

**MEDICAL BOARD OF CALIFORNIA - 2017 TRACKER LIST**  
**January 24, 2019**

<b>BILL</b>	<b>AUTHOR</b>	<b>TITLE</b>	<b>STATUS</b>	<b>POSITION</b>	<b>AMENDED</b>
<b>AB 149</b>	Cooper	Controlled Substances: Prescriptions	Asm. B&P Comm.	Reco: Support	1/24/19
<b>AB 156</b>	Voepel	Eye Care: Remote Assessment	Asm. B&P Comm.	Reco: Neutral	

Blue – Position Needed

MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

**Bill Number:** AB 149  
**Author:** Cooper  
**Bill Date:** January 24, 2019, Amended  
**Subject:** Controlled Substances: Prescriptions  
**Sponsor:** California Medical Association

**DESCRIPTION OF CURRENT LEGISLATION:**

This bill would allow for a transition period, until January 1, 2021, before the new requirement becomes effective that prescription forms for controlled substance include a uniquely serialized number.

**BACKGROUND:**

AB 1753 (Low, Chapter 479) was signed into law in 2018 and became effective January 1, 2019. This bill required that all prescription forms include a uniquely serialized number in a manner prescribed by the Department of Justice (DOJ). This bill did not include a transition period to allow time for prescribers to order new prescription forms. This resulted in many prescribers not ordering new forms until right before the new law took effect. This meant that their old prescription forms were not valid on January 1<sup>st</sup> and they did not have the new forms yet, which resulted in difficulties for patients trying to get prescriptions filled for controlled substances.

To help get information out to prescribers, the Medical Board of California (Board) released a letter regarding the new requirements for prescription forms in December, following statements issued by DOJ and the Board of Pharmacy regarding the new law and their respective plans for enforcing the new law. Due to many calls received by all involved agencies, on January 10, 2019, the Board issued a joint release with DOJ and the Board of Pharmacy to provide further guidance on this issue.

**ANALYSIS:**

This bill would specify that a prescription for controlled substances written on an otherwise valid prescription form prior to January 1, 2019, that does not comply with the uniquely serialized number requirement, is a valid prescription that may be filled, compounded, or dispensed until January 1, 2021.

In the event that DOJ determines that there is an inadequate availability of compliant prescription forms to meet the demand on or before January 1, 2021, this bill would allow DOJ to extend the period during which prescriptions written on noncompliant

prescription forms remain valid for a period no longer than an additional six months.

This bill includes an urgency clause and would take effect immediately upon signature.

This bill is needed to allow for a transition period for prescribers to order the new prescription forms. The Board is receiving many calls and emails on a daily basis from prescribers and patients regarding the difficulty of obtaining the new prescription forms and getting prescriptions filled using the old forms. This bill will help ensure that patients receive their medications in a timely manner and Board staff recommends that the Board take a support position on this bill.

**FISCAL:** None

**SUPPORT:** California Medical Association (Sponsor)

**OPPOSITION:** None on file

**POSITION:** Recommendation: Support

AMENDED IN ASSEMBLY JANUARY 24, 2019

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

**ASSEMBLY BILL**

**No. 149**

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**Introduced by Assembly Member Cooper**  
**(Principal coauthor: Assembly Member Arambula)**  
**(Coauthor: Assembly Member Low)**

December 14, 2018

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~~An act to amend Section 39831.3 of the Education Code, relating to school transportation.~~ *An act to amend Sections 11162.1 and 11164 of, and to add Section 11162.2 to, the Health and Safety Code, relating to controlled substances.*

LEGISLATIVE COUNSEL'S DIGEST

AB 149, as amended, Cooper. ~~School transportation: schoolbus safety.~~ *Controlled substances: prescriptions.*

*Existing law classifies certain controlled substances into designated schedules. Existing law requires prescription forms for controlled substance prescriptions to be obtained from security printers approved by the department, as specified. Existing law requires those prescription forms to be printed with specified features, including a uniquely serialized number.*

*This bill would delay the requirement for those prescription forms to include a uniquely serialized number until a date determined by the Department of Justice that is no later than January 1, 2020. The bill would require, among other things, the serialized number to be utilizable as a barcode that may be scanned by dispensers. The bill would additionally make any prescription written on an otherwise valid prescription form prior to January 1, 2019, that does not include a uniquely serialized number, or any prescription written on a form*

*approved by the Department of Justice as of January 1, 2019, a valid prescription that may be filled, compounded, or dispensed until January 1, 2021. The bill would authorize the Department of Justice to extend this time period for a period no longer than an additional 6 months, if there is an inadequate availability of compliant prescription forms.*

~~Existing law requires the county superintendent of schools, the superintendent of a school district, a charter school, or the owner or operator of a private school that provides transportation to or from a school or school activity to prepare a transportation safety plan containing procedures for school personnel to follow to ensure the safe transport of pupils, as prescribed.~~

~~This bill would make a nonsubstantive change in this provision.~~

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

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

- 1     SECTION 1. Section 11162.1 of the Health and Safety Code  
2     is amended to read:  
3     11162.1. (a) The prescription forms for controlled substances  
4     shall be printed with the following features:  
5         (1) A latent, repetitive “void” pattern shall be printed across the  
6     entire front of the prescription blank; if a prescription is scanned  
7     or photocopied, the word “void” shall appear in a pattern across  
8     the entire front of the prescription.  
9         (2) A watermark shall be printed on the backside of the  
10    prescription blank; the watermark shall consist of the words  
11    “California Security Prescription.”  
12    (3) A chemical void protection that prevents alteration by  
13    chemical washing.  
14    (4) A feature printed in thermochromic ink.  
15    (5) An area of opaque writing so that the writing disappears if  
16    the prescription is lightened.  
17    (6) A description of the security features included on each  
18    prescription form.  
19    (7) (A) Six quantity check off boxes shall be printed on the  
20    form so that the prescriber may indicate the quantity by checking  
21    the applicable box where the following quantities shall appear:  
22         1–24  
23         25–49

1 50–74  
2 75–100  
3 101–150  
4 151 and over.

5 (B) In conjunction with the quantity boxes, a space shall be  
6 provided to designate the units referenced in the quantity boxes  
7 when the drug is not in tablet or capsule form.

8 (8) Prescription blanks shall contain a statement printed on the  
9 bottom of the prescription blank that the “Prescription is void if  
10 the number of drugs prescribed is not noted.”

11 (9) The preprinted name, category of licensure, license number,  
12 federal controlled substance registration number, and address of  
13 the prescribing practitioner.

14 (10) Check boxes shall be printed on the form so that the  
15 prescriber may indicate the number of refills ordered.

16 (11) The date of origin of the prescription.

17 (12) A check box indicating the prescriber’s order not to  
18 substitute.

19 (13) An identifying number assigned to the approved security  
20 printer by the Department of Justice.

21 (14) (A) A check box by the name of each prescriber when a  
22 prescription form lists multiple prescribers.

23 (B) Each prescriber who signs the prescription form shall  
24 identify ~~himself or herself~~ *themselves* as the prescriber by checking  
25 the box by ~~his or her~~ *the prescriber’s* name.

26 (15) A uniquely serialized number, in a manner prescribed by  
27 the Department of ~~Justice~~. *Justice in accordance with Section*  
28 *11162.2.*

29 (b) Each batch of controlled substance prescription forms shall  
30 have the lot number printed on the form and each form within that  
31 batch shall be numbered sequentially beginning with the numeral  
32 one.

33 (c) (1) A prescriber designated by a licensed health care facility,  
34 a clinic specified in Section 1200, or a clinic specified in  
35 subdivision (a) of Section 1206 that has 25 or more physicians or  
36 surgeons may order controlled substance prescription forms for  
37 use by prescribers when treating patients in that facility without  
38 the information required in paragraph (9) of subdivision (a) or  
39 paragraph ~~(3) of this subdivision~~. (3).

(2) Forms ordered pursuant to this subdivision shall have the name, category of licensure, license number, and federal controlled substance registration number of the designated prescriber and the name, address, category of licensure, and license number of the licensed health care facility the clinic specified in Section 1200, or the clinic specified in Section 1206 that has 25 or more physicians or surgeons preprinted on the form. Licensed health care facilities or clinics exempt under Section 1206 are not required to preprint the category of licensure and license number of their facility or clinic.

(3) Forms ordered pursuant to this section shall not be valid prescriptions without the name, category of licensure, license number, and federal controlled substance registration number of the prescriber on the form.

(4) (A) Except as provided in subparagraph (B), the designated prescriber shall maintain a record of the prescribers to whom the controlled substance prescription forms are issued, that shall include the name, category of licensure, license number, federal controlled substance registration number, and quantity of controlled substance prescription forms issued to each prescriber. The record shall be maintained in the health facility for three years.

(B) Forms ordered pursuant to this subdivision that are printed by a computerized prescription generation system shall not be subject to subparagraph (A) or paragraph (7) of subdivision (a). Forms printed pursuant to this subdivision that are printed by a computerized prescription generation system may contain the prescriber's name, category of professional licensure, license number, federal controlled substance registration number, and the date of the prescription.

(d) Within the next working day following delivery, a security printer shall submit via ~~Web-based~~ *web-based* application, as specified by the Department of Justice, all of the following information for all prescription forms delivered:

(1) Serial numbers of all prescription forms delivered.

(2) All prescriber names and Drug Enforcement Administration Controlled Substance Registration Certificate numbers displayed on the prescription forms.

(3) The delivery shipment recipient names.

(4) The date of delivery.

1     *SEC. 2. Section 11162.2 is added to the Health and Safety*  
2     *Code, to read:*

3     11162.2. (a) *Notwithstanding any other law, the uniquely*  
4     *serialized number described in paragraph (15) of subdivision (a)*  
5     *of Section 11162.1 shall not be a required feature in the printing*  
6     *of new prescription forms produced by approved security printers*  
7     *until a date determined by the Department of Justice, which shall*  
8     *be no later than January 1, 2020.*

9     (b) *Specifications for the serialized number shall be prescribed*  
10    *by the Department of Justice and shall meet the following minimum*  
11    *requirements:*

12    (1) *The serialized number shall be complaint with all state and*  
13    *federal requirements.*

14    (2) *The serialized number shall be utilizable as a barcode that*  
15    *may be scanned by dispensers.*

16    (3) *The serialized number shall be compliant with current*  
17    *National Council for Prescription Drug Program Standards.*

18    (c) *The Department of Justice may adopt regulations further*  
19    *specifying the requirements of this section, in consultation with*  
20    *all stakeholders identified by the department during the rulemaking*  
21    *process.*

22    *SEC. 3. Section 11164 of the Health and Safety Code is*  
23    *amended to read:*

24    11164. Except as provided in Section 11167, no person shall  
25    prescribe a controlled substance, nor shall any person fill,  
26    compound, or dispense a prescription for a controlled substance,  
27    unless it complies with the requirements of this section.

28    (a) Each prescription for a controlled substance classified in  
29    Schedule II, III, IV, or V, except as authorized by subdivision (b),  
30    shall be made on a controlled substance prescription form as  
31    specified in Section 11162.1 and shall meet the following  
32    requirements:

33    (1) The prescription shall be signed and dated by the prescriber  
34    in ink and shall contain the prescriber's address and telephone  
35    number; the name of the ultimate user or research subject, or  
36    contact information as determined by the Secretary of the United  
37    States Department of Health and Human Services; refill  
38    information, such as the number of refills ordered and whether the  
39    prescription is a first-time request or a refill; and the name,



1 quantity, strength, and directions for use of the controlled substance  
2 prescribed.

3 (2) The prescription shall also contain the address of the person  
4 for whom the controlled substance is prescribed. If the prescriber  
5 does not specify this address on the prescription, the pharmacist  
6 filling the prescription or an employee acting under the direction  
7 of the pharmacist shall write or type the address on the prescription  
8 or maintain this information in a readily retrievable form in the  
9 pharmacy.

10 (b) (1) Notwithstanding paragraph (1) of subdivision (a) of  
11 Section 11162.1, any controlled substance classified in Schedule  
12 III, IV, or V may be dispensed upon an oral or electronically  
13 transmitted prescription, which shall be produced in hard copy  
14 form and signed and dated by the pharmacist filling the prescription  
15 or by any other person expressly authorized by provisions of the  
16 Business and Professions Code. Any person who transmits,  
17 maintains, or receives any electronically transmitted prescription  
18 shall ensure the security, integrity, authority, and confidentiality  
19 of the prescription.

20 (2) The date of issue of the prescription and all the information  
21 required for a written prescription by subdivision (a) shall be  
22 included in the written record of the prescription; the pharmacist  
23 need not include the address, telephone number, license  
24 classification, or federal registry number of the prescriber or the  
25 address of the patient on the hard copy, if that information is readily  
26 retrievable in the pharmacy.

27 (3) Pursuant to an authorization of the prescriber, any agent of  
28 the prescriber on behalf of the prescriber may orally or  
29 electronically transmit a prescription for a controlled substance  
30 classified in Schedule III, IV, or V, if in these cases the written  
31 record of the prescription required by this subdivision specifies  
32 the name of the agent of the prescriber transmitting the prescription.

33 (c) The use of commonly used abbreviations shall not invalidate  
34 an otherwise valid prescription.

35 (d) Notwithstanding any provision of subdivisions (a) and (b),  
36 prescriptions for a controlled substance classified in Schedule V  
37 may be for more than one person in the same family with the same  
38 medical need.

39 ~~(e) This section shall become operative on January 1, 2005.~~

1     (e) (1) Notwithstanding any other law, a prescription written  
2     on an otherwise valid prescription form prior to January 1, 2019,  
3     that does not comply with paragraph (15) of subdivision (a) of  
4     Section 11162.1, or a valid controlled substance prescription form  
5     approved by the Department of Justice as of January 1, 2019, is  
6     a valid prescription that may be filled, compounded, or dispensed  
7     until January 1, 2021.

8     (2) If the Department of Justice determines that there is an  
9     inadequate availability of compliant prescription forms to meet  
10    demand on or before the date described in paragraph (1), the  
11    department may extend the period during which prescriptions  
12    written on noncompliant prescription forms remain valid for a  
13    period no longer than an additional six months.

14    ~~SECTION 1. Section 39831.3 of the Education Code is~~  
15    ~~amended to read:~~

16    ~~39831.3. (a) The county superintendent of schools, the~~  
17    ~~superintendent of a school district, a charter school, or the owner~~  
18    ~~or operator of a private school that provides transportation to or~~  
19    ~~from a school or school activity shall prepare a transportation~~  
20    ~~safety plan containing procedures for school personnel to follow~~  
21    ~~to ensure the safe transport of pupils. The plan shall be revised as~~  
22    ~~required. The plan shall address all of the following:~~

23    ~~(1) Determining whether pupils require escort pursuant to~~  
24    ~~paragraph (1) of subdivision (d) of Section 22112 of the Vehicle~~  
25    ~~Code.~~

26    ~~(2) (A) Procedures for all pupils in prekindergarten,~~  
27    ~~kindergarten, and grades 1 to 8, inclusive, to follow as they board~~  
28    ~~and exit the appropriate schoolbus at each pupil's schoolbus stop.~~

29    ~~(B) Nothing in this paragraph requires a county superintendent~~  
30    ~~of schools, the superintendent of a school district, a charter school,~~  
31    ~~or the owner or operator of a private school that provides~~  
32    ~~transportation to or from a school or school activity, to use the~~  
33    ~~services of an onboard schoolbus monitor, in addition to the driver,~~  
34    ~~to carry out the purposes of this paragraph.~~

35    ~~(3) Boarding and exiting a schoolbus at a school or other trip~~  
36    ~~destination.~~

37    ~~(4) Procedures to ensure that a pupil is not left unattended on a~~  
38    ~~schoolbus, school pupil activity bus, or youth bus.~~

- 1     ~~(5) Procedures and standards for designating an adult chaperone;~~  
2     ~~other than the driver, to accompany pupils on a school pupil activity~~  
3     ~~bus.~~  
4     ~~(b) A current copy of a plan prepared pursuant to subdivision~~  
5     ~~(a) shall be retained by each school subject to the plan and made~~  
6     ~~available upon request to an officer of the Department of the~~  
7     ~~California Highway Patrol.~~

MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

**Bill Number:** AB 156  
**Author:** Voepel  
**Bill Date:** January 7, 2019, Introduced  
**Subject:** Eye Care: Remote Assessment  
**Sponsor:** Author

**DESCRIPTION OF CURRENT LEGISLATION:**

This bill would prohibit an individual from operating an assessment mechanism to conduct an eye assessment or to generate a prescription for contact lenses or visual aid glasses to a patient at a California residence unless specified requirements are met.

**ANALYSIS**

This bill would define an assessment mechanism as automated or virtual equipment, application, or technology designed to be used on a telephone, computer, or an internet-based device that may be used either in person or remotely to conduct an eye assessment and includes artificial intelligence devices and any equipment, electronic or non-electronic, that is used to perform an eye assessment.

This bill would define an eye assessment as an assessment of the ocular health and visual status of a patient that may include, but is not limited to, objective refractive data or information generated by an automated testing device, including an autorefractor, in order to establish a medical diagnosis for the correction of vision disorders.

This bill would prohibit an individual from operating an assessment mechanism to conduct an eye assessment or to generate a prescription for contact lenses or visual aid glasses to a patient at a California residence, unless all of the following apply:

- Diagnostic information and data gathered by the assessment mechanism are read and interpreted by a licensed optometrist or physician.
- The licensed optometrist or physician can confirm the identity of the patient requesting treatment via the assessment mechanism.
- The assessment mechanism is approved by the federal Food and Drug Administration (FDA) or any third party certification program endorsed by the FDA for the intended use.
- The assessment mechanism is designed and operated in a manner that provides any applicable accommodation required by the federal Americans with Disabilities Act.

- The assessment mechanism and accompanying technology gathers and transmits protected health information in compliance with the federal Health Insurance Portability and Accountability Act of 1996.
- The procedure for which the assessment mechanism is used has a recognized Current Procedural Terminology code maintained by the American Medical Association.
- The assessment mechanism prominently displays the name and California state license number of the optometrist or physician who will read and interpret the diagnostic information and data.
- The owner or lessee of the assessment mechanism maintains liability insurance in an amount adequate to cover claims made by individuals diagnosed or treated based on diagnostic information and data generated by the assessment mechanism.
- The assessment mechanism creates and maintains a medical record for each patient, which is for use during the ongoing treatment of a patient, and complies with all state and federal laws regarding maintenance and accessibility.
- There is simultaneous interaction between the patient and the licensed optometrist or physician.
- The licensed optometrist or physician utilizing an assessment mechanism provides a handwritten or electronic signature certifying their evaluation, treatment, prescription, or consultation recommendations of the patient.

This bill would not allow an individual to operate an assessment mechanism to conduct an eye assessment or to generate a prescription to a patient under 18 years of age at a California residence. This bill would not also not allow an individual to operate an assessment mechanism to a patient at a California residence unless the patient has received an in-person comprehensive eye health examination by an optometrist or physician within the previous 24 months.

This bill would specify that evaluation, treatment, and consultation recommendations by a licensed optometrist or physician utilizing an assessment mechanism as required by this bill, including issuing a prescription via electronic means, will be held to the same standards of appropriate practice as those in traditional in-person clinical settings.

This bill would specify that an individual that engages in a knowing violation of this chapter is subject to a civil penalty of not more than ten thousand dollars for each violation. These civil penalties may be assessed and recovered through a civil action brought in the name of the people of the State of California by the Attorney General.

This bill would require certain conditions to be met for eye care that is provided remotely to patients in California residences by optometrists and physicians. The requirements imposed will help to protect consumers and help ensure that appropriate

eye care is being provided to California patients. Board staff recommends that the Board take a neutral position on this bill.

**FISCAL:** None

**SUPPORT:** None on file

**OPPOSITION:** None on file

**POSITION:** Recommendation: Neutral

**ASSEMBLY BILL**

**No. 156**

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**Introduced by Assembly Member Voepel**

January 7, 2019

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An act to add Chapter 5.48 (commencing with Section 2548) to Division 2 of the Business and Professions Code, relating to eye care.

LEGISLATIVE COUNSEL’S DIGEST

AB 156, as introduced, Voepel. Eye care: remote assessment.

Existing law restricts to a physician and surgeon licensed by the Medical Board of California or optometrist licensed by the State Board of Optometry the power to prescribe ophthalmic devices, including spectacle or contact lenses. Existing law establishes standards for spectacle lens and contact lens prescriptions. Existing law prohibits any person other than licensed physicians and surgeons, licensed optometrists, or registered dispensing opticians from dispensing, selling, or furnishing prescription lenses, except as provided in the Nonresident Contact Lens Seller Registration Act.

This bill would prohibit a person from operating an assessment mechanism to conduct an eye assessment or to generate a prescription for contact lenses or visual aid glasses to a patient at a California residence unless prescribed requirements are met. The bill would define “assessment mechanism” to mean an automated or virtual equipment, application, or technology designed to be used on a telephone, a computer, or an internet-based device that may be used either in person or remotely to conduct an eye assessment and includes artificial intelligence devices and any equipment that is used to perform an eye assessment. The bill would define other terms for its purposes. The bill would prohibit a person from operating an assessment mechanism to

conduct an eye assessment or generate a prescription to a California patient that is under 18 years of age or to a California patient that has not received an in-person comprehensive eye health examination by an optometrist or physician and surgeon within the previous 24 months. The bill would require that the evaluation, treatment, and consultation recommendations by a licensed optometrist or physician and surgeon utilizing an assessment mechanism be held to the same standards of appropriate practice as those in traditional in-person clinical settings. The bill would make a knowing violation of these provisions subject to civil penalties and enforceable by the Attorney General.

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

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

1 SECTION 1. Chapter 5.48 (commencing with Section 2548)  
2 is added to Division 2 of the Business and Professions Code, to  
3 read:

4  
5 CHAPTER 5.48. CONSUMER PROTECTION IN EYE CARE ACT  
6

7 2548. This chapter shall be known as the Consumer Protection  
8 in Eye Care Act.

9 2548.1. As used in this chapter:

10 (a) "Assessment mechanism" means automated or virtual  
11 equipment, application, or technology designed to be used on a  
12 telephone, a computer, or an internet-based device that may be  
13 used either in person or remotely to conduct an eye assessment  
14 and includes artificial intelligence devices and any equipment,  
15 electronic or nonelectronic, that is used to perform an eye  
16 assessment.

17 (b) "Contact lens" has the same meaning as described in Section  
18 2541.

19 (c) "Diagnostic information and data" includes, but is not limited  
20 to, photographs and scans.

21 (d) "Eye assessment" means an assessment of the ocular health  
22 and visual status of a patient that may include, but is not limited  
23 to, objective refractive data or information generated by an  
24 automated testing device, including an autorefractor, in order to  
25 establish a medical diagnosis for the correction of vision disorders.



1 (e) "Person" means an individual, corporation, trust, partnership,  
2 incorporated or unincorporated association, and any other legal  
3 entity.

4 (f) "Prescription" means a handwritten or electronic order issued  
5 by a licensed optometrist or physician and surgeon, or an oral order  
6 issued directly by a licensed optometrist or physician and surgeon.

7 (g) "Seller" means an individual or entity that sells contact  
8 lenses or visual aid glasses and dispenses them to residents of this  
9 state in any manner.

10 (h) "Visual aid glasses" means eyeglasses, spectacles, or lenses  
11 designed or used to correct visual defects, including spectacles  
12 that may be adjusted by the wearer to achieve different types or  
13 levels of visual correction or enhancement. "Visual aid glasses"  
14 does not include optical instruments or devices that are any of the  
15 following:

16 (1) Not intended to correct or enhance vision.

17 (2) Sold without consideration of the visual status of the  
18 individual who will use the optical instrument or device, including,  
19 but not limited to, sunglasses that are designed and used solely to  
20 filter out light.

21 (3) Completely assembled eyeglasses or spectacles designed  
22 and used solely to magnify.

23 2548.2. (a) A person shall not operate an assessment  
24 mechanism to conduct an eye assessment or to generate a  
25 prescription for contact lenses or visual aid glasses to a patient at  
26 a California residence, unless all of the following apply:

27 (1) Diagnostic information and data gathered by the assessment  
28 mechanism are read and interpreted by a licensed optometrist or  
29 physician and surgeon.

30 (2) The licensed optometrist or physician and surgeon can  
31 confirm the identity of the patient requesting treatment via the  
32 assessment mechanism.

33 (3) The assessment mechanism is approved by the federal Food  
34 and Drug Administration or any third party certification program  
35 endorsed by the Food and Drug Administration for the intended  
36 use.

37 (4) The assessment mechanism is designed and operated in a  
38 manner that provides any applicable accommodation required by  
39 the federal Americans with Disabilities Act (42 U.S.C. Sec. 12101  
40 et seq.).

1 (5) The assessment mechanism and accompanying technology  
2 used for the collection and transmission of information and data  
3 gathers and transmits protected health information in compliance  
4 with the federal Health Insurance Portability and Accountability  
5 Act of 1996 (Public Law 104-191).

6 (6) The procedure for which the assessment mechanism is used  
7 has a recognized Current Procedural Terminology code maintained  
8 by the American Medical Association.

9 (7) The assessment mechanism prominently displays the name  
10 and California state license number of the optometrist or physician  
11 and surgeon who will read and interpret the diagnostic information  
12 and data.

13 (8) The owner or lessee of the assessment mechanism maintains  
14 liability insurance in an amount adequate to cover claims made by  
15 individuals diagnosed or treated based on diagnostic information  
16 and data generated by the assessment mechanism.

17 (9) The assessment mechanism creates and maintains a medical  
18 record for each patient, which is for use during the ongoing  
19 treatment of a patient, and complies with all state and federal laws  
20 regarding maintenance and accessibility.

21 (10) There is simultaneous interaction between the patient and  
22 the licensed optometrist or physician and surgeon.

23 (11) The licensed optometrist or physician and surgeon utilizing  
24 an assessment mechanism provides a handwritten or electronic  
25 signature certifying their evaluation, treatment, prescription, or  
26 consultation recommendations of the patient.

27 (b) A person shall not operate an assessment mechanism to  
28 conduct an eye assessment or to generate a prescription to a patient  
29 under 18 years of age at a California residence.

30 (c) A person shall not operate an assessment mechanism to  
31 conduct an eye assessment or to generate a prescription to a patient  
32 at a California residence unless the patient has received an  
33 in-person comprehensive eye health examination by an optometrist  
34 or physician and surgeon within the previous 24 months.

35 (d) Evaluation, treatment, and consultation recommendations  
36 by a licensed optometrist or physician and surgeon utilizing an  
37 assessment mechanism as required in this section, including issuing  
38 a prescription via electronic means, shall be held to the same  
39 standards of appropriate practice as those in traditional in-person  
40 clinical settings.

1     2548.3. A person that engages in a knowing violation of this  
2 chapter shall be subject to a civil penalty of not more than ten  
3 thousand dollars (\$10,000) for each violation. These civil penalties  
4 may be assessed and recovered through a civil action brought in  
5 the name of the people of the State of California by the Attorney  
6 General.

**MBC TRACKER II BILLS**  
**1/23/2019**

Agenda Item 9A

<b>BILL</b>	<b>AUTHOR</b>	<b>TITLE</b>	<b>STATUS</b>	<b>AMENDED</b>
AB 4	Arambula	Medi-Cal: Eligibility	Asm. Print	
AB 62	Fong	State Government: FI\$Cal: Transparency	Asm. Print	
AB 63	Fong	State Government	Asm. Print	
AB 64	Fong	State Project Audits	Asm. Print	
AB 193	Patterson	Professions and Vocations	Asm. Print	
AB 196	Gonzalez	Paid Family Leave	Asm. Print	
AB 2046	Wood	Hospitals: Commnity Benefit Plan Reporting	Asm. Print	
AB 214	Mullin	The Spinal Cord Injury Research Program	Asm. Print	
AB 241	Kamlager-Dove	Implicit Bias	Asm Print	
HR 6	Limon	Relative to Women's Reproductive Health	Adopted	
SB 34	Wiener	Cannabis: Donations	Sen. Gov. & Fin.	
SB 53	Wilk	Open Meetings	Sen. G.O.	
SB 56	Roth	University of California: Riverside School of Medicine: Expansion	Sen Education	
SCR 4	Glazer	Physician Anesthesiologist Week	Sen. Rules	
SR 7	Leyva	Relative to Women's Reproductive Health	Adopted	