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

Section 4 –
Enforcement Program

1. What are the board's performance targets/expectations for its enforcement program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

The Board continues to monitor and improve the timeliness and quality of its enforcement activities. Business and Professions Code (BPC) section 2319 establishes the Board's goal of completing complaint investigations within an average of 180 days from receipt, or within one year for complex medical, fraud, business, or financial matters. BPC section 129(b) also requires complaints to be acknowledged within 10 days of receipt.

During fiscal year (FY) 2025–26, the Board received 11,860 complaints, a significant increase from 9,534 complaints received in FY 2024–25, representing an approximate 24 percent increase in complaint volume. While this sharp increase has directly affected processing timeframes and workload distribution, the Board continued to meet its statutory intake requirement, acknowledging complaints within an average of eight days, consistent with the mandate of BPC section 129(b).

The average time at intake shortened, improving from ten days in FY 2024–25 to eight days in FY 2025–26, demonstrating continued efficiency in early-stage complainant notification despite the rise in complaint volume.

Processing times across enforcement stages continue to vary depending on case complexity. In FY 2025–26, the average timeframe for non-sworn investigations from assignment to closure was 359 days and for sworn investigations it was 459 days, a slight increase compared to the previous year, which would be expected due to the significant increase in complaints received in FY 2025-26 compared to the previous year. In FY 2025-26, the average timeframe from referral to the Office of the Attorney General (AGO) to the filing of an accusation was 98 days, and from accusation to the imposition of formal discipline was 383 days. These timelines reflect the cumulative impact of expert review, subpoenas, medical consultant assessments, supplemental investigative work, hearings, and litigation-driven factors.

To improve performance, the Board continues to implement targeted operational enhancements across its enforcement units. In November 2025, the Board, the Department of Consumer Affairs' (DCA) Health Quality Investigation Unit (HQIU), and the AGO's Health Quality Enforcement Section (HQES) completed development of a collaborative

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enforcement model intended to reduce investigative delays, minimize cases returned for supplemental work, and improve coordination among all participating agencies. This new collaborative model applies to cases being referred for investigation starting November 1, 2025, therefore, the board anticipates seeing the impact of the new model over the next couple of years.

In response to increased complaint volume, Central Complaint Unit (CCU) leadership has strengthened internal monitoring, expanded cross-training, and reviewed workload distribution. Additional efforts include replacing outdated equipment, leveraging technology to enhance workplace efficiency, and evaluating position reclassifications and upgrades to strengthen employee retention and expand the pool of qualified candidates. The Board anticipates evaluating resource needs to better align staffing capacity with complaint volume.

The Board is also utilizing temporary staff in the Medical Consultant (MC) Program to support assignment of MCs to review quality-of-care complaints, effectively doubling staffing. This improvement is intended to move viable complaints to investigation more quickly. MCs play a critical role in assessing whether the standard of care was met and advising CCU on whether a complaint should be closed or investigated.

To expand training capacity and accelerate onboarding of expert reviewers and MCs, the Board transitioned all reviewer-training modules to a self-paced, online format in 2025. In October 2026, the Board doubled its available training licenses from 50 to 100, improving training access for new MCs and expert reviewers. Strengthened training improves the quality of MC and expert reports and testimony, which in turn supports the Board's mission of consumer protection.

Recruitment efforts for MCs and expert reviewers have also expanded. In 2026, MC and Expert Program staff engaged in statewide outreach, including presentations at the University of California, San Diego (UCSD) Departments of Orthopedics, Psychiatry, Gastroenterology, and the Department of Medicine. Staff also attended the California Family Practice POP Conference, the California Society of Addiction Medicine annual conference, and the California Medical Association House of Delegates meeting, increasing visibility and attracting new MCs and Experts. A new informational video highlighting opportunities to participate in the MC and Expert Reviewer Programs is in development for release in late 2026.

The Board also continued the work of its Complainant Liaison Unit (CLU), established in January 2025, which as of June 30, 2026, offered 2,051 interviews and completed 1,331 since its inception. Additional improvements include expanding electronic case processing, and strengthening oversight of referrals to HQIU and the AGO.

Overall, while the Board is meeting intake and complaint-acknowledgment requirements, rising complaint volume, staffing challenges, and increased case complexity continue to present performance barriers. The Board remains committed to ongoing improvements,

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staffing enhancements, outreach efforts, and collaborative enforcement strategies to reduce processing times while maintaining thorough, high-quality investigations.

2. Referring to *Table 9.*, ***Enforcement Statistics***, explain trends in enforcement data and the board's efforts to address any increase in volume, timeframes, ratio of closure to pending cases, or other challenges. What are the performance barriers? What improvement plans are in place? What has the board done and what is the board going to do to address these issues, i.e., process efficiencies, regulations, BCP, legislation?

The Board's enforcement data show a substantial increase in complaint volume during FY 2025–26 following several years of relatively stable activity. The Board received 9,265 complaints in FY 2022–23, 9,498 in FY 2023–24, and 9,534 in FY 2024–25, before rising sharply to 11,860 complaints in FY 2025–26. This represents an approximate 24 percent increase over the prior fiscal year and has significantly affected workload, staffing capacity, and processing timelines.

During the same four-year period, CCU closed 9,009 complaints in FY 2022–23, 8,950 in FY 2023–24, 8,789 in FY 2024–25, and 9,073 in FY 2025–26. Complaints referred for further investigation totaled 9,434, 9,604, 9,740, and 12,149, respectively.

During the same four-year period, the Board opened 9,461 investigations and closed 9,191 in FY 2022–23, followed by 9,604 opened and 8,976 closed in FY 2023–24. In FY 2024–25, investigations opened and closed totaled 9,740 and 8,935, respectively, before shifting to 12,149 opened and 8,635 closed in FY 2025–26.

In FY 2025–26, the number of investigations closed were fewer than the number opened across all investigations, contributing to continued caseload pressure. As of June 30, 2026, the enforcement program reported 1,521 active investigations assigned to HQIU (229 non-sworn and 1,296 sworn investigations), 274 cases pending with the AGO prior to accusation, and 535 active probationers under monitoring.

Cases referred to the AGO totaled 440 in FY 2022–23, 419 in FY 2023–24, 491 in FY 2024–25, and 516 in FY 2025–26. These cases often require additional steps such as subpoena services, supplemental interviews, additional expert review, litigation preparation, and testimony, reflecting the complexity of matters referred for formal legal action.

The Board's enforcement workload is influenced by several performance barriers, including the complexity of medical quality-of-care cases, the need for MC and expert reviewer input, records and subpoena delays, court calendar constraints, and the coordination required among the Board, HQIU, the AGO, and outside experts. The sharp increase in complaints during FY 2025–26 has intensified these pressures, particularly in the absence of a proportional increase in personnel. In FY 2025–26, complaint initiation averaged eight days, reflecting continued efficiency at intake despite rising volume. Average days to impose discipline also decreased compared to the previous year.

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The Board continues to employ strategies such as cross-training, centralized case monitoring, electronic document-sharing, utilization of temporary staff, evaluating resource needs, and expert and medical-consultant recruitment to help address increased workload and implement new process efficiencies. Established in January 2025, the CLU has enhanced complainant engagement and transparency by offering 2,051 interviews and completing 1,331 since its inception. In addition to improving communication throughout the complaint process, the CLU has provided investigators with valuable information that can assist in case assessment, development, and investigative decision-making.

The Board will continue monitoring complaint volume, investigation openings and closures, AGO referrals, case aging, and staffing levels. Future improvements will focus on sustaining adequate personnel, enhancing interagency coordination, expanding electronic workflows, and strengthening the MC and Expert Reviewer Programs.

Table 9. Enforcement Statistics				
	FY 2022/23	FY 2023/24	FY 2024/25	FY 2025/26
COMPLAINTS				
Intake				
Received	9,265	9,498	9,534	11,860
Closed without Referral for Investigation	0	0	0	0
Referred to Investigation	9,434	9,604	9,740	12,149
Pending (close of FY)	81	242	254	260
Conviction / Arrest				
CONV Received	239	262	219	284
CONV Closed Without Referral for Investigation	0	0	0	0
CONV Referred to INV	231	259	222	283
CONV Pending (close of FY)	8	11	8	9
Source of Complaint				
Public	6,072	5,808	6,269	7,613
Licensee/Professional Groups	205	183	110	146
Governmental Agencies	1,125	1,310	1,092	1,297
Internal	232	306	399	815
Other	812	752	727	906
Anonymous	1,058	1,401	1,156	1,367
Average Time to Refer for Investigation (from receipt of complaint / conviction to referral for investigation)	5 Days	6 Days	10 Days	8 Days
Average Time to Closure (from receipt of complaint / conviction to closure at intake)	0 Days	0 Days	0 Days	0 Days
Average Time at Intake (from receipt of complaint / conviction to closure or referral for investigation)	5 Days	6 Days	10 Days	8 Days
INVESTIGATION				
Desk Investigations				
Opened	9,134	9,234	9,292	11,667

Closed	9,009	8,950	8,789	9,073
Average Days to Close (from assignment to investigation closure)	112 Days	123 Days	155 Days	162 Days
Pending (close of FY)	2,926	3,382	4,720	8,113
Non-Sworn Investigation				
Opened	318	320	298	255
Closed	272	312	299	302
Average Days to Close (from assignment to investigation closure)	283	294	351	359
Pending (close of FY)	226	243	273	226
Sworn Investigation				
Opened	781	703	715	818
Closed	870	865	855	594
Average Days to Close (from assignment to investigation closure)	583	562	503	459
Pending (close of FY)	1,091	1,207	1,046	1,295
All investigations				
Opened	9,461	9,604	9,740	12,149
Closed	9,191	8,976	8,935	8,635
Average Days for All Investigation Outcomes (from start investigation to investigation closure or referral for prosecution)	180	174	208	200
Average Days for Investigation Closures (from start investigation to investigation closure)	157	151	182	178
Average Days for Investigation When Referring for Prosecution (from start investigation to referral for prosecution)	628	625	641	566
Average Days from Receipt of Complaint to Investigation Closure	184	178	215	208
Pending (close of FY)	4,720	5,473	4,929	9,687
DIVISION OF INVESTIGATION				
Average Days to Refer to Division of Investigation (from complaint receipt to referral for investigation)	87	109	107	182
Average Days for Division of Investigation to Complete (from DOI receipt to return to program of referral)	579	581	542	549
Average Days from Return to Referral to AGO (from DOI investigation to AGO referral)	10	10	18	47
CITATION AND FINE				
Citations Issued	195	135	180	609
Average Days to Complete (from complaint receipt / inspection conducted to citation issued)	694	376	90	19
Amount of Fines Assessed	$16,700.00	$125,600.00	$203,150.00	$585,350.00
Amount of Fines Reduced, Withdrawn, Dismissed	$27,100.00	$23,400.00	$54,150.00	$259,800.00
Amount Collected	$119,671.67	$84,086.00	$93,350.00	$210,300.00
CRIMINAL ACTION				

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Referred for Criminal Prosecution	27	23	26	18
ACCUSATION				
Accusations Filed	230	249	239	262
Accusations Declined	143	97	95	78
Accusations Withdrawn	7	14	6	7
Accusations Dismissed	9	7	10	5
Average Days from Referral to Accusations Filed (from AG referral to Accusation filed)	100	119	94	98
INTERIM ACTION				
ISO & TRO Issued	17	13	30	27
PC 23 Orders Issued	4	5	5	7
Other Suspension/Restriction Orders Issued	26	26	21	40
Referred for Diversion	0	0	0	0
Petition to Compel Examination Ordered	21	39	36	62
DISCIPLINE				
AG Cases Initiated (cases referred to the AG in that year)	440	419	491	516
AG Cases Pending Pre-Accusation (close of FY)	235	192	240	274
AG Cases Pending Post-Accusation (close of FY)	321	285	251	254
DISCIPLINARY OUTCOMES				
Revocation	22	15	24	28
Surrender	63	66	60	69
Suspension only	0	0	0	0
Probation with Suspension	4	2	5	3
Probation only	142	130	111	112
Public Reprimand / Public Reproval / Public Letter of Reprimand	75	97	97	118
Other	3	1	1	6
DISCIPLINARY ACTIONS				
Proposed Decision	51	38	45	37
Default Decision	15	12	17	30
Stipulations	309	326	303	327
Average Days to Complete After Accusation (from Accusation filed to imposing formal discipline)	516	473	442	383
Average Days from Closure of Investigation to Imposing Formal Discipline	526	464	382	316
Average Days to Impose Discipline (from complaint receipt to imposing formal discipline)	1,205	1,121	1,028	924
PROBATION				
Probations Completed	152	143	148	161
Probationers Pending (close of FY)	580	571	559	528
Probationers Tolled *	65	57	53	42
Petitions to Revoke Probation / Accusation and Petition to Revoke Probation Filed	23	27	24	34
SUBSEQUENT DISCIPLINE				
Probations Revoked	14	8	14	13

Probationers License Surrendered	26	36	28	21
Additional Probation Only	6	7	11	4
Suspension Only Added	0	0	0	0
Other Conditions Added Only	1	1	0	0
Other Probation Outcome	0	1	0	0
SUBSTANCE ABUSING LICENSEES				
Probationers Subject to Drug Testing	145	141	131	140
Drug Tests Ordered	6,147	5,642	6,291	7,111
Positive Drug Tests	11	3	13	6
PETITIONS				
Petition for Termination or Modification Granted	24	19	10	17
Petition for Termination or Modification Denied	6	1	10	12
Petition for Reinstatement Granted	7	2	4	4
Petition for Reinstatement Denied	9	7	1	4
DIVERSION				
New Participants	0	0	0	0
Successful Completions	0	0	0	0
Participants (close of FY)	0	0	0	0
Terminations	0	0	0	0
Terminations for Public Threat	0	0	0	0
Drug Tests Ordered	0	0	0	0
Positive Drug Tests	0	0	0	0

Table 10. Enforcement Aging

	FY 2022/23	FY 2023/24	FY 2024/25	FY 2025/26	Cases Closed	Average %
Investigations (Average %)						
Closed Within:						
90 Days	4,381	4,733	4,249	4,709	18,072	50%
91 – 180 Days	1,740	1,176	1,108	1,052	5,076	13%
181 – 1 Year	1,853	1,560	1,741	1,307	6,461	18%
1 – 2 Years	756	1,143	1,221	1,177	4,297	12%
2 – 3 Years	383	350	598	720	2,051	6%
Over 3 Years	78	14	19	19	130	<1%
Total Investigation Cases Closed	9,191	8,976	8,936	8,984	36,087	100%
Attorney General Cases (Average %)						
Closed Within:						
0 – 1 Year	177	202	259	301	939	49%
1 – 2 Years	211	194	148	151	704	37%
2 – 3 Years	66	62	46	26	200	9%
3 – 4 Years	17	17	6	10	50	3%
Over 4 Years	22	7	6	1	36	2%
Total Attorney General Cases Closed	493	482	465	489	1,929	100%

3. What do overall statistics show as to increases or decreases in disciplinary action since last review?

    - Please explain any challenges contributing to unmet performance targets, such as outlier cases, procedural barriers, difficulties in obtaining evidence, etc.

Since the last review, the Board's disciplinary outcomes have remained relatively consistent, totaling 309 in FY 2022–23, 311 in FY 2023–24, 298 in FY 2024–25, and 336 in FY 2025–26. While disciplinary outcomes remained stable during the first three fiscal years, the Board experienced an increase in FY 2025–26. The increase was driven primarily by growth in public reprimands/reprovals, revocations, and surrenders, reflecting the Board's continued efforts to resolve enforcement matters timely and enhance consumer protection.

The most recent data show the following trends:

- Revocations decreased from 22 in FY 2022–23 to 15 in FY 2023–24, then increased to 24 in FY 2024–25 and 28 in FY 2025–26.

- Surrenders increased from 63 in FY 2022–23 to 66 in FY 2023–24, decreased to 60 in FY 2024–25, and then increased to 69 in FY 2025–26.

- Combined revocations and surrenders totaled 85 in FY 2022–23, 81 in FY 2023–24, 84 in FY 2024–25, and 97 in FY 2025–26, reflecting an overall increase in the most recent fiscal year.

- Probation-only outcomes decreased from 142 in FY 2022–23 to 130 in FY 2023–24 and remained relatively stable at 111 in FY 2024–25 and 112 in FY 2025–26.

- Public reprimands, reprovals, and public letters of reprimand increased from 75 in FY 2022–23 to 97 in FY 2023–24, remained at 97 in FY 2024–25, and increased further to 118 in FY 2025–26, representing the highest level during the four-year period.

- Probation with suspension remained comparatively low, totaling four cases in FY 2022–23, two in FY 2023–24, five in FY 2024–25, and three in FY 2025–26.

- Citation and administrative fine activity totaled 195 citations in FY 2022–23, 135 in FY 2023–24, 180 in FY 2024–25, and 609 in FY 2025–26, with FY 2025–26 reflecting a substantial increase compared to the preceding three fiscal years due to a high volume of continuing medical education audit citations in FY 2025-26.

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The FY 2025–26 increase in total administrative actions and citations reflects continued enforcement activity despite an increase in complaint volume and case complexity. The number of revocations and surrenders, is lower than the levels reported in the prior Sunset Review report. At the same time, the increase in public reprimands, probationary actions, and citations indicates that the Board continues to use a range of disciplinary tools based on the seriousness and circumstances of each case.

Probation violation outcomes are reported separately from the primary administrative-outcome totals. In FY 2025–26, subsequent discipline outcomes included 13 additional license revocations, 21 surrenders, and four additional probation only outcomes.

Overall, the data do not show a uniform increase or decrease in disciplinary actions over the last four years. Instead, they show relatively stable total administrative activity, an increase in FY 2025–26 disciplinary actions, fewer combined revocations and surrenders than at the time of the prior review (increased over the last four fiscal years), and about the same number of public reprimands compared to the last sunset review.

4. How are cases prioritized? What is the board's compliant prioritization policy?

- Please provide a brief summary of the board's formal discipline.

The Board prioritizes complaints pursuant to BPC section 2220.05. The statute requires the Board to identify and act expeditiously on complaints involving physicians and surgeons who may represent the greatest threat to public health and safety.

The Board's highest-priority complaints generally include:

- Gross negligence, incompetence, or repeated negligent acts involving the death or serious bodily injury of one or more patients.

- Drug or alcohol abuse involving the death or serious bodily injury of a patient.

- Repeated acts of clearly excessive prescribing, furnishing, or administering of controlled substances, or prescribing controlled substances without a good-faith prior examination and medical basis.

- Repeated acts of clearly excessive recommending of cannabis, or recommending cannabis without a good faith prior examination and medical basis.

- Sexual misconduct with one or more patients.

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- Practicing medicine while under the influence of drugs or alcohol.

- Repeated acts of clearly excessive prescribing, furnishing, or administering psychotropic medications to a minor without a good faith prior examination of the patient and a medical reason therefor.

The Board also considers other factors when prioritizing cases, including the immediacy and severity of the potential threat, the vulnerability of affected patients, whether the conduct is ongoing or repeated, the availability of evidence, and applicable statutory deadlines. Cases involving an immediate threat to public safety receive expedited review and interim action when authorized by law and supported by the evidence.

The Board's complaint-prioritization policy is established by statute and is not materially different from the Department of Consumer Affairs' Complaint Prioritization Guidelines for Health Care Agencies. The Board applies the statutory priorities specific to the practice of medicine and continues to coordinate with HQIU, and the AGO when cases require investigation and disciplinary action.

5. Are there mandatory reporting requirements? For example, requiring local officials or organizations, or other professionals to report violations, or for civil courts to report to the board actions taken against a licensee. Are there problems with the board receiving the required reports? If so, what could be done to correct the problems?

- What is the dollar threshold for settlement reports received by the board?

- What is the average dollar amount of settlements reported to the board?

There are multiple reporting requirements designed to inform the Board of possible matters for investigation. The Board shares information regarding mandatory reporting in its newsletters, during presentations to various groups, and posts the information on its website. The Board continues its efforts to educate those that are mandated to report various types of items which may institute an investigation of a physician who may be a danger to the public.

BPC section 801.01 requires the reporting to the Board of settlements over $30,000 or arbitration awards or civil judgments of any amount for a claim alleging that the licensee caused death or personal injury through negligence, error, omission, or unauthorized professional services. The report must be filed within 30 days by either the insurer providing professional liability insurance to the licensee, the licensee or their attorney, or the state or

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local governmental agency that self-insures the licensee. In general, the Board has received these reports on a timely basis.

The average dollar settlements for the past four years have been:

	FY 22/23	FY 23/24	FY 24/25	FY 25/26
Average Dollar Amount of settlements reported to the Board pursuant to BPC section 801	$594,714.36	$653,874.56	$695,830.18	$692,847.53

BPC section 802.1 requires physicians to report criminal charges as follows: the bringing of an indictment charging a felony and/or any conviction of any felony or misdemeanor, including a verdict of guilty or plea of no contest. The Board appears to be receiving these reports. The Board has an independent mechanism through the Department of Justice (DOJ) regarding subsequent arrest notifications sent directly to the Board. The Board issues citations to licensees who fail to report their criminal conviction as required by this statute and/or adds this as a charge to an accusation.

BPC section 802.5 requires a coroner who receives information, based on findings reached by a pathologist, indicating that a death may have resulted from a physician's gross negligence to submit a report to the Board. The report must include relevant information, including the name of the decedent, the attending physician, and the final report and autopsy.

The Board received one coroner's report in FY 2021–22. During the four fiscal years since the last Sunset Review, the Board received no coroner's reports in FY 2022–23, one report in FY 2023–24, two reports in FY 2024–25, and two reports in FY 2025–26.

The Board does not have a way to determine whether all reports required under BPC section 802.5 were submitted. The Board therefore continues to provide information regarding mandatory reporting requirements through its website, newsletters, outreach, and communications with organizations and professionals subject to reporting obligations. The Board will continue monitoring these reports and evaluating whether additional outreach or coordination with coroners, pathologists, and other reporting entities is appropriate.

BPC sections 803, 803.5 and 803.6 require the clerk of a court that renders a judgment that a licensee has committed a crime or is liable for any death or personal injury resulting in a

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judgment of any amount caused by the licensee's negligence, error or omission in practice, or their rendering of unauthorized professional services, to report that judgment to the Board within 10 days after the judgment is entered. In addition, the court clerk is responsible for reporting criminal convictions to the Board and transmitting any felony preliminary hearing transcripts concerning a licensee to the Board.

	FY 22/23	FY 23/24	FY 24/25	FY 25/26
803 (Court-Judgment) Includes 803.6 Reports (Court-Transmittal of Felony Prelim Hearing Transcript/Probation Report) as 803.6 is not tracked separately in BreEZe	0	0	0	0
803.5 (Court-Criminal)	0	0	2	4

BPC section 805 requires the chief of staff and chief executive officer, medical director, or administrator of a licensed health care facility to file a report when a physician's application for staff privileges or membership is denied or the physician's staff privileges or employment is terminated or revoked for a medical disciplinary cause or reason. The reporting entities are also required to file a report when restrictions are imposed or voluntarily accepted on the physician's staff privileges for a cumulative total of 30 days or more for any 12-month period. The report must be filed within 15 days after the effective date of the action taken by the peer review body. By comparing information with the National Practitioner Data Bank (NPDB), the Board believes it is receiving required reports. Every year the Board does a comparison with the NPDB to ensure it has received the same reports provided to the NPDB.

BPC section 805.01 requires the chief of staff and chief executive officer, medical director, or administrator of a licensed healthcare facility to file a report within 15 days after the peer review body makes a final decision or recommendation to take disciplinary action which must be reported pursuant to section 805 for any of the following reasons:

- Incompetence, or gross or repeated deviation from the standard of care involving death or serious bodily injury to one or more patients in such a manner as to be dangerous or injurious to any person or the public.

- The use of, or prescribing for or administering to him/herself, any controlled substance; or the use of any dangerous drug, as defined in Section 4022, or of alcoholic beverages, to the extend or in such a manner as to be dangerous or injurious to the licentiate, or any

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other persons, or the public, or to the extent that such use impairs the ability of the licentiate to practice safely.

- Repeated acts of clearly excessive prescribing, furnishing, or administering of controlled substances or repeated acts of prescribing, dispensing, or furnishing of controlled substances without a good faith effort prior examination of the patient and medical reason therefor.

- Sexual misconduct with one or more patients during a course of treatment or an examination.

The Board provides notification each January through its newsletter in an article entitled, "Mandatory Reporting Requirements for Physicians and Others," that entities are required to file 805.01 reports. The subject has also been covered in presentations to various groups. However, the Board is unable to verify whether it is receiving all of the reports required by law.

BPC section 805.8 became effective on January 1, 2020. The legislation requires a health care facility or other entity that makes any arrangement under which a healing arts licensee is allowed to practice or provide care for patients shall file a report of any allegation of sexual abuse or sexual misconduct made against a healing arts licensee by a patient, if the patient or the patient's representative makes the allegation in writing, to the agency within 15 days of receiving the written allegation of sexual abuse or sexual misconduct. New forms were created and placed on the Board's website to implement this new reporting requirement.

Reports Received Based Upon Legal Requirements	FY 22/23	FY 23/24	FY 24/25	FY 25/26
805	97	91	125	130
805.01	3	1	16	2
805.8	67	56	62	52

BPC section 2216.3 was added into statute on January 1, 2014, requiring an accredited outpatient surgery setting (OSS) to report an adverse event to the Board no later than five days after the adverse event has been detected, or, if that event is an ongoing urgent or emergent threat to the welfare, health or safety of patients, personnel, or visitors, not later than 24 hours after the adverse event has been detected. Adverse events appear to be reported as required, however, the Board is unable to verify whether it is receiving all of the reports required by law.

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BPC section 2240(a) requires a physician and surgeon who performs a medical procedure outside of a general acute care hospital that results in the death of any patient on whom that medical treatment was performed by the physician and surgeon, or by a person acting under the physician and surgeon's orders or supervision, to report, in writing, on a form prescribed by the Board, that occurrence to the Board within 15 days after the occurrence.	**FY 22/23**	**FY 23/24**	**FY 24/25**	**FY 25/26**
Outpatient Adverse Event Reports (BPC 2216.3)	41	36	17	12
Outpatient Surgery Settings Reports (Patient Death) (BPC 2240(a))	4	7	12	9

6. Describe settlements the board, and Office of the Attorney General on behalf of the board, enter into with licensees.

The Board uses its Disciplinary Guidelines (16 CCR section 1361) and the Uniform Standards for Substance-Abusing Licensees (Uniform Standards) (16 CCR section 1361.5) as the framework for determining the appropriate penalty for charges filed against a physician. BPC section 2229 identifies that protection of the public shall be the highest priority for the Board, but also requires that wherever possible, the Board's actions should be calculated to aid in the rehabilitation of the licensee. While the Disciplinary Guidelines and Uniform Standards frame the recommended penalty, the facts of each individual case may support a deviation from the guidelines.

After the filing of an accusation and/or petition to revoke probation, a respondent physician must file a Notice of Defense within 15 days indicating they intend to present a defense to the accusation and/or petition to revoke probation or that they are interested in a settlement agreement. If the individual requests a hearing, existing law (Government Code sections 11511.5 and 11511.7) requires that a prehearing conference be held to explore settlement possibilities and prepare stipulations, as well as schedule a mandatory settlement conference, to possibly resolve the case through a stipulated settlement before proceeding to the administrative hearing.

The assigned Deputy Attorney General (DAG) reviews the case, any mitigation provided, the strengths and weaknesses of the case, the Board's Disciplinary Guidelines, and, when applicable, any prior disciplinary action against the respondent physician, and drafts a settlement recommendation that frames the recommended penalty. In addition, this settlement recommendation takes into account consumer protection and BPC section 2229(b), which states that the Board shall "take action that is calculated to aid in the

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rehabilitation of the licensee, or where, due to a lack of continuing education or other reasons, restriction on scope of practice is indicated, to order restrictions as are indicated by the evidence."

The DAG's recommendation is then reviewed and either approved or edited by the supervising DAG. Once that approval is received, the DAG submits the settlement recommendation to the Board's chief of enforcement for review and consideration. The chief holds regular meetings with the Board's executive director, deputy director and chief medical consultant to review the settlement recommendations using the same criteria as the DAG and either approves or changes the settlement recommendation. The DAG then negotiates with the respondent physician and/or their counsel to settle the case with the recommended penalty, where possible. Both the prehearing settlement conference and the mandatory settlement conference have the assistance of an administrative law judge (ALJ). This ALJ reviews the case and hears information from the DAG and the respondent physician and/or their counsel and then assists in negotiating the settlement. During the settlement conference, the Board representative must be available to authorize any change to the previously agreed-upon settlement recommendation.

If a settlement agreement is reached, the stipulated settlement document must be approved by a panel of the Board, unless the settlement is for a stipulated surrender. The Board panel may adopt the settlement as written, request changes to the settlement, or reject the settlement and request the matter go to hearing. In the process to settle a case, public protection is the priority. When deciding on a stipulation, the panel members are provided the strengths and weaknesses of the case and weigh all factors. The settlement recommendations stipulated to by the Board must provide for public protection and, when not inconsistent with public protection, rehabilitation of the licensee. Settling cases by stipulations that are agreed to by both sides facilitates consumer protection by placings the individual on probation or imposing other discipline sooner without the risk and delay of going to hearing. Stipulated settlements also eliminate the ability of the licensees to file a petition for reconsideration or appeal the decision in superior court. It also puts the public on notice of practice limitations and restrictions earlier than if the matter went to hearing. In addition, the Board may get more favorable terms and conditions through the settlement process than would have been achieved if the matter went to hearing.

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- What is the number of cases, pre-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?

A case cannot go to hearing if an accusation has not been filed, therefore, there are no pre-accusation/petition to revoke probation/statement of issues cases that go to hearing, as reflected in the table below.

Fiscal Year	22/23	23/24	24/25	25/26

Pre-Accusation/Petition to Revoke Probation/Statement of Issues Cases resulting in a Settlement	27	44	51	79
Pre-Accusation/Petition to Revoke Probation/Statement of Issues Cases resulting in a Hearing	N/A	N/A	N/A	N/A

- What is the number of cases, post-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?

Fiscal Year	**22/23**	**23/24**	**24/25**	**25/26**
Post-Accusation/Petition to Revoke Probation/Statement of Issues Cases resulting in a Settlement	281	283	251	253
Post-Accusation/Petition to Revoke Probation/Statement of Issues Cases resulting in a Hearing	56	39	49	42
Post-Accusation/Petition to Revoke Probation/Statement of Issues Cases resulting in a Default Decision	15	13	18	29

- What is the overall percentage of cases for the past four years that have been settled rather than resulted in a hearing?

Fiscal Year	**22/23**	**23/24**	**24/25**	**25/26**
Percentage of Cases resulting in a Settlement	81%	86%	82%	83%
Percentage of Cases resulting in a Hearing	15%	10%	13%	10%
Percentage of Cases resulting in a Default Decision	4%	4%	5%	7%

7. Does the board operate with a statute of limitations? If so, please describe and provide the citation. If so, how many cases have been lost due to statute of limitations? If not, what is the board's policy on statute of limitations?

BPC section 2230.5 sets forth that an accusation against a licensee pursuant to Government Code section 11503 shall be filed within three years after the Board discovers the act or

omission alleged as the grounds for disciplinary action, or within seven years after the act or omission alleged as the grounds for disciplinary action occurs, whichever occurs first.

Exceptions to this law include an accusation alleging the procurement of a license by fraud or misrepresentation, in which case there is no statute of limitation, or if it is proven that the licensee intentionally concealed from discovery their incompetence, gross negligence or repeated negligent acts which would be the basis for filing an accusation. For allegations of sexual misconduct, the accusation shall be filed within three years of when the Board discovers the act or omission or within 10 years after the act or omission occurs, whichever occurs first. If the alleged act or omission involves a minor, the seven-year statute of limitations period provided for and the 10-year limitations period provided for regarding sexual misconduct allegations shall be tolled until the minor reaches the age of majority.

The numbers below identify the number of complaints filed with the Board after the statute of limitations had elapsed or would elapse before the investigation could be completed. The Board maintains these complaints consistent with its retention schedule as a part of the physician's complaint history and advises the complainant that administrative action against the physician cannot be pursued because the statute of limitations has passed.

- FY 22/23 Physicians and Surgeons: 177
- FY 23/24 Physicians and Surgeons: 110
- FY 24/25 Physicians and Surgeons: 147
- FY 25/26 Physicians and Surgeons: 219

8. Describe the board's efforts to address unlicensed activity and the underground economy.

The Board's complaint data show the following number of complaints categorized as unlicensed or unregistered: 406 in FY 2022–23, 396 in FY 2023–24, 456 in FY 2024–25, and 608 in FY 2025–26. These totals represent complaints received and do not necessarily reflect substantiated violations or completed enforcement actions. Following two years of relatively stable complaint volume, FY 2025–26 reflected a notable increase in reports categorized as unlicensed or unregistered activity.

Unlicensed activity continues to be a significant workload for the Board. One analyst currently manages the caseload at the unlicensed-practice desk, which primarily involves medical spas. Medical spas have expanded rapidly due to increased demand for weight-loss treatments and cosmetic procedures. In addition, cosmetologists increasingly encroach into procedures such as cosmetic fillers and injections, leading to additional unlicensed-practice complaints. The Board's HQIU investigates unlicensed activity throughout California. With HQIU's investigatory support, the Board continues to address these violations through targeted investigations and issuance of citations and fines and/or

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referral to city attorneys and district attorneys for review for criminal prosecution, where appropriate.

The Board also disciplines licensed physicians who aid or abet the unlicensed practice of medicine. Administrative actions for aiding and abetting unlicensed practice totaled 11 in FY 2022–23, five in FY 2023–24, f17 in FY 2024–25, and eleven in FY 2025–26. Citations issued per BPC sections 2052 and 2054 totaled nine for FY 2022-23; one for FY 2023-24; five for FY 2024-25; and zero for FY 2025-26.

Medical spas and cosmetic businesses remain areas requiring attention to protect consumers. Procedures involving injections, lasers, or medical-grade dermabrasion constitute the practice of medicine and must be performed by appropriately trained medical personnel. The Board remains concerned about business models in which lay owners rely on a physician acting only as a nominal medical director, while retaining authority over clinical decisions, patient records, medical equipment, staffing, or service delivery. These situations represent potential unlicensed practice and unlawful corporate practice of medicine.

The underground economy also includes emerging oversight challenges associated with telehealth, online health-service models, automated clinical tools, and artificial intelligence (AI). The Board has discussed the evolving use of AI in health care and recognizes the need for continued evaluation to ensure unlicensed individuals or systems do not diagnose, prescribe, advertise medical services, or direct unlicensed personnel to perform tasks requiring a license. Because current enforcement tracking categories do not separately identify AI-related complaints, medical-spa models, or other specific underground-economy patterns, the Board may consider adjusting complaint-coding practices in the future to better analyze trends and identify where additional regulation, legislation, or enforcement resources may be necessary.

The Board will continue to collaborate with HQIU, local prosecutors, law enforcement agencies, other regulatory boards, and professional associations to address unlicensed practice and underground-economy risks. Public education, online complaint submission, license verification tools, targeted investigations, administrative citations and fines, criminal referrals, and discipline of licensees who facilitate unlicensed practice remain key strategies for protecting consumers.

Unlicensed Investigations Per Fiscal Year	22/23	23/24	24/25	25/26
Referred for Criminal Prosecution*	26	14	15	15
Felony Convictions	0	1	1	2
Misdemeanor Convictions	1	1	6	0

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Referred to Administrative Action for Aiding and Abetting Unlicensed Practice of Medicine	11	5	17	11

* A number of criminal cases are still pending conviction. The unlicensed practice of medicine is currently not designated as a priority by BPC section 2220.05, however, the volume and seriousness of the cases investigated by HQIU warrant continued efforts to mitigate this unscrupulous activity and to provide public protection to California patients.

In spite of the outstanding efforts of HQIU field offices to curtail unlicensed activity, there are times when a district attorney or city attorney will not file charges against an individual for the unlicensed practice of medicine. In these instances, the Board can issue an administrative citation and fine for violation of BPC sections 2052 and 2054. The following chart represents the number of citations issued for the unlicensed practice of medicine.

Fiscal Year	**22/23**	**23/24**	**24/25**	**25/26**
Citations Issued for BPC sections 2052 and 2054	9	1	5	0

Cite and Fine

9. Discuss the extent to which the board utilizes cite and fine authority. Discuss any changes from last review and describe the last time regulations were updated and any changes that were made. Has the board increased its maximum fines to the $5,000 statutory limit? Does the board have authority to issue fines greater than $5,000? If so, under what circumstances?

The Board uses cite-and-fine authority as an alternative to formal disciplinary action for minor or technical violations of the laws governing the practice of medicine. A citation may include a fine, an order of abatement, or both. The Board may also issue citations for violations of probation terms and conditions and may refer matters for citation when the conduct does not warrant a formal accusation.

Citation and administrative-fine activity has increased since the last Sunset Review.

The Board issued:

FY 2020–21: 51 citations and administrative fines
FY 2021–22: 122 citations and administrative fines
FY 2022–23: 195 citations and administrative fines
FY 2023–24: 135 citations and administrative fines
FY 2024–25: 180 citations and administrative fines
FY 2025–26: 609 citations and administrative fines

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Complaints referred to the citation and fine process totaled 79 in FY 2022–23, 131 in FY 2023–24, 193 in FY 2024–25, and 605 in FY 2025–26. Differences between referrals and citations issued in a given fiscal year may reflect the timing of case processing, including citations issued for matters referred in prior years, as well as citations arising from other enforcement and compliance activities. Of the 609 citations issued in FY 2025-26, 569 were for noncompliance with the Continuing Medical Education (CME) requirement.

The Board's cite-and-fine regulations were updated effective October 1, 2024, after approval by the Office of Administrative Law. The rulemaking clarified the Board's authority to issue citations for violations of applicable statutes and regulations, clarified that citations may be issued to persons holding licenses, certificates, registrations, or permits regulated by the Board, and clarified how maximum fine amounts are determined.

The Board's maximum fine authority was increased to the full amount authorized by BPC section 125.9(b)(3), or other applicable sections of California law, which may permit fines that exceed $5,000. The amount of a fine is determined using the factors required by applicable law, including the seriousness and circumstances of the violation, the violator's history, cooperation, and efforts to achieve compliance.

The increase in citation activity, particularly in FY 2025–26, is mainly due to the increase in citations and fines resulting from CME audits.

10. How is cite and fine used? What types of violations are the basis for citation and fine?

The Board uses cite-and-fine authority to address unlicensed practice and as an alternative enforcement tool for violations that can be addressed through an administrative citation rather than a formal accusation and disciplinary hearing. A citation may include a fine, an order of abatement, an educational requirement, or a combination of these remedies.

Citations may be issued to licensees for technical or lower-level violations of the Medical Practice Act, applicable regulations, probation terms, and other laws within the Board's authority.

Examples include:

- Violations of advertising and physician-identification requirements.
- Failure to report criminal convictions, changes of address, or other information required by law.
- Failure to maintain adequate medical records or comply with medical-record requirements.
- Violations of statutes or regulations governing the practice of medicine, licensed midwifery, or other programs regulated by the Board.

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- Minor violations of the terms and conditions of probation.
- Unlicensed practice of medicine, including situations in which an unlicensed person performs medical procedures, diagnoses or treats patients, or holds themselves out as a physician.
- Aiding or abetting unlicensed practice by a licensed physician or other licensee.
- Unlicensed or improperly supervised cosmetic procedures, including certain injections, laser procedures, and medical-level dermabrasion performed in medical-spa or similar settings.

The Board may use a citation for unlicensed practice when a local district attorney or city attorney does not pursue criminal charges, when unlicensed activity is identified during the licensing process, or when the facts support an administrative remedy. Citation authority does not prevent the Board from referring a matter for criminal prosecution or pursuing formal discipline when the conduct is more serious or presents an ongoing threat to public safety.

The Board also uses citations to address violations identified during an investigation that do not warrant formal disciplinary action. For example, a citation may address inadequate medical documentation or another correctable practice deficiency. The Board may require the licensee to complete an educational course, improve recordkeeping practices, comply with an order of abatement, or take another corrective action.

11. How many informal office conferences, Disciplinary Review Committees reviews and/or Administrative Procedure Act appeals of a citation or fine has the board held or requested in the last 4 fiscal years?

The Board does not conduct Disciplinary Review Committees for appeals of a citation. The following chart depicts the number of requests received for an informal conference and the number of requests for hearings to appeal a citation and fine.

Fiscal Year	Requests Received for Informal Conference	Requests for Hearings to Appeal Citation and Fine
22/23	44	1
23/24	31	3
24/25	48	3
25/26	99	0

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12. What are the five most common violations for which citations are issued?

The list below identifies the Board's top five most common violations for which citations are issued.

1. Title 16, CCR section 1338(c) – Failed CME audit
2. Title 16, CCR section 1364.11(b) – A probation violation
3. BPC 2266 – Failure to Maintain Adequate Medical Records
4. BPC 2305 – Out of state discipline
5. BPC 2264 – Aiding and Abetting Unlicensed Practice of Medicine

13. What is average fine pre- and post- appeal?

Fiscal Year	Pre-Appeal Average	Post-Appeal Average
22/23	$992	$908
23/24	$904	$904
24/25	$1,750	$1,250
25/26	$925	$688

14. Describe the board's use of Franchise Tax Board intercepts to collect outstanding fines. If the board does not use Franchise Tax Board intercepts, describe the rationale behind that decision and steps the board has taken to increase its collection rate.

The Board uses multiple methods to collect outstanding citation fines. Under BPC section 125.9, an unpaid fine may be added to the licensee's renewal fee. The Board may place a hold on the license, preventing renewal until the required renewal fee and outstanding fine are paid. When a citation has become final and the fine remains unpaid, the Board may also pursue additional administrative action as authorized by law.

The Board may submit delinquent fines owed by licensees or unlicensed individuals to the California Franchise Tax Board's Interagency Intercept Collection Program. Through that program, eligible debts may be collected from state income-tax refunds, lottery winnings, or unclaimed-property payments. The intercepted funds are transferred to the Board and applied to the outstanding debt.

The Board must provide the debtor with notice and an opportunity to resolve or dispute the debt before submitting it for intercept collection. The current Franchise Tax Board process

generally requires a pre-intercept notice allowing at least 30 days for the debtor to pay, dispute, or otherwise resolve the liability. The Board must also update submitted accounts when a debt is paid, corrected, reduced, or otherwise no longer collectible.

The renewal hold and the ability to add an unpaid fine to the renewal fee remain important collection tools because they directly affect a licensee's ability to renew. The FTB intercept program provides an additional collection method when a licensee or unlicensed individual does not voluntarily pay and does not have a current license that can be placed on hold.

Cost Recovery and Restitution

15. Describe the board's efforts to obtain cost recovery. Discuss any changes from the last review.

The Board's authority to recover investigation and prosecution costs involving physicians and surgeons was reinstated on January 1, 2022, through Senate Bill 806. T FY 2025–26 was the fourth full fiscal year under the reinstated cost-recovery authority. Since January 1, 2022, the Board has included cost recovery in all disciplinary matters. As more cases initiated, investigated, and prosecuted entirely after January 1, 2022, reach resolution, the Board expects cost-recovery totals to continue increasing.

To support comprehensive documentation of recoverable costs, the Board uses multiple systems and coordinated processes. Complaint Investigation Office (CIO) investigators and HQIU investigators track investigative time through BreEZe. At the conclusion of an investigation, if a case is forwarded to the AGO for legal review or discipline, CIO or HQIU prepares a Certification of Cost that identifies recoverable investigation time and expenses. The Expert Reviewer and Medical Consultant programs also generate Certifications of Cost for expert review fees associated with each case. The AGO separately tracks legal-service costs, including attorney time, and incorporates those costs into its final cost-recovery calculations.

These combined cost certifications are provided to the AGO during accusation preparation and updated as matters progress through settlement, hearing, or other resolution. Recoverable costs incurred after January 1, 2022, are included when disciplinary action is ordered.

Cases investigated prior to January 1, 2022, often contain few or no recoverable costs under the reinstated authority. As cases from later fiscal years move through the disciplinary process, cost-recovery orders are expected to more fully reflect investigative, expert-review, and prosecutorial expenditures.

Cost recovery remains an important component of the Board's financial structure. In FY 2025–26, enforcement-related activities, including investigations, legal services, and probation monitoring, accounted for approximately 76 percent of the Board's overall expenditures. The

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Board continues to evaluate operational practices related to enforcement cost recovery, including collection efforts and interagency coordination, to help ensure recoverable costs are identified and pursued appropriately.

16. How many and how much is ordered by the board for revocations, surrenders and probationers? How much do you believe is uncollectable? Explain.

Please see the chart below pertaining to cost recovery.

In addition to ordering cost recovery for investigation and prosecution costs, the Board orders probationers to pay a per annum fee for monitoring costs. A probationer cannot successfully complete probation without paying these costs in full. Therefore, most probation monitoring costs are collected. However, if a probationer's license is revoked or surrendered while on probation, the Board does not collect any outstanding fees prior to the revocation or surrender. However, should the individual petition to reinstate their license, they may be ordered to pay the outstanding probation monitoring costs if the petition for reinstatement is granted.

Likewise, if a licensee surrenders their license or has the license revoked, the Board may be unable to collect cost recovery for the matter at that time. However, if the licensee petitions for reinstatement of their license, and the petition is granted, the order will typically include language making the cost recovery amounts due as a condition precedent to reinstatement.

The Board does seek cost recovery for investigations referred for criminal prosecution. The following chart identifies the costs ordered by the courts and received by the Board for criminal prosecutions.

Cost Recovery by Discipline				
	FY 2022/23	**FY 2023/24**	**FY 2024/25**	**FY 2025/26**
Revocations	17	15	27	31
Revocation Costs Ordered	$284,240.95	$356,180.00	$1,000,620.00	$538,267.39
Surrenders	60	58	54	62
Surrender Costs Ordered	$933,398.97	$1,486,131.50	$1,910,620.00	$2,341,309.50
Probations	**135**	**131**	**120**	**114**

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Probation Costs Ordered	$1,583,181.71	$3,058,188.06	$3,649,118.79	$3,685,072.77

17. Are there cases for which the board does not seek cost recovery? Why?

At this point in time, the Board considers cost recovery on all cases. The Board, however, does not seek cost recovery in situations where that would create an extreme hardship on the licensee and where there is no realistic possibility of recovery. Further, the Board does not seek cost recovery for portions of an investigation that did not substantiate a departure from the standard of care.

18. Describe the board's use of Franchise Tax Board intercepts to collect cost recovery. If the board does not use Franchise Tax Board intercepts, describe methods the board uses to collect cost recovery.

The Board uses several methods to collect cost-recovery amounts ordered in disciplinary cases.

First, recoverable investigation, prosecution, and probation-monitoring costs are calculated and included in the disciplinary resolution or settlement. The licensee is notified of the amount due and may pay the balance directly or establish an approved payment plan. The Board tracks payments and outstanding balances through its fiscal and enforcement systems.

When a license remains active, the Board may use the license-renewal process to require payment of outstanding amounts before renewal, consistent with applicable law and the terms of the disciplinary order. The Board may also pursue additional administrative action when a licensee fails to comply with a payment obligation imposed as part of a disciplinary order or settlement.

When a license is revoked or surrendered, unpaid cost recovery remains associated with the former licensee and the disciplinary matter. If the individual later petitions for reinstatement, the outstanding cost-recovery obligation must be addressed before reinstatement can be granted, unless otherwise authorized by the Board's order or applicable law.

A probationer's failure to pay required cost recovery and probation monitoring costs may constitute a violation of probation, and the Board may seek additional disciplinary action, including a petition to revoke probation or other appropriate sanctions.

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Since the reinstatement of cost-recovery authority on January 1, 2022, the Board has generally collected amounts due or established payment plans. The Board has not referred cost-recovery matters to the Franchise Tax Board for interception.

Table 11. Cost Recovery (dollars in thousands)

	FY 22/23	FY 23/24	FY 24/25	FY 25/26
Total Enforcement Expenditures*	$52,705	$55,656	$58,565	$62,298
Potential Cases for Recovery *	374	374	364	393
Cases Recovery Ordered	269	316	274	274
Amount of Cost Recovery Ordered	$3,285	$6,814	$8,053	$8,043
Amount Collected	$1,120	$2,801	$3,878	$3,895
Amount of Criminal Cost Recovery Ordered	$22,200.00	0	$48,312.75	0
Amount Collected	$22,200.00	0	$20,000.00	0

* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.

19. Describe the board's efforts to obtain restitution for individual consumers, any formal or informal board restitution policy, and the types of restitution that the board attempts to collect, i.e., monetary, services, etc. Describe the situation in which the board may seek restitution from the licensee to a harmed consumer.

The Board does not seek restitution from the licensee for individual consumers. However, cases involving unlicensed practice of medicine can be referred by the Board to the local district or city attorney for prosecution and a judge may order restitution.

Table 12. Restitution

	FY 2022/23	FY 2023/24	FY 2024/25	FY 2025/26
Amount Ordered	$0	$0	$0	$0
Amount Collected	$0	$0	$0	$0

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