MEDICAL BOARD OF CALIFORNIA - 2021 TRACKER LIST
May 12, 2021

BILL	AUTHOR	TITLE	STATUS	POSITION	AMENDED
AB 356	Chen	Fluoroscopy: Temporary Permit	Assembly Appropriations		
AB 359	Cooper	Physicians and Surgeons: Licensure: Examination	Senate Rules		03/22/21
AB 443	Carrillo	Physicians and Surgeons: Fellowship Programs: Special Faculty Permits	Assembly Appropriations		04/19/21
AB 562	Low	Frontline COVID-19 Provider Mental Health Resiliency Act of 2021: Health Care Providers: Mental Health Services	Assembly Appropriations		04/08/21
AB 852	Wood	Nurse Practitioners: Scope of Practice: Practice Without Standardized Procedures	Assembly Floor		04/21/21
AB 1102	Low	Telephone Medical Advice Services	Senate Rules		
AB 1273	Rodriguez	Interagency Advisory Committee on Apprenticeship: the Director of Consumer Affairs and the State Public Health Officer	Assembly Floor		03/22/21

Green – For Discussion; Blue – No Discussion Needed

MEDICAL BOARD OF CALIFORNIA - 2021 TRACKER LIST
May 12, 2021

AB 1278	Nazarian	Physicians and Surgeons: Payment or Transfer of Value: Disclosure: Notice	Assembly Appropriations	04/15/21
SB 48	Limón	Dementia and Alzheimer's Disease	Senate Floor	03/09/21
SB 57	Wiener	Controlled Substances: Overdose Prevention Program	Assembly Rules	03/25/21
SB 310	Rubio	Unused Medications: Cancer Medication Recycling	Senate Appropriations	04/08/21
SB 528	Jones	Juveniles: Health Information Summary: Psychotropic Medication	Senate Appropriations	04/19/21
SB 806	Roth	Physician Assistants: Written Examination	Senate Appropriations	

Green – For Discussion; Blue – No Discussion Needed

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	AB 356
AUTHOR:	Chen
BILL DATE:	February 1, 2021, Introduced
SUBJECT:	Fluoroscopy: Temporary Permit
SPONSOR:	California Podiatric Medical Association and California Orthopaedic Association

DESCRIPTION OF CURRENT LEGISLATION:

Authorizes the California Department of Public Health (CDPH) to issue to a physician and surgeon or a doctor of podiatric medicine a one time, temporary permit authorizing them to operate or supervise the operation of fluoroscopic x-ray equipment if they meet certain requirements.

BACKGROUND:

Current law provides for the Radiologic Health Branch (RHB) within the CDPH with responsibility for administering and enforcing the Radiologic Technology Act. Requires the RHB to provide for the certification of radiologic technologists, including physicians and surgeons, to use certain radiologic technology. Current law also requires the RHB to issue a fluoroscopy permit to a qualified licensee of the healing arts.

ANALYSIS:

According to the author:

> "Fluoroscopy is a kind of video x-ray used in surgery for many purposes. This simple bill helps patients by allowing doctors and podiatrists who have used fluoroscopy in their practice in another state to have a one time, temporary permit to use fluoroscopy to give them time to complete the requirements for a California fluoroscopy permit. Because California is one of only two states to require doctors and podiatrists to have an additional permit to use fluoroscopy in surgery, many doctors who have practiced in other states do not know they need to get a permit until they get to California. The process to get a permit can take up to nine months. Since patients need their doctors to be able to use fluoroscopy in surgery, this bill will help surgical patients by letting out of state doctors who have used fluoroscopy get a one-time temporary permit to use fluoroscopy while they complete the requirements for a California permit."

This bill would allow the RHB to issue a temporary permit for physicians and surgeons and doctors of podiatric medicine to operate or supervise the operation of fluoroscopic x-ray equipment if they meet the following requirements:

- Holds a valid license in this state
- Has submitted an application for a fluoroscopy certificate to RHB
- Has used fluoroscopy in another state
- The application indicates the location/facilities where the licensee will provide fluoroscopy.

These permits would not be eligible to be renewed and if a for physician and surgeon or doctor of podiatric medicine who wishes to maintain the authority after 12 months would be required to seek full authorization.

Prior Legislation

In 2019, the Board had a neutral position on AB 407, which would have allowed a physician or a doctor of podiatric medicine to provide fluoroscopy and radiography services and supervise radiologic technologists prior to receiving a fluoroscopy permit or certification if the physician or doctor of podiatric medicine has completed the radiation safety training provided by a facility accredited by the Centers for Medicare and Medicaid Services' (CMS) Conditions for Coverage relating to radiation safety. That bill was opposed by the California Radiological Society and the California Society of Radiologic Technologists.

FISCAL: Minor and absorbable costs to the Board

SUPPORT: None

OPPOSITION: None

POSITION: Recommendation: None

ATTACHMENT: AB 356, Chen - Fluoroscopy: Temporary Permit
Version: 02/01/21 – Introduced

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	AB 359
AUTHOR:	Cooper
BILL DATE:	March 22, 2021, Amended
SUBJECT:	Physicians and Surgeons: Licensure: Examination
SPONSOR:	Choice Medical Group and the California Medical Association

DESCRIPTION OF CURRENT LEGISLATION:

Authorizes applicants who took more than four tries to pass Step 3 of the United States Medical Licensing Examination (USMLE) to qualify for licensure in this state, if they hold an unrestricted license in another state, as specified. The bill also adds specified subjects to the list of courses that a licensee may take to meet their continuing medical education requirements (CME).

This bill contains an urgency clause and would take effect immediately upon approval by the Governor.

BACKGROUND:

USMLE

Current law generally requires an applicant for a medical license to obtain a passing score on all parts of Step 3 of the USMLE within four attempts, or less. In addition to the Board's special permit programs, out-of-state physicians seeking a license in California may also qualify under either of the following pathways:

1. Business and Professions Code (BPC) section 2135:

    a. The applicant holds an unlimited license in another state or Canada that was issued based upon successful completion of a resident course of professional instruction leading to a medical degree from a school approved by the Medical Board of California (Board) and passed a written examination approved by the Board, as specified.

    b. The applicant has held their license for at least four years, as specified.

    c. The Board determines that no disciplinary action has been taken against the applicant and has not been the subject of adverse judgments or settlements resulting from the practice of medicine that the board determines constitutes evidence of a pattern of negligence or incompetence.

d. The applicant has either satisfactorily completed at least one year of approved post graduate training and is certified by the American Board of Medical Specialties (ABMS), satisfactorily completed two years of approved post graduate training, or satisfactorily completed one year of approve post graduate training and passes the clinical competency written examination.

2. BPC section 2135.5:

   a. The applicant has held an unlimited and unrestricted physician license for at least four years, as specified.

   b. The applicant has completed 36 months of postgraduate training and is certified by an ABMS board.

   c. The applicant is not subject to the denial of their license, as specified.

   d. The applicant has not been the subject of a disciplinary action by a medical licensing authority or of an adverse judgment or settlement resulting from the practice of medicine that, as determined by the board, constitutes a pattern of negligence or incompetence.

USMLE is implementing a new attempt limit policy starting no earlier than July 1, 2021, stating, according to their website that "an examinee will be ineligible to take a Step or Step Component if the examinee has made four (4) or more prior attempts on that Step or Step Component, including incomplete attempts."

The USMLE Composite Committee provided the following reasons for the policy change on its website:

> The committee voted to change the number of allowed attempts to protect the integrity of the exam and more closely match the USMLE attempt limits imposed by state medical boards in the majority of states. As part of the review, the committee reviewed information showing that it is uncommon for individuals with multiple repeated attempts on USMLE examination Steps or Components to complete the examination sequence successfully, gain access to postgraduate training and, ultimately, receive a license to practice medicine in the United States.

CME

CME is intended to maintain, develop, or increase the knowledge, skills and professional performance that a physician and surgeon uses to provide care, or to improve the quality of care provided to their patients. The Act provides the Medical Board of California (Board) broad authority to establish CME standards and requirements, including mandating CME on certain topics. The Act also includes various

general CME requirements, including, but not limited to cultural and linguistic competency and implicit bias.

Additionally, the Act establishes the following topical CME requirements:

- All general internists and family physicians who have a patient population of which over 25 percent are 65 years of age or older shall complete at least 20 percent (i.e. 10 hours) of all mandatory CME hours during each two-year renewal cycle in the fields of geriatric medicine or the care of older patients[1].
- All physicians and surgeons shall complete CME on a one-time basis in the amount of 12 credit hours on either of the following topics:
    - Pain management and the treatment of terminally ill and dying patients
    - Treatment and management of opiate-dependent patients, which includes eight hours of training in buprenorphine, or similar medicinal, treatment for opioid use disorders.

Via regulation, the Board requires a physician and surgeon to complete not less than 50 hours of approved CME during each two-year period prior to renewing their license. Other than the above-described requirements, physicians and surgeons may exercise discretion to choose the CME most appropriate to their patients and medical practice.

ANALYSIS:

According to the author:

> "Californians deserve access to safe and appropriate medical care, regardless of their socioeconomic background or geographic location, and should have the option to see a physician for their medical needs if they so choose. [This bill] will increase access to physician and surgeons and will ensure physicians in California receive CME credit for the professional work they do to improve patient care, and will create an equivalent framework in California with the requirements for CME nationally."

The bill makes two key changes to the Act.

USMLE Step 3 Requirements
First, it allows an applicant to qualify for licensure regardless of the number of attempts they require to pass Step 3 of the USMLE, if they meet the following criteria:

- They hold an unrestricted license as a physician and surgeon in another state;

[1] See Business and Professions Code (BPC) section 2190.3

- The board determines that no disciplinary action has been taken against the applicant by any medical licensing authority; and

- The applicant has not been the subject of adverse judgments or settlements resulting from the practice of medicine that the board determines constitutes evidence of a pattern of negligence or incompetence.

In 2020, 97 percent of examines passed the USMLE Step 3 on their first attempt. Repeat examinations of Step 3 were passed at a rate of 73 percent.

Expands the Types of Courses that Satisfy CME Requirements
Second, the bill adds to the list of courses that will be acceptable toward meeting a physician's CME requirements, to include:

- Educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships used to provide services to the public or the profession
- Educational activities that promote recommendations, treatment, or manners of practicing medicine that include:
    - Practice management content designed to provide better service to patients, including, but not limited to, the use of technology or clinical office workflow
    - Have management content designed to support managing a health care facility, including but not limited to, coding or reimbursement in a medical practice
    - Support educational methodology for physicians teaching in a medical school

Further, the bill eliminates statutory language that currently disallows, for purposes of CME requirements, educational activities that are not directed toward the practice of medicine, or are directed primarily toward the business aspects of medical practice.

Under the provisions of this bill, a physician could maintain their license to practice medicine exclusively through coursework unrelated to direct patient care. The Board may wish to consider whether to request an amendment to require licensees to take a certain amount of CME courses in direct patient care. Alternatively, the Board may be able to pursue such a requirement through the rulemaking process.

FISCAL: Minor and absorbable

SUPPORT: California Medical Association (co-sponsor)
Choice Medical Group (co-sponsor)
California Orthopedic Association

OPPOSITION: None

POSITION: Recommendation: None

ATTACHMENT: AB 359, Cooper - Physicians and Surgeons: Licensure: Examination.
Version: 03/22/21 – Amended

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	AB 562
AUTHOR:	Low
BILL DATE:	April 8, 2021, Introduced
SUBJECT:	Frontline COVID-19 Provider Mental Health Resiliency Act of 2021: Health Care Providers: Mental Health Services.
SPONSOR:	United Nurses Associations of California/Union of Health Care Professionals California Society of Anesthesiologists California Medical Association

DESCRIPTION OF CURRENT LEGISLATION:

Requires the Department of Consumer Affairs (DCA) to establish a mental health resiliency program, until Jan 1, 2025, in consultation with relevant health arts boards, and contract with vendors of mental health services, as defined, to provide mental health services to eligible licensees who provide, or has provided, consistent in-person health care services to patients with COVID-19, as specified.

BACKGROUND:

Existing law establishes the Medical Board of California (Board) and charges it with certain licensing and enforcement responsibilities. Existing law states that the protection of the public is the Board's paramount priority. In addition, current law authorizes the Board to establish a Physician Health and Wellness Program to provide for the prevention of substance abuse issues.

ANALYSIS:

According to the author:

> "If the true measure of a society is how it treats its most vulnerable people, we should be equally concerned with how well we support heroes who have been working nonstop during a generational crisis. The pandemic has placed our nurses, physicians, and frontline health care workers under enormous stress, and they have been carrying this unbelievable burden for nearly a year. The trauma they have experienced will not just go away when vaccines become ubiquitous and the pandemic comes to an end. We need urgent action to support these heroes by expanding access to mental and behavioral health services."

Responsibilities of DCA

The bill requires the DCA Director to, within three months of the effective date of the bill, in consultation with the relevant healing arts boards, establish a mental health resiliency program to provide mental health services to frontline COVID 19 providers. This bill has an urgency clause and would take effect immediately upon approval of the Governor.

DCA shall also contract with one or more vendors of mental health services for the duration of the program, supervise all vendors and monitor vendor utilization rates, and authorizes termination of any contract. If the vendor's contract is terminated, the Director must contract with a replacement vendor as soon as practicable.

Responsibilities of the Boards

The bill requires the following boards (Medical Board of California, Osteopathic Medical Board of California, Board of Registered Nursing, Physician Assistant Board, and the Respiratory Care Board of California) to do the following:

- Notify licensees and solicit applications for access to the mental health resiliency program immediately upon the availability of any services contracted for.

- Receive applications from eligible licensees that include an attestation that the applicant is eligible and includes the following:

    - The location and type of the facility or facilities the applicant worked as a frontline COVID-19 provider.

    - The applicant's assigned unit or units at the facility or facilities.

    - A voluntary survey of race or ethnicity and gender identity.

A board shall deem the applicant eligible licensee if the attestation is complete and any facility and unit listed would provide care to COVID-19 patients. It is unclear how a board would determine whether a certain facility provided care to such patients.

Applicants who willfully make a false statement in their attestation are guilty of a misdemeanor.

The bill provides that application to or participation in the mental health resiliency program shall not be used for purposes of disciplinary action and shall be kept confidential, except that deidentified and aggregated statistics on program usage shall be reported to the Legislature.

Implementation Considerations

While the aim of the program is laudable, the program is likely to lead to new costs to the various boards to cover expenses to create and review/approve applications. More significantly, there may be substantial increases in pro-rata payments from the boards

to DCA to cover expenses related to the services provided to eligible licensees. Those costs are undetermined.

According to the author's staff, they expect that usage of the program will be modest and are open to considering options that would decrease the costs of the program. In addition, the author is pursuing funding through the state budget to cover the program's costs.

The bill states that application or participation in the program shall not be used for purposes of discipline, which may place a board in a difficult position, since the bill requires applicants to apply through the boards for mental health treatment. Further, interested applicants may be hesitant to submit an application to their licensing boards indicating they require mental health treatment.

Therefore, the Board may wish to consider encouraging the author and sponsor to amend the bill to require the selected mental health services vendor(s), and not the Board, to receive applications and determine eligibility. Further, the Board may wish to formally request that funds outside the Board be used to pay for the costs associated with the program.

FISCAL: Unknown, potentially major costs to the Board.

SUPPORT: None

OPPOSITION: None

POSITION: Recommendation: Support, if Amended to request that applications are received and eligibility is determined by program vendors and that funds outside the Board be secured to pay all program costs.

ATTACHMENT: AB 562, Low - Frontline COVID-19 Provider Mental Health Resiliency Act of 2021: health care providers: mental health services.
Version: 04/08/20 – Introduced

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	AB 1102
AUTHOR:	Low
BILL DATE:	February 12, 2021, Introduced
SUBJECT:	Telephone Medical Advice Services
SPONSOR:	Low

DESCRIPTION OF CURRENT LEGISLATION:

This bill would specify that a telephone medical advice service is required to ensure that all health care professionals who provide telephone medical advice services from an out-of-state location are operating consistent with the laws governing their respective licenses. The bill would also specify that a telephone medical advice service is required to comply with all directions and requests for information made by the respective healing arts licensing boards.

BACKGROUND:

Prior law required businesses that employed, or contract or subcontract with, the full-time equivalent of five or more persons functioning as health care professionals, whose primary function is to provide telephone medical advice, that provided telephone medical advice services to a patient at a California address to be registered with the Telephone Medical Advice Services Bureau and further required telephone medical advice services to comply with the requirements established by the Department of Consumer Affairs (DCA).

However, the Telephone Medical Advice Services Bureau (Bureau) was sunset (abolished) as of January 1, 2017.

ANALYSIS:

According to the author:

> "This bill would clarify that the telephone medical advice companies must comply with directions and requests for information from not just the DCA, but also any licensing board that has jurisdiction over the type of advice being provided. Further, by virtue of hiring the professionals, the companies themselves may be providing services under state law. As a result, the oversight over these companies should be clarified to also include the licensing boards."

When the Bureau was abolished, enforcement was transferred to individual board through their existing authority over the practice of the relevant licensed practitioners.

However, the language still requires the companies to comply with DCA direction and requests for information.

The DCA has limited authority over licensing boards and their licensees. This bill would clarify that the enforcement of the regulation of telephone medical advice services is within the jurisdiction of the boards by requiring them to comply with directions and requests from the boards, not just DCA.

It would also clarify that a person who resides out of state and provides telephone medical advice in California must comply with the specific licensing requirements (e.g. not delinquent), not just the scope of practice requirements of their own state's license.

According to the DCA 2017 Annual Report, when the Bureau was abolished, it oversaw 68 registrants.

FISCAL: Minor and absorbable costs to the Board

SUPPORT: None

OPPOSITION: None

POSITION: Recommendation: Support

ATTACHMENT: AB 1102, Low - Telephone Medical Advice Bureaus.
Version: 12/07/20 – Introduced

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	AB 1278
AUTHOR:	Nazarian
BILL DATE:	April 15, 2021, Amended
SUBJECT:	Physicians and Surgeons Payment or Transfer of Value: Disclosure: Notice
SPONSOR:	The Center for Public Interest Law (CPIL)

DESCRIPTION OF CURRENT LEGISLATION:

Requires a physician who receives a payment or transfer of value from a drug or device company on or after January 1, 2014 to disclose it in writing to their patient or patient's representative prior to the intended use or prescription of that drug or device, and requires all physicians and surgeons to post a notice informing patients of the federal Centers for Medicare and Medicaid Services (CMS) Open Payments database.

A violation of the requirements of the bill shall constitute unprofessional conduct.

BACKGROUND:

Current law requires a physician to maintain adequate and accurate records relating to the provision of services to their patients and states that failure to do so constitutes unprofessional conduct.

The Physician Payments Sunshine Act is a federal law that requires medical product manufacturers to disclose to the Centers for Medicare and Medicaid Services (CMS) any payments or other transfers of value made to physicians or teaching hospitals. The intention of this law is to increase transparency regarding financial relationships between health care providers and pharmaceutical manufacturers.

According to a report published by Pro Publica in 2019, based upon an analysis of the 50 most prescribed brand-name drugs in Medicare for which manufacturers made payments to physicians in 2016, “[on] average, across all drugs, providers who received payments specifically tied to a drug prescribed it 58% more than providers who did not receive payments.

ANALYSIS:

According to CPIL:

> "Disclosure of financial conflicts of interest by doctors is a moral obligation not enforced by law. AB 1278 would remedy this problem by mandating physician disclosure of any financial conflicts of interest to their patients, and empowering

patients to make better and more informed choices about their treatment. Preceding any treatment, physicians would be required to explain their healthcare recommendation, the clinical evidence supporting it, as well as disclosing any financial ties they have to the drug or device manufacturer. The result would be strengthened trust between patients and doctors, as well as patients being fully apprised of information relevant to their care to aid them as they evaluate health care decisions."

The bill contains two key requirements.

First, a physician who receives any payment or transfer of value from a drug or device company shall disclose to their patient in writing the source of the payment prior to the intended use or prescription of a device or drug manufactured or distributed by that company. The disclosure shall cover any payment or transfer of value received on or after January 1, 2014. The written disclosure shall include a signature from the patient or patient representative and the date of signature.

That written disclosure shall contain the following text:

> “If you would like further details on the information provided above you may discuss with Dr. ____ and/or visit openpaymentsdata.cms.gov, a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals.”

The bill requires the physicians to include in the written or electronic records for the patient a record of this disclosure and states that the physician shall give to the patient or patient representative a copy of the signed and dated disclosure

Second, the bill requires a physician to post in each location where they practice, in an area likely to be seen, a notice regarding the open payments database. That notice shall include an internet website link to that database and the following text:

> “For informational purposes only, a link to the federal Centers for Medicare and Medicaid Services (CMS) Open Payments web page is provided here. The federal Physician Payments Sunshine Act requires that detailed information about payment and other payments of value worth over ten dollars ($10) from manufacturers of drugs, medical devices, and biologics to physicians and teaching hospitals be made available to the public.”

The bill states that a physician and surgeon subject to the requirements is employed by a health care employer, the health care employer shall be responsible for meeting the requirements of this section. AB 1278 also exempts a physician and surgeon working in a hospital emergency room from its requirements.

FISCAL:	Minor and absorbable
SUPPORT:	Association for Medical Ethics Dr. Charles Rose, President for Medical Ethics, UC Irvine Breast Implant Safety Alliance Consumer Attorneys of California Consumer Watchdog Health Access California Heartland Health Research Institute Informed Patient Institute Mending Kids
OPPOSITION:	California Academy of Family Physicians (unless amended) California Chapter, American College of Cardiology California Rheumatology Alliance California Society of Plastic Surgeons
POSITION:	Recommendation: Support
ATTACHMENT:	AB 1278, Nazarian - Physicians and Surgeons: Payment or Transfer of Value: Disclosure: Notice. Version: 4/15/21 – Amended

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	SB 48
AUTHOR:	Limón
BILL DATE:	March 9, 2021, Amended
SUBJECT:	Dementia and Alzheimer's Disease
SPONSOR:	Alzheimer's Association (California Chapter)

DESCRIPTION OF CURRENT LEGISLATION:

This bill would require all general internists and family physicians to complete at least four hours of continuing medical education (CME) on the special care needs of patients with dementia. Would enact related requirements specific to Physician Assistants.

RECENT AMENDMENTS AND ACTION

The prior version also applied to Licensed Clinical Social Workers, but that requirement was removed in the most recent amendments.

At the prior meeting of the Medical Board of California's (Board), the Board discussed this bill, but did not take a positon. Instead, the Board directed staff to send a letter of concerns that indicated:

- Physicians may serve a diverse patient population and should have the flexibility to choose the CME most appropriate to their practice

- Mandating, by statute, CME on a certain topic may lead to future pressures to do so on other matters, potentially "crowding out" the other CME needs that physicians face as they serve their particular patient population

    - Further, such a requirement would potentially create a significant demand for these courses, and unintentionally provide new opportunities for those who simply seek to sell their therapies to physicians

The bill has not been amended to resolve those concerns.

BACKGROUND:

CME is intended to maintain, develop, or increase the knowledge, skills and professional performance that a physician and surgeon uses to provide care, or to improve the quality of care provided to their patients. The Medical Practice Act (Act) provides the Medical Board of California (Board) broad authority to establish CME standards and requirements, including mandating CME on certain topics. The Act also

includes various general CME requirements, including, but not limited to cultural and linguistic competency and implicit bias.

Additionally, the Act establishes the following topical CME requirements:

- All general internists and family physicians who have a patient population of which over 25 percent are 65 years of age or older shall complete at least 20 percent (i.e. 10 hours) of all mandatory CME hours during each two-year renewal cycle in the fields of geriatric medicine or the care of older patients[1].
- All physicians and surgeons shall complete CME on a one-time basis in the amount of 12 credit hours on either of the following topics:
    - Pain management and the treatment of terminally ill and dying patients
    - Treatment and management of opiate-dependent patients, which includes eight hours of training in buprenorphine, or similar medicinal, treatment for opioid use disorders.

Via regulation, the Board requires a physician and surgeon to complete not less than 50 hours of approved CME during each two-year period prior to renewing their license. Other than the above-described requirements, physicians and surgeons may exercise discretion to choose the CME most appropriate to their patients and medical practice.

Further, the Act requires the Board to consider requiring CME on various topics, including:

- Human sexuality
- Elder and child abuse detection and treatment
- Acupuncture
- Nutrition
- Early detection and treatment of substance abusing pregnant women
- Signs of abuse of women by their spouses/partners
- End-of-life issues
- Pain management and the risk of addiction associated with the use of Schedule II drugs
- Geriatric care provided by emergency room physicians and surgeons
- HIV/AID pre-exposure and post-exposure prophylaxis and counseling in primary care settings
- Integrating mental and physical health care in primary care settings as it pertains to mental health issues and exposure to trauma in children and young adults
- Maternal mental health

[1] See Business and Professions Code (BPC) section 2190.3

ANALYSIS:

According to the author:

> It is critical that our physicians are as prepared as possible to diagnose for Alzheimer's disease. Far too many in our state live for years without that diagnosis which limits their ability to live their lives understanding what is happening to them. SB 48 will ensure that as our state continues to age, all our elders will be able to receive a timely, accurate, and necessary diagnosis.

The sponsor states that SB 48 would improve the ability of Californians to receive a timely, dignified diagnosis and quality care. The sponsor notes that shortages of medical specialists will place an increasing burden on primary care physicians (PCP) to meet the current and future needs of individuals suffering from Alzheimer's and other forms of dementia. A December 2019 survey[2] of PCPs revealed that 39 percent were never or only sometimes comfortable making a diagnosis of dementia. Further, half of survey participants stated that the medical profession is either "not very prepared" or "not at all prepared" to care for the growing numbers of individuals living with dementia.

In January 2021, Governor Newsom announced the release of California's first-ever Master Plan for Aging, a comprehensive framework intended to prepare California for anticipated demographic changes in this state. The California Master Plan for Aging, Stakeholder Advisory Committee Final Report (page 178) recommends that certain providers, including physicians, obtain 10 CME hours in geriatric and dementia competencies.

The author's office and sponsor believe that current CME requirements are insufficient to prepare PCPs to care for the growing patient population living with dementia. Therefore, they argue that all general internists and family physicians should be required, at a minimum, to complete four hours of CME every renewal cycle on the special care needs of patients with dementia.

They note that current CME requirements for general internists and family physicians pursuant to BPC section 2190.3, which mandates CME in geriatric medicine or the care of older patients, does not necessarily include care related to dementia.

Impact of Proposed Requirement
As currently drafted, the requirements included in SB 48 would be added to existing CME requirements. The four required CME hours must be taken every two years by all general internists and family physicians, regardless of their patient population. Physicians practicing in other specialties would not be affected.

---

[2] 2020 Alzheimer's Disease Facts and Figures, Alzheimer's Association, pages 66-70

Physicians subject to BPC section 2190.3 would also be impacted. While dementia is most commonly diagnosed in individuals aged 65 years or older, it is not clear that dementia, strictly speaking, falls within the fields of geriatric medicine or the care of older patients. Therefore, a family physician subject to BPC section 2190.3 who chose to complete 10 CME hours in geriatric medicine, may be required to then take an additional four hours in the special care needs of patients with dementia – totaling 14 of their required 50 hours.

Board History on Legislation that Mandates CME on Specified Topics
Generally, the Board is not supportive of legislation that mandates CME on certain topics. In 2014, the Board adopted a policy compendium that states, in relevant part, "[t]he Board believes that each licensed physician should decide which type of continuing education is most appropriate for their practice."

In the past few years, the Board took the following positions related to CME legislation on specified topics:

- **Neutral**: AB 1791 (Chapter 122 of 2018) requires the Board to consider including a course on the topic of integrating HIV/AID pre-exposure and post-exposure prophylaxis and counseling in primary care settings.
- **Neutral**: AB 2487 (Chapter 301 of 2018) established an alternative to the then-current requirement that physicians obtain 12 credit hours of CME on pain management and the treatment of terminally ill and dying patients, by allowing physicians to instead complete 12 credit hours on the treatment and management of opiate-dependent patients and medicinal treatments of opioid use disorder.
- **Support**: SB 1109 (Chapter 693 of 2018) requires CME on pain management and the treatment of terminally ill and dying patients to include the subject of the risks of addiction associated with the use of Schedule II drugs. This bill also required the Board to consider requiring additional CME on the risk of use of Schedule II drugs, and included other provisions related to the opioid epidemic.
- **Neutral**: AB 845 (Chapter 220 of 2019) requires the Board to consider a required CME course on maternal mental health.

According to a 2019 Alzheimer's Association report[3], 97 percent of patients with Alzheimer's Disease (the most common form of dementia) are aged 65 years or older, which coincides with the age range indicated in BPC section 2190.3.

In light of the discussion in the Board's prior meeting, the Board may wish to consider an Oppose, unless Amended position to request the bill be updated to encourage, but not require licensees to take CME in this area. A possible approach could amend BPC

[3] 2019 Alzheimer's Disease Facts and Figures, page 17

2190.3 to allow affected physicians to satisfy their 10 hour CME requirement by adding the special care needs of patients with dementia to the other topics currently required by that section, which are geriatric medicine or the care of older patients.

FISCAL: Minor and absorbable costs to the Board

SUPPORT: Alzheimer's Association

OPPOSITION: California Academy of Family Physicians

- Oppose, unless Amended to require the Board to consider, but not require, a CME requirement on dementia care for licensees

Physician Assistant Board

- Oppose, unless Amended to limit the requirement to licensees likely to encounter patients requiring dementia care

POSITION: Recommendation: Oppose, unless Amended

ATTACHMENT: SB 48, Limon - Dementia and Alzheimer's Disease.
Version: 03/09/21 – Amended

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	SB 57
AUTHOR:	Wiener
BILL DATE:	March 25, 2021, Amended
SUBJECT:	Controlled Substances: Overdose Prevention Program
SPONSOR:	California Association of Alcohol & Drug Program Executives; California Society of Addiction Medicine; Drug Policy Alliance; National Harm Reduction Coalition; Healthright 360, San Francisco AIDS Foundation; Tarzana Treatment Center

DESCRIPTION OF CURRENT LEGISLATION:

This bill authorizes certain local governments to establish overdose prevention programs (OPP) within their respective jurisdiction. Further, the bill would protect a person or entity from certain civil, criminal administrative, and professional disciplinary liability for their good faith involvement in the operation of an OPP, as specified.

The bill specifies that the civil, administrative, and professional disciplinary protection does not pertain to actions performed in a grossly negligent manner or in bad faith. As discussed below, allows the Medical Board of California (Board) and Osteopathic Medical Board of California to take disciplinary action against its licensees.

RECENT AMENDMENTS AND ACTIONS

During the Board's previous meeting, the author and sponsor agreed to amend the bill to address concerns that the language pertaining to liability protections for licensees may inhibit the Board's consumer protection mission. On March 1, 2021, the following language was included in subdivision (e) of section 2 of the bill:

> "This section shall not limit the Medical Board of California or the Osteopathic Medical Board of California from taking administrative or disciplinary action against a licensee for any action, conduct, or omission related to the operation of an overdose prevention program that violates the Medical Practice Act pursuant to each board's authority in Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code."

BACKGROUND:

Existing law, the Medical Practice Act, establishes the Board for the licensure and regulation of physicians and surgeons. Pursuant to current law and practice, the Board investigates every complaint received pertaining to its licensees, as appropriate,

including cases relating to the quality of care provided to consumers. If warranted by the circumstances, and related evidence, licensees who do not adhere to the relevant standard of care may receive discipline against their license, including probation, suspension, or revocation. For technical and/or minor violations of the law, the Board may issue a citation and fine.

Various provisions of law state that possession, use (or being in the same location with knowledge of the use), or owning or maintaining a place for the use, of controlled substances is a crime.

ANALYSIS:

According to the author:

> California is in the midst of an unprecedented overdose crisis that must be treated as a public health crisis. Since 2011, drug overdose has been the leading cause of accidental death among adults in California. Overdose prevention programs, also called supervised consumption services, are a necessary intervention to prevent overdose deaths. Approximately 165 OPPs exist in 10 countries, and they have been rigorously researched and shown to reduce health and safety problems associated with drug use, including public drug use, discarded syringes, HIV and hepatitis infections, and overdose deaths.

The bill includes various findings and declarations, including the following:

- OPPs are an evidence-based harm reduction strategy that allows individuals to consume drugs in a hygienic environment under the supervision of staff trained to intervene if the individual overdoses. OPPs also provide sterile consumption equipment and offer general medical advice and referrals to substance use disorder treatment, housing, medical care, and other community social services.

- Expresses the intent of the Legislature to prevent fatal and nonfatal drug overdoses, reduce drug use by providing a pathway to drug treatment, as well as medical and social services for high-risk drug users (many of whom are homeless, uninsured, or very low income), prevent the transmission of HIV and hepatitis C, reduce nuisance and public safety problems related to the public use of controlled substances, and reduce emergency room use and hospital utilization related to drug use.

SB 57 establishes a temporary program (until January 1, 2027) that allows the City and County of San Francisco, the County of Los Angeles, and the City of Oakland to establish an OPP within their respective jurisdictions. The bill establishes various requirements that an entity must comply with to operate an OPP, including, but not limited to:

- Provide a hygienic space to consume controlled substances under supervision of staff trained to prevent and treat drug overdoses.

- Provide sterile consumption supplies, collect used equipment, and provide secure hypodermic needle and syringe disposal services.

- Monitor participants for potential overdose and provide care as necessary to prevent fatal overdose.

- Provide access or referrals to substance use disorder treatment services, primary medical care, mental health services, and social services.

- Educate participants on preventing transmission of HIV and viral hepatitis.

- Provide overdose prevention education and access to or referrals to obtain naloxone hydrochloride or another overdose reversal medication approved by the United States Food and Drug Administration.

- Require all staff present during open hours be certified in cardiopulmonary resuscitation (CPR) and first aid.

- Require all staff present at the program during open hours be authorized to provide emergency administration of an opioid antagonist, and be trained for administration of an opioid antagonist.

Liability Protections Inhibit Consumer Protection

As discussed above, subdivision (e) of Section 2 of the bill (see Attachment below) was amended to ensure the Board is able to take appropriate administrative or disciplinary action against a licensee for any action, conduct, or omission related to the operation of an OPP in violation of the Medical Practice Act.

The introduced version of the bill contained a broad liability protection that would have prevented the Board from taking appropriate action against a licensee who failed to meet the standard of care in conjunction with the operation of an OPP.

FISCAL: None

SUPPORT: London Breed, Mayor of the City and County of San Francisco
The Mayor and City Council of Oakland
(list of supporters as indicated on the author's fact sheet)

OPPOSITION: California District Attorney's Association

POSITION: Recommendation: Neutral, with letter explaining the Board's views on liability protection language

ATTACHMENT: SB 57, Wiener - Controlled Substances: Overdose Prevention Program
Version: 03/25/21 – Amended

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	SB 310
AUTHOR:	Rubio
BILL DATE:	April 8, 2021, Amended
SUBJECT:	Unused medications: Cancer Medication Recycling
SPONSOR:	American Cancer Society Action Network Association of Northern California Oncologists

DESCRIPTION OF CURRENT LEGISLATION:

Establishes a cancer medication recycling program administered by the Medical Board of California (Board) to allow for the donation and redistribution of cancer drugs between patients of a participating physician.

BACKGROUND:

Current law establishes certain requirements for a prescriber to dispense drugs or dangerous devices to patients in his or her office or place of practice which are necessary in the treatment of the condition for which the prescriber is attending the patient. The law also subjects prescribers to the labeling requirements imposed upon pharmacists, the recordkeeping requirements in Pharmacy Law, and all of the packaging requirements of good pharmaceutical practice, including the use of childproof containers.

ANALYSIS:

According to the author's office:

> "Cancer patients spend thousands of dollars on life-saving medications every year. The cost is often prohibitive and can take months for patients to access the proper medications to begin their first round of treatment. At times, cancer patients have anti-cancer medications they will not use for a variety of reasons, including, but not limited to, a lack of tolerance for the medication due to the side effects. Physicians and patients can quickly discover after a brief trial period if the original medications need to be stopped and other medications need to be prescribed. This leaves cancer patients with unused, unneeded, expensive, high-cost and high-quality medications."

According to the sponsors of the bill:

> "Per the National Council on State Legislatures, as of 2018, 21 states have active drug donation and reuse programs. The programs in these states have served thousands of patients, and saved tens of millions of dollars over the years. For

example, Iowa's program has served 71,000 patients and redistributed $17.7 million in free medications and supplies, and in Oklahoma, the program has filled 227,603 prescriptions, worth about $22,518,462 through the end of May 2018.

Fourteen states—Colorado, Florida, Kentucky, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, Ohio, Pennsylvania, Utah, Washington, and Wisconsin— have successfully implemented anti-cancer medication donation programs to assist patients with initial costs and improve timely access to needed medications while preventing unused medications from going to waste."

Key Definitions in the Bill

"Donor" means an individual who donates unused prescription drugs to a participating practitioner for the purpose of redistribution to established patients of that practitioner.

"Ineligible drugs" means drugs that are not able to be accepted for redistribution as part of the program established pursuant to this division. "Ineligible drugs" include all controlled substances, including all opioids, all compounded medications, injectable medications, drugs that have an approved United States Food and Drug Administration Risk Evaluation and Mitigation Strategy (REMS) requirement, and all growth factor medications.

"Participating practitioner" means a person who is registered with the board, is board certified in medical oncology or hematology, and is subject to rules promulgated by the Board to participate in the collection of donated medications, prescribed for use by established patients of that practitioner and donated for the purpose of redistribution to established patients of that practitioner.

"Recipient" means an individual who voluntarily receives donated prescription medications.

Program Overview

The bill directs the Board to develop and administer the program which will allow a donor with eligible drugs to provide them to a recipient via a participating practitioner.

A participating practitioner shall do the following:

- Register with the Board prior to participating in the program.
- Only accept donated medications originally prescribed for use by established patients of that participating practitioner or practice.
- Accept or redistribute a medication only if the expiration date listed on the packaging is more than six months after the date of acceptance or redistribution.

- Refuse a medication that has previously been redistributed.

- Store all donated medications separately from all other medication stock.

- Store all donated medications in compliance with the manufacturer's storage requirements per the drug monograph.

- Remove all confidential patient information, personal information, and any other information through which the prior patient could be identified from donated medications.

- Require all donors to read and sign the board-approved donor form.

- Keep all donor forms and recipient forms in the records, separately, for at least three years.

- Examine the donated drug to determine that it has not been adulterated or misbranded and certify that the medication has been stored in compliance with the requirements of the product.

- Require all recipients of a donated medication to read and sign the board-approved recipient form.

- Dispose of any donated medications that were collected but not redistributed in accordance with all local, state, and federal requirements for the disposal of medications.

- Monitor all United States Food and Drug Administration (FDA) recalls, market withdrawals, and safety alerts and communicate with recipients if medications they received may be impacted by the FDA action.

- Inspect all donated medications to determine that the drugs are unaltered, safe, and suitable for redistribution and meet all of the following conditions:

    - Tamper-resistant packaging is unopened and intact or, in the case of unit dose packaging, the tamper-resistant dose packaging is intact for each dose donated.

    - Tablets or capsules have a uniformity of color, shape, imprint or markings, texture, and odor.

    - Liquids have a uniformity of color, thickness, particulates, transparency, and odor.

    - The date of donation is less than six months from the date of the initial prescription or prescription refill.

- Provide the board with updated sections of their policy and procedures manual that indicate how the practitioner will accept, reuse, and keep records of donated medications.

The Board shall develop donor and recipient forms that track various information about the medication being transferred. The donor in question must be known to the physician registered in the program and acknowledge that there is no reason to believe that the donated medication was improperly handled or stored.

Implementation of this program is expected to require a rulemaking.

The recipient must acknowledge that they accept any risks arising from an accidental mishandling and that the donor, participating practitioner, and pharmaceutical manufacturer are released from liability arising from this program. The Board may determine a fee amount of up to $300 to cover the costs to process and renew applications. Participating practitioners shall renew their registration annually.

Board Considerations

Medication Integrity: The Board may wish to consider the risks that recipients may face regarding the integrity of donated medications.

The National Association of Boards of Pharmacy (NABP) developed a position paper in 2009, revised in 2012, on the issue of drug donation programs, which states in relevant part:

> "NABP endorses the return and reuse of medications that have been maintained in a closed system that ensures the integrity of the medication. A closed system is defined as the delivery to and/or the return of prescription medication from a health care or other institutional facility, which is maintained in a controlled environment under the control of a health care practitioner and not the patient. A closed distribution system enables the pharmacy to ensure that the integrity of the medications dispensed is intact, as they have not left the control of the pharmacy or institutional facility, and the control of the medication is under the direction of a health care practitioner."
>
> "NABP does not endorse the reuse of medications that have left the closed distribution system as there is an inability to ensure the integrity of such drugs, which may place the public at risk."

Increased liability risk for recipients: The Board may wish to consider whether it is appropriate for the participating practitioner, donor, and pharmaceutical manufacturer to have reduced liability for their involvement in the program. There are important limitations on the liability protection, including gross negligence, recklessness, malpractice unrelated to the quality of the medication, and noncompliance with the

program. However, the recipient seemingly would bear increased risk relating to adverse events.

New program area for the Board: This program is not related to the Board's existing licensing or enforcement program and the Board would take on a new workload, accordingly. It is unclear why the Board is appropriate entity to administer this program.

Financial risk for the Board: Given the Board's fund condition, this new program represents a new financial risk to the Board. Revenues are not anticipated to cover program and enforcement expenses. The Board is allowed to charge participating practitioners up to $300, annually. The fee amount is authorized to address costs relating to initial application and renewal costs, but does not include enforcement costs.

FISCAL: Estimated between $140,000 to $190,000 start-up costs (staff time and information technology expenses) and ongoing participant renewal expenses of about $15,000 annually. Enforcement costs are unknown, potentially up to $100,000 annually. Revenue estimate of between $30,000 and $90,000 annually, assuming 100-300 applicants/renewals each year at the maximum $300 fee amount.

SUPPORT: None

OPPOSITION: None

POSITION: Recommendation: Oppose

ATTACHMENT: SB 310, Rubio - Unused medications: cancer medication recycling.
Version: 04/08/21 – Amended

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	SB 528
AUTHOR:	Jones
BILL DATE:	April 19, 2021, Amended
SUBJECT:	Juveniles: Health Information Summary: Psychotropic Medication
SPONSOR:	California Academy of Child and Adolescent Psychiatry

DESCRIPTION OF CURRENT LEGISLATION:

This bill requires the California Department of Social Services (CDSS) to create an electronic health care portal, through which health care providers will be able to access health information included in a foster child or youth's health and education summary, as provided. The portal must also include completed and approved forms developed by the Judicial Council relating to the administration of psychotropic medication for specified dependent children and wards of the juvenile court.

BACKGROUND:

Current law sets forth the prioritization of the allegations received by Medical Board of California (Board). Specifically, Business and Professions Code (BPC) section 2220.05 includes the investigation of allegations pertaining to "repeated acts of clearly excessive prescribing, furnishing, or administering psychotropic medications to a minor without a good faith prior examination of the patient and medical reason therefor."

In 2015, the California State Auditor released a report regarding California's foster care system and found that the state and counties failed to adequately oversee the prescription of psychotropic medications to children in foster care. According to this report, the fragmented structure of the state's child welfare system has contributed to its failure to ensure it has the data necessary to monitor the prescription of psychotropic medications to foster children.

ANALYSIS:

According to the author:

> "[F]oster youth, some of our most vulnerable children, frequently change the health providers they see or the foster families they live with, for reasons beyond their control. Oftentimes, their changing lives lead to a loss of critical health records, such as the prescription of antidepressants, mood stabilizers, antipsychotics, and other psychotropic medications. Without a documented record, any attempt to resume use of these medications is greatly complicated.

This bill will create a universal electronic health care portal for foster youth, allowing them to stabilize and maintain their personal health regimen."

The electronic health care portal required by the bill shall include health and education summary information for a child in foster care and forms required by the Judicial Council relating to the administration of psychotropic medication for certain children removed from the physical custody of their parent.

The bill further requires a foster care public health nurse to add and update the above described information and requires health care providers to children in foster care to have access to that health care portal.

Impact to the Consumer Protection Mission of the Board

In addition to the benefit the bill provides to support continuity of care for such a vulnerable patient population, this bill may ease the Board's access to medical records necessary to investigate possible violations of the Medical Practice Act with regard to children in foster care.

FISCAL: None for the Board

SUPPORT: California State Association of Psychiatrists

OPPOSITION: None

POSITION: Recommendation: Support

ATTACHMENT: SB 528, Jones - Juveniles: Health Information Summary: Psychotropic Medication.
Version: 04/19/21 – Amended

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	SB 806
AUTHOR:	Roth
BILL DATE:	February 19, 2021, Introduced
SUBJECT:	Physicians Assistants: Written Examination
SPONSOR:	Author

DESCRIPTION OF CURRENT LEGISLATION:

The current version of the bill relates to examination requirements for physician assistants.

This is the legislation that is ultimately expected to include language to extend the sunset date of the Medical Board of California's (Board) and other provisions related to the Board's fund condition and its licensing and enforcement programs.

If the bill is amended to include language related to the Board prior to the Board's May 13-14 meeting, a new analysis will be distributed. If that does not occur, staff recommend deferring action on this bill.

BACKGROUND:

Sunset review is the Legislature's regular process to review the operations, budget, and other laws related to the boards and bureaus within the Department of Consumer Affairs. To extend the authority to appoint the Members of the Board and the Board's Executive Director, Legislature and Governor must enact a bill this year.

ANALYSIS:

The analysis of this bill is pending as staff await possible amendments related to the Board's sunset review.

FISCAL: Unknown

SUPPORT: None

OPPOSITION: None

POSITION: Recommendation: None.

ATTACHMENT: SB 806, Roth - Physicians Assistants: Written Examination.
Version: 2/19/21 – Introduced

BILL	AUTHOR	TITLE	STATUS	AMENDED
AB 2	Fong	Regulations: Legislative Review: Regulatory Reform	Assm. Approps	
AB 6	Levine	Health Facilities: Pandemics and Emergencies: Best Practices	Assm. Approps	
AB 29	Cooper	State Bodies: Meetings	Assm. Approps	
AB 32	Aguiar-Curry	Telehealth	Assm. Approps	04/22/21
AB 54	Kiley	COVID-19 Emergency Order Violation: License Revocation	Assm. B&P	04/05/21
AB 105	Holden	Upward Mobility: Boards & Commissions: Civil Service: Exams: Classif.	Assm. PE & R	04/21/21
AB 107	Salas	Licensure: Veterans and Military Spouses	Assm. Approps	04/20/21
AB 225	Gray	Department of Consumer Affairs: Boards: Veterans: Military Spouses	Assm. Approps	04/20/21
AB 305	Maienschein	Veteran services: Notice	Assm. Approps	
AB 339	Lee	Local Government: Open and Public Meetings.	Assm. Approps	4/152021
AB 343	Fong	California Public Records Act Ombudsperson	Assm. Approps	04/21/21
AB 346	Sevarto	Privacy: Breach	Assm. P & CP	
AB 370	Arambula	Ambulatory Surgical Centers	Assm. Approps	04/15/21
AB 381	Davies	Licensed Facilities: Duties	Senate Rules	03/25/21
AB 407	Salas	Optometry: Scope of Practice	Assm. Approps	04/20/21
AB 410	Fong	Registered Nurses and Vocational nurses: Nurse Licensure Compact	Assm. B&P	03/25/21
AB 450	Gonzales	Paramedic Board of California	Assm. Approps	05/03/21
AB 457	Santiago	Protection of Patient Choice in Telehealth Provider Act	Assm. Approps	04/27/21
AB 458	Kamlager	Importation of prescription drugs	Assm. Health	03/23/21
AB 468	Friedman	Emotional Support Dogs	Assm. Approps	04/06/21
AB 473	Chau	California Public Records Act	Assm. Approps	
AB 474	Chau	California Public Records Act: Conforming Revisions	Assm. Approps	
AB 489	Smith	Medicine	Assm. Rules	
AB 513	Bigelow	Employment: Telecommuting Employees	Assm. Labor	03/17/21
AB 526	Wood	Dentists and Podiatrists: Clinical Laboratories and Vaccines	Assm. Floor	04/06/21

BILL	AUTHOR	TITLE	STATUS	AMENDED
AB 527	Wood	Controlled Substances	Senate Rules	03/15/21
AB 556	Maienschein	Misuse of Sperm, Ova, or Embryos: Damages	Senate Rules	
AB 581	Irwin	Cybersecurity	Assm. Approps	03/25/21
AB 615	Rodriguez	Higher Education Employer-Employee Relations Act	Assm. Approps	
AB 646	Low	Department of Consumer Affairs: Boards: Expunged Convictions	Assm. Approps	04/14/21
AB 657	Cooper	State Civil Service System: Personal Services Contracts: Pros	Assm. Approps	04/21/21
AB 658	Smith	Medicine: Examination	Assm. Rules	
AB 662	Rodriguez	Mental health: Dispatch and Response Protocols: Working Group	Assm. Approps	04/28/21
AB 691	Chau	Optometry: SARS-CoV-2 vaccinations: tests or examinations	Assm. Approps	04/05/21
AB 703	Rubio	Open meetings: Local Agencies: Teleconferences.	Assm. Local Gov.	04/29/21
AB 705	Kamlager	Health Care: Facilities: Medical Privileges	Assm. Health	03/30/21
AB 714	Maienschein	Communicable Disease Reporting	Assm. Health	03/11/21
AB 789	Low	Health Care Services	Assm. Approps	04/05/21
AB 809	Irwin	Information Security	Assm. Approps	03/25/21
AB 810	Flora	Healing Arts: Reports: Claims Against Licensees	Assm. B&P	
AB 825	Levine	Personal Information: Data Breaches: Genetic Data	Assm. Approps	03/26/21
AB 830	Flora	Business: DCA: Alarm Company Act: Real Estate Law	Assm. Approps	04/19/21
AB 864	Low	Controlled Substances: CURES Database	Assm. B&P	03/04/21
AB 882	Gray	Medi-Cal Physicians and Dentists Loan Repayment Act Program	Assm. Approps	04/15/21
AB 884	Patterson	State Agencies: Audits	Assm. Approps	
AB 885	Quirk	Bagley-Keene Open Meeting Act: Teleconferencing.	Assm. Gov. Org.	03/24/21
AB 915	Chiu	Small and Disadvantaged Business Enterprises	Assm. Approps	
AB 935	Maienschein	Telehealth: Mental Health	Assm. Approps	04/19/21
AB 975	Rivas	Politcal Reform Act of 1974: Statement of Economic Interests & Gifts	Assm. Approps	04/21/21
AB 1020	Friedman	Health Care Debt and Fair Billing	Assm. Approps	04/07/21

BILL	AUTHOR	TITLE	STATUS	AMENDED
AB 1026	Smith	Business Licenses: Veterans	Assm. Approps	
AB 1064	Fong	Pharmacy Practice: Vaccines: Independent Initiation and Admin.	Assm. Approps	03/15/21
AB 1105	Rodriguez	Hospital Workers: COVID-19 Testing	Assm. Approps	04/12/21
AB 1113	Medina	Public Postsecondary Education: Exemption from Tuition and Fees	Assm. Approps	03/23/21
AB 1120	Irwin	Clinical Laboratories: Blood Withdrawal	Assm. B&P	03/11/21
AB 1186	Friedman	California Hospice Licensure Act of 1990	Assm. Rules	
AB 1204	Wicks	Hospital Equity Reporting	Assm. Approps	04/15/21
AB 1217	Rodriguez	Personal Protective Equipment Stockpile	Assm. Approps	04/08/21
AB 1236	Ting	Healing Arts: Licensees: Data Collection	Assm. Approps	04/29/21
AB 1252	Chau	Information Privacy: Digital Health Feedback Systems	Assm. Approps	04/12/21
AB 1264	Aguiar-Curry	Project ECHO (registered trademark) Grant Program	Assm. Approps	03/16/21
AB 1280	Irwin	California Hospice Licensure Act of 1990	Assm. Approps	04/15/21
AB 1291	Frazier	State Bodies: Open Meetings	Senate Rules	
AB 1306	Arambula	Health Professions Careers Opportunity Program	Assm. Health	03/25/21
AB 1308	Ting	Arrest and Convicition Record Relief	Assm. Approps	
AB 1328	Irwin	Clincial Laboratory Technology and Pharmaciststst	Assm. Approps	04/21/21
AB 1357	Cervantes	Perinatal Services: Maternal Mental Health	Assm. Approps	03/18/21
AB 1386	Cunningham	License fees: military partners and spouses	Assm. Approps	04/28/21
AB 1400	Kalra	Guaranteed Health Care for All	Assm. Rules	
AB 1407	Burke	Nurses: Implicit Bias Courses	Assm. Approps	03/18/21
AB 1429	Holden	State Agency Records: Mgmnt. Coord. Duties: Personnel Training	Assm. Approps	
AB 1430	Arambula	Pharmacy : Dispensing: Controlled Substances	Assm. Approps	04/21/21
AB 1436	Chau	Information Practices Act of 1977	Senate Rules	
AB 1477	Cervantes	Maternal Mental Health	Assm. Approps	04/29/21
AB 1494	Fong	Blood Banks: Collection	Assm. B&P	04/29/21
AB 1532	B&P Comm.	Nursing	Assm. B&P	04/29/21

BILL	AUTHOR	TITLE	STATUS	AMENDED
AB 1533	B&P Comm.	Pharmacy	Assm. Approps	04/19/21
SB 17	Pan	Office of Racial Equity	Senate Approps	04/15/21
SB 40	Hurtado	Health Care Workforce Development: Ca Medicine Scholars Program	Senate Approps	03/16/21
SB 41	Umberg	Privacy: Genetic Testing Companies	Senate Approps	03/11/21
SB 65	Skinner	Maternal Care and Services	Senate Approps	04/15/21
SB 73	Wiener	Probation: Eligibility: Crimes Relating to Controlled Substances	Assm. Rules	
SB 75	Bates	Controlled Substances: Fentanyl	Sen. Public Safety	03/03/21
SB 102	Melendez	COVID-19 Emergency Order Violation: License Revocation	Sen. B&P and E.D.	03/17/21
SB 225	Wiener	Medical Procedures: Indv. Born with Variations in Phys. Sex. Char.	Sen. B&P and E.D.	03/02/21
SB 306	Pan	Sexually Transmitted Disease: Testing	Senate Approps	03/24/21
SB 311	Hueso	Compassionate Access to Medical Cannabis Act	Assm. Rules	03/01/21
SB 336	Ochoa Bogh	Public Health: COVID-19	Senate Approps	05/03/21
SB 349	Umberg	California Ethical Treatment for Persons w/Substance Abuse Act	Senate Approps	04/08/21
SB 353	Roth	Hospice: Services to Seriously Ill Patients	Assm. Rules	
SB 362	Newman	Community Pharmacies: Quotas	Senate Approps	
SB 365	Caballero	E-consult Service	Senate Approps	03/16/21
SB 377	Archuleta	Radiologist Assistants	Sen. Public Safety	
SB 380	Eggman	End of Life	Senate Approps	04/22/21
SB 401	Pan	Psychology: Unprofess. Conduct: Disciplinary Action: Sex Acts	Assm. Rules	03/04/21
SB 402	Hurtado	Multipayer Payment Reform Collaborative	Senate Approps	04/12/21
SB 409	Caballero	Pharmacy Practice: SARS -COoV-2 and Influenza Testing	Assm. Rules	
SB 422	Pan	Personal Services Contracts: State Employees: Phys. & Pro Registry	Senate Approps	
SB 430	Borgeas	Small Businesses: Reduction or Waiver of Civil Penalties	Senate Approps	
SB 441	Hurtado	Health Care Workforce Training Programs: Geriatric Medicine	Senate Approps	03/22/21
SB 460	Pan	Long-term Health Facilities: Patient Representatives	Senate Approps	03/16/21
SB 492	Hurtado	Maternal Health	Senate Approps	04/19/21
SB 507	Eggman	Mental Health Services: Assisted Outpatient Treatment	Senate Approps	04/08/21

BILL	AUTHOR	TITLE	STATUS	AMENDED
SB 509	Wilk	Optometry: COVID-19 Pandemic: Temporary Licenses	Senate Approps	04/26/21
SB 519	Wiener	Controlled Substances: Hallucinogenic Substances	Senate Approps	04/15/21
SB 524	Skinner	Health Care Coverage: Patient Steering	Senate Approps	05/03/21
SB 534	Jones	Dental Hygienists	Senate Approps	04/29/21
SB 543	Limon	State Agencies: Nonprofit Liaison	Senate Approps	03/10/21
SB 605	Eggman	Medical Device Right to Repair Act	Senate Approps	04/29/21
SB 607	Roth	Professions and Vocations	Senate Approps	04/13/21
SB 642	Kamlager	Health Care Facilities: Medical Privileges	Senate Approps	05/03/21
SB 652	Bates	Dentistry: Use of Sedation: Training	Senate Approps	04/12/21
SB 664	Allen	Hospice Licensure: Moratorium on New Licenses	Senate Approps	03/10/21
SB 681	Ochoa Bogh	Child Abuse Reporting: Mandated Reports	Sen. Public Safety	03/23/21
SB 711	Borgeas	Patient Access to Health Records	Senate Rules	
SB 731	Durazo	Criminal Records: Relief	Senate Approps	04/20/21
SB 742	Pan	Vaccinations: Unlawful Physical Obstruction, Intimidation, Picketing	Senate Approps	03/04/21
SB 747	Pan	Central Valley Medical School Endowment Fund	Senate Rules	
SB 772	Ochoa Bogh	Professions and Vocations: Citations, Minor Violations	Sen. B&P and E.D.	
SB 787	Hurtado	California State University Program in Medical Education	Senate Rules	
SB 826	BPED	Business and Professions	Senate Approps	04/13/21