factsheet for Patients to each athlete, and would require each athlete and his or her parent to sign a document verifying receipt of that factsheet, as specified.

This bill would incorporate additional changes to Section 1645 of the Business and Professions Code proposed by SB 1491 to be operative only if this bill and SB 1491 are enacted and this bill is enacted last.

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

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

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

SECTION 1. The Legislature finds and declares all of the following:

(a) Addiction, misuse, and overdose of prescription opioids is a public health crisis affecting both adults and children.

(b) Urgent measures are needed to better inform the public of the risks associated with both the long-term and short-term use of opioids in an effort to address this problem.

(c) Both short-term and long-term prescriptions of opioids to minors fall within situations that require counseling of patients and their parents or guardians by their prescribers.

(d) It is the intent of the Legislature to ensure that health care providers and young athletes receive necessary education on this topic.

SEC. 2. Section 1645 of the Business and Professions Code is amended to read:

1645. (a) Effective with the 1974 license renewal period, if the board determines that the public health and safety would be served by requiring all holders of licenses under this chapter to continue their education after receiving a license, it may require, as a condition to the renewal thereof, that they submit assurances satisfactory to the board that they will, during the succeeding two-year period, inform themselves of the developments in the practice of dentistry occurring since the original issuance of their licenses by pursuing one or more courses of study satisfactory to the board or by other means deemed equivalent by the board.

The board shall adopt regulations providing for the suspension of the licenses at the end of the two-year period until compliance with the assurances provided for in this section is accomplished.

(b) The board may also, as a condition of license renewal, require licentiates to successfully complete a portion of the required continuing education hours in specific areas adopted in regulations by the board. The board may prescribe this mandatory coursework within the general areas of patient care, health and safety, law and ethics, and the risks of addiction associated with the use of Schedule II drugs. The mandatory coursework prescribed by the board shall not exceed 15 hours per renewal period for dentists, and 7.5 hours per renewal period for dental auxiliaries. Any mandatory coursework required by the board shall be credited toward the continuing education requirements established by the board pursuant to subdivision (a).

(c) For a retired dentist who provides only uncompensated care, the board shall not require more than 60 percent of the hours of continuing education that are required of other licensed dentists. Notwithstanding subdivision (b), all of the hours of continuing education as described in this subdivision shall be gained through courses related to the actual delivery of dental services to the patient or the community, as determined by the board. Nothing in this subdivision shall be construed to reduce any requirements imposed by the board pursuant to subdivision (b).

(d) The board shall report on the outcome of subdivision (c) pursuant to, and at the time of, its regular sunset review process, as provided in Section 1601.1.

SEC. 2.5. Section 1645 of the Business and Professions Code is amended to read:

1645. (a) (1) All holders of licenses under this chapter shall continue their education after receiving a license as a condition to the renewal thereof, and shall obtain evidence satisfactory to the board that they have, during the preceding two-year period, obtained continuing education relevant to developments in the practice of dentistry and dental assisting consistent with the regulations of the board.

The board shall adopt regulations providing for the suspension of the licenses at the end of the two-year period until compliance with this section is accomplished.

(b) The board may also, as a condition of license renewal, require licentiates to successfully complete a portion of the required continuing education hours in specific areas adopted in regulations by the board. The board may prescribe this mandatory coursework within the general areas of patient care, health and safety, law and ethics, and the risks of addiction associated with the use of Schedule II drugs. The mandatory coursework prescribed by the board shall not exceed 15 hours per renewal period for dentists, and 7.5 hours per renewal period for dental auxiliaries. Any mandatory coursework required by the board shall be credited toward the continuing education requirements established by the board pursuant to subdivision (a).

(c) For a retired dentist who provides only uncompensated care, the board shall not require more than 60 percent of the hours of continuing education that are required of other licensed dentists. Notwithstanding subdivision (b), all of the hours of continuing education as described in this subdivision shall be gained through courses related to the actual delivery of dental services to the patient or the community, as determined by the board. Nothing in this subdivision shall be construed to reduce any requirements imposed by the board pursuant to subdivision (b).

(d) The board shall report on the outcome of subdivision (c) pursuant to, and at the time of, its regular sunset review process, as provided in Section 1601.1.

SEC. 3. Section 2190.5 of the Business and Professions Code is amended to read:

2190.5. (a) (1) All physicians and surgeons shall complete a mandatory continuing education course in the subjects of pain management and the treatment of terminally ill and dying patients. For the purposes of this section, this course shall be a one-time requirement of 12 credit hours within the required minimum established by regulation, to be completed by December 31, 2006. All physicians and surgeons licensed on and after January 1, 2002, shall complete this requirement within four years of their initial license or by their second renewal date, whichever occurs first. The board may verify completion of this requirement on the renewal application form.

(2) For physicians and surgeons licensed on or after January 1, 2019, the course described in paragraph (1) shall also include the subject of the risks of addiction associated with the use of Schedule II drugs.

(b) By regulatory action, the board may exempt physicians and surgeons by practice status category from the requirement in subdivision (a) if the physician and surgeon does not engage in direct patient care, does not provide patient consultations, or does not reside in the State of California.

(c) This section shall not apply to physicians and surgeons practicing in pathology or radiology specialty areas.

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

2191. (a) In determining its continuing education requirements, the board shall consider including a course in human sexuality, defined as the study of a human being as a sexual being and how he or she functions with respect thereto, and nutrition to be taken by those licensees whose practices may require knowledge in those areas.

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

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

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

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

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

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

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

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

(1) Pain and symptom management.

(2) The psycho-social dynamics of death.

(3) Dying and bereavement.

(4) Hospice care.

(j) In determining its continuing education requirements, the board shall give its highest priority to considering a course on pain management and the risks of addiction associated with the use of Schedule II drugs.

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

SEC. 5. Section 2196.2 of the Business and Professions Code is amended to read:

2196.2. The board shall periodically develop and disseminate information and educational material regarding pain management techniques and procedures, including the risks of addiction associated with the use of Schedule II drugs, to each licensed physician and surgeon and to each general acute care hospital in this state. The board shall consult with the State Department of Public Health in developing the materials to be distributed pursuant to this section.

SEC. 6. Section 2454.5 of the Business and Professions Code is amended to read:

2454.5. In order to ensure the continuing competence of licensed osteopathic physicians and surgeons, the board shall adopt and administer standards for the continuing education of those licensees. The board shall require each licensed osteopathic physician and surgeon to demonstrate satisfaction of the continuing education requirements as a condition for the renewal of a license at intervals of not less than one year nor more than two years. Commencing January 1, 2018, the board shall require each licensed osteopathic physician and surgeon to complete a minimum of 100 hours of American Osteopathic Association continuing education hours during each two-year cycle, of which 40 hours shall be completed in American Osteopathic Association Category 1 continuing education hours and the remaining 60 hours shall be either American Osteopathic Association or

American Medical Association accredited as a condition for renewal of an active license. Licensed osteopathic physicians and surgeons shall complete a course on the risks of addiction associated with the use of Schedule II drugs.

For purposes of this section, "American Osteopathic Association Category 1" means continuing education activities and programs approved for Category 1 credit by the Committee on Continuing Medical Education of the American Osteopathic Association.

SEC. 7. Section 2746.51 of the Business and Professions Code is amended to read:

2746.51. (a) Neither this chapter nor any other provision of law shall be construed to prohibit a certified nurse-midwife from furnishing or ordering drugs or devices, including controlled substances classified in Schedule II, III, IV, or V under the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code), when all of the following apply:

(1) The drugs or devices are furnished or ordered incidentally to the provision of any of the following:

(A) Family planning services, as defined in Section 14503 of the Welfare and Institutions Code.

(B) Routine health care or perinatal care, as defined in subdivision (d) of Section 123485 of the Health and Safety Code.

(C) Care rendered, consistent with the certified nurse-midwife's educational preparation or for which clinical competency has been established and maintained, to persons within a facility specified in subdivision (a), (b), (c), (d), (i), or (j) of Section 1206 of the Health and Safety Code, a clinic as specified in Section 1204 of the Health and Safety Code, a general acute care hospital as defined in subdivision (a) of Section 1250 of the Health and Safety Code, a licensed birth center as defined in Section 1204.3 of the Health and Safety Code, or a special hospital specified as a maternity hospital in subdivision (f) of Section 1250 of the Health and Safety Code.

(2) The drugs or devices are furnished or ordered by a certified nurse-midwife in accordance with standardized procedures or protocols. For purposes of this section, standardized procedure means a document, including protocols, developed and approved by the supervising physician and surgeon, the certified nurse-midwife, and the facility administrator or his or her designee. The standardized procedure covering the furnishing or ordering of drugs or devices shall specify all of the following:

(A) Which certified nurse-midwife may furnish or order drugs or devices.

(B) Which drugs or devices may be furnished or ordered and under what circumstances.

(C) The extent of physician and surgeon supervision.

(D) The method of periodic review of the certified nurse-midwife's competence, including peer review, and review of the provisions of the standardized procedure.

(3) If Schedule II or III controlled substances, as defined in Sections 11055 and 11056 of the Health and Safety Code, are furnished or ordered by a certified nurse-midwife, the controlled substances shall be furnished or ordered in accordance with a patient-specific protocol approved by the treating or supervising physician and surgeon. For Schedule II controlled substance protocols, the provision for furnishing the Schedule II controlled substance shall address the diagnosis of the illness, injury, or condition for which the Schedule II controlled substance is to be furnished.

(4) The furnishing or ordering of drugs or devices by a certified nurse-midwife occurs under physician and surgeon supervision. For purposes of this section, no physician and surgeon shall supervise more than four certified nurse-midwives at one time. Physician and surgeon supervision shall not be construed to require the physical presence of the physician, but does include all of the following:

(A) Collaboration on the development of the standardized procedure or protocol.

(B) Approval of the standardized procedure or protocol.

(C) Availability by telephonic contact at the time of patient examination by the certified nurse-midwife.

(b) (1) The furnishing or ordering of drugs or devices by a certified nurse-midwife is conditional on the issuance by the board of a number to the applicant who has successfully completed the requirements of paragraph (2). The number shall be included on all transmittals of orders for drugs or devices by the certified nurse-midwife. The board shall maintain a list of the certified nurse-midwives that it has certified pursuant to this paragraph and the number it has issued to each one. The board shall make the list available to the California State Board of Pharmacy upon its request. Every certified nurse-midwife who is authorized pursuant to this section to furnish or issue a drug order for a controlled substance shall register with the United States Drug Enforcement Administration.

(2) The board has certified in accordance with paragraph (1) that the certified nurse-midwife has satisfactorily completed a course in pharmacology covering the drugs or devices to be furnished or ordered under this section, including the risks of addiction and neonatal abstinence syndrome associated with the use of opioids. The board shall establish the requirements for satisfactory completion of this paragraph.

(3) A physician and surgeon may determine the extent of supervision necessary pursuant to this section in the furnishing or ordering of drugs and devices.

(4) A copy of the standardized procedure or protocol relating to the furnishing or ordering of controlled substances by a certified nurse-midwife shall be provided upon request to any licensed pharmacist who is uncertain of the authority of the certified nurse-midwife to perform these functions.

(5) Certified nurse-midwives who are certified by the board and hold an active furnishing number, who are currently authorized through standardized procedures or protocols to furnish Schedule II controlled substances, and who are registered with the United States Drug Enforcement Administration

shall provide documentation of continuing education specific to the use of Schedule II controlled substances in settings other than a hospital based on standards developed by the board.

(c) Drugs or devices furnished or ordered by a certified nurse-midwife may include Schedule II controlled substances under the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code) under the following conditions:

(1) The drugs and devices are furnished or ordered in accordance with requirements referenced in paragraphs (2) to (4), inclusive, of subdivision (a) and in paragraphs (1) to (3), inclusive, of subdivision (b).

(2) When Schedule II controlled substances, as defined in Section 11055 of the Health and Safety Code, are furnished or ordered by a certified nurse-midwife, the controlled substances shall be furnished or ordered in accordance with a patient-specific protocol approved by the treating or supervising physician and surgeon.

(d) Furnishing of drugs or devices by a certified nurse-midwife means the act of making a pharmaceutical agent or agents available to the patient in strict accordance with a standardized procedure or protocol. Use of the term “furnishing” in this section shall include the following:

(1) The ordering of a drug or device in accordance with the standardized procedure or protocol.

(2) Transmitting an order of a supervising physician and surgeon.

(e) “Drug order” or “order” for purposes of this section means an order for medication or for a drug or device that is dispensed to or for an ultimate user, issued by a certified nurse-midwife as an individual practitioner, within the meaning of Section 1306.03 of Title 21 of the Code of Federal Regulations. Notwithstanding any other provision of law, (1) a drug order issued pursuant to this section shall be treated in the same manner as a prescription of the supervising physician; (2) all references to “prescription” in this code and the Health and Safety Code shall include drug orders issued by certified nurse-midwives; and (3) the signature of a certified nurse-midwife on a drug order issued in accordance with this section shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.

SEC. 8. Section 2836.1 of the Business and Professions Code is amended to read:

2836.1. Neither this chapter nor any other provision of law shall be construed to prohibit a nurse practitioner from furnishing or ordering drugs or devices when all of the following apply:

(a) The drugs or devices are furnished or ordered by a nurse practitioner in accordance with standardized procedures or protocols developed by the nurse practitioner and the supervising physician and surgeon when the drugs or devices furnished or ordered are consistent with the practitioner’s educational preparation or for which clinical competency has been established and maintained.

(b) The nurse practitioner is functioning pursuant to standardized procedure, as defined by Section 2725, or protocol. The standardized procedure or protocol shall be developed and approved by the supervising physician and surgeon, the nurse practitioner, and the facility administrator or the designee.

(c) (1) The standardized procedure or protocol covering the furnishing of drugs or devices shall specify which nurse practitioners may furnish or order drugs or devices, which drugs or devices may be furnished or ordered, under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the nurse practitioner's competence, including peer review, and review of the provisions of the standardized procedure.

(2) In addition to the requirements in paragraph (1), for Schedule II controlled substance protocols, the provision for furnishing Schedule II controlled substances shall address the diagnosis of the illness, injury, or condition for which the Schedule II controlled substance is to be furnished.

(d) The furnishing or ordering of drugs or devices by a nurse practitioner occurs under physician and surgeon supervision. Physician and surgeon supervision shall not be construed to require the physical presence of the physician, but does include (1) collaboration on the development of the standardized procedure, (2) approval of the standardized procedure, and (3) availability by telephonic contact at the time of patient examination by the nurse practitioner.

(e) For purposes of this section, no physician and surgeon shall supervise more than four nurse practitioners at one time.

(f) (1) Drugs or devices furnished or ordered by a nurse practitioner may include Schedule II through Schedule V controlled substances under the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code) and shall be further limited to those drugs agreed upon by the nurse practitioner and physician and surgeon and specified in the standardized procedure.

(2) When Schedule II or III controlled substances, as defined in Sections 11055 and 11056, respectively, of the Health and Safety Code, are furnished or ordered by a nurse practitioner, the controlled substances shall be furnished or ordered in accordance with a patient-specific protocol approved by the treating or supervising physician. A copy of the section of the nurse practitioner's standardized procedure relating to controlled substances shall be provided, upon request, to any licensed pharmacist who dispenses drugs or devices, when there is uncertainty about the nurse practitioner furnishing the order.

(g) (1) The board has certified in accordance with Section 2836.3 that the nurse practitioner has satisfactorily completed a course in pharmacology covering the drugs or devices to be furnished or ordered under this section.

(2) A physician and surgeon may determine the extent of supervision necessary pursuant to this section in the furnishing or ordering of drugs and devices.

(3) Nurse practitioners who are certified by the board and hold an active furnishing number, who are authorized through standardized procedures or protocols to furnish Schedule II controlled substances, and who are registered

with the United States Drug Enforcement Administration, shall complete, as part of their continuing education requirements, a course including Schedule II controlled substances, and the risks of addiction associated with their use, based on the standards developed by the board. The board shall establish the requirements for satisfactory completion of this subdivision.

(h) Use of the term "furnishing" in this section, in health facilities defined in Section 1250 of the Health and Safety Code, shall include (1) the ordering of a drug or device in accordance with the standardized procedure and (2) transmitting an order of a supervising physician and surgeon.

(i) "Drug order" or "order" for purposes of this section means an order for medication which is dispensed to or for an ultimate user, issued by a nurse practitioner as an individual practitioner, within the meaning of Section 1306.02 of Title 21 of the Code of Federal Regulations. Notwithstanding any other provision of law, (1) a drug order issued pursuant to this section shall be treated in the same manner as a prescription of the supervising physician; (2) all references to "prescription" in this code and the Health and Safety Code shall include drug orders issued by nurse practitioners; and (3) the signature of a nurse practitioner on a drug order issued in accordance with this section shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.

SEC. 9. Section 3059 of the Business and Professions Code is amended to read:

3059. (a) It is the intent of the Legislature that the public health and safety would be served by requiring all holders of licenses to practice optometry granted under this chapter to continue their education after receiving their licenses. The board shall adopt regulations that require, as a condition to the renewal thereof, that all holders of licenses submit proof satisfactory to the board that they have informed themselves of the developments in the practice of optometry occurring since the original issuance of their licenses by pursuing one or more courses of study satisfactory to the board or by other means deemed equivalent by the board.

(b) The board may, in accordance with the intent of this section, make exceptions from continuing education requirements for reasons of health, military service, or other good cause.

(c) If for good cause compliance cannot be met for the current year, the board may grant exemption of compliance for that year, provided that a plan of future compliance that includes current requirements as well as makeup of previous requirements is approved by the board.

(d) The board may require that proof of compliance with this section be submitted on an annual or biennial basis as determined by the board.

(e) An optometrist certified to use therapeutic pharmaceutical agents pursuant to Section 3041.3 shall complete a total of 50 hours of continuing education every two years in order to renew his or her certificate. Thirty-five of the required 50 hours of continuing education shall be on the diagnosis, treatment, and management of ocular disease in any combination of the following areas:

(1) Glaucoma.

(2) Ocular infection.
(3) Ocular inflammation.
(4) Topical steroids.
(5) Systemic medication.
(6) Pain medication, including the risks of addiction associated with the use of Schedule II drugs.

(f) The board shall encourage every optometrist to take a course or courses in pharmacology and pharmaceuticals as part of his or her continuing education.

(g) The board shall consider requiring courses in child abuse detection to be taken by those licensees whose practices are such that there is a likelihood of contact with abused or neglected children.

(h) The board shall consider requiring courses in elder abuse detection to be taken by those licensees whose practices are such that there is a likelihood of contact with abused or neglected elder persons.

SEC. 10. Section 3502.1 of the Business and Professions Code is amended to read:

3502.1. (a) In addition to the services authorized in the regulations adopted by the Medical Board of California, and except as prohibited by Section 3502, while under the supervision of a licensed physician and surgeon or physicians and surgeons authorized by law to supervise a physician assistant, a physician assistant may administer or provide medication to a patient, or transmit orally, or in writing on a patient's record or in a drug order, an order to a person who may lawfully furnish the medication or medical device pursuant to subdivisions (c) and (d).

(1) A supervising physician and surgeon who delegates authority to issue a drug order to a physician assistant may limit this authority by specifying the manner in which the physician assistant may issue delegated prescriptions.

(2) Each supervising physician and surgeon who delegates the authority to issue a drug order to a physician assistant shall first prepare and adopt, or adopt, a written, practice specific, formulary and protocols that specify all criteria for the use of a particular drug or device, and any contraindications for the selection. Protocols for Schedule II controlled substances shall address the diagnosis of illness, injury, or condition for which the Schedule II controlled substance is being administered, provided, or issued. The drugs listed in the protocols shall constitute the formulary and shall include only drugs that are appropriate for use in the type of practice engaged in by the supervising physician and surgeon. When issuing a drug order, the physician assistant is acting on behalf of and as an agent for a supervising physician and surgeon.

(b) "Drug order," for purposes of this section, means an order for medication that is dispensed to or for a patient, issued and signed by a physician assistant acting as an individual practitioner within the meaning of Section 1306.02 of Title 21 of the Code of Federal Regulations. Notwithstanding any other provision of law, (1) a drug order issued pursuant to this section shall be treated in the same manner as a prescription or order of the supervising physician, (2) all references to "prescription" in this code and the Health and Safety Code shall include drug orders issued by physician assistants pursuant to authority granted by their supervising physicians and surgeons, and (3) the signature of a physician assistant on a drug order shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.

(c) A drug order for any patient cared for by the physician assistant that is issued by the physician assistant shall either be based on the protocols described in subdivision (a) or shall be approved by the supervising physician and surgeon before it is filled or carried out.

(1) A physician assistant shall not administer or provide a drug or issue a drug order for a drug other than for a drug listed in the formulary without advance approval from a supervising physician and surgeon for the particular patient. At the direction and under the supervision of a physician and surgeon, a physician assistant may hand to a patient of the supervising physician and surgeon a properly labeled prescription drug prepackaged by a physician and surgeon, manufacturer as defined in the Pharmacy Law, or a pharmacist.

(2) A physician assistant shall not administer, provide, or issue a drug order to a patient for Schedule II through Schedule V controlled substances without advance approval by a supervising physician and surgeon for that particular patient unless the physician assistant has completed an education course that covers controlled substances and that meets standards, including pharmacological content, approved by the board. The education course shall be provided either by an accredited continuing education provider or by an approved physician assistant training program. If the physician assistant will administer, provide, or issue a drug order for Schedule II controlled substances, the course shall contain a minimum of three hours exclusively on Schedule II controlled substances, including the risks of addiction associated with their use. Completion of the requirements set forth in this paragraph shall be verified and documented in the manner established by the board prior to the physician assistant's use of a registration number issued by the United States Drug Enforcement Administration to the physician assistant to administer, provide, or issue a drug order to a patient for a controlled substance without advance approval by a supervising physician and surgeon for that particular patient.

(3) Any drug order issued by a physician assistant shall be subject to a reasonable quantitative limitation consistent with customary medical practice in the supervising physician and surgeon's practice.

(d) A written drug order issued pursuant to subdivision (a), except a written drug order in a patient's medical record in a health facility or medical practice, shall contain the printed name, address, and telephone number of the supervising physician and surgeon, the printed or stamped name and license number of the physician assistant, and the signature of the physician assistant. Further, a written drug order for a controlled substance, except a written drug order in a patient's medical record in a health facility or a medical practice, shall include the federal controlled substances registration number of the physician assistant and shall otherwise comply with Section 11162.1 of the Health and Safety Code. Except as otherwise required for written drug orders for controlled substances under Section 11162.1 of the Health and Safety Code, the requirements of this subdivision may be met through stamping or otherwise imprinting on the supervising physician and surgeon's prescription blank to show the name, license number, and if applicable, the federal controlled substances registration number of the physician assistant, and shall be signed by the physician assistant. When using a drug order, the physician assistant is acting on behalf of and as the agent of a supervising physician and surgeon.

(e) The supervising physician and surgeon shall use either of the following mechanisms to ensure adequate supervision of the administration, provision, or issuance by a physician assistant of a drug order to a patient for Schedule II controlled substances:

(1) The medical record of any patient cared for by a physician assistant for whom the physician assistant's Schedule II drug order has been issued or carried out shall be reviewed, countersigned, and dated by a supervising physician and surgeon within seven days.

(2) If the physician assistant has documentation evidencing the successful completion of an education course that covers controlled substances, and that controlled substance education course (A) meets the standards, including pharmacological content, established in Sections 1399.610 and 1399.612 of Title 16 of the California Code of Regulations, and (B) is provided either by an accredited continuing education provider or by an approved physician assistant training program, the supervising physician and surgeon shall review, countersign, and date, within seven days, a sample consisting of the medical records of at least 20 percent of the patients cared for by the physician assistant for whom the physician assistant's Schedule II drug order has been issued or carried out. Completion of the requirements set forth in this paragraph shall be verified and documented in the manner established in Section 1399.612 of Title 16 of the California Code of Regulations. Physician assistants who have a certificate of completion of the course described in paragraph (2) of subdivision (c) shall be deemed to have met the education course requirement of this subdivision.

(f) All physician assistants who are authorized by their supervising physicians to issue drug orders for controlled substances shall register with the United States Drug Enforcement Administration (DEA).

(g) The board shall consult with the Medical Board of California and report during its sunset review required by Article 7.5 (commencing with Section 9147.7) of Chapter 1.5 of Part 1 of Division 2 of Title 2 of the Government Code the impacts of exempting Schedule III and Schedule IV drug orders from the requirement for a physician and surgeon to review and countersign the affected medical record of a patient.

SEC. 11. Section 4076.7 is added to the Business and Professions Code, to read:

4076.7. In addition to the requirements of Sections 4076 and 4076.5, whenever a prescription drug containing an opioid is dispensed to a patient for outpatient use, the pharmacy or practitioner dispensing the drug shall prominently display on the label or container, by means of a flag or other notification mechanism attached to the container, a notice that states "Caution: Opioid. Risk of overdose and addiction."

SEC. 12. Section 49476 is added to the Education Code, to read:

49476. (a) If a school district, charter school, or private school elects to offer an athletic program, the school district, charter school, or private school shall annually give the Opioid Factsheet for Patients published by the Centers for Disease Control and Prevention to each athlete. The athlete and, if the athlete is 17 years of age or younger, the athlete's parent or guardian shall sign a document acknowledging receipt of the Opioid Factsheet for Patients and return that document to the school district, charter school, or private school before the athlete initiates practice or competition. The Opioid Factsheet for Patients may be sent and returned through an electronic medium, including, but not limited to, fax or email.

(b) This section does not apply to an athlete engaging in an athletic activity during the regular schoolday or as part of a physical education course required pursuant to subdivision (d) of Section 51220.

SEC. 13. Section 11158.1 is added to the Health and Safety Code, to read:

11158.1. (a) Except when a patient is being treated as set forth in Sections 11159, 11159.2, and 11167.5, and Article 2 (commencing with Section 11215) of Chapter 5, pertaining to the treatment of addicts, or for a diagnosis of chronic intractable pain as used in Section 124960 of this code and Section 2241.5 of the Business and Professions Code, a prescriber shall discuss all of the following with the minor, the minor's parent or guardian, or another adult authorized to consent to the minor's medical treatment before directly dispensing or issuing for a minor the first prescription in a single course of treatment for a controlled substance containing an opioid:

(1) The risks of addiction and overdose associated with the use of opioids.

(2) The increased risk of addiction to an opioid to an individual who is suffering from both mental and substance abuse disorders.

(3) The danger of taking an opioid with a benzodiazepine, alcohol, or another central nervous system depressant.

(4) Any other information required by law.

(b) This section does not apply in any of the following circumstances:

(1) If the minor's treatment includes emergency services and care as defined in Section 1317.1.

(2) If the minor's treatment is associated with or incident to an emergency surgery, regardless of whether the surgery is performed on an inpatient or outpatient basis.

(3) If, in the prescriber's professional judgment, fulfilling the requirements of subdivision (a) would be detrimental to the minor's health or safety, or in violation of the minor's legal rights regarding confidentiality.

(c) Notwithstanding any other law, including Section 11374, failure to comply with this section shall not constitute a criminal offense.

SEC. 14. Section 124236 is added to the Health and Safety Code, to read:

124236. (a) A youth sports organization, as defined in paragraph (3) of subdivision (b) of Section 124235, that elects to offer an athletic program shall annually give the Opioid Factsheet for Patients published by the Centers for Disease Control and Prevention to each athlete. The athlete and, if the athlete is 17 years of age or younger, the athlete's parent or guardian shall sign a document acknowledging receipt of the Opioid Factsheet for Patients and return that document to the youth sports organization before the athlete initiates practice or competition. The Opioid Factsheet for Patients may be sent and returned through an electronic medium, including, but not limited to, fax or email.

(b) This section shall apply to all athletes participating in the activities of a youth sports organization, irrespective of their ages. This section shall not be construed to prohibit a youth sports organization, or any other appropriate entity, from adopting and enforcing rules intended to provide a higher standard of safety for athletes than the standard established under this section.

SEC. 15. Section 2.5 of this bill incorporates amendments to Section 1645 of the Business and Professions Code proposed by both this bill and Senate Bill 1491. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2019, (2) each bill amends Section 1645 of the Business and Professions Code, and (3) this bill is enacted after Senate Bill 1491, in which case Section 2 of this bill shall not become operative.

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

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: SB 1448
Author: Hill
Chapter: 570
Bill Date: August 23, 2018, Amended
Subject: Healing Arts Licensees: Probation Status: Disclosure
Sponsor: Author
Position: Support

DESCRIPTION OF CURRENT LEGISLATION:

This bill, the Patient's Right to Know Act of 2018, requires, on and after July 1, 2019, physicians and surgeons and osteopathic physicians and surgeons to notify patients of their probationary status for specified cases. This bill also requires podiatrists, acupuncturists, chiropractors and naturopathic doctors to notify patients of their probationary status before seeing a patient for the first time, as specified.

ANALYSIS

This bill requires, on and after July 1, 2019, the Board to require a licensee on probation, pursuant to a probationary order made on or after July 1, 2019, before a patient's first visit following the probationary order, to provide the patient or the patient's guardian or health care surrogate, with a separate disclosure that includes: the licensee's probationary status; the length of the probation and the end date; all practice restrictions placed on the licensee by the Board; the Board's telephone number; and an explanation of how the patient can find further information on the licensee's probation on the licensee's profile page on the Board's online license information website. This disclosure would be required in any of the following circumstances:

- A final adjudication by the Board following an administrative hearing or admitted findings or prima facie showing in a stipulated settlement establishing any of the following:
    - The commission of any act of sexual abuse, misconduct, or relations with a patient or client as defined in Business and Professions Code Sections 726 or 729.
    - Drug or alcohol abuse directly resulting in harm to patients, or the extent that such use impairs the ability of the licensee to practice safely.
    - Criminal conviction involving harm to patient health.
    - Inappropriate prescribing resulting in harm to patients and a probationary period of five years or more.
- An accusation or statement of issues alleged that the licensee committed any of the above acts, and a stipulated settlement based upon a nolo contendre or

other similar compromise that does not include any prima facie showing or admission of guilt or fact, but does include an express acknowledgement that the disclosure requirements would serve to protect the public interest.

This bill specifies that a licensee required to provide a disclosure shall obtain from the patient, or the patient's guardian or health care surrogate, a separate, signed copy of the disclosure.

This bill specifies that a licensee on probation is not required to provide a disclosure if any of the following applies:

- The patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the disclosure and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the copy.
- The visit occurs in an emergency room or an urgent care facility or the visit is unscheduled, including consultations in inpatient facilities.
- The licensee who will be treating the patient during the visit is not known to the patient until immediately prior to the start of the visit.
- The licensee does not have a direct treatment relationship with the patient.

This bill requires the Board, on and after July 1, 2019, to provide the following information for licensees on probation and licensees practicing under probationary licenses, in plain view on the licensee's profile page on the Board's website:

- For probation imposed pursuant to a stipulated settlement, the causes alleged in the operative accusation along with a designation identifying those causes by which the licensee has expressly admitted guilt and a statement that acceptance of the settlement is not an admission of guilt.
- For probation imposed by an adjudicated decision of the Board, the causes for probation stated in the final probationary order.
- For a licensee granted a probationary license, the causes by which a probationary license was imposed.
- The length of the probation and end date.
- All practice restrictions placed on the license by the Board.

The Board believes that ensuring that patients are informed promotes the Board's mission of consumer protection. This bill is the result of negotiations with the Governor's Office, the author's office and interested parties, including the Board. The Board is supportive of this bill, as it will help further the Board's mission of consumer protection.

FISCAL: Using data from the Board's last Annual Report, 83 cases would likely fall into the categories of this bill. 75% of the 83 (the amount that are stipulated to) equates to 62 cases. Board staff is estimating that 10% of those cases would go to hearing instead of settling because of patient notification. Board staff is only estimating 10% because not all of those cases would actually fall into the narrower categories of this bill and many of the cases would be so egregious that they would likely rather stipulate to a settlement than go to hearing. Using this estimate, six cases would go to hearing instead of settling because of patient notification. The cost difference between going to hearing and stipulating to a settlement is $38,000. As such, the total fiscal impact would be $228,000. The Board will need to increase the budget line items for the Attorney General's Office and the Office of Administrative Hearings for this amount.

SUPPORT: Center for Public Interest Law; Consumer Attorneys of California; Consumer Federation of California; Consumer Watchdog; Consumers Union; and Medical Board of California

OPPOSITION: American Society of Addiction Medicine
California Academy of Family Physicians
Osteopathic Physicians and Surgeons of California

IMPLEMENTATION:

- Newsletter article(s), including a stand-alone article(s);
- Notify/train Board staff; Department of Consumer Affairs, Division of Investigation staff; and the Attorney General's (AG) Office, Health Quality Enforcement Section (HQES);
- Train Board staff to prepare a statement that goes out to physicians when their probation order falls under the patient notification requirements in this bill;
- Train HQES staff at the AG's Office to ensure that settlements for cases that fall under the patient notification requirements in this bill include an express acknowledgement for patient notification;
- Update the Probation Unit monitor's checklist to ensure physicians whose orders fall under the patient notification requirements are aware of the law and the requirements they must follow;
- Increase the budget line items for the Attorney General's Office and the Office of Administrative Hearings by $228,000, to cover the costs of this bill;
- Submit a BreEZe change request to require the physician profiles to include the required information for physicians on probation and physicians with probationary licenses;
- Create new codes in BreEZe to track statistics related to how many cases go to hearing instead of settling due to the patient notification requirements and how many physicians violate the law regarding patient notification; and
- Provide outreach to physicians regarding the new requirement, including email blasts, posting information on social media, and posting information on the Board's website.

Senate Bill No. 1448

CHAPTER 570

An act to add Sections 1007, 2228.1, 2228.5, 2459.4, 3663.5, and 4962 to the Business and Professions Code, relating to healing arts.

[Approved by Governor September 19, 2018. Filed with Secretary of State September 19, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

SB 1448, Hill. Healing arts licensees: probation status: disclosure.

Existing law, the Medical Practice Act, establishes the Medical Board of California for the licensing, regulation, and discipline of physicians and surgeons. Existing law establishes the California Board of Podiatric Medicine within the Medical Board of California for the licensing, regulation, and discipline of podiatrists. Existing law, the Osteopathic Act, enacted by an initiative measure, establishes the Osteopathic Medical Board of California for the licensing and regulation of osteopathic physicians and surgeons and requires the Osteopathic Medical Board of California to enforce specified provisions of the Medical Practice Act with respect to its licensees. Existing law, the Naturopathic Doctors Act, establishes the Naturopathic Medicine Committee within the Osteopathic Medical Board of California for the licensing and regulation of naturopathic doctors. Existing law, the Chiropractic Act, enacted by an initiative measure, establishes the State Board of Chiropractic Examiners for the licensing and regulation of chiropractors. Existing law, the Acupuncture Licensure Act, establishes the Acupuncture Board for the licensing and regulation of acupuncturists. Existing law authorizes each of these regulatory entities to discipline its licensee by placing her or him on probation, as specified.

This bill, on and after July 1, 2019, would require the California Board of Podiatric Medicine, the Naturopathic Medicine Committee, the State Board of Chiropractic Examiners, and the Acupuncture Board to require a licensee to provide a separate disclosure, as specified, to a patient or a patient's guardian or health care surrogate before the patient's first visit if the licensee is on probation pursuant to a probationary order made on and after July 1, 2019. The bill, on and after July 1, 2019, would require the Medical Board of California and the Osteopathic Medical Board of California to require a licensee to provide a separate disclosure, as specified, to a patient or a patient's guardian or health care surrogate before the patient's first visit if the licensee is on probation pursuant to a probationary order made on and after July 1, 2019, under specified circumstances. The bill would also require the California Board of Podiatric Medicine, the Naturopathic Medicine Committee, the State Board of Chiropractic Examiners, the Acupuncture Board, the Medical Board of California, and the Osteopathic Medical Board of California to provide specified information relating to licensees on probation on the regulatory entity's online license information Internet Web site.

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

SECTION 1. This act shall be known, and may be cited, as the Patient's Right to Know Act of 2018.

SEC. 2. Section 1007 is added to the Business and Professions Code, to read:

1007. (a) On and after July 1, 2019, except as otherwise provided in subdivision (c), the board shall require a licensee to provide a separate disclosure that includes the licensee's probation status, the length of the probation, the probation end date, all practice restrictions placed on the licensee by the board, the board's telephone number, and an explanation of how the patient can find further information on the licensee's probation on the licensee's profile page on the board's online license information Internet Web site, to a patient or the patient's guardian or health care surrogate before the patient's first visit following the probationary order while the licensee is on probation pursuant to a probationary order made on and after July 1, 2019.

(b) A licensee required to provide a disclosure pursuant to subdivision (a) shall obtain from the patient, or the patient's guardian or health care surrogate, a separate, signed copy of that disclosure.

(c) A licensee shall not be required to provide a disclosure pursuant to subdivision (a) if any of the following applies:

(1) The patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the disclosure pursuant to subdivision (b) and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the copy.

(2) The visit occurs in an emergency room or an urgent care facility or the visit is unscheduled, including consultations in inpatient facilities.

(3) The licensee who will be treating the patient during the visit is not known to the patient until immediately prior to the start of the visit.

(4) The licensee does not have a direct treatment relationship with the patient.

(d) On and after July 1, 2019, the board shall provide the following information, with respect to licensees on probation and licensees practicing under probationary licenses, in plain view on the licensee's profile page on the board's online license information Internet Web site.

(1) For probation imposed pursuant to a stipulated settlement, the causes alleged in the operative accusation along with a designation identifying those causes by which the licensee has expressly admitted guilt and a statement that acceptance of the settlement is not an admission of guilt.

(2) For probation imposed by an adjudicated decision of the board, the causes for probation stated in the final probationary order.

(3) For a licensee granted a probationary license, the causes by which the probationary license was imposed.

(4) The length of the probation and end date.

(5) All practice restrictions placed on the license by the board.

(e) "Board" for purposes of this section means the State Board of Chiropractic Examiners.

SEC. 3. Section 2228.1 is added to the Business and Professions Code, to read:

2228.1. (a) On and after July 1, 2019, except as otherwise provided in subdivision (c), the board shall require a licensee to provide a separate disclosure that includes the licensee's probation status, the length of the probation, the probation end date, all practice restrictions placed on the licensee by the board, the board's telephone number, and an explanation of how the patient can find further information on the licensee's probation on the licensee's profile page on the board's online license information Internet Web site, to a patient or the patient's guardian or health care surrogate before the patient's first visit following the probationary order while the licensee is on probation pursuant to a probationary order made on and after July 1, 2019, in any of the following circumstances:

(1) A final adjudication by the board following an administrative hearing or admitted findings or prima facie showing in a stipulated settlement establishing any of the following:

(A) The commission of any act of sexual abuse, misconduct, or relations with a patient or client as defined in Section 726 or 729.

(B) Drug or alcohol abuse directly resulting in harm to patients or the extent that such use impairs the ability of the licensee to practice safely.

(C) Criminal conviction directly involving harm to patient health.

(D) Inappropriate prescribing resulting in harm to patients and a probationary period of five years or more.

(2) An accusation or statement of issues alleged that the licensee committed any of the acts described in subparagraphs (A) to (D), inclusive, of paragraph (1), and a stipulated settlement based upon a nolo contendre or other similar compromise that does not include any prima facie showing or admission of guilt or fact but does include an express acknowledgment that the disclosure requirements of this section would serve to protect the public interest.

(b) A licensee required to provide a disclosure pursuant to subdivision (a) shall obtain from the patient, or the patient's guardian or health care surrogate, a separate, signed copy of that disclosure.

(c) A licensee shall not be required to provide a disclosure pursuant to subdivision (a) if any of the following applies:

(1) The patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the disclosure pursuant to subdivision (b) and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the copy.

(2) The visit occurs in an emergency room or an urgent care facility or the visit is unscheduled, including consultations in inpatient facilities.

(3) The licensee who will be treating the patient during the visit is not known to the patient until immediately prior to the start of the visit.

(4) The licensee does not have a direct treatment relationship with the patient.

(d) On and after July 1, 2019, the board shall provide the following information, with respect to licensees on probation and licensees practicing under probationary licenses, in plain view on the licensee's profile page on the board's online license information Internet Web site.

(1) For probation imposed pursuant to a stipulated settlement, the causes alleged in the operative accusation along with a designation identifying those causes by which the licensee has expressly admitted guilt and a statement that acceptance of the settlement is not an admission of guilt.

(2) For probation imposed by an adjudicated decision of the board, the causes for probation stated in the final probationary order.

(3) For a licensee granted a probationary license, the causes by which the probationary license was imposed.

(4) The length of the probation and end date.

(5) All practice restrictions placed on the license by the board.

(e) Section 2314 shall not apply to this section.

SEC. 4. Section 2228.5 is added to the Business and Professions Code, to read:

2228.5. (a) On and after July 1, 2019, except as otherwise provided in subdivision (c), the board shall require a licensee to provide a separate disclosure that includes the licensee's probation status, the length of the probation, the probation end date, all practice restrictions placed on the licensee by the board, the board's telephone number, and an explanation of how the patient can find further information on the licensee's probation on the licensee's profile page on the board's online license information Internet Web site, to a patient or the patient's guardian or health care surrogate before the patient's first visit following the probationary order while the licensee is on probation pursuant to a probationary order made on and after July 1, 2019.

(b) A licensee required to provide a disclosure pursuant to subdivision (a) shall obtain from the patient, or the patient's guardian or health care surrogate, a separate, signed copy of that disclosure.

(c) A licensee shall not be required to provide a disclosure pursuant to subdivision (a) if any of the following applies:

(1) The patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the disclosure pursuant to subdivision (b) and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the copy.

(2) The visit occurs in an emergency room or an urgent care facility or the visit is unscheduled, including consultations in inpatient facilities.

(3) The licensee who will be treating the patient during the visit is not known to the patient until immediately prior to the start of the visit.

(4) The licensee does not have a direct treatment relationship with the patient.

(d) On and after July 1, 2019, the board shall provide the following information, with respect to licensees on probation and licensees practicing under probationary licenses, in plain view on the licensee's profile page on the board's online license information Internet Web site.

(1) For probation imposed pursuant to a stipulated settlement, the causes alleged in the operative accusation along with a designation identifying those causes by which the licensee has expressly admitted guilt and a statement that acceptance of the settlement is not an admission of guilt.

(2) For probation imposed by an adjudicated decision of the board, the causes for probation stated in the final probationary order.

(3) For a licensee granted a probationary license, the causes by which the probationary license was imposed.

(4) The length of the probation and end date.

(5) All practice restrictions placed on the license by the board.

(e) Section 2314 shall not apply to this section.

(f) For purposes of this section:

(1) "Board" means the California Board of Podiatric Medicine.

(2) "Licensee" means a person licensed by the California Board of Podiatric Medicine.

SEC. 5. Section 2459.4 is added to the Business and Professions Code, to read:

2459.4. (a) On and after July 1, 2019, except as otherwise provided in subdivision (c), the board shall require a licensee to provide a separate disclosure that includes the licensee's probation status, the length of the probation, the probation end date, all practice restrictions placed on the licensee by the board, the board's telephone number, and an explanation of how the patient can find further information on the licensee's probation on the licensee's profile page on the board's online license information Internet Web site, to a patient or the patient's guardian or health care surrogate before the patient's first visit following the probationary order while the licensee is on probation pursuant to a probationary order made on and after July 1, 2019, in any of the following circumstances:

(1) A final adjudication by the board following an administrative hearing or admitted findings or prima facie showing in a stipulated settlement establishing any of the following:

(A) The commission of any act of sexual abuse, misconduct, or relations with a patient or client as defined in Section 726 or 729.

(B) Drug or alcohol abuse directly resulting in harm to patients or the extent that such use impairs the ability of the licensee to practice safely.

(C) Criminal conviction directly involving harm to patient health.

(D) Inappropriate prescribing resulting in harm to patients and a probationary period of five years or more.

(2) An accusation or statement of issues alleged that the licensee committed any of the acts described in subparagraphs (A) to (D), inclusive, of paragraph (1), and a stipulated settlement based upon a nolo contendre or other similar compromise that does not include any prima facie showing or admission of guilt or fact but does include an express acknowledgment

that the disclosure requirements of this section would serve to protect the public interest.

(b) A licensee required to provide a disclosure pursuant to subdivision (a) shall obtain from the patient, or the patient's guardian or health care surrogate, a separate, signed copy of that disclosure.

(c) A licensee shall not be required to provide a disclosure pursuant to subdivision (a) if any of the following applies:

(1) The patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the disclosure pursuant to subdivision (b) and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the copy.

(2) The visit occurs in an emergency room or an urgent care facility or the visit is unscheduled, including consultations in inpatient facilities.

(3) The licensee who will be treating the patient during the visit is not known to the patient until immediately prior to the start of the visit.

(4) The licensee does not have a direct treatment relationship with the patient.

(d) On and after July 1, 2019, the board shall provide the following information, with respect to licensees on probation and licensees practicing under probationary licenses, in plain view on the licensee's profile page on the board's online license information Internet Web site.

(1) For probation imposed pursuant to a stipulated settlement, the causes alleged in the operative accusation along with a designation identifying those causes by which the licensee has expressly admitted guilt and a statement that acceptance of the settlement is not an admission of guilt.

(2) For probation imposed by an adjudicated decision of the board, the causes for probation stated in the final probationary order.

(3) For a licensee granted a probationary license, the causes by which the probationary license was imposed.

(4) The length of the probation and end date.

(5) All practice restrictions placed on the license by the board.

(e) A violation of this section shall not be punishable as a crime.

(f) For purposes of this section:

(1) "Board" means the Osteopathic Medical Board of California.

(2) "Licensee" means a person licensed by the Osteopathic Medical Board of California.

SEC. 6. Section 3663.5 is added to the Business and Professions Code, to read:

3663.5. (a) On and after July 1, 2019, except as otherwise provided in subdivision (c), the committee shall require a licensee to provide a separate disclosure that includes the licensee's probation status, the length of the probation, the probation end date, all practice restrictions placed on the licensee by the committee, the committee's telephone number, and an explanation of how the patient can find further information on the licensee's probation on the licensee's profile page on the committee's online license information Internet Web site, to a patient or the patient's guardian or health care surrogate before the patient's first visit following the probationary order while the licensee is on probation pursuant to a probationary order made on and after July 1, 2019.

(b) A licensee required to provide a disclosure pursuant to subdivision (a) shall obtain from the patient, or the patient's guardian or health care surrogate, a separate, signed copy of that disclosure.

(c) A licensee shall not be required to provide a disclosure pursuant to subdivision (a) if any of the following applies:

(1) The patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the disclosure pursuant to subdivision (b) and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the copy.

(2) The visit occurs in an emergency room or an urgent care facility or the visit is unscheduled, including consultations in inpatient facilities.

(3) The licensee who will be treating the patient during the visit is not known to the patient until immediately prior to the start of the visit.

(4) The licensee does not have a direct treatment relationship with the patient.

(d) On and after July 1, 2019, the committee shall provide the following information, with respect to licensees on probation and licensees practicing under probationary licenses, in plain view on the licensee's profile page on the committee's online license information Internet Web site.

(1) For probation imposed pursuant to a stipulated settlement, the causes alleged in the operative accusation along with a designation identifying those causes by which the licensee has expressly admitted guilt and a statement that acceptance of the settlement is not an admission of guilt.

(2) For probation imposed by an adjudicated decision of the committee, the causes for probation stated in the final probationary order.

(3) For a licensee granted a probationary license, the causes by which the probationary license was imposed.

(4) The length of the probation and end date.

(5) All practice restrictions placed on the license by the committee.

(e) A violation of this section shall not be punishable as a crime.

SEC. 7. Section 4962 is added to the Business and Professions Code, to read:

4962. (a) On and after July 1, 2019, except as otherwise provided in subdivision (c), the board shall require a licensee to provide a separate disclosure that includes the licensee's probation status, the length of the probation, the probation end date, all practice restrictions placed on the licensee by the board, the board's telephone number, and an explanation of how the patient can find further information on the licensee's probation on the licensee's profile page on the board's online license information Internet Web site, to a patient or the patient's guardian or health care surrogate before the patient's first visit following the probationary order while the licensee is on probation pursuant to a probationary order made on and after July 1, 2019.

(b) A licensee required to provide a disclosure pursuant to subdivision (a) shall obtain from the patient, or the patient's guardian or health care surrogate, a separate, signed copy of that disclosure.

(c) A licensee shall not be required to provide a disclosure pursuant to subdivision (a) if any of the following applies:

(1) The patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the disclosure pursuant to subdivision (b) and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the copy.

(2) The visit occurs in an emergency room or an urgent care facility or the visit is unscheduled, including consultations in inpatient facilities.

(3) The licensee who will be treating the patient during the visit is not known to the patient until immediately prior to the start of the visit.

(4) The licensee does not have a direct treatment relationship with the patient.

(d) On and after July 1, 2019, the board shall provide the following information, with respect to licensees on probation and licensees practicing under probationary licenses, in plain view on the licensee's profile page on the board's online license information Internet Web site.

(1) For probation imposed pursuant to a stipulated settlement, the causes alleged in the operative accusation along with a designation identifying those causes by which the licensee has expressly admitted guilt and a statement that acceptance of the settlement is not an admission of guilt.

(2) For probation imposed by an adjudicated decision of the board, the causes for probation stated in the final probationary order.

(3) For a licensee granted a probationary license, the causes by which the probationary license was imposed.

(4) The length of the probation and end date.

(5) All practice restrictions placed on the license by the board.

(e) A violation of this section shall not be punishable as a crime.

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: SB 1480
Author: Hill
Chapter: 571
Bill Date: August 24, 2018, Amended
Subject: Professions and Vocations
Sponsor: Author and affected healing arts boards

DESCRIPTION OF CURRENT LEGISLATION:

This bill is one of the vehicles by which omnibus legislation was carried by the Senate Business, Professions and Economic Development Committee. This analysis only includes the relevant sections of the bill in the Business and Professions Code (BPC) that impact the Medical Board of California (Board). This bill contains technical and clarifying changes to the three year postgraduate training requirement that was passed last year in the Board's sunset bill and becomes effective January 1, 2020. This bill also makes technical changes to the sections of law regarding research psychoanalysts.

ANALYSIS

This bill makes technical and clarifying changes that impact the Board. This bill clarifies that the fee that will be charged applicants for application is a nonrefundable application and processing fee. This bill also strikes the time limits in law related to when a graduate can receive compensation as part of their postgraduate training program.

This bill adds a requirement for the program director of an approved postgraduate training program to report to the Board and provide any supporting documents for any of the following actions within 30 days of the action:

- A postgraduate trainee is notified that he or she has received partial or no credit for a period of postgraduate training, and his or her postgraduate training period is extended.
- A postgraduate trainee takes a leave of absence or any break from his or her postgraduate training, and he or she is notified that his or her postgraduate training period is extended.
- A postgraduate trainee is terminated from the postgraduate training program.
- A postgraduate trainee resigns, dies, or otherwise leaves the postgraduate training program.
- A postgraduate trainee has completed a one-year contract approved by the postgraduate training program.

This bill allows the Board, in its discretion, to grant an extension beyond 39 months to a postgraduate training licensee to successfully complete the 36 months of required postgraduate training. This bill requires an applicant who has successfully completed 36 months of approved postgraduate training in another state or Canada and who is accepted into an approved postgraduate training program in California to obtain his or her physician's and surgeon's license within 90 days after beginning that postgraduate training program.

Existing law allows an applicant to be licensed in California if they hold an unrestricted license in another state or Canada, or has been a member of the active military, United States Public Health Services or other federal health program, for a period of at least four years with no discipline, among other requirements. This bill adds two options to the criteria that is required for this pathway. Existing law requires the applicant to be board certified and have one year of postgraduate training, this bill adds the options of allowing the applicant to have satisfactorily completed two years of postgraduate training, or allowing the applicant to have satisfactorily completed one year of approved postgraduate training and taking and passing the clinical competency written examination.

This bill makes other technical and clarifying changes that were needed to implement the postgraduate training changes that were made last year.

Lastly, this bill deletes the sunset dates for the sections of law related to research psychoanalysts. The Board's sunset bill from last year would have transferred research psychoanalysts to the Board of Psychology. Although that provision was removed from the bill, the sunset dates were left in the law.

FISCAL: None

SUPPORT: Board of Chiropractic Examiners; Board of Vocational Nursing and Psychiatric Technicians; California Association of Psychiatric Technicians; Five Branches University; Massage California; Naturopathic Medicine Committee; Nuad Thai and Spa Association; Royal Thai Consulate General; and Veterinary Medical Board.

OPPOSITION: American Massage Therapy Association; American Massage Therapy Association-California Chapter; and City and County of San Francisco.

IMPLEMENTATION:

- Newsletter article(s); and
- Notify/train Board staff; Department of Consumer Affairs, Division of Investigation staff; and the Attorney General’s Office, Health Quality Enforcement Section.

Senate Bill No. 1480

CHAPTER 571

An act to amend Sections 101.7, 328, 2064.5, 2065, 2135, 2428, 2499.5, 2529.1, 2529.5, 2529.6, 2708, 2816, 2892.6, 2895, 3047, 3147, 3680, 4518, 4548, 4604, 4809.7, 4830, 4836.2, and 11506 of, and to add Sections 1006.5, 2892.7, 4518.1, 4826.4, 4829.5, and 4841.2 to, the Business and Professions Code, to amend Sections 7000, 7103, 8731, 8778.5, 8785, 103775, and 103780 of the Health and Safety Code, and to amend an initiative act entitled "An act prescribing the terms upon which licenses may be issued to practitioners of chiropractic, creating the State Board of Chiropractic Examiners, and declaring its powers and duties, prescribing penalties for violation hereof, and repealing all acts and parts of acts inconsistent herewith" approved by voters on November 7, 1922, (the Chiropractic Act) by amending Sections 5 and 12 of the act, relating to professions and vocations, and making an appropriation therefor.

[Approved by Governor September 19, 2018. Filed with Secretary of State September 19, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

SB 1480, Hill. Professions and vocations.

(1) Existing law establishes the Department of Consumer Affairs, specifies the various boards that comprise the department, and requires the boards to meet at least 3 times a year.

This bill would instead require the boards to meet at least 2 times a year.

(2) Existing law requires the Director of Consumer Affairs to implement complaint prioritization guidelines for boards to use in prioritizing their respective complaint and investigative workloads.

This bill would require the director to amend those guidelines to include the category of "allegations of serious harm to a minor," as specified.

(3) Existing law, the Medical Practice Act, establishes the Medical Board of California for the licensure and regulation of physicians and surgeons. Existing law prohibits a postgraduate trainee, intern, resident, postdoctoral fellow, or instructor from engaging in the practice of medicine unless he or she holds a valid, unrevoked, and unsuspended physician's and surgeon's certificate issued by the board. Existing law provides an exemption to this provision and authorizes a graduate of an approved medical school to engage in the practice of medicine as a part of a postgraduate training program, as specified. Existing law, on and after January 1, 2020, limits to 12 months the practice of medicine, and receipt of compensation for that practice, by a medical school graduate as a part of an approved first-year postgraduate training program. Existing law, on and after January 1, 2020, limits to 27 months the practice of medicine, and receipt of compensation for that

practice, by a medical school graduate as a part of an approved residency or fellowship. Existing law, on and after January 1, 2020, requires all privileges and exemptions under these provisions to cease automatically if the resident or fellow fails to receive a license to practice medicine within 27 months from the commencement of the residency or fellowship or if the board denies his or her application for licensure. Existing law, on and after January 1, 2020, requires all approved postgraduate training that the medical school graduate has successfully completed in the United States or Canada to count toward the aggregate 39-month license exemption. Existing law, on and after January 1, 2020, requires a medical school graduate to successfully complete a minimum of 36 months of approved postgraduate training with at least 24 consecutive months in the same program to be eligible for a California physician's and surgeon's certificate.

This bill would, on and after January 1, 2020, delete the 12-month and 27-month limitations on the license exemptions for medical school graduates in first-year postgraduate training programs and residencies and fellowships, respectively. The bill would, on and after January 1, 2020, authorize the board, upon review of supporting documentation, to grant an extension beyond the 39-month license exemption to a postgraduate training licensee to successfully complete the 36 months of required approved postgraduate training. The bill would, on and after January 1, 2020, require an applicant who has successfully completed 36 months of approved postgraduate training in another state or in Canada and who is accepted into an approved postgraduate training program in California to obtain his or her license within 90 days after beginning the program. The bill would, on and after January 1, 2020, replace the requirement that the 24 months in the postgraduate training program be consecutive with a requirement that there be successful progression through the 24 months.

The bill would, on and after January 1, 2020, require the program director for a postgraduate training program in California to report to the board, on a form approved by the board, and provide any supporting documents as required by the board, specified events regarding a postgraduate trainee's status in the postgraduate program within 30 days of the event.

Existing law requires the board to issue a physician's and surgeon's certificate to an applicant who holds a specified license from another state or a Canadian province or Canadian provinces and who, in addition to meeting other requirements, has satisfactorily completed at least 2 years of approved postgraduate training or has satisfactorily completed at least one year of approved postgraduate training and takes and passes the clinical competency written examination. Existing law, on and after January 1, 2020, revises this provision to, among other things, exclude the applicant from licensure.

This bill instead would continue to include such an applicant who meets the other requirements as revised on and after January 1, 2020.

Existing law authorizes a person who voluntarily cancels his or her license or fails to renew his or her license within 5 years after its expiration under the Medical Practice Act to apply for and obtain a new license upon satisfaction of specified requirements, including satisfactory completing 2 years of approved postgraduate training.

This bill would instead require the person to satisfactorily complete 3 years of approved postgraduate training.

Existing law establishes various fees in connection with the issuance of licenses under the Medical Practice Act, and requires those fees to be paid into the State Treasury and credited to the Contingent Fund of the Medical Board of California, available to the board for specified purposes upon appropriation by the Legislature. Existing law requires that an applicant for a physician's and surgeon's postgraduate training license be required to pay only 50% of the initial license fee. Existing law requires the applicant to, among other things, pay the reduced licensing fee to be considered for a postgraduate training license.

This bill would instead require the applicant to pay a nonrefundable application and processing fee.

(4) Existing law regulates the practice of podiatric medicine by the California Board of Podiatric Medicine and prescribes various fees relating to, among others, an application, licensure, and renewal. All revenue received by the board is required to be deposited into the Board of Podiatric Medicine Fund, which is available to the board upon appropriation by the Legislature.

This bill would revise those fee provisions by, among other things, deleting the oral examination fee and increasing, until January 1, 2021, the amount of the biennial renewal fee.

(5) Existing law, the Nursing Practice Act, regulates the practice of nursing by the Board of Registered Nursing and authorizes the board to appoint an executive officer.

This bill would authorize the executive officer to adopt a decision entered by default and a stipulation for surrender of a license.

Existing law establishes various fees in connection with the issuance of licenses under the act, and requires those fees to be deposited in the Board of Registered Nursing Fund, available to the board upon appropriation by the Legislature. Existing law establishes that the fee paid by a registered nurse for an evaluation of his or her qualifications to use the title "public health nurse" shall be not less than $500 or more than $1,500.

This bill would instead establish a fee for that purpose of not less than $300 or more than $1,000, would establish a penalty for failure to renew a certificate to practice as a public health nurse within the prescribed time, and would require the Board of Registered Nursing to reimburse any registered nurse who paid more than $300 for an evaluation between April 5, 2018, and December 31, 2018.

(6) Existing law, the Vocational Nursing Practice Act, provides for the regulation of vocational nurses by the Board of Vocational Nursing and Psychiatric Technicians of the State of California, establishes the Vocational Nursing and Psychiatric Technician Fund, and makes those funds available to the board upon appropriation by the Legislature. Existing law prescribes various fees in connection with the issuance of licenses under the act and

requires the board to collect a biennial fee not to exceed $200 from a continuing education course provider.

This bill would instead require the board to collect an initial approval and a biennial renewal fee of $150 unless a higher fee, not to exceed $250, is established by the board. The bill would also require the board to collect an initial approval and a biennial renewal fee of $150, unless a higher fee, not to exceed $250, is established by the board, from any provider of a course in intravenous therapy, blood withdrawal, or intravenous therapy with blood withdrawal. The bill would revise the fees and fee amounts to be assessed under the act, including, but not limited to, application, examination, and renewal fees.

(7) Existing law, the Optometry Practice Act, provides for the licensure and regulation of the practice of optometry by the State Board of Optometry. Existing law authorizes a person to renew an expired optometrist license by paying specified fees and filing a form prescribed by the board. Existing law, commencing July 1, 2018, requires the board to charge an applicant for licensure a fee of $2, and an applicant for renewal a fee of $4, for purposes of developing an interface with the National Practitioner Data Bank.

This bill would also authorize the renewal of expired statements of licensure, branch office licenses, and fictitious name permits by filing an application for renewal and paying renewal and delinquency fees prescribed by the board, and would make the National Practitioner Data Bank fee $4 for both licensure and renewal applicants.

(8) Existing law, the Naturopathic Doctors Act, provides for the regulation of the practice of naturopathic medicine by the Naturopathic Medicine Committee within the Osteopathic Medical Board of California. Existing law establishes various fees in connection with the issuance of a license to practice naturopathic medicine, which are deposited in the Naturopathic Doctor's Fund and are available to the committee upon appropriation by the Legislature.

This bill would revise those provisions by, among other things, increasing the application, initial licensing, and renewal fees, and establishing a fee for a certified license verification.

(9) Existing law makes it unprofessional conduct for certain unlicensed persons who have completed clinical training in psychoanalysis and are registered to engage in psychoanalysis to use controlled substances, dangerous drugs, or alcoholic beverages under prescribed circumstances, including if the use impairs the ability of the registrant to practice safely. Existing law requires an unlicensed person registered to engage in psychoanalysis pursuant to those provisions to pay a sum not in excess of $100 and a renewal fee not in excess of $50 to the Contingent Fund of the Medical Board of California. Existing law requires the board to revoke the exemption from licensure of any person who has been required to register as a sex offender, as specified. Existing law makes all of the these provisions inoperative on and after January 1, 2019.

This bill would delete the repeal of the above-specified provisions. By extending the term for an existing appropriation, the bill would make an appropriation.

(10) Existing law provides for the licensure and regulation of psychiatric technicians by the Board of Vocational Nursing and Psychiatric Technicians of the State of California, and authorizes the board, if it adopts a continuing education program, to collect a fee from continuing education course providers. Existing law also prescribes various fees in connection with the issuance of a psychiatric technician license.

This bill would instead require the board, if it adopts a continuing education or blood withdrawal program, to collect an initial approval and a biennial renewal fee from a provider of a course in continuing education or blood withdrawal, as specified. The bill would also revise the fees and fee amounts required for licensure as a psychiatric technician.

(11) Existing law, the Massage Therapy Act, provides for the certification and regulation of massage therapists by the California Massage Therapy Council and requires an applicant for certification as a massage therapist to pass a massage and bodywork competency assessment examination.

This bill would make that examination requirement inoperative from January 1, 2019, until January 1, 2021.

(12) The Veterinary Medicine Practice Act regulates the practice of veterinary medicine by the Veterinary Medical Board and makes a violation of its provisions a crime. Existing law separately provides immunity from liability to a veterinarian or registered veterinary technician who renders services during certain states of emergency.

This bill would authorize a California-licensed veterinarian at a registered premises located within a 25-mile radius of any declared condition of emergency to, in good faith, provide veterinary services without establishing a veterinarian-client-patient relationship and dispense or prescribe a dangerous drug or device where failure to provide services or medications may result in loss of life or intense suffering. The bill would provide immunity from liability for a veterinarian providing those services.

Existing law excludes specified persons from the provisions regulating the practice of veterinary medicine, including veterinary medicine students in 2 specified schools of veterinary medicine who participate in diagnosis and treatment, as specified.

This bill would instead exclude students from any veterinary medical program accredited by the American Veterinary Medical Association Council on Education who participate in diagnosis or treatment with direct supervision, or surgery with immediate supervision, subject to specified conditions.

Existing law provides for a veterinary assistant controlled substance permit issued by the Veterinary Medical Board to qualified applicants and authorizes the board to deny, revoke, or suspend a veterinary assistant controlled substance permit for specified reasons.

This bill would add to the list of reasons the conviction of a crime substantially related to the qualifications, functions, or duties of veterinary medicine, veterinary surgery, or veterinary dentistry. The bill would also authorize the board, in addition to denial, revocation, or suspension, to issue a probationary veterinary assistant controlled substance permit.

The bill would prohibit a graduate of a veterinary college from performing animal health care tasks otherwise performed by a registered veterinary technician, except as specified, and would require a veterinarian to offer a consultation to the client each time he or she initially prescribes, dispenses, or furnishes a dangerous drug, as defined, to an animal patient in an outpatient setting. Because a violation of that provision would be a crime, the bill would impose a state-mandated local program.

Existing law requires the Veterinary Medical Board to establish a regular inspection program, and provides that the board is required to make every effort to inspect at least 20% of veterinary premises annually.

This bill would instead require the board to inspect at least 20% of veterinary premises annually.

(13) Existing law requires a person to meet specified requirements in order to use the title "certified common interest development manager," and requires a certified common interest development manager to make specified disclosures to the board of directors of a common interest development before providing services to the common interest development. Existing law repeals those provisions governing certified common interest development managers on January 1, 2019.

This bill would delete the repeal provision, thereby extending those provisions indefinitely.

(14) Existing law, the Chiropractic Act, enacted by initiative, provides for the licensure and regulation of chiropractors by the State Board of Chiropractic Examiners, which is composed of 7 members appointed by the Governor, and establishes an application fee of not more than $100 and, on and after January 1, 2019, a renewal fee of $250. Existing law authorizes the Legislature to fix the amounts of the fees payable by applicants and licensees, and directs the deposit of these fees into the State Board of Chiropractic Examiners' Fund, a continuously appropriated fund.

This bill would delete the provisions providing for the application and renewal fees and would instead establish a schedule of regulatory fees necessary to carry out the responsibilities required by the Chiropractic Initiative Act, including, among others, application and renewal fees for licensure, fees to apply for approval for a continuing education course, and satellite office certificate fees. By increasing specified fees and establishing new fees for deposit into a continuously appropriated fund, the bill would make an appropriation.

(15) The bill would make technical changes to various provisions of the Business and Professions Code. The bill would also make technical changes to various provisions of the Health and Safety Code by eliminating cross-references to obsolete provisions governing cemeteries.

(16) 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.

Appropriation: yes.

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

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

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

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

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

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

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

SEC. 2. Section 328 of the Business and Professions Code is amended to read:

328. (a) In order to implement the Consumer Protection Enforcement Initiative of 2010, the director, through the Division of Investigation, shall implement "Complaint Prioritization Guidelines" for boards to utilize in prioritizing their respective complaint and investigative workloads. The guidelines shall be used to determine the referral of complaints to the division and those that are retained by the health care boards for investigation.

(b) Neither the Medical Board of California nor the California Board of Podiatric Medicine shall be required to utilize the guidelines implemented pursuant to subdivision (a).

(c) On or before July 1, 2019, the director shall amend the guidelines implemented pursuant to subdivision (a) to include the category of "allegations of serious harm to a minor" under the "urgent" or "highest priority" level.

SEC. 3. Section 1006.5 is added to the Business and Professions Code, to read:

1006.5. Notwithstanding any other law, the amount of regulatory fees necessary to carry out the responsibilities required by the Chiropractic Initiative Act and this chapter are fixed in the following schedule:

(a) Fee to apply for a license to practice chiropractic: three hundred seventy-one dollars ($371).

(b) Fee for initial license to practice chiropractic: one hundred eighty-six dollars ($186).

(c) Fee to renew an active or inactive license to practice chiropractic: three hundred thirteen dollars ($313).

(d) Fee to apply for approval as a continuing education provider: eighty-four dollars ($84).

(e) Biennial continuing education provider renewal fee: fifty-six dollars ($56).

(f) Fee to apply for approval of a continuing education course: fifty-six dollars ($56) per course.

(g) Fee to apply for a satellite office certificate: sixty-two dollars ($62).

(h) Fee to renew a satellite office certificate: thirty-one dollars ($31).

(i) Fee to apply for a license to practice chiropractic pursuant to Section 9 of the Chiropractic Initiative Act: three hundred seventy-one dollars ($371).

(j) Fee to apply for a certificate of registration of a chiropractic corporation: one hundred eighty-six dollars ($186).

(k) Fee to renew a certificate of registration of a chiropractic corporation: thirty-one dollars ($31).

(*l*) Fee to file a chiropractic corporation special report: thirty-one dollars ($31).

(m) Fee to apply for approval as a referral service: five hundred fifty-seven dollars ($557).

(n) Fee for an endorsed verification of licensure: one hundred twenty-four dollars ($124).

(o) Fee for replacement of a lost or destroyed license: fifty dollars ($50).

(p) Fee for replacement of a satellite office certificate: fifty dollars ($50).

(q) Fee for replacement of a certificate of registration of a chiropractic corporation: fifty dollars ($50).

(r) Fee to restore a forfeited or canceled license to practice chiropractic: double the annual renewal fee specified in subdivision (c).

(s) Fee to apply for approval to serve as a preceptor: thirty-one dollars ($31).

(t) Fee to petition for reinstatement of a revoked license: three hundred seventy-one dollars ($371).

(u) Fee to petition for early termination of probation: three hundred seventy-one dollars ($371).

(v) Fee to petition for reduction of penalty: three hundred seventy-one dollars ($371).

SEC. 4. Section 2064.5 of the Business and Professions Code is amended to read:

2064.5. (a) Within 180 days after enrollment in a board-approved postgraduate training program pursuant to Section 2065, medical school graduates shall obtain a physician's and surgeon's postgraduate training license. To be considered for a postgraduate training license, the applicant shall submit the application forms and primary source documents required by the board, shall successfully pass all required licensing examinations, shall pay a nonrefundable application and processing fee, and shall not have committed any act that would be grounds for denial.

(1) Each application submitted pursuant to this section shall be made upon a form provided by the board, and each application form shall contain a legal verification to be signed by the applicant verifying under penalty of perjury that the information provided by the applicant is true and correct and that any information in supporting documents provided by the applicant is true and correct.

(2) Each application shall include the following:

(A) A diploma issued by a board-approved medical school. The requirements of the school shall not have been less than those required under this chapter at the time the diploma was granted or by any preceding medical practice act at the time that the diploma was granted. In lieu of a diploma, the applicant may submit evidence satisfactory to the board of having possessed the same.

(B) An official transcript or other official evidence satisfactory to the board showing each approved medical school in which a resident course of professional instruction was pursued covering the minimum requirements for certification as a physician and surgeon, and that a diploma and degree were granted by the school.

(C) Other information concerning the professional instruction and preliminary education of the applicant as the board may require.

(D) An affidavit showing to the satisfaction of the board that the applicant is the person named in each diploma and transcript that he or she submits, that he or she is the lawful holder thereof, and that the diploma or transcript was procured in the regular course of professional instruction and examination without fraud or misrepresentation.

(E) Either fingerprint cards or a copy of a completed Live Scan form from the applicant in order to establish the identity of the applicant and in order to determine whether the applicant has a record of any criminal convictions in this state or in any other jurisdiction, including foreign countries. The information obtained as a result of the fingerprinting of the applicant shall be used in accordance with Section 11105 of the Penal Code, and to determine whether the applicant is subject to denial of licensure under the provisions of Division 1.5 (commencing with Section 475) and Section 2221 of this code.

(F) If the medical school graduate graduated from a foreign medical school approved by the board pursuant to Section 2084, an official Educational Commission for Foreign Medical Graduates (ECFMG) Certification Status Report confirming the graduate is ECFMG certified.

(b) The physician's and surgeon's postgraduate training license shall be valid until 90 days after the holder has successfully completed 36 months of board-approved postgraduate training. The physician's and surgeon's postgraduate training licensee may engage in the practice of medicine only in connection with his or her duties as an intern or resident physician in a board-approved program, including its affiliated sites, or under those conditions as are approved in writing and maintained in the postgraduate training licensee's file by the director of his or her program.

(c) The postgraduate training licensee may engage in the practice of medicine in locations authorized by subdivision (b), and as permitted by the Medical Practice Act and other applicable statutes and regulations, including, but not limited to, the following:

(1) Diagnose and treat patients.

(2) Prescribe medications without a cosigner, including prescriptions for controlled substances, if the training licensee has the appropriate Drug Enforcement Agency registration or permit and is registered with the Department of Justice CURES program.

(3) Sign birth certificates without a cosigner.

(4) Sign death certificates without a cosigner.

(d) The postgraduate training licensee may be disciplined by the board at any time for any of the grounds that would subject the holder of a physician's and surgeon's certificate to discipline.

(e) If the medical school graduate fails to obtain a postgraduate training license within 180 days after enrollment in a board-approved postgraduate training program or if the board denies his or her application for a postgraduate training license, all privileges and exemptions under this section shall automatically cease.

(f) Each medical school graduate enrolled in a board-approved postgraduate training program on January 1, 2020, shall apply for and obtain a postgraduate training license by June 30, 2020, in order to continue in postgraduate training pursuant to Section 2065.

(g) Each medical school graduate who was issued a postgraduate training authorization letter by the board prior to January 1, 2020, and is enrolled in a board-approved postgraduate training program by April 30, 2025, will be issued a postgraduate training license automatically by June 30, 2020, or by June 30 of the year following initial enrollment into a board-approved postgraduate training program, whichever is earlier, upon proof of enrollment in the postgraduate training program.

(h) The board shall confidentially destroy the file of each medical school graduate who was issued a postgraduate training authorization letter by the board prior to January 1, 2020, who did not enroll in a postgraduate training program by April 30, 2025.

(i) This section shall become operative on January 1, 2020.

SEC. 5. Section 2065 of the Business and Professions Code, as added by Section 29 of Chapter 775 of the Statutes of 2017, is amended to read:

2065. (a) Unless otherwise provided by law, no postgraduate trainee, intern, resident, postdoctoral fellow, or instructor may engage in the practice of medicine, or receive compensation therefor, or offer to engage in the practice of medicine unless he or she holds a valid, unrevoked, and unsuspended physician's and surgeon's certificate issued by the board. However, a graduate of an approved medical school may engage in the practice of medicine whenever and wherever required as a part of a postgraduate training program under the following conditions:

(1) The medical school graduate has taken and passed the board-approved medical licensing examinations required to qualify the applicant to participate in an approved postgraduate training program.

(2) If the medical school graduate graduated from a foreign medical school approved by the board pursuant to Section 2084, the Educational Commission for Foreign Medical Graduates (ECFMG) has submitted an official ECFMG Certification Status Report directly to the board confirming the graduate is ECFMG certified.

(3) The medical school graduate is enrolled in a postgraduate training program approved by the board.

(4) The board-approved postgraduate training program has submitted the required board-approved form to the board documenting the medical school graduate is enrolled in an approved postgraduate training program.

(5) The medical school graduate obtains a physician's and surgeon's postgraduate training license in accordance with Section 2064.5.

(b) A medical school graduate enrolled in an approved first-year postgraduate training program in accordance with this section may engage in the practice of medicine whenever and wherever required as a part of the training program, and may receive compensation for that practice.

(c) A graduate who has completed the first year of postgraduate training may, in an approved residency or fellowship, engage in the practice of medicine whenever and wherever required as part of that residency or fellowship, and may receive compensation for that practice. The resident or fellow shall qualify for, take, and pass the next succeeding written examination for licensure. If the resident or fellow fails to receive a license to practice medicine under this chapter within 27 months from the commencement of the residency or fellowship, except as otherwise allowed under subdivision (g) or (h), or if the board denies his or her application for licensure, all privileges and exemptions under this section shall automatically cease.

(d) All approved postgraduate training the medical school graduate has successfully completed in the United States or Canada shall count toward the 39-month license exemption, except as otherwise allowed under subdivision (h).

(e) A medical school graduate from a medical school approved by the board shall have successfully completed a minimum of 36 months of approved postgraduate training, which includes successful progression through 24 months in the same program, to be eligible for a California physician's and surgeon's certificate.

(f) The program director for an approved postgraduate training program in California shall report to the board, on a form approved by the board, and provide any supporting documents as required by the board, the following actions within 30 days of the action:

(1) A postgraduate trainee is notified that he or she has received partial or no credit for a period of postgraduate training, and his or her postgraduate training period is extended.

(2) A postgraduate trainee takes a leave of absence or any break from his or her postgraduate training, and he or she is notified that his or her postgraduate training period is extended.

(3) A postgraduate trainee is terminated from the postgraduate training program.

(4) A postgraduate trainee resigns, dies, or otherwise leaves the postgraduate training program.

(5) A postgraduate trainee has completed a one-year contract approved by the postgraduate training program.

(g) Upon review of supporting documentation, the board, in its discretion, may grant an extension beyond 39 months to a postgraduate training licensee to successfully complete the 36 months of required approved postgraduate training.

(h) An applicant for a physician's and surgeon's license who has successfully completed 36 months of approved postgraduate training in another state or in Canada and who is accepted into an approved postgraduate training in another state or in Canada and who is accepted into an approved postgraduate training program in California shall obtain his or her physician's and surgeon's license within 90 days after beginning that postgraduate training program or all privileges and exemptions under this section shall automatically cease.

(i) This section shall become operative on January 1, 2020.

SEC. 6. Section 2135 of the Business and Professions Code, as added by Section 64 of Chapter 775 of the Statutes of 2017, is amended to read:

2135. The board shall issue a physician's and surgeon's certificate to an applicant who meets all of the following requirements:

(a) The applicant holds an unlimited license as a physician and surgeon in another state or states, or in a Canadian province or Canadian provinces, which was issued upon:

(1) Successful completion of a resident course of professional instruction leading to a degree of medical doctor from a board-approved medical school pursuant to Section 2084.

(2) Taking and passing a written examination that is recognized by the board to be equivalent in content to that administered in California.

(b) The applicant has held an unrestricted license to practice medicine, in a state or states, in a Canadian province or Canadian provinces, or as a member of the active military, United States Public Health Services, or other federal program, for a period of at least four years. Any time spent by the applicant in an approved postgraduate training program or clinical fellowship acceptable to the board shall not be included in the calculation of this four-year period.

(c) The board determines that no disciplinary action has been taken against the applicant by any medical licensing authority and that the applicant has not been the subject of adverse judgments or settlements resulting from the practice of medicine that the board determines constitutes evidence of a pattern of negligence or incompetence.

(d) The applicant (1) has satisfactorily completed at least one year of approved postgraduate training and is certified by a specialty board approved by the American Board of Medical Specialties or approved by the board pursuant to subdivision (h) of Section 651, (2) has satisfactorily completed at least two years of approved postgraduate training, or (3) has satisfactorily completed at least one year of approved postgraduate training and takes and passes the clinical competency written examination.

(e) The applicant has not committed any acts or crimes constituting grounds for denial of a certificate under Division 1.5 (commencing with Section 475) or Article 12 (commencing with Section 2220).

(f) Any application received from an applicant who has held an unrestricted license to practice medicine, in a state or states, or Canadian province or Canadian provinces, or as a member of the active military, United States Public Health Services, or other federal program for four or more years shall be reviewed and processed pursuant to this section. Any time spent by the applicant in an approved postgraduate training program or clinical fellowship acceptable to the board shall not be included in the calculation of this four-year period. This subdivision does not apply to applications that may be reviewed and processed pursuant to Section 2151.

(g) This section shall become operative on January 1, 2020.

SEC. 7. Section 2428 of the Business and Professions Code is amended to read:

2428. (a) A person who voluntarily cancels his or her license or who fails to renew his or her license within five years after its expiration shall not renew it, but that person may apply for and obtain a new license if he or she:

(1) Has not committed any acts or crimes constituting grounds for denial of licensure under Division 1.5 (commencing with Section 475).

(2) Takes and passes the examination, if any, which would be required of him or her if application for licensure was being made for the first time, or otherwise establishes to the satisfaction of the licensing authority that passes on the qualifications of applicants for the license that, with due regard for the public interest, he or she is qualified to practice the profession or activity for which the applicant was originally licensed.

(3) Pays all of the fees that would be required if application for licensure was being made for the first time.

The licensing authority may provide for the waiver or refund of all or any part of an examination fee in those cases in which a license is issued without an examination pursuant to this section.

Nothing in this section shall be construed to authorize the issuance of a license for a professional activity or system or mode of healing for which licenses are no longer required.

(b) In addition to the requirements set forth in subdivision (a), an applicant shall establish that he or she meets one of the following requirements: (1) satisfactory completion of at least three years of approved postgraduate training; (2) certification by a specialty board approved by the American Board of Medical Specialties or approved by the board pursuant to subdivision (h) of Section 651; or (3) passing of the clinical competency written examination.

(c) Subdivision (a) shall apply to persons who held licenses to practice podiatric medicine except that those persons who failed to renew their licenses within three years after its expiration may not renew it, and it may not be reissued, reinstated, or restored, except in accordance with subdivision (a).

SEC. 8. Section 2499.5 of the Business and Professions Code is amended to read:

2499.5. The following fees apply to certificates to practice podiatric medicine. The amount of fees prescribed for doctors of podiatric medicine shall be determined by the board and shall be as described below. Fees collected pursuant to this section shall be fixed by the board in amounts not to exceed the actual costs of providing the service for which the fee is collected.

(a) Each applicant for a certificate to practice podiatric medicine shall pay an application fee of one hundred dollars ($100) at the time the application is filed. If the applicant qualifies for a certificate, he or she shall pay a fee of one hundred dollars ($100).

(b) Each applicant who qualifies for a certificate, as a condition precedent to its issuance, in addition to other fees required by this section, shall pay an initial license fee. The initial license fee shall be eight hundred dollars ($800). The initial license shall expire the second year after its issuance on the last day of the month of birth of the licensee. The board may reduce the initial license fee by up to 50 percent of the amount of the fee for any applicant who is enrolled in a postgraduate training program approved by the board or who has completed a postgraduate training program approved by the board within six months prior to the payment of the initial license fee.

(c) Before January 1, 2021, the biennial renewal fee shall be one thousand one hundred dollars ($1,100). Any licensee enrolled in an approved residency program shall be required to pay only 50 percent of the biennial renewal fee at the time of his or her first renewal.

(d) On and after January 1, 2021, the biennial renewal fee shall be nine hundred dollars ($900). Any licensee enrolled in an approved residency program shall be required to pay only 50 percent of the biennial renewal fee at the time of his or her first renewal.

(e) The delinquency fee shall be one hundred fifty dollars ($150).

(f) The duplicate wall certificate fee shall be one hundred dollars ($100).

(g) The duplicate renewal receipt fee shall be fifty dollars ($50).

(h) The endorsement fee shall be thirty dollars ($30).

(i) The letter of good standing fee or for loan deferment shall be one hundred dollars ($100).

(j) There shall be a fee of one hundred dollars ($100) for the issuance of a resident's license under Section 2475.

(k) The fee for approval of a continuing education course or program shall be two hundred fifty dollars ($250).

SEC. 9. Section 2529.1 of the Business and Professions Code is amended to read:

2529.1. (a) The use of any controlled substance or the use of any of the dangerous drugs specified in Section 4022, or of alcoholic beverages, to the extent, or in such a manner as to be dangerous or injurious to the registrant, or to any other person or to the public, or to the extent that this use impairs the ability of the registrant to practice safely or more than one misdemeanor or any felony conviction involving the use, consumption, or self-administration of any of the substances referred to in this section, or any combination thereof, constitutes unprofessional conduct. The record of the conviction is conclusive evidence of this unprofessional conduct.

(b) A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this section. The board may order discipline of the registrant in accordance with Section 2227 or may order the denial of the registration when the time for appeal has elapsed or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4 of the Penal Code allowing this person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, complaint, information, or indictment.

SEC. 10. Section 2529.5 of the Business and Professions Code is amended to read:

2529.5. (a) Each person to whom registration is granted under the provisions of this chapter shall pay into the Contingent Fund of the Medical Board of California a fee to be fixed by the Medical Board of California at a sum not in excess of one hundred dollars ($100).

(b) The registration shall expire after two years. The registration may be renewed biennially at a fee to be fixed by the board at a sum not in excess of fifty dollars ($50). Students seeking to renew their registration shall present to the board evidence of their continuing student status.

(c) The money in the Contingent Fund of the Medical Board of California shall be used for the administration of this chapter.

SEC. 11. Section 2529.6 of the Business and Professions Code is amended to read:

2529.6. (a) Except as provided in subdivisions (b) and (c), the board shall revoke the registration of any person who has been required to register as a sex offender pursuant to Section 290 of the Penal Code for conduct that occurred on or after January 1, 2017.

(b) This section shall not apply to a person who is required to register as a sex offender pursuant to Section 290 of the Penal Code solely because of a misdemeanor conviction under Section 314 of the Penal Code.

(c) This section shall not apply to a person who has been relieved under Section 290.5 of the Penal Code of his or her duty to register as a sex offender, or whose duty to register has otherwise been formally terminated under California law.

(d) A proceeding to revoke a registration pursuant to this section shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

SEC. 12. Section 2708 of the Business and Professions Code is amended to read:

2708. (a) The board shall appoint an executive officer who shall perform the duties delegated by the board and who shall be responsible to it for the accomplishment of those duties.

(b) The executive officer shall be a nurse currently licensed under this chapter and shall possess other qualifications as determined by the board.

(c) The executive officer shall not be a member of the board.

(d) The executive officer is authorized to adopt a decision entered by default and a stipulation for surrender of a license.

(e) This section shall remain in effect only until January 1, 2022, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2022, deletes or extends that date.

SEC. 13. Section 2816 of the Business and Professions Code is amended to read:

2816. The nonrefundable fee to be paid by a registered nurse for an evaluation of his or her qualifications to use the title "public health nurse" shall not be less than three hundred dollars ($300) or more than one thousand dollars ($1,000). The fee to be paid upon the application for renewal of the certificate to practice as a public health nurse shall not be less than one hundred twenty-five dollars ($125) and not more than five hundred dollars ($500). The penalty fee for failure to renew a certificate to practice as a public health nurse within the prescribed time shall be 50 percent of the renewal fee in effect on the date of renewal of the certificate, but not less than sixty-two dollars and fifty cents ($62.50), and not more than two hundred fifty dollars ($250). All fees payable under this section shall be collected by and paid to the Board of Registered Nursing Fund. It is the intention of the Legislature that the costs of carrying out the purposes of this article shall be covered by the revenue collected pursuant to this section. The board shall refund any registered nurse who paid more than three hundred dollars ($300) for an evaluation of his or her qualifications to use the title "public health nurse" between April 5, 2018, and December 31, 2018.

SEC. 14. Section 2892.6 of the Business and Professions Code is amended to read:

2892.6. The board shall collect an initial approval fee and a biennial renewal fee of one hundred fifty dollars ($150) unless a higher fee, not to exceed two hundred fifty dollars ($250), is established by the board, from any provider of a course in continuing education who requests approval by the board of such course for purposes of continuing education requirements under this chapter. That fee, however, shall in no event exceed that cost required for the board to administer the approval of continuing education courses by continuing education providers.

SEC. 15. Section 2892.7 is added to the Business and Professions Code, to read:

2892.7. The board shall collect an initial approval and a biennial renewal fee in the amount of one hundred fifty dollars ($150) unless a higher fee, not to exceed two hundred fifty dollars ($250), is established by the board, from any provider of a course in intravenous therapy, blood withdrawal, or intravenous therapy with blood withdrawal, who requests approval by the board of such a course for purposes of intravenous therapy, blood withdrawal, or intravenous therapy with blood withdrawal requirements under this chapter. That fee, however, shall not exceed the regulatory cost required for the board to administer the approval of intravenous therapy, blood withdrawal, or intravenous therapy with blood withdrawal courses by intravenous therapy, blood withdrawal, or intravenous therapy with blood withdrawal providers.

SEC. 16. Section 2895 of the Business and Professions Code is amended to read:

2895. The amount of the fees prescribed by this chapter in connection with the issuance of licenses under its provisions shall be according to the following schedule:

(a) The fee to be paid upon the filing of an application for licensure by examination by applicants who have successfully completed a prescribed course of study in a California-approved vocational nursing program shall be two hundred twenty dollars ($220) unless a higher fee, not to exceed three hundred dollars ($300), is established by the board.

(b) The fee to be paid upon the filing of an application for licensure by examination by applicants who are qualified to take the examination by methods other than as specified in subdivision (a) shall be two hundred fifty dollars ($250) unless a higher fee, not to exceed three hundred thirty dollars ($330), is established by the board.

(c) The fee to be paid upon the filing of an application for licensure by endorsement shall be two hundred twenty dollars ($220) unless a higher fee, not to exceed three hundred dollars ($300), is established by the board.

(d) The fee to be paid for taking each examination for licensure shall be the actual cost to purchase the examination from a vendor approved by the board.

(e) The fee to be paid for any examination for licensure after the first shall be two hundred twenty dollars ($220) unless a higher fee, not to exceed three hundred dollars ($300), is established by the board.

(f) The biennial renewal fee to be paid upon the filing of an application for renewal shall be two hundred twenty dollars ($220) unless a higher fee, not to exceed three hundred dollars ($300), is established by the board. In addition, an assessment of five dollars ($5) shall be collected and credited to the Vocational Nurse Education Fund, pursuant to Section 2895.5.

(g) Notwithstanding Section 163.5, the delinquency fee for failure to pay the biennial renewal fee within the prescribed time shall be one hundred ten dollars ($110) unless a higher fee, not to exceed 50 percent of the regular renewal fee and in no case no more than one hundred fifty dollars ($150), is established by the board.

(h) The initial license fee is an amount equal to the biennial renewal fee in effect on the date the application for the license is filed.

(i) The fee to be paid for an interim permit shall be twenty dollars ($20) unless a higher fee, not to exceed fifty dollars ($50), is established by the board.

(j) The fee to be paid for a duplicate license or wall certificate shall be in an amount not less than twenty-five dollars ($25) and may be fixed by the board at an amount no more than fifty dollars ($50).

(k) The fee to be paid for verification of licensure papers to other states shall be one hundred dollars ($100) unless a higher fee, not to exceed one hundred fifty dollars ($150), is established by the board.

(*l*) The fee to be paid for postlicensure certification in intravenous therapy, blood withdrawal, or intravenous therapy with blood withdrawal shall be twenty dollars ($20) unless a higher fee, not to exceed fifty dollars ($50), is established by the board.

No further fee shall be required for a license or a renewal thereof other than as prescribed by this chapter.

SEC. 17. Section 3047 of the Business and Professions Code is amended to read:

3047. (a) The board shall develop an interface with the National Practitioner Data Bank for the purpose of conducting inquiries on applicants for licensure, applicants for renewal of licensure, and current licensees.

(b) The board shall limit its inquiries to both of the following:

(1) Whether an applicant or current licensee has been subject to discipline.

(2) Whether an applicant or current licensee has been the subject of an action required to be reported to the National Practitioner Data Bank by federal law.

(c) On and after July 1, 2018, the board shall charge, in addition to the fees in Section 3152, an applicant for licensure and an applicant for renewal of licensure four dollars ($4) for the purposes of this section.

SEC. 18. Section 3147 of the Business and Professions Code is amended to read:

3147. (a) Except as otherwise provided by Section 114, an expired optometrist license may be renewed at any time within three years after its expiration, and a retired license issued for less than three years may be reactivated to active status, by filing an application for renewal or reactivation on a form prescribed by the board, paying all accrued and unpaid renewal fees or reactivation fees determined by the board, paying any delinquency fees prescribed by the board, and submitting proof of completion of the required number of hours of continuing education for the last two years, as prescribed by the board pursuant to Section 3059. Renewal or reactivation to active status under this section shall be effective on the date on which all of those requirements are satisfied. If so renewed or reactivated to active status, the license shall continue as provided in Sections 3146 and 3147.5.

(b) Expired statements of licensure, branch office licenses, and fictitious name permits issued pursuant to Sections 3070, 3077, and 3078, respectively, may be renewed at any time by filing an application for renewal, paying all accrued and unpaid renewal fees, and paying any delinquency fees prescribed by the board.

SEC. 19. Section 3680 of the Business and Professions Code is amended to read:

3680. (a) The application fee for a doctor of naturopathic medicine shall be no more than five hundred dollars ($500) and may be increased to not more than six hundred dollars ($600).

(b) The initial license fee shall be one thousand dollars ($1,000) and may be increased to not more than one thousand two hundred dollars ($1,200).

(c) The renewal fee for a license shall be one thousand dollars ($1,000) and may be increased to not more than one thousand two hundred dollars ($1,200).

(d) The late renewal fee for a license shall be two hundred twenty-five dollars ($225).

(e) The fee for processing fingerprint cards shall be the current fee charged by the Department of Justice.

(f) The fee for a duplicate or replacement license shall be thirty-eight dollars ($38).

(g) The fee for a certified license verification shall be thirty dollars ($30).

SEC. 20. Section 4518 of the Business and Professions Code is amended to read:

4518. In the event the board adopts a continuing education or blood withdrawal program, the board shall collect an initial approval and a biennial renewal fee as prescribed under Sections 4548 and 4518.1 from any provider of a course in continuing education or blood withdrawal who requests approval by the board of the course for purposes of continuing education or blood withdrawal requirements adopted by the board. The fee, however, shall in no event exceed the cost required for the board to administer the approval of continuing education or blood withdrawal courses by continuing education or blood withdrawal providers.

SEC. 21. Section 4518.1 is added to the Business and Professions Code, to read:

4518.1. The board shall collect an initial approval and a biennial renewal fee in the amount of one hundred fifty dollars ($150) unless a higher fee, not to exceed two hundred fifty dollars ($250), is established by the board, from any provider of continuing education or a course to meet the certification requirements for blood withdrawal who requests approval by the board of the course for purposes of continuing education or blood withdrawal requirements under this chapter. That fee, however, shall not exceed the regulatory cost required for the board to administer the approval of continuing education or blood withdrawal by continuing education or blood withdrawal providers.

SEC. 22. Section 4548 of the Business and Professions Code is amended to read:

4548. The amount of the fees prescribed by this chapter in connection with the issuance of licenses under its provisions shall be according to the following schedule:

(a) The fee to be paid upon the filing of an application for licensure by examination by applicants who have successfully completed a prescribed course of study in a California-approved school for preparation of psychiatric technicians shall be two hundred sixty-five dollars ($265) unless a higher fee, not to exceed three hundred forty-five dollars ($345), is established by the board.

(b) The fee to be paid upon the filing of an application for licensure by examination by applicants who are qualified to take the examination by methods other than as described in subdivision (a) shall be two hundred ninety-five dollars ($295) unless a higher fee, not to exceed three hundred seventy-five dollars ($375), is established by the board.

(c) The fee to be paid upon the filing of an application for licensure by endorsement shall be two hundred twenty dollars ($220) unless a higher fee, not to exceed three hundred dollars ($300), is established by the board.

(d) The fee to be paid for taking each examination for licensure shall be the actual cost to purchase an examination from a vendor approved by the board.

(e) The fee to be paid for any examination for licensure after the first shall be two hundred sixty-five dollars ($265) unless a higher fee, not to exceed three hundred forty-five dollars ($345), is established by the board.

(f) The biennial renewal fee to be paid upon the filing of an application for renewal shall be two hundred twenty dollars ($220) unless a higher fee, not to exceed three hundred dollars ($300), is established by the board.

(g) Notwithstanding Section 163.5, the delinquency fee for failure to pay the biennial renewal fee within the prescribed time shall be one hundred ten dollars ($110) unless a higher fee, not to exceed 50 percent of the regular renewal fee and in no case more than one hundred fifty dollars ($150), is established by the board.

(h) The initial license fee is an amount equal to the biennial renewal fee in effect on the date the application for the license is filed.

(i) The fee to be paid for an interim permit shall be twenty dollars ($20) unless a higher fee, not to exceed fifty dollars ($50), is established by the board.

(j) The fee to be paid for a duplicate license or wall certificate shall be in an amount not less than twenty-five dollars ($25) and may be fixed by the board at an amount no more than fifty dollars ($50).

(k) The fee to be paid for processing verification of licensure papers to other states shall be twenty dollars ($20) unless a higher fee, not to exceed fifty dollars ($50), is established by the board.

(*l*) The fee to be paid for postlicensure certification in blood withdrawal shall be twenty dollars ($20) unless a higher fee, not to exceed fifty dollars ($50), is established by the board.

SEC. 23. Section 4604 of the Business and Professions Code is amended to read:

4604. (a) In order to obtain certification as a massage therapist, an applicant shall submit a written application and provide the council with satisfactory evidence that he or she meets all of the following requirements:

(1) The applicant is 18 years of age or older.

(2) The applicant has successfully completed the curricula in massage and related subjects totaling a minimum of 500 hours, or the credit unit equivalent, that incorporates appropriate school assessment of student knowledge and skills.

(A) Of the 500 hours, a minimum of 100 hours of instruction shall address anatomy and physiology, contraindications, health and hygiene, and business and ethics.

(B) All of the 500 hours shall be from approved schools. The council shall accept the 500 hours if, at the time all of the hours were completed, the school or schools were approved. The 500 hours may be completed at more than one approved school. Notwithstanding any other law, pursuant to its policies and procedures for approval of schools, the council shall accept hours earned by an applicant for certification as a massage therapist if those hours were completed before July 1, 2016, and were earned from a school providing education in this state that was unapproved by the council after July 1, 2016, based solely on the fact that the National Certification Board for Therapeutic Massage and Bodywork took denial or disciplinary action against the school. For purposes of this section, "unapproved" means that the council determined that it will not accept hours from a school toward certification.

(3) The applicant has passed a massage and bodywork competency assessment examination that meets generally recognized psychometric principles and standards and that is approved by the council. The successful completion of this examination may have been accomplished before the date the council is authorized by this chapter to begin issuing certificates. This paragraph shall be inoperative commencing on January 1, 2019, and shall become operative on January 1, 2021.

(4) The applicant has successfully passed a background investigation pursuant to Section 4606, and has not violated any of the provisions of this chapter.

(5) All fees required by the council have been paid.

(6) The council may issue a certificate to an applicant who meets the qualifications of this chapter if he or she holds a current and valid registration, certification, or license from any other state whose licensure requirements meet or exceed those defined within this chapter. If an applicant has received education at a school that is not approved by the council, the council shall have the discretion to give credit for comparable academic work completed by an applicant in a program outside of California.

(b) A certificate issued pursuant to this chapter and any identification card issued by the council shall be surrendered to the council by any certificate holder whose certificate is suspended or revoked.

SEC. 24. Section 4809.7 of the Business and Professions Code is amended to read:

4809.7. The board shall establish a regular inspection program that will provide for random, unannounced inspections and the board shall inspect at least 20 percent of veterinary premises on an annual basis.

SEC. 25. Section 4826.4 is added to the Business and Professions Code, to read:

4826.4. (a) A California-licensed veterinarian at premises registered in accordance with Section 4853 that is located within a 25-mile radius of any condition of emergency specified in Section 8558 of the Government Code may, in good faith, do both of the following in addition to any other acts authorized by law:

(1) Render necessary and prompt care and treatment to an animal patient without establishing a veterinarian-client-patient relationship if conditions are such that one cannot be established in a timely manner.

(2) Dispense or prescribe a dangerous drug or device, as defined in Section 4022, in reasonable quantities where failure to provide services or medications, including controlled substances, may result in loss of life or intense suffering of the animal patient. Prior to refilling a prescription pursuant to this paragraph, the veterinarian shall make a reasonable effort to contact the originally prescribing veterinarian.

(b) A veterinarian acting under this section shall make an appropriate record that includes the basis for proceeding under this section.

(c) A veterinarian who performs services pursuant to this section shall have immunity from liability pursuant to subdivision (b) of Section 8659 of the Government Code.

SEC. 26. Section 4829.5 is added to the Business and Professions Code, to read:

4829.5. (a) Each time a veterinarian initially prescribes, dispenses, or furnishes a dangerous drug, as defined in Section 4022, to an animal patient in an outpatient setting, the veterinarian shall offer to provide, in person or through electronic means, to the client responsible for the animal, or his or her agent, a consultation that includes the following information:

(1) The name and description of the dangerous drug.

(2) Route of administration, dosage form, dosage, duration of drug therapy, the duration of the effects of the drug, and the common severe adverse effects associated with the use of a short-acting or long-acting drug.

(3) Any special directions for proper use and storage.

(4) Actions to be taken in the event of a missed dose.

(5) If available, precautions and relevant warnings provided by the drug's manufacturer, including common severe adverse effects of the drug.

(b) If requested, a veterinarian shall provide drug documentation, if available.

(c) A veterinarian may delegate to a registered veterinary technician or veterinary assistant the task of providing the consultation and drug documentation required by this section.

(d) It shall be noted in the medical record of the animal patient if the consultation described in this section is provided or declined by the client or his or her agent.

SEC. 27. Section 4830 of the Business and Professions Code is amended to read:

4830. (a) This chapter does not apply to:

(1) Veterinarians while serving in any armed branch of the military service of the United States or the United States Department of Agriculture while actually engaged and employed in their official capacity.

(2) Veterinarians holding a current, valid license in good standing in another state or country who provide assistance to a California-licensed veterinarian and attend on a specific case. The California-licensed veterinarian shall maintain a valid veterinarian-client-patient relationship. The veterinarian providing the assistance shall not establish a veterinarian-client-patient relationship with the client by attending the case or at a future time and shall not practice veterinary medicine, open an office, appoint a place to meet patients, communicate with clients who reside within the limits of this state, give orders, or have ultimate authority over the care or primary diagnosis of a patient that is located within this state.

(3) Veterinarians called into the state by a law enforcement agency or animal control agency pursuant to subdivision (b).

(4) A student of a veterinary medical program accredited by the American Veterinary Medical Association Council on Education who participates as part of his or her formal curriculum in the diagnosis and treatment with direct supervision, or in surgery with immediate supervision, provided all of the following requirements are met:

(A) The clinical training site has been approved by the university where the student is enrolled.

(B) The student has prior training in diagnosis, treatment, and surgery as part of the formal curriculum.

(C) The student is being supervised by a California-licensed veterinarian in good standing, as that term is defined in paragraph (1) of subdivision (b) of Section 4848.

(5) A veterinarian who is employed by the Meat and Poultry Inspection Branch of the California Department of Food and Agriculture while actually engaged and employed in his or her official capacity. A person exempt under this paragraph shall not otherwise engage in the practice of veterinary medicine unless he or she is issued a license by the board.

(6) Unlicensed personnel employed by the Department of Food and Agriculture or the United States Department of Agriculture when in the course of their duties they are directed by a veterinarian supervisor to conduct an examination, obtain biological specimens, apply biological tests, or administer medications or biological products as part of government disease or condition monitoring, investigation, control, or eradication activities.

(b) (1) For purposes of paragraph (3) of subdivision (a), a regularly licensed veterinarian in good standing who is called from another state by a law enforcement agency or animal control agency, as defined in Section 31606 of the Food and Agricultural Code, to attend to cases that are a part of an investigation of an alleged violation of federal or state animal fighting or animal cruelty laws within a single geographic location shall be exempt from the licensing requirements of this chapter if the law enforcement agency or animal control agency determines that it is necessary to call the veterinarian in order for the agency or officer to conduct the investigation in a timely, efficient, and effective manner. In determining whether it is necessary to call a veterinarian from another state, consideration shall be given to the availability of veterinarians in this state to attend to these cases. An agency, department, or officer that calls a veterinarian pursuant to this subdivision shall notify the board of the investigation.

(2) Notwithstanding any other provision of this chapter, a regularly licensed veterinarian in good standing who is called from another state to attend to cases that are a part of an investigation described in paragraph (1) may provide veterinary medical care for animals that are affected by the investigation with a temporary shelter facility, and the temporary shelter facility shall be exempt from the registration requirement of Section 4853 if all of the following conditions are met:

(A) The temporary shelter facility is established only for the purpose of the investigation.

(B) The temporary shelter facility provides veterinary medical care, shelter, food, and water only to animals that are affected by the investigation.

(C) The temporary shelter facility complies with Section 4854.

(D) The temporary shelter facility exists for not more than 60 days, unless the law enforcement agency or animal control agency determines that a longer period of time is necessary to complete the investigation.

(E) Within 30 calendar days upon completion of the provision of veterinary health care services at a temporary shelter facility established pursuant to this section, the veterinarian called from another state by a law enforcement agency or animal control agency to attend to a case shall file a report with the board. The report shall contain the date, place, type, and general description of the care provided, along with a listing of the veterinary health care practitioners who participated in providing that care.

(c) For purposes of paragraph (3) of subdivision (a), the board may inspect temporary facilities established pursuant to this section.

SEC. 28. Section 4836.2 of the Business and Professions Code is amended to read:

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

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

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

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

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

(3) The applicant or permitholder has been convicted of a state or federal felony controlled substance violation.

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

(5) Conviction of a crime substantially related to the qualifications, functions, or duties of veterinary medicine, veterinary surgery, or veterinary dentistry, in which case the record of the conviction shall be conclusive evidence.

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

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

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

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

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

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

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

SEC. 29. Section 4841.2 is added to the Business and Professions Code, to read:

4841.2. (a) Except as provided in subdivision (b), a graduate of a recognized veterinary college shall not perform animal health care tasks otherwise performed by a registered veterinary technician unless the graduate has obtained licensure or registration as otherwise required under this chapter.

(b) If, on or before January 1, 2020, a graduate of a recognized veterinary college has performed animal health care tasks otherwise performed by a registered veterinary technician, the graduate shall discontinue performing such duties on or after January 1, 2020, unless the graduate is issued a license or registration as otherwise required under this chapter.

SEC. 30. Section 11506 of the Business and Professions Code is amended to read:

11506. This part shall be subject to review by the appropriate policy committees of the Legislature.

SEC. 31. Section 7000 of the Health and Safety Code is amended to read:

7000. The definitions in this chapter apply to this division, Division 8 (commencing with Section 8100) and Division 102 (commencing with Section 102100) of this code and Chapter 12 (commencing with Section 7600) of Division 3 of the Business and Professions Code.

SEC. 32. Section 7103 of the Health and Safety Code is amended to read:

7103. (a) Every person, upon whom the duty of interment is imposed by law, who omits to perform that duty within a reasonable time is guilty of a misdemeanor.

(b) Every licensee or registrant pursuant to Chapter 12 (commencing with Section 7600) of Division 3 of the Business and Professions Code, and the agents and employees of the licensee or registrant, or any unlicensed person acting in a capacity in which a license from the Cemetery and Funeral Bureau is required, upon whom the duty of interment is imposed by law, who omits to perform that duty within a reasonable time is guilty of a misdemeanor that shall be punishable by imprisonment in a county jail not exceeding one year, by a fine not exceeding ten thousand dollars ($10,000), or both that imprisonment and fine.

(c) In addition, any person, registrant, or licensee described in subdivision (a) or (b) is liable to pay the person performing the duty in his or her stead treble the expenses incurred by the latter in making the interment, to be recovered in a civil action.

SEC. 33. Section 8731 of the Health and Safety Code is amended to read:

8731. (a) The cemetery authority may appoint a board of trustees of not less than three in number as trustees of its endowment care fund. The members of the board of trustees shall hold office subject to the direction of the cemetery authority.

(b) If within 30 days after notice of nonreceipt by the Cemetery and Funeral Bureau or other agency with regulatory authority over cemetery authorities, the cemetery authority fails to file the report required by Section 7612.6 of the Business and Professions Code, or if the report is materially not in compliance with law or the endowment care fund is materially not in compliance with law, the cemetery authority may be required to appoint as sole trustee of its endowment care fund under Section 8733.5, any bank or trust company qualified under the provisions of the Banking Law (Division 1 (commencing with Section 99) of the Financial Code) to engage in the trust business. That requirement may be imposed by the Cemetery and Funeral Bureau or other agency with regulatory authority over cemetery authorities, provided that the cemetery authority has received written notice of the alleged violation and has been given the opportunity to correct the alleged violation, and there has been a finding of a material violation in an administrative hearing.

(c) (1) Each member of the board of trustees shall provide signatory acknowledgment of understanding of the role of a trustee in managing trust funds in the following areas:

(A) Trustee duties, powers, and liabilities as contained in Part 4 (commencing with Section 16000) of Division 9 of the Probate Code.

(B) Reporting and regulatory requirements contained in Article 1.5 (commencing with Section 7611) of Chapter 12 of Division 3 of the Business and Professions Code.

(C) Provisions related to the care of active cemeteries contained in Chapter 5 (commencing with Section 8700) of Part 3 of Division 8.

(2) The signatory acknowledgment shall be retained by the cemetery authority during the duration of the trustee's term of office.

SEC. 34. Section 8778.5 of the Health and Safety Code is amended to read:

8778.5. Each special care trust fund established pursuant to this article shall be administered in compliance with the following requirements:

(a) (1) The board of trustees shall honor a written request of revocation by the trustor within 30 days upon receipt of the written request.

(2) Except as provided in paragraph (3), the board of trustees upon revocation of a special care trust may assess a revocation fee on the earned income of the trust only, the amount of which shall not exceed 10 percent of the trust corpus, as set forth in subdivision (c) of Section 2370 of Title 16 of the California Code of Regulations.

(3) If, prior to or upon the death of the beneficiary of a revocable special care trust, the cemetery authority is unable to perform the services of the special care trust fund agreement, the board of trustees shall pay the entire trust corpus and all earned income to the beneficiary or trustor, or the legal

representative of either the beneficiary or trustor, without the imposition of a revocation fee.

(b) Notwithstanding subdivision (d) of Section 2370 of Title 16 of the California Code of Regulations, the board of trustees may charge an annual fee for administering a revocable special care trust fund, which may be recovered by administrative withdrawals from current trust income, but the total administrative withdrawals in any year shall not exceed 4 percent of the trust balance.

(c) Notwithstanding Section 8785, any person, partnership, or corporation who violates this section shall be subject to disciplinary action as provided in Article 6 (commencing with Section 7686) of Chapter 12 of Division 3 of the Business and Professions Code, or by a civil fine not exceeding five hundred dollars ($500), or by both, as determined by the Cemetery and Funeral Bureau and shall not be guilty of a crime.

SEC. 35. Section 8785 of the Health and Safety Code is amended to read:

8785. Any person, partnership, or corporation administering, managing, or having responsibility for endowment care or special care funds who violates the provisions of this chapter relating to the collection, investment, or use of those funds shall be punished either by imprisonment in a county jail for a period not exceeding six months or by fine not exceeding five hundred dollars ($500), or by both such imprisonment and fine, or by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code for 16 months, or two or three years. If the violator is a cemetery licensee or the holder of a certificate of authority, he, she, or it shall be subject to disciplinary action as provided in Article 6 (commencing with Section 7686) of Chapter 12 of Division 3 of the Business and Professions Code.

SEC. 36. Section 103775 of the Health and Safety Code is amended to read:

103775. (a) Every person, except a parent informant for a certificate of live birth and as provided in subdivision (b), who is responsible for supplying information who refuses or fails to furnish correctly any information in his or her possession that is required by this part, or furnishes false information affecting any certificate or record required by this part, is guilty of a misdemeanor.

(b) Every licensee or registrant pursuant to Chapter 12 (commencing with Section 7600) of Division 3 of the Business and Professions Code, and the agents and employees of the licensee, or any unlicensed person acting in a capacity in which a license from the Cemetery and Funeral Bureau is required, who is responsible for supplying information and who refuses or fails to furnish correctly any information in his or her possession that is required by this part, or furnishes false information with intent to defraud affecting a death certificate or record required by this part, is guilty of a misdemeanor that shall be punishable by imprisonment in a county jail not exceeding one year, by a fine not exceeding ten thousand dollars ($10,000), or by both that imprisonment and fine.

SEC. 37. Section 103780 of the Health and Safety Code is amended to read:

103780. (a) Every person, except as provided in subdivision (b), who willfully alters or knowingly possesses more than one altered document, other than as permitted by this part, or falsifies any certificate of birth, fetal death, or death, or marriage license, or any record established by this part is guilty of a misdemeanor.

(b) Every licensee or registrant pursuant to Chapter 12 (commencing with Section 7600) of Division 3 of the Business and Professions Code, and the agents and employees of the licensee, or any unlicensed person acting in a capacity in which a license from the Cemetery and Funeral Bureau is required, who willfully alters or knowingly possesses more than one altered document, other than as permitted by this part, or falsifies any certificate of death, is guilty of a misdemeanor that shall be punishable by imprisonment in a county jail not exceeding one year, by a fine not exceeding ten thousand dollars ($10,000), or by both that imprisonment and fine.

SEC. 38. Section 5 of the Chiropractic Act, as amended by Section 1 of Chapter 533 of the Statutes of 1983, is amended to read:

Sec.5. (a) It shall be unlawful for any person to practice chiropractic in this state without a license so to do.

(b) Any person wishing to practice chiropractic in this state shall make application to the board 45 days prior to any meeting thereof, upon such form and in such manner as may be provided by the board.

(c) Proof of graduation from an approved chiropractic school or college, as defined in Section 4, must reach the board 15 days prior to any meeting thereof.

(d) On and after January 1, 2019, each application must be accompanied by the fee specified in subdivision (a) of Section 1006.5 of the Business and Professions Code.

(e) Except in the cases herein otherwise prescribed, each applicant shall present to the board at the time of making such application a diploma from a high school and a transcript of 60 prechiropractic college credits satisfactory to the board, or proof, satisfactory to the board, of education equivalent in training power to such high school and college courses.

(f) The schedule of minimum educational requirements to enable any person to practice chiropractic in this state is as follows, except as herein otherwise provided:

Group 1

Anatomy, including embryology and histology............................14%

Group 2

Physiology..6%

Group 3

Biochemistry and clinical nutrition..6%

Group 4

Pathology and bacteriology..10%

Group 5

Public health, hygiene and sanitation...3%

Group 6

Diagnosis, dermatology, syphilology and geriatrics, and radiological technology, safety, and interpretation...18%

Group 7

Obstetrics and gynecology and pediatrics......................................3%

Group 8

Principles and practice of chiropractic, physical therapy, psychiatry, and office procedure...25%

Total...85%

Electives..15%

(g) Any applicant who had matriculated at a chiropractic college prior to the effective date of the amendments to this section submitted to the electors by the 1977–78 Regular Session of the Legislature shall meet all requirements that existed immediately prior to the effective date of those amendments but need not meet the change in requirements made by said amendments.

SEC. 39. Section 12 of the Chiropractic Act, as amended by Section 78 of Chapter 429 of the Statutes of 2017, is amended to read:

Sec. 12. (a) Licenses issued under the provisions of this section expire at 12 midnight on the last day of the month of birth of licentiates of the board.

(b) The board shall establish regulations for the administration of a birth month renewal program.

(c) A person practicing chiropractic within this state shall, on or before the last day of the person's month of birth of each year, after a license is issued to the person under this act, pay to the Board of Chiropractic Examiners the renewal fee specified under subdivision (d).

(d) On and after January 1, 2019, the renewal fee shall be the amount specified in subdivision (c) of Section 1006.5 of the Business and Professions Code.

(e) The secretary shall mail to a licensed chiropractor in this state, on or before 60 days prior to the last day of the month of the licensee's birth each year, a notice that the renewal fee will be due on or before the last day of the next month following the licensee's birth. Nothing in this act shall be construed to require the receipts to be recorded in like manner as original licenses.

(f) The failure, neglect or refusal of a person holding a license or certificate to practice under this act in the State of California to pay the annual fee during the time the license remains in force shall, after a period of 60 days from the last day of the month of the licensee's birth, automatically work a forfeiture of the license or certificate, and it shall not be restored except upon the written application therefor and the payment to the board of a fee of twice the annual amount of the renewal fee in effect at the time the restoration application is filed except that a licensee who fails, refuses, or neglects to pay the annual tax within a period of 60 days after the last day of the month of the licensee's birth of each year shall not be required to submit to an examination for the reissuance of the certificate.

SEC. 40. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: SB 1495
Author: Committee on Health
Chapter: 424
Bill Date: June 14, 2018, Amended
Subject: Health
Sponsor: Author
Position: Neutral

DESCRIPTION OF LEGISLATION:

This bill would make technical and clarifying changes to SB 512 from last year, regarding non-United States Food and Drug Administration (FDA) approved stem cell therapies. This bill would specify that the stem cell therapies that require a notice do not include therapies that meet the criteria of the Code of Federal Regulations, Title 21, Sections 1271.10 and 1271.15, which are those that do not require FDA premarket review or clearance, but are still regulated by the FDA, or those that qualify for an exception, as specified. This bill also contains other technical clean up not related to the Medical Board of California (Board).

ANALYSIS

This bill is a clean-up bill to SB 512 (Hernandez, Chapter 428, Statutes of 2017), which required health care practitioners that perform a stem cell therapy not approved by the FDA, to communicate this to his or her patients on a notice displayed in his or her office. This bill required the Board to report citations issued and discipline imposed, with regard to violations by licensees who provide stem cell therapies, in its Annual Report beginning with the 2018-19 Annual Report. The Board took a neutral position on this bill.

SB 512 was meant to apply to experimental stem cell therapies. The way the language was written it also applied to some therapies that qualified for an exception with the FDA, and also to some therapies that are already regulated by the FDA. This bill makes technical and clarifying changes to ensure that the notice requirements only apply to non-FDA approved, experimental therapies. The Board has taken a neutral position on this bill.

FISCAL: None

SUPPORT: American Association of Tissue Banks; California Statewide Law Enforcement Association; County Health Executives Association of California; Department of Health Care Services; Department of Public Health; Department of State Hospitals; MiMedx; and Rural County Representatives of California

OPPOSITION: None on file

IMPLEMENTATION:

- Newsletter article(s); and
- Notify/train Board staff; Department of Consumer Affairs, Division of Investigation staff; and the Attorney General's Office, Health Quality Enforcement Section.

Senate Bill No. 1495

CHAPTER 424

An act to amend Section 684 of the Business and Professions Code, to amend Sections 1728.7, 1797.188 and 101080 of, and to add Section 1751.5 to, the Health and Safety Code, and to amend Sections 4300, 4301, 4311, 4313, 5349, 5651, and 5897 of, to add Section 4005.8 to, to repeal Sections 5651.2 and 5666 of, and to repeal and add Section 5650 of, the Welfare and Institutions Code, relating to health.

[Approved by Governor September 14, 2018. Filed with Secretary of State September 14, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

SB 1495, Committee on Health. Health.

(1) Existing law provides for the licensure and regulation of various health care practitioners by boards within the Department of Consumer Affairs. Existing law requires licensed health care practitioners who perform stem cell therapies that are not approved by the United States Food and Drug Administration (FDA) to communicate to their patients specified information regarding the therapies in a notice and in writing prior to providing the initial stem cell therapy. Under existing law, for these purposes, a "stem cell therapy" is a therapy involving the use of HCT/Ps, defined as human cells, tissues, or cellular- or tissue-based products in accordance with specified federal law. Under existing law, these requirements do not apply to a health care practitioner who has obtained approval for an investigational new drug or device from the FDA for the use of HCT/Ps.

This bill would exclude from the definition of "stem cell therapy" those therapies involving HCT/Ps that meet specified criteria pursuant to, or that qualify for an exception under, federal law. The bill would require only health care practitioners who perform a stem cell therapy that is subject to FDA regulation, and that is not FDA-approved, to provide the notice and writing to their patients. The bill would exempt from these requirements a health care practitioner who has obtained clearance for an investigational new drug, or an investigational device exemption, from the FDA.

(2) Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, establishes the Emergency Medical Services Authority. The authority is responsible for the coordination and integration of all statewide activities concerning emergency medical services.

The act requires health facilities to notify prehospital emergency medical care personnel who have provided emergency medical or rescue services, and have been exposed to a person afflicted with a reportable communicable disease or condition, that they have been exposed. If the affected prehospital emergency medical care person has not provided the health facility infection control officer, as defined, with his or her name and telephone number, existing law requires the health facility infection control officer to immediately notify the designated officer of the employer of the prehospital emergency medical care person and the county health officer under specified circumstances. Otherwise, existing law requires the health facility infection control officer to notify the prehospital emergency medical care person consistent with certain state regulations.

This bill would instead require the health facility infection control officer, in the latter circumstance, to notify the designated officer, not the prehospital emergency medical care person, consistent with those regulations.

(3) Existing law authorizes a local health officer to declare a local health emergency under specified circumstances, including when the release or escape of a hazardous waste or medical waste is an immediate threat to the public health, or upon an imminent and proximate threat of the introduction of certain diseases, chemical agents, toxins, or radioactive agents. Existing law authorizes the local health emergency to remain in effect for 7 days unless the board of supervisors or city council ratifies the local health emergency for a longer period of time. Existing law thereafter requires the board of supervisors or city council to review the need for continuing that local health emergency at least every 14 days.

This bill would instead require the board of supervisors or city council to review the need for continuing that local health emergency at least every 30 days.

(4) Existing law provides the State Department of State Hospitals with jurisdiction over the execution of laws relating to care and treatment of persons with mental health disorders under the custody of the department. Existing law provides that the Chief, Deputy Chief, supervising investigators, and investigators of the Office of Protective Services of the department are peace officers whose authority extends to any place in the state for the purpose of performing their primary duty or when making an arrest, as specified.

This bill would designate the Chief of the Office of Protective Services of the department as the deputy director of the office, with oversight of all protective service components within the department's law enforcement and fire protection services. The bill would require that the deputy director be an experienced law enforcement officer, as specified.

Existing law requires the Director of State Hospitals to appoint and define the duties of the clinical director and the hospital administrator for each state hospital. Existing law requires the Director of State Hospitals to appoint either the clinical director or the hospital administrator to be the hospital director.

This bill would additionally require the Director of State Hospitals to appoint and define the duties of the chief of police services and the hospital director for each state hospital, and would repeal the above provision requiring the appointment of the clinical director or hospital administrator as hospital director. The bill would make conforming changes to related provisions.

Existing law requires the hospital administrator to be responsible for preserving the peace in the hospital buildings and grounds and authorizes him or her to arrest persons, as specified.

This bill would transfer that duty and that authority to the chief of police services at the hospital, and would require the chief of police services to be an experienced law enforcement officer, as specified.

Existing law authorizes the hospital administrator of each state hospital to designate, as a police officer, one or more of the bona fide employees of the hospital. Under existing law, the hospital administrator and each of those police officers have the powers and authority conferred by law upon peace officers, as specified. Existing law prohibits those police officers from receiving compensation, as specified.

This bill would repeal the authority of the hospital administrator to designate hospital employees as police officers, and would delete the provision that prohibits the compensation of those police officers. The bill would instead provide that the chief of police services, supervising investigators, investigators, and each hospital police officer have the powers and authority provided to them under existing laws that apply to peace officers, and are required to help ensure integration of treatment, safety, and security, as directed by the hospital director. The bill would make further conforming changes to related provisions.

(5) Existing law, the Bronzan-McCorquodale Act, contains provisions governing the organization and financing of community mental health services for persons with mental disorders in every county through locally administered and locally controlled community mental health programs. Existing law requires the board of supervisors of each county, or boards of supervisors of counties acting jointly, to adopt, and submit to the Director of Health Care Services in the form and according to the procedures specified by the director, a proposed annual county mental health services performance contract for mental health services in the county or counties. Existing law requires the State Department of Health Care Services to develop and implement the requirements, format, procedure, and submission dates for the preparation and submission of the proposed performance contract. Existing law requires the Director of Health Care Services, or his or her designee, to review each proposed county mental health services performance contract to determine that it complies with specified requirements.

This bill would repeal those provisions relating to an annual county mental health services performance contract, and would instead require the department and each county to have a performance contract for community mental health services, the Mental Health Services Act, the Projects for Assistance in Transition from Homelessness grant, the Community Mental Health Services Block Grant, and other federal grants or county mental health programs for the term of 3 years, as specified. The bill would authorize the department to extend the term of the contract for 2 one-year periods, as specified. The bill would further authorize the department to amend the contract at any time during the term of the contract, as specified.

Existing law requires the proposed annual county mental health services performance contract to include specified provisions, and authorizes the county to choose to include contract provisions for other state-directed mental health managed programs within the performance contract.

This bill would delete that authorization and would instead authorize the department to include contract provisions for other federal grants or county mental health programs in the performance contract. The bill would also delete obsolete provisions and make related, conforming changes.

(6) The California Hospice Licensure Act of 1990 provides for the licensure and regulation by the State Department of Public Health of persons or agencies that provide hospice, to ensure the health and safety of patients experiencing the last phases of life due to the existence of a terminal disease.

This bill would require the department to issue a hospice license to a hospice applicant that meets certain requirements, including, among others, that it is accredited by an entity approved by the federal Centers for Medicare and Medicaid Services as a national accreditation organization, and it meets any other additional licensure requirements under the act that are more stringent than the accreditation requirements of the organization, as specified.

The bill would authorize the department to conduct a survey of an accredited hospice to ensure the accreditation requirements are met, and to conduct a survey to investigate complaints against an accredited hospice for substantial noncompliance with the accreditation standards. The bill would make conforming changes to a related provision for purposes of a home health agency.

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

SECTION 1. Section 684 of the Business and Professions Code is amended to read:

684. (a) For the purpose of this section:

(1) “FDA” means the United States Food and Drug Administration.

(2) “HCT/Ps” means human cells, tissues, or cellular or tissue-based products, as defined in Section 1271.3 of Title 21 of the Code of Federal Regulations, as amended August 31, 2016, as published in the Federal Register (81 Fed. Reg. 60223).

(3) “Stem cell therapy” means a therapy involving the use of HCT/Ps, but shall not include a therapy involving HCT/Ps that meets the criteria set out in Section 1271.10 of Title 21 of the Code of Federal Regulations, as amended May 25, 2004, as published in the Federal Register (69 Fed. Reg. 29829), or that qualifies for any of the exceptions described in Section 1271.15 of Title 21 of the Code of Federal Regulations, as amended May 25, 2004, as published in the Federal Register (69 Fed. Reg. 29829).

(b) (1) A health care practitioner licensed under this division who performs a stem cell therapy that is subject to FDA regulation, but is not

FDA-approved, shall communicate to a patient seeking stem cell therapy the following information in English:

“THIS NOTICE MUST BE PROVIDED TO YOU UNDER CALIFORNIA LAW. This health care practitioner performs one or more stem cell therapies that have not been approved by the United States Food and Drug Administration. You are encouraged to consult with your primary care physician prior to undergoing a stem cell therapy.”

(2) The information in paragraph (1) shall be communicated to the patient in all of the following ways:

(A) In a prominent display in an area visible to patients in the health care practitioner’s office and posted conspicuously in the entrance of the health care practitioner’s office. These notices shall be at least eight and one-half inches by 11 inches and written in no less than 40-point type.

(B) Prior to providing the initial stem cell therapy, a health care practitioner shall provide the patient with the notice described in paragraph (1) in writing. The notice shall be at least eight and one-half inches by 11 inches and written in no less than 40-point type.

(c) This section does not apply to a health care practitioner licensed under this division who has obtained approval or clearance for an investigational new drug, or an investigational device exemption, from the FDA for the use of HCT/Ps.

(d) (1) The licensing board having jurisdiction of the health care practitioner may cite and fine the health care practitioner, not to exceed one thousand dollars ($1,000) per violation of this section.

(2) No citation shall be issued and no fine shall be assessed upon the first complaint against a health care practitioner who violates this section.

(3) Upon a second or subsequent violation of this section, a citation and administrative fine not to exceed one thousand dollars ($1,000) per violation may be assessed.

(e) The Medical Board of California shall indicate in its annual report, commencing with the 2018–19 annual report, all of the following with regard to licensees who provide stem cell therapies:

(1) The number of complaints received.

(2) Any disciplinary actions taken.

(3) Any administrative actions taken.

SEC. 2. Section 1728.7 of the Health and Safety Code is amended to read:

1728.7. (a) Notwithstanding any other provision of this chapter, the department shall issue a license to a home health agency that applies to the department for a home health agency license and meets all of the following requirements:

(1) Is accredited as a home health agency by an entity approved by the federal Centers for Medicare and Medicaid Services as a national accreditation organization, and the national accreditation organization

forwards to the department copies of all initial and subsequent survey and other accreditation reports or findings.

(2) Files an application with fees pursuant to this chapter.

(3) Meets any other additional licensure requirements of, or regulations adopted pursuant to, this chapter that the department identifies, after consulting with the national accreditation organizations, as more stringent than the accreditation requirements of the national accreditation organizations.

(b) The department may conduct a survey of an accredited home health agency to ensure the accreditation requirements are met. These surveys shall be conducted using a selective sample basis.

(c) The department may conduct a survey of an accredited home health agency to investigate complaints against an accredited home health agency for substantial noncompliance, as determined by the department, with these accreditation standards.

(d) Notwithstanding subdivisions (a), (b), and (c), the department shall retain its full range of authority over accredited home health agencies to ensure the licensure and accreditation requirements are met. This authority shall include the entire scope of enforcement sanctions and options available for unaccredited home health agencies.

SEC. 3. Section 1751.5 is added to the Health and Safety Code, immediately following Section 1751, to read:

1751.5. (a) Notwithstanding any other provision of this chapter, the department shall issue a license to a hospice that applies to the department for a hospice license and meets all of the following requirements:

(1) Is accredited as a hospice by an entity approved by the federal Centers for Medicare and Medicaid Services as a national accreditation organization, and the national accreditation organization forwards to the department copies of all initial and subsequent survey and other accreditation reports or findings.

(2) Files an application with fees pursuant to this chapter.

(3) Meets any other additional licensure requirements of, or regulations adopted if necessary pursuant to, this chapter that the department identifies, after consulting with the national accreditation organization, as more stringent than the accreditation requirements of the national accreditation organization.

(b) The department may conduct a survey of an accredited hospice to ensure the accreditation requirements are met. These surveys shall be conducted using a selective sample basis.

(c) The department may conduct a survey of an accredited hospice to investigate complaints against an accredited hospice for substantial noncompliance, as determined by the department, with these accreditation standards.

(d) Notwithstanding subdivisions (a), (b), and (c), the department shall retain its full range of authority over accredited hospices to ensure the licensure and accreditation requirements are met. This authority shall include the entire scope of enforcement sanctions and options available for unaccredited hospices.

SEC. 4. Section 1797.188 of the Health and Safety Code is amended to read:

1797.188. (a) As used in this section:

(1) "Prehospital emergency medical care person or personnel" means any of the following: an authorized registered nurse or mobile intensive care nurse, emergency medical technician-I, emergency medical technician-II, emergency medical technician-paramedic, lifeguard, firefighter, or peace officer, as defined or described by Sections 1797.56, 1797.80, 1797.82, 1797.84, 1797.182, and 1797.183, respectively, or a physician and surgeon who provides prehospital emergency medical care or rescue services.

(2) "Reportable communicable disease or condition" or "a communicable disease or condition listed as reportable" means those diseases prescribed by Subchapter 1 (commencing with Section 2500) of Chapter 4 of Title 17 of the California Code of Regulations, as may be amended from time to time.

(3) "Exposed" means at risk for contracting the disease, as defined by regulations of the state department.

(4) "Health facility" means a health facility, as defined in Section 1250, including a publicly operated facility.

(5) "Health facility infection control officer" means the official or officer who has been designated by the health facility to communicate with a designated officer, or his or her designee.

(6) "Designated officer" means the official or officer of an employer of a prehospital emergency medical care person or personnel who has been designated by the state's public health officer or the employer.

(7) "Urgency reporting requirement" means a disease required to be reported immediately by telephone or reported by telephone within one working day pursuant to subdivisions (h) and (i) of Section 2500 of Title 17 of the California Code of Regulations.

(b) In addition to the communicable disease testing and notification procedures applicable under Chapter 3.5 (commencing with Section 120260) of Part 1 of Division 105, all prehospital emergency medical care personnel, whether volunteers, partly paid, or fully paid, who have provided emergency medical or rescue services and have been exposed to a person afflicted with a communicable disease or condition listed as reportable, which can, as determined by the county health officer, be transmitted through physical or oral contact or secretions of the body, including blood, shall be notified that they have been exposed to the disease or condition in accordance with the following:

(1) If the prehospital emergency medical care person, who has rendered emergency medical or rescue services and believes that he or she may have been exposed to a person afflicted with a reportable communicable disease or condition in a manner that could result in transmission of a reportable communicable disease or condition, and provides the health facility infection control officer with his or her name and telephone number at the time the

patient is transferred from that prehospital emergency medical care person to the admitting health facility; or the party transporting the person afflicted with the reportable communicable disease or condition provides that health facility with the name and telephone number of the prehospital emergency medical care person who provided the emergency medical or rescue services and believes he or she may have been exposed to a person afflicted with a reportable communicable disease or condition in a manner that could result in transmission of a communicable disease or condition, the health facility infection control officer, upon determining that the person to whom the prehospital emergency medical care person provided the emergency medical or rescue services is diagnosed as being afflicted with a reportable communicable disease or condition, and that the reportable communicable disease or condition may have been transmitted during the provision of emergency medical or rescue services, shall immediately notify the designated officer of the prehospital emergency medical care person if the reportable communicable disease or condition has an urgency reporting requirement on the list of reportable diseases or conditions, or if the conditions of the exposure may have included direct contact between the unprotected skin, eyes, or mucous membranes of the prehospital emergency medical care person and the blood of the person afflicted with the reportable communicable disease or condition. Otherwise, the health facility infection control officer shall notify the designated officer consistent with Section 2500 of Title 17 of the California Code of Regulations. The health facility infection control officer shall also report the name and telephone number of the prehospital emergency medical care person to the county health officer. The designated officer shall immediately notify the prehospital emergency medical care person if the reportable communicable disease or condition has an urgency reporting requirement on the list of reportable diseases or conditions, or if the conditions of the exposure may have included direct contact between the unprotected skin, eyes, or mucous membranes of the prehospital emergency medical care person and the blood of the person afflicted with the reportable communicable disease or condition. Otherwise, the designated officer shall notify the prehospital emergency medical care person consistent with Section 2500 of Title 17 of the California Code of Regulations.

(2) If the prehospital emergency medical care person who has rendered emergency medical or rescue services and has been exposed to a person afflicted with a reportable communicable disease or condition, but has not provided the health facility infection control officer with his or her name and telephone number pursuant to paragraph (1), the health facility infection control officer, upon determining that the person to whom the prehospital emergency medical care person provided the emergency medical or rescue services is diagnosed as being afflicted with a reportable communicable disease or condition that may have been transmitted during provision of emergency medical or rescue services, shall immediately notify the designated officer of the employer of the prehospital emergency medical care person and the county health officer if the reportable communicable

disease or condition has an urgency reporting requirement on the list of reportable diseases or conditions, or if the conditions of the exposure may have included direct contact between the unprotected skin, eyes, or mucous membranes of the prehospital emergency medical care person and the blood of the person afflicted with the reportable communicable disease or condition. Otherwise, the health facility infection control officer shall notify the designated officer consistent with Section 2500 of Title 17 of the California Code of Regulations. The designated officer shall immediately notify the prehospital emergency medical care person if the reportable communicable disease or condition has an urgency reporting requirement on the list of reportable diseases or conditions, or if the conditions of the exposure may have included direct contact between the unprotected skin, eyes, or mucous membranes of the prehospital emergency medical care person and the blood of the person afflicted with the reportable communicable disease or condition. Otherwise, the designated officer shall notify the prehospital emergency medical care person consistent with Section 2500 of Title 17 of the California Code of Regulations.

(c) The county health officer shall immediately notify the prehospital emergency medical care person who has provided emergency medical or rescue services and has been exposed to a person afflicted with a communicable disease or condition listed as reportable, which can, as determined by the county health officer, be transmitted through oral contact or secretions of the body, including blood, if the reportable communicable disease or condition has an urgency reporting requirement on the list of reportable diseases or conditions, or if the conditions of the exposure may have included direct contact between the unprotected skin, eyes, or mucous membranes of the prehospital emergency medical care person and the blood of the person afflicted with the reportable communicable disease or condition, upon receiving the report from a health facility pursuant to paragraph (1) of subdivision (b). Otherwise, the county health officer shall notify the prehospital emergency medical care person consistent with Section 2500 of Title 17 of the California Code of Regulations. The county health officer shall not disclose the name of the patient or other identifying characteristics to the prehospital emergency medical care person.

(d) An employer of a prehospital emergency medical care person or personnel that maintains an Internet Web site shall post the title and telephone number of the designated officer in a conspicuous location on its Internet Web site accessible from the home page. A health facility that maintains an Internet Web site shall post the title and telephone number of the health facility infection control officer in a conspicuous location on its Internet Web site accessible from the home page.

(e) (1) The health facility infection control officer, or his or her designee, shall be available either onsite or on call 24 hours per day.

(2) The designated officer, or his or her designee, shall be available either onsite or on call 24 hours per day.

(f) An employer of a health facility infection control officer and an employer of a prehospital emergency medical care person or personnel shall inform those employees of this law as part of the Cal-OSHA Injury and Illness Prevention Program training required by paragraph (7) of subdivision (a) of Section 3203 of Title 8 of the California Code of Regulations.

(g) Nothing in this section shall be construed to authorize the further disclosure of confidential medical information by the health facility, the designated officer, or any prehospital emergency medical care personnel described in this section except as otherwise authorized by law.

(h) In the event of the demise of the person afflicted with the reportable communicable disease or condition, the health facility or county health officer shall notify the funeral director, charged with removing the decedent from the health facility, of the reportable communicable disease or condition prior to the release of the decedent from the health facility to the funeral director.

(i) Notwithstanding Section 1798.206, a violation of this section is not a misdemeanor.

SEC. 5. Section 101080 of the Health and Safety Code is amended to read:

101080. Whenever a release, spill, escape, or entry of waste occurs as described in paragraph (2) of subdivision (b) of Section 101075 and the director or the local health officer reasonably determines that the waste is a hazardous waste or medical waste, or that it may become a hazardous waste or medical waste because of a combination or reaction with other substances or materials, and the director or local health officer reasonably determines that the release or escape is an immediate threat to the public health, or whenever there is an imminent and proximate threat of the introduction of any contagious, infectious, or communicable disease, chemical agent, noncommunicable biologic agent, toxin, or radioactive agent, the director may declare a health emergency and the local health officer may declare a local health emergency in the jurisdiction or any area thereof affected by the threat to the public health. Whenever a local health emergency is declared by a local health officer pursuant to this section, the local health emergency shall not remain in effect for a period in excess of seven days unless it has been ratified by the board of supervisors, or city council, whichever is applicable to the jurisdiction. The board of supervisors, or city council, if applicable, shall review, at least every 30 days until the local health emergency is terminated, the need for continuing the local health emergency and shall proclaim the termination of the local health emergency at the earliest possible date that conditions warrant the termination.

SEC. 6. Section 4005.8 is added to the Welfare and Institutions Code, to read:

4005.8. (a) The Deputy Director of the Office of Protective Services of the State Department of State Hospitals has oversight of all protective service components within the department’s law enforcement and fire protection services, including those at each state hospital. The deputy director shall be an experienced law enforcement officer who has completed the management training course prescribed by the Commission on Peace Officer Standards and Training, with extensive management experience directing uniformed peace officers and investigation officers.

(b) Wherever the term “Chief of the Office of Protective Services” is used in reference to the State Department of State Hospitals, the term shall be deemed to mean the Deputy Director of the Office of Protective Services of the State Department of State Hospitals.

SEC. 7. Section 4300 of the Welfare and Institutions Code is amended to read:

4300. As used in this chapter, “officers” of a state hospital means:

(a) Clinical director.

(b) Hospital administrator.

(c) Hospital director.

(d) Chief of police services at the hospital.

SEC. 8. Section 4301 of the Welfare and Institutions Code is amended to read:

4301. (a) The Director of State Hospitals shall appoint and define the duties, subject to the laws governing civil service, of the clinical director, the hospital administrator, the hospital director, and the chief of police services for each state hospital.

(b) The Director of State Hospitals shall appoint a program director for each program at a state hospital.

SEC. 9. Section 4311 of the Welfare and Institutions Code is amended to read:

4311. (a) The chief of police services at the hospital shall be responsible for preserving the peace in the hospital buildings and grounds and may arrest or cause the arrest and appearance before the nearest magistrate for examination, of all persons who attempt to commit or have committed a public offense thereon.

(b) The chief of police services shall be an experienced law enforcement officer who has completed the management training course prescribed by the Commission on Peace Officer Standards and Training, with management experience directing uniformed peace officers and investigation officers.

SEC. 10. Section 4313 of the Welfare and Institutions Code is amended to read:

4313. The chief of police services, supervising investigators, investigators, and each hospital police officer have the powers and authority conferred by law upon each respectively as set forth in subdivision (v) of Section 830.3 and Section 830.38 of the Penal Code. When and as directed by the hospital director, the chief of police services, supervising investigators, investigators, and hospital police officers shall enforce the rules and regulations of the hospital, preserve peace and order on the premises thereof, protect and preserve the property of the state, and help ensure integration of treatment, safety, and security.

SEC. 11. Section 5349 of the Welfare and Institutions Code is amended to read:

5349. This article shall be operative in those counties in which the county board of supervisors, by resolution or through the county budget process, authorizes its application and makes a finding that no voluntary mental health program serving adults, and no children's mental health program, may be reduced as a result of the implementation of this article. To the extent otherwise permitted under state and federal law, counties that elect to implement this article may pay for the provision of services under Sections 5347 and 5348 using funds distributed to the counties from the Mental Health Subaccount, the Mental Health Equity Subaccount, and the Vehicle License Collection Account of the Local Revenue Fund, funds from the Mental Health Account and the Behavioral Health Subaccount within the Support Services Account of the Local Revenue Fund 2011, funds from the Mental Health Services Fund when included in county plans pursuant to Section 5847, and any other funds from which the Controller makes distributions to the counties for those purposes. Compliance with this section shall be monitored by the State Department of Health Care Services.

SEC. 12. Section 5650 of the Welfare and Institutions Code is repealed.

SEC. 13. Section 5650 is added to the Welfare and Institutions Code, to read:

5650. (a) The State Department of Health Care Services and each county shall have a performance contract for community mental health services, the Mental Health Services Act, the Projects for Assistance in Transition from Homelessness grant, the Community Mental Health Services Block Grant, and other federal grants or other county mental health programs.

(b) The department shall develop the county mental health services performance contract, which shall be effective for an initial period of three years. The department shall provide the three-year performance contract to the county by January 2 of the year the existing performance contract expires. The county shall adopt, execute, and return the performance contract by May 1 of the year the existing contract expires.

(c) The department may extend the term of the contract for two one-year periods. If the department extends the term of the performance contract, the department shall notify the county by January 2 of the year the existing performance contract expires. The county shall adopt, execute, and return the extension to the performance contract by May 1 of the year the existing contract expires.

(d) The department may amend the contract at any time during the term of the contract and the county shall have 90 days from receipt of an amendment to adopt, execute, and return the amendment to the department.

(e) For the purposes of this chapter, provisions of law referring to the county shall be construed to include counties, counties acting jointly, and cities receiving funds pursuant to Section 5701.5.

SEC. 14. Section 5651 of the Welfare and Institutions Code is amended to read:

5651. (a) Counties shall comply with the terms of the county mental health services performance contract.

(b) The county mental health services performance contract shall include all of the following provisions:

(1) That the county shall comply with the expenditure requirements of Section 17608.05.

(2) That the county shall provide services to persons receiving involuntary treatment as required by Part 1 (commencing with Section 5000) and Part 1.5 (commencing with Section 5585).

(3) That the county shall comply with all requirements necessary for Medi-Cal reimbursement for mental health treatment services and case management programs provided to Medi-Cal eligible individuals, including, but not limited to, the provisions set forth in Chapter 3 (commencing with Section 5700), and that the county shall submit cost reports and other data to the department in the form and manner determined by the State Department of Health Care Services.

(4) That the local mental health advisory board has reviewed and approved procedures ensuring citizen and professional involvement at all stages of the planning process pursuant to Section 5604.2.

(5) That the county shall comply with all provisions and requirements in law pertaining to patient rights.

(6) That the county shall comply with all requirements in federal law and regulation, and all agreements, certifications, assurances, and policy letters, pertaining to federally funded mental health programs, including, but not limited to, the Projects for Assistance in Transition from Homelessness grant and Community Mental Health Services Block Grant programs.

(7) That the county shall provide all data and information set forth in Sections 5610 and 5664.

(8) That the county, if it elects to provide the services described in Chapter 2.5 (commencing with Section 5670), shall comply with guidelines established for program initiatives outlined in that chapter.

(9) That the county shall comply with all applicable laws and regulations for all services delivered, including all laws, regulations, and guidelines of the Mental Health Services Act.

(10) The State Department of Health Care Services' ability to monitor the county's three-year program and expenditure plan and annual update pursuant to Section 5847.

(11) Other information determined to be necessary by the director, to the extent this requirement does not substantially increase county costs.

(c) The State Department of Health Care Services may include contract provisions for other federal grants or county mental health programs in this performance contract.

SEC. 15. Section 5651.2 of the Welfare and Institutions Code is repealed.

SEC. 16. Section 5666 of the Welfare and Institutions Code is repealed.

SEC. 17. Section 5897 of the Welfare and Institutions Code is amended to read:

5897. (a) Notwithstanding any other state law, the State Department of Health Care Services shall implement the mental health services provided by Part 3 (commencing with Section 5800), Part 3.6 (commencing with Section 5840), and Part 4 (commencing with Section 5850) through contracts with county mental health programs or counties acting jointly. A contract may be exclusive and may be awarded on a geographic basis. For purposes of this section, a county mental health program includes a city receiving funds pursuant to Section 5701.5.

(b) Two or more counties acting jointly may agree to deliver or subcontract for the delivery of those mental health services. The agreement may encompass all or any part of the mental health services provided pursuant to these parts. Any agreement between counties shall delineate each county's responsibilities and fiscal liability.

(c) The department shall implement the provisions of Part 3 (commencing with Section 5800), Part 3.2 (commencing with Section 5830), Part 3.6 (commencing with Section 5840), and Part 4 (commencing with Section 5850) through the county mental health services performance contract, as specified in Chapter 2 (commencing with Section 5650) of Part 2.

(d) The department shall conduct program reviews of performance contracts to determine compliance. Each county performance contract shall be reviewed at least once every three years, subject to available funding for this purpose.

(e) When a county mental health program is not in compliance with its performance contract, the department may request a plan of correction with a specific timeline to achieve improvements. The department shall post on its Internet Web site any plans of correction requested and the related findings.

(f) Contracts awarded by the State Department of Health Care Services, the State Department of Public Health, the California Behavioral Health Planning Council, the Office of Statewide Health Planning and Development, and the Mental Health Services Oversight and Accountability Commission pursuant to Part 3 (commencing with Section 5800), Part 3.1 (commencing with Section 5820), Part 3.2 (commencing with Section 5830), Part 3.6 (commencing with Section 5840), Part 3.7 (commencing with Section 5845), Part 4 (commencing with Section 5850), and Part 4.5 (commencing with Section 5890), may be awarded in the same manner in which contracts are awarded pursuant to Section 5814 and the provisions of subdivisions (g) and (h) of Section 5814 shall apply to those contracts.

(g) For purposes of Section 14712, the allocation of funds pursuant to Section 5892 that are used to provide services to Medi-Cal beneficiaries shall be included in calculating anticipated county matching funds and the transfer to the State Department of Health Care Services of the anticipated county matching funds needed for community mental health programs.

MBC TRACKER II BILLS
10/2/2018

BILL	AUTHOR	TITLE	STATUS	AMENDED
AB 11	McCarty	Early and Periodic Screening, Diagnosis, and Treatment Program	Vetoed	07/03/18
AB 183	Lackey	Bill of Rights for State Excluded Employees	Vetoed	05/25/17
AB 186	Eggman	Controlled Substances: Overdose Prevention Program	Vetoed	08/16/18
AB 349	McCarty	Drug Medi-Cal Treatment Program: Rate Setting Process	Chaptered, #643	06/07/18
AB 479	Gonzalez Fletcher	Workers' Compensation: Permanent Disability	Vetoed	05/21/18
AB 613	Nazarian	Healing Arts: Clinical Laboratories	Chaptered, #799	08/21/18
AB 767	Quirk-Silva	Go-Biz Information Technology	Vetoed	08/24/18
AB 1116	Grayson	Peer Support and Crisis Referral Services Pilot Program	Vetoed	08/09/18
AB 1659	Low	Healing Arts Boards: Inactive Licenses	Chaptered, #249	01/03/18
AB 1753	Low	Controlled Substances: CURES Database	Chaptered, #479	08/24/18
AB 1787	Salas	Reporting: Valley Fever	Chaptered, #229	06/06/18
AB 1790	Salas	Valley Fever Education, Early Diagnosis & Treatment Act	Chaptered, #338	08/23/18
AB 1801	Nazarian	Newborns: Cytomegalovirus Public Education and Testing	Vetoed	06/26/18
AB 1860	Limon	Health Care Coverage: Cancer Treatment	Chaptered, #427	08/20/18
AB 1893	Maienschein	Maternal Mental Health: Federal Funding	Chaptered, #140	04/09/18
AB 1996	Lackey	The California Cannabis Research Program	Vetoed	08/14/18
AB 2046	Daly	Workers' Compensation Insurance Fraud Reporting	Chaptered, #709	08/17/18
AB 2088	Santiago	Patient Records: Addenda	Chaptered, #275	
AB 2099	Gloria	Mental Health: Detention and Evaluation	Chaptered, #258	05/25/18
AB 2122	Reyes	Medi-Cal: Blood Lead Screening Tests	Vetoed	08/17/18
AB 2143	Caballero	Mental Health: Licensed Mental Health Service Provider Ed. Prog.	Vetoed	06/11/18
AB 2196	Cooper	Public Employees' Retirement: Service Credit: Payments	Chaptered, #168	06/13/18
AB 2198	Obernolte	State Government: FI$Cal: Transparency	Chaptered, #186	03/14/18
AB 2202	Gray	University of California: School of Medicine	Chaptered, #756	08/17/18
AB 2215	Kalra	Cannabis: Veterinarians: Animals	Chaptered, #819	08/23/18

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10/2/2018

BILL	AUTHOR	TITLE	STATUS	AMENDED
AB 2256	Santiago	Law Enforcement Agencies: Opioid Antagonist	Chaptered, #259	06/06/18
AB 2275	Arambula	Medi-Cal Managed Care: Quality Assessment and Performance Improvement	Vetoed	07/02/18
AB 2302	Baker	Child Abuse: Sexual Assault: Mandated Reporters	Chaptered, #943	08/13/18
AB 2315	Quirk-Silva	Pupil Health: Mental and Behavioral Health: Telehealth	Chaptered, #759	08/17/18
AB 2327	Quirk	Peace Officers: Misconduct: Employment	Chaptered, #966	
AB 2342	Burke	Breast and Ovarian Cancer Susceptibility Screening	Vetoed	08/17/18
AB 2384	Arambula	Medication Assisted Treatment	Vetoed	08/23/18
AB 2423	Holden	Physical Therapists: Direct Access to Services	Chaptered, #761	08/24/18
AB 2457	Irwin	Podiatry: Podiatric Medical Board of California	Chaptered, #102	04/02/18
AB 2576	Aguiar-Curry	Emergencies: Healthcare	Chaptered, #716	08/24/18
AB 2587	Levine	Disability Compensation: Paid Family Leave	Chaptered, #80	04/02/18
AB 2674	Aguiar-Curry	Health Care Service Plans: Disciplinary Actions	Chaptered, #303	08/17/18
AB 2689	Gray	Contribution and Gift Ban: Senate Confirmation	Vetoed	04/17/18
AB 2777	Daly	State Employees: Travel Reimbursements	Chaptered, #719	05/24/18
AB 2783	O'Donnell	Controlled Substances: Hydrocodone Combination Products	Chaptered, #589	08/22/18
AB 2813	Irwin	California Cybersecurity Integration Center	Chaptered, #768	06/19/18
AB 2850	Rubio	Nurse Assistant Training Programs: Online or Distance Learning	Chaptered, #769	08/24/18
AB 2859	Caballero	Pharmacy: Safe Storage Products	Chaptered, #240	06/21/18
AB 2861	Salas	Medi-Cal: Telehealth: Alcohol and Drug Use Treatment	Chaptered, #500	08/06/18
AB 2863	Nazarian	Health Care Coverage: Prescriptions	Chaptered, #770	08/13/18
AB 2941	Berman	Health Care Coverage: State of Emergency	Chaptered, #196	06/19/18
AB 2958	Quirk	State Bodies: Meetings: Teleconference	Chaptered, #881	08/24/18
AB 2983	Arambula	Health Care Facilities: Voluntary Psychiatric Care	Chaptered, #831	07/02/18
AB 3018	Low	State Contracts: Skilled and Trained Workforce	Chaptered, #882	08/24/18
AB 3032	Frazier	Maternal Mental Health Conditions	Chaptered, #773	06/19/18

MBC TRACKER II BILLS
10/2/2018

BILL	AUTHOR	TITLE	STATUS	AMENDED
AB 3179	Salas	State Agencies: Bilingual Services	Vetoed	04/17/18
AB 3189	Cooper	Consent by Minors to Treatment for Intimate Partner Violence	Chaptered, #1003	05/30/18
AB 3211	Kalra	Advance Health Care Directives	Chaptered, #287	07/05/18
ACR 158	Baker	Cancer Screen Week	Chaptered, #218	02/27/18
ACR 160	Baker	Physician Anesthesiologist Week	Chaptered, #15	
ACR 203	Quirk-Silva	Donate Life/DMV Partnership Month	Chaptered, #51	
HR 6	Burke	Relative to Women's Reproductive Health	Adopted	
HR 83	Caballero	Relative to Prescription Drug Abuse Awareness Month	Adopted	03/01/18
SB 212	Jackson	Medical Waste	Chaptered, #1004	08/27/18
SB 244	Lara	Privacy: Personal Information	Chaptered, #885	08/27/18
SB 275	Portantino	Alcohol and Drug Treatment: Youth	Vetoed	08/24/18
SB 399	Portantino	Health Care Coverage: Pervasive Developmental Disorder/Autism	Vetoed	08/23/18
SB 501	Glazer	Dentistry: Anesthesia and Sedation: Report	Chaptered, #929	08/24/18
SB 695	Lara	Professions and Vocations: Individual Tax ID Number	Chaptered, #838	08/23/18
SB 762	Hernandez	Optometry: Administration of Immunizations	Chaptered, #330	06/27/18
SB 820	Leyva	Settlement Agreements: Confidentiality	Chaptered, #953	06/20/18
SB 823	Hill	Alcohol and Drug Treatment Abuse Recovery and Treatment Facilities	Chaptered, #781	07/02/18
SB 906	Beall	Medi-Cal: Mental Health Services	Vetoed	08/21/18
SB 992	Hernandez	Alcoholism or Drug Abuse Recovery or Treatment Facilities	Chaptered, #784	06/21/18
SB 997	Monning	Health Care Service Plans: Physician to Enrollee Ratios	Chaptered, #152	
SB 1003	Roth	Respiratory Therapy	Chaptered, #180	05/08/18
SB 1021	Wiener	Prescription Drugs	Chaptered, #787	08/23/18
SB 1034	Mitchell	Health Care: Mammograms	Chaptered, #332	06/21/18
SB 1041	Leyva	Childhood Lead Poisoning Prevention	Chaptered, #690	08/23/18
SB 1045	Wiener	Conservatorship: Serious Mental Illness and Substance Use Disorders	Chaptered, #845	08/20/18

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10/2/2018

BILL	AUTHOR	TITLE	STATUS	AMENDED
SB 1123	Jackson	Disability Compensation: Paid Family Leave	Chaptered, #849	08/20/18
SB 1124	Leyva	Public Employees' Retirement System: Collective Bargaining	Vetoed	08/23/18
SB 1125	Atkins	Federally Qualified Health Center and Rural Health Clinics	Vetoed	08/28/18
SB 1127	Hill	Pupil Health: Administration of Medicinal Cannabis: Schoolsites	Vetoed	05/15/18
SB 1163	Galgiani	Postmortem Examination or Autopsy	Chaptered, #936	08/24/18
SB 1228	Lara	Alcoholism or Drug Abuse Recovery and Treatment Services	Chaptered, #792	08/24/18
SB 1244	Wieckowski	Public Records: Disclosure	Chaptered, #463	07/05/18
SB 1254	Stone	Hospital Pharmacies: Medication Profiles	Chaptered, #697	06/28/18
SB 1287	Hernandez	Medi-Cal: Medically Necessary Services	Chaptered, #855	08/20/18
SB 1303	Pan	Coroner: County Office of the Medical Examiner	Vetoed	08/21/18
SB 1312	Jackson	State Public Employees: Sick Leave: Veterans	Chaptered, #516	06/20/18
SB 1375	Hernandez	Health Insurance: Small Employer Groups	Chaptered, #700	08/23/18
SB 1423	Hernandez	Medi-Cal: Oral Interpretation Services	Chaptered, #568	04/09/18
SB 1447	Hernandez	Pharmacy: Automated Drug Delivery Systems	Chaptered, #666	08/23/18
SCR 104	Hertzberg	National Nutrition Month	Chaptered, #40	02/27/18
SCR 115	McGuire	Opioid Crisis	Chaptered, #242	08/20/18
SR 12	Atkins	Relative to Women's Reproductive Health	Adopted	
SR 26	Hernandez	Relative to the Patient Protection and Affordable Care Act	Adopted	03/09/17