MEDICAL BOARD OF CALIFORNIA
BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM
As of November 2026

Section 1 – Background and Description of the Board and Regulated Profession

Provide a short explanation of the history and function of the board.[1] Describe the occupations/professions that are licensed and/or regulated by the board (Practice Acts vs. Title Acts).[2]

The Medical Board of California (Board) was the first board started for consumer protection (of those currently within the Department of Consumer Affairs (DCA)), and its history dates to 1876 with the passage of the first Medical Practice Act. In 1901, the Medical Practice Act was completely rewritten and the former California Medical Society Board, the Eclectic Medical Society Board, and the Homeopathic Medical Society Board all became the Board of Examinations. From 1950 to 1976, the Board expanded its role beyond physician licensing and discipline to oversee various allied health professionals, such as physical therapists, psychologists, etc. The Board began to regulate licensed midwives (LMs) in 1994, and the Board's polysomnographic program began in 2009.

The Board formerly regulated registered contact lens dispensers, registered dispensing opticians (RDO), registered non-resident contact lens sellers, and registered spectacle lens dispensers. Beginning January 1, 2016, authority over those registrants moved to the Board of Optometry. Starting January 1, 2025, authority to regulate research psychoanalysts was transferred to the Board of Psychology, pursuant to SB 815 (Roth, Chapter 294, Statutes of 2023).

[1] The term "board" in this document refers to a board, bureau, commission, committee, council, department, division, program, or agency, as applicable. Please change the term "board" throughout this document to appropriately refer to the entity being reviewed.
[2] The term "license" in this document includes a license, certificate, permit or registration.

Core Functions of the Board

The Board is comprised of programs whose functions, duties, and goals are to meet its mandate of consumer protection. The Board's Licensing Program ensures that only qualified applicants, pursuant to the requirements in the Board's statutes and regulations, receive a license or registration to practice. The Licensing Program has a Consumer Information Unit that serves as a call center for all incoming calls to the Board. The Licensing Program also processes license status changes, conducts continuing education (CE) audits to ensure compliance with CE requirements, and updates licensing records for name changes. The Board's Cashiering Office processes paper license renewal forms, however, most renewals are automatically processed through the BreEZe online system.

The Enforcement Program investigates allegations of violations of the Medical Practice Act and takes disciplinary or administrative action as appropriate. The Central Complaint Unit (CCU) receives and triages all complaints. If it appears that a violation may have occurred, the complaint is either transferred to the Department of Consumer Affairs' (DCA) Division of Investigation, Health Quality Investigation Unit (HQIU), which is comprised of sworn peace officers, or to the Board's Complaint Investigation Office (CIO), which is comprised of non-sworn special investigators. The investigators (sworn or non-sworn) investigate the complaint and, if warranted, refer the case for disciplinary action.

Before a quality-of-care complaint may be closed, the matter is first referred to the Complainant Liaison Unit (CLU), which was established in January 2025. The CLU's staff will attempt to interview the complainant, the patient, or the patient's representative to obtain additional information or evidence that may be relevant to the complaint.

The Board's Discipline Coordination Unit (DCU) processes all disciplinary documents and monitors each case at the Attorney General's Office (AGO). The Board has two panels of Board members to make disciplinary decisions. If a licensee/registrant is placed on probation, the Board's Probation Unit monitors the individual while they are on probation to ensure they are complying with the terms and conditions of probation. The Probation Unit is comprised of inspectors who are located throughout the state, which reduces excess travel expenses and enables probationers to have face-to-face meetings with the inspectors for monitoring purposes, when appropriate.

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The Board's Information Systems Branch (ISB) performs various information technology (IT) functions and looks for areas where upgrades can help streamline the Board's enforcement and licensing processes. The ISB also provides support to the Board's applicants and licensees with any issues accessing the BreEZe system. Having its own IT unit allows the Board immediate access to trained staff when problems arise, ensures the Board maintains current hardware/software, helps staff understand and protect against cyber security attacks, and allows the Board to make changes rapidly to its website.

The Board also engages in various activities to educate physicians, applicants, and the public. The Board's Office of Legislative and Public Affairs provides information to physicians, as well as applicants, regarding the Board's functions, laws, and regulations. This information is provided primarily through publishing articles on topics of interest to physicians and the public in the Board's newsletter, through social media posts, and via the Board's website. Further, the Board's licensing staff are active at outreach events held online or at medical schools, hospitals, and conferences.

Occupations Licensed and Regulated by the Board

Pursuant to the Medical Practice Act, the Board has jurisdiction over allopathic physicians licensed to practice in this state. In addition, the Board licenses and regulates LMs, registered polysomnographic trainees, registered polysomnographic technicians, and registered polysomnographic technologists. Further, the Board regulates medical assistants, an unlicensed profession. The Board also approves agencies that accredit outpatient surgery settings (OSS) and issues fictitious name permits to physicians practicing under a name other than their own.

1. Describe the make-up and functions of each of the board's committees (cf., Section 12, Attachment B).

Pursuant to Business and Professions Code (BPC) section 2001, the Board is comprised of fifteen (15) Board members: eight (8) physician members and seven (7) public members. The Governor appoints thirteen (13) members and two (2) are appointed by the Legislature (one each by the Senate Rules Committee and the Speaker of the Assembly). BPC section 2007 also requires that four of the physician members hold faculty appointments in a clinical department of an approved medical school in the state, but no more than four members of the Board may hold full-time appointments to the faculties of such medical schools.

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See Section XX, Attachment X for the charts identifying the Board members' attendance at the Board's quarterly meetings.

Currently, the Board has three standing committees, one two-member task force, two disciplinary panels, and one council that assists with the work of the Board. The following is a list of the Board's current committees/councils and their purpose. More information, including committee membership, can be found under Section XX, Attachment X.

Application Review and Special Programs Committee (Statutory Committee – BPC sections 2099, 2111-2112, 2135.5 and Title 16, California Code of Regulations (16 CCR) section 1301)
This committee evaluates the credentials of licensure and renewal applicants where statute provides the Board discretion and makes certain recommendations to the Licensing Program regarding eligibility for licensure.

Editorial Committee (non-statutory)
This committee reviews the Board newsletter articles to ensure they are appropriate for publication and provides any appropriate edits.

Midwifery Advisory Council (Statutory Council – BPC section 2509)
This council develops recommendations on various regulatory, policy, and procedural issues regarding the midwifery program, including challenge mechanisms and examinations, as specified by the Board. The council is comprised of three midwives, one physician, and two public members.

Special Faculty Permit Review Committee (Statutory Committee – BPC section 2168.1(c))
This committee evaluates the credentials of applicants proposed by a California medical school or academic medical center to meet the requirements of Section 2168.1, including determinations of whether the candidate meets the requirements of an academically eminent physician, or an outstanding physician in an identified area of need. The committee also submits a recommendation to the Board for each proposed candidate for final approval or denial.

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Panel A (Statutory Panel – BPC section 2008)
Proposed decisions and stipulated settlements are referred to one of two panels of the Board for review. The panel may accept, reject or modify the proposed case resolution.

Panel B (Statutory Panel – BPC section 2008)
Proposed decisions and stipulated settlements are referred to one of two panels of the Board for review. The panel may accept, reject or modify the proposed case resolution.

Maternal Health Task Force (non-statutory)
This task force works with state public health partners and other interested parties to identify systemic issues in maternal health care and share recommendations to improve safety and outcomes for mothers across California.

The current list of Board committees, councils, panels, and task forces is available on the Board's website.

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Table 1b. Board/Committee Member Roster					
Member Name	**Date First Appointed**	**Date Reappointed**	**Date Term Expires**	**Appointing Authority**	**Type**
Jacob Arkatov, J.D.	05/21/25		06/01/28	Governor	Public
Irving Ayala-Rodriguez, M.D.	06/12/24		06/01/28	Governor	Physician
Anni Chung	06/12/24		06/01/28	Governor	Public
Claire Holmes	01/29/26		06/01/27	Assembly Speaker	Public
Asif Mahmood, M.D.	06/03/19	06/12/23	06/01/27	Governor	Physician
Luis R. Portillo	01/16/26	05/29/26	06/01/30	Governor	Public
Trinidad Solis, M.D.	07/29/25		06/01/29	Governor	Physician
Richard E. Thorp, M.D.	07/26/19	06/12/23	06/01/27	Governor	Physician
Gerald Tolbert, M.D.	07/29/25		06/01/29	Governor	Physician-Faculty
Marina A. Torres, J.D.	06/12/24		06/01/28	Governor	Public
Veling Tsai, M.D.	04/26/22	07/29/25	06/01/29	Governor	Physician-Faculty
Eserick "TJ" Watkins	05/14/19	06/01/23	06/01/27	Senate Rules Committee	Public
Felix C. Yip, M.D.	12/08/23	05/29/26	06/01/30	Governor	Physician-Faculty

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Vacant			06/01/30	Governor	Physician-Faculty
Vacant			06/01/30	Governor	Public

2. In the past four years, was the board unable to hold any meetings due to lack of quorum? If so, please describe. Why? When? How did it impact operations?

Since the Board's prior sunset review, only one meeting (the MAC meeting scheduled for January 22, 2026) was canceled because scheduling conflicts among the MAC members resulted in a lack of quorum. There was no impact to Board operations.

3. Describe any major changes to the board since the last Sunset Review, including, but not limited to:

- Internal changes (i.e., reorganization, relocation, change in leadership, strategic planning).
- All legislation sponsored by the board and affecting the board since the last Sunset Review.
- All regulation changes approved by the board since the last Sunset Review. Include the status of each regulatory change approved by the board.

Board Loans Repaid in Full

The Board received an $8 million loan in Fiscal Year (FY) 2022-23 and a $6 million loan in FY 2023-24 from other DCA funds. Due to an increase in revenues approved during the Board's 2023 Sunset Review, unscheduled reimbursements, and lower-than-anticipated expenditures, the Board fully repaid these loan obligations in FY 2024-25.

Strategic Plan Adopted in 2023 and Updated in 2026

In February 2023, the Board adopted a new strategic plan, which was developed based on input from interested parties and discussions with the Board in August and October 2022, which were facilitated by DCA's SOLID Training and Planning Solutions Unit. The Board set goals to further the Board's mission to protect healthcare consumers and prevent harm through its licensing and enforcement programs.

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This strategic plan includes, among other priorities, a goal to improve communications and trust with its stakeholders and to continue developing more efficient ways to accomplish its mission. Additionally, the Board updated its mission and vision statements and its values.

In February 2026, SOLID conducted a new environmental scan focused on issues related to diversity, equity, inclusion, and accessibility. In May 2026, the Board considered this feedback and updated the strategic plan, which expires in 2029.

Progress Transitioning to Paperless Licensing Processes

In February 2023, the Board stopped accepting paper applications for the Postgraduate Training License (PTL) application and the Transition from a PTL to a Physician's and Surgeon's (P&S) License application. In June 2023, the Board stopped accepting a paper application for the P&S License application. As of July 2023, all physician license applications are required to be submitted online through the BreEZe system.

In April 2023, the Board launched the online LM renewal application. The Licensing Program also updated all physician online applications by removing unnecessary questions and allowing applicants to attach all applicant-required documents in BreEZe. In January 2024, the Board began accepting certain documents only electronically through its Direct Online Certification Submission (DOCS) portal or through any of the other Board-accepted third-party services.

Enhancements to DOCS were deployed in January 2025 to allow postgraduate training program users to upload certain required forms. Further, in March 2025, the Board stopped providing paper license renewal applications for all P&S licenses that expired after June 2025. Since then, P&S renewal applications must be submitted online.

Throughout FY 2025-26, the Board conducted a re-registration process for DOCS users, authorizing the Board to accept all types of electronic signatures. Further, medical schools registered and verified through DOCS were authorized to submit transcripts without a signature, graduation date, or official school seal to streamline the licensing process.

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Changes in Staff Leadership

In June 2023, Reji Varghese was appointed as the Board's Executive Director. In December 2023, Marina O'Connor, who previously served as the Board's Chief of Licensing, was appointed as Deputy Director. Douglas Hock was appointed as the Board's Chief of Licensing in June 2024. Jason Pritchard was appointed as the Board's Chief of Enforcement in September 2026.

Published Revised Guidelines for Prescribing Controlled Substances for Pain

In July 2023, the Board published its revised Guidelines for Prescribing Controlled Substances for Pain. The guidelines were updated to incorporate statutory changes and provide new support and guidance to physicians and to emphasize the need for individualized care based on the unique characteristics of each patient.

Board Discussions and Task Force on Maternal Health

In August 2023, the Board held a public discussion in Bakersfield on maternal mortality, which included a focus on data and statistics related to maternal health, and how California compares to other states. The Board members and attendees heard from distinguished speakers and leaders who provided national, state, and local perspectives on this topic and received numerous public comments.

In May 2026, Board President Kristina Lawson appointed Board members Trinidad Solis, M.D., and Claire Holmes to the newly created Maternal Health Task Force. This task force is charged with collaborating with the California Maternal Quality Care Collaborative, the California Department of Public Health, and other partners in support of consumer protection. [Update to include a description of the relevant presentations/key actions in Board's November 2026 Quarterly Meeting].

License Application Impairment Questions Updated

Two Board members (Nicole Jeong, J.D., and Veling Tsai, M.D.) were appointed in May 2024 to a task force to lead a public process to gather input from various interested parties to consider possible changes to the impairment questions on the Board's physician license applications. This task force held a public Interested Parties Meeting in July 2024, and the Board approved the updated questions during its August 2024 quarterly meeting. The new questions complied with the requirements of AB 2164 (Berman, Chapter 952, Statutes of 2024) and took effect in January 2025. After completing their work in August 2024, this task force was disbanded.

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Volunteer Physician Registry
In December 2024, a new Volunteer Physician Registry (VPR) web application was launched, and all existing volunteer profiles were migrated from the prior system. The VPR is intended to be used by clinics or other entities seeking volunteer physicians. Physicians in the registry have provided information about areas where they would be willing to volunteer, details regarding their area of practice, and foreign language proficiency.

Online Training Available for Expert Reviewers and Medical Consultants
In December 2024, the Board launched an online, self-paced training course for the Expert Reviewer and Medical Consultant programs. This format allows participants to complete their training modules from any location and at their own pace, significantly enhancing accessibility.

Research Psychoanalyst Program Transferred to Board of Psychology
Effective January 2025, the Board transferred the Research Psychoanalyst Program to the Board of Psychology.

New Staff Unit Established
The CLU began its work in January 2025, pursuant to BPC sections 2024.5 and 2220.1. Between January 2025 and June 2026, the CLU's key activities included:

- 2,051 interviews offered
- 1,331 interviews completed
- 567 instances of no response
- 84 interviews declined
- 69 interviews pending

Board staff are developing a feedback survey intended to gather input from complainants who have interacted with the CLU.

New Collaborative Enforcement Model Implemented
In November 2025, the Board, DCA, HQIU, and HQE completed development of a new collaborative enforcement model with various goals, including, but not limited to, improving complaint processing timelines,

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reducing the number of cases returned to HQIU for supplemental investigation, reducing the number of cases rejected by HQE, and increasing alignment across investigations on related topics.

Board Leadership Transition
After nearly 11 years of dedicated service, Board President Kristina Lawson presided over her final Board Meeting in May 2026, marking the conclusion of her last term on June 1, 2026. The Board elected Felix Yip, M.D., as president, Veling Tsai, M.D., as vice president, and Marina Torres, J.D., as secretary.

Complaint Tracking System
In early October 2026, the Board released the first version of the Complaint Tracking System (CTS), which displays certain data about the history and progress of a complaint received on or after September 1, 2026, to complainants. After logging in to the CTS, complainants will be able to submit a question or feedback through a form. The Board will monitor feedback it receives and will consider future system upgrades.

Legislation (2023)

AB 242 (Wood, Chapter 641) - Critical Access Hospitals: Employment
Makes permanent an existing law that allows federally certified critical access hospitals to employ physicians and surgeons and charge for their services rendered to hospital patients, as specified.

AB 352 (Bauer-Kahan, Chapter 255) - Health Information
Requires specified businesses that electronically store or maintain medical information on the provision of sensitive services, as specified, on or before July 1, 2024, to enable certain security features. Prohibits a health care provider, health care service plan, contractor, or employer from cooperating with any inquiry or investigation by, or from providing medical information to, an individual, agency, or department from another state or, to the extent permitted by federal law, to a federal law enforcement agency that would identify an individual or that is related to an individual seeking or obtaining an abortion or abortion-related services that are lawful under the laws of this state, unless authorized. Exempts a health care provider from legal liability for damages or from civil or enforcement actions, as specified. Excludes the exchange of abortion and abortion-related services health information from automatically being shared on the California Health and Human Services Data Exchange Framework.

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AB 360 (Gipson, Chapter 431) - Excited Delirium
Prohibits "excited delirium," as defined, from being recognized as a valid medical diagnosis or cause of death in this state. Prohibits a coroner, medical examiner, physician, or physician assistant from stating on the certificate of death or in any report that the cause of death was excited delirium.

AB 470 (Valencia, Chapter 330) - Continuing Medical Education: Physicians and Surgeons
Updates continuing medical education (CME) laws that encourage physicians to pursue CME courses that improve the quality of physician-patient communication in a culturally and linguistically competent manner.

AB 816 (Haney, Chapter 456) - Minors: Consent to Medical Care
Authorizes a minor who is 16 years of age or older to consent to replacement narcotic abuse treatment that uses buprenorphine at a physician's office, clinic, or health facility, by a licensed physician and surgeon or other health care provider, as specified.

AB 834 (Irwin, Chapter 166) - Physicians and Surgeons and Doctors of Podiatric Medicine: Professional Partnerships
Authorizes a doctor of podiatric medicine to own an equal or majority interest in a professional partnership with a physician.

AB 883 (Mathis, Chapter 348) - Business licenses: United States Department of Defense SkillBridge Program
Requires, on and after July 1, 2024, a licensing board to expedite the initial licensure process for an applicant who is an active-duty member of a regular component of the Armed Forces of the United States enrolled in the United States Department of Defense SkillBridge program, as specified.

AB 1021 (Wicks, Chapter 274) - Controlled Substances: Rescheduling
Provides that if any Schedule I controlled substance is federally rescheduled or exempted from the Controlled Substances Act, it will automatically become lawful for health professionals to prescribe, furnish, or dispense under California law.

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AB 1029 (Pellerin, Chapter 171) - Advance Health Care Directive Form
Defines a "psychiatric advance directive" as a legal document, voluntarily executed (as defined), that allows a person with a mental illness to protect their autonomy and ability to direct their own care by documenting their preferences for treatment in advance of a mental health crisis.

AB 1070 (Low, Chapter 827) - Physician Assistants: Physician Supervision: Exceptions
Under specified circumstances, authorizes a physician to supervise up to eight physician assistants at one time to perform certain in-home health evaluations.

AB 1130 (Berman, Chapter 21) - Substance Use Disorder
Changes various references in the Business and Professions Code and Health and Safety Code to replace the word "addict" with "person(s) with substance use disorder."

AB 1166 (Bains, Chapter 97) - Liability for Opioid Antagonist Administration
States that any person who, in good faith and not for compensation, administers an opioid antagonist at the scene of an actual or suspected opioid overdose, shall not be liable for civil damages. This protection does not apply to situations where care constitutes gross negligence or willful or wanton misconduct.

AB 1241 (Weber, Chapter 172) - Medi-Cal: Telehealth
Clarifies that Medi-Cal providers of telehealth services are not required to schedule an appointment with a different provider to meet the requirement in existing law that they facilitate in-person care. Rephrases the telehealth provider requirement under the Medi-Cal program to offer or facilitate in-person care as a requirement that telehealth providers maintain and follow protocols to offer or facilitate in-person care.

AB 1369 (Bauer-Kahan, Chapter 837) - Out-of-State Physicians and Surgeons: Telehealth: License Exemption
Authorizes a qualified out-of-state physician to treat an eligible patient in this state, as defined, via telehealth without obtaining a license from the Board.

AB 1417 (Wood, Chapter 580) - Elder and Dependent Adult Abuse: Mandated Reporting
Updates requirements for those who have full or intermittent responsibility for the care or custody of an elder or dependent adult to report known, suspected, or alleged incidents of abuse to specified agencies and officials.

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AB 1646 (Nguyen, Chapter 257) - Physicians and Surgeons: Postgraduate Training: Guest Rotations
Expands an existing Board regulation to authorize a resident enrolled in an out-of-state postgraduate training program accredited by the Accreditation Council for Graduate Medical Education to receive medical training in California, for up to a 90-day period, without obtaining a Board license.

AB 1697 (Schiavo, Chapter 374) - Uniform Electronic Transactions Act
Updates the law to facilitate the use of electronic signatures to authorize the release of medical information and genetic test results that are governed by the Confidentiality of Medical Information Act.

AB 1707 (Pacheco, Chapter 258) - Health Professionals and Facilities: Adverse Actions Based on Another State's Law
As it pertains to the Board, this law generally protects a health care provider from disciplinary action from the Board if that provider was subject to a judgment, conviction, or disciplinary action in another state due to providing certain types of care, including behavioral, sexual, reproductive, and gender-affirming care.

AB 1731 (Santiago, Chapter 144) - CURES Database: Buprenorphine
Authorizes a health care provider to prescribe, order, administer, or furnish buprenorphine in the emergency department of a general acute care hospital without consulting the patient's controlled substance history contained in the CURES database.

SB 67 (Seyarto, Chapter 859) - Controlled Substances: Overdose Reporting
Requires a coroner or medical examiner to report to the Overdose Detection Mapping Application Program (managed by the Washington/Baltimore High Intensity Drug Tracking Area program) whenever they determine, within their expert opinion, that an individual died due to an overdose as a contributing factor. Such a report shall be made within 120 hours of examining the individual, except as specified.

SB 345 (Skinner, Chapter 260) - Health Care Services: Legally Protected Health Care Activities
As pertains to the Board, this law generally protects a health care provider from disciplinary action from the Board if that provider was subject to a judgment, conviction, or disciplinary action in another state due to providing certain types of care, including behavioral, sexual, reproductive, and gender-affirming care.

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SB 372 (Menjivar, Chapter 225) - Department of Consumer Affairs: Licensee and Registrant Records: Name and Gender Changes
Requires all boards within DCA, upon request of a qualified licensee whose name or gender has changed, to remove references to their prior name or gender from license lookup, including disciplinary records. Those disciplinary records would be available to the public upon a verbal or written request made to a board, pursuant to the California Public Records Act.

SB 385 (Atkins, Chapter 178) - Physician Assistant Practice Act: Abortion by Aspiration: Training
Updates the requirements whereby a physician assistant (PA) may be authorized by their supervising physician to perform an abortion by aspiration. Provides additional options for a PA to achieve relevant clinical competency.

SB 544 (Laird, Chapter 216) - Bagley-Keene Open Meeting Act: Teleconferencing
Establishes an alternative pathway to hold teleconference or online meetings for state bodies, like the Board.

SB 815 (Roth, Chapter 294) - Healing Arts
This is the Board's 2023 sunset bill. See the Board's webpage that summarizes the key provisions.

Legislation (2024)

AB 796 (Weber, Chapter 934) - Athletic Trainers
Requires a person to meet certain educational and certification criteria before they may call themselves an "athletic trainer" or use similar terms.

AB 1859 (Alanis, Chapter 684) - Coroners: Duties
Authorizes coroners to test deceased persons for xylazine in certain circumstances and requires positive result be reported to the Overdose Detection Mapping Application Program and the California Department of Public Health (CDPH).

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AB 1902 (Alanis, Chapter 330) - Prescription Drug Labels: Accessibility
Clarifies the existing requirement that dispensers provide translated directions in the languages provided by the Board of Pharmacy to a patient, or their representative, upon their request. Requires pharmacies to provide the person, at no additional cost, an appropriately accessible prescription label, as specified.

AB 1991 (Bonta, Chapter 369) - Licensee and Registrant Renewal: National Provider Identifier
Requires licensees and registrants of the Board, and other healing arts licensing boards, to provide their individual National Provider Identifier (if they have one), at the time they renew their license or registration online.

AB 1936 (Cervantes, Chapter 815) - Maternal Mental Health Screenings
Requires a health plan or insurer's maternal mental health (MMH) program to include at least one MMH screening during pregnancy, and at least one additional screening during the first six weeks of the postpartum period, and additional postpartum screenings, if determined to be medically necessary and clinically appropriate in the treating provider's judgement.

AB 2018 (Rodriguez, Chapter 98) - Controlled Substances: Fenfluramine
Removes fenfluramine from the list of controlled substances.

AB 2115 (Haney, Chapter 634) - Controlled Substances: Clinics
Provides specified practitioners new options to dispense a three-day supply of certain narcotics, as specified, including for the purpose of relieving acute withdrawal symptoms or initiating maintenance or detoxification treatment for someone with an opioid use disorder.

AB 2132 (Low, Chapter 951) - Health Care Services: Tuberculosis
Generally, it requires an adult patient receiving health care services in certain settings to be offered a tuberculosis screening and testing.

AB 2164 (Berman, Chapter 952) - Physicians and Surgeons: Licensure Requirements: Disclosure
Prohibits the Board from requiring an applicant for a physician's and surgeon's license or a postgraduate training license to self-disclose conditions or disorders that do not impair their ability to practice medicine safely.

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AB 2270 (Maienschein, Chapter 636) - Healing Arts: Continuing Education: Menopausal Mental or Physical Health
Requires the Board, and other licensing boards, to consider requiring licensees to take continuing medical education (CME) in the topic of menopausal mental or physical health.

AB 2319 (Wilson, Chapter 621) - California Dignity in Pregnancy and Childbirth Act
Expands the types of health care providers and health facility employees who must participate in implicit bias training related to providing perinatal care. Requires initial basic training on implicit bias to be completed by June 1, 2025, for current health care providers and health facility employees, and within six months of their start date for new health care providers and health facility employees, as specified.

AB 2860 (Garcia, Chapter 246) - Licensed Physicians and Dentists from Mexico Programs
Expands and extends the current Licensed Physicians and Dentists from Mexico Pilot Program (LPMPP) into a new program to last for approximately the next 20 years. Updates the relevant licensure requirements and establishes the number of individuals who may hold a current and active license at the same time. Establishes timeframes for when applications may be submitted to the Board.

AB 2864 (Garcia, Chapter 247) - Licensed Physicians and Dentists from Mexico Pilot Program: Extension of Licenses
Authorizes eligible physicians licensed under the LPMPP to request a three-year extension of the expiration date of their license. The Board's authority to extend these licenses expired January 1, 2025.

AB 3030 (Calderon, Chapter 848) - Health Care Services: Artificial Intelligence
Requires health facilities, clinics, and physicians in solo or group practice that use generative artificial intelligence to create written or verbal patient communications to provide certain disclaimers to their patients.

AB 3119 (Low, Chapter 433) - Physicians and Surgeons, Nurse Practitioners, and Physician Assistants: Continuing Medical Education: Infection-associated Chronic Conditions
Requires the Board, and other healing arts boards, to consider requiring licensees to take CME in the topic of infection-associated chronic conditions, including long COVID.

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SB 67 (Seyarto, Chapter 859) – Controlled Substances: Overdose Reporting
Requires a coroner or medical examiner to report to the Overdose Detection Mapping Application Program (managed by the Washington/Baltimore High Intensity Drug Tracking Area program) whenever they determine that an overdose contributed to an individual's death.

SB 164 (Committee on Budget and Fiscal Review, Chapter 41) - State Government
As pertains to the Board, requires increasing the Controlled Substance Utilization Review and Evaluation System, or CURES, annual fee from $9 to $15.

SB 607 (Portantino, Chapter 862) - Controlled Substances
Requires a prescriber to discuss risks of addiction and dangers related to use, including overdose, with a patient (or their parent if a minor) before dispensing or issuing the first prescription in a single course of treatment for a controlled substance that contains an opioid.

SB 639 (Limón, Chapter 336) - Medical Professionals: Course Requirements
Updates CME requirements to encourage physicians to pursue courses on "the special care needs of patients with dementia" by adding that topic to an existing CME requirement for general internists and family physicians with a substantial patient population aged 65 years or older.

SB 909 (Umberg, Chapter 394) - Steven M. Thompson Physician Corps Loan Repayment Program
Updates this program administered by the Department of Health Care Access and Information to additionally provide loan repayment awards to physicians who agree to care for medically underserved populations.

SB 1451 (Ashby, Chapter 481) - Professions and Vocations
As it pertains to the Board, SB 1451 prohibits a licensing board from charging an application or issuance fee for a temporary license and updates the prohibition on the use of terms like "Dr.," "physician," "M.D.," and related terms used in a health care setting that would lead a reasonable patient to determine that person is a licensed physician. Also, adds an alternative license renewal pathway for those with a physician's and surgeon's license who are still enrolled in a board-approved postgraduate training program but have not yet received credit for 36 months of postgraduate training.

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SB 1468 (Ochoa-Bogh, Chapter 488) - Healing Arts Boards: Informational and Educational Materials for Prescribers of Narcotics: Federal "Three Day Rule."
Requires the Board, and other healing arts boards, to develop informational and educational materials regarding the federal Drug Enforcement Agency's "Three Day Rule" (see Title 21, CFR Section 1306.07(b)) to help ensure prescriber awareness of existing medication assisted treatment pathways to serve patients with substance use disorders.

SB 1511 (Committee on Health, Chapter 492) - Health Omnibus
As pertains to the Board, requires the CDPH to report repeated noncompliance with fetal death registration timeframes to the Board, Cemetery and Funeral Bureau, or other relevant licensing authority.

Legislation (2025)

AB 82 (Ward, Chapter 679) - Health Care: Legally Protected Health Care Activity
Extends various protections to gender-affirming health care patients and providers that are currently available to reproductive health care patients and providers. As it pertains to the Board, states that the prescribing and dispensing of testosterone or mifepristone shall not be reported to the Controlled Substance Utilization Review and Evaluation System (or CURES), the Department of Justice, or a contracted prescription data processing vendor.

AB 91 (Harabedian, Chapter 357) - State and Local Agencies: Demographic Data
Starting January 1, 2028, requires state and local agencies that collect demographic data regarding the ancestry or ethnic origin of Californians to use separate collection categories and tabulations for major Middle Eastern or North African groups, as specified. Prohibits those agencies from disclosing personal identifying information about individuals whose demographic information is collected, as specified. Requires aggregate data reporting starting January 1, 2029.

AB 144 (Committee on Budget, Chapter 105) - Health
As it pertains to the Board, adds BPC section 901 which exempts certain health care practitioners from the requirement to obtain the relevant California license when providing professional services at Olympic and

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Paralympic activities, as defined. This section requires the DCA to forward to the applicable licensing entity certain information received about the health care practitioner. States that the practitioner's license exemption shall cease if the DCA makes such a request, on behalf of an applicable licensing entity, to the Los Angeles Organizing Committee for the 2028 Olympic and Paralympic Games.

AB 260 (Aguiar-Curry, Chapter 136) - Sexual and Reproductive Health Care
Among other provisions, prohibits a health care practitioner from being subject to civil, criminal, or disciplinary action solely on the basis that they prescribed a drug used for medication abortion, as specified.

AB 309 (Zbur, Chapter 685) - Hypodermic Needles and Syringes
Makes permanent the existing law that permits a physician or pharmacist to furnish hypodermic needles and syringes without a prescription or a permit, for the purpose of preventing the transmission of bloodborne diseases, to a person 18 years or older for their personal use.

AB 447 (González, Mark, Chapter 363) - Emergency Room Patient Prescriptions
Authorizes a prescriber to dispense unused medication acquired by a hospital pharmacy to an emergency room patient upon the discharge of that patient if the medication was ordered for and administered to the emergency room patient, as specified.

AB 460 (Chen, Chapter 435) - Radiologic Technologists: Venipuncture: Direct Supervision
Authorizes a physician to remotely supervise a radiologic technologist, as specified. A facility that uses remote supervision shall have safety protocols and appropriate onsite personnel to respond to adverse events as directed by the supervising physician.

AB 489 (Bonta, Chapter 615) - Health Care Professions: Deceptive Terms or Letters: Artificial Intelligence
Prohibits artificial intelligence systems or similar technologies from misrepresenting "themselves" as licensed health care professionals. Authorizes the relevant health care licensing board to enforce violations of this law.

AB 1037 (Elhawary, Chapter 569) - Public Health: Substance Use Disorder
Eliminates certain requirements, such as mandatory training, for any person to legally possess and use opioid antagonists and shields individuals from civil or criminal penalties if they administer opioid antagonists in good

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faith. Also protects licensed health care providers who prescribe opioid antagonists from professional review, criminal prosecution, and liability in civil actions, as specified.

AB 1501 (Berman, Chapter 194) - Physician Assistants and Podiatrists
Extends the operation of the Podiatric Medical Board of California and the Physician Assistant Board until January 1, 2030. Updates certain fee amounts charged by each board and authorizes a physician to supervise up to eight physician assistants at any one time, among other provisions.

SB 160 (Committee on Budget and Fiscal Review, Chapter 113) - Background Checks
As it pertains to the Board, the bill updates the Medical Practice Act to authorize the Board to enroll its various licensees in the FBI Rapback Program, which will provide the Board with subsequent federal arrest and conviction notifications, once that program is available. Further, the bill deletes language in BPC section 2125 (e) related to an obsolete licensure requirement for the Licensed Physicians from Mexico Program related to passing a board review course for a United States certification examination.

SB 278 (Cabaldon, Chapter 748) - Health Data: HIV Test Results
Authorizes a health care provider to share individually identifying HIV test results, without the individual's authorization, to that individual's Medi-Cal managed care plan or external quality review organization contracted by the DHCS to conduct external quality reviews of Medi-Cal plans for the purpose of administering programs designed to improve HIV care for Medi-Cal recipients.

SB 351 (Cabaldon, Chapter 409) - Health Facilities
Prohibits a private equity group or hedge fund involved in any manner with a physician or dental practice, including as an investor, from interfering with the professional judgment of physicians or dentists in making health care decisions and authorizes the Attorney General to take legal action to enforce this law.

SB 387 (Rubio, Chapter 752) - Physicians and Surgeons: Special Faculty Permits: Academic Medical Centers
Updates the definition of "academic medical center" to include a facility that is a National Cancer Institute-designated comprehensive cancer center, as specified. Accordingly, such an organization would be authorized to sponsor individuals for a special faculty permit to practice medicine within that organization.

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SB 403 (Blakespear, Chapter 315) - End of Life Option Act: Sunset
Makes permanent the End of Life Option Act, which authorizes a process for terminally ill adults living in California to obtain and self-administer drugs for medical aid-in-dying.

SB 470 (Laird, Chapter 222) - Bagley-Keene Open Meeting Act: Teleconferencing
Extends from January 1, 2026, to January 1, 2030, the repeal date for certain remote meeting options available to state bodies, to meet remotely, as specified.

SB 497 (Wiener, Chapter 764) - Legally Protected Health Care Activity
Establishes various safeguards against the release of medical information related to enforcement of other states' laws regarding gender-affirming care that is legal in California, as specified. Restricts healing arts practitioners from cooperating with an inquiry or investigation by individuals or departments from another state or a federal law enforcement agency that would identify an individual seeking or obtaining gender-affirming care that is lawful in California, as specified.

SB 504 (Laird, Chapter 766) - Communicable Diseases: HIV Reporting
Permits a health care provider of a patient diagnosed with an HIV infection to disclose certain personally identifying information to a local health department or the CDPH, as specified.

SB 744 (Cabaldon, Chapter 425) - Accrediting Agencies
Maintains California's recognition of accrediting agencies in state law until July 1, 2029, for an accrediting agency that continues to operate in substantially the same manner as it did on January 1, 2025.

Legislation (2026)

AB 1199 (Patterson, Chapter 876) - Medical Staff: Health Care Provider Credentialing
Requires the medical staff of hospitals to be reappointed every three years, rather than every two years, and prohibits the California Department of Public Health from requiring hospitals to undertake routine reappointments more frequently than every three years.

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AB 1637 (Caloza, Chapter 536) - Physicians and Surgeons: Medical Records
States that a physician's and surgeon's patient notes, as defined, shall be the responsibility of that physician and surgeon. Prohibits those notes from being altered, modified, or edited in any fashion by anyone other than the authoring physician and surgeon, except as specified.

AB 1811 (Rogers, Chapter 549) - Health Professionals
Requires the Board and other boards within the DCA to update the workforce survey to request certain additional information related to their patient/client care and accepted payment options. Updates, until January 2035, the authority of the Department of Health Care Access and Information to designate a Health Professional Shortage Area.

AB 1854 (Krell, Chapter 485) - Legally Protected Health Care Activities
Among other provisions, expands certain protections under the Penal Code related to providing legally protected health care activities, regardless of where the patient is located, so long as the provision is lawful under the laws of this state.

AB 1979 (Bonta, Chapter 854) - Health Care Services: Artificial Intelligence
Requires a health facility, clinic, physician's office, or office of a group practice to take reasonable steps to ensure that a licensed health care professional, acting within their scope of practice, retains the ability to exercise independent professional judgment in their care of a patient whenever that care is informed by the output of a clinical decision support system, as defined. Prohibits the use or deployment of technology that includes artificial intelligence to independently perform any clinical function that is required by law to be performed by a person with a professional license. Deems a business that offers a health care chatbot, as defined, to be a health care provider subject to the Confidentiality of Medical Information Act.

AB 2195 (Rodriguez, Chapter 291) - Child Support: License Suspensions
Prohibits any license held by someone who owes child support from being suspended if their annual household income is at or below 70% of the median income for a household of one person in their county of residence.

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AB 2311 (Schiavo, Chapter 299) - Health Care Districts: Employment
Authorizes, until January 1, 2037, health care districts and certain nonprofit corporations that own or control a general acute care hospital to employ physicians and surgeons and charge for professional services, provided specified conditions are met. Requires a health care district or nonprofit corporation that employs licensees and charges for professional services under the bill to publish an annual report, as provided, on their internet website that includes data about the ability of general acute care hospitals under their ownership and control to recruit and retain physicians and surgeons, as specified.

SB 164 (Committee on Budget and Fiscal Review, Chapter 27) - Health
As it pertains to the Board, authorizes, starting July 1, 2027, a qualified physician to receive two hours of credit (not to exceed eight hours) for each hour of authorized continuing medical education (CME) completed in perimenopause, menopause, and postmenopausal care.

SB 503 (Weber Pierson, Chapter 857) - Health Care Services: Artificial Intelligence
Requires developers and deployers (including but not limited to a group or solo medical practice) of a clinical decision support system to make reasonable efforts to identify and mitigate known or reasonably foreseeable risks of biased impacts resulting from use of the system in health programs or activities.

SB 626 (Smallwood-Cuevas, Chapter 973) - Perinatal Health Screenings and Treatment
Requires patients/clients to be screened for a maternal mental health condition in accordance with applicable clinical guidelines and standards of care appropriate to the practitioner's scope of practice, as defined. Those who screen positive for such a condition shall be provided or offered a clinical evaluation, and appropriate treatment, as specified.

SB 849 (Weber Pierson, Chapter 654) - Physicians and Surgeons: Sexual Misconduct and Offenses: Reinstatement of Surrendered Certificate
Prohibits the Board from reinstating the license of someone who surrenders their license while a Board accusation was pending against their license that alleges that they committed an act of sexual abuse, misconduct, or relations with a patient, as specified.

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SB 934 (Wiener, Chapter 469) - Sexual Orientation or Gender Identity Change Efforts
States that a licensed mental health provider shall not engage in gender identity change efforts, as defined, with a patient under 18 years of age.

SB 1088 (Blakespear, Chapter 677) - Health Care Decisions: Life-Sustaining Treatment
Among other provisions, clarifies which individuals are authorized to sign a Do Not Resuscitate Order or a Physician Order for Life Sustaining Treatment (POLST) and allows a POLST form to be signed electronically.

SB 1271 (Reyes, Chapter 492) - Midwifery: Workforce Data: Availability to be a Clinical Preceptorship
Requires the Board to update the workforce survey to request certain information from a licensed midwife related to their eligibility, availability, and capacity to serve as a clinical preceptor. Requires the Board to collect this information starting no later than April 1, 2027, and cease collecting this information on June 30, 2029. The collected responses shall be provided to the Department of Health Care Access and Information, which shall provide a report to the Legislature of their findings no later than June 30, 2029.

SB 1311 (Wahab, Chapter 232) - Licensed Professions
As pertains to the Board, changes the timeframe for the Board to receive applications for the Licensed Physicians from Mexico Program (LPMP) and addresses a drafting error related to the passing score of a certain LPMP English language competency examination.

SB 1387 (Stern, Chapter 1033) - State Agencies: Collection and Reporting of Demographic Data: Jewish Identity
Effective January 2029 requires a state agency that collects demographic data as to ancestry or ethnic origin to include a separate category and tabulation for Jewish ancestry, as specified.

SB 1445 (Committee on Business, Professions and Economic Development, Chapter 237) - Healing Arts
As pertains to the Board, updates certain definitions and requirements related to licensure applicants who are a military servicemember or spouse of a military servicemember. Clarifies that certain requirements for a county coroner to report to the Board also apply to a county medical examiner.

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Regulations

Citation and Fine Authority (effective October 1, 2024)
This rulemaking clarifies who the Board can issue citations to, what the basis for the citations can include, and the maximum fee allowed. The rulemaking amended Title 16, CCR sections 1364.10 and 1364.11.

Fees for Petitions for Penalty Relief (effective April 1, 2026)
This rulemaking established an initial non-refundable fee to process a petition for modification or termination of probation, an initial non-refundable fee to process a petition for reinstatement of a revoked or surrendered certificate, and a remaining fee required to cover reasonable costs to process and adjudicate a petition for penalty relief. The Board also amended a regulation to describe the process for filing a petition for penalty relief. The rulemaking added Title 16, CCR section 1352.3 and amended section 1359.

Section 100 Changes Without Regulatory Effect (effective April 27, 2026)
This rulemaking deleted provisions for which statutory authority was repealed, including the Physician Inventive Pilot Program and outdated fees, and amended regulations to update "authority" and "reference" citations, statutory cross-references, and the mailing address of the Midwifery Licensing Program. The rulemaking amended Title 16, CCR sections 1328 and 1379.1 and repealed sections 1310, 1311, 1312, 1313, 1315, 1322, 1325, 1341, 1351.5, 1351.6, 1352, 1352.2, 1353, 1354, 1379.5, and 1379.78.

4. Describe any major studies conducted by the board (cf. Section 12, Attachment C).

Since the Board's prior Sunset Review, the Board has published the following items (links are included below and the full documents are provided in Section XX, Attachment X):

Leadership Accountability Report
In accordance with the State Leadership Accountability Act, the Board published these reports in 2023 and 2025 to provide information regarding the adequacy of its internal control systems to minimize fraud, errors, waste, and abuse of government funds.

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Revised Guidelines for Prescribing Controlled Substances for Pain
As described above, in July 2023, the Board published its revised Guidelines for Prescribing Controlled Substances for Pain.

Board Newsletter
The Board publishes its newsletter multiple times a year. The Newsletter contains useful information for licensees and the public. The Board posts each edition on its website and emails a notification and link to all licensees who have provided an email address and to listserv subscribers.

Annual Report
Every year the Board provides statistical information on all Board programs via its annual report, pursuant to BPC section 2313.

University of California, Davis, Reports on the Licensed Physicians from Mexico Pilot Program
As required by BPC section 853, the Board contracted with the University of California, Davis (UCD) to conduct annual evaluations of the program. Since the Board's prior Sunset Review, UCD published its second annual, third annual, and final reports.

Strategic Plan Adopted and Updated
As described above, the Board adopted a new strategic plan in February 2023 and updated it in May 2026.

Enforcement Monitor Reports
Pursuant to BPC section 2220.01, the DCA Director appointed an independent enforcement monitor who provided two reports that evaluated the Board's enforcement program. The initial report was published in March 2023, and the final report was published in August 2023.

5. List the status of all national associations to which the board belongs.

   - Does the board's membership include voting privileges?

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- List committees, workshops, working groups, task forces, etc., on which the board participates.
- How many meetings did board representative(s) attend? When and where?
- If the board is using a national exam, how is the board involved in its development, scoring, analysis, and administration?

Federation of State Medical Boards

The Board is a member of the Federation of State Medical Boards (FSMB) and has voting privileges (one vote) on matters that come before the FSMB. The FSMB is a national non-profit organization representing the 70 medical and osteopathic boards of the United States and its territories. During 2023, 2024, 2025, and 2026, Board staff attended various online and in-person FSMB meetings/events.

Administrators in Medicine

The Board is also a member of Administrators in Medicine (AIM). However, the AIM is not a voting body; it is a national not-for-profit organization for state medical and osteopathic board executives. During 2023, 2025, and 2026, Board staff attended various online and in-person AIM meetings.

Educational Commission for Foreign Medical Graduates

The Board is a member of the Educational Commission for Foreign Medical Graduates (ECFMG). The Board is not a voting member of this organization. ECFMG is a private, nonprofit organization whose mission is to promote quality health care for the public by certifying international medical graduates for entry into U.S. graduate medical education (GME), and by participating in the evaluation and certification of other physicians and health care professionals nationally and internationally. Board staff attended online ECFMG meetings in 2024 and 2025.

International Association of Medical Regulatory Authorities

The Board is a member of the International Association of Medical Regulatory Authorities (IAMRA). This organization's purpose is to encourage best practices among medical regulatory authorities worldwide in the achievement of their mandate to protect, promote and maintain the health and safety of the public by

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ensuring proper standards for the profession of medicine. The Board is not a voting member. The U.S., as a whole, maintains the voting authority that is delegated to the FSMB. Board staff attended an online IAMRA meeting in 2025.

National Examination – United States Medical Licensure Examination (USMLE) Committee

The Board uses a national examination, the USMLE, to meet the examination requirements for licensure as a physician. The USMLE is jointly owned by the National Board of Medical Examiners (NBME) and the FSMB. As a member of the FSMB, the Board receives significant information regarding the USMLE, including changes being recommended, scoring data, etc. Board staff attended an online USMLE committee meeting in 2024.

Citizen Advocacy Center

Lastly, the Board is a member of the Citizen Advocacy Center (CAC). The Board is not a voting member. The CAC is dedicated to building democracy for the 21st century by strengthening the citizenry's capacities, resources, and institutions for self-governance. CAC is committed to making government more accountable, further the citizen's understanding, promote individual and community efforts, stimulate citizen awareness, improve access, and advance justice.

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