MEDICAL BOARD OF CALIFORNIA - 2020 TRACKER LIST
August 12, 2020

BILL	AUTHOR	TITLE	STATUS	POSITION	AMENDED
AB 890	Wood	Nurse Practitioners: Scope of Practice: Practice Without Standardized Procedures	Sen. Approps	Oppose	8/6/20
AB 1710	Wood	Pharmacy Practices: Vaccines	Sen. Approps		7/02/20
AB 2004	Calderon	Medical Test Results: Verification Credentials	Sen. Approps Hearing 8/13/20		6/29/20
AB 2239	Maienschein/Chu	Health Care: Physician Loan Repayment	Assm. Health	Support	3/12/20
AB 2273	Bloom	Physicians and Surgeons: Foreign Medical Graduates: Special Faculty Permits	Sen. Approps	Oppose	8/11/20
AB 2478	Carrillo	International Medical Graduates: Study	Sen. Approps Hearing 8/13/20	Oppose	2/19/20
AB 2983	Holden	Pharmacies: Automatic Refills	Sen. BP&ED		7/16/20
SB 1237	Dodd	Nurse-Midwives: Scope of Practice	Assm. Approps	Support	7/27/20
SB 1474	Sen. BP&D Cmte.	Business and Professions	Assm. Approps		8/10/20

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	AB 890
AUTHOR:	Wood
BILL DATE:	August 6, 2020, Amended
SUBJECT:	Nurse practitioners: scope of practice: practice without standardized procedures
SPONSOR:	Author
POSITION:	Oppose

DESCRIPTION OF CURRENT LEGISLATION:

Creates two pathways for nurse practitioners (NP) licensed by the Board of Registered Nursing (BRN) to practice without the supervision of a physician and surgeon, as specified. Establishes the Nurse Practitioner Advisory Committee (Committee) to advise BRN on all matters related to NPs, including on disciplinary matters.

RECENT AMENDMENTS:

Following the Medical Board of California's (Board) May 2020 meeting, AB 890 was amended, as follows:

- Establishes the Committee within BRN (no longer as a separate licensing board)
- Updates the requirements for an NP to qualify to practice independently and when Advanced Practice Nurse Practitioners (APNP) must consult with, or refer a patient to, a physician.
- Excludes correctional treatment centers and state hospitals, and adds home health agencies and hospice facilities, as authorize settings for certain NPs to practice independently.
- Clarifies certain diagnostic procedures that may be ordered by an NP practicing independently.

On Saturday, August 8, the Senate Business, Professions, and Economic Development Committee approved the bill with the following amendments that are not yet in print:

- Require the national certification that certain NPs must hold be from an accredited body and that BRN shall approve boards that meet quality standards.
- Require NPs practicing independently and APNPs to post a notice in a conspicuous location that they are licensed and regulated by BRN.

These amendments further the goals of the bill and do not address the Board's concerns with granting NPs authority to practice without physician supervision.

BACKGROUND:

Existing law provides for the regulation and licensure of the practice of nursing by BRN under the Nursing Practice Act (Act). Existing law defines the nursing scope of practice, in general, as functions, including basic healthcare, that help people cope with or treat difficulties in daily living that are associated with their actual or potential health problems or illness, and that require a substantial amount of scientific knowledge or technical skill.

Existing law defines “standardized procedures” as either of the following: policies and protocols developed by a licensed health facility through collaboration among administrators and health professionals including physicians and nurses; and policies and protocols developed through collaboration among administrators and health professionals, including physicians and nurses, by an organized health care system that is not a licensed health facility.

Existing law provides for the additional certification of registered nurses as NPs and specifies requirements and conditions of the certification.

ANALYSIS:

This bill would create a two-tier framework in statute to authorize NPs to practice without the supervision of a physician and surgeon if they meet certain educational, training, or examination requirements.

The first tier authorizes an NP to practice independently (referred to in this analysis as an “independent NP”) in specified settings if they meet certain requirements. The second tier would require BRN to license an NP (referred to in this analysis as an APNP) to practice outside those settings, if they meet additional requirements.

Independent NPs and APNPs shall maintain professional liability insurance appropriate for their practice setting. The bill prevents facilities from interfering with, controlling, or directing the professional judgment of these professionals and extends certain statutes to them that ban the corporate practice of medicine.

In addition, they shall refer a patient to a physician or other licensed health care provider if a situation or condition of a patient is beyond the scope of their education and training. APNPs may not practice beyond their scope of clinical and professional education and training, within the limits of their knowledge, experience, and national certification.

The bill extends the peer review requirements in Business and Professions Code sections 805 and 805.5 to NPs, as specified.

Requirements to be an Independent NP

To transition to practice as an independent NP, NPs would have to meet certain clinical experience and mentorship requirements, as established by BRN regulations, including the following:

- Pass a national NP board certification exam and holds an NP certification from a national body recognized by BRN
- Provide documentation that their education and training was consistent with BRN's established clinical practice requirements.
- Complete three years of full-time practice or 4600 hours

Authorized Services and Functions for Independent NPs

In addition to other practices authorized by law, an independent NP may do the following without standardized procedures (in the settings discussed below) in accordance with their education and training:

- Conduct an advanced assessment
- Order, perform, and interpret diagnostic procedures, as specified
- Establish primary and differential diagnoses
- Prescribe, order, administer, dispense, and furnish therapeutic measures, as specified
- Certify disability, following a physical examination
- Delegate tasks to a medical assistant

Practice Settings for Independent NPs

Independent NPs who meets the above requirements may practice without standardized procedures in the following settings or organizations in which one or more physicians or surgeons are practicing:

- Outpatient clinics
- Various locations including hospital, skilled nursing, county medical, hospice, and congregant care facilities (except for correctional treatment centers or state hospitals), as specified
- Medical group practices and home health agencies

Licensure of APNPs

Beginning January 1, 2023, BRN would be required to issue a certification to an NP to practice as an APNP <u>outside</u> of the settings and organizations discussed previously in this analysis, if the NP meets the following additional requirements:

- Holds a valid and active registered nurse license by BRN and a master's degree in nursing or in a clinical field related to nursing or a doctoral degree in nursing (DNP).
- Has practiced as an NP in good standing for at least three years, as specified. BRN may lower this requirement for an NP holding a DNP.

APNPs shall consult with a physician under the following circumstances:

- Emergent conditions requiring prompt medical intervention
- Acute decompensation of patient situation
- Problems not resolving as anticipated
- History, physical, or lab findings inconsistent with the clinical perspective
- Upon request of patient

APNPs shall establish a plan for referral of complex medical cases and emergencies to a physician or other provider that address the following:

- Situations beyond the competence, scope of practice, or experience of the NP
- Patient conditions failing to respond to the management plan as anticipated
- Patients with acute decomposition or rare conditions
- Patient conditions that do not fit the commonly accepted diagnostic pattern for a disease or disorder
- All emergency situations after initial stabilizing care has been started

BRN shall conduct an occupational analysis by January 1, 2023 and consider whether a supplemental examination is necessary assess the competencies of independent NPs and APNPs, as specified.

FISCAL: None

SUPPORT: AARP; Alliance of Catholic Health Care, Inc.; American Nurses Association/California; Anthem Blue Cross; Association of California Healthcare Districts; Association of Community Human Service Agencies; Association of Physician Groups; California Alliance of Child and Family Services; California Association of Clinical Nurse Specialists; California Association for Health Services at Home; California Association for Nurse Practitioners; California Hospital Association; California Naturopathic Doctors Association; California State Council of Service Employees; Casa Pacifica; Congress of California Seniors; Engineers and Scientists of California Local 20, IFPTE AFL-CIO & CLC; Essential Access Health; Hathaway Sycamores; Mental Health Association in California; Providence St. Joseph; Steinberg Institute; Western University of Health Sciences; and Numerous Individuals, including licensed NPs **[partial list]**

OPPOSITION: American Congress of Obstetricians & Gynecologists – District IX; American Society of Plastic Surgeons; American Society of Radiologic Technologists; California Chapter American College of Cardiology; California Chapter of the American College of Emergency Physicians; California Medical Association (unless amended); California Rheumatology Alliance; California Orthopedic Association; California Society of Plastic Surgeons; Physicians for Patient Protection; Osteopathic Physicians and Surgeons of California; San Diego Psychiatric Society; Union of American Physicians and Dentists; and Numerous Individuals **[partial list]**

ATTACHMENT: AB 890, as amended, Wood. Nurse Practitioners: Scope of Practice: Practice Without Standardized Procedures.
Version: 08/06/20 – Amended Senate

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 1710
AUTHOR: Wood
BILL DATE: July 2, 2020, Amended
SUBJECT: Pharmacy Practice: Vaccines
SPONSOR: California Pharmacists Association

DESCRIPTION OF CURRENT LEGISLATION:

This bill would allow authorized pharmacists to independently initiate and administer any vaccine approved by the federal Food and Drug Administration (FDA) to persons three years of age or older.

On Saturday, August 8, the Senate Business, Professions, and Economic Development Committee approved this bill with an amendment to limit the scope of the expanded authority to administer COVID-19 vaccines. As of Tuesday, August 11, the bill has not been amended.

BACKGROUND:

Under current law, pharmacists who meet certain requirements may independently initiate and administer to persons three years of age or older vaccines listed on the routine immunization schedules recommended by the federal Advisory Committee on Immunization Practices (ACIP), in compliance with individual ACIP vaccine recommendations, and published by the federal Centers for Disease Control and Prevention (CDC).

According to the CDC website, ACIP provides advice and guidance to the director of the CDC regarding use of vaccines and related agents for control of vaccine-preventable diseases in the civilian population of the United States.

Under current law, to be authorized to independently initiate and administer a vaccine, a pharmacist shall do all the following:

1. Complete an immunization training program endorsed by the CDC or the Accreditation Council for Pharmacy Education that, at a minimum, includes hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition and treatment of emergency reactions to vaccines, and shall maintain that training.

2. Be certified in basic life support.

3. Comply with all state and federal recordkeeping and reporting requirements, including providing documentation to the patient's primary care provider and entering information in the appropriate immunization registry designated by the immunization branch of the State Department of Public Health.

A pharmacist administering these immunizations may also initiate and administer epinephrine or diphenhydramine by injection for the treatment of a severe allergic reaction.

The Medical Board of California (Board) supported the 2013 legislation that granted the current vaccine administering authority to pharmacists, as discussed above.

Current law also allows a pharmacist to administer immunizations pursuant to a protocol with a subscriber.

ANALYSIS:

According to the sponsor, "Because of the COVID-19 pandemic, the FDA and manufacturers are working to have an approved vaccine by the end of 2020/early 2021. To ensure the safe and complete reopening of the state's economy, it is extremely important that the vaccine [is] quickly deployed and available to California residents. Unless the law is changed, pharmacists will not be able to administer until it has been recommended by ACIP, a process that takes at least six months after FDA approval."

While the stated intent of AB 1710 is to speed access to a future COVID-19 vaccine, the authority granted by the bill is not limited to a COVID-19 vaccine. Rather, it would grant a pharmacist authority to independently initiate and administer any FDA-approved vaccine to persons aged three and older.

According to media reports, numerous COVID-19 vaccines are under various stages of development and clinical trials. As there is currently no approved vaccine, contraindications and the risk of adverse effects, are not currently known.

While the bill would undoubtedly hasten the administering of a COVID-19 vaccine, the Board may wish to consider whether the benefit to public health outweighs potential consumer risk.

FISCAL: There are no Board costs.

SUPPORT:
California Pharmacists Association (Sponsor)
American GI Forum Education Foundation of Santa Maria
California Board of Pharmacy
California Chronic Care Coalition
California Hospital Association
California Retailers Association
National Association of Chain Drug Stores

California Society of Health-System Pharmacists
Infectious Disease Association of California
Liver Coalition of San Diego
National Multiple Sclerosis Society
Osteopathic Physicians and Surgeons of California
[partial list]

OPPOSITION: A Voice for Choice Advocacy

ATTACHMENT: AB 1710, as amended, Wood. Pharmacy Practice: Vaccines.
Version: 7/02/20 – Amended Senate

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	AB 2004
AUTHOR:	Calderon
BILL DATE:	June 29, 2020, Amended
SUBJECT:	Medical Test Results: Verification Credentials
SPONSOR:	Blockchain Advocacy Coalition

DESCRIPTION OF CURRENT LEGISLATION:

This bill would require the Medical Board of California (Board) to implement a pilot project to explore and develop methods to provide secure, private, and portable access to COVID-19, and other, test results using blockchain technology. Creates certain related requirements for the Department of Consumer Affairs (DCA).

On Saturday, August 8, in a hearing of the Senate Business, Professions, and Economic Development Committee, the author indicated his intention to amend the bill so that the California Government Operations Agency, not the Board, is responsible for this program. In light of this change, staff recommend the Board adopt an Oppose Unless Amended position, contingent upon the bill being amended, as proposed.

BACKGROUND:

Existing law establishes the Board and charges it with certain licensing and enforcement responsibilities. Existing law states that the protection of the public is the Board's paramount priority.

According to the California Blockchain Working Group[1], "'blockchain' is a domain of technology used to build decentralized systems that increase the verifiability of data shared among a group of participants that may not necessarily have a pre-existing trust relationship."

ANALYSIS:

According to the author:

> "The COVID-19 crisis has upended California's economy, shuttered businesses and schools, and drastically affected Californian's daily lives. One of the biggest contributing factors to the disruption caused by COVID-19 is the uncertainty

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[1] California Blockchain Working Group report – "Blockchain in California: A Roadmap," July 1, 2020, p. 3.

> around who may be infected by the virus, stemming from the inability to authentically verify COVID-19 test results in a safe, efficient and secure way.
>
> AB 2004 offers a solution to this problem by authorizing the use and guiding the implementation of verifiable health credentials (VHCs) for communicating healthcare records. This bill would authorize licensed healthcare workers to provide COVID-19 test results in VHC form when requested by the patient, and would direct the [Board] to develop a pilot program to develop best practices for VHCs that focus on consumer privacy and protection."

AB 2004 defines VHCs as, "a portable electronic patient record issued by an authorized health care provider to a patient or patient's personal representative…, for which the authenticity of the record can be independently verified cryptographically."

This bill would require the Board to establish a pilot program to explore methods of using VHCs to communicate COVID-19 and other medical test results in this state. The pilot program shall develop methods, using a "verifiable credential model" to provide access to test results and develop best practices to implement this technology in a manner that prioritizes privacy of personal information and equitable access.

To do so, the Board shall convene a working group composed of representatives of the public and private sectors, including:

- State health-related agencies
- Health care providers
- Privacy and civil liberties groups
- Independent nonprofit or not-for-profit information technology groups with specific expertise in the development and use of verifiable credentials
- A business based in California that offers services centered on the provision and authentication of verifiable credentials

The bill states that DCA shall maintain sole jurisdiction over the authorization of health care providers for the issuing of verifiable health credentials pursuant to the pilot program, and shall establish procedures to authorize issuers of verifiable health credentials, including developing and maintaining a verifiable issuer registry, as defined.

Implementation Challenges

It is unclear how this bill relates to the Board's mission "to protect health care consumers through the proper licensing and regulation of physicians and surgeons and certain allied health care professionals and through the vigorous, objective enforcement of the Medical Practice Act, and to promote access to quality medical care through the Board's licensing and regulatory functions."

According to the author's office, this bill is modeled after a 2007 bill (AB 329, Nakanishi, Chapter 386) that authorized the Board to establish a pilot program to expand the

practice of telemedicine in this state related to chronic disease management. The Board sponsored AB 329 and funded a University of California, Davis program pertaining to Type II Diabetes. Further, according to meeting minutes, the Board hired an employee whose responsibilities included managing that contract.

Due to the Board's lack of expertise in blockchain technology, and the related matters discussed in the bill, the Board would likely have to contract out with another organization to support the implementation effort.

Although the pilot project has a statewide benefit, the Board's applicants and licensees would bear the associated costs to develop and implement the program.

FISCAL: Significant, unknown costs of potentially hundreds of thousands of dollars, or more, to contract with an appropriate organization to support the Board's role.

SUPPORT: Blockchain Advocacy Coalition (Sponsor)
MedCreds

OPPOSITION: ACLU of California
Electronic Frontier Foundation

POSITION: Recommendation: Oppose Unless Amended

ATTACHMENT: AB 2004, as amended, Calderon. Medical Test Results: Verification Credentials.

Version: 06/29/20 – Amended Senate

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 2239
AUTHOR: Maienschein
BILL DATE: March 12, 2020, Amended
SUBJECT: Health care: physician loan repayment
SPONSOR: California Psychiatric Association
POSITION: Support

DESCRIPTION OF CURRENT LEGISLATION:

This bill would require $2,000,000 be annually transferred from the Managed Care Administrative Fines and Penalties Fund to the Medically Underserved Account for Physicians. The bill would define “practice setting” to additionally include a program or facility operated by, or contracted to, a county mental health plan.

RECENT AMENDMENTS:

AB 2239 has not been amended since the Board adopted a Support position during its May 2020 meeting.

BACKGROUND:

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law creates the Managed Care Administrative Fines and Penalties Fund, into which certain fines and penalties paid by health care service plans are deposited. Under existing law, $1,000,000 is annually transferred from the Managed Care Administrative Fines and Penalties Fund to the Medically Underserved Account for Physicians to be used, upon appropriation by the Legislature, to repay the loans of physicians in medically underserved areas through the Steven M. Thompson Physician Corps Loan Repayment Program (STLRP).

Existing law requires participants in the STLRP to have full-time status in an eligible practice setting. Existing law defines “practice setting,” for purposes of the program, to include a community clinic, a clinic owned or operated by a public hospital and health system, or a clinic owned and operated by a hospital that is located in a medically underserved area and at least 50% of whose patients are from a medically underserved population, or a physician owned and operated medical practice setting that provides primary care located in a medically underserved area and has a minimum of 50% of patients who are uninsured, Medi-Cal beneficiaries, or beneficiaries of another publicly funded program.

ANALYSIS:

The bill would require $2,000,000 be annually transferred to the Medically Underserved Account for Physicians within the Health Professions Education Fund and appropriated to the STLRP.

This bill would define “practice setting” to additionally include a program or facility operated by, or contracted to, a county mental health plan.

According to the author, this bill “seeks to address the shortage of qualified mental health professionals by increasing the cap of the Steven M. Thompson Loan Repayment Fund to $2 million for the purpose of loan repayment for psychiatric student loans. There is both a state and national crisis in access to psychiatric services for individuals with a mental illness because of the shortage of psychiatrists available to offer treatment. The National Council for Behavioral Health (2017) notes that demand for psychiatry will exceed available services by 25 percent in the year 2025. The Future Health Workforce Commission (2019) notes that in the next decade the state of California will face a shortfall of psychiatrists with only about two out of three psychiatrists necessary to provide adequate care.”

This bill will increase the funding for the STLRP by $1,000,000 and expand eligibility for practice settings to include psychiatric care settings, as specified, which will help to incentivize physicians to practice in those areas. This bill would provide much needed funding for the STLRP to assist with loan repayment for physicians who agree to practice in medically underserved areas of the state. This bill would promote the Board’s mission of access to care and Board staff recommends that the Board take a support position on this bill.

FISCAL: None

SUPPORT: California Psychiatric Association (Sponsor)
Medical Board of California

OPPOSITION: None on File

POSITION: Recommendation: Support

ATTACHMENT: AB 2239, Maienschein. Health care: physician loan repayment.
Version: 03/12/20 – Amended Assembly

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	AB 2273
AUTHOR:	Bloom
BILL DATE:	August 11, 2020, Amended
SUBJECT:	Physicians and Surgeons: Foreign Medical Graduates: Special Faculty Permits
SPONSOR:	Cedars-Sinai
POSITION:	Oppose

DESCRIPTION OF CURRENT LEGISLATION:

This bill would allow qualified individuals to obtain a special permit, via existing Medical Board of California (Board) programs currently only available to medical schools, to practice medicine in an academic medical center (AMC), as defined.

RECENT AMENDMENTS:

AB 2273 was amended after the May 2020 meeting of the Medical Board of California (Board), as follows:

- Adds new criteria that defines an AMC for purposes of qualifying for the Special Faculty Permit (SFP) program
- Deletes the requirement that the Board approve AMCs
- Allows qualified individuals sponsored by an AMC to apply for other special permit programs administered the Board
- Adds a representative from each AMC to the SFP review committee
- Mirrors other requirements currently in place for SFP holders practicing in a medical school

BACKGROUND:

Existing law, the Medical Practice Act (Act), prohibits the practice of medicine without a physician's and surgeon's certificate issued by the Board. Under the Act, an eligible person may be granted a license to practice medicine in an approved medical school, pursuant to one of the Board's four special permit programs. Three of these programs are available to individuals who will practice in approved medical schools and one for approved hospitals. In total, the Board currently has 159 physicians registered through these programs, with 23 pending applications.

The Act establishes a committee to review applicants for the SFP program. Upon recommendation of the committee, the Board will consider approving these applicants.

ANALYSIS:

According to the author, "AB 2273 allows nationally recognized independent academic medical centers to sponsor outstanding foreign trained academic physicians for special licensure in the state. […] This legislation will make it more likely that these few, but important, independent medical centers can continue to excel in their multiple missions by attracting the very best physicians in the world."

According to Cedars-Sinai, they gain access to the Board's special programs through an agreement with the University of California, Los Angeles (UCLA) medical school. By working through UCLA to submit an application, Cedars-Sinai indicates that the timeframe to obtain permit approval may be delayed by up to 12 months.

According to their representatives, Cedars-Sinai has several physicians practicing pursuant to the Board's special permit programs. As governed by the parameters of these programs, each physician has a variety of roles, including acting as full- or part-time faculty, conducting research, and providing clinical work and patient care.

This bill allows Cedars-Sinai (and other AMCs that meet the defined criteria) to submit special permit applicants for approval directly to the Board. According to the author's office, the Zuckerberg San Francisco General Hospital and Trauma Center and the Loma Linda University Medical Center also meet the proposed AMC criteria described below.

Defining AMCs

As currently drafted, AB 2273 would define an AMC as a facility that meets all the following criteria:

- A minimum 750-bed facility licensed by the State of California
- The facility conducts both internal and external peer review of the faculty for the purpose of conferral of academic appointments on an ongoing basis of clinical and basic research for the purpose of advancing patient care.
- The facility trains a minimum of 250 residents and postdoctoral fellows on an annual basis commencing each January 1.
- The facility has more than 100 research students and postdoctoral researchers annually
- Has foreign medical graduates in clinical research
- Offers clinical observership training.

Amendment Requested by Senator Richard Pan, MD

During the Saturday, August 8 meeting of the Senate Business, Professions, and Economic Development Committee, Senator Pan suggested that the AMC criteria be amended to require AMCs to have a formal affiliation agreement with an accredited

medical school. Senator Pan believes this requirement would help ensure that the appropriate facilities are granted access to these special permit programs.

Representatives of Cedars-Sinai object to adding this requirement, arguing that the current parameters provide sufficient safeguards. Further, they state this requirement may place their special permit holders at risk if such an agreement was canceled later.

Access to Special Permit Programs

AB 2273 grants AMCs access to the same special permit programs available to approved medical schools. These programs generally allow physicians who do not qualify for licensure to obtain a permit to practice medicine in the context of their role at a medical school.

SFP Review Committee Role and Membership

Currently, this committee is composed of two Board members and a representative from each approved medical school in California. The committee reviews and makes recommendations to the Board regarding SFP applicants. This bill would add a representative from each AMC to the committee.

Language Pertaining to Legacy Special Program Permit Holders

The bill states that special program permit holders approved before January 1, 2021 who participate in the professional activities of an AMC shall be deemed to be appointed to that AMC even if the application was sponsored by another organization.

This language appears to provide clarity that AMC special program permit holders who applied through an arrangement with a medical school are valid and would be considered an AMC applicant.

Updated Board Processes

Absent a significant increase in special permit program applications, the costs associated with the bill are minor and absorbable. The Board would be required to conduct a rulemaking to update its regulations and update its application forms to accommodate applicants sponsored by an AMC. Similarly, the Board would have to update its processes to add a representative of each AMC to the SFP review committee.

Items for Board Consideration

The Board issued an oppose letter to the author following the May meeting, citing its lack of authority and expertise to approve AMCs (as required in the language at the time), which would have added new costs to the Board. Further, the letter expressed

concern that the bill did not require AMCs to assume direct responsibility for the SFP holder.

The recent amendments address those concerns as the Board would no longer be required to approve AMCs (rather the Board would simply have to verify that AMCs meet the criteria proposed in the bill) and AMCs must accept responsibility for their SFP holders.

The Board's letter also noted that the bill does not add a representative from AMCs to the committee that reviews and makes recommendations to the Board on SFP applications, but did not express concerns on that issue. The recent amendments add representatives of AMCs to that committee.

When deciding their position on the bill, the Board may wish to consider the following:

1. Whether the amendments taken following the May Board meeting address the concern that led to the Oppose position.
2. Whether the proposed AMC criteria is appropriate and will help ensure that eligible facilities are adequate to protect consumers and assume direct responsibility for SFP holders.
3. Whether the Board agrees it is appropriate to grant AMCs access to the other special permit programs available to medical schools.

FISCAL: Absent a significant increase to the volume of special permit applicants, the costs to the Board would be minor and absorbable.

SUPPORT: Cedars-Sinai (Sponsor)
University of California

OPPOSITION: Medical Board of California

ATTACHMENT: AB 2273, Bloom. Subject Approvals and certificates of registration: special faculty permits.
Version: 8/11/20 – Amended Senate

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 2478
AUTHOR: Carrillo
BILL DATE: February 19, 2020, Introduced
SUBJECT: International medical graduates: study
SPONSOR: AltaMed
POSITION Oppose

DESCRIPTION OF CURRENT LEGISLATION:

This bill directs the Medical Board of California (Board) to conduct a study on increasing the existing pool of international medical graduates (IMGs).

RECENT AMENDMENTS

AB 2478 has not been amended since the Board adopted an Oppose position during its May 2020 meeting.

BACKGROUND:

Existing law, the Medical Practice Act, establishes the Board for the licensure and regulation of physicians and surgeons. Existing law establishes the University of California at Los Angeles David Geffen School of Medicine's International Medical Graduate Program to allow selected international medical graduates in a preresidency training program at the University of California, Los Angeles David Geffen School of Medicine, Department of Family Medicine to receive hands-on clinical instruction, as prescribed.

ANALYSIS:

This bill would state the Legislature finds and declares:

- Bilingual international medical graduates can help meet the needs of medically underserved regions with limited English proficient populations.
- There is an increasing number of undergraduate students born in the United States who attend medical school in foreign Spanish-speaking countries, and are considered international medical graduates.
- Spanish-speaking physicians, including Spanish-speaking international medical graduates, are highly underrepresented in California's physician workforce.

- California needs Spanish-speaking physicians to meet needs of Spanish-speaking limited English proficient patients more than any other linguistically underrepresented language group.

- The current supply is limited and insufficient to address the expected demand from the limited English proficient Spanish-speaking population.

This bill would state the intent of the Legislature to expand the existing pool of IMGs in the State.

This bill would require the Board to conduct a study by January 1, 2022, on achieving the following goals:

- Recruiting bilingual physicians trained in Spanish-speaking countries, and facilitating their practice in medically underserved areas with high Latino populations, including, but not limited to, Los Angeles, Orange County, the Central Valley, and the Inland Empire.

- Supporting international medical graduates training programs that enhance primary care residency match competitiveness.

- Identifying and supporting programs that help prepare international medical graduates to match in a competitive residency program in a primary care specialty, including family medicine, internal medicine, and pediatrics.

- Expanding the terms of service to priority areas to five-year terms for physicians and surgeons to retain international medical graduates in underserved areas for extended times.

- Adding a service contract requirement for those who enter the United States via J-1 and H1B visas, as these physicians do not currently have service requirements and are a potential source of bilingual primary care physicians.

The bill would require the Board, on or before January 1, 2022, to prepare and submit to the Legislature a report with recommendations to achieve the specified goals.

According to the sponsor, “California is experiencing an increasing shortage of primary care physicians, which is only expected to increase with an aging population. Unfortunately, those areas lacking the most access to medical services have high Latino, Black and Native American populations. As the Latino population continues to grow, the number of Latino physicians has not been able to catch up due to existing barriers such as financial costs, academic barriers, underrepresentation and citizenship issues. California needs Spanish-speaking physicians to meet the needs of limited English proficient patients. There is an increasing number of undergraduate students born in the United States who attend medical school in Spanish-speaking countries, and who are considered IMGs. Spanish-speaking physicians are highly underrepresented in

California's physician workforce. Expanding IMG programs will help increase the supply of Latino physicians needed to address the growing demand in underserved areas."

This bill seeks to help medically underserved regions with limited English proficient populations, by increasing bilingual physicians and supporting IMG training programs.

This bill will require the Board to conduct a study and submit the report to the Legislature. The Board does not have expertise in the area of the requested study and therefore would need to contract with an outside entity to perform the study. This will have a significant cost to the Board ranging from approximately $50,000 to $100,000. Board staff recommends that the Board take an oppose position on this bill.

FISCAL:

AB 2478 will result in a significant cost to the Board. The Board is estimating that the cost of the study would range from $200,000 to $500,000. The Board will need to contract with an outside entity to perform the study. The Board's current fund condition could not absorb these significant costs and funding for this study is not accounted for in the Governor's proposed FY 2020-21 budget.

SUPPORT: California Academy of Family Physicians
CaliforniaHealth+ Advocates
California Medicine Coalition
Latino Coalition for a Health California
Los Angeles County Medical Association
UCLA Latino Policy & Politics Initiative
Former California State Senator Hernandez

OPPOSITION: Medical Board of California

ATTACHMENT: AB 2478, Carrillo. International medical graduates: study.
Version: 02/19/20 - Introduced

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	AB 2983
AUTHOR:	Holden
BILL DATE:	July 16, 2020, Amended
SUBJECT:	Pharmacies: Automatic Refills
SPONSOR:	County Behavioral Health Directors Association

DESCRIPTION OF CURRENT LEGISLATION:

This bill limits the ability of a pharmacy to use an “automated computer system” to request that a prescription be refilled with more than a 30-day supply.

BACKGROUND:

Existing law generally authorizes a physician and surgeon and other authorized health care providers to issue a prescription and authorizes a pharmacist to dispense drugs or devices.

ANALYSIS:

According to the author:

> "In our overburdened healthcare system, we should ensure that the business practices of one industry do not endanger the health of patients or add additional complications to the system as a whole. The automatic refill request process employed by some pharmacies include the bombarding [of] doctors with requests and changing refill amounts. However, those methods overwhelm both doctors and patients. The bill would limit automatic refill requests to restore the balanced method used effectively by many smaller pharmacies, which is to contact the doctor to request refills based on the doctor's prior prescription.”

The author states that the use of automated systems to request prescription refills can help a patient to manage conveniently a chronic illness, but can also lead to “an improper practice of medicine.” A January 31, 2020 article in the New York Times documented some concerns surrounding the use of automated systems to request prescription refills.

This bill would, beginning January 1, 2022, require a pharmacy to obtain prior authorization from a patient or prescriber to use an automated computer system to request more than a 30-day supply of a refilled prescription. The bill would exempt pharmacies operated by Kaiser Permanente and those located within a correctional facility that provides medications to inmates.

Opponents contend that requiring pharmacists to obtain this additional authorization from patients or prescribers to use an automated system is burdensome and will not result in increased patient safety.

Staff do not have a recommended position on this bill. The Board may wish to consider whether the bill's constraints on pharmacies may lead to consumer harm or benefit.

FISCAL: None

SUPPORT: County Behavioral Health Directors Association of California (Sponsor)
National Hispanic Medical Association

OPPOSITION: California Retailers Association
National Association of Chain Drug Stores

ATTACHMENT: AB 2983, as amended, Holden. Pharmacies: Automatic Refills.
Version: 07/16/20 – Amended Senate

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	SB 1237
AUTHOR:	Dodd
BILL DATE:	July 27, 2020, Amended
SUBJECT:	Nurse-midwives: scope of practice
SPONSOR:	California Nurse Midwives Association and Black Women for Wellness Action Project
POSITION:	Support

DESCRIPTION OF CURRENT LEGISLATION:

This bill would allow certified nurse-midwives (CNM) to attend low-risk pregnancies (as defined) and provide prenatal, intrapartum, and postpartum care services, without the supervision of a physician and surgeon. SB 1237 requires the transfer of a patient from a CNM to a physician and surgeon and authorizes a CNM to furnish or order drugs and medical devices, under specified conditions.

RECENT AMENDMENTS:

SB 1237 was amended after the Medical Board of California's (Board) May 2020 meeting, as follows:

- Requires the Board of Registered Nursing (BRN) to establish a Nurse-Midwifery Advisory Committee to make recommendations to the BRN on matters related to midwifery practice, education, and the standard of care.
- Recasts the conditions whereby a CNM may attend to a pregnancy and childbirth without the supervision of a physician and surgeon.
- States that a CNM may provide other types of care to patients under mutually agreed-upon policies and protocols with a physician and surgeon, as specified. Without such policies and protocols in place, a CNM shall transfer a patient who had a prior cesarean section, or requires other intrapartum care, to a physician and surgeon.
- States that a patient maintains the right to make their own informed decisions regarding choice of provider or birth setting and that a CNM is not authorized to practice medicine or surgery.
- Revises the conditions for a CNM to prescribe controlled substances.
- Requires a CNM to make specified oral and written disclosures to a prospective patient when the intended site of birth is outside a hospital setting.
- Creates patient data reporting requirements for a CNM pertaining to non-hospital births.
- Provides updated findings and declarations pertaining to maternal care and the benefits of nurse-midwife and physician collaboration.

BACKGROUND:

Existing law, the Nursing Practice Act, establishes the BRN within the Department of Consumer Affairs for the licensure and regulation of the practice of nursing. Existing law requires BRN to issue a certificate to practice nurse-midwifery to a qualified person. Existing law authorizes a CNM, under the supervision of a licensed physician and surgeon, to attend cases of normal childbirth and provide prenatal, intrapartum, and postpartum care, including family-planning care, for the mother, and immediate care for the newborn.

Existing law authorizes BRN to appoint a committee of qualified physicians and nurses to develop standards relating to nurse-midwives. Existing law authorizes a CNM to furnish drugs or devices, including controlled substances, in specified circumstances. Existing law authorizes a CNM to perform and repair episiotomies and repair lacerations of the perineum, as specified.

The Board adopted an Oppose Unless Amended position on legislation in 2015, 2017, and 2018 that would have removed the physician supervision requirement for CNMs, allowing them to provide care for patients, as specified. In general, the Board's position on was based upon concerns that those bills did not establish appropriate or clear guidance or limitations on the types of patients a CNM could accept and under what conditions patients must be co-managed with, or transferred to, a physician. With regard to the 2018 legislation, the Board expressed concerns the bill did not address the issue of corporate practice. Those bills (AB 1306 of 2015, AB 1612 of 2017, and AB 2682 of 2018) were not approved by the Legislature.

ANALYSIS:

The bill would authorize a CNM to attend cases of low-risk pregnancy and childbirth and provide prenatal, intrapartum, and postpartum care, including family-planning care, interconception care, and immediate care for a newborn. These services may be provided without the supervision of a physician and surgeon.

Scope of Care and Services

A CNM must provide care and services consistent with the Core Competencies for Basic Midwifery Practice adopted by the American College of Nurse-Midwives, or its successor national professional organization, as approved by BRN.

This bill defines "low-risk pregnancy," as follows:

1. There is a single fetus.
2. There is a cephalic presentation at onset of labor.
3. The gestational age of the fetus is greater than or equal to 37 weeks and zero days and less than or equal to 42 weeks and zero days at the time of delivery.
4. Labor is spontaneous or induced.

5. The patient has no preexisting disease or condition, whether arising out of the pregnancy or otherwise, that adversely affects the pregnancy and that the certified nurse-midwife is not qualified to independently address consistent to this section.

If there are mutually-agreed upon policies and protocols in place, as defined, with a physician and surgeon, a CNM may provide a patient with care beyond what is described above, including caring for a patient who had a prior cesarean section or surgery that interrupted the myometrium.

This bill does not authorize a CNM to assist childbirth by vacuum or forceps extraction, or to perform any external cephalic version or to practice medicine or surgery.

Transfer of Care to and from a Physician and Surgeon

The bill authorizes (but does not require) CNMs to practice with a physician and surgeon under mutually agreed-upon policies and protocols that delineate the parameters for consultation, collaboration, referral, and transfer of a patient's care to and from a physician and surgeon.

Absent those policies and protocols, a CNM shall transfer a patient to a physician and surgeon to provide care outside the scope of service described above or to provide intrapartum care to a patient who had a prior cesarean section or surgery that interrupts the myometrium. If there is inadequate time, or it would be unsafe, to transfer a patient, a CNM may continue to provide care to the patient, under limited circumstances, as specified.

A CNM shall refer all emergencies to a physician and surgeon immediately and may provide emergency care until the assistance of a physician and surgeon is obtained.

CNMs Furnishing or Ordering Drugs or Devices

SB 1237 authorizes a CNM to furnish or order drugs (including certain controlled substances) and devices under specified conditions. In general, if a CNM intends to furnish or order drugs or devices for services outside those described in the "Scope of Care and Services" section above, or intends to furnish any controlled substance, they must abide by a standardized or patient-specific protocol developed in collaboration with a physician and surgeon.

The bill requires a CNM who furnishes or issues a controlled substance to register with the Controlled Substance Utilization Review and Enforcement System (CURES).

Patient Disclosures and Data Reporting

A CNM shall make certain oral and written disclosures to prospective patients and obtain informed consent. The disclosures shall state that the patient is retaining a CNM

who is not supervised by a physician and surgeon, the arrangements for referral or transfer to a physician and surgeon, how to locate laws relevant to their practice and file a complaint with BRN, and other required items. This requirement does not apply to births intended to occur in a hospital setting.

CNMs providing labor and delivery services outside a hospital setting shall report certain patient data to the California Department of Public Health.

FISCAL: None

SUPPORT: **(List current as of June 19, 2020)**
California Nurse Midwives Association (Cosponsor)
Black Women for Wellness Action Project (Cosponsor)
Academy of Lactation Policy and Practice
American Association of Birth Centers- CA
American Nurses Association/CA
CA Women's Law Center
Citizens for Choice Feminist
Majority Foundation Healthy
Children Project, Inc.
MomsRising (partial list)

OPPOSITION: **(List current as of June 19, 2020)**
American Congress of Obstetricians & Gynecologists – District IX
California Association of Licensed Midwives
California Families for Access to Midwives
Californians for the Advancement of Midwifery
Welcome Home Community Birth Center, Inc.

ATTACHMENT: SB 1237, Dodd. Nurse-midwives: scope of practice.
Version: 07/27/20 – Amended Assembly

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: SB 1474
AUTHOR: Committee on Business, Professions, and Economic Development
BILL DATE: August 10, 2020, Amended
SUBJECT: Business and Professions
SPONSOR: Author

DESCRIPTION OF CURRENT LEGISLATION:

This is an "omnibus" bill that includes legislative proposals submitted by various boards with the Department of Consumer Affairs (DCA), including the Medical Board of California (Board). The bill will also extend the sunset date of certain boards and bureaus due to expire in 2020 and 2021.

SB 1474 would also prohibit any licensee regulated by a DCA board from including in a contract or proposed contract a provision that limits a consumer's ability to initiate, or participate in, a board investigation of that licensee.

BACKGROUND:

Existing law establishes DCA and various boards and bureaus that license and regulate certain professionals authorized to practice in this state.

The Medical Practice Act (Act), per Business and Professions Code (BPC) section 2220.7, prohibits a physician and surgeon from including a provision within an agreement to settle a civil dispute that limits another party from contacting or cooperating with the Board or filing a complaint with the Board.

ANALYSIS:

Omnibus bills are generally introduced each year and provide DCA boards the opportunity to implement minor or technical changes to the statutes that govern their programs and operations.

This bill contains the follow provisions that are relevant to the Board.

Amendments to the BPC Requested by the Board

This bill includes the following proposals approved by the Board during their November 2019 meeting:

1. Amend BPC section 125.9 to state that a DCA licensee may be subject to discipline for failure to pay a fine or comply with an order of abatement, or both, within 30 days of the date of assessment or order.

2. Amend BPC section 2065(h) to remove unnecessary language related to postgraduate training obtained in another state or Canada.

3. Amend BPC section 2113(e) to replace language mistakenly removed that allows the Board to accept a clinical practice appointment, in lieu of postgraduate training, to qualify for licensure.

4. Amend BPC section 2135.5 to clarify that an applicant for a California license who holds a physician and surgeon's license issued in another state or Canada may qualify if they meet the recently added 36-month postgraduate training requirement, as specified.

As the above provisions are included at the request of the Board, the Board effectively has a Support position on these proposals.

Restrictions on Consumer Complaints or Involvement with Investigations

The bill also prohibits a contract or proposed contract for consumer services with those regulated by a licensing board from including a prohibition that limits a consumer from filing a complaint with, or participating in an investigation of, that provider's licensing board.

This section defines "consumer services" as any service obtained for use primarily for personal, family, or household purposes. A violation of this section would constitute unprofessional conduct and subject the licensee to discipline.

The Act applies a similar prohibition to physicians and surgeons, but only in the context of a settlement agreement related to a civil dispute arising from their practice. This proposal would ban these restrictions from any contract or proposed contract for services for any professional regulated by a licensing board (including the various allied health professionals regulated by the Board).

FISCAL: None

SUPPORT: None

OPPOSITION: None on File

POSITION: Recommendation: Support for the provisions described above that are relevant to the Board.

ATTACHMENT: SB 1474, as amended, Committee on Business, Professions, and Economic Development. Business and Professions.

Version: 08/10/20 – Amended Assembly

MBC TRACKER II BILLS
8/12/2020

BILL	AUTHOR	TITLE	STATUS	AMENDED
AB 4	Arambula	Medi-Cal: Eligibility	Senate Health	05/17/19
AB 8	Chu	Pupil Health: Mental Health Professionals	Senate Health	05/16/19
AB 196	Gonzalez	Paid Family Leave	Senate Labor	05/05/20
AB 243	Kamlager	Implicit Bias Training: Peace Officers	Senate Approps	04/22/19
AB 289	Fong	California Public Records Act Ombudsperson	Senate Judiciary	04/24/19
AB 362	Eggman	Controlled Substances: Overdose Prevention Program	Senate Health	06/26/20
AB 388	Limon	Alzheimer's Disease	Senate Approps	06/24/19
AB 451	Santiago	Health Care Facilities: Treatment of Psychiatric Emergency Cond.	Senate Floor	07/02/19
AB 499	Mayes	Personal Information: SSNs: State Agencies	Asm. Approps	07/31/20
AB 565	Maienschein	Public Health Workforce Planning	Senate Approps	06/10/19
AB 598	Bloom	Hearing Aids: Minors	Assm. Floor	09/06/19
AB 613	Low	Dentists: Clinical Laboratories: License Examinations	Sen. BP&ED	06/29/20
AB 648	Nazarian	Wellness Programs	Senate Health	01/23/20
AB 656	Garcia, E.	Office of Healthy and Safe Communities	Senate Approps	06/27/19
AB 660	Levine	Personal Information: Contract Tracing	Senate Judiciary	07/14/20
AB 664	Cooper	Worker's Compensation: Injury: Communicable Disease	Senate Labor	07/31/20
AB 685	Reyes	Occupational Safety: COVID-19 Exposure: Notification	Senate Labor	06/29/20
AB 713	Mullin	California Consumer Privacy Act of 2018	Senate Approps	07/29/20
AB 798	Cervantes	Maternal Mental Health	Senate Approps	03/19/20
AB 802	Stone, M.	Reports to the Legislature	Senate Approps	06/04/19
AB 805	Obernolte	Reports Submitted to Legislative Committees	Senate Labor	06/25/20
AB 873	Irwin	California Consumer Privacy Act of 2018	Senate Judiciary	05/02/19
AB 875	Wicks	Pupil Support Services: COVID-19 Support Services	Senate Education	07/02/20
AB 898	Wicks	Early and Periodic Screening Program: Behavioral Health	Senate Approps	06/13/19
AB 992	Mullin	Open meetings: Local Agencies: Social Media	Senate Floor	07/31/20

MBC TRACKER II BILLS
8/12/2020

BILL	AUTHOR	TITLE	STATUS	AMENDED
AB 1058	Salas	Medi-Cal: Specialty Mental Health Svcs. And Substance Use Disorder	Senate Approps	06/25/19
AB 1098	O'Donnell	Substance Use Disorders: Youth Programs	Senate Approps	07/01/20
AB 1131	Gloria	Medi-Cal: Comprehensive Medication Management	Senate Approps	06/24/19
AB 1246	Limon	Healthcare Coverage: Basic Health Care Services	Senate Approps	07/11/09
AB 1281	Chau	Privacy: California Consumer Privacy Act of 2018	Senate Judiciary	06/25/20
AB 1324	Levine	Health Facilities: Pandemics and Emergencies: Best Practices	Senate Health	05/28/20
AB 1327	Petrie-Norris	Medi-Cal: Reimbursement Rates	Senate Approps	08/22/19
AB 1469	Low	Court Reporters: Registration: Nonshorthand Reporting Corporations	Sen BP&ED	07/22/20
AB 1550	Bonta	Crisis Stabilization Units: Psychiatric Patients	Senate Public Safety	06/27/19
AB 1611	Chiu	Emergency Hospital Services : Costs	Senate Health	06/27/19
AB 1665	Bonta	Athletic Trainers	Sen BP&ED	02/24/20
AB 1759	Salas	Institutions of Higher Education: Liability for COVID-19 Related Injuries	Senate Judiciary	06/29/20
AB 1782	Chau	Personal Information: Contract Tracing	Senate Judiciary	07/14/20
AB 1850	Gonzalez	Worker Classification: Employees and Independent Contractors	Senate Labor	05/12/20
AB 1927	Boerner Horvath	Witness Testimony In Sexual Assault Cases	Senate Floor	07/02/20
AB 1998	Low	Dental Practice Act: Unprofessional Conduct	Sen BP&ED	06/03/20
AB 2014	Maienschein	Medical Misconduct: Misuse of Sperm, Ova, or Embryos: Statute of Limitations	Senate Rules	07/23/20
AB 2015	Eggman	Certification for Intensive Treatment: Review Hearing	Senate Judiciary	05/20/20
AB 2037	Wicks	Health Facilites: Notices	Senate Approps	05/20/20
AB 2047	Aguiar-Curry	Emergency Services: Alzheimers's Disease: Dementia	Senate G.O.	07/07/20
AB 2054	Kamlager	Emergency Services: Community Response: Grant Program	Senate G.O.	08/03/20
AB 2077	Ting	Hypodermic Needles and Syringes	Senate Approps	05/20/20
AB 2100	Wood	Medi-Cal: Pharmacy Benefits	Senate Approps	07/07/20
AB 2112	Ramos	Suicide Prevention	Senate Health	07/15/20
AB 2164	Rivas, Robert	Telehealth	Senate Approps	07/22/20

MBC TRACKER II BILLS
8/12/2020

BILL	AUTHOR	TITLE	STATUS	AMENDED
AB 2178	Levine	Emergency Services	Senate G.O.	07/08/20
AB 2203	Nazarian	Insulin Cost-sharing Cap	Senate Health	07/09/20
AB 2210	Aguiar-Curry	Contractors: Violations: Disciplinary Actions	Sen BP&ED	03/16/20
AB 2232	Grayson	Contractors: Renewal of Licenses	Sen BP&ED	
AB 2257	Gonzalez	Worker Classification: Employees and Independent Contractors	Senate Labor	06/04/20
AB 2280	Chau	Information Privacy: Personal Health Record Information	Senate Judiciary	07/14/20
AB 2288	Low	Nursing Programs: State of Emergency	Sen BP&ED	08/04/20
AB 2293	Mayes	Chronic Obstructive Pulmonary Disease: Research, et al.	Senate Health	06/04/20
AB 2300	Cooper	California Youth Football Act	Senate Floor	05/18/20
AB 2360	Maienschein	Telehealth: Mental Health	Senate Approps	07/21/20
AB 2410	Cunningham	Athletic Trainers	Sen BP&ED	07/01/20
AB 2460	Daly	Department of Consumer Affairs: Household Movers	Sen BP&ED	05/18/20
AB 2520	Chiu	Access to Medical Records	Senate Approps	06/26/20
AB 2537	Rodriguez	Personal Protective Equipment: Health Care Employees	Senate Labor	06/29/20
AB 2830	Wood	Health Care Payments Data Program	Senate Health	06/04/20
AB 2948	Wood	Song-Brown Health Care Workforce Training Act: Funding	Assm. Health	05/04/20
AB 2999	Low	Employees: Bereavement Leave	Senate Judiciary	07/14/20
AB 3016	Dahle, Megan	Board of Registered Nursing: Online License Verification	Sen BP&ED	07/16/20
AB 3045	Gray	Department of Consumer Affairs: Military Spouses: Licenses	Sen BP&ED	
AB 3087	Brough	Contractors' State License Law	Sen BP&ED	05/04/20
AB 3092	Wicks	Sexual Assault and Other Sexual Misconduct	Senate Judiciary	07/07/20
AB 3224	Rodriguez	Local Health Department Workforce Assessment	Senate Health	05/04/20
AB 3234	Ting	Public Safety	Senate Public Safety	08/03/20
AB 3243	Cervantes	Public Level IV Neonatal Intensive Care Unit	Assm. Higher Ed	05/04/20
AB 3330	Calderon	Department of Consumer Affairs: Boards: Regulatory Fees	Assm. B&P	08/03/20

MBC TRACKER II BILLS
8/12/2020

BILL	AUTHOR	TITLE	STATUS	AMENDED
ACR 28	Gipson	Sickle Cell Disease Awarness Month	Sen. Approps	01/06/20
ACR 149	Voepel	Opioid Epidemic	Assm. Rules	
SB 56	Roth	University of California, Riverside School of Medicine	Assm. Higher Ed	05/17/19
SB 65	Pan	Health Care Coverage: Financial Assistance	Assm. Approps	01/23/20
SB 162	Galgiani	Pulmonary Hypertension Task Force	Assm. Approps	07/27/20
SB 175	Pan	Health Care Coverage	Assm. Health	01/06/20
SB 179	Nielsen	Excluded Employees: Arbitration	Assm. Floor	
SB 275	Pan	Health Care and Essential Workers: Personal Protective Equip.	Assm. Approps	07/27/20
SB 406	Pan	Health Care: Omnibus Bill	Assm. Approps	07/27/20
SB 452	Jones	Ken Maddy California Cancer Registry	Assm. Approps	04/11/19
SB 590	Stone	Mental Health Evals: Gravely Disabled: Chronic Alcoholism	Assm. Approps	03/27/19
SB 650	Rubio	Cancer Medication Advisory Committee	Assm. Approps	07/08/19
SB 746	Bates	Health Care Coverage: Anti-Cancer Medical Devices	Assm. Approps	05/30/19
SB 749	Durazo	California Public Records Act: Trade Secrets	Assm. Floor	09/10/19
SB 852	Pan	Health Care: Prescription Drugs	Assm. Rules	06/18/20
SB 855	Wiener	Health Care Coverage: Mental Health/Substance Abuse Disorders	Assm. Approps	07/27/20
SB 878	Jones	Department of Consumer Affairs: Application Processing	Assm. B&P	06/18/20
SB 905	Archuleta	Criminal History Information Requests	Assm. Pub Safety	05/21/20
SB 932	Wiener	Communicable Diseases: Data Collection	Assm. Approps	07/27/20
SB 980	Umberg	Privacy: Genetic Testing Companies: COVID-19	Assm. Approps	08/03/20
SB 987	Hurtado	Community College Premedical Pathway Pilot Program	Senate Rules	
SB 1004	Jackson	Confidentiality of Medical Information Act	Senate Rules	03/19/20
SB 1043	Pan	Care Facilities: Incapacitated Patient Rights	Senate Rules	
SB 1048	Borgeas	Advisory Bodies	Senate Rules	
SB 1159	Hill	Workers' Compensation: COVID-19: Critical Workers	Assm. Insurance	08/03/20

MBC TRACKER II BILLS
8/12/2020

BILL	AUTHOR	TITLE	STATUS	AMENDED
SB 1228	Caballero	Adoption of Regulations	Senate Rules	
SB 1235	Caballero	Administrative Procedure Act: Adverse Economic Impact	Senate Rules	03/25/20
SB 1428	Durazo	Patient Acess to Health Records	Senate Rules	
SB 1457	Borgeas	State Regulatory Action: Reduction or Waiver of Civil Penalties	Assm. Approps	06/18/20