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

Section 9 –
Board Action and Response to Prior Sunset Issues

ISSUE #1: (BOARD COMPOSITION.) Does MBC's composition need to be updated to include additional members of the public? What is the actual role of Medical Board of California board members in the disciplinary process? What benefit would be achieved by adding additional members of the public to the Medical Board of California, specifically in regards to the disciplinary process?

Staff Recommendation: MBC should provide information about how this change would make MBC more effective and successful.

Board Response (April 2023):

Although the Medical Board of California (Board) vigorously disagrees with those who assert that the Board is not focused on its mission, the Board recognizes that some members of the public have a perception that a physician-majority Board favors licensees in Board policies and disciplinary decisions.

When making decisions on whether to adopt, non-adopt, or seek to modify proposed decisions or proposed stipulations, Board members cast their individual votes following review of case information. The outcome of a case is a collective decision based on majority vote.

In the Board's experience, both well-qualified physicians and public members have a vested and shared interest in furthering the Board's mission of consumer protection, rehabilitating licensees when not inconsistent with consumer protection, and following the law. Nonetheless, changing the composition of the Board to a public-member majority answers the public's request and is intended to reassure the public that the Board has the appropriate priorities.

Last year, the Board sponsored AB 2060 (Quirk) to help restore public trust and confidence in the operations of the Board, and this is still the Board's recommended approach.

DRAFT

Board Response (January 2027):

The Board continues to believe that changing to a public-member majority would help foster public trust in the Board's work. For more information, see p. XXX of Section 10, New Issues.

ISSUE #2: (RESEARCH PSYCHOANALYST REGISTRATION.) MBC registers Research Psychoanalysts (RPs), individuals who practice psychoanalysis for fees for no more than one third of the individual's total professional time (which includes time spent in practice, teaching, training or research). Why does MBC administer the RP registration program rather than the Board of Psychology, which oversees those practicing in psychology and has experience administering registration programs?

Staff Recommendation: The Committees should evaluate the implications of this transfer, including potential cost savings or other fiscal impacts and workload. MBC and the Board of Psychology should provide an update on any efforts to coordinate their work and oversight of those providing these services, including assurances that BPC Section 2529 limitations on practice are complied with. The Committees may wish to transfer registration of RPs to the Board of Psychology, which already successfully administers registration programs for individuals practicing psychology.

Board Response (April 2023):

The Board's revenue and expenditures related to the RP program are very low, with a total of 86 RPs as of June 30, 2022. The Board has received less than 10 initial registration applications during each of the prior six fiscal years and has taken no disciplinary action during that same timeframe. The Board has not needed to coordinate with the Board of Psychology in recent years related to the oversight of RPs but is prepared to collaborate on the transition of this program.

As provided for in BPC section 2529, in March 2023, the Board recognized the Hamburg (Germany) Research Psychoanalytic Institution as an approved research psychanalytic institution, authorizing eligible graduates to register as an RP.

Board Response (January 2027):

Effective January 1, 2025, the Board transferred the RP Program to the Board of Psychology (BOP) as required by SB 815 (Chapter 294, Statutes of 2023).

DRAFT

ISSUE #3: (LICENSED MIDWIVES.) MBC regulates licensed midwives but regulations to allow LMs to practice independently have stalled. What is the status of LM independent practice authority and what changes may be necessary to achieve the Legislature's intent?

Staff Recommendation: MBC should describe the potential impacts of creating a new, standalone board for a small licensing population, including all costs that would be necessary to establish an LM board. MBC should inform the Committees of any potential benefit to patients that this proposal would result in.

Board Response (April 2023):

Licensed midwives (LMs) have been independent practitioners since January 1, 2014, and are not subject to physician supervision. Consequently, they should not be licensed and regulated by the Board. An independent LM board will provide LMs input and control consistent with their practice act over their own licensing, regulatory, and enforcement decisions. In turn, this will likely elevate LM visibility and recognition for their importance in California as respected, qualified, independent healthcare providers.

Currently, the Board appoints members to the Midwifery Advisory Council, which is an advisory body to the Board on matters related to licensed midwifery, which often has vacant positions. An independent LM Board may be more successful in recruiting well-qualified members to apply for appointment, since as a board member, their participation will have a more direct impact on the profession and consumer protection.

The Board has been diligent in its licensing and disciplinary responsibilities and pursuing its mission protecting consumers related to the practice of licensed midwifery. A new LM board would also be able to handle these functions, thereby, at minimum, extending existing consumer protections.

When projecting the costs of a new licensing board, among other variables, consideration should be given to the number of board members (e.g., per diem and travel expenses), the salary range of an executive officer, pro rata payments to DCA, and necessary office lease expenses. In addition, enforcement expenses can vary from year to year.

Although the Board has not developed the above noted cost projections, for Fiscal Year 2021-2022, the Board had expenses of approximately $211,000 (excluding OAG and HQIU expenses) for shared licensing and administrative services performed on behalf of the licensed midwifery program.

DRAFT

Total LM related expenses continue to exceed the budgetary authority for, and revenue to, the LM fund. Accordingly, the LM fund will require a decrease in expenses or revenue increase to remain solvent.

Board Response (January 2027):

The Board continues to believe that LMs should be regulated by a separate board. As an interim step, the Board is requesting that the Legislature approve the creation of a committee within the Board to take over responsibility for regulating this profession. For more information on this proposal, see p. XXX of Section 10, New Issues.

Furthermore, the LM fund requires a substantial fee increase to remain solvent. For more information, see p. XXX of Part II, Midwifery Program.

ISSUE #4: (COMPLAINANT LIAISON.) Complaints are the heart of MBC's enforcement program. Delays in complaint processing can have grave effects on patients and the public and compound MBC's efforts to protect consumers. In consumer satisfaction surveys, MBC consistently receives unfavorable feedback and response for its handling of complaints. Questions have arisen for many years about the potential benefit to patients and the public if complaint information is made available, and the value for MBC to establish a formal program with dedicated staff and resources to assist patients as they navigate the enforcement process. Should MBC establish a dedicated ombudsperson or liaison unit to ensure that complainants are able to participate in the enforcement process?

Staff Recommendation: MBC should explain the steps necessary to effectively establish this program, including the role that any increased revenue would play in bringing this effort to fruition.

Board Response (April 2023):

As indicated in the Board's Sunset Report, a new Complainant Liaison Unit (CLU) is initially estimated to require up to four staff members at an annual cost of approximately $450,000. Until the Board's financial position improves, it would be impractical to add this new unit.

Therefore, the first step would be for the Legislature to approve a substantial fee increase so that the Board has sufficient annual revenue to meet its current and future expected financial obligations. After that point, and in consultation with the Department of Consumer Affairs and Department of Finance, a budget change proposal could be submitted for legislative approval to establish position and spending authority.

DRAFT

Once budget approval is secured, staff would begin recruiting for these positions and determine a process to obtain public input on the unit's operations. If the Legislature desires to have this unit established within a certain timeframe, it could add an appropriately worded statute into the Medical Practice Act.

Board Response (January 2027):

The CLU became operational in January 2025 and is intended to fulfill the requirements of BPC section 2024.5, related to supporting communication between the Board and complainants, and the requirements of BPC section 2220.1, related to interviews with complainants prior to closing quality-of-care complaints. In October 2026, Board staff initiated a survey to obtain feedback from complainants who interacted with the CLU staff.

Between January 2, 2025, and June 30, 2026, 2,051 complainants were invited to participate in interviews. As of June 30, 2026, the status of the 2,051 interview requests is as follows:

Interview Offered, awaiting response	61
Accepted and interview scheduled	8
Interview Declined	84
No Response from Complainant	567
Interview Conducted	1,331

Statistics on the CLU's performance are published in the enforcement program summary report in the quarterly Board meeting materials.

ISSUE #5: (FUND CONDITION AND FEES.) MBC continues to face insolvency, having relied on loans from various other state agencies to fund its operations. Fees were raised in 2021 but physician and surgeon fees were set almost $300 below what MBC requested, and what a third-party fee study identified as appropriate levels. Since then, costs have increased and now MBC has to pay back loans with interest.

Staff Recommendation: MBC should be provided increased revenues to ensure its fiscal stability and fund solvency. MBC should provide an update on the status of discussions with licensees and the Department of Finance to assist the Legislature in charting a course forward that allows MBC to have resources to conduct its important work.

DRAFT

Board Response (April 2023):

The Board agrees with the staff recommendation to increase Board revenue so that fiscal stability is restored, and fund solvency assured.

Since January 2020, after the Board published its fee study, the Board has had multiple discussions with various stakeholders on the need for substantial revenue increases to fortify the Board's financial position.

The Board appreciates the support of the Governor's Administration in this effort and DCA in particular, which collaborated with the Board prior to publishing its 2022 Sunset Report, to determine the physician and surgeon fee amounts necessary to meet the Board's financial obligations.

The Board appreciated hearing representatives from the medical community state their commitment to collaborate on solutions that will enable the Board to be fiscally solvent during the Board's March 17, 2023, sunset oversight hearing. The Board looks forward to working with stakeholders toward a sustainable funding solution.

Board Response (January 2027):

The Board greatly appreciates the necessary fee increases that were enacted during the Board's 2023 Sunset Review. The resulting increase in revenue, along with unscheduled reimbursements and lower-than-projected expenditures in certain years, enabled the Board to repay all loans to the Contingent Fund and to begin building a reserve.

To help ensure stability in the Board's finances, the Board continues to seek a statutory change so that it can have up to a two-year reserve (like many other licensing boards). For more information, please see p. XXX of Section 10, New Issues.

ISSUE #6: (APPLICATION INQUIRIES.) Does asking applicants about physical or mental health conditions potentially prevent them from seeking important and necessary treatment?

Staff Recommendation: MBC should inform the Committees about the usefulness of inquiring at the time of application and the impact of applicants being asked about their behavioral health.

DRAFT

Board Response (April 2023):

In 2019, the Board updated licensing application questions to address concerns that they were overly intrusive. Following those changes, the Board was one of 21 medical boards to be named a "WellBeing First Champion" by the Dr. Lorna Breen Heroes Foundation. This initiative recognizes medical boards that prioritize clinician well-being by removing overly broad and invasive mental health questions.

The Board's current application asks three questions on its physician applications to learn about any current conditions that are impairing their ability to practice medicine safely. If the applicant indicates that they have such a condition, including that they are currently enrolled in a substance abuse program, the Board will attempt to evaluate their circumstances to determine whether any licensing restrictions are necessary to help ensure their safe practice, including the option of a Limited Practice License. The Board's application questions are specifically limited to conditions that impair their ability to practice medicine safely, including substance use disorder, and not the sole existence of a condition.

The Board does not issue licenses by specialty, so a full and unrestricted Physician's and Surgeon's License permits a licensee to practice medicine in all specialties and modalities authorized under the Medical Practice Act. In pursuit of the Board's mission to protect consumers, the Board must ensure all applicants are thoroughly evaluated to identify potential risks to public safety and institute appropriate licensing safeguards.

The Board is developing an educational webpage with the following goals:

- Encourage applicants and licensees to seek mental health treatment whenever they believe it will be helpful to them.
- Explain the purpose of the application questions related to impairment.
- Explain the Board's process to consider whether the applicant's condition may affect the applicant's ability to safely practice.

Board Response (January 2027):

The Board has continued its work to address concerns related to the topic of licensee impairment and has received additional awards from The ALL IN: Wellbeing First for Healthcare Coalition due to the Board's efforts to reduce stigma and support healthcare providers seeking mental health treatment.

In May 2024, the Board adopted a Support position on AB 2164 (Chapter 952, Statutes of 2024), which generally prohibits the Board from requiring a physician

DRAFT

applicant to disclose conditions or disorders that do not impair their ability to practice medicine safely. The Board President appointed a task force of two Board members to consider updates to the relevant wording on the initial license application.

In July 2024, that task force held a public meeting to hear presentations and recommendations from officials from the Federation of State Medical Boards, the North Carolina Medical Board, and the State Medical Board of Ohio on this topic. Public attendees offered comments on the Board's then-current application questions. In August 2024, consistent with the requirements of AB 2164, the Board approved an updated introductory statement and revised health questions for its initial license applications.

Relatedly, in 2024, the Board directed staff to develop a legislative proposal to authorize the Board to establish a physician health and wellness program consistent with national best practices that would help to prevent patient harm due to physicians who have an impairing health condition. AB 408 (Berman, 2025) included the Board's proposal which was not approved by the Legislature. The Board maintains that this proposal will significantly advance public protection and requests its adoption during the 2027 Sunset Review. For more information, see p. XXX of Section 10, New Issues.

ISSUE #7: (POSTGRADUATE LICENSE.) MBC issues a license to physicians enrolled in residency programs, an effort MBC began exploring and working on in 2016-17 in order to ensure that this category of physicians have met certain educational and training requirements, with the goal of simplifying licensing processing for these physicians as they progress through national examination requirements. The initial effort was delayed until 2020 and now, physicians must complete 3 years of postgraduate training in order to have their license renewed.

Staff Recommendation: The Committees may wish to consider changes to the Act in order to create efficiencies in the PTL licensing process.

Board Response (April 2023):

As noted in the background paper, the Board has proposed multiple substantive and technical statutory changes to PTL statutes that will provide flexibility to the Board and applicants during the application process, without reducing consumer protection. Those proposals are detailed in the Board's Sunset Report, beginning on p. 181.

In addition, during their March 23, 2023, meeting, the Board approved a proposal that would require the Board to issue a PTL for 36 months, rather than the current 15/27-month timeframe. This furthers the Board's Sunset Report

DRAFT

proposal on p. 181 titled ***Reexamining Postgraduate Training License Expiration Timeframes*** and is expected to support the continuity of care for patients being treated by physicians in a residency program.

The Board requests that the Legislature approve its PTL-related proposals.

Board Response (January 2027):

During the Board's 2023 Sunset Review, SB 815 made the following licensure policy changes related to the Board's requests:

- BPC section 2064.5(b) was amended to state that all PTL's issued after January 1, 2020, are valid for 36 months.
- BPC section 2065 was amended to allow an approved medical school graduate enrolled in an authorized training program to participate in guest rotations in California for up to 90 days without a California license, as specified. Certain postgraduate training requirements were recast and cross referenced to BPC section 2096 (which was also recast and included a clarification of the names of the organizations authorized to approve Board-recognized training). Further, these updates allow the Board to extend a PTL's expiration date beyond 36 months so that the physician may receive the training required to qualify for a physician's and surgeon's license.
- BPC section 2097 was updated to eliminate the requirement for a physician to receive 24 months of training in the same program and to exempt various special permit holders from the requirement to obtain 36 months of approved post graduate training prior to initial license renewal. The amendments to this section also recast the post graduate training requirements for PTL holders enrolled in an approved oral and maxillofacial surgery training program. The changes to this section also eliminated the requirement to obtain postgraduate training in California.

Relatedly, at the request of the Board, SB 1451 (Chapter 481, Statutes of 2024) added BPC section 2097.5 to allow a physician's and surgeon's licensee to initially renew their license without receiving credit for 36 months of approved training if they are enrolled in a board-approved training program at the time their license expires, as specified.

ISSUE #8: (MEXICO PILOT PROGRAM.) Legislation passed in 2002 established a pilot program aimed at addressing primary care and dental practitioner shortages by authorizing MBC and the Dental Board of California to issue licenses for three years to physicians and dentists from Mexico who meet specified criteria. What steps has MBC taken since 2003 to put the program in

DRAFT

place? What is the status of the effort to better serve limited English proficient Californians?

Staff Recommendation: MBC should advise the Committees of any statutory changes necessary to the Act and comments about the proposal from Mexico Pilot Program participants and supporters.

Board Response (April 2023):

Mexico Pilot Program (MPP) advocates informed the Board that several MPP applicants are unable to obtain a visa to enter the U.S. because they lack an MPP license. Further, because these applicants lack an individual taxpayer identification number or social security number (SSN) (which may be obtained during the visa approval process), BPC section 30 prevents them from obtaining an MPP license.

Accordingly, to further the purposes of this ongoing program, the Board adopted a Support position on AB 1395. This bill would require the Board to issue an MPP license to otherwise qualified applicants but would not authorize them to practice medicine until they provide their SSN to the Board.

Further, the Board is collaborating with MPP advocates on a legislative solution that would authorize the Board to grant a one-time extension of the expiration date of an MPP license who was unable to practice medicine for more than 30 consecutive business days under certain circumstances (e.g., awaiting a federal visa). Board staff are working productively with MPP advocates to finalize language for possible Board support at an upcoming public meeting.

Board Response (January 2027):

AB 1395 (Chapter 205, Statutes of 2023) was urgency legislation supported by the Board that requires the Board to issue a license to MPP applicants without a social security number (SSN) or individual tax identification number, as specified. Prior to being granted authority to practice medicine, however, these individuals must provide their SSN to the Board within 10 days of receipt of their SSN.

SB 815 of 2023 authorized the Board to extend the expiration date of an MPP license, based on certain delays the licensee has faced, if they were unable to practice medicine more than 30 consecutive business, as specified. The Board supported this change.

DRAFT

AB 2864 (Chapter 247, Statutes of 2024) authorized extending an MPP license expiration date for a period of three years from their current expiration date, as specified. The Board supported this legislation.

AB 2860 (Chapter 246, Statutes of 2024) extended the program until 2045 and authorized increasingly larger cohorts of licensees, including a specified number of psychiatrists. The Board began receiving new applications in late 2025 and issued the first licenses in early 2026. The Board supported this legislation.

SB 1311 (Chapter 232, Statutes of 2026) updated the primary application window for the current program applicants and corrected a drafting error relating to a passing score for a certain English competency examination. The Board supported this change.

ISSUE #9: (MANDATORY REPORTING.) MBC receives reports related to physicians from a variety of sources. These reports are critical tools that ensure MBC maintains awareness about its licensees and provide important information about licensee activity that may warrant further MBC investigation. Is current law sufficient regarding mandatory reporting of physician practice and conduct by health facilities to the Medical Board of California?

Staff Recommendation: MBC should provide an update on the potential patient safety benefit these changes may result in. The Committees may wish to amend the Act to provide MBC additional information about licensees.

Board Response (April 2023):

As discussed in the Board's Sunset Report on p. 176, the Board believes that current law is not sufficient to help ensure the Board is made aware of instances when a physician may have acted in an unprofessional manner.

Expanding the current reporting requirements to include any discipline or practice limitations imposed by an employer or contractor upon a physician due to a medical disciplinary cause or reason will allow the Board to take corrective action with a licensee at an earlier time, without waiting for a harmed consumer to file a complaint.

Board Response (January 2027):

The Legislature did not act on this request during the Board's prior Sunset Review.

DRAFT

For the Board's 2027 Sunset Review, the Board has proposed a statute change related to reports to the Board that are mandated pursuant to BPC sections 805 and 805.1. Specifically, this proposal would require peer review bodies to provide a full and unredacted copy of the records described in BPC section 805.01(c) that are related to their formal investigation at the time of filing the required report with the Board. For more information, please see p. XXX of Section 10, New Issues.

ISSUE #10: (EVIDENTIARY STANDARD.) MBC is held to a burden of proof standard in its disciplinary cases that it states is higher than what is required in the vast majority of states and other jurisdictions. Should the MBC evidentiary standard be updated from "clear and convincing" to "preponderance of evidence"?

Staff Recommendation: MBC should provide the Committees an update on discussions with partners in its disciplinary process, including HQIU, OAG, and others about transitioning to a new standard. The Committees should evaluate the feasibility and merit of making this change to apply a preponderance of evidence standard, and whether a clear and convincing standard should always be applied to cases resulting in significant patient harm that would be the cause for license revocation.

Board Response (April 2023):

The Board currently evaluates any acquired evidence of unprofessional conduct for each case on an individual basis. Therefore, if the Legislature reduces the burden of proof required for disciplinary action, the Board anticipates following its typical investigative and prosecutorial practices but may be expected to act on cases that otherwise must be closed.

It is not clear to the Board how to apply a variable standard of proof that depends on the severity of discipline to be imposed. The Board does not begin an investigation with a certain disciplinary outcome in mind. However, the Arizona Medical Board uses a preponderance of evidence standard for sexual misconduct cases, regardless of the disciplinary action to be taken, but requires clear and convincing evidence for other types of cases.

HQIU and OAG are aware of this proposal and the Board is not aware of any implementation concerns should this be enacted into law.

Board Response (January 2027):

This proposal was not adopted during the Board's prior Sunset Review, and the Board is not currently pursuing this proposal.

DRAFT

ISSUE #11: (NOTICE OF SUBSEQUENT ARRESTS.) Does the Act need to be amended to ensure MBC is receiving timely information about licensees?

Staff Recommendation: MBC should update the Committees on this effort, the impact to MBC enforcement work anticipated through receipt of this additional information, and what steps are necessary for MBC to receive important information about its licensees.

Board Response (April 2023):

The Board is currently in discussions with DCA and DOJ on appropriate statutory language necessary to ensure that the Board receives federal subsequent arrest and conviction reports. The Board already receives reports on its licensees related to their subsequent arrests and convictions that occur in California.

Once the Board can confirm the language that will meet federal requirements, it will be provided to the Legislature for inclusion in the Board's sunset legislation.

After the Medical Practice Act has been appropriately amended, it is expected that the Board will be enrolled in the FBI's Criminal Justice Information Services Rap Back program and begin to receive additional arrest and conviction reports for all individuals licensed after January 1, 2024.

The Board has not studied the impact of this change on its enforcement program and DOJ is required to provide this information to the Board pursuant to Penal Code section 11105.2.

Board Response (January 2027):

SB 160 (Chapter 113, Statutes of 2025) updated the Medical Practice Act to include language intended to authorize the Board's licensees to be enrolled in the FBI Rap Back program. According to DOJ, the FBI's review of these statutes to determine whether the relevant federal requirements have been met is pending.

ISSUE #12: (LETTER OF ADVICE.) At MBC's request, SB 806 included authority for MBC to issue an administrative confidential letter of advice to a licensee to resolve a complaint for an alleged minor violation of the Act that is not related to patient care. MBC believes this language is too restrictive and would like additional authority.

Staff Recommendation: Substituting a robust enforcement process for issuance of a letter by MBC staff was the source of concern throughout MBC's prior sunset review oversight and led to the limitation on use of this tool. MBC should provide

DRAFT

redacted examples of the types of enforcement cases it believes this letter should be utilized for and should provide justification as to how this benefits patients and the public.

Board Response (April 2023):

If the Board determines that a physician has violated the standard of care, but there is not enough evidence to meet the legal requirements to take disciplinary action, the Board may currently issue the licensee an educational letter. Such letters are advisory in nature and while the letter may suggest that the physician take a certain continuing education course, the suggestion is not binding and is unenforceable.

The letter of advice would provide the Board with another tool to resolve minor matters and would allow the Board to collaborate with the licensee and form a binding agreement to take action that would remediate the issue at hand. This would offer the Board, like other states, another pathway to resolve minor matters that do not meet the requirements for discipline.

Attached to this response is a redacted example of the educational letter referenced above.

Board Response (January 2027):

The Legislature did not revise the authority to issue a confidential letter of advice, as requested in the Board's 2022 Sunset Report and the Board has not promulgated regulations on this topic.

ISSUE #13: (ACCESS TO PERSONAL INFORMATION CONTAINED IN ENFORCEMENT FILES.) Should MBC be authorized to provide consumers a copy of their medical records obtained during an investigation?

Staff Recommendation: Particularly given MBC's fiscal concerns, MBC should provide additional information about the increased workload this change could result in and its goals if granted this authority. MBC should explain what impact this might have on various proceedings and the rationale that led to this request, for example, if MBC is aware of altered patient records that affect the individual's care and well-being.

Board Response (April 2023):

This proposal is intended to help consumers who are concerned that their provider may have altered their medical records or who are otherwise unable to obtain records from a health care provider or facility. This proposal may help a

DRAFT

consumer pursue a complaint with the Board or a civil action against a provider. In Fiscal Year 2020-21 and Fiscal Year 21-22, the Board received 53 and 42 complaints, respectively, related to altered medical records.

The Board anticipates that it may receive an influx of requests for records after such a law takes effect, which may subside after the first year of implementation. Depending upon request volume, the Board may require additional staff to process these requests.

In addition to possible new staff, to help ensure that the Board can manage its costs and workload related to this new service, the Board suggests the Legislature include the following in any enacted statute:

- Provide for a delayed implementation of this requirement to allow the Board time to establish appropriate procedures.
- Limit the applicability of this authority to complaints filed after the implementation date of the authority.
- Clarify that the Board may only provide records to the extent they are maintained by the Board pursuant to its records retention schedule.
- Authorize the Board to charge a fee commensurate with any staff time and reproduction costs associated with producing the requested records.
- Provide a 30-day suggested timeframe for the Board to provide the requested records, following receipt of payment. When necessary, allow the Board to provide the requested records in a timeframe determined by the Board, as staff resources allow.
- Authorize the Board to produce the records in the format most convenient to the Board and that meets the Board's security requirements.
- In situations where the Board receives a request for a large volume of records maintained by the Board in a paper format, authorize the Board to require the requestor to hire a mobile copy service to come to the Board's office(s) to make the appropriate copies.

Board Response (January 2027):
This proposal was not adopted during the Board's prior Sunset Review, and the Board is not pursuing this proposal at this time.

ISSUE #14: (TIMEFRAME TO REQUEST PROBATION MODIFICATION.) MBC believes its resources and time are potentially inefficient in processing multiple requests for licensure reinstatement or probation modification after MBC has already imposed discipline. Should the timeframes be adjusted?

Staff Recommendation: The Committees may wish to amend the Act to ensure that its resources and time are not expended on proceedings that may not change a particular prior disciplinary outcome.

DRAFT

Board Response (April 2023):

The Board requests the Legislature approve this proposal, which is discussed on pp. 177-178 in the Board's Sunset Report.

Board Response (January 2027):

During the Board's 2022 Sunset Review, the Legislature approved the Board's request to amend BPC section 2307 to require an individual to wait up to five years before they may submit a petition seeking reinstatement of their license. Further, this updated law requires a licensee to wait two years, or after more than one-half of their probation term has expired, whichever is greater, before they may submit a petition to terminate their probation early. In addition, those amendments require the Board to automatically reject a petition for early termination or modification of probation if the Board has filed charges to revoke their probation. Finally, the revised BPC section 2307 authorizes the Board to immediately reject any petition that was submitted less than three years after the Board denied a prior petition.

ISSUE #15: (ENFORCEMENT ENHANCEMENTS.) MBC believes that various enhancements to the Act are necessary for MBC to ensure public protection and continues to request updates to the Act accordingly.

Staff Recommendation: The Committees may wish to amend the Act to ensure MBC has the necessary tools to take swift action.

Board Response (April 2023):

The Board requests the Legislature approve its various enforcement proposals, which are discussed on pp. 170-181 in the Board's Sunset Report.

Board Response (January 2027):

SB 815 of 2023 enacted several additional enforcement changes related to the Board's requests in its 2022 Sunset Report:

- BPC section 2224 was amended to authorize the Board's executive director to adopt a decision related to an automatic license revocation.
- BPC section 2225.5 was amended to require that the statute of limitations on a case shall be tolled related to a Board's enforcement of a subpoena for medical records, as specified.

DRAFT

- BPC section 2225.7 was added to compel a licensee of the Board of Pharmacy to provide requested records to the Board within specified timeframes.
- BPC section 2234 was amended to generally require a licensee to attend and participate in an interview with the Board within 30 calendar days. Further, the amendments state that it is unprofessional conduct for a licensee to attempt to cause a patient to rescind a release for medical records to the Board or attempt to prevent any person from making a report to the Board or testifying about a licensee, as specified.
- BPC section 2266 was amended to clarify that a physician must maintain adequate and appropriate medical records relating to their patients for at least seven years after the last date of service.
- BPC section 2334 was amended to require the Board and a respondent physician to exchange expert testimony information, as defined, no later than 90 days before the originally scheduled commencement date of a hearing, as specified.

ISSUE # 16: (ENFORCEMENT MONITOR.) SB 806 required an independent enforcement monitor to review MBC enforcement processes, an effort previously undertaken 20 years ago. What were the findings from the preliminary report?

Staff Recommendation: The Committees should explore options for reform to MBC processes and should continue to track the monitor's work. The Committees may wish to explore potential improvements to enforcement outcomes that could be gained if MBC investigators are again housed at MBC. The Committees may wish to review whether MBC cases should continue to be prosecuted by OAG or if an alternative path exists.

Board Response (April 2023):

The Board has not yet discussed the Enforcement Monitor's initial report, but the report clearly underscores the need for the Board to have sufficient and stable funding. The report does not suggest that the Board should discontinue its partnership with the OAG. Overall, the Board has an excellent relationship with the OAG and appreciates the services the OAG provides. The hourly rates charged by the OAG could not be compared to any other option based upon the OAG's extensive level of expertise and experience in addressing the Board's cases. The Board looks forward to discussing this report during its May 18-19 meeting and reviewing the Enforcement Monitor's final report, which is expected by July 2023.

DRAFT

Board Response (January 2027):

The Enforcement Monitor's final report was issued in August 2023 and presented to the Board at its December 2023 meeting. The Board's most recent comments on, and implementation related to, the Enforcement Monitor's recommendations are included in the meeting materials for Agenda Item 6C, Executive Management Report, of the November 19-20, 2026, Quarterly Board Meeting.

ISSUE #17: (TECHNICAL CHANGES MAY IMPROVE EFFECTIVENESS OF THE MEDICAL PRACTICE ACT AND MBC OPERATIONS.) There are amendments to the Act that are technical in nature but may improve MBC operations and the enforcement of the Medical Practice Act.

Staff Recommendation: The Committees may wish to amend the Act to include technical clarifications.

Board Response (April 2023):

The Board requests the Legislature approve its various technical licensing proposals, which are discussed on pp. 182-186 in the Board's Sunset Report.

Board Response (January 2027):

The technical licensing proposals requested by the Board that were enacted in the 2023 Sunset Review are described in the response for Issue #7.

ISSUE #18: (CONTINUED REGULATION BY MEDICAL BOARD OF CALIFORNIA.) Should the licensing and regulation of physicians and surgeons and other allied health professionals be continued and be regulated by the current MBC membership?

Staff Recommendation: The MBC should be continued, and reviewed again on a future date to be determined.

Board Response (April 2023):

The Board agrees with the staff recommendation that the Board should be continued and requests that its sunset date be extended by a four-year period. The Board, however, reasserts its request for research psychoanalysts to be transferred to the Board of Psychology and for licensed midwives to have their own board.

Board Response (January 2027):

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The Board believes that it should continue pursuing its consumer protection mission, with appropriate statutory changes, and be extended for a four-year period.

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