

MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

**Bill Number:** SB 1489  
**Author:** Senate Business, Professions and Economic Development  
 Committee  
**Bill Date:** June 17, 2010, amended  
**Subject:** Omnibus  
**Sponsor:** Committee  
**Board Position:** Sponsor/Support

**STATUS OF BILL:**

This bill is in the Assembly Appropriations Committee.

**DESCRIPTION OF CURRENT LEGISLATION:**

This bill is the vehicle by which omnibus legislation has been carried by the Senate Business and Professions Committee. Some provisions, although non-substantive, impact statutes governing the Medical Practices Act.

The provision relating to the Medical Board Midwifery Licensing Program is in the Business and Professions Code (only this section of the bill is attached):

- **2516** – Clarifies provisions related to the reporting requirements for licensed midwives.

**This bill was amended to include the reporting requirements for midwives.**

**FISCAL:** None to MBC

**POSITION:** Support MBC Provisions

July 15, 2010

Portions of the  
bill related to  
the medical Board

AMENDED IN ASSEMBLY JUNE 17, 2010

AMENDED IN SENATE APRIL 26, 2010

AMENDED IN SENATE APRIL 5, 2010

**SENATE BILL**

**No. 1489**

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**Introduced by Committee on Business, Professions and Economic  
Development (Senators Negrete McLeod (Chair), Aanestad,  
Calderon, Correa, Florez, Oropeza, Walters, Wyland, and Yee)**

March 11, 2010

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An act to amend Sections 2065, 2096, 2102, 2103, 2177, 2184, 2516, 2530.2, 2539.1, 2570.19, 3025.1, 3046, 3057.5, 3147, 3147.6, 3147.7, 3365.5, 4013, 4017, 4028, 4037, 4052.3, 4059, 4072, 4101, 4119, 4127.1, 4169, 4181, 4191, 4196, 4425, 4426, 4980.40.5, 4980.43, 4980.80, 4982.25, 4984.8, 4989.54, 4990.02, 4990.12, 4990.18, 4990.22, 4990.30, 4990.38, 4992.36, 4996.17, 4996.23, 4999.46, 4999.58, and 4999.90 of, to add Section 4200.1 to, to add and repeal Sections 4999.57 and 4999.59 of, to repeal Sections 2026, 4980.07, 4982.2, and 4984.6 of, and to repeal Article 3 (commencing with Section 4994) of Chapter 14 of Division 2 of, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 1489, as amended, Committee on Business, Professions and Economic Development. Healing arts.

(1) Existing law, the Medical Practice Act, provides for the licensure and regulation of physicians and surgeons by the Medical Board of California. Existing law requires an applicant for a physician's and surgeon's certificate whose professional instruction was acquired in a country other than the United States or Canada to provide evidence

satisfactory to the board of, among other things, satisfactory completion of at least one year of specified postgraduate training.

This bill would require the applicant to instead complete at least 2 years of that postgraduate training.

Existing law requires an applicant for a physician's and surgeon's certificate to obtain a passing score on the written examination designated by the board and makes passing scores on a written examination valid for 10 years from the month of the examination for purposes of qualification for a license. Existing law authorizes the board to extend this period of validity for good cause or for time spent in a postgraduate training program.

This bill would limit this 10-year period of validity to passing scores obtained on ~~Step 3~~ *each step* of the United States Medical Licensing Examination and would also authorize the board to extend that period for ~~applicants~~ *an applicant* who hold a valid, unlimited license as is a physician and surgeon in another state or a Canadian province and ~~have~~ *who is currently and actively practiced practicing* medicine in that state or province.

Existing law requires a licensed midwife who assists in childbirths that occur in out-of-hospital settings to annually report specified information to the Office of Statewide Health Planning and Development in March and requires the office to report to the Medical Board of California licensee compliance with that requirement every April and the aggregate information collected every July.

This bill would require those annual reports to be made by March 30, April 30, and July 30, respectively, and would make additional changes to the information required to be reported by a midwife with regard to cases in California.

*(2) Existing law provides for the licensure and regulation of speech-language pathologists, audiologists, and hearing aid dispensers by the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board. Existing law requires a licensed audiologist who wishes to sell hearing aids to meet specified licensure and examination requirements, and to apply for a dispensing audiologist certificate, pay applicable fees, and pass a board-approved hearing aid examination, except as specified. Existing law authorizes a licensed audiologist with an expired hearing aid dispenser's license to continue to sell hearing aids pursuant to his or her audiology license.*

*This bill would require the board to issue a dispensing audiology license to a licensed audiologist who meets those requirements or whose*

1 (2) The period of validity provided for in paragraph (1) may be  
2 extended by the board for any of the following:

- 3 (A) For good cause.
- 4 (B) For time spent in a postgraduate training program, including,  
5 but not limited to, residency training, fellowship training, remedial  
6 or refresher training, or other training that is intended to maintain  
7 or improve medical skills.
- 8 (C) For an applicant who holds a valid, unlimited license as a  
9 physician and surgeon in another state or a Canadian province and  
10 has actively practiced medicine in that state or province.

11 (3) Upon expiration of the 10-year period plus any extension  
12 granted by the board under paragraph (2), the applicant shall pass  
13 the Special Purpose Examination of the Federation of State Medical  
14 Boards or a clinical competency written examination determined  
15 by the board to be equivalent.

16 *SEC. 8. Section 2516 of the Business and Professions Code is*  
17 *amended to read:*

18 2516. (a) Each licensed midwife who assists, or supervises a  
19 student midwife in assisting, in childbirth that occurs in an  
20 out-of-hospital setting shall annually report to the Office of  
21 Statewide Health Planning and Development. The report shall be  
22 submitted ~~in March~~ *no later than March 30*, with the first report  
23 due in March 2008, for the prior calendar year, in a form specified  
24 by the board and shall contain all of the following:

- 25 (1) The midwife's name and license number.
- 26 (2) The calendar year being reported.
- 27 (3) The following information with regard to cases *in California*  
28 in which the midwife, or the student midwife supervised by the  
29 midwife, assisted during the previous year when the intended place  
30 of birth at the onset of care was an out-of-hospital setting:
  - 31 (A) The total number of clients served as primary caregiver at  
32 the onset of care.
  - 33 (B) The total number of clients served with collaborative care  
34 available through, or given by, a licensed physician and surgeon.
  - 35 (C) The total number of clients served under the supervision of  
36 a licensed physician and surgeon.
  - 37 (D) The number by county of live births attended as primary  
38 caregiver.



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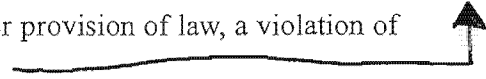
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- 1 (E) The number, by county, of cases of fetal demise, *infant* X  
2 *deaths, and maternal deaths* attended as primary caregiver at the X  
3 discovery of the demise *or death*.
- 4 (F) The number of women whose primary care was transferred  
5 to another health care practitioner during the antepartum period,  
6 and the reason for each transfer.
- 7 (G) The number, reason, and outcome for each elective hospital  
8 transfer during the intrapartum or postpartum period.
- 9 (H) The number, reason, and outcome for each urgent or  
10 emergency transport of an expectant mother in the antepartum  
11 period.
- 12 (I) The number, reason, and outcome for each urgent or  
13 emergency transport of an infant or mother during the intrapartum  
14 or immediate postpartum period.
- 15 (J) The number of planned out-of-hospital births at the onset of  
16 labor and the number of births completed in an out-of-hospital  
17 setting.
- 18 (K) The number of planned out-of-hospital births completed in  
19 an out-of-hospital setting that were any of the following:
- 20 (i) Twin births.  
21 (ii) Multiple births other than twin births.  
22 (iii) Breech births.  
23 (iv) Vaginal births after the performance of a cesarean section.
- 24 (L) A brief description of any complications resulting in the X  
25 *morbidity or mortality* of a mother or an infant.
- 26 (M) Any other information prescribed by the board in  
27 regulations.
- 28 (b) The Office of Statewide Health Planning and Development  
29 shall maintain the confidentiality of the information submitted  
30 pursuant to this section, and shall not permit any law enforcement  
31 or regulatory agency to inspect or have copies made of the contents  
32 of any reports submitted pursuant to subdivision (a) for any  
33 purpose, including, but not limited to, investigations for licensing,  
34 certification, or regulatory purposes.
- 35 (c) The office shall report to the board, by April 30, those  
36 licensees who have met the requirements of subdivision (a) for  
37 that year.
- 38 (d) The board shall send a written notice of noncompliance to  
39 each licensee who fails to meet the reporting requirement of  
40 subdivision (a). Failure to comply with subdivision (a) will result

- 1 (G) The number, reason, and outcome for each elective hospital  
2 transfer during the intrapartum or postpartum period.
- 3 (H) The number, reason, and outcome for each urgent or  
4 emergency transport of an expectant mother in the antepartum  
5 period.
- 6 (I) The number, reason, and outcome for each urgent or  
7 emergency transport of an infant or mother during the intrapartum  
8 or immediate postpartum period.
- 9 (J) The number of planned out-of-hospital births at the onset of  
10 labor and the number of births completed in an out-of-hospital  
11 setting.
- 12 (K) The number of planned out-of-hospital births completed in  
13 an out-of-hospital setting that were any of the following:
- 14 (i) Twin births.
- 15 (ii) Multiple births other than twin births.
- 16 (iii) Breech births.
- 17 (iv) Vaginal births after the performance of a cesarean section.
- 18 (L) A brief description of any complications resulting in the  
19 morbidity or mortality of a mother or an infant.
- 20 (M) Any other information prescribed by the board in  
21 regulations.
- 22 (b) The Office of Statewide Health Planning and Development  
23 shall maintain the confidentiality of the information submitted  
24 pursuant to this section, and shall not permit any law enforcement  
25 or regulatory agency to inspect or have copies made of the contents  
26 of any reports submitted pursuant to subdivision (a) for any  
27 purpose, including, but not limited to, investigations for licensing,  
28 certification, or regulatory purposes.
- 29 (c) The office shall report to the board, by April 30, those  
30 licensees who have met the requirements of subdivision (a) for  
31 that year.
- 32 (d) The board shall send a written notice of noncompliance to  
33 each licensee who fails to meet the reporting requirement of  
34 subdivision (a). Failure to comply with subdivision (a) will result  
35 in the midwife being unable to renew his or her license without  
36 first submitting the requisite data to the Office of Statewide Health  
37 Planning and Development for the year for which that data was  
38 missing or incomplete. The board shall not take any other action  
39 against the licensee for failure to comply with subdivision (a).

1 (e) The board, in consultation with the office and the Midwifery  
2 Advisory Council, shall devise a coding system related to data  
3 elements that require coding in order to assist in both effective  
4 reporting and the aggregation of data pursuant to subdivision (f).  
5 The office shall utilize this coding system in its processing of  
6 information collected for purposes of subdivision (f).

7 (f) The office shall report the aggregate information collected  
8 pursuant to this section to the board by July 30 of each year. The  
9 board shall include this information in its annual report to the  
10 Legislature.

11 (g) Notwithstanding any other provision of law, a violation of  
12 this section shall not be a crime. 

13 *SEC. 9. Section 2530.2 of the Business and Professions Code*  
14 *is amended to read:*

15 2530.2. As used in this chapter, unless the context otherwise  
16 requires:

17 (a) "Board" means the Speech-Language Pathology and  
18 Audiology and Hearing Aid Dispensers Board. As used in this  
19 chapter or any other provision of law, "Speech-Language Pathology  
20 and Audiology Board" shall be deemed to refer to the  
21 Speech-Language Pathology and Audiology and Hearing Aid  
22 Dispensers Board or any successor.

23 (b) "Person" means any individual, partnership, corporation,  
24 limited liability company, or other organization or combination  
25 thereof, except that only individuals can be licensed under this  
26 chapter.

27 (c) A "speech-language pathologist" is a person who practices  
28 speech-language pathology.

29 (d) The practice of speech-language pathology means all of the  
30 following:

31 (1) The application of principles, methods, instrumental  
32 procedures, and noninstrumental procedures for measurement,  
33 testing, screening, evaluation, identification, prediction, and  
34 counseling related to the development and disorders of speech,  
35 voice, language, or swallowing.

36 (2) The application of principles and methods for preventing,  
37 planning, directing, conducting, and supervising programs for  
38 habilitating, rehabilitating, ameliorating, managing, or modifying  
39 disorders of speech, voice, language, or swallowing in individuals  
40 or groups of individuals.