

BILL	AUTHOR	TITLE	STATUS	POSITION	AMENDED
<b>AB 890</b>	Wood	Nurse Practitioners: Scope of Practice: Practice Without Standardized Procedures	Chaptered, #265	Oppose	8/28/20
<b>AB 1710</b>	Wood	Pharmacy Practices: Vaccines	Chaptered, #123	Support	8/24/20
<b>AB 2273</b>	Bloom	Approvals and Certificates of Registration: Special Faculty Permits	Chaptered, #280	Support, if Amended	8/25/20
<b>SB 1237</b>	Dodd	Nurse-Midwives: Scope of Practice	Chaptered, #88	Support	8/25/20
<b>SB 1474</b>	Sen. BP&D Cmte.	Business and Professions	Chaptered, #312	Support	8/26/20

MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 890  
AUTHOR: Wood  
CHAPTER: Chaptered, #265  
BILL DATE: August 28, 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.

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 hold an NP certification from a national body accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties and 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 that includes managing a panel of patients, working in a complex health care setting, interpersonal communication, team-based care, professionalism, and business management of a practice.

### **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 outside 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]**

IMPLEMENTATION:

- Newsletter article
- Update relevant content on the Board’s website

ATTACHMENT: [AB 890, as amended, Wood. Nurse Practitioners: Scope of Practice: Practice Without Standardized Procedures.](#)  
Version: 09/29/20 – Chaptered

MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 1710  
AUTHOR: Wood  
CHAPTER: Chaptered, #123  
BILL DATE: August 24, 2020, Amended  
SUBJECT: Pharmacy Practice: Vaccines  
SPONSOR: California Pharmacists Association  
POSITION: Support

DESCRIPTION OF CURRENT LEGISLATION:

This bill allows authorized pharmacists to independently initiate and administer any COVID-19 vaccines approved or authorized by the federal Food and Drug Administration (FDA) to persons three years of age or older.

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.

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.”

In its August meeting, the Board adopted a Support, if Amended position, contingent upon the scope of the bill being limited to COVID-19 vaccines. The bill was amended to do so, and the Board’s position automatically changed to Support.

FISCAL:                    There are no Board costs.

SUPPORT:                California Pharmacists Association (Sponsor)  
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  
Osteopathic Physicians and Surgeons of California  
[partial list]

OPPOSITION:            A Voice for Choice Advocacy

IMPLEMENTATION:  
• Newsletter article

ATTACHMENT:        [AB 1710, as amended, Wood. Pharmacy Practice: Vaccines.](#)  
Version: 9/24/20 – Chaptered

MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 2273  
AUTHOR: Bloom  
CHAPTER: Chaptered, #280  
BILL DATE: August 25, 2020, Amended  
SUBJECT: Physicians and Surgeons: Foreign Medical  
Graduates: Special Faculty Permits  
SPONSOR: Cedars-Sinai  
POSITION: Support, if Amended

DESCRIPTION OF CURRENT LEGISLATION:

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

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 Special Faculty Permit Program (SFP). 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.



Representatives of Cedars-Sinai state they have 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 AMC's that may meet the defined criteria) to submit special permit applicants for approval directly to the Board.

AB 2273 defines an AMC as a facility that meets all the following criteria:

- Licensed by the State of California
- Conducts both internal and external peer review of the faculty for the purpose of conferral of academic appointments on an ongoing basis
- Conducts clinical and basic research for the purpose of advancing patient care
- Trains a minimum of 250 residents and postdoctoral fellows on an annual basis commencing each January 1
- Has more than 100 research students and postdoctoral researchers annually
- Has foreign medical graduates in clinical research
- Offers clinical observership training
- Has an intern and resident-to-bed ratio meeting the federal Centers for Medicare and Medicaid Services definition as a major teaching hospital and conducts research in an amount of one hundred million dollars (\$100,000,000) or more annually

### **Requested Amendments Following the Board's August Meeting**

The Board adopted a Support, if Amended position at its August meeting, as it was concerned the bill would only apply to Cedars-Sinai. The Board requested an amendment to remove a requirement that an AMC have at least 750 beds. Although the author did so, new language was included that (see the last bulleted item in the AMC definition above) requires a facility to have a specified intern and resident-to-bed ratio and conduct annually research in an amount of at least \$100,000,000.

Board staff expressed concern to the author and sponsor that this language would further constrain the number of facilities that would qualify. The author and sponsor agreed to remove this language, however, due to legislative deadlines, the bill could not be amended before the Legislature was required to approve the bill by August 31. The author and sponsor agreed to address this in subsequent legislation next year.

### **Amendment Requested by Senator Richard Pan, MD**

At the request of Senator Pan, the author and sponsor agreed to require qualifying AMC's to meet one of the following criteria:

1. Be accredited by the Liaison Committee on Medical Education; or

2. Be a facility that recruits full-time faculty that will be engaged in education, patient care, and research and is accredited by both the Western Association of Schools (WASC)/WASC Senior College and University Commission and the Accreditation Council for Graduate Medical Education.

Again, due to relevant deadlines, the bill could not be amended in time, but the author and sponsor agreed to address Senator Pan's concerns through legislation next year.

### **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 adds one person to the committee to represent all qualified AMCs. The bill does not allow the Board to approve more than five applications for the SFP program submitted by AMCs in any calendar year.

### **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.

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: None

#### IMPLEMENTATION:

- Update relevant licensing forms and procedures
- Update relevant content on the Board's website
- Conduct a rulemaking to incorporate AMCs into the Board's regulations pertaining to the SFP program and foreign medical students and graduates

ATTACHMENT: [AB 2273, Bloom. Subject Approvals and certificates of registration: special faculty permits.](#)

Version: 09/29/20 – Chaptered

MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

BILL NUMBER: SB 1237  
AUTHOR: Dodd  
CHAPTER: Chaptered, #88  
BILL DATE: August 25, 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 allows 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.

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.

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 authorizes 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 (and for births that involve a transfer to a hospital) shall report certain data involving the patient and newborn to the California Department of Public Health (CDPH). The bill imposes certain privacy protections upon CDPH related to the release of this data.

FISCAL: None

SUPPORT: 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  
Citizens for Choice  
MomsRising (**partial list**)

OPPOSITION: California Association of Licensed Midwives  
California Families for Access to Midwives  
Californians for the Advancement of Midwifery  
Welcome Home Community Birth Center, Inc. (**partial list**)

IMPLEMENTATION:

- Newsletter article

ATTACHMENT: [SB 1237, Dodd. Nurse-midwives: scope of practice.](#)  
Version: 09/18/20 – Chaptered

MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

BILL NUMBER: SB 1474  
AUTHOR: Senate Committee on Business, Professions, and  
Economic Development  
CHAPTER: Chaptered, #312  
BILL DATE: August 26, 2020, Amended  
SUBJECT: Business and Professions  
SPONSOR: Author  
POSITION: Support

DESCRIPTION OF CURRENT LEGISLATION:

This is an “omnibus” bill that includes legislative proposals submitted by various boards within 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.

**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.

### **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

IMPLEMENTATION:

- Newsletter article(s)
- Update relevant content on the Board's website
- Notify/train Board licensing and enforcement staff, the Health Quality Investigations Unit (Department of Consumer Affairs, Division of Investigation), and the Health Quality Enforcement Section of the Attorney General's Office

ATTACHMENT: [SB 1474, as amended, Committee on Business, Professions, and Economic Development. Business and Professions.](#)  
Version: 09/29/20 – Chaptered



<b>BILL</b>	<b>AUTHOR</b>	<b>TITLE</b>	<b>STATUS</b>	<b>AMENDED</b>
AB 499	Mayes	Personal Information: SSNs: State Agencies	Chaptered, 155	08/20/20
AB 685	Reyes	Occupational Safety: COVID-19 Exposure: Notification	Chaptered, 84	08/25/20
AB 713	Mullin	California Consumer Privacy Act of 2018	Chaptered, 172	08/28/20
AB 992	Mullin	Open meetings: Local Agencies: Social Media	Chaptered, #89	07/31/20
AB 1281	Chau	Privacy: California Consumer Privacy Act of 2018	Chaptered, #268	06/25/20
AB 1327	Petrie-Norris	Medi-Cal: Reimbursement Rates	Vetoed	08/22/19
AB 1544	Gipson	Community Paramedicine or Triage to Alternate Destination Act	Chaptered, 138	08/25/20
AB 1927	Boerner Horvath	Witness Testimony In Sexual Assault Cases	Chaptered, #241	07/02/20
AB 2014	Maienschein	Medical Misconduct: Misuse of Sperm, Ova, or Embryos: Statute of Limitations	Chaptered, #244	07/23/20
AB 2037	Wicks	Health Facilites: Notices	Chaptered, #95	08/20/20
AB 2054	Kamlager	Emergency Services: Community Response: Grant Program	Vetoed	08/03/20
AB 2077	Ting	Hypodermic Needles and Syringes	Chaptered, #274	05/20/20
AB 2100	Wood	Medi-Cal: Pharmacy Benefits	Vetoed	08/20/20
AB 2112	Ramos	Suicide Prevention	Chaptered, #142	08/24/20
AB 2113	Low	Refugees, Asylee, and Special Immigrant Visa Holders: Licensing	Chaptered, #186	08/04/20
AB 2164	Rivas, Robert	Telehealth	Vetoed	08/20/20
AB 2210	Aguiar-Curry	Contractors: Violations: Disciplinary Actions	Chaptered, #128	03/16/20
AB 2257	Gonzalez	Worker Classification: Employees and Independent Contractors	Chaptered, #38	08/25/20
AB 2288	Low	Nursing Programs: State of Emergency	Chaptered, #282	08/20/20
AB 2300	Cooper	California Youth Football Act	Chaptered, #49	05/18/20
AB 2360	Maienschein	Telehealth: Mental Health	Vetoed	08/05/20
AB 2520	Chiu	Access to Medical Records	Chaptered, #101	06/26/20
AB 2537	Rodriguez	Personal Protective Equipment: Health Care Employees	Chaptered, #313	08/25/20
AB 2992	Weber	Employment Practices: Leave Time	Chaptered, #224	08/20/20
AB 3087	Brough	Contractors' State License Law	Chaptered, #295	05/04/20

<b>BILL</b>	<b>AUTHOR</b>	<b>TITLE</b>	<b>STATUS</b>	<b>AMENDED</b>
AB 3092	Wicks	Sexual Assault and Other Sexual Misconduct	Chaptered, #246	07/07/20
AB 3234	Ting	Public Safety	Chaptered, #334	08/24/20
AB 3330	Calderon	Department of Consumer Affairs: Boards: Regulatory Fees	Chaptered, #359	08/24/20
SB 179	Nielsen	Excluded Employees: Arbitration	Vetoed	
SB 275	Pan	Health Care and Essential Workers: Personal Protective Equip.	Chaptered, #301	08/30/20
SB 406	Pan	Health Care: Omnibus Bill	Chaptered, #302	08/24/20
SB 588	Archuleta	Public Contracts: Disabled Veteran Business Enterprise Program	Chaptered, #80	03/05/20
SB 852	Pan	Health Care: Prescription Drugs	Chaptered, #207	08/24/20
SB 855	Wiener	Health Care Coverage: Mental Health/Substance Abuse Disorders	Chaptered, #151	08/24/20
SB 878	Jones	Department of Consumer Affairs: Application Processing	Chaptered, #131	06/18/20
SB 905	Archuleta	Criminal History Information Requests	Chaptered, #191	08/24/20
SB 932	Wiener	Communicable Diseases: Data Collection	Chaptered, #183	08/19/20
SB 980	Umberg	Privacy: Genetic Testing Companies: COVID-19	Vetoed	08/25/20
SB 1159	Hill	Workers' Compensation: COVID-19: Critical Workers	Chaptered, #85	08/30/20