MEDICAL BOARD OF CALIFORNIA - 2019 TRACKER LIST
October 22, 2019

BILL	AUTHOR	TITLE	STATUS	POSITION	AMENDED
AB 149	Cooper	Controlled Substances: Prescriptions	Chaptered, #4	Support	2/19/19
AB 241	Kamlager-Dove	Implicit Bias: Continuing Education: Requirements	Chaptered, #417	Support	8/28/19
AB 528	Low	Controlled Substances: CURES Database	Chaptered, #677	Support	9/6/19
AB 714	Wood	Opioid Prescription Drugs: Prescribers	Chaptered, #231	Support	6/17/19
AB 845	Maienschein	Continuing Education: Physicians: Maternal Mental Health	Chaptered, #220	Neutral	4/1/19
AB 1264	Petrie-Norris	Medical Practice Act: Dangerous Drugs: Appropriate Prior Examination	Chaptered, #741	Neutral	6/25/19
AB 1519	Low	Healing Arts	Chaptered, #865	Support	9/6/19
SB 159	Wiener	HIV: Preexposure and Posexposure Prophylaxis	Chaptered, #532	Support if Amended	9/5/19
SB 377	McGuire	Juveniles: Psychotropic Medications: Medical Information	Chaptered, #547	Support	9/6/19
SB 425	Hill	Health Care Practitioners: Licensee's File: Probationary License: Unprofessional Conduct	Chaptered, #849	Support	9/5/19
SB 697	Caballero	Physician Assistants: Practice Agreement: Supervision	Chaptered, #707	Support	9/3/19
SB 714/ SB 276	Pan	Immunizations: Medical Exemptions	Chaptered, #278 and #281	Support SB 276	7/1/19 9/6/19
SB 786	Sen. BP&ED Comm.	Healing Arts	Chaptered, #456	Support	9/5/19

Green - Chaptered

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	AB 149
AUTHOR:	Cooper
CHAPTER:	Chaptered, #4
BILL DATE:	February 19, 2019, Amended
SUBJECT:	Controlled Substances: Prescriptions
SPONSOR:	California Medical Association
POSITION:	Support

DESCRIPTION OF CURRENT LEGISLATION:

This bill allows for a transition period, until January 1, 2021, before the new requirement becomes effective that requires prescription forms for controlled substances to 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 1st 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 specifies 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 allows

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 does not require the uniquely serialized number to be a feature in the printing of new prescription forms until a date determined by DOJ, which shall be no later than January 1, 2020. The specification for the serialized number must be prescribed by DOJ and must be compliant with all state and federal requirements; must be utilizable as a barcode that may be scanned by dispensers; and must be compliant with current National Council for Prescription Drug Program Standards.

This bill includes an urgency clause and took effect when the bill was signed on March 11, 2019.

This bill was needed to allow for a transition period for prescribers to order the new prescription forms. The Board received many calls and emails from prescribers and patients regarding the difficulty of obtaining the new prescription forms and getting prescriptions filled using the old forms. This bill helps ensure that patients receive their medications in a timely manner and the Board was supportive of this bill. The Board has already implemented this bill by posting information on this bill on the Board's website and emailing out information on this bill to all physicians licensed by the Board.

FISCAL: None

SUPPORT: California Medical Association (Sponsor); California Association for Nurse Practitioners; California Academy of Child and Adolescent Psychiatry; California Dental Association; California Hospital Association; California Pharmacists Association; California Psychiatric Association; California Retailers Association; California Society of Anesthesiologists; California Behavioral Health Directors Association; Kaiser Permanente; Medical Board of California; National Association of Chain Drug Stores; and Providence St. Joseph Health

OPPOSITION: None on file

IMPLEMENTATION:

- Newsletter article(s);
- Notify/train Board staff; Department of Consumer Affairs, Division of Investigation staff; and the Attorney General's Office, Health Quality Enforcement Section; and
- Include information on the new law on the Board's website and send this information to all physicians via email.

ATTACHMENT: AB 149, Cooper. Controlled substances: prescriptions.

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	AB 241
AUTHOR:	Kamlager-Dove
CHAPTER:	Chapter #417
BILL DATE:	August 28, 2019, Amended
SUBJECT:	Implicit Bias: Continuing Education: Requirements
SPONSOR:	Author
POSITION:	Support

DESCRIPTION OF CURRENT LEGISLATION:

This bill requires continuing education courses for physicians, nurses, and physician assistants (PAs) to include the understanding of implicit bias.

ANALYSIS:
This bill makes findings and declarations regarding implicit bias and its contribution to health disparities. This bill includes continuing education requirements for physicians, nurses, and PAs; however, this analysis only includes information on the requirements for physicians.

This bill requires, beginning January 1, 2022, all continuing medical education (CME) courses for physicians to contain curriculum that includes the understanding of implicit bias. This bill specifies that a CME course dedicated solely to research or other issues that does not have a direct patient care component or a course offered by a CME provider that is not located in California is not required to contain curriculum that includes implicit bias in the practice of medicine.

This bill requires associations that accredit CME courses to develop standards before January 1, 2022 for compliance with this bill. This bill allows associations to update these standards, as needed, in conjunction with an advisory group established by the association that has the expertise in the understanding of implicit bias.

This bill requires CME courses to address at least one or a combination of the following in order to satisfy the requirements of this bill:

- Examples of how implicit bias affects perceptions and treatment decisions of physicians, leading to disparities in health outcomes.
- Strategies to address how unintended bias in decision making may contribute to health care disparities by shaping behavior and producing differences in medical treatment along lines of race, ethnicity, gender identity, sexual orientation, age, socioeconomic status, or other characteristics.

According to the author, California's medical community should be at the forefront to improve treatment and outcomes for patients who have been underserved by their health providers. The author believes this bill would reduce disparities in health care by requiring physicians and other health care practitioners to undergo implicit bias training as part of their already mandated CME.

The Board believes that implicit bias training is important and requires it for all of its employees and other individuals that are involved in the Board's enforcement process. Requiring CME for physicians to include information on implicit bias could help to reduce health disparities, which would further the Board's mission of consumer protection. As such, the Board has taken a support position on this bill.

FISCAL: None

SUPPORT: American Civil Liberties Union of California; American Federation of State, County, and Municipal Employees; Anti-Recidivism Coalition; APLA Health; California Black Health Network; California Black Women's Health Project; California Hawaii State Conference on the National Association for the Advancement of Colored People; California Immigrant Policy Center; California LGBTQ Health and Human Services Network; California Voices for Progress; California Health Executives Association; Courage Campaign; Disability Rights California; Emtrain; Equal Justice Society; Equality California; Fathers and Families of San Joaquin; Hathaway-Sycamores; Legal Aid at Work; Maternal Mental Health NOW; Medical Board of California; National Center for Lesbian Rights; Perinatal Mental Health Care; Planned Parenthood Affiliates of California; San Francisco AIDS Foundation; San Mateo Adult School Federation of Teachers – CFT Local 4681; Santa Cruz County Community Coalition to Overcome Racism; United Domestic Workers/AFSCME Local 3930; Union of American Physicians and Dentists; and United Nurses Association of California/Union of Health Care Professionals

OPPOSITION: Board of Registered Nursing

IMPLEMENTATION:

- Newsletter article(s), including a stand-alone article;
- Update the Board's website; and
- Notify associations that accredit CME of the bill's requirements.

ATTACHMENT: AB 241, Kamlager-Dove. Implicit bias: continuing education: requirements.

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	AB 528
AUTHOR:	Low
CHAPTER:	Chaptered, #677
BILL DATE:	September 6, 2019, Amended
SUBJECT:	Controlled Substances: CURES Database
SPONSOR:	Author
POSITION:	Support

DESCRIPTION OF CURRENT LEGISLATION:

Beginning January 1, 2021, this bill changes the timeframe for dispensers to report dispensed prescriptions to the Controlled Substance Utilization Review and Evaluation System (CURES) from seven days to the following working day and adds Schedule V drugs to CURES. This bill allows delegates to access information in CURES and allows a prescriber to check information obtained from the CURES database to meet existing mandates, instead of requiring the prescriber to check the CURES database, among other changes.

BACKGROUND:

Existing law requires prescribers to consult the CURES database to review a patient's controlled substance history before prescribing a Schedule II, III, or IV controlled substance to the patient for the first time and at least every four months thereafter if the controlled substance remains part of the patient's treatment, with specified exceptions. Existing law also allows an entity that operates a health information technology system to integrate with and submit queries to CURES, as specified.

ANALYSIS:

This bill states that it is the intent of the Legislature that state laws regarding the operation and use of PDMPs continue to empower health care oriented technology solutions to the opioid crisis.

Beginning January 1, 2021, this bill requires dispensers to report prescription information to CURES within one working day after the date a controlled substance is dispensed and this bill would add Schedule V controlled substances to CURES.

This bill specifies that if the dispensing pharmacy, clinic, or other dispenser experiences a temporary technological or electrical failure, it shall, without undue delay, seek to correct any cause of the temporary technological or electrical failure that is reasonably within its control. This bill specifies that the deadline for transmitting prescription

information to the Department of Justice (DOJ) or contracted prescription data processing vendor shall be extended until the failure is corrected. This bill specifies that if the dispensing pharmacy, clinic, or other dispenser experiences technological limitations that are not reasonably within its control, or is impacted by a natural or manmade disaster, the deadline for transmitting prescription information to DOJ or to the contracted prescription data processing vendor shall be extended until normal operations have resumed.

This bill allows delegates of prescribers and pharmacists to access controlled substances prescribing information in CURES. This bill allows a licensed physician who does not hold a DEA registration to submit an application to register for CURES.

This bill allows a prescriber to consult information from the patient activity report obtained from CURES in order to meet the requirements in existing law. This bill requires a prescriber who did not directly access CURES to document in the patient's medical record that they reviewed the CURES database generated report within 24 hours of the prescription that was provided to them by another authorized user of CURES. This bill changes the time period in existing law where a prescriber has to check CURES from every four months after prescribing a Schedule II through IV controlled substance to every six months thereafter if the prescriber renews the prescription and the substance remains part of the treatment.

This bill adds to the existing types of facilities that are exempted from having to check CURES if a prescriber furnishes a controlled substance to be administered to a patient in a facility or during a transfer between the facilities, another medical facility, including but not limited to, an office of a health care practitioner and an imaging center and a correctional clinic or a correctional pharmacy. This bill also exempts health care practitioners from the requirement to check CURES if they administer, order or furnish a controlled substance to a patient as part of the patient's treatment for a radiotherapeutic, therapeutic, or diagnostic procedure and the quantity does not exceed a non-refillable seven-day supply of the controlled substance in specified facilities, including another medical facility where surgical procedures are permitted to take place, including, but not limited to, the office of a health care practitioner. This bill also includes other minor technical changes.

This bill delays the time period for DOJ to adopt regulations regarding the access and use of information within CURES to January 1, 2021. This bill specifies that the changes made to the mandatory checking of CURES before prescribing are operative on July 1, 2021, or upon the date DOJ develops regulations and posts those regulations on its website, whichever date is earlier.

The Board believes that CURES is a very important enforcement tool and an effective aid for physicians to use to prevent doctor shopping. Reducing the reporting deadline for dispensers and adding Schedule V drugs will make it even more of an effective aid for physicians to utilize. The Board has taken a support position on AB 528.

FISCAL: None

SUPPORT: California Academy of Child and Adolescent Psychiatry; California Academy of Family Physicians; California Chapter of the American College of Emergency Physicians; California Chiropractic Association; California Dental Association; California Medical Association; California Narcotic Officers' Association; California Pharmacists Association; California Radiological Society; California Veterinary Medical Association; CaliforniaHealth+ Advocates; County Behavioral Health Directors Association; County of San Diego; Medical Board of California; and Ochin, Inc.

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;
- Update the Board's CURES webpage;
- Update the Board's documents and brochures regarding CURES; and
- Notify physicians via email of the changes to CURES included in this bill.

ATTACHMENT: AB 528, Low. Controlled substances: CURES database.

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	AB 714
AUTHOR:	Wood
CHAPTER:	Chaptered, #231
BILL DATE:	June 17, 2019, Amended
SUBJECT:	Opioid Prescription Drugs: Prescribers
SPONSOR:	Author
POSITION:	Support

DESCRIPTION OF CURRENT LEGISLATION:

This bill clarifies existing law that requires prescribers to offer a prescription for naloxone and provide education to a patient to specify that the requirements only apply when an opioid or benzodiazepine is prescribed and expressly exempts patients in inpatient facilities and hospice care.

BACKGROUND:

According to the author, this bill is a "clarifying" bill for AB 2760 (Wood, Chapter 324, Statutes of 2018). AB 2760 requires a prescriber to offer a prescription for naloxone or another drug approved by the U.S. Food and Drug Administration (FDA) for the complete or partial reversal of opioid depression, when: the prescription dosage for the patient is 90 or more morphine milligram equivalents of an opioid medication per day; or an opioid medication is prescribed concurrently with a prescription for a benzodiazepine; or 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.

Since the passage of AB 2760, the Board has received many calls from stakeholders raising questions regarding when a requirement to offer naloxone is required, specifically around the co-prescribing of a benzodiazepine and the increased risk for overdose, as the bill did not specify if it was related to opioid overdose. Concerns were also raised regarding inpatient facilities and hospice care, as no exemption was included in AB 2760. The Board put together frequently asked questions and worked with the author's office to alert them of areas of concern in implementing AB 2760.

ANALYSIS:

This bill defines the term “administer” for purposes of this section of law to mean the direct application of a drug or device to the body of a patient by injection, inhalation, ingestion, or other means. This bill defines the term “order” for purposes of this section of law to mean an order entered on the chart or medical record of a patient registered in an inpatient health facility by or on the order of a prescriber. This bill defines “prescriber” for the purposes of this section of law to mean a person licensed, certified, registered, or otherwise subject to regulation or an initiative act, who is authorized to prescribe prescription drugs. This bill specifies that “prescriber” does not include a person licensed under the Veterinary Medicine Practice Act.

This bill clarifies the existing requirement for a prescriber to offer naloxone or other FDA approved drug for the complete or partial reversal of opioid-induced respiratory depression is only required when the prescriber is prescribing an opioid or benzodiazepine medication and one or more of the specified at-risk conditions are present. This bill clarifies that a concurrent prescription of an opioid medication and benzodiazepine means that the benzodiazepine medication was dispensed to the patient within the last year. This bill clarifies that the condition related to increased risk for overdose is related to an opioid overdose, not any kind of substance use overdose. This bill clarifies that the requirement to provide education on opioid prevention and the use of naloxone is required when a prescriber is prescribing an opioid or benzodiazepine medication. This bill provides that a prescriber need not provide the education if the patient declines the education or has received the education within the past 24 months.

This bill exempts prescribers from the requirements in AB 2760 when ordering medications to be administered to a patient while the patient is in an inpatient or outpatient setting and when prescribing medications to a terminally ill patient as defined in subdivision (c) of Section 11159.2 of the Health and Safety Code.

This bill includes an urgency clause and took effect when this bill was signed into law on September 5, 2019.

This bill is needed to clarify the law that was enacted pursuant to AB 2760. The Board received many calls from stakeholders with implementation concerns. This bill addresses those concerns and will provide clarity, which will help the Board enforce these requirements. The Board has taken a support position on this bill.

FISCAL: None

SUPPORT: California Association for Health Services at Home; California Chronic Care Association; California Dental Association; California Hospital Association/California Association of Hospitals and Health Systems; California Pharmacists Association; California Society of

Health System Pharmacists; Medical Board of California; and Providence St. Joseph Health

OPPOSITION: California Academy of Family Physicians

IMPLEMENTATION:

- Newsletter article(s);
- Notify/train Board staff; Department of Consumer Affairs, Division of Investigation staff; and the Attorney General's Office, Health Quality Enforcement Section; and
- Include information on the new law on the Board's website and send this information to all physicians via email.

ATTACHMENT: AB 714, Wood. Opioid prescription drugs: prescribers.

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	AB 845
AUTHOR:	Maienschein
CHAPTER:	Chaptered, #220
BILL DATE:	April 1, 2019, Amended
SUBJECT:	Continuing Education: Physicians and Surgeons: Maternal Mental Health
SPONSOR:	Maternal Mental Health NOW and 2020 Mom
POSITION:	Neutral

DESCRIPTION OF CURRENT LEGISLATION:

This bill allows for an optional continuing medical education (CME) course in maternal mental health.

ANALYSIS:

This bill requires the Board, when determining CME requirements, to consider including a course in maternal mental health, which must address the following:

- Best practices in screening for maternal mental health disorders, including cultural competency and unintended bias as a means to build trust with mothers.
- The range of maternal mental health disorders.
- The range of evidence-based treatment options, including the importance of allowing a mother to be involved in developing the treatment plan.
- When an obstetrician or a primary care doctor should consult with a psychiatrist versus making a referral.
- Applicable requirements under Sections 123640 and 123616.5 of the Health and Safety Code.

Although the Board has historically opposed mandated CME, this bill does not mandate particular CME for physicians. This bill only requires the Board to consider a course on maternal mental health. 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 types of CME courses, it could include an article in its Newsletter or put information out on the Board's website. The Board has taken a neutral position on this bill.

FISCAL: None

SUPPORT: Maternal Mental Health NOW (Co-Sponsor); 2020 Mom (Co-Sponsor); County Behavioral Health Directors Association of California; and Depression and Bipolar Support Alliance

OPPOSITION: None on file

IMPLEMENTATION:

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

ATTACHMENT: AB 845, Maienschein. Continuing education: physicians and surgeons: maternal mental health.

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	AB 1264
AUTHOR:	Petrie-Norris
CHAPTER:	Chaptered, #741
BILL DATE:	June 25, 2019, Amended
SUBJECT:	Medical Practice Act: Dangerous Drugs: Appropriate Prior Examination
SPONSOR:	Planned Parenthood Affiliates of California
POSITION:	Neutral

DESCRIPTION OF CURRENT LEGISLATION:

This bill clarifies that the requirement to provide an "appropriate prior examination" before prescribing, dispensing, or furnishing dangerous drugs does not require a real time interaction between the patient and the licensee.

BACKGROUND:

Existing law authorizes a physician, registered nurse, certified nurse-midwife, nurse practitioner, physician assistant, or pharmacist to, within their respective scope of practice, use a self-screening tool to identify patient risk factors for the use of self-administered hormonal contraceptives by a patient. Existing law allows the self-administered hormonal contraceptives to be prescribed, furnished, or dispensed to the patient after an appropriate prior examination.

ANALYSIS:

This bill expressly clarifies that the requirement to provide an "appropriate prior examination" before prescribing, dispensing, or furnishing dangerous drugs does not require a synchronous interaction between a patient and the licensee and can be achieved through the use of telehealth, including, but not limited to, a self-screening tool or a questionnaire, provided that the licensee complies with the appropriate standard of care. This bill includes an urgency clause and became effective on October 11, 2019, when the Governor signed this bill into law.

According to the author, this bill provides needed clarification around certain types of asynchronous care. Today, in order to access birth control on Planned Parenthood Direct, a patient must answer a health questionnaire, self-report their blood pressure, and schedule a video chat before submitting their request for contraceptives. This is because of an interpretation that using telehealth to meet the requirement for an "appropriate prior examination" to occur after the use of the self-screening tool, it must involve a synchronous interaction between the patient and the heath care practitioner.

According to the author, clarifying the ability for birth control to be prescribed via teleconference without a video chat will expand access and address the unmet needs for birth control in California.

The Board does not interpret an appropriate prior examination to require a real-time interaction between a physician and a patient. It depends on the circumstances of each specific patient and their medical history for a physician to determine what is an appropriate prior examination, pursuant to the standard of care. This bill does specifically require the licensee to comply with the appropriate standard of care. As such, the Board has taken a neutral position on this bill.

FISCAL: None

SUPPORT: Planned Parenthood Affiliates of California (Sponsor); California Medical Association; California Society of Health-System Pharmacists; and NARAL Pro-Choice California

OPPOSITION: None on File

IMPLEMENTATION:

- Newsletter article(s);
- 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 website.

ATTACHMENT: AB 1264, Petrie-Norris. Medical Practice Act: dangerous drugs: appropriate prior examination.

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	AB 1519
AUTHOR:	Low
CHAPTER:	Chaptered, #865
BILL DATE:	July 2, 2019, Amended
SUBJECT:	Healing Arts
SPONSOR:	Author
POSITION:	Support Provisions Relating to the Board

DESCRIPTION OF CURRENT LEGISLATION:

Among other provisions, this bill clarifies that oral and maxillofacial surgery residency programs accredited by the Commission on Dental Accreditation (CODA) count toward the 36 months of required Board-approved postgraduate training. This bill also specifies that all laws and regulations that apply to a health care provider also apply while providing telehealth services.

BACKGROUND:

SB 798 (Hill, Chapter 775, Statutes of 2017), the Medical Board of California's (Board) sunset bill, made revisions to the postgraduate training requirements for licensure effective January 1, 2020. Among other changes, the law modified the minimum requirements for postgraduate training to require successful completion of thirty-six months of Board-approved postgraduate training for all applicants, regardless of whether the medical school attended was domestic or international.

SB 798 did include language to specify that an applicant who has completed at least 36 months of Board-approved postgraduate training, of which not less than 24 months was completed as a resident after receiving a medical degree from a combined dental and medical degree program accredited by CODA or approved by the Board, is eligible for licensure.

ANALYSIS:

This bill is the sunset bill for the Dental Board of California. This analysis will only cover the provisions in the bill that impact the Board.

This bill specifies that oral and maxillofacial surgery residency programs accredited by CODA shall be approved as postgraduate training required for licensure if the applicant attended the program as part of a combined dental and medical degree program accredited by CODA. This bill specifies that these programs do not have to comply with the requirement that the postgraduate training must include four months of general medicine.

This bill also specifies in the telehealth section of law that all laws and regulations governing professional responsibility, unprofessional conduct, and standards of practice that apply to a health care provider under the health care provider's license shall apply to that health care provider while providing telehealth services.

After SB 798 (Hill, Chapter 775, Statutes of 2017) was signed into law, the Board received concerns from oral and maxillofacial surgery residency programs that they could not meet the general medicine requirement and that the language in the bill wasn't clear enough to ensure that individuals in these residency programs would be eligible for licensure. This bill will make it clear that oral and maxillofacial residency programs accredited by CODA count toward the 36 months of Board-approved postgraduate training, which will address the concerns raised. As such, the Board is pleased to be in support of this bill.

FISCAL: None

SUPPORT: American Association of Orthodontists; California Association of Dental Assisting Teachers; California Association of Orthodontists; California Dental Assisting Association; California Dental Association California; Society of Dentist Anesthesiologists; California Society of Pediatric Dentistry; California Society of Periodontists; California State Association of Endodontists; Children Now; Dental Hygiene Board of California; Dental Board of California; Latino Coalition for a Healthy California; Medical Board of California; and University of the Pacific Professor Emeritus Dr. Glassman

OPPOSITION: American Teledentistry Association; Big Brothers Big Sisters of Orange County & the Inland Empire; Byte; California Hispanic Chamber of Commerce; Candid; Dr. Jack Lipton; Learning Lab Ventures; Prostate Cancer Research Institute; SmileDirectClub; SmileLove; Startup UCLA; TechNet; Webb Schools; Youth Policy Institute; and two individuals

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 postgraduate training changes.

ATTACHMENT: AB 1519, Low. Healing arts.

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	SB 159
AUTHOR:	Wiener
CHAPTER:	Chaptered, #532
BILL DATE:	September 5, 2019, Amended
SUBJECT:	HIV: Preexposure and Postexposure Prophylaxis
SPONSOR:	California Pharmacists Association; California Society of Health-System Pharmacists; Equality California; and San Francisco AIDS Foundation
POSITION:	Support if Amended

DESCRIPTION OF CURRENT LEGISLATION:

This bill allows a pharmacist to furnish at least a 30-day supply, and up to a 60-day supply of preexposure prophylaxis (PrEP), if specified conditions are met. This bill allows a pharmacist to furnish a complete course of postexposure prophylaxis (PEP), if specified conditions are met, among other provisions.

ANALYSIS:

This bill defines PrEP to mean a fixed-dose combination of tenofovir disoproxil fumarate (TDF) (300 mg) with emtricitabine (FTC) (200 mg), or another drug or drug combination determined by the Board of Pharmacy (BOP) to meet the same clinical eligibility recommendations provided in CDC guidelines. This bill would define the CDC Guidelines for PrEP as the "2017 Preexposure Prophylaxis for the Prevention of HIV Infection in the United States–2017 Update: A Clinical Practice Guideline," published by the CDC, or any subsequent guidelines published by the CDC.

This bill requires, before furnishing PrEP to a patient, a pharmacist to complete a training program approved by BOP, in consultation with the Medical Board of California (Board), on the use of PrEP and PEP. This bill requires the training to include information about financial assistance programs for PrEP and PEP, including the HIV prevention program described in existing law. This bill requires BOP to consult with the Board, as well as relevant stakeholders, including, but not limited to, the Office of AIDS, within the California Department of Public Health (CDPH), on training programs that are appropriate to meet the requirements of this bill.

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This bill allows a pharmacist to furnish at least a 30-day supply, and up to a 60-day supply, of PrEP if all of the following conditions are met:

- The patient is HIV negative, as documented by a negative HIV test result obtained within the previous seven days from an HIV antigen/antibody test or antibody-only test or from a rapid, point-of-care finger stick blood test approved

by the federal FDA. If the patient does not provide evidence of a negative HIV test in accordance with this paragraph, the pharmacist is required to order an HIV test. If the test results are not transmitted directly to the pharmacist, this bill requires the pharmacist to verify the test results to the pharmacist's satisfaction. If the patient tests positive for HIV infection, the pharmacist or person administering the test is required to direct the patient to a primary care provider and provide a list of providers and clinics in the region.

- The patient does not report any signs or symptoms of acute HIV infection on a self-reported checklist of acute HIV infection signs and symptoms.
- The patient does not report taking any contraindicated medications.
- The pharmacist provides counseling to the patient on the ongoing use of PrEP, which may include education about side effects, safety during pregnancy and breastfeeding, adherence to recommended dosing, and the importance of timely testing and treatment, as applicable, for HIV, renal function, hepatitis B, hepatitis C, sexually transmitted diseases, and pregnancy for individuals of child-bearing capacity. The pharmacist is required to notify the patient that the patient must be seen by a primary care provider to receive subsequent prescriptions for PrEP and that a pharmacist may not furnish a 60-day supply of PrEP to a single patient more than once every two years.
- The pharmacist documents, to the extent possible, the services provided by the pharmacist in the patient's health record in the record system maintained by the pharmacy. This bill requires the pharmacist to maintain records of PrEP furnished to each patient.
- The pharmacist does not furnish a 60-day supply of PrEP to a single patient more than once every two years, unless directed otherwise by a prescriber.
- The pharmacist notifies the patient's primary care provider that the pharmacist completed the requirements specified in this subdivision. If the patient does not have a primary care provider, or refuses consent to notify the patient's primary care provider, this bill requires the pharmacist to provide the patient a list of physicians, clinics, or other health care service providers to contact regarding ongoing care for PrEP.

This bill would define PEP as any of the following:

- Tenofovir disoproxil fumarate (TDF) (300 mg) with emtricitabine (FTC) (200 mg), taken once daily, in combination with either raltegravir (400 mg), taken twice daily, or dolutegravir (50 mg), taken once daily.
- Tenofovir disoproxil fumarate (TDF) (300 mg) and emtricitabine (FTC) (200 mg), taken once daily, in combination with darunavir (800 mg) and ritonavir (100 mg), taken once daily.
- Another drug or drug combination determined by BOP to meet the same clinical eligibility recommendations provided in CDC guidelines.

This bill defines "CDC guidelines" for PEP as the "Updated Guidelines for Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Non-occupational Exposure to HIV–United States, 2016," published by CDC.

This bill allows a pharmacist exercising appropriate professional judgment, to furnish a complete course of PEP if all of the following conditions are met:

- The pharmacist screens the patient and determines the exposure occurred within the previous 72 hours and the patient otherwise meets the clinical criteria for PEP consistent with CDC guidelines.
- The pharmacist provides HIV testing or determines the patient is willing to undergo HIV testing consistent with CDC guidelines. If the patient refuses to undergo HIV testing but is otherwise eligible for PEP under this section, the pharmacist may furnish PEP.
- The pharmacist provides counseling to the patient on the use of PEP consistent with CDC guidelines, which may include education about side effects, safety during pregnancy and breastfeeding, adherence to recommended dosing, and the importance of timely testing and treatment, as applicable, for HIV and sexually transmitted diseases. The pharmacist shall also inform the patient of the availability of PrEP for persons who are at substantial risk of acquiring HIV.
- The pharmacist notifies the patient's primary care provider of the PEP treatment. If the patient does not have a primary care provider, or refuses consent to notify the patient's primary care provider, the pharmacist is required to provide the patient a list of physicians, clinics, or other health care service providers to contact regarding follow-up care for PEP.

This bill specifies that a pharmacist initiating or furnishing PrEP or PEP shall not allow the person to whom the drug is furnished to waive the consultation required by BOP.

This bill requires BOP, by July 1, 2020, to adopt emergency regulations to implement this bill in accordance with CDC guidelines. The adoption of regulations pursuant to this subdivision shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare. This bill requires BOP to consult with the Board in developing these regulations.

This bill specifies that a health care service plan or health insurer must not subject antiretroviral drug treatments that are medically necessary for the prevention of AIDS/HIV, including PrEP or PEP, to prior authorization or step therapy. This bill specifies that if FDA has approved one or more therapeutic equivalents of a drug, device, or product for the prevention of AIDS/HIV, this bill does not require a health care service plan or insurer to cover all of the therapeutically equivalent versions without prior authorization or step therapy, if at least one therapeutically equivalent version is covered without prior authorization or step therapy. This bill specifies that a health care service plan or health insurer shall not prohibit, or permit a delegated pharmacy benefit manager to prohibit, a pharmacy provider from dispensing PrEP or PEP. This bill specifies that a health care service plan or health insurer shall not cover PrEP that has been furnished by a pharmacist in excess of a 60-day supply to a single patient once every two years, unless the pharmacist has been directed otherwise by a prescriber.

This bill specifies that it does not require a health care service plan or health insurer to cover PrEP or PEP by a pharmacist at an out-of-network pharmacy, unless the health

care service plan has an out-of-network pharmacy benefit. This bill requires Medi-Cal to reimburse pharmacies for initiating and furnishing PrEP and PEP, as allowed under this bill.

According to the author's office, "Currently, PrEP and PEP both require a physician's prescription, which delays or prevents some people from accessing it. Some people are not comfortable going to see a doctor. Others struggle to access a doctor or are confronted with long delays to obtain an appointment. And, sadly, although many doctors understand the need for PrEP, too many doctors don't know much about it, judge people for requesting it, try to persuade them not to request it, and, generally, don't know enough about sexual health, particularly LGBTQ sexual health. To be clear, many doctors 'get it' and do a great job in this area. Significant work remains to educate the profession. Another barrier to PrEP and PEP uptake is the requirement by some insurance companies for prior authorization. Notably, Medi-Cal does not require a prior authorization. Prior authorizations can lead to delays of weeks or months in accessing PrEP and can lead to someone becoming HIV positive."

The Board supports the use of PrEP and PEP and believes they are both important medications to use to help prevent HIV infections. The Board supports pharmacists being able to dispense a complete course of PEP, as it will increase access to PEP, which is important as it must be initiated 72 hours after exposure and PEP only requires a 28-day course. However, the Board believes that because PrEP requires regular monitoring, testing, and adherence, that it is not appropriate for pharmacists to initiate PrEP, as they do not have the ability to provide the monitoring and testing on an on-going basis. Therefore, the Board took a support if amended position on this bill, and requested that the provisions that allow pharmacists to initiate PrEP be deleted.

FISCAL: None

SUPPORT: APLA Health (co-sponsor); California Pharmacists Association (co-sponsor); California Society of Health System Pharmacists (co-sponsor); Equality California (co-sponsor); Los Angeles LGBT Center (co-sponsor); San Francisco AIDS Foundation (co-sponsor); Alameda County Board of Supervisors; American Academy of HIV Medicine; American Civil Liberties Union of California; Black AIDS Institute; California Health+ Advocates; California LGBTQ Health and Human Services Network; California Life Sciences Association; California Retailers Association; California Sexual Assault Forensic Examiners Association; California Society of Physical Medicine and Rehabilitation; City of West Hollywood; County Health Executives Association of California; County of Los Angeles Board of Supervisors; Health Impact; Health Officers Association of California; Human Rights Campaign; Indian Pharmacists Association of California; Lutheran Social Services of Northern California; Mission Wellness Pharmacy; NARAL Pro-Choice California; National Association of Chain Drug Stores; National

Association of Social Workers, California Chapter; Sacramento Valley Pharmacists Association; San Francisco Department of Public Health; San Francisco Hepatitis C Task Force; San Francisco Lesbian Gay Bisexual Transgender Community Center; Santa Clara County; Shanti; St. Anthony's Medical Clinic; St. James Infirmary; Stonewall Democratic Club; and Several Individuals

OPPOSITION: Beyond AIDS

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;
- Consult with BOP on the required emergency regulations; and
- Consult with BOP on the training they are required to approve for pharmacists initiating and furnishing PrEP and PEP.

ATTACHMENT: SB 159, Wiener. HIV: preexposure and postexposure prophylaxis.

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	SB 377
AUTHOR:	McGuire
CHAPTER:	Chaptered, #547
BILL DATE:	September 6, 2019, Amended
SUBJECT:	Juveniles: Psychotropic Medications: Medical Information
SPONSOR:	Author
POSITION:	Support

DESCRIPTION OF CURRENT LEGISLATION:

This bill requires judicial council forms to be revised, by September 1, 2020, to include a request for authorization by the foster youth or the foster youth's attorney to release the foster youth's medical information to the Medical Board of California (Board), in order to ascertain whether there is excessive prescribing of psychotropic medications that is inconsistent with the standard of care.

BACKGROUND:

In August 2014, the Board received a letter from Senator Lieu, who was at the time the Chair of the Senate Business, Professions and Economic Development Committee. The letter asked the Board to look into the issue of inappropriate prescribing of psychotropic medication to foster children. The Board receives very few complaints regarding foster children being prescribed psychotropic medications, so the Board researched other avenues to identify physicians who may be inappropriately prescribing. The Board met with the Department of Health Care Services (DHCS) and the Department of Social Services (DSS) regarding what data was available, what could be provided to the Board, and what data would assist in the identification of inappropriately prescribing physicians. After many meetings, a Data Use Agreement (DUA) was finalized in April 2015 requesting a listing of all physicians who had prescribed three or more psychotropic medications for 90 days or more. For each child that fit into this category, the Board requested a list of the medications prescribed, the start and stop date for each medication, the prescriber's name and contact information, the child's birth date, and any other information that DHCS and DSS thought might be relevant to assist in this process.

Upon receipt of the information requested in the DUA in 2015, the Board secured an expert pediatric psychiatrist to review the information and determine any physician who may be potentially prescribing inappropriately. It is important to note that once a physician is identified, the Board's normal complaint process was followed, including obtaining medical records, conducting a physician interview and having an expert

physician review the case. The complaint and investigation process is confidential, and nothing is public until an accusation is filed. Upon review by the Board's expert, it was determined that 86 children were identified as potentially being prescribed to inappropriately. The Board then requested assistance from DSS, since the data provided to the Board did not include the names of the foster children receiving the prescriptions. Per the data use agreement, DSS will facilitate contact with county child welfare agencies, the juvenile courts, county counsel, children's attorneys and other relevant entities, to assist the Board in obtaining child-specific information, including relevant medical records. The Board and DSS worked with the relevant entities to create an authorization letter to send to current and former foster children and their guardians, as appropriate, to receive authorization to obtain the medical records of the foster children. DSS staff sent out 33 letters to last known addresses of foster children who had transitioned out of foster care. Unfortunately, some of those letters came back as undeliverable/returned. DSS staff also reached out to the counties on 14 children to see if there was a medical rights holder who could authorize the release of information. Of those children, two had a legal guardian with medical rights who was sent the letter and authorization form. The remaining 12 children in those counties require court orders to obtain the release and the medical records. DSS has stated that at least one county counsel is willing to assist with obtaining the court orders and the Board will work with DSS on the process to move forward on seeking court orders. DSS staff are also preparing the letters and authorization forms for the children in the remaining counties to be sent out. The Board only received releases from 4 individuals. It is important to note, that without the authorization for the medical records, the Board cannot move forward with investigating these matters. Although the Board continues to work with DSS, the Board is not receiving the authorizations necessary in order for the Board to obtain the patient records to it can investigate these cases.

SB 1174 (McGuire, Chapter 840, Statutes of 2016) added to the Board's priorities, repeated acts of clearly excessive prescribing, furnishing, or administering psychotropic medications to children without a good faith prior exam and a medical reason. SB 1174 codified the Board's DUA with DHCS and DSS and required the Board to confidentially collect and analyze data submitted by DHCS and DSS, related to physicians prescribing psychotropic medications to children.

ANALYSIS:

This bill requires the Judicial Council, by September 1, 2020, to revise its forms to include a request for authorization by the foster youth or the youth's attorney to release the youth's medical information to the Board in order to ascertain whether there is excessive prescribing of psychotropic medication that is inconsistent with the standard of care. This bill specifies that the authorization is limited to medical information relevant to the investigation of the prescription of the psychotropic medication and the information may only be used for the purposes set forth in existing law.

This bill requires the Board or its representative to request the medical information obtained to be sealed if that information is admitted as an exhibit in an administrative hearing.

This bill requires the Judicial Council, when updating the forms, to consult with the California Department of Social Services (CDSS), the Board, the County Welfare Directors Association of California, the Chief Probation Officers of California, and groups representing foster children, dependency counsel, and children's advocates to help ensure that the foster youth and the youth's attorney are provided with sufficient information to understand the request for authorization to obtain the child's medical information and the reasons for the request. This bill allows the Judicial Council to include in the form a requirement that the person completing the form affirm that the child or child's attorney has been asked about the authorization.

This bill requires CDSS, by January 1, 2020, to convene a working group consisting of the Judicial Council, the Board, the County Welfare Directors Association of California, the Chief Probation Officers of California, and groups representing foster children, dependency counsel, and children's advocates to consider various options for seeking authorization from a dependent child, a ward, or their attorney, for release of the dependent child's or ward's medical information regarding psychotropic medication prescribed between January 1, 2017, and July 1, 2020, and CDSS must report to the Legislature by April 15, 2020, on those options and on any recommendations to best reach those children and their attorneys to seek authorization.

According to the author, this bill will give the Board "the information they need in order to carry out their requirements pursuant to investigating potential overprescribing patterns of psychotropic drugs to foster youth. Following the passage of SB 1174 (McGuire, Chapter 840, Statutes of 2016), the Board is required to contract with an expert consultant who reviews prescribing data from DHCS and DSS for foster youth who have been on three or more psychotropic medications for 90 days or more. The Board has been unable to conduct internal confidential investigations into potential over-prescribing because they do not have access to the related medical records for the foster youth who fit the requirements under SB 1174. Currently, the Board must work with DSS to get letters out to the identified youth to request authorization for the Board to contact the individuals. If the Board receives authorization to contact the individual, they must next then obtain an authorization for release of medical records." The author further states that "SB 377 will cut through this red tape and allow the Board to carry out their oversight authority. When the juvenile court judicial officer authorizes the administration of a psychotropic medication through the JV 220 form, the judicial officer shall also authorize the Board to review limited patient medical record information of the child authorized to receive psychotropic medication."

The Board needs authorization to receive medical records for foster youths that the Board expert has identified as victims of potential inappropriate prescribing in order to look into these cases. This bill will allow the Board to get this authorization as part of the judicial council process, so when the Board's expert identifies cases of potential

inappropriate prescribing, the Board can investigate and take disciplinary action, if appropriate. The Board took a support position on this bill.

FISCAL: None

SUPPORT: Juvenile Court Judges of California
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;
- Consult with the Judicial Council when they update their forms regarding information to be included on the forms to help ensure the request for authorization and reasons for the request are easily understood;
- Participate in the working group that will be convened by CDSS that will be considering various options for seeking authorization for release of the medical information regarding psychotropic medication prescribed between January 1, 2017, and July 1, 2020; and
- Work with the Judicial Council and CDSS on the process to receive authorizations from the Judicial Council forms when the Board's expert identifies a physician that may have inappropriately prescribed psychotropic medication to a foster youth.

ATTACHMENT: SB 377, McGuire. Juveniles: psychotropic medications: medical information.

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	SB 425
AUTHOR:	Hill
CHAPTER:	Chaptered, #849
BILL DATE:	September 5, 2019, Amended
SUBJECT:	Health Care Practitioners: Licensee's File: Probationary Physician's and Surgeon's Certificate: Unprofessional Conduct
SPONSOR:	Author
POSITION:	Support

DESCRIPTION OF CURRENT LEGISLATION:

This bill requires health facilities and entities that allow a licensed health care professional to provide care for patients, to report allegations of sexual abuse and sexual misconduct made by a patient against a licensed health care practitioner to that practitioner's licensing board within 15 days, and imposes a fine for failure to report. This bill makes other changes related to the Medical Board of California's (Board) disciplinary action and enforcement process.

BACKGROUND:

In 2018, an investigation by the LA Times reported on multiple unresolved complaints of alleged sexual misconduct by a doctor who worked at the University of Southern California's (USC) student health center. Although many individuals complained to various employees of USC, none of these complaints were reported to the Board.

The other changes in this bill related to the Board were approved as legislative proposals at the Board's October 2018 Board Meeting.

ANALYSIS:

This bill requires a health facility or other entity that makes any arrangement under which a healing arts licensee is allowed to practice or provide care for patients to file a report of any allegation of sexual abuse or sexual misconduct made against a healing arts licensee by a patient, if the patient or the patient's representative makes the allegation in writing, to the appropriate licensing board within 15 days of receiving the written allegation of sexual abuse or sexual misconduct. This bill defines an arrangement under which a licensee is allowed to practice or provide care for patients to include, but not be limited to, full staff privileges, active staff privileges, limited staff privileges, auxiliary staff privileges, provisional staff privileges, temporary staff privileges, courtesy staff privileges, locum tenens arrangements, and contractual

arrangements to provide professional services, including, but not limited to, arrangements to provide outpatient services.

This bill specifies that the report must be kept confidential and is not subject to discovery, except that information may be disclosed in any subsequent disciplinary hearing conducted pursuant to the Administrative Procedure Act.

This bill specifies that a willful failure to file the required report is punishable by a fine not to exceed one hundred thousand dollars ($100,000) per violation. The fine may be imposed in any civil or administrative action or proceeding brought by or on behalf of any agency having regulatory jurisdiction over the licensee regarding whom the report was or should have been filed. If the person who is designated or otherwise required to file the report under this section is a licensed physician and surgeon, the action or proceeding shall be brought by the Board. If the person who is designated or otherwise required to file the report required under this section is a licensed doctor of podiatric medicine, the action or proceeding shall be brought by the Podiatric Medical Board of California. The fine shall be paid to that agency, but not expended until appropriated by the Legislature. A violation of this subdivision may constitute unprofessional conduct by the licensee. A person who is alleged to have violated this subdivision may assert any defense available at law. As used in this subdivision, “willful” means a voluntary and intentional violation of a known legal duty.

This bill specifies that any failure to file the report is punishable by a fine not to exceed fifty thousand dollars ($50,000) per violation. The fine may be imposed in any civil or administrative action or proceeding brought by or on behalf of any agency having regulatory jurisdiction over the person regarding whom the report was or should have been filed. If the person who is designated or otherwise required to file the report required under this section is a licensed physician and surgeon, the action or proceeding shall be brought by the Board. If the person who is designated or otherwise required to file the report required under this section is a licensed doctor of podiatric medicine, the action or proceeding shall be brought by the Podiatric Medical Board of California. The fine shall be paid to that agency, but not expended until appropriated by the Legislature. The amount of the fine imposed, not exceeding fifty thousand dollars ($50,000) per violation, shall be proportional to the severity of the failure to report and shall differ based upon written findings, including whether the failure to file caused harm to a patient or created a risk to patient safety; whether any person who is designated or otherwise required by law to file the report required under this section exercised due diligence despite the failure to file or whether the person knew or should have known that a report required under this section would not be filed; and whether there has been a prior failure to file a report required under this section. The amount of the fine imposed may also differ based on whether a health care facility or clinic is a small or rural hospital as defined in Section 124840 of the Health and Safety Code.

This bill specifies that a person, including an employee or individual contracted or subcontracted to provide health care services, a health facility or clinic or other entity

shall not incur any civil or criminal liability as a result of making a report required by this section if made in good faith.

This bill requires the licensing board to investigate the circumstances underlying a report received pursuant to this bill.

Three of the provisions in this bill were previously approved by the Board as legislative proposals. The provision that amends Business and Professions Code (BPC) Section 800(c)(1) to strike the word "comprehensive" in front of summary; the provision that amends BPC Section 2221 to require probationary license information to stay on the Board's website for a period of 10 years; and the provision that amends BPC Section 2234(h) regarding physician interviews to include in the definition of unprofessional conduct the failure of a licensee, in the absence of good cause, to attend and participate in an interview by the Board, current law requires the failure to be repeated. The Board believes these provisions will help to prevent delays in the Board's enforcement process, which negatively impact the Board's enforcement timelines, and increase transparency to consumers by providing access to information that is public, but not available on the Board's website after the probationary period is completed.

According to the author, "SB 425 closes legal loopholes that can allow a subject of repeated sexual abuse and misconduct complaints to work at a health facility for years because the relevant regulatory board is not notified by the facility of the allegations against a licensee. Allegations of sexual abuse or misconduct by doctors and other medical professionals must be reported swiftly to the appropriate licensing board for review so that regulators can determine whether to conduct an independent, confidential investigation. State regulatory boards cannot fulfill their responsibilities to protect patients and other consumers, if they are not notified of these serious allegations involving their licensees. The failure to do so shields bad actors while exposing patients to greater risks."

The requirements for health care facilities and entities to report allegations of sexual abuse and sexual misconduct made by a patient against a licensed health care practitioner to that practitioner's licensing board would further the Board's mission of consumer protection and ensure that the Board is aware of these allegations so the Board can look into these incidences of potential sexual abuse and misconduct. The Board has taken a support position on this bill.

FISCAL:

SB 425 will result in a significant increase in complaints, which will impact the Board's enforcement workload. The Board is estimating that the increase will be at least three times the current complaints received via BPC Section 805 reports, since these reports are also for incidents that happened in a facility, although BPC Section 805 reports must go through a formal peer review process and action must be taken by the peer review body before anything is reported to the Board. In fiscal year 2017/18, the Board received 141 BPC Section 805 reports. Three times that amount would be 423 new

complaints per year. The Board is estimating that it will need a .5 PY at an MST level and 1 PY at the AGPA level in the Board's Central Complaint Unit to process and review these 423 new complaints. These ongoing costs per year are $37,000 for the MST and $114,000 for the AGPA.

The Board is estimating that 20% of the 423 complaints will be consolidated into one investigation, which would be 339 new cases. The Board is estimating that each case will take 60 hours to investigate, as they will be more complex. 339 cases times 60 hours equals 20,340 hours. An investigator PY is 1,776 hours per year. This equates to the Board needing to pay for 11 new investigators in HQIU. One investigator costs $132,000 per year and on-going, so this would result in $1,452,000 in fiscal impact to the Board.

The Board is estimating that 1/3 of the cases investigated will go the AG's Office for prosecution, so that results in about 100 cases going to the AG's office. For the AG's Office, each case takes about $20,000 in billing to prosecute. This equals $2,000,000 in AG costs.

The Board is estimating that 20% of the 100 cases will go to the Office of Administrative Hearings (OAH) for a hearing. The costs of each case to go to OAH is $12,500 times 20 is $250,000 in costs for OAH.

The total costs for this bill are $151,000 for Board position costs; $1,452,000 for HQIU Investigator PY costs; $2,000,000 for AG costs and $250,000 for OAH costs. This results in $3,853,000 in total costs to the Board.

SUPPORT: Board of Chiropractic Examiners; California Acupuncture Board; California Board of Psychology; California Hospital Association; Center for Public Interest Law; Consumer Attorneys of California; Consumer Watchdog; Medical Board of California; Speech, Language, Pathology and Audiology and Hearing Aid Dispensers Board; and University 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;
- Develop BCP to allow the Board to hire staff identified in the fiscal impact;
- Develop form similar to 805 form for facilities to use to report complaints to the Board;
- Work with DCA to create new enforcement codes in BreEZe;
- Update the Board's website to include the requirements of this bill;
- Notify physicians of the requirements of this bill via email;

- Work with CDPH to issue an all facilities letter to licensed facilities to notify them of this bill's requirements;
- Update website posting documents and procedures; and
- Work with stakeholders to get information out to the public on this bill's requirements.

ATTACHMENT: SB 425, Hill. Health care practitioners: licensee's file: probationary physician's and surgeon's certificate: unprofessional conduct.

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	SB 697
AUTHOR:	Caballero
CHAPTER:	Chaptered, #707
BILL DATE:	September 3, 2019, Amended
SUBJECT:	Physician Assistants: Practice Agreement: Supervision
SPONSOR:	California Academy of Physician Assistants (CAPA)
POSITION:	Support

DESCRIPTION OF CURRENT LEGISLATION:

This bill revises the Physician Assistant Practice Act (Act) to allow multiple physicians and surgeons to supervise a physician assistant (PA), replaces the delegation of services agreement (DSA) with a practice agreement, eliminates the existing medical records review requirement, and makes other substantive and technical changes.

ANALYSIS:

This bill revises the Act's legislative intent to emphasize coordinated care between PAs and other health care professionals.

This bill updates the existing definition of a supervising physician by taking out the reference of improper use and replacing it with, prohibiting employment or supervision of a PA. This bill prohibits physician supervision from requiring the physical presence of the physician, but requires the following:

- Adherence to adequate supervision, as agreed to in the practice agreement.
- The physician being available by telephone or other electronic communication method at the time the PA examines the patient.

This bill specifies that it does not prohibit the Physician Assistant Board (PAB) from requiring the physical presence of a physician as a term or condition of a PA's reinstatement, probation, or imposing discipline.

This bill defines an organized health care system to include a licensed clinic, an outpatient setting, a health facility, a county medical facility, an accountable care organization, a home health agency, a physician's office, a professional medical corporation, a medical partnership, a medical foundation, and any other organized entity that lawfully provides medical services and is in compliance with existing law that bans the corporate practice of medicine.

This bill strikes all reference to a DSA in the Act and replaces these references with a "practice agreement." This bill defines a practice agreement as a writing, developed through collaboration among one or more physicians and one or more PAs that defines the medical services the PA is authorized to perform and that grants approval for physicians on the staff of an organized health care system to supervise one or more PAs in the organized health care system. This bill specifies that any reference to a DSA relating to PAs in any other law shall have the same meaning as a practice agreement.

This bill deletes the medical records review definition and requirement from existing law. This bill would delete existing law that states a PA acts as an agent of a supervising physician when performing any activity under the Act.

This bill authorizes a PA to perform the medical services set forth in the Act if the following requirements are met:

- The PA renders the services under the supervision of a physician who is not subject to a disciplinary condition imposed by the Medical Board of California (Board) or the Osteopathic Medical Board prohibiting that supervision or prohibiting the employment of a PA.
- The PA renders the services pursuant to a practice agreement.
- The PA is competent to perform the services.
- The PA's education, training, and experience have prepared the PA to render the services.

This bill prohibits the Act from requiring a supervising physician to review or countersign a patient's medical record who was treated by a PA, unless required by the practice agreement. This bill allows the PAB, as a condition of probation or reinstatement of a licensee, to require the review or countersignature of records of patients treated by a PA for a specified duration.

This bill specifies that a PA rendering services in a hospital must be supervised by a physician with privileges to practice in that hospital. This bill specifies that within a hospital, the practice agreement must establish policies and procedures to identify a physician who is supervising the PA.

This bill redrafts the provisions of law relating to PAs ordering drugs and devices in relation to the practice agreement changes. This bill allows a PA to furnish or order a drug or device in accordance with the practice agreement and consistent with the PA's educational preparation or for which clinical competency has been established and maintained. This bill requires the practice agreement to specify which PAs may furnish or order a drug or device, which drugs or devices may be furnished or ordered, under what circumstances, the extent of physician supervision, the method of periodic review of the PA's competence, including peer review, and review of the practice agreement. This bill specifies that if the practice agreement authorizes the PA to furnish a Schedule II controlled substance, the practice agreement must address the diagnosis of the illness, injury, or condition for which the PA may furnish the Schedule II controlled substance This bill requires the PA to furnish or order drugs or devices under physician

supervision, but this supervision shall not be construed to require the physical presence of the physician, but does require adherence to adequate supervision agreed to in the practice agreement and that the supervising physician be available by telephone or other electronic communication method at the time the PA examines the patient.

This bill only allows a PA to furnish or order controlled substances that have been agreed upon in the practice agreement or a patient-specific order approved by the treating or supervising physician. The PA must satisfactorily complete a course in pharmacology covering the drugs or devices to be furnished or ordered, or completed a program for instruction of PAs that meet the requirements in regulations, as those provisions read on June 7, 2019. This bill allows a physician, through a practice agreement, to determine the extent of supervision necessary in the furnishing or ordering of drugs and devices. This bill specifies that PAs who hold an active license and who are authorized through a practice agreement to furnish Schedule II controlled substance, and who have not successfully completed a one-time course that met the requirements in regulations as they read on June 7, 2019, must complete, as part of their continuing education requirements, a course that covers Schedule II controlled substances and the risks of addiction associated with their use, based on the standards developed by PAB. This bill requires PAB to establish the requirement for satisfactory completion of this requirement. This bill specifies that evidence of completion of a course meeting the standards, including pharmacological content established in regulations as those provisions read on June 7, 2019, shall be deemed to meet the requirements of this bill.

This bill specifies that furnishing or ordering shall include the following:

- Ordering a drug or device in accordance with the practice agreement.
- Transmitting an order of a supervising physician.
- Dispensing a medication.

This bill defines a drug order or order as an order for medication that is dispensed to or for an ultimate user, issued by a PA as an individual practitioner, within the meaning of federal regulations.

This bill requires drug orders issued pursuant to the Act to be treated in the same manner as a prescription of a supervising physician. This bill specifies that all references to a prescription in the Business and Professions Code (BPC) and the Health and Safety Code shall include drug orders issued by PAs. This bill specifies that the signature of a PA on a drug order issued pursuant to the Act is deemed to be the signature of a prescriber for purposes of the BPC and the Health and Safety Code.

This bill requires the practice agreement to include provisions that address the following:

- The types of medical services a PA is authorized to perform.
- Policies and procedures to ensure adequate supervision of the PA, including, but not limited to, appropriate communication, availability, consultations, and referrals between a physician and the PA in the provision of medical services.

- The methods for the continuing evaluation of the competency and qualifications of the PA.
- The furnishing or ordering of drugs or devices by a PA.
- Any additional provisions agreed to by the PA and physician.

This bill requires the practice agreement to be signed by the PA and one or more physicians or a physician who is authorized to approve the practice agreement on behalf of the staff of the physicians on the staff of an organized health care system. This bill specifies that a DSA in effect prior to January 1, 2020, shall be deemed to meet the requirements of this bill. This bill allows a practice agreement to designate a PA as an agent of a supervising physician. This bill specifies that it shall not be construed to require approval of a practice agreement by the PAB.

This bill deletes existing provisions of law that conflict with the principle of multiple physician and surgeon supervision of a PA. This bill deletes outdated sections of existing law relating to the requirement that a supervising physician apply to the PAB and pay a fee and Board oversight that is outdated. This bill also makes technical changes.

This bill specifies that its provisions are severable, and if any provision of this bill or its application is held invalid, the invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

According to the author's office, "There are several disparities between PAs and other medical professionals in the same arena when it comes to the relationship between PAs and physicians. In practice, this means PAs are subject to burdensome regulations such as chart review, co-signatures, DSA requirements, and outdated ratios for prescribing purposes. These regulations incur a burden upon the physician as well, who may not be incentivized to hire a PA if a less regulated NP is available.

It is very possible that this disincentive to hire PAs may be contributing to the lack of healthcare services across our state, but especially in rural areas. If regulations were lessened on PAs to better match a NP's status, there would be little or no disparity and PAs could be better utilized by physicians in areas where health care services are lacking. This bill seeks to reduce the burdens on the physician – PA relationship, so practices can thrive and potentially expand."

The purpose of this bill is to align the PA supervision requirements to those of an NP. This bill originally would have deleted all references to physician supervision and would have made PAs independent practitioners. This current version of the bill is a result of negotiations with the author's office, sponsors and various stakeholders who were previously opposed. The Board has taken a support position on this bill.

FISCAL: None

SUPPORT: CAPA (Sponsor); America's Physician Groups; Association of California Healthcare Districts, and Affiliated Entity Alpha Fund; California Academy of Family Physicians; California Association for Health Services at Home; California Hospital Association; California Medical Association; California Orthopedic Association; California Health+ Advocates; Medical Board of California; and Physician Assistant Board

OPPOSITION: California Chapter of the American College of Emergency Physicians; California Rheumatology Alliance; and California Society of Plastic Surgeons

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 website.

ATTACHMENT: SB 697, Caballero. Physician assistants: practice agreement: supervision.

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	SB 714
AUTHOR:	Pan
CHAPTER:	Chaptered, #281
BILL DATE:	September 6, 2019, Amended
SUBJECT:	Immunizations
SPONSOR:	American Academy of Pediatrics, California; California Medical Association; and Vaccinate California (SB 276)
POSITION:	Support (SB 276)

DESCRIPTION OF CURRENT LEGISLATION:

This bill requires the California Department of Public Health (CDPH), by January 1, 2021, to develop and make available for use by physicians an electronic, standardized, and statewide medical exemption certification form, which must include an authorization to release medical records to CDPH, the Medical Board of California (Board) and the Osteopathic Medical Board of California. This bill requires CDPH to annually review immunization reports from all schools and institutions. Beginning January 1, 2021, this bill requires clinically trained staff members at CDPH to review exemptions from schools or institutions with immunization rates of less than 95% and exemptions from physicians who submit five or more medical exemptions in a calendar year. This bill establishes an appeals process for medical exemptions that are denied or revoked, among other provisions.

BACKGROUND:

SB 277 (Pan and Allen, Chapter 35, Statutes of 2015) eliminated the personal belief exemption from the requirement that children receive specified vaccines for certain infectious diseases prior to being admitted to any private or public elementary or secondary school, or day care center, as specified.

Existing law waives the existing immunization requirements if the parent or guardian files with the governing authority a medical exemption, which is a written statement by a licensed physician to the effect that the physical condition of the child is such, or medical circumstances relating to the child are such, that immunization is not considered safe, indicating the specific nature and probable duration of the medical condition or circumstances including, but not limited to, family medical history, for which the physician does not recommend immunization.

SB 277 (Pan and Allen, Chapter 35, Statutes of 2015) eliminated all non-medical exemptions for immunizations required for school entry. While SB 277 was successful in

raising immunization rates, the number of medical exemptions issued more than tripled since the law went into effect. Many of the exemptions are clustered in the same schools, creating concentrated pockets of unvaccinated individuals. At almost 60 schools in the state, more than 10% of kindergarteners had medical exemptions.

Since the passage of SB 277 in 2015, the Medical Board of California (Board) has faced obstacles in investigating complaints related to medical exemptions. For all quality of care cases, the Board must obtain authorization from the patient or their parent or guardian (if the patient is a minor) to release the medical records. For medical exemption cases, many times the parent or guardian does not want the Board to investigate the physician who issued their medical exemption, so the parent will not sign an authorization. This has created barriers to the Board investigating these cases because for most of these medical exemption cases, the Board does not have enough evidence to subpoena the medical records. Without the medical records, the Board's physician expert cannot review the case to determine if the physician acted within the standard of care.

SB 276 (Pan, Chapter 278, Statutes of 2019) was very similar to this bill and the Board supported SB 276. However, at the end of session the Governor requested amendments at the same time SB 276 passed out of the Legislature. These requested amendments were placed in this bill. When SB 714 passed, its changes to existing law replaced the changes made in SB 276, as it was signed last. However, SB 714 is very similar to SB 276 and only includes a few additional changes.

ANALYSIS:

This bill specifies that medical exemptions issued prior to January 1, 2021, are exempt from the requirements in this bill, as specified, unless the exemption was issued by a physician that has been subject to disciplinary action by the Board or the Osteopathic Medical Board of California.

This bill requires a child who has a medical exemption issued before January 1, 2020 to be allowed continued enrollment to any public or private elementary or secondary school, child care center, day nursery, nursery school, family day care home, or developmental center until the child enrolls in the next grade span. This bill prohibits existing exemptions from existing beyond those grade spans. This bill defines grade span to mean: birth to preschool; kindergarten and grades 1 to 6, including transitional kindergarten; and grades 7 to 12. This bill prohibits medical exemptions ongoing from existing beyond those grade spans. This bill prohibits a school governing authority, on and after July 1, 2021, from unconditionally admitting or readmitting to any educational institutions, or from admitting or advancing any pupil to 7th grade level, unless the pupil has been immunized pursuant to existing law or the parent or guarding files a medical exemption form, as specified.

This bill requires CDPH, by January 1, 2021, to develop and make available for use by physicians an electronic, standardized, statewide medical exemption certification form

(exemption form) that would be required to be transmitted directly to CDPH's existing California Immunization Registry (CAIR). This bill requires the exemption form to be printed, signed, and submitted directly to the school or institution at which the child will attend, submitted directly to the governing authority of the school or institution, or submitted to that governing authority through the CAIR where applicable.

This bill specifies that beginning January 1, 2021, the exemption form is the only documentation of a medical exemption that the governing authority may accept. This bill requires the exemption form to require all of the following information, at a minimum:

- The name, California medical license number, business address, and telephone number of the physician who issued the medical exemption, and of the primary care physician of the child, if different from the physician who issued the medical exemption.
- The name of the child for whom the exemption is sought, the name and address of the child's parent or guardian, and the name and address of the child's school or other institution.
- A statement certifying that the physician has conducted a physical examination and evaluation of the child consistent with the relevant standard of care and complied with all applicable requirements of this section.
- Whether the physician who issued the medical exemption is the child's primary care physician. If the issuing physician is not the child's primary care physician, the issuing physician shall also provide an explanation as to why the issuing physician, and not the primary care physician, is filling out the exemption form.
- How long the physician has been treating the child.
- A description of the medical basis for which the exemption for each individual immunization is sought. Each specific immunization shall be listed separately and space on the form shall be provided to allow for the inclusion of descriptive information for each immunization for which the exemption is sought.
- Whether the medical exemption is permanent or temporary, including the date upon which a temporary medical exemption will expire. A temporary exemption shall not exceed one year.
- An authorization for CDPH to contact the issuing physician for purposes of this section and for the release of records related to the medical exemption CDPH, the Board, and the Osteopathic Medical Board of California.
- A certification by the issuing physician, under penalty of perjury, that the statements and information contained in the form are true, accurate, and complete.

This bill prohibits an issuing physician from charging for filling out an exemption form and for a physical examination related to the renewal of a temporary medical exemption.

This bill requires, beginning January 1, 2021, if a parent or guardian requests a licensed physician to submit a medical exemption, the physician must inform the parent or guardian of the requirements of this bill. If the parent or guardian consents, the

physician must examine the child and submit a completed exemption form to CDPH. An exemption form may be submitted to the department at any time.

This bill requires CDPH, by January 1, 2021, to create a standardized system to monitor immunization levels in schools and institutions, and to monitor patterns of unusually high medical exemption form submissions by a particular physician.

This bill requires CDPH, at a minimum, to annually review immunization reports from all schools and institutions. This bill requires a clinically trained immunization CDPH staff member, who is either a physician or a registered nurse (RN), to review all medical exemptions from any of the following:

- Schools or institutions with an overall immunization rate of less than 95 percent.
- Physicians who have submitted five or more medical exemptions in a calendar year beginning January 1, 2020.
- Schools or institutions that do not provide reports of vaccination rates to CDPH.

This bill requires CDPH to identify those medical exemptions that do not meet applicable CDC, federal Advisory Committee on Immunization Practices (ACIP), or American Academy of Pediatrics (AAP) criteria for appropriate medical exemptions. CDPH may contact the primary care physician or the issuing physician to request additional information to support the medical exemption.

This bill allows CDPH, based on the medical discretion of the clinically trained immunization staff member, to accept a medical exemption that is based on other contraindications or precautions, including consideration of family medical history, if the issuing physician provides written documentation to support the medical exemption that is consistent with the relevant standard of care.

This bill specifies that a medical exemption that the reviewing CDPH immunization staff member determines to be inappropriate or otherwise invalid is also required to be reviewed by the State Public Health Officer, who is a physician, or another physician from CDPH's immunization program designated by the State Public Health Officer. Pursuant to this review, the State Public Health Officer or designee may revoke the medical exemption.

This bill specifies that medical exemptions issued prior to January 1, 2020 shall not be revoked unless the exemption was issued by a physician that has been subject to disciplinary action by the Board or the Osteopathic Medical Board of California.

This bill requires CDPH to notify the parent or guardian, issuing physician, the school or institution, and the local public health officer with jurisdiction over the school or institution of a denial or revocation. This bill specifies that if a medical exemption is revoked, the child shall continue in attendance at his or her school. However, within 30 calendar days of the revocation, the child shall begin the immunization schedule required for conditional admittance, unless an appeal is filed within that 30-day time period. If an appeal is filed, the child shall continue in attendance at his or her school

and shall not be required to comply with immunization requirements unless and until the revocation is upheld on appeal.

This bill specifies that if CDPH determines that a physician's practice is contributing to a public health risk in one or more communities, CDPH shall report the physician to the Board or the Osteopathic Medical Board of California, as appropriate. This bill prohibits CDPH from accepting a medical exemption form from the physician until the physician demonstrates to CDPH that the public health risk no longer exists, but in no event shall the physician be barred from submitting these forms for less than two years.

This bill specifies that if there is a pending accusation against a physician with the Board or the Osteopathic Medical Board of California relating to immunization standards of care, CDPH shall not accept a medical exemption from the physician unless and until the accusation is resolved in favor of the physician.

This bill specifies if a physician licensed with the Board or the Osteopathic Medical Board of California is on probation for action relating to immunization standards of care, CDPH and the governing authority shall not accept a medical exemption form from the physician unless and until the probation has been terminated.

This bill requires CDPH to notify the Board or the Osteopathic Medical Board of California, as appropriate, of any physician who has five or more medical exemption forms in a calendar year that are revoked.

This bill allows a clinically trained CDPH immunization program staff member who is a physician or an RN to review any exemption in the CAIR or other state database as necessary to protect public health.

This bill requires CDPH, the Board, and the Osteopathic Medical Board of California to enter into a memorandum of understanding or similar agreement to ensure compliance with the requirements of this bill.

This bill requires CDPH to establish the process and guidelines for review of medical exemptions. This bill requires CDPH to communicate the process to providers and post this information on CDPH's website.

This bill allows a medical exemption that is revoked to be appealed by a parent or guardian to the Secretary of the California Health and Human Services Agency (CHHS). This bill specifies that parents, guardians, or the physician who issued the medical exemption may provide necessary information for purposes of the appeal. This bill requires the Secretary of CHHS to establish an independent expert review panel, consisting of three licensed physicians who have relevant knowledge, training, and experience relating to primary care or immunization to review appeals. This bill requires CHHS to establish the process and guidelines for the appeals process, including the process for the panel to contact the issuing physician, parent, or guardian. This bill requires CHHS to post this information on CHHS' website. This bill requires CHHS to

establish requirements, including conflict-of-interest standards that a physician must meet in order to qualify to serve on the panel.

This bill requires the independent expert review panel to evaluate appeals consistent with CDC, ACIP, or AAP guidelines or the relevant standard of care, as applicable. This bill requires the independent expert review panel to submit its determination to the Secretary of CHHS. This bill requires the Secretary of CHHS to adopt the determination of the panel and promptly issue a written decision to the child's parent or guardian. This bill specifies that the decision shall not be subject to further administrative review.

This bill specifies that a child whose medical exemption revocation is appealed shall continue in attendance and shall not be required to begin the immunization required for conditional admittance, provided that the appeal is filed within 30 calendar days of revocation of the medical exemption. This bill specifies that CDPH and CHHS' appeals process is exempt from the rulemaking and administrative adjudication provisions in the Administrative Procedure Act.

This bill requires CDPH and the independent expert review panel to comply with all applicable state and federal privacy and confidentiality laws. This bill requires CDPH to disclose information submitted in the exemption form in accordance with existing law and to the independent expert review panel for the purposes of evaluating appeals.

This bill specifies if CDPH or CHHS determines that contracts are required to implement this bill, CDPH may award these contracts on a single-source or sole-source basis. This bill allows CDPH to implement and administer the requirements in this bill through provider bulletins, or similar instructions, without taking regulatory action.

This bill will require the medical exemption request form to include an authorization to release medical records to the Board, which will remove the obstacles the Board is currently facing in medical exemption cases and allow the Board to receive the medical records so the Board's experts can review these cases and opine if the physician followed the standard of care; as such, the Board took a support position on SB 276.

FISCAL: Minimal and absorbable

SUPPORT: (SB 276) American Academy of Pediatrics, California (co-sponsor); California Medical Association (co-sponsor); Vaccinate California (co-sponsor); Advanced Medical Technology Association; AIDS Healthcare foundation; American College of Cardiology, California Chapter; American College of Physicians, California Chapter; Bikur Cholim Jewish Healthcare Foundation; California Academy of Eye Physicians and Surgeons; California Academy of Family Physicians; California Academy of Pain Medicine; California Academy of Preventive Medicine; California Allergy, Asthma and Immunology Society; California Association of Professional

Scientists; California Children's Hospital Association; California Chronic Care Coalition; California Hospital Association; California Immunization Coalition; California Life Sciences Association; California Optometric Association; California Orthopaedic Association; California School Nurses Organization; California Society of Health System Pharmacists; California State Association of Counties; California State PTA; Children Now; Children's Defense Fund; Children's Specialty Care Coalition; Contra Costa County Board of Supervisors; County Health Executives Association of California; County of Los Angeles Board of Supervisors; County of Marin; County of Santa Clara; Donate Life California; First 5 California; Health Officers Association of California; Infectious Disease Association of California; Kaiser Permanente; LA Care Health Plan; March of Dimes; Medical Board of California; Orthopedic Surgery Specialists Medical Group; Providence St. Joseph Hospital; Santa Barbara County Board of Supervisors; Santa Cruz County; Sonoma County Health Action Committee for Healthcare Improvement; Sutter Health; The Helm Center; United Democratic Club; West Hills Neighborhood Council; and over 700 individuals

OPPOSITION: (SB 276) A Voice for Choice Advocacy; Adoption Health Advocates; Advocates for Physicians' Rights; Alliance for Natural Health USA; Association of American Physicians and Surgeons; Autism one; California Health Coalition Advocacy; California Right to Life Committee, Inc.; Californians for Trusted Healthcare; Concerned Physicians; Eagle Forum of California; Educate.Advocate.; Hope Inc. Academy; Ladies with Babies; Los Angeles Moms; Moms Across America; National Health Freedom Action; National Vaccine Information Center; Orange County Health Choice; Pacific Justice Institute – Center for Public Policy; ParentalRights.Org; Physicians Association for Anthroposophic Medicine; Physicians for Informed Consent; Protection for the Educational Rights of Kids; Vaccine-Injury Awareness League; West Virginians for Health Freedom; and over 800 individuals.

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 Office, Health Quality Enforcement Section;
- Work with CDPH on the process to obtain the authorizations to release medical records for medical exemption complaints;
- Work with CDPH on the process to submit data to CDPH on all physicians that have been subject to disciplinary action;

- Work with CDPH on the process to obtain information regarding physicians that CDPH has determined that their practice is contributing to a public health risk in on or more communities;
- Work with CDPH on the process to obtain information regarding physicians who have had five or more medical exemptions revoked in a calendar year;
- Work with CDPH on the process to notify CDPH of physicians who have accusations pending relating to the immunization standards of care and on the process to notify CDPH when the accusation is resolved;
- Work with CDPH on the process to notify CDPH of physicians who are on probation for actions relating to immunization standards of care and on the process to notify CDPH when the probation is terminated;
- Enter into a memorandum of understanding with CDPH to ensure compliance with this bill; and
- Include information regarding the requirements of this bill on the Board's website (in coordination with CDPH) and email all physicians information regarding the requirements of this bill.

ATTACHMENTS: SB 276, Pan. Immunizations: medical exemptions.
SB 714, Pan. Immunizations.

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	SB 786
AUTHOR:	Comm. on Business, Professions and Economic Development
CHAPTER:	Chaptered, #456
BILL DATE:	September 5, 2019, Amended
SUBJECT:	Healing Arts:
SPONSOR:	Various Healing Arts Boards
POSITION:	Support Provisions Related to the Medical Board of California

DESCRIPTION OF CURRENT LEGISLATION:

This bill is the committee bill that includes technical and clarifying changes for healing arts boards under the Department of Consumer Affairs. This analysis will only include the provisions that impact the Medical Board of California (Board). This bill makes technical and clarifying changes and deletes outdated sections of the Business and Professions Code (BPC) that are related to the Board.

ANALYSIS:

This bill cleans up inconsistent language in BPC Section 803.1, including changing "physicians and surgeons" to "licensees".

This bill deletes BPC Section 2234(g), which becomes operative upon implementation of the proposed registration program described in BPC Section 2052.5, as this subdivision is no longer needed because BPC 2052.5 has been repealed.

This bill deletes BPC Sections 2155-2167 (Loans to Medical Students) and 2200-2213 (Physician and Surgeon Incentive Pilot Program), as these programs are not active.

These changes will clean up the code section and delete language regarding programs that are not active; the Board is supportive of these provisions in SB 786.

FISCAL: None

SUPPORT: California Board of Behavioral Sciences
Dental Hygiene Board of California
Medical Board of California

OPPOSITION: None on file

IMPLEMENTATION:

- Newsletter article.

ATTACHMENT: SB 786, Committee on Business, Professions and Economic Development. Healing arts.

MBC TRACKER II BILLS
10/21/2019

BILL	AUTHOR	TITLE	STATUS	AMENDED
AB 5	Gonzalez	Worker Status: Employees and Independent Contractors	Chaptered, #296	09/06/19
AB 171	Gonzalez	Employment: Sexual Harassment	Vetoed	07/03/19
AB 174	Wood	Health Care	Chaptered, #795	08/30/19
AB 204	Wood	Hospitals: Community Benefit Plan Reporting	Chaptered, #535	06/28/19
AB 262	Gloria	Local Health Officers: Communicable Diseases	Chaptered, #798	06/11/19
AB 283	Chu	CalWORKS: School Attendance: Immunizations	Vetoed	09/06/19
AB 365	Garcia, C.	State Civil Service: Examination and Hiring Process	Vetoed	08/30/19
AB 372	Voepel	State Employees: Infant at Work Programs	Vetoed	04/22/19
AB 379	Maienschein	Youth Athletics: Concussion and Sudden Cardiac Arrest Prevention Protocols	Chaptered, #174	04/01/19
AB 414	Bonta	Healthcare Coverage: Minimum Essential Coverage	Chaptered, #801	07/11/19
AB 420	Lackey	The California Cannabis Research Program	Chaptered, #802	07/08/19
AB 476	Rubio, B.	Department of Consumer Affairs: Task Force: Foreign-Trained Prof.	Vetoed	09/06/19
AB 496	Low	Business and Professions	Chaptered, #351	09/06/19
AB 512	Ting	Medi-Cal: Specialty Mental Health Services	Vetoed	08/30/19
AB 521	Berman	Physicians: Firearms: Training	Chaptered, #728	05/30/19
AB 538	Berman	Sexual Assault: Forensic Examinations and Reporting	Chaptered, #714	09/06/19
AB 577	Eggman	Medi-Cal: Maternal Mental Health	Chaptered, #776	08/14/19
AB 678	Flora	Medi-Cal: Podiatric Services	Chaptered, #433	07/08/19
AB 743	Garcia, E.	Pupil Health: Self-Admin. Of Prescribed Asthma Medication	Chaptered, #101	04/22/19
AB 744	Aguiar-Curry	Health Care Coverage: Telehealth	Chaptered, #867	09/10/19
AB 824	Wood	Business: Preserving Access to Affordable Drugs	Chaptered, #531	09/04/19
AB 848	Gray	Medi-Cal: Covered Benefits: Continuous Glucose Monitors	Vetoed	08/30/19
AB 874	Irwin	California Consumer Privacy Act of 2018	Chaptered, #748	09/06/19
AB 922	Burke	Reproductive Health and Research: Oocyte Procurement	Chaptered, #864	09/06/19

BILL	AUTHOR	TITLE	STATUS	AMENDED
AB 973	Irwin	Pharmacies: Compounding	Chaptered, #184	05/13/19
AB 993	Nazarian	Health Care Coverage: HIV Specialists	Vetoed	09/04/19
AB 1033	Cooper	State Employment: New Employees: Information	Chaptered, #447	05/16/19
AB 1076	Ting	Criminal Records: Automatic Relief	Chaptered, #578	08/30/19
AB 1184	Gloria	Public Records: Writing Transmitted by Email: Retention	Vetoed	08/30/19
AB 1209	Nazarian	Long-Term Care Benefits	Chaptered, #625	09/05/19
AB 1223	Aguiar-Curry	Living Organ Donation	Chaptered, #316	05/06/19
AB 1365	Comm. on Vet. Affairs	Disabled Veteran Business Enterprise Program	Chaptered, #689	09/06/19
AB 1494	Aguiar-Curry	Medi-Cal: Telehealth: State of Emergency	Chaptered, #829	08/30/19
AB 1600	Kalra	Discovery: Personnel Records: Peace Officers & Custodial Officers	Chaptered, #585	09/04/19
AB 1622	Carrillo	Family Physicians	Chaptered, #632	09/06/19
AB 1803	Comm. on Health	Pharmacy: HealthCare Coverage: Claims for Prescriptions	Chaptered, #114	
AB 1804	Comm. on Lab. And Emp.	Occupational Injuries and Illnesses: Reporting	Chaptered, #199	06/13/19
AB 1805	Comm. on Lab. And Emp.	Occupational Safety and Health	Chaptered, #200	04/29/19
AB 1819	Comm. on Jud.	Inspection of Public Records: Use of Requestors Rep. Equip.	Chaptered, #695	08/30/19
ACR 50	Chiu	Workforce Development	Chaptered, #143	
HR 6	Limon	Relative to Women's Reproductive Health	Adopted	
SB 24	Leyva	Public Health: Public Univ. Stud. Health Ctrs: Abortion by Med.	Chaptered, #740	09/06/19
SB 34	Wiener	Cannabis: Donations	Chaptered, #837	09/06/19
SB 156	Nielsen	Health Facilities: Emergency Medical Services	Chaptered, #839	09/05/19
SB 163	Portantino	Healthcare Coverage: Pervasive Dev. Disorder or Autism	Vetoed	09/05/19
SB 165	Atkins	Medical Interpretation Services	Chaptered, #365	09/03/19
SB 223	Hill	Pupil Health: Administration of Medicinal Cannabis: Schoolsites	Chaptered, #699	06/26/19

MBC TRACKER II BILLS
10/21/2019

BILL	AUTHOR	TITLE	STATUS	AMENDED
SB 260	Hurtado	Automatic Health Care Coverage Enrollment	Chaptered, #845	08/12/19
SB 305	Hueso	Compassionate Access to Medical Cannabis Act or Ryan's Law	Vetoed	08/12/19
SB 382	Nielsen	Medi-Cal: Managed Health Care Plan	Vetoed	09/03/19
SB 464	Mitchell	California Dignity in Pregnancy and Childbirth Act	Chaptered, #533	09/03/19
SB 537	Hill	Worker's Compensation: Treatment and Disability	Chaptered, #647	09/06/19
SB 569	Stone	Controlled Substances: Prescriptions: Declared Emergency	Chaptered, #705	07/02/19
SB 583	Jackson	Clinical Trials	Chaptered, #482	06/19/19
SB 600	Portantino	Health Care Coverage: Fertility Preservation	Chaptered, #853	09/05/19
SB 601	Morrell	State Agencies: Licenses: Fee Waiver	Chaptered, #854	06/27/19
SB 639	Mitchell	Medical Services: Credit or Loan	Chaptered, #856	09/06/19
SB 706	Galgiani	Public Health: Pulmonary Hypertension Task Force	Vetoed	09/03/19
SCR 4	Glazer	Physician Anesthesiologist Week	Chaptered, #9	
SJR 4	Leyva	Title X	Chaptered, #115	
SR 7	Leyva	Relative to Women's Reproductive Health	Adopted	01/07/19