

MEDICAL BOARD OF CALIFORNIA - 2022 TRACKER LIST

November 10, 2022

BILL	AUTHOR	TITLE	STATUS	POSITION	AMENDED
AB 657	Cooper	Healing Arts: Expedited Licensure Process: Applicants Providing Abortions	Chaptered, #560	Support	08/11/22
AB 852	Wood	Health Care Practitioners: Electronic Prescriptions	Chaptered, #518	Support	08/22/22
AB 1102	Low	Telephone Medical Advice Services	Chaptered, #684	Support	08/16/22
AB 1278	Nazarian	Physicians and Surgeons: Payments: Disclosure: Notice	Chaptered, #750	Support	08/25/22
AB 1636	Weber	Physician's and Surgeon's Certificate: Registered Sex Offenders	Chaptered, #453	Support, if Amended	04/20/22
AB 2178	Bloom	Physicians and Surgeons: Special Faculty Permits: Academic Medical Center	Chaptered, #329	Support	06/14/22
AB 2626	Calderon	Medical Board of California: Licensee Discipline: Abortion	Chaptered, #565	Support	08/24/22
SB 528	Jones	Juveniles: Medication Documentation	Chaptered, #812	Support	08/25/22

Green – For Discussion

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SB 923	Wiener	Gender-Affirming Care	Chaptered, #822	Support	08/18/22
SB 1259	Laird	Pharmacists: Furnishing Opioid Antagonists	Chaptered, #245	Support	06/13/22
SB 1440	Roth	Licensed Midwifery Practice Act of 1993: Complaints	Chaptered, #510	Support	N/A

Green – For Discussion

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 657
AUTHOR: Cooper
CHAPTER: Chaptered, #560
BILL DATE: August 11, 2022, Amended
SUBJECT: Healing Arts: Expedited Licensure Process:
Applicants Providing Abortions
SPONSOR: American College of Obstetricians and Gynecologists
(ACOG) District IX
POSITION: Support

DESCRIPTION OF LEGISLATION

This bill requires the Medical Board of California (Board), the Osteopathic Medical Board of California (OMBC), the Board of Registered Nursing (BRN), and the Physician Assistant Board (PAB) to expedite the licensure process for an applicant who demonstrates that they intend to provide abortions.

IMPLEMENTATION TASKS

- Update appropriate Board application and website content
- Report in Board newsletter (expected to publish December 2021)

BACKGROUND

Various statutes¹ within the Business and Professions Code (BPC) require licensing boards to expedite the review of an application for certain applicants, including those who were honorably discharged as an active duty member of the Armed Forces of the United States, are the spouse/domestic partner of an active duty member of the military assigned to duty station in California, or have a certain refugee or immigration status.

[BPC section 2092](#) is within the Medical Practice Act and requires the Board to expedite the review of a physician and surgeon license applicant who intends to practice in a medically underserved area or serve a medically underserved population. To substantiate that the applicant qualifies for this expedited review, the Board requires a letter from the applicant's employer indicating the place and/or population to be served by the applicant and a separate letter from the applicant indicating the same.

¹ See BPC sections [115.4](#) and [115.5](#).

These statutes do not change the requirements for receiving a P&S license, rather they simply grant the individual an expedited review of their application.

ANALYSIS

AB 657 includes various legislative findings and declarations indicating, among others, that California is expected to see an increased volume of women seeking an abortion in this state following recent U.S. Supreme Court action.

This bill is modeled after the Board's practice in BPC section 2092, as discussed above, and requires both a letter from the applicant declaring their intention to provide abortions and a letter from an employer or health care entity indicating the applicant has accepted employment or entered into a contract to provide abortions, as specified.

AB 657 will not impact overall staff workload or application volume and the language makes clear that it shall not be interpreted as changing existing licensure requirements.

If enacted, a qualified application would be reviewed on a priority basis, ahead of other applicants who do not qualify for expedited review. Applicants who qualify under AB 657 could expect to see their completed application approved a few to several weeks earlier than others.

Typically, when an applicant faces a "delay" in the approval of their application, it is because the application was incomplete, or deficient, in some manner. Until all documents required under the law are provided to the Board, a license cannot be issued.

FISCAL: No impact to the Board.

SUPPORT: ACOG District IX (sponsor)
California Medical Association
California Nurse Midwives Association
NARAL Pro-Choice Association
Planned Parenthood Affiliates of California

OPPOSITION: None

ATTACHMENT: [AB 657, Cooper – Healing Arts: Expedited Licensure Process: Applicants Providing Abortions](#)
Version: 9/27/22 – Chaptered

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 852
AUTHOR: Wood
CHAPTER: Chaptered, #518
BILL DATE: August 22, 2022, Amended
SUBJECT: Health Care Practitioners: Electronic Prescriptions.
SPONSOR: None
POSITION: Support

DESCRIPTION OF LEGISLATION

A “clean-up” bill to AB 2789 of 2018 that required health care providers to issue their prescriptions electronically.

IMPLEMENTATION TASKS

- Update appropriate website content
- Article in Board newsletter (expected December 2021)
 - To be distributed to external stakeholders
- Collaborate with the Board of Pharmacy on the timing of communications (related to their process to register certain prescribers)

BACKGROUND

AB 2789 (Wood) Chapter 438, Statutes of 2018 requires, generally, effective January 1, 2022, health care practitioners authorized to issue prescriptions to submit them to a pharmacy via electronic data transmission prescriptions and requires pharmacies to have the capability to receive those transmissions. That bill created certain exemptions to the requirement to issue a prescription electronically, including temporary technological or electrical failures or that the prescription is to be dispensed outside California.

ANALYSIS

AB 852 makes the following changes to current law:

- Prohibits a pharmacy, pharmacist, or other practitioner authorized to dispense or furnish a prescription from refusing to dispense or furnish an electronic prescription solely because the prescription was not submitted via, or is not compatible with, their proprietary software.
- Permits a pharmacy, pharmacist, or other authorized practitioner to decline to dispense or furnish an electronic prescription submitted via software that fails to meet any one of specified criteria, including compliance with the federal Health Insurance Portability and Accountability Act of 1996.

- Allows a pharmacy to transfer an undispensed prescription to another pharmacy unless it violates state or federal law or the action is not support by the National Council for Prescription Drug Programs SCRIPT standard.
- Adds the following additional exemptions to the requirement to issue a prescription electronically:
 - The prescription is issued by a prescribing health care practitioner serving as a volunteer in a free clinic and receives no remuneration for their services.
 - The prescriber registers annually with the California State Board of Pharmacy stating they meet one or more of the following criteria (and maintain documentation of the relevant circumstances):
 - Their practice is located in the area of an emergency or disaster declared by a federal, state, or local government.
 - They issue 100 or fewer prescriptions per calendar year.
 - They are unable to issue electronic data transmission prescriptions due to circumstances beyond their control.

Board staff have received complaints from licensees about the current electronic prescribing requirements, particularly from those who report they only write a small number of prescriptions and that it is cost prohibitive to adopt an electronic prescribing system for their practice. This bill would mitigate these concerns without substantially eroding the benefits of the broad requirement for prescriptions to be issued electronically. If warranted, the Board would be able to request documentation from its licensees to validate they qualify for the new exemptions created by the bill.

FISCAL: None anticipated for the Board.

SUPPORT: California Medical Association
 California Podiatric Medical Association
 California Dental Association
 University of California

OPPOSITION: The California Retailers Association
 The National Association of Chain Drug Stores

ATTACHMENT: [AB 852, Wood - Health Care Practitioners: Electronic Prescriptions.](#)
 Version: 09/25/22 – Chaptered

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 1102
AUTHOR: Low
CHAPTER: Chaptered, #684
BILL DATE: August 16, 2022, Amended
SUBJECT: Telephone Medical Advice Services
SPONSOR: Low
POSITION: Support

DESCRIPTION OF LEGISLATION

This bill would clarify existing law that requires health care professionals providing telephone medical advice services from an out-of-state location to do so consistent with the laws governing their respective licenses. The bill also specifies that a telephone medical advice service is required to comply with all directions and requests for information made by the Department of Consumer Affairs and the respective healing arts licensing board.

IMPLEMENTATION TASKS

- Report in Board newsletter (expected to publish December 2021)

RECENT AMENDMENTS

On August 16, AB 1102 was amended to require the reporting of certain information from a telephone medical advice service on an as-requested basis. Further, the amendment clarifies that directions and requests for information may come from either the Department of Consumer Affairs (DCA) or the appropriate healing arts licensing board.

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, and whose primary function was to provide telephone medical advice to a patient at a California address to be registered with the Telephone Medical Advice Services Bureau.

The Telephone Medical Advice Services Bureau (Bureau) was abolished as of January 1, 2017. According to the DCA 2017 Annual Report, when the Bureau was abolished, it oversaw 68 registrants.

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 boards 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.

DCA has limited authority over licensing boards and their licensees. This bill merely clarifies 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.

FISCAL: Minor and absorbable

SUPPORT: California Association of Orthodontists

OPPOSITION: None

ATTACHMENT: [AB 1102, Low - Telephone Medical Advice Bureaus.](#)
Version: 09/28/22 – Chaptered

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 1278
AUTHOR: Nazarian
CHAPTER: Chaptered, #750
BILL DATE: August 25, 2022, Amended
SUBJECT: Physicians and Surgeons: Payments: Disclosure:
Notice
SPONSOR: The Center for Public Interest Law (CPIL)
POSITION: Support

DESCRIPTION OF CURRENT LEGISLATION

Requires all physicians to provide a written notification informing patients of the federal Centers for Medicare and Medicaid Services (CMS) Open Payments online database and to post a similar notice on their website (starting January 1, 2024, provided the physician has a website) and in an area likely to be seen by patients in each office where they practice.

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

IMPLEMENTATION TASKS

- Update appropriate Board website content
- Article in Board newsletter (expected December 2021)
 - To be distributed to external stakeholders and emailed separately to all physician licensees

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 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 the Author:

"There is currently no state law requiring physicians/surgeons to communicate their financial relationships to patients. This bill empowers patients with relevant information from the Open Payments Database (that already exist) to ask questions about their care or treatment."

The bill contains two requirements. First, all physicians shall provide to patients at the initial office visit a written or electronic notice regarding the Open Payment database. The written disclosure shall include a signature from the patient or patient representative and the date of signature and the following text:

"The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>."

The bill requires physicians to include in the written or electronic records for the patient a record of this disclosure and requires the physician to provide 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 for physicians employed by a health care employer, their employer shall be responsible for meeting the requirements of this bill. AB 1278 exempts a physician working in a hospital emergency room from its requirements.

Concerns from Physician and Drug/Device Manufacturers

Opponents of AB 1278 generally argue that federal law is sufficient to support transparency and, therefore, the bill is duplicative. Other groups argue that the bill is burdensome to physicians and interferes with the patient-doctor relationship. The most recent amendments may have mitigated some of these concerns.

FISCAL: Minor and absorbable

SUPPORT: Association for Medical Ethics

Breast Implant Safety Alliance
California Public Interest Research Group
Consumer Attorneys of California
Consumer Federation of California
Consumer Watchdog
Health Access California
Heartland Health Research Institute
Informed Patient Institute
Mending Kids

OPPOSITION:

Advanced Medical Technology Association
Association of Northern California Oncologists
Biocom California
Biotechnical Innovation Organization
California Academy of Family Physicians
California Medical Association
California Life Sciences
California Chapter, American College of Cardiology
California Rheumatology Alliance
California Society of Plastic Surgeons
Liver Coalition of San Diego
Medical Oncology Association of Southern California
Osteopathic Physicians and Surgeons of California

ATTACHMENT:

[AB 1278, Nazarian - Physicians and Surgeons: Payment: Disclosure: Notice.](#)
Version: 09/29/22 – Chaptered

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 1636
AUTHOR: Weber
CHAPTER: Chaptered, #453
BILL DATE: April 20, 2022, Amended
SUBJECT: Physician's and Surgeon's Certificate: Registered Sex Offenders
SPONSOR: California Medical Association
POSITION: Support, if Amended

DESCRIPTION OF LEGISLATION

Authorizes the Medical Board of California (Board) to deny a physician and surgeon (P&S) license application due to certain prior acts of professional sexual misconduct. Requires the Board to automatically revoke P&S licensees who were convicted of certain sexual crimes or committed professional sexual misconduct and deny petitions for reinstatement to individuals convicted of, or formally disciplined for, certain sexual offenses involving their current or former patients or clients, as specified.

IMPLEMENTATION TASKS

- Update appropriate Board website content
- Article in Board newsletter (expected early 2023)

BACKGROUND

Business and Professions Code (BPC) section [480](#) specifies the conditions that, generally, a licensing board must follow when considering whether to deny an application for licensure pursuant to the applicant's criminal history. Generally, a board is limited to considering convictions within seven years preceding the date of application. That seven-year limitation does not apply to certain **(but not all)** felony convictions¹ that require registration as a sex offender or specified "serious" felonies².

As of July 1, 2020, this section prohibits a licensing board from requiring an applicant to provide their criminal history and requires a licensing board to rely exclusively upon the conviction history of the applicant as indicated by the California Department of Justice (DOJ) pursuant to an analysis of the applicant's fingerprints (either through a Live Scan,

¹ BPC 480 specifies sexual offenses that require registration pursuant to paragraphs (2) and (3) of [Penal Code \(PC\) section 290 \(d\)](#).

² For the list of felonies, see [PC 1192.7](#).

or a physical fingerprint card for out-of-state applicants). These reports are intended to include out-of-state convictions reported by other states.

Further, BPC section 480 does not allow a board to deny a license based on a conviction, including the underlying conduct, that has been dismissed or expunged. This section also prohibits a board from denying a license to anyone, on the basis of a conviction of a crime, or on the basis of acts underlying a conviction, if that person obtains a certificate of rehabilitation, or has been granted clemency or a pardon, or met the rehabilitation criteria of BPC section [482](#). The law does not exclude individuals convicted of sex offenses from these provisions.

Pursuant to BPC section 482, the Board adopted [regulations](#) that govern how the Board considers whether an individual with a criminal conviction history has been rehabilitated.

BPC section [2221](#) requires the Board to deny a P&S application to anyone currently required to register as a sex offender in California.

Further, BPC section [2232](#) generally requires the Board to automatically revoke a licensee who is required to register as a sex offender in California. In addition, BPC section [2307](#) sets forth requirements related to the Board's consideration of petitions for reinstatement and penalty relief filed by disciplined individuals.

ANALYSIS

According to the author's fact sheet:

“AB 1636 seeks to maintain confidence in the medical profession by ensuring physicians convicted of sexual misconduct with a patient would automatically have their license revoked and cannot acquire or have it reinstated.”

As discussed below, this bill would place new requirements upon the Board regarding the denial of applications for licensure, automatic revocations, and petitions for reinstatement.

Denials of Licensure Applications

The bill expands the options to deny an applicant for a P&S license if they were formally disciplined more than seven years ago by an agency outside California, that if it occurred in this state, would constitute a violation of BPC sections [726](#) or [729 \(a\)](#).

Automatic Revocations

AB 1636 requires the Board to automatically revoke a P&S license if the individual was convicted of a crime in any state, that if committed or attempted in this state would be subject to registration as a sex offender, pursuant to [Penal Code \(PC\) 290 \(c\)](#) in California.

Petitions for Reinstatement

AB 1636 prohibits the Board from reinstating a licensee revoked under any of the following circumstances:

- The license was surrendered or revoked based on a finding by the Board that the person committed an act of sexual misconduct in violation of BPC section 726 or 729 (a).
- The licensee was convicted of a crime in any state, that if committed or attempted in this state would be subject to registration as a sex offender, pursuant to PC 290 (c) in California. This would only be applicable if the applicant engaged in this conduct with certain current or former patients or clients.
- The person has been required to register as a sex offender, except for certain misdemeanor convictions, if the crime involved certain current or former patients or clients.

Also, the bill deletes a pathway in BPC section 2232 that allows a revoked individual who was convicted of a sexual offense to petition the superior court to have their license reinstated.

FISCAL: Minor and absorbable, one-time information technology costs; possible savings to the Board associated with processing fewer petitions for reinstatement.

SUPPORT: California Medical Association (sponsor)
American Academy of Pediatrics, California
American College of Obstetricians and Gynecologists District IX
California Academy of Family Physicians
California Rheumatology Alliance
California Society of Anesthesiologists
California State Association of Psychiatrists
Consumer Protection Policy Center/University of San Diego School of Law
Los Angeles County District Attorney's Office

OPPOSITION: Alliance for Constitutional Sex Offense Laws

ATTACHMENT: [AB 1636, Weber – Physician's and Surgeon's Certificate: Registered Sex Offenders.](#)
Version: 09/22/22 – Chaptered

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 2178
AUTHOR: Bloom
CHAPTER: Chaptered, #329
BILL DATE: June 14, 2022, Amended
SUBJECT: Physicians and Surgeons: Special Faculty Permits:
Academic Medical Center
SPONSOR: Cedars-Sinai Medical Center
POSITION: Support

DESCRIPTION OF LEGISLATION

Clarifies the definition of “academic medical center” (AMC) for purposes of obtaining a special faculty permit under the Medical Board of California (Board).

IMPLEMENTATION TASKS

- Obtain updated documentation from Cedars-Sinai Medical Center related to the new AMC requirements
- Report in Board newsletter (expected to publish December 2021)

BACKGROUND

Under prior law, only medical schools approved by the Medical Board of California (Board) were authorized to sponsor applicants for a special faculty permit (SFP). Two legislative bills were enacted in recent years to expand access to the SFP program to academic medical centers that met certain requirements.

[Assembly Bill 2273 of 2020](#) changed the law, as follows:

- Defined an AMC as an entity that meets all the following criteria:
 - A facility licensed by the State of California.
 - The facility conducts both internal and external peer review of the faculty for the purpose of conferral of academic appointments on an ongoing basis.
 - The facility conducts clinical and basic research for the purpose of advancing patient care.
 - The facility trains a minimum of 250 residents and postdoctoral fellows on an annual basis commencing each January 1.

- The facility has more than 100 research students or postdoctoral researchers annually.
- The facility has foreign medical graduates in clinical research.
- The facility offers clinical observership training.
- The facility has an intern and resident-to-bed ratio meeting the federal Centers for Medicare and Medicaid Services definition as a major teaching hospital and conducts research in an amount of one hundred million dollars (\$100,000,000) or more annually.
- Expanded SFP program eligibility to the following individuals:
 - Someone offered a full-time appointment at the level of full professor in a tenure track position (or its equivalent) at an AMC; or
 - Someone clearly outstanding in a specific field of medicine or surgery who was offered a full-time academic appointment at the level of full professor or associate professor by the dean or chief medical officer of an AMC
- Added one person to the Special Faculty Permit Review Committee (SFPRC) who will represent all AMCs.
 - Specifies that if there is more than one AMC approved by the Board, that the AMCs shall select by consensus one person to represent all AMCs on the SFPRC.
- Allows the Board to approve no more than five SFP applicants sponsored by AMCs in any calendar year.

[Senate Bill 806 of 2021](#) deleted the intern/resident bed ratio and \$100,000,000 annual research AMC requirements. The bill added a requirement that AMCs be accredited by the Western Association of Schools and Colleges and the Accreditation Council for Graduate Medical Education.

The only AMC recognized by the Board is Cedars-Sinai Medical Center.

ANALYSIS

According to the author and sponsor, certain current definitions of an AMC do not align with academic medical terms or accurately reflect the types of trainees supported and experiences offered at these institutions. This bill is intended to correct those definitions without substantively changing the requirements to qualify as an AMC.

AB 2178 updates certain AMC requirements, as follows (deletions shown in ~~strikeout~~ and additions in *underline italics*):

- The facility trains a minimum of 250 ~~residents and fellows~~ resident physicians in Accreditation Council for Graduate Medical Education accredited residencies on an annual basis commencing each January 1.
- The facility has foreign medical graduates in ~~clinical~~ research.
- The facility offers clinical ~~observership training~~. observer experiences.

FISCAL: No fiscal impact to the Board.

SUPPORT: Cedars-Sinai Medical Center (Sponsor)
California Hospital Association
California State Association of Psychiatrists

OPPOSITION: None

ATTACHMENT: [AB 2178, Bloom. Physicians and Surgeons: Special Faculty Permits: Academic Medical Center.](#)
Version: 09/15/22 – Chaptered

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 2626
AUTHOR: Calderon
CHAPTER: Chaptered, #565
BILL DATE: August 24, 2022, Amended
SUBJECT: Medical Board of California: Licensee Discipline:
Abortion
SPONSOR: None
POSITION: Support

DESCRIPTION OF LEGISLATION

Prohibits the Medical Board of California (Board) and other licensing boards from disciplining a licensee for performing an abortion in this state provided they performed it in accordance with their practice act and the Reproductive Privacy Act. Prohibits the Board and other licensing boards from denying an applicant for licensure in this state or disciplining a licensee if they were disciplined by another state medical board or convicted in another state solely for performing an abortion in that state. Takes effect immediately upon signature of the Governor.

AB 2626 is not expected to change the Board's licensing and disciplinary outcomes.

IMPLEMENTATION TASKS

- Report in Board newsletter (expected to publish December 2021)

BACKGROUND

Current law sets forth the requirements related to the performance of an abortion by certain authorized licensed health care professionals, including physician and surgeons, osteopathic physicians and surgeons, nurse practitioners, nurse-midwives, and physician assistants. Those requirements are set forth in the respective practice acts of the various licensing boards and the Reproductive Privacy Act, among other provisions.

Recently, various states have enacted legislation that shortens the window of time for a person to obtain an abortion in those states. In Texas, for example, abortions may not be performed, or aided and abetted, by anyone after the detection of a fetal heartbeat.

The Medical Practice Act (MPA) authorizes the Board to discipline a licensee who has been disciplined by another state for unprofessional conduct, if that conduct is also a violation of California law.

ANALYSIS

As provided in the analysis published by the Senate Health Committee:

“According to the author, with the recent overturn of Roe v Wade and 16 states poised to make abortion illegal soon or have already banned abortion through trigger laws, the Guttmacher Institute expects an increase of up to 1.4 million out-of-state individuals of reproductive age finding their nearest clinic in California. Many states across the country are specifically targeting providers by authorizing state officials to revoke, suspend, or restrict a license for performing an abortion. AB 2626 protects California providers by preventing professional boards from revoking or suspending a medical license of a licensee for providing or coordinating abortion care in other states and to Californians or any out-of-state patients seeking care in California.”

Under current law, the Board may discipline a licensee for their out-of-state discipline pursuant to Business and Professions Code (BPC) section 141, 2305, and 2310 but only acts when the out-of-state conduct violates the MPA.

Further, the Board may deny an application for licensure pursuant to BPC section 480 due to discipline from other licensing boards or criminal convictions that occurred, generally, within seven years of the date of their application to the Board if their conduct was substantially related to the qualifications, functions, or duties of the license they are seeking.

The requirements of AB 2626 are consistent with the Board’s existing policy, which is to not deny a license application or discipline a licensee for criminal or unprofessional conduct outside this state that would otherwise be permitted in California.

FISCAL: None for the Board

SUPPORT: California Attorney General Bonta
California Lieutenant Governor Kounalakis
California State Controller Yee
Access Reproductive Justice
American College of Obstetricians and Gynecologists District IX
ANSIRH (Advancing New Standards in Reproductive Health)
California Latinas for Reproductive Justice
California Nurse Midwives Association
Essential Access Health
NARAL Pro-choice California
National Council of Jewish Women-California
Planned Parenthood Affiliates of California
Women's Foundation California
[partial list]

OPPOSITION: Right to Life League

ATTACHMENT: [AB 2626, Calderon - Medical Board of California: Licensee Discipline: Abortion](#)
Version: 09/27/22 – Chaptered

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: SB 528
AUTHOR: Jones
CHAPTER: Chaptered, #812
BILL DATE: August 25, 2022, Amended
SUBJECT: Juveniles: Medication Documentation
SPONSOR: California Academy of Child and Adolescent
Psychiatry
POSITION: Support

DESCRIPTION OF CURRENT LEGISLATION

This bill requires certain forms related to the provision of psychotropic medications be included within a foster youth's case plan.

IMPLEMENTATION TASKS

- Report in Board newsletter (expected to publish December 2021)

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.

Judicial approval is mandated by the California Rules of Court prior to the administration of psychotropic medications to children and youth in foster care. The Psychotropic Medication Protocol, also referred to as the JV-220 process, initiates the court authorization of psychotropic medications for dependents of the court. The JV-220 documentation specifies the dosage and medication plan, ideally including targeted goals. This is undertaken, to the extent possible, in collaboration with the child, family, caregiver, and other supportive collaterals.

Current law requires, whenever a child is placed in foster care, a case plan for each child to include a summary of the health and education information or records of the child. The summary includes, but is not limited to, mental health information, contact

information for health and dental providers, the child's school record, the child's grade level performance, current medications of the child, and any known medical problems, among others.

ANALYSIS

According to proponents of the bill, the current summary level information included in the case file of a foster youth may be incomplete or lacking the detail necessary for a provider to understand their medical history and provide consistent care. SB 528 is expected to help ensure that important health history information relevant to a foster child is made available their current and future caregivers and health care providers by ensuring that key portions of the JV-220 forms, along with prescribing information, are included in their case file.

FISCAL: None for the Board

SUPPORT: California Academy of Child and Adolescent Psychiatry (sponsor)

OPPOSITION: None reported

ATTACHMENT: [SB 528, Jones - Juveniles: Medication Documentation.](#)
Version: 09/29/22 – Amended

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: SB 923
AUTHOR: Wiener
CHAPTER: Chaptered, #822
BILL DATE: August 18, 2022, Amended
SUBJECT: Gender-Affirming Care
SPONSOR: California LGTBQ Health and Human Services
Network, et al.

DESCRIPTION OF LEGISLATION

Allows current continuing medical education (CME) requirements related to cultural competency to be satisfied through evidence-based training related to individuals who identify as transgender, gender diverse, or intersex (TGI).

Requires health care service plans, health insurers, and Medi-Cal managed care plans to require their staff in direct contact with enrollees to be trained in evidence-based cultural competency for the purpose of providing trans-inclusive care to TGI communities, as specified.

Requires those entities to publicly report which in-network providers offer gender-affirming services, as defined. Requires establishment of a working group to create a quality standard for patient experience to measure cultural competency related to TGI communities.

Places monitoring requirements upon, and provides sanctioning authority to, the Department of Managed Healthcare and Department of Insurance, to enforce the provisions of the bill within their respective jurisdictions.

IMPLEMENTATION TASKS

- Report in Board newsletter (expected to publish December 2021)

BACKGROUND

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

[Business and Professions Code section 2190.1](#) requires, among other provisions, all CME courses to contain curriculum that includes cultural and linguistic competency in the practice of medicine to effectively care for patients from diverse cultures, groups, and communities. That section provides suggested topics to meet those requirements.

The MPA also establishes certain topical CME requirements for certain physicians pertaining to pain management, treatment and management of opiate-dependent patients, and geriatric medicine.

Via regulation, the Board requires a physician 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 may exercise discretion to choose CME most appropriate to their patients and medical practice.

ANALYSIS

SB 923 is intended to ensure that physicians and health insurance staff are trained in evidence-based cultural competency related to TGI communities. The bill does so primarily through mandates on organizations that offer various health insurance products, however, this analysis will focus on the CME provisions of SB 923.

According to the author's fact sheet:

“Many transgender patients encounter discrimination and difficulty accessing culturally competent health care. The National Center for Transgender Equality reported that one-third of all transgender individuals who had seen a health care professional in 2014 had at least one negative experience related to being transgender, with higher rates for people of color and people with disabilities. These negative experiences include being refused treatment, verbally harassed, physically or sexually assaulted, or having to teach the provider about transgender people in order to receive appropriate care.”

Proposed Changes to CME Cultural Competency Statute

The bill expands the suggestions in current law related to meeting cultural competency requirements, to include the following:

- Understanding and applying culturally, ethnically, and sociologically inclusive data and evidence-based cultural competency training related to the care and treatment of individuals who identify as queer or questioning, asexual, intersex, or gender diverse.
- Processes related to those seeking gender-affirming care services.
- The effects of historical and contemporary exclusion and oppression of TGI communities.
- Appropriate use of TGI-inclusive terminology, as specified.
- Health inequities within the TGI community, including family and community acceptance.

- Perspectives of diverse, local constituency groups and TGI-serving organizations
- Recognition of the difference between personal values and professional responsibilities related to serving TGI communities
- Recommendations on administrative changes to make health care facilities more inclusive.

Other Provisions of SB 923

By March 1, 2025, health care service plans, health insurers, and Medi-Cal managed care plans shall require their plan staff in direct contact with their insureds, beneficiaries, or enrollees, as appropriate to receive training in evidence-based cultural competency training, as defined. Specialized plans that provide only dental or vision services are excluded from this requirement.

No later than March 1, 2025, those entities shall include information within or accessible from their provider directory, and their call center, that identifies their in-network providers who offer and have provided gender affirming medical services, as specified.

By March 1, 2023, requires the California Health and Human Services Agency to convene a working group charged with establishing quality standards for patient experience to measure cultural competency related to TGI communities and recommend related training curriculum.

Places monitoring requirements upon, and provides sanctioning authority to, the Department of Managed Healthcare and Department of Insurance, to enforce the provisions of the bill within their respective jurisdictions.

FISCAL: No anticipated costs.

SUPPORT: California LGBTQ Health and Human Services Network (Sponsor)
 Equality California (Co-sponsor)
 National Health Law Program (Co-sponsor)
 TransCommunity Project (Co-sponsor)
 Trans Family Support Services (Co-sponsor)
 Western Center on Law & Poverty (Co-sponsor)
 Break the Binary LLC (Co-sponsor)
 California TRANScends (Co-sponsor)
 Gender Justice LA (Co-sponsor)
 Orange County TransLatinas (Co-sponsor)
 Queer Works (Co-sponsor)
 Rainbow Pride Youth Alliance (Co-sponsor)
 San Francisco Office of Transgender Initiatives (Co-sponsor)
 The TransPower Project (Co-sponsor)
 TransCanWork (Co-sponsor)

Transgender Health and Wellness Center (Co-sponsor)
Tranz of Anarchii INC (Co-sponsor)
Unique Woman's Coalition (Co-sponsor)
Unity Hope (Co-sponsor)
[partial list]

OPPOSITION:

California Family Council
Can I Get a Witness
Capitol Resource Institute
Concerned Women for America
International Federation for Therapeutic and Counseling Choice
Our Duty

ATTACHMENT:

[SB 923, Wiener - Gender-affirming Care.](#)
Version: 09/29/22 – Chaptered

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: SB 1259
AUTHOR: Laird
CHAPTER: Chaptered, #245
BILL DATE: June 13, 2022, Amended
SUBJECT: Pharmacists: Furnishing Opioid Antagonists
SPONSOR: None
POSITION: Support

DESCRIPTION OF LEGISLATION

Updates current law to allow a pharmacist, subject to certain protocols adopted by the California State Board of Pharmacy (BOP) and the Medical Board of California (Board), to independently furnish any opioid antagonist approved by the federal Food and Drug Administration (FDA).

IMPLEMENTATION TASKS

- Coordinate with BOP on possible changes to their [requirements and related procedures and protocols](#)
- Report in Board newsletter (expected to publish December 2021)

BACKGROUND

Under current law, pursuant to Business and Professions Code (BPC) section 4052.01, a pharmacist may independently furnish naloxone hydrochloride to an individual, in accordance with protocols jointly developed by BOP and the Board.

According to the [Centers for Disease Control](#), provisional data “indicate[s] there were an estimated 107,622 drug overdose deaths in the United States during 2021, an increase of nearly 15% from the 93,655 deaths estimated in 2020. The 2021 increase was half of what it was a year ago, when overdose deaths rose 30% from 2019 to 2020.”

ANALYSIS

According to author’s fact sheet:

“Currently, researchers are developing next generation antagonists that will use molecules other than naloxone, a medicine that rapidly reverses an opioid overdose by quickly restoring normal breathing that has slowed or stopped, that will last longer and only require one dose.

Additional statutory authority is needed to expand access to equip pharmacists with the ability to distribute the most appropriate and effective opioid antagonists to the public.”

FISCAL: Minor and absorbable costs associated with coordinating with BOP on updated protocols.

SUPPORT: California Board of Pharmacy
California Retailers Association
City of Santa Monica
National Association of Chain Drug Stores

OPPOSITION: None reported

ATTACHMENT: [SB 1259, Laird – Pharmacists: Furnishing Opioid Antagonists.](#)
Version: 09/02/22 – Chaptered

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: SB 1440
AUTHOR: Roth
CHAPTER: Chaptered, #510
BILL DATE: February 18, 2022, Introduced
SUBJECT: Licensed Midwifery Practice Act of 1993: Complaints
SPONSOR: None
POSITION: Support

DESCRIPTION OF LEGISLATION

Makes clarifying changes to the Licensed Midwifery Practice Act of 1993 (LM Act).

IMPLEMENTATION TASKS

- Report in Board newsletter (expected to publish December 2021)

BACKGROUND

The LM Act provides for the licensure and regulation of licensed midwives (LM) by the Medical Board of California (Board).

SB 806 (Roth) of 2021 added [Business and Professions Code \(BPC\) section 2519.5](#) which provides criteria for the Board to follow when reviewing quality-of-care complaints involving an LM. That section is very similar to [BPC section 2220.08](#), which pertains to quality-of-care complaints relating to a physician and surgeon (P&S).

ANALYSIS

This bill provides a technical amendment to BPC section 2519.5 so that it conforms, in relevant part, to BPC section 2220.08.

This amendment clarifies the Board's authority to refer quality-of-care complaints about an LM to the field, even if it does not receive the information requested, pursuant to (a). This conforms to the same process provided for a P&S in BPC section 2220.08.

FISCAL: None for the Board

SUPPORT: None

OPPOSITION: None

ATTACHMENT: [SB 1440, Roth - Licensed Midwifery Practice Act of 1993: Complaints](#)
Version: 09/23/22 – Chaptered

MBC TRACKER II BILLS
11/16/2022

BILL	AUTHOR	TITLE	STATUS	AMENDED
AB 32	Aguiar-Curry	Telehealth	Chaptered	08/24/22
AB 35	Reyes	Civil Damages: Medical Malpractice	Chaptered	04/27/22
AB 305	Maienschein	Veteran services: Notice	Chaptered	08/25/22
AB 1120	Irwin	Clinical Laboratories: Blood Withdrawal	Chaptered	08/03/22
AB 1242	Bauer-Kahan	Reproductive Rights	Chaptered	08/25/22
AB 1604	Holden	The Upward Mobility Act of 2022	Chaptered	08/11/22
AB 1704	Chen	Leg-Podiatric Radiography Permit: Podiatric Medical Board of Ca.	Chaptered	08/22/22
AB 1706	Bonta	Cannabis Crimes: Resentencing	Chaptered	08/11/22
AB 1711	Seyarto	Privacy: Breach	Vetoed	08/08/22
AB 1715	Muratsuchi	Space Force	Chaptered	08/23/22
AB 1751	Daly	Workers' Compensation: COVID-19: Critical Workers	Chaptered	08/25/22
AB 1797	Weber	Immunization Registry	Chaptered	08/17/22
AB 1809	Aguiar-Curry	Nursing Facility Resident Informed Consent Protection Act of 2022	Vetoed	08/25/22
AB 1880	Arambula	Prior Authorization and Step Therapy	Vetoed	06/21/22
AB 1896	Quirk	Gamete Banks	Vetoed	08/24/22
AB 1914	Davies	Resource Family Approval: Training	Chaptered	08/25/22
AB 1918	Petrie-Norris	California Reproductive Health Service Corps	Chaptered	08/11/22
AB 1924	Gipson	Criminal Law: Certificate of Rehabilitation	Chaptered	05/19/22
AB 1954	Quirk	Physicians and Surgeons: Cannabis Treatment and Medication	Chaptered	05/19/22
AB 2085	Holden	Crimes: Mandated Reporters	Chaptered	08/02/22
AB 2089	Bauer-Kahan	Privacy: Mental Health Applications Information	Chaptered	08/01/22
AB 2091	Bonta	Disclosure of Information: Reproductive Health	Chaptered	08/24/22
AB 2105	Smith	Contractors: Initial License Fee Reduction: Veterans	Chaptered	05/31/22
AB 2107	Flora	Clinical Laboratory Testing	Chaptered	08/23/22
AB 2134	Weber	Reproductive Health Care	Chaptered	08/24/22

MBC TRACKER II BILLS
11/16/2022

BILL	AUTHOR	TITLE	STATUS	AMENDED
AB 2176	Wood	Live Birth Registration	Chaptered	
AB 2199	Wicks	Birthing Justice for California Families Pilot Project	Vetoed	08/25/22
AB 2274	Rubio	Mandated Reporters: Statute of Limitations	Chaptered	03/31/22
AB 2288	Choi	Advance Health Care Directives: Mental Health Treatment	Chaptered	03/17/22
AB 2329	Carrillo	Pupil Health: Vision Examinations: Schoolsites	Chaptered	08/25/22
AB 2338	Gipson	Health Care Decisions: Decisionmakers and Surrogates	Chaptered	08/24/22
AB 2365	Patterson	Fentanyl Program Grants	Chaptered	
AB 2436	Bauer-Kahan	Death Certificates: Content	Chaptered	08/16/22
AB 2449	Rubio	Open Meetings: Local Agencies: Teleconferences	Chaptered	08/08/22
AB 2574	Salas	Optometry	Chaptered	08/22/22
AB 2586	Garcia	Reproductive and Sexual Health Inequities	Chaptered	08/24/22
AB 2647	Levine	Local Government: Open Meetings	Chaptered	08/04/22
AB 2671	Berman	Occupational Therapy	Chaptered	08/11/22
AB 2677	Gabriel	Information Practices Act of 1977	Vetoed	08/23/22
AB 2684	Berman	Nursing	Chaptered	08/25/22
AB 2685	Cmte. on B&P	Naturopathic Doctors Act: Naturopathic Medicine Cmte.	Chaptered	08/11/22
AB 2686	Cmte. on B&P	Speech-Language Pathologists, Audiologists, and Hearing Aid Disp.	Chaptered	08/24/22
AB 2687	Cmte. on B&P	California Massage Therapy Council	Chaptered	06/16/22
AB 2754	Bauer-Kahan	Psychology: Supervision	Chaptered	08/09/22
SB 422	Pan	Personal Services Contracts: State Employees: Phys. & Pro Registry	Vetoed	08/24/22
SB 523	Leyva	Contraceptive Equity Act of 2022	Chaptered	08/25/22
SB 731	Durazo	Criminal Records: Relief	Chaptered	06/23/22
SB 872	Dodd	Pharmacies: Mobile Units	Chaptered	06/15/22
SB 964	Wiener	Behavioral Health	Vetoed	08/15/22
SB 979	Dodd	Health Emergencies	Chaptered	08/18/22
SB 988	Hueso	Compassionate Access to Medical Cannabis Act	Chaptered	06/08/22

MBC TRACKER II BILLS
11/16/2022

BILL	AUTHOR	TITLE	STATUS	AMENDED
SB 999	Cortese	Health Coverage: Mental Health and Substance Use Disorders	Vetoed	06/30/22
SB 1029	Hurtado	One Health Program: Zoonotic Diseases	Chaptered	08/15/22
SB 1142	Caballero	Abortion Services	Chaptered	08/25/22
SB 1165	Bates	Substance Abuse and Mental Health Services	Chaptered	
SB 1184	Cortese	Confidentiality of Medical Information Act	Chaptered	08/18/22
SB 1237	Newman	Licenses: Military Service	Chaptered	03/30/22
SB 1267	Pan	Clinical Laboratories	Chaptered	08/25/22
SB 1346	Becker	Surplus Medication Collection and Distribution	Chaptered	08/01/22
SB 1436	Roth	Respiratory Therapy	Chaptered	06/21/22
SB 1438	Roth	Physical Therapy Board of California	Chaptered	06/29/22
SB 1443	Roth	The Department of Consumer Affairs	Chaptered	06/21/22