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

Section 10 –
New Issues

The Board has identified the following issues that it requests the Legislature to consider during its review of the Board. Enacting these requests into law will help ensure that the Board has the resources and legal tools necessary to pursue its consumer protection mission. These requests are grouped into the following categories: Enforcement, Administration, and Licensing.

Enforcement

Addressing Licensees with Substance Abuse Issues
Although AB 408 (Berman, 2025) was not enacted into law, this legislation garnered substantial support from the Legislature (e.g., a 72-0 Assembly Floor vote) and various interested parties, underscoring the need for the Board to update its practices to address licensees who have an impairing health condition that places the public at risk of harm.

Currently, the Board's only tool to address licensees' health issues is to use the enforcement process, which takes time for investigation and prosecution. Experts advise the Board that current law prevents the Board from appropriately addressing licensees' impairing conditions early, before there is patient harm or a criminal conviction (e.g., arrest for driving under the influence). Appropriately structured programs provide an accountable and highly effective approach for the monitoring and treatment of physicians with impairing health conditions. These programs help reduce risks for patients and can prevent an otherwise qualified physician from leaving the workforce early. Research and other resources about the success of these programs are available on the website of the Federation of State Physician Health Programs.

Accordingly, the Board requests that the Legislature revisit AB 408 and enact this proposal into law through the Board's 2027 Sunset Review, thereby authorizing the Board to establish a physician health and wellness program consistent with national best practices.

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Strengthening Laws Against Physician Sexual Misconduct
Sexual misconduct is an egregious violation of the law and a physician's ethical obligation. The Board appreciates recently enacted legislation in this area (see AB 1636, Chapter 453, Statutes of 2022, and SB 859, Chapter 654, Statutes of 2026) and desires to further strengthen these laws to help ensure that those with a history of sexual misconduct may not enter, or remain in, the medical profession.

The Board believes that sexual misconduct by a physician, regardless of their relationship to the victim, is extremely serious. Further, those with a criminal history of sexual misconduct should not be issued a medical license. The Board requested amendments to SB 849 that would do the following:

- Strengthen existing laws that prevent issuance of a license to an applicant who has committed criminal sexual offenses in or outside California, including for the commission of crimes that have been dismissed or expunged following a conviction.
- Mandate license revocation for a licensee who is found by the Board to have committed any act of sexual misconduct or sexual exploitation with a current or former patient or client.
- Prevent someone from seeking reinstatement if their license was revoked because they were convicted of a crime that requires them to register as a sex offender, regardless of their relationship to the victim. Establishes a similar requirement for criminal sexual offenses that occurred outside California.

The Board renews its request for the following amendments to the indicated sections of the BPC, seeking their enactment during the Board's 2027 Sunset Review:

> 2221. (c) *Notwithstanding any other law, the* board shall deny a physician's and surgeon's certificate to an applicant who is *or has ever been* required to register pursuant to Section 290 of the Penal Code *or comparable law outside of California, regardless of a dismissal pursuant to Section 1203.4, 1203.4a, 1203.41, 1203.42, or 1203.425 of the Penal Code, or a comparable dismissal or expungement, or who meets the criteria described in subparagraph (C) of paragraph (1), of subdivision (i) of section 2307*. This subdivision does not apply to an applicant who is required to register as a sex offender pursuant to Section 290 of the Penal Code solely because of a misdemeanor conviction under Section 314 of the Penal Code.
>
> 2246. Any proposed decision or decision issued under this article that contains any finding of fact that the licensee *violated Section 726 or*

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subdivision (a) of Section 729, engaged in any act of sexual exploitation, as described in paragraphs (3) to (5), inclusive, of subdivision (b) of Section 729, with a patient shall contain an order of revocation. The revocation shall not be stayed by the administrative law judge.

2307. (i) (1) The board shall not reinstate the certificate of a person under any of the following circumstances:
(A) The person's certificate was surrendered while a board accusation was pending against their license that alleges the person committed an act of sexual abuse, misconduct, or relations with a patient pursuant to Section 726 or sexual exploitation as defined in subdivision (a) of Section 729.
(B) The person's certificate has been revoked based on a finding by the board that the person committed an act of sexual abuse, misconduct, or relations with a patient pursuant to Section 726 or sexual exploitation as defined in subdivision (a) of Section 729.
(C) The person was convicted in a court in or outside of this state of any offense that, if committed or attempted in this state, based on the elements of the convicted offense, would have been punishable as one or more of the offenses described in subdivision (c) of Section 290 of the Penal Code, and the person engaged in the offense with a patient or client, or with a former patient or client if the relationship was terminated primarily for the purpose of committing the offense.
(D) *Notwithstanding any other law, the* person *is or* has *ever* been required to register as a sex offender pursuant to the provisions of Section 290 of the Penal Code *or comparable law outside of California*, regardless of whether the conviction has been appealed*, and regardless of a dismissal pursuant to Section 1203.4, 1203.4a, 1203.41, 1203.42, or 1203.425 of the Penal Code, or a comparable dismissal or expungement*, and the person engaged in the offense with a patient or client, or with a former patient or client if the relationship was terminated primarily for the purpose of committing the offense.
(2) A plea or a verdict of guilty or a conviction after a plea of nolo contendere is deemed to be a conviction within the meaning of this section. The record of conviction shall be conclusive evidence of the fact that the conviction occurred.
(3) This subdivision does not apply to an applicant who is required to register as a sex offender pursuant to Section 290 of the Penal Code solely because of a misdemeanor conviction under Section 314 of the Penal Code.

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Require Peer Review Bodies to Include Relevant Records When Submitting Reports Required by BPC Sections 805 and 805.01

BPC sections 805 and 805.01 require specified reports to be filed with the Board or certain other licensing boards within the Department of Consumer Affairs (DCA) related to actions taken by a peer review body (e.g., a medical staff in a hospital) against a licensed health practitioner due to a medical disciplinary cause or reason.[1] The requirement to file these reports can be triggered by, among other events, the denial, termination, or restriction of staff membership or privileges, as specified in BPC section 805.

Relatedly, BPC section 805.01 generally requires a report be filed within 15 days after a peer review body makes a final decision or recommendation to take disciplinary action for the following serious allegations: incompetence or gross or repeated deviation from the standard of care causing death or serious bodily injury; inappropriate self-use of certain substances or medications; repeated acts of clearly excessive prescribing, furnishing, or administering of controlled substances; or sexual misconduct with one or more patients.

BPC sections 805.01(c) and 805.1 authorize licensing boards to "inspect and copy" specified documents that are in the records of the peer review body related to the reported licensee. Despite these requirements, the Board has sometimes faced challenges obtaining complete and unredacted records in a timely manner and may need to issue a subpoena to obtain the records. These challenges may unduly delay the Board's ability to investigate these matters and take appropriate action.

Accordingly, the Board requests the following statutory amendments:

> BPC section 805.01
> (c) The relevant agency shall be *provided a complete and unredacted* ~~entitled to inspect and~~ copy *of* the following documents in the record *at the time that* ~~of any~~ *a* formal investigation *is* required to be reported pursuant to subdivision (b):
>
> (1) Any statement of charges.
> (2) Any document, medical chart, or exhibit.
> (3) Any opinions, findings, or conclusions.
> (4) Any certified copy of medical records, as permitted by other applicable law.

[1] "Medical disciplinary cause or reason" is defined in BPC section 805(a)(6) to mean that aspect of a licensee's competence or professional conduct that is reasonably likely to be detrimental to patient safety or to the delivery of patient care.

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BPC section 805.1 (in relevant part)
(a) The Medical Board of California, the California Board of Podiatric Medicine, the Osteopathic Medical Board of California, and the Dental Board of California shall be *provided a complete and unredacted* ~~entitled to inspect and~~ copy *of* the following documents in the record *at the time that* ~~of any~~ *a* disciplinary proceeding resulting in action ~~that~~ is required to be reported pursuant to Section 805:

(1) Any statement of charges.
(2) Any document, medical chart, or exhibits in evidence.
(3) Any opinion, findings, or conclusions.
(4) Any certified copy of medical records, as permitted by other applicable law.

Clarify that Physicians Shall Not Be Under the Influence of Substances When "On Call" or "En Route" to Provide Care

BPC section 2280 prohibits a physician from practicing medicine while under the influence of alcohol or any narcotic to the extent that it impairs their ability to practice in a manner that is safe to the public or their patients. A violation of this law constitutes unprofessional conduct and may be prosecuted as a misdemeanor.

On occasion, licensees who have been arrested for driving under the influence while "on call" or "en route" to a certain location to provide medical care have argued that BPC section 2280 does not apply to them because they were not actively practicing medicine at the time of their arrest. The Board believes that this statutory prohibition should be clarified to specify that it applies in these circumstances, as physicians ought to be prepared to safely practice while "on call" or "en route."

Therefore, the Board requests that BPC section 2280 be amended, as follows:

(a) No licensee shall practice medicine, *be "on call," or be "en route,"* while under the influence of any narcotic drug or alcohol to such an extent as to impair ~~his or her~~ *their* ability to conduct the practice of medicine with safety to the public and ~~his or her~~ *their* patients. Violation of this section constitutes unprofessional conduct and is a misdemeanor.
(1) For purposes of this section, the term "on call" means any time during which a licensee is not scheduled to practice medicine but is required to remain available to practice medicine in person or remotely, including, but not limited to, consulting with other healthcare providers or support staff, during a specified timeframe.

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(2) For purposes of this section, the term "en route" means that a licensee is actively traveling to their place of employment or another location where they will be practicing medicine.

Clarify that a "Wrong-Site" Surgery and the Improper Retention of Surgical Items in a Patient Constitute Gross Negligence

Wrong-site surgery and the unintended retention of surgical objects are serious errors that pose significant risks to patient safety. The Board believes the Medical Practice Act should expressly identify these acts as unprofessional conduct and gross negligence, thereby clarifying that they constitute grounds for discipline and ensuring that the Board can appropriately address them.

Accordingly, the Board requests that BPC section 2234 be amended as follows to clarify that performing surgery on the wrong site or failing to remove a surgical object not intended to remain in the patient constitutes gross negligence and unprofessional conduct.

> The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:
> (a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.
> (b)*(1)* Gross negligence.
> *(2) Performing a surgical procedure on the wrong location of a patient's body or the failure to remove an object, including, but not limited to, a sponge or clamp, not intended to remain in the patient's body after completion of the procedure constitutes gross negligence.*
> . . .

Authorize the Board to Increase Costs to be Recovered in a Non-adopted Proposed Decision

Between 2007 and 2024,[2] the Board was prohibited from recovering its investigative and legal expenses from a disciplined physician licensee. Further, BPC section 125.3(d) generally prohibits a licensing board from increasing the cost recovery amount determined by an administrative law judge (ALJ) in their proposed decision. This subdivision, however, authorizes a board to reduce the award amount or refer the matter back to the ALJ if their proposed decision does not make any finding related to a cost recovery award.

[2] SB 1438 (Chapter 223, Statutes of 2006) established this prohibition via an amendment to BPC section 125.3. SB 815 (Chapter 294, Statutes of 2023) removed that prohibition.

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Despite the general prohibition on increasing an ALJ's proposed cost recovery award, BPC section 3753.5(b) authorizes the Respiratory Care Board to increase such an award if that board does not adopt a proposed decision. Adding similar language to the Medical Practice Act would authorize the Board to also determine whether the cost recovery award is appropriate at the same time as the Board reviews the other aspects of the proposed decision.

Accordingly, the Board requests that paragraph (6) be added to BPC section 2335(c):

> *(6) Notwithstanding subdivision (d) of section 125.3, the costs assessed by an administrative law judge in a proposed decision of a case may be increased by a majority vote of the board or of a panel if it does not adopt the proposed decision.*

Reporting and Posting License Restrictions and Pending Felony Charges on a Licensee's Profile Page

Under current law, when the Board becomes aware of a license restriction imposed upon an individual's license, that order shall be posted to the licensee's profile page as required by BPC section 2027(a)(3).

Board licensees, however, are not required to self-report bail conditions, or other orders from state or federal criminal courts or federal oversight agencies, such as the Drug Enforcement Administration, that place a limitation on their practice of medicine. The absence of a self-reporting requirement delays the Board's knowledge of this circumstance and ability to post such an order, thereby inhibiting public awareness of these license restrictions. Therefore, the Board requests that the Legislature approve this amendment to BPC section 802.1:

> (a) (1) A physician and surgeon, osteopathic physician and surgeon, a doctor of podiatric medicine, and a physician assistant shall report *each* ~~*either*~~ of the following to the entity that issued his or her license:
> (A) The bringing of an indictment or information charging a felony against the licensee.
> (B) The conviction of the licensee, including any verdict of guilty, or plea of guilty or no contest, of any felony or misdemeanor.
> *(C) The restriction of a professional license by any state or federal criminal court or federal oversight agency, including, but not limited to, the Drug Enforcement Administration.*
> (2) ~~*The*~~ *Each* report required by this subdivision shall be made in writing within 30 days of the date of ~~*the bringing of the*~~ *an* indictment*,* ~~*or*~~ information*,* ~~*or of the*~~ conviction*, or professional license restriction*.
> (b) Failure to make a report required by this section shall be a public offense punishable by a fine not to exceed five thousand dollars ($5,000).

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Posting Pending Felony Charges on a Licensee's Profile Page
BPC section 802.1 requires a licensee of the Board to report pending felony charges and felony convictions within 30 days of the indictment or conviction. Further, BPC section 2027(b)(4) requires the Board to post notification of a licensee's felony convictions on their profile page but this does not include pending felony charges.

Accordingly, a licensee could be facing serious criminal charges but those charges may not be easily visible to a current or prospective patient/client of that licensee. Consequently, patients/clients may only learn of pending criminal charges if they happen to see news coverage relating to the matter.

Although a Board accusation against a licensee is not a final determination that they acted in an unprofessional manner, it reflects that the allegations have been investigated and the Office of the Attorney General (OAG) has determined that there is sufficient evidence to pursue disciplinary action. The law therefore requires the Board to post pending accusations on licensees' profiles so that consumers may consider this information when making health care decisions.

Posting pending felony charges on a licensee's profile page would serve the same public notification purpose. While a criminal charge does not establish guilt, it reflects a determination by the prosecuting authority that there is a sufficient basis to initiate criminal proceedings.

In both instances, the respective prosecuting agency has determined that it will likely be able to meet the burden of proof for the alleged violations. Accordingly, the Board requests that the Legislature add subparagraph (F) to BPC section 2027(a)(3), as follows:

> *(F) Pending felony charges. This notification shall be removed when the criminal matter has been resolved.*

Posting Notices of Civil Penalties on the Board's Website
Under current law, the Board is authorized to issue fines and civil penalties for certain violations against individuals who may or may not be licensees of the Board. For example, under BPC section 805(k), a willful failure to file an 805 report by any person who is required to file one is punishable by a fine not to exceed $100,000 per violation.

Moreover, under BPC section 805(l), except as otherwise provided in subdivision (k), any failure to file an 805 report by a person who is required to file one is punishable by a fine not to exceed $50,000 per violation.

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Similarly, the Board is authorized to issue a fine against a person for a failure to file a report with the Board that is required to be filed under BPC section 805.01(g) and (h) or under BPC section 805.8(d) and (e). Further, under BPC section 2225.5(a)(1) and (2), licensees and healthcare facilities who fail to comply with a request for certified medical records of a patient accompanied by that patient's written authorization for release of records to the Board within 15 to 30 days, respectively, are subject to civil penalties of up to $1,000 a day for each day that the documents have not been produced after the deadline without good cause, up to $10,000.

Although an order imposing a fine or civil penalties is a public document, the Board is not currently authorized to post such an order on a licensee's profile under BPC section 2027, and they are not accessible through the Board's website. The Board believes that posting these orders online will promote public awareness of these incidents.

Under this proposal, any order for civil penalties associated with a licensee shall be posted on their profile page and any order associated with a non-licensee shall be posted on a newly created webpage on the Board's website. Accordingly, the Board requests adding BPC section 2027.1 to read, as follows:

> *The board shall post fines and monetary civil penalties imposed by the board on individuals and entities on or after July 1, 2028, on the board's website along with an indication as to whether the fine or civil penalty is satisfied or unsatisfied. If the order is imposed against a licensee, then the order shall appear on the licensee's profile, otherwise the order shall appear on a webpage developed by the board.*

Conforming Timeframes Related to Exchanging Expert Witness Documentation
BPC section 2334(b) generally states that certain documentation related to medical experts and their reports related to a pending disciplinary matter shall be exchanged between the Board and a respondent no later than 90 days prior to the originally scheduled commencement date of a hearing before an ALJ. There is an exception for Interim Suspension Orders to permit an ALJ to determine the deadline for exchanging expert witness information.

The Board requests amending BPC section 2334 to also provide an exception for Cease Practice Orders, because such hearings may occur on an expedited timeframe, making the 90-day deadline before such a hearing inapplicable:

> (b) The exchange of the information described in subdivision (a) shall be completed no later than 90 calendar days prior to the originally scheduled commencement date of the hearing, or as determined by an

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> administrative law judge when the hearing concerns a cease practice order or when Section 11529 of the Government Code applies. Upon motion to extend the deadline based on a showing of good cause, the administrative law judge may extend the time for the exchange of information for a period not to exceed 100 calendar days cumulatively, but in no case shall the exchange take place less than 30 calendar days before the hearing date, whichever comes first.

Establish a Timeframe to File an Extraordinary Writ
The Board requests an amendment to BPC section 2337 to add that the petition for extraordinary writ must be filed within 60 days of the superior court's entry of judgment.

Establishing a clear filing period for a petition for extraordinary writ will promote the timely resolution of disciplinary cases, provide certainty to the parties and the public, and create a uniform and predictable procedure for seeking review of superior court decisions in license discipline cases.

Accordingly, the Board requests that BPC section 2337 be amended, as follows:

> Notwithstanding any other provision of law, superior court review of a decision revoking, suspending, or restricting a license shall take preference over all other civil actions in the matter of setting the case for hearing or trial. The hearing or trial shall be set no later than 180 days from the filing of the action. Further continuance shall be granted only on a showing of good cause.
>
> Notwithstanding any other provision of law, review of the superior court's decision shall be pursuant to a petition for an extraordinary writ. *A petition for extraordinary writ shall be filed within 60 days of the superior court's entry of judgment.*

Repeal an Obsolete Enforcement Code Section
BPC section 2258 was added in 1980 and states that a violation of Health and Safety Code (HSC) section 1708.5, relating to the use of laetrile or amygdalin with respect to cancer therapy, constitutes unprofessional conduct. HSC section 1708.5, however, was repealed and no longer exists. Therefore, the Board requests that BPC section 2258 be repealed.

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Administration

Authorize the Board to Maintain up to a 24-Month Budget Reserve Like Other Licensing Boards

Unless otherwise specified in a licensing board's practice act,[3] BPC section 128.5 authorizes a licensing board within the DCA to maintain a financial reserve of no more than the total of their operating budget for the next two fiscal years. Prior to the Board's 2023 Sunset Review, BPC section 2435(g) limited the Board to no more than a four-month reserve. SB 815 of 2023 amended that law to allow the Board to maintain up to a six-month reserve.

Allowing the Board to further increase the size of its reserve will provide the Board with additional resources to address unanticipated expenses, invest in its consumer protection mission, and avoid the need to borrow outside funds, as was required in recent years. Accordingly, the Board requests the deletion of subdivision (g) in BPC section 2435, which will authorize the Board to build and maintain up to a two-year reserve:

> ~~(g) Notwithstanding any other law, if at the end of any fiscal year the board has unencumbered funds in an amount that is equal to or more than the board's operating budget for the next six months, the board shall reduce license or other fees, whether the license or other fees be fixed by statute or may be determined by the board within limits fixed by statute, during the following fiscal year in an amount that will reduce any surplus funds of the board to an amount less than the board's operating budget for the next six months.~~

Establish a Public Member Majority

Current law states that the Board is composed of eight physicians and seven public members. The Board believes that changing the Board's composition to a public member majority would help to restore the public's trust in the Board's operations and priorities and sponsored AB 2060 (Quirk, 2022) to enact this change.

According to the most recent DCA annual report, the following licensing boards also have a majority of non-licensee members:

- California Board of Accountancy
- Board of Acupuncture
- Board of Barbering and Cosmetology

[3] Examples include BPC section 7138.1, which restricts the Contractors State License Board to a 12-month reserve and BPC section 4400(p), which states that the California State Board of Pharmacy shall seek to maintain a 12-month reserve.

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- Board of Behavioral Sciences
- Contractors State License Board
- Court Reporters Board
- Board for Professional Engineers, Land Surveyors, and Geologists
- Structural Pest Control Board
- Board of Vocational Nursing and Psychiatric Technicians

Accordingly, the Board requests the same changes to the BPC, as proposed in the introduced version of AB 2060:

2001. (a) There is in the Department of Consumer Affairs a Medical Board of California that consists of 15 members, ~~7~~ *8* of whom shall be public members.
(b) The Governor shall appoint 13 members to the board, subject to confirmation by the Senate, ~~5~~ *6* of whom shall be public members. The Senate Committee on Rules and the Speaker of the Assembly shall each appoint a public member.
(c) In order to implement the amendments made by the act that added this subdivision, the first position held by a licensed physician and surgeon that becomes vacant on or after January 1, 2028, shall be converted to a public member position.
~~(c)~~ *(d)* This section shall remain in effect only until January 1, ~~2028,~~ *2032*, and as of that date is repealed. Notwithstanding any other law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature.

2007. Members of the board shall only be appointed from persons who have been residents of this state for at least the five-year period preceding their appointment. Members of the board, except the public members, shall only be appointed from persons licensed as physicians and surgeons in this state. No person who in any manner owns any interest in any college, school, or institution engaged in medical instruction shall be appointed to the board. ~~Four~~ *Three* of the physician members of the board shall hold faculty appointments in a clinical department of an approved medical school in the state, but not more than four members of the board may hold full-time appointments to the faculties of such medical schools. The public members shall not be licensees of the board.

2008. The board may appoint panels from its members for the purpose of fulfilling the obligations established in subdivision (c) of Section 2004. Any panel appointed under this section shall at no time be comprised of less than four members and the number of ~~public~~ *licensed physician and surgeon* members assigned to the panel shall not exceed the number of ~~licensed physician and surgeon~~ *public* members assigned to the panel. Each panel shall annually elect a chair and a vice chair.

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Change the Due Date for the Board's Annual Report from October 1 to January 1
BPC sections 312, 312.1, and 312.2, require the Director of the DCA, Office of Administrative Hearings, and Office of the Attorney General, respectively, to submit annual reports with specified information to the Governor and Legislature by January 1 of each year.

BPC section 2313, however, requires the Board to publish its annual report on October 1 of each year. The requirement to complete the annual report within three months after the closure of the fiscal year strains the Board's Information Services Branch staff resources and executive team and causes delays in the development or implementation of other Board initiatives. This impact is exacerbated when the Board is preparing a Sunset Report.

Accordingly, the Board requests amending BPC section 2313, as follows:

> The board shall report annually to the Legislature, no later than ~~October~~ *January* 1 of each year, the following information:
>
> . . .

Licensing

Board Consideration of the Interstate Medical Licensure Compact (IMLC)
In 2026, the Board held two public discussions[4] with representatives of the IMLC Commission to consider whether the Board should seek to join the IMLC. The IMLC offers qualified physicians licensed in a state that is a member of the IMLC the opportunity to obtain a license in any other IMLC member state on an expedited basis. The physician qualifications under the IMLC generally exceed the Board's own licensure requirements. According to the IMLC Commission, as of October 2026, 44 states, the District of Columbia, and Guam are members of the IMLC.

The Board will continue to consider the benefits and risks of joining the IMLC, including an evaluation of the IMLC statutory language, related policies, and what new resources might be necessary to successfully implement the IMLC.

A Licensure Pathway for Internationally Trained Physicians Should be Studied Prior to Enactment
The topic of licensing internationally trained physicians (ITPs) has received great interest throughout the nation, including California, in recent years. The success

[4] See Agenda Item 5 of the Board's May 2026 meeting and Agenda Item 12 of the Board's August 2026 meeting.

of the Licensed Physicians from Mexico Pilot Program (LPMPP) has shown that a pathway to temporary licensure for those trained outside North America can be designed and implemented to expand access to health care services by increasing the supply of competent providers.

Before a new licensure pathway is enacted, the Board believes that the matter should be carefully studied, in conjunction with experts in the field of postgraduate medical training, consumers, physician organizations, health facilities, and other interested parties. A study should consider various questions, including, but not limited to the following:

- How will an ITP's competency be assessed and any deficiencies be remediated?
- What are the appropriate qualifications and responsibilities for a sponsoring entity?
- What are the appropriate qualifications and responsibilities for a supervising physician?
- Should an ITP's area of practice be limited, like LPMPP participants?
- Will licensed ITPs face challenges in the process of being credentialed by health insurers or obtain privileges to practice in hospitals?
- What workplace protections should be established to help ensure that ITPs are treated fairly during their employment?
- What lessons have been learned by other jurisdictions that have enacted an ITP licensure pathway that should be considered by California?

Engaging in a deliberate, interested parties process will help ensure that the Board can properly consider a licensure model for ITPs that balances access to care with appropriate licensing standards. Accordingly, the Board proposes adding the following language to a new section of the Medical Practice Act:

> *(a) For purposes of this section, the term "internationally trained physician" means a physician who received a diploma from a medical school recognized by the board pursuant to section 2084 and subsequently completed postgraduate medical training in a program that was not approved by an organization described in subdivision (b) of section 2096.*
> *(b) The board shall submit to the appropriate committees of the Legislature a report that includes, but is not limited to, the following information:*
> *(1) An evaluation of licensing pathways established by jurisdictions within the United States of America for internationally trained physicians, including how those jurisdictions determine whether the internationally trained physician's postgraduate training is substantially similar to training required in section 2096.*

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(2) Licensure pathways, if any, recommended by the board to authorize internationally trained physicians to practice medicine in this state. The recommendation by the board shall include any educational, training, supervision, and competency assessment requirements for internationally trained physicians.
(c) The board shall seek and consider comments on the requirements of subdivision (b) of this section from interested parties, including, but not limited to:
(1) Consumer advocates and related organizations.
(2) Representatives of health care facilities located in California, including academic medical centers, as defined in section 2168(a)(2).
(3) Board-licensed physicians and related organizations.
(4) Representatives of health care service plans and health insurers.
(5) The Federation of State Medical Boards.
(6) The Accreditation Council for Graduate Medical Education.
(d) The report required by this section shall be published on the board's website.
(e) The Legislature finds and declares that the board requires additional resources to implement this section. Therefore, this section shall become effective following the allocation of resources to the board for the implementation of this section in the annual Budget Act.
(f) This section shall remain in effect until January 1, 2032, and as of that date is repealed.

Address Anticipated Licensed Midwifery Fund Insolvency
As discussed in greater detail in Part I, Midwifery Program[5], the Board estimates that a substantial fee increase is necessary to increase the budget authority for the LM fund (aligning it with actual Board expenditures associated with the LM program) and to ensure that the LM fund remains solvent. The Board estimates that the following fee amounts will be sufficient to support the current LM program and build a modest reserve:

- Effective January 1, 2028: Initial licensing and renewal fee of $1,450.
- Effective January 1, 2030: Initial licensing and renewal fee of $1,620.

The proposed amounts follow a similar phased approach taken recently with initial licensure and renewal fees paid by physicians and surgeons[6].

Transfer Authority to Regulate Licensed Midwives to a Newly Established Committee Within the Board

[5] See pp. xxx-xxx for additional information.
[6] See BPC section 2435(c) and (d) which establishes a fee amount of $1,151 effective January 1, 2024 and $1,255 effective January 1, 2027.

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In its 2020 Sunset Report, a 2022 memo to the Legislature, and 2022 Sunset Report, the Board requested that the Legislature create a separate board to regulate licensed midwives (LM). Although those proposals were not approved, the Board has remained in contact with representatives of the California Association of Licensed Midwives (CALM) who continue to seek such a change.

CALM and the Board agree that a key step toward that goal is to establish a Licensed Midwifery Committee (LMC) within the Board that would be vested with the authority currently held by the Board to regulate LMs.

The Board believes that an LMC should have the following characteristics:

- Protection of the public shall be the LMC's highest priority.
- LMC members shall be appointed by the Governor, with at least one appointment each from the Assembly Speaker and Senate Rules Committee.
- Authority to adopt, amend, and repeal regulations relating to the Licensed Midwifery Practice Act (see BPC sections 2505-2523).
- Authority to Issue LMs licenses and take enforcement action, as appropriate.
- Authority to appoint an executive officer with the same authority as the Board's executive director.
- Authority to pay appropriate amounts for services provided by the DCA or the Board (e.g., human resources, license application processing, information technology, enforcement activities, and legal services).
- The LMC shall be subject to sunset review and open meeting laws in the same manner as the Board.

Notably, the Board has a history of committees with regulatory authority over specified professions that later transitioned into a separate licensing board, including, but not limited to the Physician Assistant Board, Physical Therapy Board of California, and the Respiratory Care Board of California.

Establishing an LMC would add substantial new costs to the LM fund. The Board estimates the following minimum new annual expenses would be necessary to support an LMC:

Committee Member[7] Per Diem	$26,000
Committee Member Travel	$9,000

[7] Assumes five committee members.

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Executive Officer (includes salary and benefits, travel, pro rata)	$211,800
Annual Total	$246,800

To support these projected expenditures, the budget authority of the LM Fund would require an increase of $503,000 (from the current $120,000 to a total of $623,000) in FY 2028-29 and ongoing. Based upon these projected new expenses, to establish an LMC, ensure the solvency of the LM fund, and maintain a modest reserve in the LM fund, the Board estimates that the following fee amounts are necessary:

- Effective January 1, 2028: Initial licensing and renewal fee of $2,390.
- Effective January 1, 2030: Initial licensing and renewal fee of $2,670.

The Board expects that ongoing discussions with CALM will be necessary to further develop the details of this proposal and consider the funding needs. The Board desires to collaborate with CALM and the Legislature in this regard. With the support of CALM, and if the necessary funding can be secured, the Board believes that an LMC could replace the Midwifery Advisory Council and that the Board could transfer authority and responsibility to the LMC to license and regulate LMs in California.

Authorize the Board to Charge a Fee to Consider a Petition for Penalty Relief for Early Termination or Modification of Probationary Licenses

Pursuant to BPC section 2307, a disciplined licensee placed on probation, or whose license was revoked or surrendered, may petition the Board to modify the terms of their probation, terminate their probation early, or seek reinstatement of their license.

To address the substantial costs incurred by the Board to review and process such petitions (e.g., time billed by attorneys at the Office of the Attorney General and by an ALJ at the Office of Administrative Hearings), SB 815 of 2023 added BPC section 2307.5, which authorizes the Board to establish a fee through regulations to be paid by disciplined licensees who wish to modify the terms of their discipline or have their license reinstated. These regulations were adopted by the Board, approved by the Office of Administrative Law, and became effective April 1, 2026.

BPC section 2221 authorizes the Board to issue a probationary initial physician's and surgeon's license to an applicant under certain circumstances. Such individuals are issued a probationary license, which is not a disciplinary order. This section also allows the licensee to file a petition seeking a modification of the terms and conditions of their probation. This section, however, does not

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authorize the Board to charge a fee associated with the costs to process these petitions.

The Board's costs to process a petition for penalty relief for a license on probation pursuant to a disciplinary order[8] are substantially the same as the costs to process a petition for penalty relief related to a license on probation pursuant to the initial licensure process.

Therefore, the Board requests the following amendments to BPC section 2221:

> (b)*(1)* The board may modify or terminate the terms and conditions imposed on the probationary certificate upon receipt of a petition from the licensee. The board may assign the petition to an administrative law judge designated in Section 11371 of the Government Code. After a hearing on the petition, the administrative law judge shall provide a proposed decision to the board.
>
> *(2) A petitioner who requests modification or termination of the terms and conditions of their probationary certificate is subject to the requirements of sections 1352.3 and 1359 of Title 16 of the California Code of Regulations. This paragraph shall only apply to petitions related to probationary initial licenses issued by the Board on or after January 1, 2028.*

Require Postgraduate Training License Holders to Inform the Board When Leaving Their Program

BPC section 2065(e) requires a postgraduate training program to report to the Board within 30 days when a postgraduate training license (PTL) holder is terminated from, or otherwise leaves, or has completed a one-year contract approved by, the program. When a PTL holder is no longer enrolled in a California ACGME-accredited postgraduate training program, they are no longer permitted to practice in California, and their license may be cancelled.

To ensure the Board receives complete and timely information, in the furtherance of consumer protection, the Board requests that the following language be added to BPC section 2065:

> *(i) A postgraduate training licensee shall report to the board on a form approved by the board, and provide any supporting documentation required by the board, if they are terminated, resign from, or otherwise*

[8] Under the approved regulations, the fee to process a petition to modify or terminate probation is between $1,242 and $22,000, depending on the Board's actual costs to adjudicate the matter.

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leave the postgraduate training program. The report to the board shall be submitted within 30 days of the action described in this subdivision.

Repeal an Obsolete Licensing Code Section

BPC section 2064.6 contains an obsolete requirement to extend the expiration date of certain PTLs to March 31, 2024. The Board requests that this section be repealed.

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