

**OSTEOPATHIC MEDICAL  
BOARD  
OF CALIFORNIA  
(Teleconference)**

**Board Meeting, Monday, June 17, 2019  
1:00 p.m.**

**Osteopathic Medical Board of California  
1300 National Drive, Suite 150  
Sacramento, CA 95834**

**OMBC Phone (916) 928-8390**

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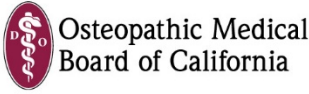
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# Tab 1



**TELECONFERENCE BOARD MEETING NOTICE AND AGENDA**

Monday, June 17, 2019  
 1:00 p.m. to 4:00 p.m.  
 (or until the conclusion of business)

Osteopathic Medical Board  
 1300 National Drive, Suite 150  
 Sacramento, CA 94062

(No Board members will be at the Sacramento location;  
 It is offered as an additional location for staff and the public.)

**TELECONFERENCE MEETING LOCATIONS:**

Interstate Grading & Paving  
 128 South Maple Avenue  
 South San Francisco, CA 94080  
 (510) 793-2645

Cesar Chavez Central Library  
 605 N El Dorado Street  
 Stockton, CA 95202  
 (209) 937-8221

Avia Billing & Consulting  
 4640 Lankershim Blvd., Ste 105  
 Toluca Lake, CA 91602  
 (650) 992-4000

501 23<sup>rd</sup> Avenue  
 Conference Room  
 Oakland, CA 94606  
 (510) 735-5999  
 Seton Medical Center  
 1900 Sullivan Avenue  
 Lower Level, Room 500  
 Daly City, CA 94015  
 (415) 750-5909

The Moreno Law Group  
 1505 North Wishon Avenue  
 Fresno, CA 93728  
 (559) 449-0400

1636 50<sup>th</sup> Street  
 San Diego, CA 92102  
 (619) 254-5064

**Each teleconference location is accessible to the public and the public will be given an opportunity to address the Board at each teleconference location.**

**AGENDA**

Discussion and possible action may be taken on any items listed on the agenda, and items may be taken out of order to facilitate the effective transaction of business.

1. Call to Order and Roll Call / Establishment of a Quorum (Dr. Joseph Zammuto, President)
2. Public Comment on Items Not on the Agenda (Dr. Zammuto)  
*The Board may not discuss or take action on any matter raised during this public comment section except to decide whether to place the matter on the agenda of a future meeting. (Government Code sections 11125, 11125.7(a).)*

3. Discussion and Possible Action to Adopt a New OMBC Board Logo (Mark Ito, Executive Director)
4. Discussion and Possible Action to Initiate the following Rulemaking Packages (Mark Ito, Executive Director)
  - a) Amend Title 16, California Code of Regulations (CCR) section 1635 (Required Continuing Medical Education (CME))
  - b) Amend Title 16, CCR section 1636 (Continuing Medical Education Progress Report).
  - c) Amend Title 16, CCR section 1641 (Sanctions for Noncompliance)
5. Legislation Report on Items introduced during the 2019 Legislative Session (Mark Ito, Executive Director)
  - [AB 149](#) (*Cooper*) Controlled substances: prescriptions
  - [AB 241](#) (*Kamlager-Dove – Coauthors: Assembly Members Bonta, Gonzalez, Jones-Sawyer, Kalra, McCarty, Weber, Wicks, and Senator Wiener*) Implicit bias: continuing education: requirements
  - [AB 370](#) (*Voepel*) Physicians and surgeons: forms: fee limitations
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  - [SB 425](#) (*Hill*) Health care practitioners: licensee’s file: probationary physician’s and surgeon’s certificate: unprofessional conduct
  - [SB 697](#) (*Caballero*) Physician assistants: practice agreement: supervision
6. Future Agenda Items (Dr. Zammuto)
  7. Future Meeting Dates (Dr. Zammuto)
  8. Adjournment (Dr. Zammuto)

**For further information about this meeting, please contact Machiko Chong at 916-928-7636 or in writing at 1300 National Drive, Suite 150, Sacramento, CA 95834. This notice and agenda, as well as any available Board meeting materials, can be accessed on the Board’s website at [www.ombc.ca.gov](http://www.ombc.ca.gov)**

Discussion and action may be taken on any item on the agenda. The time and order of agenda items are approximate and subject to change at the discretion of the Board President to facilitate the effective transaction of business.

In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board, including the teleconference sites, are open to the public. Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Board prior to the Board taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Board, but the Board President, at his or her discretion, may apportion available time among those who wish to speak. Individuals may appear before the Board to discuss items not on the agenda; however, the Board can neither discuss nor take official action on these items at the time of the same meeting. (Government Code sections 11125, 11125.7(a).)

Board meetings are held in barrier free facilities that are accessible to those with physical disabilities in accordance with the Americans with Disabilities Act (ADA). If you are a person with a disability requiring disability-related modifications or accommodations to participate in the meeting, including auxiliary aids or services, please contact Machiko Chong, ADA Liaison, at (916) 928-7636 or e-mail at [Machiko.Chong@dca.ca.gov](mailto:Machiko.Chong@dca.ca.gov) or send a written request to the Board’s office at 1300 National Drive, Suite 150, Sacramento, CA 95834-1991. Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation. Requests should be made as soon as possible, but at least five (5) working days prior to the scheduled meeting. You may also dial a voice TTY/TDD Communications Assistant at (800) 322-1700 or 7-1-1.

# Tab 2





- (a)  
- (b)  
- (c)  
- (d)  
- (e)  
- (f)  
- (g)  
- (h)  
- (i)  
- (j)  

(sample letterhead using DCA template)

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR  
DEPARTMENT OF CONSUMER AFFAIRS • OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA  
1300 National Drive, Suite 150, Sacramento, CA 95834  
P (916) 928-8390 | F (916) 928-8392 | [www.ombc.ca.gov](http://www.ombc.ca.gov)





- (a)   (f)  
- (b)   (g)  
- (c)   (h)  
- (d)   (i)  
- (e)   (j)  

(sample letterhead using DCA template)



# Tab 3

# Tab 4

**AB 149 (*Cooper*) Controlled substances:  
prescriptions**

## Assembly Bill No. 149

### CHAPTER 4

An act to amend Sections 11162.1 and 11164 of, and to add Section 11162.2 to, the Health and Safety Code, relating to controlled substances, and declaring the urgency thereof, to take effect immediately.

[Approved by Governor March 11, 2019. Filed with Secretary  
of State March 11, 2019.]

#### LEGISLATIVE COUNSEL'S DIGEST

AB 149, Cooper. Controlled substances: prescriptions.

Existing law classifies certain controlled substances into designated schedules. Existing law requires prescription forms for controlled substance prescriptions to be obtained from security printers approved by the department, as specified. Existing law requires those prescription forms to be printed with specified features, including a uniquely serialized number.

This bill would delay the requirement for those prescription forms to include a uniquely serialized number until a date determined by the Department of Justice that is no later than January 1, 2020. The bill would require, among other things, the serialized number to be utilizable as a barcode that may be scanned by dispensers. The bill would additionally make any prescription written on a prescription form that was otherwise valid prior to January 1, 2019, but that does not include a uniquely serialized number, or any prescription written on a form approved by the Department of Justice as of January 1, 2019, a valid prescription that may be filled, compounded, or dispensed until January 1, 2021. The bill would authorize the Department of Justice to extend this time period for a period no longer than an additional 6 months, if there is an inadequate availability of compliant prescription forms.

This bill would declare that it is to take effect immediately as an urgency statute.

*The people of the State of California do enact as follows:*

SECTION 1. Section 11162.1 of the Health and Safety Code is amended to read:

11162.1. (a) The prescription forms for controlled substances shall be printed with the following features:

(1) A latent, repetitive "void" pattern shall be printed across the entire front of the prescription blank; if a prescription is scanned or photocopied, the word "void" shall appear in a pattern across the entire front of the prescription.

(2) A watermark shall be printed on the backside of the prescription blank; the watermark shall consist of the words “California Security Prescription.”

(3) A chemical void protection that prevents alteration by chemical washing.

(4) A feature printed in thermochromic ink.

(5) An area of opaque writing so that the writing disappears if the prescription is lightened.

(6) A description of the security features included on each prescription form.

(7) (A) Six quantity check off boxes shall be printed on the form so that the prescriber may indicate the quantity by checking the applicable box where the following quantities shall appear:

1–24

25–49

50–74

75–100

101–150

151 and over.

(B) In conjunction with the quantity boxes, a space shall be provided to designate the units referenced in the quantity boxes when the drug is not in tablet or capsule form.

(8) Prescription blanks shall contain a statement printed on the bottom of the prescription blank that the “Prescription is void if the number of drugs prescribed is not noted.”

(9) The preprinted name, category of licensure, license number, federal controlled substance registration number, and address of the prescribing practitioner.

(10) Check boxes shall be printed on the form so that the prescriber may indicate the number of refills ordered.

(11) The date of origin of the prescription.

(12) A check box indicating the prescriber’s order not to substitute.

(13) An identifying number assigned to the approved security printer by the Department of Justice.

(14) (A) A check box by the name of each prescriber when a prescription form lists multiple prescribers.

(B) Each prescriber who signs the prescription form shall identify themselves as the prescriber by checking the box by the prescriber’s name.

(15) A uniquely serialized number, in a manner prescribed by the Department of Justice in accordance with Section 11162.2.

(b) Each batch of controlled substance prescription forms shall have the lot number printed on the form and each form within that batch shall be numbered sequentially beginning with the numeral one.

(c) (1) A prescriber designated by a licensed health care facility, a clinic specified in Section 1200, or a clinic specified in subdivision (a) of Section 1206 that has 25 or more physicians or surgeons may order controlled substance prescription forms for use by prescribers when treating patients

in that facility without the information required in paragraph (9) of subdivision (a) or paragraph (3).

(2) Forms ordered pursuant to this subdivision shall have the name, category of licensure, license number, and federal controlled substance registration number of the designated prescriber and the name, address, category of licensure, and license number of the licensed health care facility the clinic specified in Section 1200, or the clinic specified in Section 1206 that has 25 or more physicians or surgeons preprinted on the form. Licensed health care facilities or clinics exempt under Section 1206 are not required to preprint the category of licensure and license number of their facility or clinic.

(3) Forms ordered pursuant to this section shall not be valid prescriptions without the name, category of licensure, license number, and federal controlled substance registration number of the prescriber on the form.

(4) (A) Except as provided in subparagraph (B), the designated prescriber shall maintain a record of the prescribers to whom the controlled substance prescription forms are issued, that shall include the name, category of licensure, license number, federal controlled substance registration number, and quantity of controlled substance prescription forms issued to each prescriber. The record shall be maintained in the health facility for three years.

(B) Forms ordered pursuant to this subdivision that are printed by a computerized prescription generation system shall not be subject to subparagraph (A) or paragraph (7) of subdivision (a). Forms printed pursuant to this subdivision that are printed by a computerized prescription generation system may contain the prescriber's name, category of professional licensure, license number, federal controlled substance registration number, and the date of the prescription.

(d) Within the next working day following delivery, a security printer shall submit via web-based application, as specified by the Department of Justice, all of the following information for all prescription forms delivered:

(1) Serial numbers of all prescription forms delivered.

(2) All prescriber names and Drug Enforcement Administration Controlled Substance Registration Certificate numbers displayed on the prescription forms.

(3) The delivery shipment recipient names.

(4) The date of delivery.

SEC. 2. Section 11162.2 is added to the Health and Safety Code, to read:

11162.2. (a) Notwithstanding any other law, the uniquely serialized number described in paragraph (15) of subdivision (a) of Section 11162.1 shall not be a required feature in the printing of new prescription forms produced by approved security printers until a date determined by the Department of Justice, which shall be no later than January 1, 2020.

(b) Specifications for the serialized number shall be prescribed by the Department of Justice and shall meet the following minimum requirements:

(1) The serialized number shall be compliant with all state and federal requirements.



(2) The serialized number shall be utilizable as a barcode that may be scanned by dispensers.

(3) The serialized number shall be compliant with current National Council for Prescription Drug Program Standards.

SEC. 3. Section 11164 of the Health and Safety Code is amended to read:

11164. Except as provided in Section 11167, no person shall prescribe a controlled substance, nor shall any person fill, compound, or dispense a prescription for a controlled substance, unless it complies with the requirements of this section.

(a) Each prescription for a controlled substance classified in Schedule II, III, IV, or V, except as authorized by subdivision (b), shall be made on a controlled substance prescription form as specified in Section 11162.1 and shall meet the following requirements:

(1) The prescription shall be signed and dated by the prescriber in ink and shall contain the prescriber's address and telephone number; the name of the ultimate user or research subject, or contact information as determined by the Secretary of the United States Department of Health and Human Services; refill information, such as the number of refills ordered and whether the prescription is a first-time request or a refill; and the name, quantity, strength, and directions for use of the controlled substance prescribed.

(2) The prescription shall also contain the address of the person for whom the controlled substance is prescribed. If the prescriber does not specify this address on the prescription, the pharmacist filling the prescription or an employee acting under the direction of the pharmacist shall write or type the address on the prescription or maintain this information in a readily retrievable form in the pharmacy.

(b) (1) Notwithstanding paragraph (1) of subdivision (a) of Section 11162.1, any controlled substance classified in Schedule III, IV, or V may be dispensed upon an oral or electronically transmitted prescription, which shall be produced in hard copy form and signed and dated by the pharmacist filling the prescription or by any other person expressly authorized by provisions of the Business and Professions Code. Any person who transmits, maintains, or receives any electronically transmitted prescription shall ensure the security, integrity, authority, and confidentiality of the prescription.

(2) The date of issue of the prescription and all the information required for a written prescription by subdivision (a) shall be included in the written record of the prescription; the pharmacist need not include the address, telephone number, license classification, or federal registry number of the prescriber or the address of the patient on the hard copy, if that information is readily retrievable in the pharmacy.

(3) Pursuant to an authorization of the prescriber, any agent of the prescriber on behalf of the prescriber may orally or electronically transmit a prescription for a controlled substance classified in Schedule III, IV, or V, if in these cases the written record of the prescription required by this subdivision specifies the name of the agent of the prescriber transmitting the prescription.

(c) The use of commonly used abbreviations shall not invalidate an otherwise valid prescription.

(d) Notwithstanding subdivisions (a) and (b), prescriptions for a controlled substance classified in Schedule V may be for more than one person in the same family with the same medical need.

(e) (1) Notwithstanding any other law, a prescription written on a prescription form that was otherwise valid prior to January 1, 2019, but that does not comply with paragraph (15) of subdivision (a) of Section 11162.1, or a valid controlled substance prescription form approved by the Department of Justice as of January 1, 2019, is a valid prescription that may be filled, compounded, or dispensed until January 1, 2021.

(2) If the Department of Justice determines that there is an inadequate availability of compliant prescription forms to meet demand on or before the date described in paragraph (1), the department may extend the period during which prescriptions written on noncompliant prescription forms remain valid for a period no longer than an additional six months.

SEC. 4. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the California Constitution and shall go into immediate effect. The facts constituting the necessity are:

To immediately confirm the validity of prescriptions for medication written on prescription forms issued, filled, compounded, or dispensed following the enactment of Chapter 479 of the Statutes of 2018 and clarify a timeline for implementation that preserves the continuity of treatment for patients.

***AB 241 (Kamlager-Dove – Coauthors:  
Assembly Members Bonta, Gonzalez, Jones-  
Sawyer, Kalra, McCarty, Weber, Wicks, and  
Senator Wiener) Implicit bias: continuing  
education: requirements***

AMENDED IN ASSEMBLY APRIL 30, 2019

AMENDED IN ASSEMBLY APRIL 4, 2019

AMENDED IN ASSEMBLY MARCH 19, 2019

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

**ASSEMBLY BILL**

**No. 241**

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**Introduced by Assembly Member Kamlager-Dove**  
**(Coauthors: Assembly Members Bonta, Gonzalez, Jones-Sawyer,**  
**Kalra, McCarty, Weber, and Wicks)**  
~~(Coauthor: Senator Wiener)~~  
*(Coauthors: Senators Wiener and Skinner)*

January 18, 2019

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An act to amend Sections 2190.1 and 3524.5 of, and to add Section 2736.5 to, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 241, as amended, Kamlager-Dove. Implicit bias: continuing education: requirements.

Existing law, the Medical Practice Act, provides for the licensure and regulation of physicians and surgeons by the Medical Board of California. Under the act, a physician and surgeon is required to demonstrate satisfaction of continuing education requirements, including cultural and linguistic competency in the practice of medicine, as specified.

This bill, by January 1, 2022, would require ~~the curriculum for~~ *all* continuing education *courses* for a physician and surgeon to ~~include~~ *contain curriculum that includes* specified instruction in the understanding of implicit bias in medical treatment.

Existing law, the Nursing Practice Act, regulates the practice of nursing by the Board of Registered Nursing. The act requires persons licensed by the board to complete specified courses of instruction, including instruction regarding alcoholism and substance dependency and spousal abuse.

This bill would require the Board of Registered Nursing, by January 1, 2022, to adopt regulations requiring ~~the curriculum for~~ *all* continuing education *courses* for its licensees to ~~include~~ *contain curriculum that includes* specified instruction in the understanding of implicit bias in treatment.

Existing law, the Physician Assistant Practice Act, authorizes the Physician Assistant Board to require a licensee to complete not more than 50 hours of continuing education every two years as a condition of license renewal.

This bill would require the Physician Assistant Board, by January 1, 2022, to adopt regulations requiring ~~the curriculum for~~ *all* continuing education *courses* for its licensees to ~~include~~ *contain curriculum that includes* specified instruction in the understanding of implicit bias in treatment.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. The Legislature finds and declares all of the
- 2 following:
- 3 (a) Implicit bias, meaning the attitudes or internalized
- 4 stereotypes that affect our perceptions, ~~actions~~ *actions*, and
- 5 decisions in an unconscious manner, exists, and often contributes
- 6 to unequal treatment of people based on race, ethnicity, gender
- 7 identity, sexual orientation, ~~ability~~, *disability*, and other
- 8 characteristics.
- 9 (b) Implicit bias contributes to health disparities by affecting
- 10 the behavior of physicians and surgeons, nurses, physician
- 11 assistants, and other healing arts licensees.
- 12 (c) Evidence of racial and ethnic disparities in health care is
- 13 remarkably consistent across a range of illnesses and health care
- 14 services. Racial and ethnic disparities remain even after adjusting
- 15 for socioeconomic differences, insurance status, and other factors
- 16 influencing access to health care.

1 (d) African American women are three to four times more likely  
2 than white women to die from pregnancy-related causes  
3 nationwide. African American patients often are prescribed less  
4 pain medication than white patients who present the same  
5 complaints, and African American patients with signs of heart  
6 problems are not referred for advanced cardiovascular procedures  
7 as often as white patients with the same symptoms.

8 (e) Implicit gender bias also impacts treatment decisions and  
9 outcomes. Women are less likely to survive a heart attack when  
10 they are treated by a male physician and surgeon. LGBTQ and  
11 gender-nonconforming patients are less likely to seek timely  
12 medical care because they experience disrespect and discrimination  
13 from health care staff, with one out of five transgender patients  
14 nationwide reporting that they were outright denied medical care  
15 due to bias.

16 (f) The Legislature intends to provide specified healing arts  
17 licensees with strategies for understanding and reducing the impact  
18 of their biases in order to reduce disparate outcomes and ensure  
19 that all patients receive fair treatment and quality health care.

20 SEC. 2. Section 2190.1 of the Business and Professions Code  
21 is amended to read:

22 2190.1. (a) The continuing medical education standards of  
23 Section 2190 may be met by educational activities that meet the  
24 standards of the board and that serve to maintain, develop, or  
25 increase the knowledge, skills, and professional performance that  
26 a physician and surgeon uses to provide care, or to improve the  
27 quality of care provided to patients. These may include, but are  
28 not limited to, educational activities that meet any of the following  
29 criteria:

30 (1) Have a scientific or clinical content with a direct bearing on  
31 the quality or cost-effective provision of patient care, community  
32 or public health, or preventive medicine.

33 (2) Concern quality assurance or improvement, risk  
34 management, health facility standards, or the legal aspects of  
35 clinical medicine.

36 (3) Concern bioethics or professional ethics.

37 (4) Are designed to improve the physician-patient relationship.

38 (b) (1) On and after July 1, 2006, all continuing medical  
39 education courses shall contain curriculum that includes cultural  
40 and linguistic competency in the practice of medicine.

1 (2) Notwithstanding the provisions of paragraph (1), a  
2 continuing medical education course dedicated solely to research  
3 or other issues that does not include a direct patient care component  
4 or a course offered by a continuing medical education provider  
5 that is not located in this state is not required to contain curriculum  
6 that includes cultural and linguistic competency in the practice of  
7 medicine.

8 (3) Associations that accredit continuing medical education  
9 courses shall develop standards before July 1, 2006, for compliance  
10 with the requirements of paragraph (1). The associations may  
11 update these standards, as needed, in conjunction with an advisory  
12 group that has expertise in cultural and linguistic competency  
13 issues.

14 (4) A physician and surgeon who completes a continuing  
15 education course meeting the standards developed pursuant to  
16 paragraph (3) satisfies the continuing education requirement for  
17 cultural and linguistic competency.

18 (c) In order to satisfy the requirements of subdivision (b),  
19 continuing medical education courses shall address at least one or  
20 a combination of the following:

21 (1) Cultural competency. For the purposes of this section,  
22 “cultural competency” means a set of integrated attitudes,  
23 knowledge, and skills that enables a health care professional or  
24 organization to care effectively for patients from diverse cultures,  
25 groups, and communities. At a minimum, cultural competency is  
26 recommended to include the following:

27 (A) Applying linguistic skills to communicate effectively with  
28 the target population.

29 (B) Utilizing cultural information to establish therapeutic  
30 relationships.

31 (C) Eliciting and incorporating pertinent cultural data in  
32 diagnosis and treatment.

33 (D) Understanding and applying cultural and ethnic data to the  
34 process of clinical care, including, as appropriate, information  
35 pertinent to the appropriate treatment of, and provision of care to,  
36 the lesbian, gay, bisexual, transgender, and intersex communities.

37 (2) Linguistic competency. For the purposes of this section,  
38 “linguistic competency” means the ability of a physician and  
39 surgeon to provide patients who do not speak English or who have

1 limited ability to speak English, direct communication in the  
2 patient’s primary language.

3 (3) A review and explanation of relevant federal and state laws  
4 and regulations regarding linguistic access, including, but not  
5 limited to, the federal Civil Rights Act (42 U.S.C. Sec. 1981, 1981  
6 et seq.), Executive Order 13166 of August 11, 2000, of the  
7 President of the United States, and the Dymally-Alatorre Bilingual  
8 Services Act (Chapter 17.5 (commencing with Section 7290) of  
9 Division 7 of Title 1 of the Government Code).

10 (d) On and after January 1, 2022, all continuing medical  
11 education courses shall contain curriculum that includes the  
12 understanding of implicit bias and the promotion of bias-reducing  
13 strategies to address how unintended biases in decisionmaking  
14 may contribute to health care disparities by shaping behavior and  
15 producing differences in medical treatment along lines of race,  
16 ethnicity, gender identity, sexual orientation, socioeconomic status,  
17 or other characteristics. ~~A physician and surgeon shall meet the  
18 requirements of this subdivision by the physician and surgeon’s  
19 next license renewal date and each subsequent renewal date  
20 thereafter.~~

21 (e) Notwithstanding subdivision (a), educational activities that  
22 are not directed toward the practice of medicine, or are directed  
23 primarily toward the business aspects of medical practice,  
24 including, but not limited to, medical office management, billing  
25 and coding, and marketing shall not be deemed to meet the  
26 continuing medical education standards for licensed physicians  
27 and surgeons.

28 (f) Educational activities that meet the content standards set  
29 forth in this section and are accredited by the California Medical  
30 Association or the Accreditation Council for Continuing Medical  
31 Education may be deemed by the Division of Licensing to meet  
32 its continuing medical education standards.

33 SEC. 3. Section 2736.5 is added to the Business and Professions  
34 Code, to read:

35 2736.5. The board shall adopt regulations to require that, on  
36 and after January 1, 2022, ~~the all~~ continuing education ~~curriculum~~  
37 *courses* for all licensees under this chapter *contain curriculum that*  
38 includes the understanding of implicit bias and the promotion of  
39 bias-reducing strategies to address how unintended biases in  
40 decisionmaking may contribute to health care disparities by shaping



1 behavior and producing differences in treatment along lines of  
 2 race, ethnicity, gender identity, sexual orientation, socioeconomic  
 3 status, or other characteristics. ~~A licensee shall meet the~~  
 4 ~~requirements of this section by the licensee’s next license renewal~~  
 5 ~~date and each subsequent renewal date thereafter.~~

6 SEC. 4. Section 3524.5 of the Business and Professions Code  
 7 is amended to read:

8 3524.5. (a) The board may require a licensee to complete  
 9 continuing education as a condition of license renewal under  
 10 Section 3523 or 3524. The board shall not require more than 50  
 11 hours of continuing education every two years. The board shall,  
 12 as it deems appropriate, accept certification by the National  
 13 Commission on Certification of Physician Assistants (NCCPA),  
 14 or another qualified certifying body, as determined by the board,  
 15 as evidence of compliance with continuing education requirements.

16 (b) The board shall adopt regulations to require that, on and  
 17 after January 1, 2022, ~~the all~~ continuing education ~~curriculum~~  
 18 ~~courses for all~~ licensees under this chapter *contain curriculum that*  
 19 includes the understanding of implicit bias and the promotion of  
 20 bias-reducing strategies to address how unintended biases in  
 21 decisionmaking may contribute to health care disparities by shaping  
 22 behavior and producing differences in treatment along lines of  
 23 race, ethnicity, gender identity, sexual orientation, socioeconomic  
 24 status, or other characteristics. ~~A licensee shall meet the~~  
 25 ~~requirements of this subdivision by the licensee’s next license~~  
 26 ~~renewal date and each subsequent renewal date thereafter.~~

27  
 28  
 29 **REVISIONS:**  
 30 **Heading—Line 4.**

\_\_\_\_\_

\_\_\_\_\_

**AB 370 (*Voepel*) Physicians and surgeons:  
forms: fee limitations**

AMENDED IN ASSEMBLY APRIL 22, 2019

AMENDED IN ASSEMBLY MARCH 12, 2019

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

**ASSEMBLY BILL**

**No. 370**

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**Introduced by Assembly Member Voepel**

February 5, 2019

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An act to add Article 16 (commencing with Section 2380) to Chapter 5 of Division 2 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 370, as amended, Voepel. Physicians and surgeons: forms: fee limitations.

Existing law, the Medical Practice Act, provides for the licensure and regulation of the practice of medicine by physicians and surgeons. Existing law establishes the Medical Board of California within the Department of Consumer Affairs to enforce the licensing and regulatory provisions in the act. *Existing law provides that a violation of specified provisions of the act is a crime.*

This bill would limit the amount that a physician and surgeon licensee may charge a patient for filling out medical forms, including applications for state disability insurance, ~~as specified. The bill would authorize the Medical Board of California to annually increase the fee amount permitted by an amount equal to the increase in the California Consumer Price Index.~~ *to a reasonable fee, based on the actual time and cost for filling out the form, as specified. The bill would provide that a violation of these provisions is not a crime.*

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Article 16 (commencing with Section 2380) is  
2 added to Chapter 5 of Division 2 of the Business and Professions  
3 Code, to read:

4  
5 Article 16. Medical Forms  
6

7 2380. (a) Subject to subdivision (b), a physician and surgeon  
8 ~~shall not may charge a fee to~~ a patient for filling out medical forms,  
9 *no more than a reasonable fee based on the actual time and cost*  
10 *for filling out the forms*, including forms to apply for state disability  
11 ~~insurance, that exceeds twenty-five dollars (\$25) for each form.~~  
12 *insurance.*

13 (b) The limitation on fees applies only to forms subsequently  
14 filled out by the licensee after the initial form is completed.

15 ~~(e) Subject to Section 2001.1, the Medical Board of California~~  
16 ~~may annually increase the amount of fees permitted to be charged~~  
17 ~~under this section by an amount equal to the increase in the~~  
18 ~~California Consumer Price Index.~~

19 (c) *It is the intent of the Legislature that completed medical*  
20 *forms be made available at the lowest possible cost to the patient.*

21 (d) *Section 2314 shall not apply to a violation of this section.*

**AB 387 (*Gabriel*) Physician and surgeons:  
pharmacists: prescriptions**

AMENDED IN ASSEMBLY MAY 20, 2019

AMENDED IN ASSEMBLY APRIL 22, 2019

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

**ASSEMBLY BILL**

**No. 387**

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**Introduced by Assembly Member Gabriel**

February 5, 2019

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An act to add Section 2051.1 to the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 387, as amended, Gabriel. Physician and surgeons: pharmacists: prescriptions.

The Medical Practice Act provides for the licensure and regulation of physicians and surgeons by the Medical Board of California and authorizes a licensed physician and surgeon to use drugs or devices in or upon human beings and to sever or penetrate the tissues of human beings and to use any and all other methods in the treatment of diseases, injuries, deformities, and other physical and mental conditions.

This bill would require a physician and ~~surgeon~~ *surgeon, on and after January 1, 2022, when providing a prescription for a drug or device to a patient, to discuss with the patient the opportunity to opt in to having the physician and surgeon indicate the purpose for a the drug or device on the prescription for that drug or device when providing a prescription to a patient unless the patient chooses to opt out of having the purpose for the drug or device included on the prescription.*

The Pharmacy Law provides for the licensure and regulation of the practice of pharmacy by the California State Board of Pharmacy. Existing law requires the California State Board of Pharmacy to

promulgate regulations that require, on or before January 1, 2011, a standardized, patient-centered, prescription drug label on all prescription medication dispensed to patients in California.

Under the bill, if the purpose of a drug or device is not indicated on a prescription for that drug or device as required by the bill, a dispensing pharmacist would not be responsible for ascertaining the purpose ~~or~~ *or, on or after January 1, 2022, determining whether the patient opted out of its inclusion on the prescription. in to a drug or device purpose indication.* The bill would require the California State Board of Pharmacy to adopt ~~revised~~ regulations *by January 1, 2022*, providing additional technical guidance regarding the format and manner in which a pharmacist is to incorporate drug or device purpose indications on the standardized, patient-centered, prescription drug label.

~~The provisions of the bill would not become operative until the operative date of the regulations. The bill would require the California State Board of Pharmacy to notify the Secretary of State when regulations have been adopted.~~

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. Section 2051.1 is added to the Business and
- 2 Professions Code, to read:
- 3 2051.1. (a) ~~A~~ *On and after January 1, 2022, a physician and*
- 4 ~~surgeon~~ *surgeon, when providing a prescription for a drug or*
- 5 *device to a patient, shall discuss with the patient the opportunity*
- 6 *to opt in to having the physician and surgeon indicate the purpose*
- 7 ~~for a that drug or device on the prescription for that drug or device~~
- 8 ~~when providing a prescription to a patient, unless the patient~~
- 9 ~~chooses to opt out of having the purpose for the drug or device~~
- 10 ~~included on the that prescription. Nothing shall prohibit a physician~~
- 11 ~~and surgeon from describing the purpose for a drug or device in~~
- 12 ~~a manner that protects patient privacy.~~
- 13 (b) ~~Prior to indicating the purpose for a drug or device on a~~
- 14 ~~prescription pursuant to subdivision (a), a physician and surgeon~~
- 15 ~~shall give the patient the option to opt out of having the purpose~~
- 16 ~~for a drug or device included on the prescription.~~
- 17 (e)

1 (b) (1) If the purpose of a drug or device is not indicated on a  
2 prescription for that drug or device pursuant to subdivision (a), a  
3 dispensing pharmacist shall not be responsible for ascertaining the  
4 purpose ~~or~~ *or, on or after January 1, 2022*, determining whether  
5 the patient opted out of its inclusion on the prescription *in* pursuant  
6 to subdivision ~~(b)~~ *(a)*.

7 ~~(d)~~

8 (2) The California State Board of ~~Pharmacy~~ *Pharmacy*, by  
9 *January 1, 2022*, shall adopt ~~revised~~ regulations providing  
10 ~~additional~~ technical guidance regarding the format and manner in  
11 which a pharmacist is to incorporate drug or device purpose  
12 indications on the standardized, patient-centered, prescription drug  
13 label pursuant to Section 4076.5.

14 ~~(e) This section shall become operative on the operative date~~  
15 ~~of the regulations adopted pursuant to subdivision (d). The~~  
16 ~~California State Board of Pharmacy shall notify the Secretary of~~  
17 ~~State when regulations have been adopted.~~



**AB 407 (*Santiago*) Fluoroscopy permit or  
certification and continuing education:  
exceptions**

AMENDED IN ASSEMBLY APRIL 11, 2019

AMENDED IN ASSEMBLY MARCH 28, 2019

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

**ASSEMBLY BILL**

**No. 407**

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**Introduced by Assembly Member Santiago**

February 7, 2019

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An act to amend Sections 107110 and 114870 of the Health and Safety Code, relating to public health.

LEGISLATIVE COUNSEL'S DIGEST

AB 407, as amended, Santiago. Fluoroscopy permit or certification and continuing education: exceptions.

The Radiologic Technology Act makes it unlawful for any licentiate of the healing arts to administer or use diagnostic, mammographic, or therapeutic X-ray on human beings in this state, unless that person is certified by the State Department of Public Health and acting within the scope of that certification. The act requires the department to prescribe minimum qualifications for granting a fluoroscopy permit and continuing education requirements for the holders of that permit. A person who violates a provision of the Radiologic Technology Act or regulation of the department adopted pursuant to that act is guilty of a misdemeanor.

This bill ~~would, notwithstanding any other law, would~~ authorize a physician and surgeon, or a doctor of podiatric medicine, ~~to provide fluoroscopy services who works~~ in a setting that is in compliance with the Centers for Medicare and Medicaid Services' Conditions for Coverage relating to radiation ~~safety safety, to provide fluoroscopy services~~ without a fluoroscopy permit or certification. The bill would

require the department to provide that working in a setting that is in compliance with the Centers for Medicare and Medicaid Services’ Conditions for Coverage relating to radiation safety satisfies a requirement for fluoroscopy continuing education set forth in a specific regulation.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
 State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 107110 of the Health and Safety Code  
 2 is amended to read:

3 107110. (a) It shall be unlawful for any licentiate of the healing  
 4 arts to administer or use diagnostic, mammographic, or therapeutic  
 5 X-ray on human beings in this state after January 1, 1972, unless  
 6 that person is certified pursuant to subdivision (e) of Section  
 7 114870, Section 114872, or Section 114885, and is acting within  
 8 the scope of that certification.

9 (b) Notwithstanding ~~any other law, including~~ subdivision (a),  
 10 a physician and surgeon, or a doctor of podiatric medicine, ~~may~~  
 11 ~~provide fluoroscopy services who works~~ in a setting that is in  
 12 compliance with the Centers for Medicare and Medicaid Services’  
 13 Conditions for Coverage relating to radiation ~~safety~~ *safety*, ~~may~~  
 14 ~~provide fluoroscopy services~~ without a fluoroscopy permit or  
 15 certification.

16 SEC. 2. Section 114870 of the Health and Safety Code is  
 17 amended to read:

18 114870. The department shall do all of the following:

19 (a) Upon recommendation of the committee, adopt regulations  
 20 as may be necessary to accomplish the purposes of this chapter.

21 (b) (1) Provide for certification of radiologic technologists,  
 22 without limitation as to procedures or areas of application, except  
 23 as provided in Section 106980. Separate certificates shall be  
 24 provided for diagnostic radiologic technology, for mammographic  
 25 radiologic technology, and for therapeutic radiologic technology.  
 26 If a person has received accreditation to perform mammography  
 27 from a private accreditation organization, the department shall  
 28 consider this accreditation when deciding to issue a mammographic  
 29 radiologic technology certificate.

1 (2) Provide, upon recommendation of the committee, that a  
2 radiologic technologist who operates digital radiography equipment  
3 devote a portion of their continuing education credit hours to  
4 continuing education in digital radiologic technology.

5 (c) (1) (A) Provide, as may be deemed appropriate, for granting  
6 limited permits to persons to conduct radiologic technology limited  
7 to the performance of certain procedures or the application of  
8 X-rays to specific areas of the human body, except for  
9 mammography, prescribe minimum standards of training and  
10 experience for these persons, and prescribe procedures for  
11 examining applicants for limited permits. The minimum standards  
12 shall include a requirement that persons granted limited permits  
13 under this subdivision shall meet those fundamental requirements  
14 in basic radiological health training and knowledge similar to those  
15 required for persons certified under subdivision (b) as the  
16 department determines are reasonably necessary for the protection  
17 of the health and safety of the public.

18 (B) Provide that an applicant for approval as a limited permit  
19 X-ray technician in the categories of chest radiography, extremities  
20 radiography, gastrointestinal radiography, genitourinary  
21 radiography, leg-podiatric radiography, skull radiography, and  
22 torso-skeletal radiography, as these categories are defined in  
23 Section 30443 of Title 17 of the California Code of Regulations,  
24 shall have at least 50 hours of education in radiological protection  
25 and safety. The department may allocate these hours as it deems  
26 appropriate.

27 (2) Provide that a limited permit X-ray technician in the  
28 categories of chest radiography, extremities radiography,  
29 gastrointestinal radiography, genitourinary radiography,  
30 leg-podiatric radiography, skull radiography, and torso-skeletal  
31 radiography, as these categories are defined in Section 30443 of  
32 Title 17 of the California Code of Regulations, may perform digital  
33 radiography within their respective scopes of practice after  
34 completion of 20 hours or more of instruction in digital radiologic  
35 technology approved by the department. This requirement ~~shall~~  
36 ~~not be construed to~~ *does not* preclude limited permit X-ray  
37 technicians in the categories of dental laboratory radiography and  
38 X-ray bone densitometry from performing digital radiography  
39 upon meeting the educational requirements determined by the  
40 department.

1 (3) Provide, upon recommendation of the committee, that a  
2 limited permit X-ray technician who has completed the initial  
3 instruction described in paragraph (2) devote a portion of their  
4 required continuing education credit hours to additional continuing  
5 instruction in digital radiologic technology.

6 (d) Provide for the approval of schools for radiologic  
7 technologists. Schools for radiologic technologists shall include  
8 20 hours of approved instruction in digital radiography. The  
9 department may exempt a school from this requirement as it deems  
10 appropriate.

11 (e) Provide, upon recommendation of the committee, for  
12 certification of licentiates of the healing arts to supervise the  
13 operation of X-ray machines or to operate X-ray machines, or both,  
14 prescribe minimum standards of training and experience for these  
15 licentiates of the healing arts, and prescribe procedures for  
16 examining applicants for certification. This certification may limit  
17 the use of X-rays to certain X-ray procedures and the application  
18 of X-rays to specific areas of the human body.

19 (f) (1) Provide for certification of any physician and surgeon  
20 to operate, and supervise the operation of, a bone densitometer, if  
21 that physician and surgeon provides the department a certificate  
22 that evidences training in the use of a bone densitometer by a  
23 representative of a bone densitometer machine manufacturer, or  
24 through any radiologic technology school. The certification shall  
25 be valid for the particular bone densitometer the physician and  
26 surgeon was trained to use, and for any other bone densitometer  
27 that meets all of the criteria specified in subparagraphs (A) to (C),  
28 inclusive, if the physician and surgeon has completed training, as  
29 specified in subparagraph (A) of paragraph (2), for the use of that  
30 bone densitometer. The physician and surgeon shall, upon request  
31 of the department, provide evidence of training, pursuant to  
32 subparagraph (A) of paragraph (2), for the use of any bone  
33 densitometer used by the physician and surgeon. The activity  
34 covered by the certificate shall be limited to the use of an X-ray  
35 bone densitometer to which all of the following is applicable:

36 (A) The bone densitometer does not require user intervention  
37 for calibration.

38 (B) The bone densitometer does not provide an image for  
39 diagnosis.

1 (C) The bone densitometer is used only to estimate bone density  
2 of the heel, wrist, or finger of the patient.

3 (2) The certificate shall be accompanied by a copy of the  
4 curriculum covered by the manufacturer's representative or  
5 radiologic technology school. The curriculum shall include, at a  
6 minimum, instruction in all of the following areas:

7 (A) Procedures for operation of the bone densitometer by the  
8 physician and surgeon, and for the supervision of the operation of  
9 the bone densitometer by other persons, including procedures for  
10 quality assurance of the bone densitometer.

11 (B) Proper radiation protection of the operator, the patient, and  
12 third parties in proximity to the bone densitometer.

13 (C) Provisions of Article 5 (commencing with Section 106955)  
14 of Chapter 4 of Part 1 of Division 104.

15 (D) Provisions of Chapter 6 (commencing with Section 114840)  
16 of Part 9 of Division 104.

17 (E) Provisions of Group 1 (commencing with Section 30100)  
18 of Subchapter 4 of Chapter 5 of Division 1 of Title 17 of the  
19 California Code of Regulations.

20 (F) Provisions of Group 1.5 (commencing with Section 30108)  
21 of Subchapter 4 of Chapter 5 of Division 1 of Title 17 of the  
22 California Code of Regulations.

23 (G) Provisions of Article 1 (commencing with Section 30252)  
24 of Group 3 of Subchapter 4 of Chapter 5 of Division 1 of Title 17  
25 of the California Code of Regulations.

26 (H) Provisions of Article 2 (commencing with Section 30254)  
27 of Group 3 of Subchapter 4 of Chapter 5 of Division 1 of Title 17  
28 of the California Code of Regulations.

29 (I) Provisions of Article 3 (commencing with Section 30275)  
30 of Group 3 of Subchapter 4 of Chapter 5 of Division 1 of Title 17  
31 of the California Code of Regulations.

32 (J) Provisions of Article 4 (commencing with Section 30305)  
33 of Group 3 of Subchapter 4 of Chapter 5 of Division 1 of Title 17  
34 of the California Code of Regulations.

35 (K) Provisions of Subchapter 4.5 (commencing with Section  
36 30400) of Chapter 5 of Division 1 of Title 17 of the California  
37 Code of Regulations.

38 (3) (A) Notwithstanding any other ~~provision~~ of law, this  
39 subdivision shall constitute all the requirements that must be met  
40 by a physician and surgeon in order to operate, and supervise the

1 operation of, a bone densitometer. The department may adopt  
2 regulations consistent with this section in order to administer the  
3 certification requirements.

4 (B) No person may be supervised by a physician and surgeon  
5 in the use of a bone densitometer unless that person possesses the  
6 necessary license or permit required by the department.

7 (C) Nothing in this subdivision shall affect the requirements  
8 imposed by the committee or the department for the registration  
9 of a bone densitometer machine, or for the inspection of facilities  
10 in which any bone densitometer machine is operated.

11 (D) This subdivision shall not apply to a licentiate of the healing  
12 arts who is certified pursuant to subdivision (e) or pursuant to  
13 Section 107111.

14 (E) The department shall charge a fee for a certificate issued  
15 pursuant to this subdivision to the extent necessary to administer  
16 certification. The fee shall be in an amount sufficient to cover the  
17 department's costs of implementing this subdivision and shall not  
18 exceed the fee for certification to operate or supervise the operation  
19 of an X-ray machine pursuant to subdivision (e). The fees collected  
20 pursuant to this subparagraph shall be deposited into the Radiation  
21 Control Fund established pursuant to Section 114980.

22 (g) Upon recommendation of the committee, exempt from  
23 certification requirements those licentiates of the healing arts who  
24 have successfully completed formal courses in schools certified  
25 by the department and who have successfully passed a  
26 roentgenology technology and radiation protection examination  
27 approved by the department and administered by the board that  
28 issued their license.

29 (h) (1) No later than July 1, 2019, the department shall require  
30 an applicant to provide either the individual taxpayer identification  
31 number or social security number for purposes of applying for or  
32 the renewal of a certificate, license, or permit issued under this  
33 section or regulations promulgated pursuant thereto.

34 (2) The individual taxpayer identification or the social security  
35 number shall serve to establish the identification of persons affected  
36 by state tax laws and for purposes of establishing compliance with  
37 subsection (a) of Section 666 of Title 42 of the United States Code,  
38 Section 60.15 of Title 45 of the Code of Federal Regulations,  
39 Section 17520 of the Family Code, and Section 11105 of the Penal

1 Code, and to that end, the information furnished pursuant to this  
2 section shall be used exclusively for those purposes.

3 (3) The department shall not do either of the following:

4 (A) Require an applicant to disclose citizenship status or  
5 immigration status for purposes of the application or renewal of a  
6 certificate, license, or permit issued under this section or  
7 regulations promulgated pursuant thereto.

8 (B) Deny certification to an otherwise qualified and eligible  
9 applicant based solely on citizenship status or immigration status.

10 (4) If the department utilizes a national examination to issue a  
11 certificate, and if a reciprocity agreement or comity exists between  
12 the State of California and the state requesting release of the  
13 individual taxpayer identification number or social security number,  
14 any deputy, agent, clerk, officer, or employee of the department  
15 may release an individual's taxpayer identification number or  
16 social security number to an examination or certifying entity, only  
17 for the purpose of verification of certification or examination status.

18 (i) ~~Provide that working~~ *A physician and surgeon, or a doctor*  
19 *of podiatric medicine, who works in a setting that is in compliance*  
20 *with the Centers for Medicare and Medicaid Services' Conditions*  
21 *for Coverage relating to radiation—safety safety, satisfies the*  
22 *requirement for fluoroscopy continuing education as set forth in*  
23 *subdivision (b) of Section 30403 of Title 17 of the California Code*  
24 *of Regulations.*



**AB 521 (*Berman*) Physician and surgeons:  
firearms: training**

AMENDED IN SENATE MAY 30, 2019  
AMENDED IN ASSEMBLY MARCH 26, 2019  
CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

**ASSEMBLY BILL**

**No. 521**

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**Introduced by Assembly Member Berman**  
**(Coauthors: Assembly Members Aguiar-Curry, Chiu, Gabriel,**  
**Gloria, Levine, and Mark Stone)**  
**(Coauthors: Senators Portantino and Wiener)**

February 13, 2019

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An act to amend Section 14232 of, to add the heading of Chapter 1 (commencing with Section 14230) to Title 12.2 of Part 4 of, and to add Chapter 2 (commencing with Section 14235) ~~of~~ to Title 12.2 of Part 4 of, the Penal Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 521, as amended, Berman. ~~Physician~~ *Physicians* and surgeons: firearms: training.

Existing law establishes and funds various research centers and programs in conjunction with the University of California. Under existing law the University of California has the authority to establish and administer a Firearm Violence Research Center to research firearm violence.

The bill would, upon adoption of a specified resolution by the Regents of the University of California, require the center to develop multifaceted education and training programs for medical and mental health providers on the prevention of firearm-related injury and death, as specified. The bill would, upon adoption of that resolution, require the university to report, on or before December 31, 2020, and annually thereafter,

specified information regarding the activities of, and financial details relating to, the program. The bill would also make conforming changes.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. The heading of Chapter 1 (commencing with  
2 Section 14230) is added to Title 12.2 of Part 4 of the Penal Code,  
3 to read:

4  
5 CHAPTER 1. CALIFORNIA FIREARM VIOLENCE RESEARCH  
6 CENTER  
7

8 SEC. 2. Section 14232 of the Penal Code is amended to read:  
9 14232. This chapter shall apply to the University of California  
10 only to the extent that the Regents of the University of California,  
11 by resolution, make any of these provisions applicable to the  
12 university.

13 SEC. 3. Chapter 2 (commencing with Section 14235) is added  
14 to Title 12.2 of Part 4 of the Penal Code, to read:

15  
16 CHAPTER 2. MEDICAL AND HEALTH PROVIDER EDUCATION  
17 AND TRAINING PROGRAM  
18

19 14235. The Legislature finds and declares all of the following:

20 (a) California experiences unacceptably high rates of  
21 firearm-related death and injury. The Centers for Disease Control  
22 and Prevention reported 3,184 gun-related deaths in California in  
23 2017: 1,610 suicides, 1,435 homicides, 86 deaths by legal  
24 intervention, 38 unintentional deaths, and 15 deaths of  
25 undetermined type.

26 (b) Mass shootings are changing the character of public life in  
27 the state. Since 1982, California has experienced 19 mass  
28 shootings, resulting in 137 total deaths. On November 11, 2018,  
29 a mass shooting at a nightclub in Thousand Oaks, California,  
30 resulted in 12 deaths.

31 (c) In 2010, the estimated cost of hospital and emergency  
32 department care for firearm-related injuries in California was one  
33 hundred twelve million dollars (\$112,000,000), with Medi-Cal

1 and other government ~~payors~~ *payors* responsible for 64 percent of  
2 those costs. These high costs occur even though most people who  
3 die from firearm-related injuries do so at the scene of the shooting  
4 and receive no medical care for their injuries.

5 (d) Medical costs are only a small proportion (approximately 2  
6 percent) of total societal costs, which are driven primarily by losses  
7 in productivity and quality of life.

8 (e) Medical and mental health care providers are uniquely  
9 positioned to help prevent all forms of firearm-related harm.  
10 Through the course of their regular patient care, they have  
11 opportunities to identify people at risk for such harm, provide  
12 evidence-based counseling on risk reduction, and intervene in  
13 situations of imminent risk.

14 (f) On October 30, 2018, the American College of Physicians  
15 published an updated position paper with recommendations for  
16 reducing firearm injuries and deaths in the United States that  
17 “recommends a public health approach to firearms-related violence  
18 and the prevention of firearm injuries and deaths” and encourages  
19 physicians to “discuss with their patients the risks that may be  
20 associated with having a firearm in the home and recommend ways  
21 to mitigate such risks.”

22 (g) Other organizations that have published statements  
23 identifying firearm-related harm as a health problem and  
24 recommending that medical and mental health professionals engage  
25 in efforts to prevent firearm-related harm as an element of their  
26 professional practice include the American Medical Association,  
27 the American Academy of Pediatrics, the American Academy of  
28 Family Physicians, the American College of Emergency  
29 Physicians, the American College of Surgeons, and the American  
30 Association of Suicidology.

31 (h) While many medical and mental health care providers  
32 recognize their responsibility to help prevent firearm-related injury  
33 and death, many cite lack of knowledge regarding when and how  
34 to counsel patients as a principal barrier to action. A position  
35 statement adopted by the California Medical Association Board  
36 of Trustees on July 28, 2017, states that “expanded education and  
37 training are needed to improve clinician familiarity with the  
38 benefits and risks of firearm ownership, safety practices, and  
39 communication with patients about firearm violence.” The position  
40 statement further states that “medical schools and residency

1 programs should incorporate firearm violence prevention into their  
2 academic curricula” and “California-specific resources such as  
3 continuing medical education modules, toolkits, patient education  
4 handouts, and clinical intervention information would help to  
5 address this practice gap.”

6 (i) Having assembled a team of experts in firearm-related death  
7 and injury, and specifically in provider and patient education to  
8 prevent firearm-related harm, the University of California Firearm  
9 Violence Research Center at UC Davis is uniquely qualified to  
10 research, develop, implement, and evaluate education and training  
11 programs for medical and mental health care providers on  
12 preventing firearm-related death and injury.

13 14236. (a) The University of California Firearm Violence  
14 Research Center at UC Davis shall develop multifaceted education  
15 and training programs for medical and mental health providers on  
16 the prevention of firearm-related injury and death.

17 (b) The center shall develop education and training programs  
18 that address all of the following:

19 (1) The epidemiology of firearm-related injury and death,  
20 including the scope of the problem in California and nationwide,  
21 individual and societal determinants of risk, and effective  
22 prevention strategies for all types of firearm-related injury and  
23 death, including suicide, homicide, and unintentional injury and  
24 death.

25 (2) The role of health care providers in preventing  
26 firearm-related harm, including how to assess individual patients  
27 for risk of firearm-related injury and death.

28 (3) Best practices for conversations about firearm ownership,  
29 access, and storage.

30 (4) Appropriate tools for practitioner intervention with patients  
31 at risk for firearm-related injury or death, including, but not limited  
32 to, education on safer storage practices, gun violence restraining  
33 orders, and mental health interventions.

34 (5) Relevant laws and policies related to prevention of  
35 firearm-related injury and death and to the role of health care  
36 providers in preventing firearm-related harm.

37 (c) The center shall launch a comprehensive dissemination  
38 program to promote participation in these education and training  
39 programs among practicing physicians, mental health care  
40 professionals, physician assistants, nurse practitioners, nurses,

1 health professional students, and other relevant professional groups  
2 in the state.

3 (d) The center shall develop curricular materials for medical  
4 and mental health care practitioners in practice and in training,  
5 tailored to the profession and suitable for use through a variety of  
6 methods. Educators from the center shall provide didactic education  
7 in person and by remote link at medical education institutions, and  
8 recruit and train additional health professionals to provide such  
9 education.

10 (e) The center shall develop education and training resources  
11 on firearm-related injury and death, including but not limited to,  
12 continuing medical education videos, additional training modules,  
13 a website with current information on relevant research and  
14 legislation, and handouts and written materials for clinicians to  
15 provide to patients. The center shall serve as a resource for the  
16 many professional and educational organizations in the state whose  
17 members seek to advance their knowledge of firearm-related injury  
18 and death and effective prevention measures.

19 (f) The center shall conduct rigorous research to further identify  
20 specific gaps in knowledge and structural barriers that prevent  
21 counseling and other interventions, and to evaluate the education  
22 and training program. The center shall incorporate the research  
23 findings into the design and implementation of the program to  
24 support the mission of the center to deliver content to health care  
25 providers and patients that is effective in guiding clinical decisions  
26 and reducing firearm-related injury and death.

27 14237. On or before December 31, 2020, and annually  
28 thereafter, the University of California shall transmit programmatic  
29 and financial reports on this program to the Legislature, including  
30 reporting on funding and expenditures by source, participation  
31 data, program accomplishments, and the future direction of the  
32 program. The report shall be submitted in compliance with Section  
33 9795 of the Government Code.

34 14238. This chapter shall apply to the University of California  
35 only to the extent that the Regents of the University of California,  
36 by resolution, make any ~~to~~ of these provisions applicable to the  
37 university.

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**AB 528 (*Low*) Controlled substances: CURES  
database**

**ASSEMBLY BILL**

**No. 528**

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**Introduced by Assembly Member Low**

February 13, 2019

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An act to amend Section 11165 of the Health and Safety Code, relating to controlled substances, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

AB 528, as introduced, Low. Controlled substances: CURES database.

Existing law classifies certain controlled substances into designated schedules. Existing law requires the Department of Justice to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by a health care practitioner authorized to prescribe, order, administer, furnish, or dispense a Schedule II, Schedule III, or Schedule IV controlled substance. Existing law requires a dispensing pharmacy, clinic, or other dispenser to report specified information to the Department of Justice as soon as reasonably possible, but not more than 7 days after the date a controlled substance is dispensed.

This bill would require a dispensing pharmacy, clinic, or other dispenser to report the information required by the CURES database no more than one working day after a controlled substance is dispensed.

This bill would declare that it is to take effect immediately as an urgency statute.

Vote:  $\frac{2}{3}$ . Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.



*The people of the State of California do enact as follows:*

1 SECTION 1. It is the intent of the Legislature that state laws  
2 regarding the operation and use of prescription drug monitoring  
3 programs continue to empower health care-oriented technology  
4 solutions to the opioid crisis.

5 SEC. 2. Section 11165 of the Health and Safety Code is  
6 amended to read:

7 11165. (a) To assist health care practitioners in their efforts  
8 to ensure appropriate prescribing, ordering, administering,  
9 furnishing, and dispensing of controlled substances, law  
10 enforcement and regulatory agencies in their efforts to control the  
11 diversion and resultant abuse of Schedule II, Schedule III, and  
12 Schedule IV controlled substances, and for statistical analysis,  
13 education, and research, the Department of Justice shall, contingent  
14 upon the availability of adequate funds in the CURES Fund,  
15 maintain the Controlled Substance Utilization Review and  
16 Evaluation System (CURES) for the electronic monitoring of, and  
17 Internet access to information regarding, the prescribing and  
18 dispensing of Schedule II, Schedule III, and Schedule IV controlled  
19 substances by all practitioners authorized to prescribe, order,  
20 administer, furnish, or dispense these controlled substances.

21 (b) The Department of Justice may seek and use grant funds to  
22 pay the costs incurred by the operation and maintenance of  
23 CURES. The department shall annually report to the Legislature  
24 and make available to the public the amount and source of funds  
25 it receives for support of CURES.

26 (c) (1) The operation of CURES shall comply with all  
27 applicable federal and state privacy and security laws and  
28 regulations.

29 (2) (A) CURES shall operate under existing provisions of law  
30 to safeguard the privacy and confidentiality of patients. Data  
31 obtained from CURES shall only be provided to appropriate state,  
32 local, and federal public agencies for disciplinary, civil, or criminal  
33 purposes and to other agencies or entities, as determined by the  
34 Department of Justice, for the purpose of educating practitioners  
35 and others in lieu of disciplinary, civil, or criminal actions. Data  
36 may be provided to public or private entities, as approved by the  
37 Department of Justice, for educational, peer review, statistical, or  
38 research purposes, if patient information, including any information

1 that may identify the patient, is not compromised. Further, data  
2 disclosed to any individual or agency as described in this  
3 subdivision shall not be disclosed, sold, or transferred to any third  
4 party, unless authorized by, or pursuant to, state and federal privacy  
5 and security laws and regulations. The Department of Justice shall  
6 establish policies, procedures, and regulations regarding the use,  
7 access, evaluation, management, implementation, operation,  
8 storage, disclosure, and security of the information within CURES,  
9 consistent with this subdivision.

10 (B) Notwithstanding subparagraph (A), a regulatory board whose  
11 licensees do not prescribe, order, administer, furnish, or dispense  
12 controlled substances shall not be provided data obtained from  
13 CURES.

14 (3) The Department of Justice shall, no later than July 1, 2020,  
15 adopt regulations regarding the access and use of the information  
16 within CURES. The Department of Justice shall consult with all  
17 stakeholders identified by the department during the rulemaking  
18 process. The regulations shall, at a minimum, address all of the  
19 following in a manner consistent with this chapter:

20 (A) The process for approving, denying, and disapproving  
21 individuals or entities seeking access to information in CURES.

22 (B) The purposes for which a health care practitioner may access  
23 information in CURES.

24 (C) The conditions under which a warrant, subpoena, or court  
25 order is required for a law enforcement agency to obtain  
26 information from CURES as part of a criminal investigation.

27 (D) The process by which information in CURES may be  
28 provided for educational, peer review, statistical, or research  
29 purposes.

30 (4) In accordance with federal and state privacy laws and  
31 regulations, a health care practitioner may provide a patient with  
32 a copy of the patient's CURES patient activity report as long as  
33 no additional CURES data are provided and keep a copy of the  
34 report in the patient's medical record in compliance with  
35 subdivision (d) of Section 11165.1.

36 (d) For each prescription for a Schedule II, Schedule III, or  
37 Schedule IV controlled substance, as defined in the controlled  
38 substances schedules in federal law and regulations, specifically  
39 Sections 1308.12, 1308.13, and 1308.14, respectively, of Title 21  
40 of the Code of Federal Regulations, the dispensing pharmacy,

1 clinic, or other dispenser shall report the following information to  
2 the Department of Justice as soon as reasonably possible, but not  
3 more than ~~seven days~~ *one working day* after the date a controlled  
4 substance is dispensed, in a format specified by the Department  
5 of Justice:

6 (1) Full name, address, and, if available, telephone number of  
7 the ultimate user or research subject, or contact information as  
8 determined by the Secretary of the United States Department of  
9 Health and Human Services, and the gender, and date of birth of  
10 the ultimate user.

11 (2) The prescriber's category of licensure, license number,  
12 national provider identifier (NPI) number, the federal controlled  
13 substance registration number, and the state medical license number  
14 of any prescriber using the federal controlled substance registration  
15 number of a government-exempt facility, if provided.

16 (3) Pharmacy prescription number, license number, NPI number,  
17 and federal controlled substance registration number.

18 (4) National Drug Code (NDC) number of the controlled  
19 substance dispensed.

20 (5) Quantity of the controlled substance dispensed.

21 (6) International Statistical Classification of Diseases, 9th  
22 revision (ICD-9) or 10th revision (ICD-10) Code, if available.

23 (7) Number of refills ordered.

24 (8) Whether the drug was dispensed as a refill of a prescription  
25 or as a first-time request.

26 (9) Date of origin of the prescription.

27 (10) Date of dispensing of the prescription.

28 (11) The serial number for the corresponding prescription form,  
29 if applicable.

30 (e) The Department of Justice may invite stakeholders to assist,  
31 advise, and make recommendations on the establishment of rules  
32 and regulations necessary to ensure the proper administration and  
33 enforcement of the CURES database. All prescriber and dispenser  
34 invitees shall be licensed by one of the boards or committees  
35 identified in subdivision (d) of Section 208 of the Business and  
36 Professions Code, in active practice in California, and a regular  
37 user of CURES.

38 (f) The Department of Justice shall, prior to upgrading CURES,  
39 consult with prescribers licensed by one of the boards or  
40 committees identified in subdivision (d) of Section 208 of the

1 Business and Professions Code, one or more of the boards or  
2 committees identified in subdivision (d) of Section 208 of the  
3 Business and Professions Code, and any other stakeholder  
4 identified by the department, for the purpose of identifying  
5 desirable capabilities and upgrades to the CURES Prescription  
6 Drug Monitoring Program (PDMP).

7 (g) The Department of Justice may establish a process to educate  
8 authorized subscribers of the CURES PDMP on how to access and  
9 use the CURES PDMP.

10 (h) (1) The Department of Justice may enter into an agreement  
11 with any entity operating an interstate data sharing hub, or any  
12 agency operating a prescription drug monitoring program in another  
13 state, for purposes of interstate data sharing of prescription drug  
14 monitoring program information.

15 (2) Data obtained from CURES may be provided to authorized  
16 users of another state's prescription drug monitoring program, as  
17 determined by the Department of Justice pursuant to subdivision  
18 (c), if the entity operating the interstate data sharing hub, and the  
19 prescription drug monitoring program of that state, as applicable,  
20 have entered into an agreement with the Department of Justice for  
21 interstate data sharing of prescription drug monitoring program  
22 information.

23 (3) Any agreement entered into by the Department of Justice  
24 for purposes of interstate data sharing of prescription drug  
25 monitoring program information shall ensure that all access to data  
26 obtained from CURES and the handling of data contained within  
27 CURES comply with California law, including regulations, and  
28 meet the same patient privacy, audit, and data security standards  
29 employed and required for direct access to CURES.

30 (4) For purposes of interstate data sharing of CURES  
31 information pursuant to this subdivision, an authorized user of  
32 another state's prescription drug monitoring program shall not be  
33 required to register with CURES, if he or she is registered and in  
34 good standing with that state's prescription drug monitoring  
35 program.

36 (5) The Department of Justice shall not enter into an agreement  
37 pursuant to this subdivision until the department has issued final  
38 regulations regarding the access and use of the information within  
39 CURES as required by paragraph (3) of subdivision (c).

1 SEC. 3. This act is an urgency statute necessary for the  
2 immediate preservation of the public peace, health, or safety within  
3 the meaning of Article IV of the California Constitution and shall  
4 go into immediate effect. The facts constituting the necessity are:

5 In order to address the active crisis of opioid overprescribing  
6 and abuse through timely data, it is necessary that this bill go into  
7 immediate effect.

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**AB 544 (*Brough*) Professions and vocations:  
inactive license fees and accrued and unpaid  
renewal fees**

AMENDED IN ASSEMBLY MARCH 21, 2019

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

**ASSEMBLY BILL**

**No. 544**

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**Introduced by Assembly Member Brough**

February 13, 2019

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~~An act to amend Section 4073 of the Business and Professions Code, relating to healing arts.~~ *An act to amend Sections 121.5, 462, 703, 1006.5, 1718, 1718.3, 1936, 2427, 2456.3, 2535.2, 2538.54, 2646, 2734, 2892.1, 2984, 3147, 3147.7, 3524, 3774, 3775.5, 4545, 4843.5, 4901, 4966, 4989.36, 4999.104, 5070.6, 5600.2, 5680.1, 6796, 6980.28, 7076.5, 7417, 7672.8, 7725.2, 7729.1, 7881, 7883, 8024.7, 8802, 9832, 9832.5, 9884.5, 19170.5, and 19290 of the Business and Professions Code, relating to professions and vocations.*

LEGISLATIVE COUNSEL'S DIGEST

AB 544, as amended, Brough. ~~Prescriptions.~~ *Professions and vocations: inactive license fees and accrued and unpaid renewal fees.*

*Existing law provides for the licensure and regulation of professions and vocations by various boards within the Department of Consumer Affairs. Existing law provides for the payment of a fee for the renewal of certain licenses, certificates, or permits in an inactive status, and, for certain licenses, certificates, and permits that have expired, requires the payment of all accrued fees as a condition of reinstatement of the license, certificate, or permit.*

*This bill would limit the maximum fee for the renewal of a license in an inactive status to no more than 50% of the renewal fee for an active license. The bill would also prohibit a board from requiring payment of accrued and unpaid renewal fees as a condition of reinstating an expired license or registration.*

~~The Pharmacy Law provides for the licensure and regulation of pharmacists and pharmacies by the California State Board of Pharmacy, which is within the Department of Consumer Affairs, and authorizes a pharmacist filling a prescription order for a drug product prescribed by its brand or trade name to select another drug product with the same active chemical ingredients of the same strength, quantity, and dosage form, and of the same generic drug name of those drug products having the same active chemical ingredients, as specified.~~

~~This bill would make a nonsubstantive change to that provision.~~

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1     SECTION 1. Section 121.5 of the Business and Professions  
2     Code is amended to read:

3     121.5. (a) Except as otherwise provided in this code, the  
4     application of delinquency fees ~~or accrued and unpaid renewal~~  
5     fees for the renewal of expired licenses or registrations shall not  
6     apply to licenses or registrations that have lawfully been designated  
7     as inactive or retired.

8     (b) *Notwithstanding any other law, a board shall not require a*  
9     *person to pay accrued and unpaid renewal fees as a condition of*  
10    *reinstating an expired license or registration.*

11    SEC. 2. Section 462 of the Business and Professions Code is  
12    amended to read:

13    462. (a) Any of the boards, bureaus, commissions, or programs  
14    within the department may establish, by regulation, a system for  
15    an inactive category of licensure for persons who are not actively  
16    engaged in the practice of their profession or vocation.

17    (b) The regulation shall contain the following provisions:

18    (1) The holder of an inactive license issued pursuant to this  
19    section shall not engage in any activity for which a license is  
20    required.

21    (2) An inactive license issued pursuant to this section shall be  
22    renewed during the same time period in which an active license  
23    is renewed. The holder of an inactive license need not comply with  
24    any continuing education requirement for renewal of an active  
25    license.



1 (3) The renewal fee for a license in ~~an active status shall apply~~  
2 ~~also for a renewal of a license in an inactive status, unless a lesser~~  
3 ~~renewal fee is specified by the board.~~ *status shall be no more than*  
4 *50 percent of the renewal fee for a license in an active status.*

5 (4) In order for the holder of an inactive license issued pursuant  
6 to this section to restore ~~his or her~~ *the* license to an active status,  
7 the holder of an inactive license shall comply with all the  
8 following:

9 (A) Pay the renewal fee.

10 (B) If the board requires completion of continuing education  
11 for renewal of an active license, complete continuing education  
12 equivalent to that required for renewal of an active license, unless  
13 a different requirement is specified by the board.

14 (c) This section shall not apply to any healing arts board as  
15 specified in Section 701.

16 *SEC. 3. Section 703 of the Business and Professions Code is*  
17 *amended to read:*

18 703. (a) An inactive healing arts license or certificate issued  
19 pursuant to this article shall be renewed during the same time  
20 period at which an active license or certificate is renewed. In order  
21 to renew a license or certificate issued pursuant to this article, the  
22 holder thereof need not comply with any continuing education  
23 requirement for renewal of an active license or certificate.

24 (b) ~~The~~ *Notwithstanding any other law, the* renewal fee for a  
25 license or certificate in an ~~active~~ *inactive* status shall ~~apply also~~  
26 ~~for renewal of a license or certificate in an inactive status, unless~~  
27 ~~a lower fee has been established by the issuing board.~~ *be no more*  
28 *than 50 percent of the renewal fee for a license in an active status.*

29 *SEC. 4. Section 1006.5 of the Business and Professions Code*  
30 *is amended to read:*

31 1006.5. Notwithstanding any other law, the amount of  
32 regulatory fees necessary to carry out the responsibilities required  
33 by the Chiropractic Initiative Act and this chapter are fixed in the  
34 following schedule:

35 (a) Fee to apply for a license to practice chiropractic: three  
36 hundred seventy-one dollars (\$371).

37 (b) Fee for initial license to practice chiropractic: one hundred  
38 eighty-six dollars (\$186).

39 (c) Fee to renew an ~~active or inactive~~ license to practice  
40 chiropractic: three hundred thirteen dollars (\$313).

- 1     (d) Fee to renew an inactive license to practice chiropractic:
- 2     no more than 50 percent of the renewal fee for an active license.
- 3     ~~(d)~~
- 4     (e) Fee to apply for approval as a continuing education provider:
- 5     eighty-four dollars (\$84).
- 6     ~~(e)~~
- 7     (f) Biennial continuing education provider renewal fee: fifty-six
- 8     dollars (\$56).
- 9     ~~(f)~~
- 10    (g) Fee to apply for approval of a continuing education course:
- 11    fifty-six dollars (\$56) per course.
- 12    ~~(g)~~
- 13    (h) Fee to apply for a satellite office certificate: sixty-two dollars
- 14    (\$62).
- 15    ~~(h)~~
- 16    (i) Fee to renew a satellite office certificate: thirty-one dollars
- 17    (\$31).
- 18    ~~(i)~~
- 19    (j) Fee to apply for a license to practice chiropractic pursuant
- 20    to Section 9 of the Chiropractic Initiative Act: three hundred
- 21    seventy-one dollars (\$371).
- 22    ~~(j)~~
- 23    (k) Fee to apply for a certificate of registration of a chiropractic
- 24    corporation: one hundred eighty-six dollars (\$186).
- 25    ~~(k)~~
- 26    (l) Fee to renew a certificate of registration of a chiropractic
- 27    corporation: thirty-one dollars (\$31).
- 28    ~~(l)~~
- 29    (m) Fee to file a chiropractic corporation special report:
- 30    thirty-one dollars (\$31).
- 31    ~~(m)~~
- 32    (n) Fee to apply for approval as a referral service: five hundred
- 33    fifty-seven dollars (\$557).
- 34    ~~(n)~~
- 35    (o) Fee for an endorsed verification of licensure: one hundred
- 36    twenty-four dollars (\$124).
- 37    ~~(o)~~
- 38    (p) Fee for replacement of a lost or destroyed license: fifty
- 39    dollars (\$50).
- 40    ~~(p)~~

1 (q) Fee for replacement of a satellite office certificate: fifty  
2 dollars (\$50).

3 ~~(q)~~

4 (r) Fee for replacement of a certificate of registration of a  
5 chiropractic corporation: fifty dollars (\$50).

6 ~~(r)~~

7 (s) Fee to restore a forfeited or canceled license to practice  
8 chiropractic: double the annual renewal fee specified in subdivision  
9 (c).

10 ~~(s)~~

11 (t) Fee to apply for approval to serve as a preceptor: thirty-one  
12 dollars (\$31).

13 ~~(t)~~

14 (u) Fee to petition for reinstatement of a revoked license: three  
15 hundred seventy-one dollars (\$371).

16 ~~(u)~~

17 (v) Fee to petition for early termination of probation: three  
18 hundred seventy-one dollars (\$371).

19 ~~(v)~~

20 (w) Fee to petition for reduction of penalty: three hundred  
21 seventy-one dollars (\$371).

22 *SEC. 5. Section 1718 of the Business and Professions Code is*  
23 *amended to read:*

24 1718. Except as otherwise provided in this chapter, an expired  
25 license may be renewed at any time within five years after its  
26 expiration on filing of application for renewal on a form prescribed  
27 by the board, and payment of ~~all accrued~~ *the* renewal and  
28 delinquency fees. If the license is renewed more than 30 days after  
29 its expiration, the licensee, as a condition precedent to renewal,  
30 shall also pay the delinquency fee prescribed by this chapter.  
31 Renewal under this section shall be effective on the date on which  
32 the application is filed, on the date on which the renewal fee is  
33 paid, or on the date on which the delinquency fee, if any, is paid,  
34 whichever last occurs. If so renewed, the license shall continue in  
35 effect through the expiration date provided in Section 1715 which  
36 next occurs after the effective date of the renewal, when it shall  
37 expire if it is not again renewed.

38 *SEC. 6. Section 1718.3 of the Business and Professions Code*  
39 *is amended to read:*

1 1718.3. (a) A license which is not renewed within five years  
2 after its expiration may not be renewed, restored, reinstated, or  
3 reissued thereafter, but the holder of the license may apply for and  
4 obtain a new license if the following requirements are satisfied:

5 (1) No fact, circumstance, or condition exists which would  
6 justify denial of licensure under Section 480.

7 (2) ~~He or she~~ *The person* pays all of the fees which would be  
8 required of ~~him or her if he or she~~ *if the person* were then applying  
9 for the license for the first time and ~~all the~~ renewal and delinquency  
10 fees which have accrued since the date on which he or she last  
11 renewed his or her license. *fees.*

12 (3) ~~He or she~~ *The person* takes and passes the examination, if  
13 any, which would be required of ~~him or her if he or she~~ *if the*  
14 *person* were then applying for the license for the first time, or  
15 otherwise establishes to the satisfaction of the board that with due  
16 regard for the public interest, ~~he or she~~ *the person* is qualified to  
17 practice the profession or activity in which ~~he or she~~ *again the*  
18 *person* seeks to be licensed.

19 (b) The board may impose conditions on any license issued  
20 pursuant to this section, as it deems necessary.

21 (c) The board may by regulation provide for the waiver or refund  
22 of all or any part of the examination fee in those cases in which a  
23 license is issued without an examination under this section.

24 *SEC. 7. Section 1936 of the Business and Professions Code is*  
25 *amended to read:*

26 1936. Except as otherwise provided in this article, an expired  
27 license may be renewed at any time within five years after its  
28 expiration by filing an application for renewal on a form prescribed  
29 by the hygiene board and payment of ~~all accrued~~ *the* renewal and  
30 delinquency fees. If the license is renewed after its expiration, the  
31 licensee, as a condition precedent of renewal, shall also pay the  
32 delinquency fee prescribed by this article. Renewal under this  
33 section shall be effective on the date on which the application is  
34 filed, on the date on which the renewal fee is paid, or on the date  
35 on which the delinquency fee, if any, is paid, whichever last occurs.  
36 If so renewed, the license shall continue in effect until the  
37 expiration date provided in Section 1935 that next occurs after the  
38 effective date of the renewal.

39 *SEC. 8. Section 2427 of the Business and Professions Code is*  
40 *amended to read:*

1 2427. (a) Except as provided in Section 2429, a license which  
2 has expired may be renewed at any time within five years after its  
3 expiration on filing an application for renewal on a form prescribed  
4 by the licensing authority and payment of ~~all accrued~~ *the* renewal  
5 ~~fees~~ *fee* and any other fees required by Section 2424. If the license  
6 is not renewed within 30 days after its expiration, the licensee, as  
7 a condition precedent to renewal, shall also pay the prescribed  
8 delinquency fee, if any. Except as provided in Section 2424,  
9 renewal under this section shall be effective on the date on which  
10 the renewal application is filed, on the date on which the renewal  
11 ~~fee or accrued renewal fees are~~ *is* paid, or on the date on which  
12 the delinquency fee or the delinquency fee and penalty fee, if any,  
13 are paid, whichever last occurs. If so renewed, the license shall  
14 continue in effect through the expiration date set forth in Section  
15 2422 or 2423 which next occurs after the effective date of the  
16 renewal, when it shall expire and become invalid if it is not again  
17 renewed.

18 (b) Notwithstanding subdivision (a), the license of a doctor of  
19 podiatric medicine which has expired may be renewed at any time  
20 within three years after its expiration on filing an application for  
21 renewal on a form prescribed by the licensing authority and  
22 payment of ~~all accrued~~ *the* renewal ~~fees~~ *fee* and any other fees  
23 required by Section 2424. If the license is not renewed within 30  
24 days after its expiration, the licensee, as a condition precedent to  
25 renewal, shall also pay the prescribed delinquency fee, if any.  
26 Except as provided in Section 2424, renewal under this section  
27 shall be effective on the date on which the renewal application is  
28 filed, on the date on which the renewal ~~fee or accrued renewal fees~~  
29 ~~are~~ *is* paid, or on the date on which the delinquency fee or the  
30 delinquency fee and penalty fee, if any, are paid, whichever last  
31 occurs. If so renewed, the license shall continue in effect through  
32 the expiration date set forth in Section 2422 or 2423 which next  
33 occurs after the effective date of the renewal, when it shall expire  
34 and become invalid if it is not again renewed.

35 *SEC. 9. Section 2456.3 of the Business and Professions Code*  
36 *is amended to read:*

37 2456.3. Except as provided in Section 2429, a license which  
38 has expired may be renewed at any time within five years after its  
39 expiration by filing an application for renewal on a form prescribed  
40 by the board and payment of ~~all accrued~~ *the* renewal ~~fees~~ *fee* and

1 any other fees required by Section 2455. Except as provided in  
 2 Section 2456.2, renewal under this section shall be effective on  
 3 the date on which the renewal application is filed, on the date on  
 4 which the renewal fee ~~or accrued renewal fees are~~ *is* paid, or on  
 5 the date on which the delinquency fee or the delinquency fee and  
 6 penalty fee, if any, are paid, whichever last occurs. If so renewed,  
 7 the license shall continue in effect through the expiration date set  
 8 forth in Section 2456.1 which next occurs after the effective date  
 9 of the renewal.

10 *SEC. 10. Section 2535.2 of the Business and Professions Code*  
 11 *is amended to read:*

12 2535.2. Except as provided in Section 2535.3, a license that  
 13 has expired may be renewed at any time within five years after its  
 14 expiration upon filing of an application for renewal on a form  
 15 prescribed by the board and payment of ~~all accrued and unpaid~~  
 16 ~~renewal fees.~~ *the renewal fee.* If the license is not renewed on or  
 17 before its expiration, the licensee, as a condition precedent to  
 18 renewal, shall also pay the prescribed delinquency fee. Renewal  
 19 under this section shall be effective on the date on which the  
 20 application is filed, on the date on which ~~all the renewal fees are~~  
 21 *fee is* paid, or on the date on which the delinquency fee is paid,  
 22 whichever last occurs. If so renewed, the license shall continue in  
 23 effect through the expiration date provided in Section 2535, after  
 24 the effective date of the renewal, when it shall expire and become  
 25 invalid if it is not again renewed.

26 *SEC. 11. Section 2538.54 of the Business and Professions Code*  
 27 *is amended to read:*

28 2538.54. Except as otherwise provided in this article, an expired  
 29 license may be renewed at any time within three years after its  
 30 expiration on filing of an application for renewal on a form  
 31 prescribed by the board, and payment of ~~all accrued and unpaid~~  
 32 ~~renewal fees.~~ *the renewal fee.* If the license is renewed after its  
 33 expiration the licensee, as a condition precedent to renewal, shall  
 34 also pay the delinquency fee prescribed by this article. Renewal  
 35 under this section shall be effective on the date on which the  
 36 application is filed, on the date on which the renewal fee is paid,  
 37 or on the date on which the delinquency fee, if any, is paid,  
 38 whichever last occurs. If so renewed, the license shall continue in  
 39 effect through the date provided in Section 2538.53 which next

1 occurs after the effective date of the renewal, when it shall expire  
2 if it is not again renewed.

3 *SEC. 12. Section 2646 of the Business and Professions Code*  
4 *is amended to read:*

5 2646. A license that has expired may be renewed at any time  
6 within five years after its expiration by applying for renewal as  
7 set forth in Section 2644. Renewal under this section shall be  
8 effective on the date on which the renewal application is filed, on  
9 the date on which the renewal fee ~~or accrued renewal fees are~~ *is*  
10 paid, or on the date on which the delinquency fee and penalty fee,  
11 if any, are paid, whichever last occurs. A renewed license shall  
12 continue in effect through the expiration date set forth in Section  
13 2644 that next occurs after the effective date of the renewal, at  
14 which time it shall expire and become invalid if it is not so  
15 renewed.

16 *SEC. 13. Section 2734 of the Business and Professions Code*  
17 *is amended to read:*

18 2734. Upon application in writing to the board and payment  
19 of ~~the a fee not to exceed 50 percent of the~~ biennial renewal fee,  
20 a licensee may have ~~his~~ *their* license placed in an inactive status  
21 for an indefinite period of time. A licensee whose license is in an  
22 inactive status may not practice nursing. However, such a licensee  
23 does not have to comply with the continuing education standards  
24 of Section 2811.5.

25 *SEC. 14. Section 2892.1 of the Business and Professions Code*  
26 *is amended to read:*

27 2892.1. Except as provided in Sections 2892.3 and 2892.5, an  
28 expired license may be renewed at any time within four years after  
29 its expiration upon filing of an application for renewal on a form  
30 prescribed by the board, payment of ~~all accrued and unpaid renewal~~  
31 ~~fees,~~ *the renewal fee,* and payment of any fees due pursuant to  
32 Section 2895.1.

33 If the license is renewed more than 30 days after its expiration,  
34 the licensee, as a condition precedent to renewal, shall also pay  
35 the delinquency fee prescribed by this chapter. Renewal under this  
36 section shall be effective on the date on which the application is  
37 filed, on the date on which ~~all the renewal fees are~~ *fee is* paid, or  
38 on the date on which the delinquency fee is paid, whichever last  
39 occurs. If so renewed, the license shall continue in effect through  
40 the date provided in Section 2892 which next occurs after the

1 effective date of the renewal, when it shall expire if it is not again  
 2 renewed.

3 *SEC. 15. Section 2984 of the Business and Professions Code*  
 4 *is amended to read:*

5 2984. Except as provided in Section 2985, a license that has  
 6 expired may be renewed at any time within three years after its  
 7 expiration on filing of an application for renewal on a form  
 8 prescribed by the board and payment of ~~all accrued and unpaid~~  
 9 ~~the renewal fees.~~ *fee*. If the license is renewed after its expiration,  
 10 the licensee, as a condition precedent to renewal, shall also pay  
 11 the prescribed delinquency fee, if any. Renewal under this section  
 12 shall be effective on the date on which the application is filed, on  
 13 the date on which ~~all the renewal fees are~~ *fee is* paid, or on the date  
 14 on which the delinquency fee, if any, is paid, whichever last occurs.  
 15 If so renewed, the license shall continue in effect through the  
 16 expiration date provided in Section 2982 which next occurs after  
 17 the effective date of the renewal, when it shall expire and become  
 18 invalid if it is not again renewed.

19 *SEC. 16. Section 3147 of the Business and Professions Code*  
 20 *is amended to read:*

21 3147. (a) Except as otherwise provided by Section 114, an  
 22 expired optometrist license may be renewed at any time within  
 23 three years after its expiration, and a retired license issued for less  
 24 than three years may be reactivated to active status, by filing an  
 25 application for renewal or reactivation on a form prescribed by the  
 26 board, paying ~~all accrued and unpaid the renewal fees~~ *fee* or  
 27 ~~reactivation fees~~ *fee* determined by the board, paying any  
 28 delinquency fees prescribed by the board, and submitting proof of  
 29 completion of the required number of hours of continuing education  
 30 for the last two years, as prescribed by the board pursuant to  
 31 Section 3059. Renewal or reactivation to active status under this  
 32 section shall be effective on the date on which all of those  
 33 requirements are satisfied. If so renewed or reactivated to active  
 34 status, the license shall continue as provided in Sections 3146 and  
 35 3147.5.

36 (b) Expired statements of licensure, branch office licenses, and  
 37 fictitious name permits issued pursuant to Sections 3070, 3077,  
 38 and 3078, respectively, may be renewed at any time by filing an  
 39 application for renewal, paying ~~all accrued and unpaid renewal~~



1 ~~fees, the renewal fee~~, and paying any delinquency fees prescribed  
2 by the board.

3 *SEC. 17. Section 3147.7 of the Business and Professions Code*  
4 *is amended to read:*

5 3147.7. The provisions of Section 3147.6 shall not apply to a  
6 person holding a license that has not been renewed within three  
7 years of expiration, if the person provides satisfactory proof that  
8 ~~he or she~~ *the person* holds an active license from another state and  
9 meets all of the following conditions:

10 (a) Is not subject to denial of a license under Section 480.

11 (b) Applies in writing for restoration of the license on a form  
12 prescribed by the board.

13 (c) Pays ~~all accrued and unpaid~~ *the renewal fees fee* and any  
14 delinquency fees prescribed by the board.

15 (d) Submits proof of completion of the required number of hours  
16 of continuing education for the last two years.

17 (e) Takes and satisfactorily passes the board's jurisprudence  
18 examination.

19 *SEC. 18. Section 3524 of the Business and Professions Code*  
20 *is amended to read:*

21 3524. A license or approval that has expired may be renewed  
22 at any time within five years after its expiration by filing an  
23 application for renewal on a form prescribed by the board or  
24 Medical Board of California, as the case may be, and payment of  
25 ~~all accrued and unpaid renewal fees.~~ *the renewal fee*. If the license  
26 or approval is not renewed within 30 days after its expiration, the  
27 licensed physician assistant and approved supervising physician,  
28 as a condition precedent to renewal, shall also pay the prescribed  
29 delinquency fee, if any. Renewal under this section shall be  
30 effective on the date on which the application is filed, on the date  
31 on which ~~all the renewal fees are~~ *fee is* paid, or on the date on  
32 which the delinquency fee, if any, is paid, whichever occurs last.  
33 If so renewed, the license shall continue in effect through the  
34 expiration date provided in Section 3522 or 3523 which next occurs  
35 after the effective date of the renewal, when it shall expire, if it is  
36 not again renewed.

37 *SEC. 19. Section 3774 of the Business and Professions Code*  
38 *is amended to read:*

39 3774. On or before the birthday of a licensed practitioner in  
40 every other year, following the initial licensure, the board shall

1 mail to each practitioner licensed under this chapter, at the latest  
2 address furnished by the licensed practitioner to the executive  
3 officer of the board, a notice stating the amount of the renewal fee  
4 and the date on which it is due. The notice shall state that failure  
5 to pay the renewal fee on or before the due date and submit  
6 evidence of compliance with Sections 3719 and 3773 shall result  
7 in expiration of the license.

8 Each license not renewed in accordance with this section shall  
9 expire but may within a period of three years thereafter be  
10 reinstated upon payment of ~~all accrued and unpaid~~ *the* renewal  
11 fees and penalty fees required by this chapter. The board may also  
12 require submission of proof of the applicant's qualifications, except  
13 that during the three-year period no examination shall be required  
14 as a condition for the reinstatement of any expired license that has  
15 lapsed solely by reason of nonpayment of the renewal fee.

16 *SEC. 20. Section 3775.5 of the Business and Professions Code*  
17 *is amended to read:*

18 3775.5. The fee for an inactive license shall be ~~the same as~~ *no*  
19 *more than 50 percent of the renewal fee for an active license* for  
20 the practice of respiratory care as specified in Section 3775.

21 *SEC. 21. Section 4545 of the Business and Professions Code*  
22 *is amended to read:*

23 4545. Except as provided in Section 4545.2, a license that has  
24 expired may be renewed at any time within four years after its  
25 expiration on filing an application for renewal on a form prescribed  
26 by the board, payment of ~~all accrued and unpaid renewal fees, the~~ *the*  
27 *renewal fee*, and payment of all fees required by this chapter. If  
28 the license is renewed more than 30 days after its expiration, the  
29 holder, as a condition precedent to renewal, shall also pay the  
30 delinquency fee prescribed by this chapter. Renewal under this  
31 section shall be effective on the date on which the application is  
32 filed, on the date on which the renewal fee is paid, or on the date  
33 on which the delinquency fee, if any, is paid, whichever last occurs.  
34 If so renewed, the license shall continue in effect through the date  
35 provided in Section 4544 which next occurs after the effective date  
36 of the renewal, when it shall expire if it is not again renewed.

37 A certificate which was forfeited for failure to renew under the  
38 law in effect before October 1, 1961, shall, for the purposes of this  
39 article, be considered to have expired on the date that it became  
40 forfeited.

1     *SEC. 22. Section 4843.5 of the Business and Professions Code*  
2     *is amended to read:*

3     4843.5. Except as otherwise provided in this article, an expired  
4     certificate of registration may be renewed at any time within five  
5     years after its expiration on filing of an application for renewal on  
6     a form prescribed by the board, and payment of ~~all accrued and~~  
7     ~~unpaid renewal fees.~~ *the renewal fee.* If the certificate of  
8     registration is renewed more than 30 days after its expiration, the  
9     registrant, as a condition precedent to renewal, shall also pay the  
10    delinquency fee prescribed by this article. Renewal under this  
11    section shall be effective on the date on which the application is  
12    filed, on the date ~~all the renewal fees are~~ *fee is* paid, or on the date  
13    on which the delinquency fee, if any, is paid, whichever occurs  
14    last.

15    *SEC. 23. Section 4901 of the Business and Professions Code*  
16    *is amended to read:*

17    4901. Except as otherwise provided in this chapter, an expired  
18    license or registration may be renewed at any time within five  
19    years after its expiration on filing of an application for renewal on  
20    a form prescribed by the board, and payment of ~~all accrued and~~  
21    ~~unpaid renewal fees.~~ *the renewal fee.* If the license or registration  
22    is renewed more than 30 days after its expiration, the licensee or  
23    registrant, as a condition precedent to renewal, shall also pay the  
24    delinquency fee prescribed by this chapter. Renewal under this  
25    section shall be effective on the date on which the application is  
26    filed, on the date on which ~~all renewal fees are~~ *the renewal fee is*  
27    paid, or on the date on which the delinquency fee, if any, is paid,  
28    whichever last occurs. If so renewed, the license or registration  
29    shall continue in effect through the expiration date provided in  
30    Section 4900 that next occurs after the effective date of the renewal,  
31    when it shall expire if it is not again renewed.

32    *SEC. 24. Section 4966 of the Business and Professions Code*  
33    *is amended to read:*

34    4966. Except as provided in Section 4969, a license that has  
35    expired may be renewed at any time within three years after its  
36    expiration by filing of an application for renewal on a form  
37    provided by the board, paying ~~all accrued and unpaid renewal fees,~~  
38    *the renewal fee,* and providing proof of completing continuing  
39    education requirements. If the license is not renewed prior to its  
40    expiration, the acupuncturist, as a condition precedent to renewal,

1 shall also pay the prescribed delinquency fee. Renewal under this  
 2 section shall be effective on the date on which the application is  
 3 filed, on the date on which the renewal fee is paid, or on the date  
 4 the delinquency fee is paid, whichever occurs last. If so renewed,  
 5 the license shall continue in effect through the expiration date  
 6 provided in Section 4965, after the effective date of the renewal,  
 7 when it shall expire and become invalid if it is not again renewed.

8 *SEC. 25. Section 4989.36 of the Business and Professions Code*  
 9 *is amended to read:*

10 4989.36. A licensee may renew a license that has expired at  
 11 any time within three years after its expiration date by taking all  
 12 of the actions described in Section 4989.32 and by paying ~~all~~  
 13 ~~unpaid prior renewal fees and delinquency fees.~~ *the delinquency*  
 14 *fee.*

15 *SEC. 26. Section 4999.104 of the Business and Professions*  
 16 *Code is amended to read:*

17 4999.104. Licenses issued under this chapter that have expired  
 18 may be renewed at any time within three years of expiration. To  
 19 renew an expired license described in this section, the licensee  
 20 shall do all of the following:

21 (a) File an application for renewal on a form prescribed by the  
 22 board.

23 ~~(b) Pay all fees that would have been paid if the license had not~~  
 24 ~~become delinquent.~~

25 ~~(c)~~

26 (b) Pay ~~all~~ *the delinquency fees.* *fee.*

27 ~~(d)~~

28 (c) Certify compliance with the continuing education  
 29 requirements set forth in Section 4999.76.

30 ~~(e)~~

31 (d) Notify the board whether ~~he or she~~ *the licensee* has been  
 32 convicted, as defined in Section 490, of a misdemeanor or felony,  
 33 or whether any disciplinary action has been taken by any regulatory  
 34 or licensing board in this or any other state, subsequent to the  
 35 licensee's last renewal.

36 *SEC. 27. Section 5070.6 of the Business and Professions Code*  
 37 *is amended to read:*

38 5070.6. Except as otherwise provided in this chapter, an expired  
 39 permit may be renewed at any time within five years after its  
 40 expiration upon the filing of an application for renewal on a form

1 prescribed by the board, payment of ~~all accrued and unpaid renewal~~  
2 ~~fees~~ *the renewal fee*, and providing evidence satisfactory to the  
3 board of compliance as required by Section 5070.5. If the permit  
4 is renewed after its expiration, its holder, as a condition precedent  
5 to renewal, shall also pay the delinquency fee prescribed by this  
6 chapter. Renewal under this section shall be effective on the date  
7 on which the application is filed, on the date on which the ~~accrued~~  
8 ~~renewal fees~~ *are fee is paid*, or on the date on which the  
9 delinquency fee, if any, is paid, whichever last occurs. If so  
10 renewed, the permit shall continue in effect through the date  
11 provided in Section 5070.5 that next occurs after the effective date  
12 of the renewal, when it shall expire if it is not again renewed.

13 *SEC. 28. Section 5600.2 of the Business and Professions Code*  
14 *is amended to read:*

15 5600.2. Except as otherwise provided in this chapter, a license  
16 which has expired may be renewed at any time within five years  
17 after its expiration on filing of application for renewal on a form  
18 prescribed by the board, and payment of ~~all accrued and unpaid~~  
19 ~~renewal fees~~ *the renewal fee*. If a license is renewed more than  
20 30 days after its expiration, the licenseholder, as a condition  
21 precedent to renewal, shall also pay the delinquency fee prescribed  
22 by this chapter. Renewal under this section shall be effective on  
23 the date on which the application is filed, on the date on which the  
24 renewal fee is paid, or on the date on which the delinquency fee,  
25 if any, is paid, whichever last occurs. If so renewed, the license  
26 shall continue in effect through the expiration date provided in this  
27 chapter which next occurs after the effective date of the renewal,  
28 when it shall expire if it is not again renewed.

29 *SEC. 29. Section 5680.1 of the Business and Professions Code*  
30 *is amended to read:*

31 5680.1. Except as otherwise provided in this chapter, a license  
32 that has expired may be renewed at any time within five years after  
33 its expiration on filing of an application for renewal on a form  
34 prescribed by the board, and payment of ~~all accrued and unpaid~~  
35 ~~renewal fees~~ *the renewal fee*. If the license is renewed more than  
36 30 days after its expiration, the licenseholder, as a condition  
37 precedent to renewal, shall also pay the delinquency fee prescribed  
38 by this chapter. Renewal under this section shall be effective on  
39 the date on which the application is filed, on the date on which ~~all~~  
40 ~~the renewal fees~~ *are fee is paid*, or on the date on which the

1 delinquency fee, if any, is paid, whichever last occurs. If so  
2 renewed, the license shall continue in effect through the date  
3 provided in Section 5680 that next occurs after the effective date  
4 of the renewal, when it shall expire if it is not again renewed.

5 *SEC. 30. Section 6796 of the Business and Professions Code*  
6 *is amended to read:*

7 6796. Except as otherwise provided in this article, certificates  
8 of registration as a professional engineer and certificates of  
9 authority may be renewed at any time within five years after  
10 expiration on filing of application for renewal on a form prescribed  
11 by the board and payment of ~~all accrued and unpaid renewal fees.~~  
12 *the renewal fee.* If the certificate is renewed more than 60 days  
13 after its expiration, the certificate holder, as a condition precedent  
14 to renewal, shall also pay the delinquency fee prescribed by this  
15 chapter. Renewal under this section shall be effective on the date  
16 on which the application is filed, on the date on which the renewal  
17 fee is paid, or on the date on which the delinquency fee, if any, is  
18 paid, whichever last occurs.

19 The expiration date of a certificate renewed pursuant to this  
20 section shall be determined pursuant to Section 6795.

21 *SEC. 31. Section 6980.28 of the Business and Professions Code*  
22 *is amended to read:*

23 6980.28. A locksmith license not renewed within three years  
24 following its expiration may not be renewed thereafter. Renewal  
25 of the license within three years, or issuance of an original license  
26 thereafter, shall be subject to payment of any ~~and all fines~~ *fine*  
27 assessed by the chief or the director ~~which are~~ *that is* not pending  
28 appeal and all other applicable fees.

29 *SEC. 32. Section 7076.5 of the Business and Professions Code*  
30 *is amended to read:*

31 7076.5. (a) A contractor may inactivate ~~his or her~~ *their* license  
32 by submitting a form prescribed by the registrar accompanied by  
33 the current active license certificate. When the current license  
34 certificate has been lost, the licensee shall pay the fee prescribed  
35 by law to replace the license certificate. Upon receipt of an  
36 acceptable application to inactivate, the registrar shall issue an  
37 inactive license certificate to the contractor. The holder of an  
38 inactive license shall not be entitled to practice as a contractor until  
39 ~~his or her~~ *their* license is reactivated.

1 (b) Any licensed contractor who is not engaged in work or  
2 activities which require a contractor's license may apply for an  
3 inactive license.

4 (c) Inactive licenses shall be valid for a period of four years  
5 from their due date.

6 (d) During the period that an existing license is inactive, no  
7 bonding requirement pursuant to Section 7071.6, 7071.8 or 7071.9  
8 or qualifier requirement pursuant to Section 7068 shall apply. An  
9 applicant for license having met the qualifications for issuance  
10 may request that the license be issued inactive unless the applicant  
11 is subject to the provisions of Section 7071.8.

12 (e) The board shall not refund any of the renewal fee which a  
13 licensee may have paid prior to the inactivation of ~~his or her~~ *the*  
14 license.

15 (f) An inactive license shall be renewed on each established  
16 renewal date by submitting the renewal application and paying the  
17 inactive renewal fee.

18 (g) An inactive license may be reactivated by submitting an  
19 application acceptable to the registrar, by paying ~~the full~~ *a fee no*  
20 *more than 50 percent of the* renewal fee for an active ~~license~~  
21 *license*, and by fulfilling all other requirements of this chapter. No  
22 examination shall be required to reactivate an inactive license.

23 (h) The inactive status of a license shall not bar any disciplinary  
24 action by the board against a licensee for any of the causes stated  
25 in this chapter.

26 *SEC. 33. Section 7417 of the Business and Professions Code*  
27 *is amended to read:*

28 7417. Except as otherwise provided in this article, a license  
29 that has expired for failure of the licensee to renew within the time  
30 fixed by this article may be renewed at any time within five years  
31 following its expiration upon application and payment of ~~all~~  
32 ~~accrued and unpaid~~ *the* renewal ~~fees~~ and delinquency fees. If the  
33 license is renewed after its expiration, the licensee, as a condition  
34 precedent to renewal, shall also pay the delinquency fee and meet  
35 current continuing education requirements, if applicable, prescribed  
36 by this chapter. Renewal under this section shall be effective on  
37 the date on which the application is filed, or on the date on which  
38 ~~the accrued renewal fees are~~ *fee is* paid, or on the date on which  
39 the delinquency fee, if any, is paid, whichever occurs last. If so  
40 renewed, the license shall continue in effect through the expiration

1 date provided in this article which next occurs following the  
2 effective date of the renewal, when it shall expire if it is not again  
3 renewed.

4 *SEC. 34. Section 7672.8 of the Business and Professions Code*  
5 *is amended to read:*

6 7672.8. All cremated remains disposer registrations shall expire  
7 at midnight on September 30 of each year. A person desiring to  
8 renew ~~his or her~~ *their* registration shall file an application for  
9 renewal on a form prescribed by the bureau accompanied by the  
10 required fee. A registration that has expired may be renewed within  
11 five years of its expiration upon payment of ~~all accrued and unpaid~~  
12 ~~renewal fees.~~ *the renewal fee.* The bureau shall not renew the  
13 registration of any person who has not filed the required annual  
14 report until ~~he or she~~ *the person* has filed a complete annual report  
15 with the department.

16 *SEC. 35. Section 7725.2 of the Business and Professions Code*  
17 *is amended to read:*

18 7725.2. Except as otherwise provided in this chapter, a license  
19 that has expired may be renewed at any time within five years after  
20 its expiration on filing of an application for renewal on a form  
21 prescribed by the bureau and payment of ~~all accrued and unpaid~~  
22 ~~renewal fees.~~ *the renewal fee.* If the license is not renewed within  
23 30 days after its expiration the licensee, as a condition precedent  
24 to renewal, shall also pay the delinquency fee prescribed by this  
25 chapter. Renewal under this section shall be effective on the date  
26 on which the application is filed, on the date on which ~~all the~~  
27 ~~renewal fees are~~ *fee is* paid, or on the date on which the  
28 delinquency fee, if any, is paid, whichever last occurs. If so  
29 renewed, the license shall continue in effect through the date  
30 provided in Section 7725 that next occurs after the effective date  
31 of the renewal, when it shall expire if it is not again renewed.

32 If a license is not renewed within one year following its  
33 expiration, the bureau may require as a condition of renewal that  
34 the holder of the license pass an examination on the appropriate  
35 subjects provided by this chapter.

36 *SEC. 36. Section 7729.1 of the Business and Professions Code*  
37 *is amended to read:*

38 7729.1. The amount of fees prescribed for a license or  
39 certificate of authority under this act is that fixed by the following  
40 provisions of this article. Any license or certificate of authority



1 provided under this act that has expired may be renewed within  
2 five years of its expiration upon payment of ~~all accrued and unpaid~~  
3 ~~renewal and regulatory fees.~~ *the renewal fee.*

4 *SEC. 37. Section 7881 of the Business and Professions Code*  
5 *is amended to read:*

6 7881. Except as otherwise provided in this article, certificates  
7 of registration as a geologist or as a geophysicist, or certified  
8 specialty certificates, may be renewed at any time within five years  
9 after expiration on filing an application for renewal on a form  
10 prescribed by the board and payment of ~~all accrued and unpaid~~  
11 ~~renewal fees.~~ *the renewal fee.* If the certificate is renewed more  
12 than 30 days after its expiration, the certificate holder, as a  
13 condition precedent to renewal, shall also pay the delinquency fee  
14 prescribed by this chapter. Renewal under this section shall be  
15 effective on the date on which the application is filed, on the date  
16 on which ~~all the renewal fees are~~ *fee is* paid, or on the date on  
17 which the delinquency fee, if any, is paid, whichever last occurs.  
18 If so renewed, the certificate shall continue in effect through the  
19 date provided in Section 7880 that next occurs after the effective  
20 date of the renewal, when it shall expire if it is not again renewed.

21 *SEC. 38. Section 7883 of the Business and Professions Code*  
22 *is amended to read:*

23 7883. A revoked certificate is subject to expiration as provided  
24 in this article, but it may not be renewed. If it is reinstated after its  
25 expiration, the holder of the certificate, as a condition precedent  
26 to its reinstatement, shall pay a reinstatement fee in an amount  
27 equal to the renewal fee in effect on the last regular date before  
28 the date on which it is ~~reinstated, plus all accrued and unpaid~~  
29 ~~renewal fees~~ *reinstated* and the delinquency fee, if any, accrued  
30 at the time of its revocation.

31 *SEC. 39. Section 8024.7 of the Business and Professions Code*  
32 *is amended to read:*

33 8024.7. The board shall establish an inactive category of  
34 licensure for persons who are not actively engaged in the practice  
35 of shorthand reporting.

36 (a) The holder of an inactive license issued pursuant to this  
37 section shall not engage in any activity for which a license is  
38 required.

39 (b) An inactive license issued pursuant to this section shall be  
40 renewed during the same time period in which an active license

1 is renewed. The holder of an inactive license is exempt from any  
2 continuing education requirement for renewal of an active license.

3 (c) The renewal fee for a license in an active status shall ~~apply~~  
4 ~~also for a renewal of a license in an inactive status, unless a lesser~~  
5 ~~renewal fee is specified by the board.~~ *be no more than 50 percent*  
6 *of the renewal fee for a license in an active status.*

7 (d) In order for the holder of an inactive license issued pursuant  
8 to this section to restore ~~his or her~~ *their* license to an active status,  
9 the holder of an inactive license shall comply with both of the  
10 following:

11 (1) Pay the renewal fee.

12 (2) If the board requires completion of continuing education for  
13 renewal of an active license, complete continuing education  
14 equivalent to that required for renewal of an active license, unless  
15 a different requirement is specified by the board.

16 *SEC. 40. Section 8802 of the Business and Professions Code*  
17 *is amended to read:*

18 8802. Except as otherwise provided in this article, licenses  
19 issued under this chapter may be renewed at any time within five  
20 years after expiration on filing of application for renewal on a form  
21 prescribed by the board and payment of ~~all accrued and unpaid~~  
22 ~~renewal fees.~~ *the renewal fee.* If the license is renewed more than  
23 30 days after its expiration, the licensee, as a condition precedent  
24 to renewal, shall also pay the delinquency fee prescribed by this  
25 chapter. Renewal under this section shall be effective on the date  
26 on which the application is filed, on the date on which the renewal  
27 fee is paid, or on the date on which the delinquency fee, if any, is  
28 paid, whichever last occurs. If so renewed, the license shall  
29 continue in effect through the date provided in Section 8801 which  
30 next occurs after the effective date of the renewal, when it shall  
31 expire if it is not again renewed.

32 *SEC. 41. Section 9832 of the Business and Professions Code*  
33 *is amended to read:*

34 9832. (a) Registrations issued under this chapter shall expire  
35 no more than 12 months after the issue date. The expiration date  
36 of registrations shall be set by the director in a manner to best  
37 distribute renewal procedures throughout the year.

38 (b) To renew an unexpired registration, the service dealer shall,  
39 on or before the expiration date of the registration, apply for

1 renewal on a form prescribed by the director, and pay the renewal  
2 fee prescribed by this chapter.

3 (c) To renew an expired registration, the service dealer shall  
4 apply for renewal on a form prescribed by the director, pay the  
5 renewal fee in effect on the last regular renewal date, and pay ~~all~~  
6 ~~accrued and unpaid~~ the delinquency ~~and renewal fees.~~ *fee.*

7 (d) Renewal is effective on the date that the application is ~~filed,~~  
8 ~~filed and~~ the renewal fee is paid, and ~~all~~ delinquency fees are paid.

9 (e) For purposes of implementing the distribution of the renewal  
10 of registrations throughout the year, the director may extend by  
11 not more than six months, the date fixed by law for renewal of a  
12 registration, except that in that event any renewal fee that may be  
13 involved shall be prorated in a manner that no person shall be  
14 required to pay a greater or lesser fee than would have been  
15 required had the change in renewal dates not occurred.

16 *SEC. 42. Section 9832.5 of the Business and Professions Code*  
17 *is amended to read:*

18 9832.5. (a) Registrations issued under this chapter shall expire  
19 no more than 12 months after the issue date. The expiration date  
20 of registrations shall be set by the director in a manner to best  
21 distribute renewal procedures throughout the year.

22 (b) To renew an unexpired registration, the service contractor  
23 shall, on or before the expiration date of the registration, apply for  
24 renewal on a form prescribed by the director, and pay the renewal  
25 fee prescribed by this chapter.

26 (c) To renew an expired registration, the service contractor shall  
27 apply for renewal on a form prescribed by the director, pay the  
28 renewal fee in effect on the last regular renewal date, and pay ~~all~~  
29 ~~accrued and unpaid~~ the delinquency and renewal fees.

30 (d) Renewal is effective on the date that the application is ~~filed,~~  
31 ~~filed and~~ the renewal fee is paid, and ~~all~~ delinquency fees are paid.

32 (e) For purposes of implementing the distribution of the renewal  
33 of registrations throughout the year, the director may extend, by  
34 not more than six months, the date fixed by law for renewal of a  
35 registration, except that, in that event, any renewal fee that may  
36 be involved shall be prorated in such a manner that no person shall  
37 be required to pay a greater or lesser fee than would have been  
38 required had the change in renewal dates not occurred.

39 (f) This section shall remain in effect only until January 1, 2023,  
40 and as of that date is repealed.

1     *SEC. 43. Section 9884.5 of the Business and Professions Code*  
2     *is amended to read:*

3     9884.5. A registration that is not renewed within three years  
4 following its expiration shall not be renewed, restored, or reinstated  
5 thereafter, and the delinquent registration shall be canceled  
6 immediately upon expiration of the three-year period.

7     An automotive repair dealer whose registration has been canceled  
8 by operation of this section shall obtain a new registration only if  
9 ~~he or she~~ *the automotive repair dealer* again meets the requirements  
10 set forth in this chapter relating to registration, is not subject to  
11 denial under Section 480, and pays the applicable fees.

12     An expired registration may be renewed at any time within three  
13 years after its expiration upon the filing of an application for  
14 renewal on a form prescribed by the bureau and the payment of  
15 ~~all accrued~~ *the* renewal and delinquency fees. Renewal under this  
16 section shall be effective on the date on which the application is  
17 filed and ~~all~~ *the* renewal and delinquency fees are paid. If so  
18 renewed, the registration shall continue in effect through the  
19 expiration date of the current registration year as provided in  
20 Section 9884.3, at which time the registration shall be subject to  
21 renewal.

22     *SEC. 44. Section 19170.5 of the Business and Professions Code*  
23     *is amended to read:*

24     19170.5. (a) Except as provided in Section 19170.3, licenses  
25 issued under this chapter expire two years from the date of  
26 issuance. To renew ~~his or her~~ *a* license, a licensee shall, on or  
27 before the date on which it would otherwise expire, apply for  
28 renewal on a form prescribed by the chief, and pay the fees  
29 prescribed by Sections 19170 and 19213.1. If a licensee fails to  
30 renew ~~his or her~~ *their* license before its expiration, a delinquency  
31 fee of 20 percent, but not more than one hundred dollars (\$100),  
32 notwithstanding the provisions of Section 163.5, shall be added  
33 to the renewal fee. If the renewal fee and delinquency fee are not  
34 paid within 90 days after expiration of a license, the licensee shall  
35 be assessed an additional penalty fee of 30 percent of the renewal  
36 fee.

37     (b) Except as otherwise provided in this chapter, a licensee may  
38 renew an expired license within six years after expiration of the  
39 license by filing an application for renewal on a form prescribed

1 by the bureau, and paying ~~all accrued renewal, delinquent, the~~  
2 *renewal, delinquency, and penalty fees.*

3 (c) A license that is not renewed within six years of its expiration  
4 shall not be renewed, restored, reinstated, or reissued, but the holder  
5 of the license may apply for and obtain a new license if both of  
6 the following requirements are satisfied:

7 (1) No fact, circumstance, or condition exists which would  
8 justify denial of licensure under Section 480.

9 (2) The licensee pays ~~all the~~ renewal, delinquency, and penalty  
10 fees ~~that have accrued since the date on which the license was last~~  
11 ~~renewed.~~ *fees.*

12 (d) The bureau may impose conditions on any license issued  
13 pursuant to subdivision (c).

14 *SEC. 45. Section 19290 of the Business and Professions Code*  
15 *is amended to read:*

16 19290. (a) Permits issued under this chapter expire two years  
17 from the date of issuance. To renew a permit, a permittee shall,  
18 on or before the date on which it would otherwise expire, apply  
19 for renewal on a form prescribed by the chief, and continue to pay  
20 the fees prescribed in Sections 19288 and 19288.1. Notwithstanding  
21 Section 163.5, if a permittee fails to renew the permit before its  
22 expiration, a delinquency fee of 20 percent of the most recent fee  
23 paid to the bureau pursuant to Sections 19288 and 19288.1 shall  
24 be added to the amount due to the bureau at the next fee interval.  
25 If the renewal fee and delinquency fee are not paid within 90 days  
26 after expiration of a permit, the permittee shall be assessed an  
27 additional fee of 30 percent of the most recent fee paid to the  
28 bureau pursuant to Sections 19288 and 19288.1.

29 (b) Except as otherwise provided in this chapter, a permittee  
30 may renew an expired permit within two years after expiration of  
31 the permit by filing an application for renewal on a form prescribed  
32 by the bureau, and paying ~~all accrued~~ fees.

33 (c) A permit that is not renewed within two years of its  
34 expiration shall not be renewed, restored, reinstated, or reissued,  
35 but the holder of the expired permit may apply for and obtain a  
36 new permit as provided in this chapter, upon payment of all fees  
37 that accrued since the date the permit was last renewed.

38 (d) The bureau may impose conditions on any permit issued  
39 pursuant to subdivision (c).

1 SECTION 1. ~~Section 4073 of the Business and Professions~~  
2 ~~Code is amended to read:~~

3 4073. (a) ~~A pharmacist filling a prescription order for a drug~~  
4 ~~product prescribed by its trade or brand name may select another~~  
5 ~~drug product with the same active chemical ingredients of the same~~  
6 ~~strength, quantity, and dosage form, and of the same generic drug~~  
7 ~~name as determined by the United States Adopted Names (USAN)~~  
8 ~~and accepted by the federal Food and Drug Administration (FDA),~~  
9 ~~of those drug products having the same active chemical ingredients.~~

10 (b) ~~In no case shall a selection be made pursuant to this section~~  
11 ~~if the prescriber personally indicates, either orally or in the~~  
12 ~~prescriber's own handwriting, "Do not substitute," or words of~~  
13 ~~similar meaning. Nothing in this subdivision shall prohibit a~~  
14 ~~prescriber from checking a box on a prescription marked "Do not~~  
15 ~~substitute"; provided that the prescriber personally initials the box~~  
16 ~~or checkmark. To indicate that a selection shall not be made~~  
17 ~~pursuant to this section for an electronic data transmission~~  
18 ~~prescription as defined in subdivision (c) of Section 4040, a~~  
19 ~~prescriber may indicate "Do not substitute," or words of similar~~  
20 ~~meaning, in the prescription as transmitted by electronic data, or~~  
21 ~~may check a box marked on the prescription "Do not substitute."~~  
22 ~~In either instance, it shall not be required that the prohibition on~~  
23 ~~substitution be manually initialed by the prescriber.~~

24 (c) ~~Selection pursuant to this section is within the discretion of~~  
25 ~~the pharmacist, except as provided in subdivision (b). The person~~  
26 ~~who selects the drug product to be dispensed pursuant to this~~  
27 ~~section shall assume the same responsibility for selecting the~~  
28 ~~dispensed drug product as would be incurred in filling a~~  
29 ~~prescription for a drug product prescribed by generic name. There~~  
30 ~~shall be no liability on the prescriber for an act or omission by a~~  
31 ~~pharmacist in selecting, preparing, or dispensing a drug product~~  
32 ~~pursuant to this section. In no case shall the pharmacist select a~~  
33 ~~drug product pursuant to this section unless the drug product~~  
34 ~~selected costs the patient less than the prescribed drug product.~~  
35 ~~Cost, as used in this subdivision, is defined to include any~~  
36 ~~professional fee that may be charged by the pharmacist.~~

37 (d) ~~This section shall apply to all prescriptions, including those~~  
38 ~~presented by or on behalf of persons receiving assistance from the~~  
39 ~~federal government or pursuant to the California Medical~~  
40 ~~Assistance Program set forth in Chapter 7 (commencing with~~

1 ~~Section 14000) of Part 3 of Division 9 of the Welfare and~~  
2 ~~Institutions Code.~~  
3 ~~(e) When a substitution is made pursuant to this section, the use~~  
4 ~~of the cost-saving drug product dispensed shall be communicated~~  
5 ~~to the patient and the name of the dispensed drug product shall be~~  
6 ~~indicated on the prescription label, except where the prescriber~~  
7 ~~orders otherwise.~~

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**AB 613 (*Low*) Professions and vocations:  
regulatory fees**



**ASSEMBLY BILL**

**No. 613**

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**Introduced by Assembly Member Low**

February 14, 2019

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An act to add Section 101.1 to the Business and Professions Code, relating to professions and vocations, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 613, as introduced, Low. Professions and vocations: regulatory fees.

Existing law establishes the Department of Consumer Affairs, which is comprised of boards that are established for the purpose of regulating various professions and vocations, and generally authorizes a board to charge fees for the reasonable regulatory cost of administering the regulatory program for the profession or vocation. Existing law establishes the Professions and Vocations Fund in the State Treasury, which consists of specified special funds and accounts, some of which are continuously appropriated.

This bill would authorize each board within the department to increase every 4 years any fee authorized to be imposed by that board by an amount not to exceed the increase in the California Consumer Price Index for the preceding 4 years, subject to specified conditions. The bill would require the Director of Consumer Affairs to approve any fee increase proposed by a board except under specified circumstances. By authorizing an increase in the amount of fees deposited into a continuously appropriated fund, this bill would make an appropriation.

Vote: majority. Appropriation: yes. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 101.1 is added to the Business and  
2 Professions Code, to read:

3 101.1. (a) Notwithstanding any other law, no more than once  
4 every four years, any board listed in Section 101 may increase any  
5 fee authorized to be imposed by that board by an amount not to  
6 exceed the increase in the California Consumer Price Index, as  
7 determined pursuant to Section 2212 of the Revenue and Taxation  
8 Code, for the preceding four years in accordance with the  
9 following:

10 (1) The board shall provide its calculations and proposed fee,  
11 rounded to the nearest whole dollar, to the director and the director  
12 shall approve the fee increase unless any of the following apply:

13 (A) The board has unencumbered funds in an amount that is  
14 equal to more than the board’s operating budget for the next two  
15 fiscal years.

16 (B) The fee would exceed the reasonable regulatory costs to the  
17 board in administering the provisions for which the fee is  
18 authorized.

19 (C) The director determines that the fee increase would be  
20 injurious to the public health, safety, or welfare.

21 (2) The adjustment of fees and publication of the adjusted fee  
22 list is not subject to the Administrative Procedure Act (Chapter  
23 3.5 (commencing with Section 11340) of Part 1 of Division 3 of  
24 Title 2) of the Government Code.

25 (b) For purposes of this section, “fee” includes any fees  
26 authorized to be imposed by a board for regulatory costs. “Fee”  
27 does not include administrative fines, civil penalties, or criminal  
28 penalties.

O

**AB 617 (*Mullin*) Stem Cell Clinic Regulation  
Advisory Group**

AMENDED IN ASSEMBLY MAY 1, 2019  
AMENDED IN ASSEMBLY APRIL 22, 2019  
AMENDED IN ASSEMBLY MARCH 21, 2019  
CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

**ASSEMBLY BILL**

**No. 617**

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**Introduced by Assembly Member Mullin**

February 14, 2019

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An act to add ~~Chapter 3 (commencing with Section 125360) to Part 5.5 of Division 106 of the Health and Safety Code, and repeal Article 24.5 (commencing with Section 2524) of Chapter 5 of Division 2 of the Business and Professions Code, relating to public health.~~ *healing arts.*

LEGISLATIVE COUNSEL'S DIGEST

AB 617, as amended, Mullin. ~~Stem Cell Clinic and Regenerative Therapy Regulation Advisory Group.~~

*Existing law, including, among other laws, the Medical Practice Act, the Osteopathic Act, and the Nursing Practice Act, provides for the licensure and regulation of various health care practitioners by various boards within the Department of Consumer Affairs, including the Medical Board of California, the Osteopathic Medical Board of California, and the Board of Registered Nursing. Existing law requires licensed health care practitioners who perform stem cell therapies that are subject to regulation by the United States Food and Drug Administration (FDA), but are not FDA approved, to communicate to their patients specified information regarding the therapies in a notice and in writing prior to providing the initial stem cell therapy.*

Existing law requires the State Department of Public Health to establish and maintain an anonymous registry of embryos that are

available for research. Existing law makes it the policy of the state that research involving the derivation and use of human embryonic stem cells, human embryonic germ cells, and human adult stem cells shall be reviewed by a stem cell research oversight committee.

*The California Stem Cell Research and Cures Act, an initiative measure approved by the voters at the November 2, 2004, statewide general election as Proposition 71, establishes the California Institute for Regenerative Medicine (CIRM), the purpose of which is, among other things, to make grants and loans for stem cell research, for research facilities, and for other vital research opportunities to realize therapies, protocols, and medical procedures that will result in the cure for, or substantial mitigation of, diseases and injuries. Existing law prohibits amendment of Proposition 71 by the Legislature unless the amendment is approved by the voters, or the amendment is accomplished by a bill introduced after the first 2 full calendar years and approved by a vote of 70% of both houses, and only if the amendment enhances the ability of the institute to further the purposes of the grant and loan programs.*

Existing federal law creates an electronic registration and listing system for establishments that manufacture human cells, tissues, and cellular and tissue-based products (HCT/Ps) and ~~to establish~~ *establishes* current good tissue practice and other procedures to prevent the introduction, transmission, and spread of communicable diseases by HCT/Ps. Existing federal law requires the ~~federal Food and Drug Administration~~ *FDA* to register, list, and regulate HCT/Ps for these purposes.

This bill would require the ~~department,~~ *Medical Board of California*, no later than February 1, 2020, to ~~convene~~ *establish* the Stem Cell ~~Clinic~~ *and Regenerative Therapy Regulation Advisory Group* for purposes of, ~~among other duties, holding~~ *comprised of specified members, including 3 members appointed by the CIRM, as specified. By imposing a duty on the CIRM to appoint members to the Stem Cell and Regenerative Therapy Regulation Advisory Group, the bill would require for passage a 70% vote. The bill, on or after July 1, 2020, would authorize the board to make the appointments that CIRM fails to make. The bill would require the advisory group to convene a series of stakeholder meetings to review the Medical Practice Act, the Osteopathic Act, and the State Department of Public Health's current licensing and certification laws and the department's procedures to determine whether those laws and procedures provide for adequate*

consumer protection for the use of stem cell therapies in ~~clinics, and~~  
*clinics and other practice settings*, to make recommendations to the  
 Legislature, on or before July 1, 2020, regarding how to improve state  
 oversight of ~~clinics licensees~~ offering or providing stem cell therapies  
 to ~~patients~~. *patients, and to make recommendations to the board for the*  
*adoption of emergency regulations, as specified. The bill would*  
*authorize the board to adopt those recommended emergency regulations,*  
*as specified. The bill would repeal these provisions on January 1, 2024.*

Vote: ~~majority~~ 70%. Appropriation: no. Fiscal committee: yes.  
 State-mandated local program: no.

*The people of the State of California do enact as follows:*

1     SECTION 1. Article 24.5 (commencing with Section 2524) is  
 2     added to Chapter 5 of Division 2 of the Business and Professions  
 3     Code, to read:

4  
 5     Article 24.5. Stem Cell and Regenerative Therapy Regulation  
 6                                     Advisory Group

7  
 8     2524. For purposes of this article, the following definitions  
 9     apply:

- 10    (a) “Board” means the Medical Board of California.
- 11    (b) “Clinic” has the meaning set forth in Section 1200 of the
- 12    Health and Safety Code.
- 13    (c) “Department” means the State Department of Public Health.
- 14    (d) “FDA” means the United States Food and Drug
- 15    Administration.
- 16    (e) “HCT/Ps” means human cells, tissues, or cellular or
- 17    tissue-based products, as defined in Section 1271.3 of Title 21 of
- 18    the Code of Federal Regulations, as amended August 31, 2016,
- 19    as published in the Federal Register (81 Fed. Reg. 60223).
- 20    (f) “Licensee” means a licensee of the Board of Registered
- 21    Nursing, the Medical Board of California, or the Osteopathic
- 22    Medical Board of California.
- 23    (g) “Stem cell therapy” means a therapy involving the use of
- 24    HCT/Ps.

25    2524.1. (a) No later than February 1, 2020, the board shall  
 26    establish the Stem Cell and Regenerative Therapy Regulation

1 *Advisory Group comprised of the following members who shall*  
2 *serve in an advisory capacity:*

3 *(1) Three members appointed by the board that are members*  
4 *of the board, including two physician and surgeon members and*  
5 *one public member.*

6 *(2) Three members appointed by the California Institute for*  
7 *Regenerative Medicine no later than January 15, 2020. On or after*  
8 *July 1, 2020, the board may make those appointments that the*  
9 *California Institute for Regenerative Medicine fails to make*  
10 *pursuant to this paragraph.*

11 *(3) Two members of the Osteopathic Medical Board of*  
12 *California appointed by the Osteopathic Medical Board of*  
13 *California.*

14 *(4) One member of the Board of Registered Nursing appointed*  
15 *by the Board of Registered Nursing.*

16 *(b) The Stem Cell and Regenerative Therapy Regulation*  
17 *Advisory Group shall convene a series of stakeholder meetings*  
18 *for the following purposes:*

19 *(1) Review the Medical Practice Act, the Osteopathic Act, and*  
20 *the department's current licensing and certification laws and*  
21 *procedures to determine whether those laws and procedures*  
22 *provide for adequate consumer protection for the use of stem cell*  
23 *therapies in clinics and other practice settings.*

24 *(2) Make recommendations to the Legislature, on or before July*  
25 *1, 2020, regarding how to improve state oversight of licensees*  
26 *offering or providing stem cell therapies to patients. A report*  
27 *submitted to the Legislature authorized by this paragraph shall*  
28 *be in compliance with Section 9795 of the Government Code.*

29 *(3) Make recommendations to the board, if appropriate, for the*  
30 *adoption of emergency regulations to protect the public against*  
31 *stem cell therapies that are not in compliance with federal laws*  
32 *and regulations, including regulations adopted by the FDA.*

33 *(c) The board may adopt emergency regulations recommended*  
34 *pursuant to paragraph (3) of subdivision (b). The board shall*  
35 *consult relevant stakeholders prior to adopting those regulations*  
36 *and shall provide a 90-day notice to stakeholders prior to adopting*  
37 *regulations. The adoption of these regulations is deemed to address*  
38 *an emergency, for purposes of Sections 11346.1 and 11349.6 of*  
39 *the Government Code, and is hereby exempted for this purpose*

1 *from the requirements of subdivision (b) of Section 11346.1 of the*  
2 *Government Code.*

3 2524.2. *This article shall remain in effect only until January*  
4 *1, 2024, and as of that date is repealed.*

5 SECTION 1. ~~Chapter 3 (commencing with Section 125360)~~  
6 ~~is added to Part 5.5 of Division 106 of the Health and Safety Code,~~  
7 ~~to read:~~

8  
9 CHAPTER 3. ~~STEM CELL CLINIC REGULATION ADVISORY GROUP~~

10  
11 125360. ~~For purposes of this chapter, the following definitions~~  
12 ~~apply:~~

- 13 (a) ~~“Clinic” has the meaning set forth in Section 1200.~~
- 14 (b) ~~“Department” means the State Department of Public Health.~~
- 15 (c) ~~“FDA” means the federal Food and Drug Administration.~~
- 16 (d) ~~“HCT/Ps” means human cells, tissues, or cellular or~~  
17 ~~tissue-based products, as defined in Section 1271.3 of Title 21 of~~  
18 ~~the Code of Federal Regulations, as amended August 31, 2016, as~~  
19 ~~published in the Federal Register (81 Fed. Reg. 60223).~~
- 20 (e) ~~“Stem cell therapy” means a therapy involving the use of~~  
21 ~~HCT/Ps.~~

22 125361. ~~(a) No later than February 1, 2020, the department~~  
23 ~~shall convene the Stem Cell Clinic Regulation Advisory Group~~  
24 ~~for purposes of holding a series of stakeholder meetings. The duties~~  
25 ~~of the advisory group include all of the following:~~

- 26 (1) ~~Review current licensing and certification laws and the~~  
27 ~~department’s procedures to determine whether those laws and~~  
28 ~~procedures provide for adequate consumer protection for the use~~  
29 ~~of stem cell therapies in clinics.~~
- 30 (2) ~~Make recommendations to the Legislature, on or before July~~  
31 ~~1, 2020, regarding how to improve state oversight of clinics~~  
32 ~~offering or providing stem cell therapies to patients.~~
- 33 (3) ~~Adopt, if appropriate, emergency regulations to protect the~~  
34 ~~public against stem cell therapies that are not in compliance with~~  
35 ~~federal laws and regulations, including regulations adopted by the~~  
36 ~~federal Food and Drug Administration. The department shall~~  
37 ~~consult relevant stakeholders prior to promulgating regulations~~  
38 ~~and shall provide a 90-day notice to stakeholders prior to adopting~~  
39 ~~regulations. The adoption of these regulations is an emergency~~



1 and necessary for the immediate preservation of the public peace,  
2 health and safety, or general welfare.  
3 (b) ~~In carrying out the duties described in subdivision (a), the~~  
4 ~~department shall consult with the medical community, bioethicists,~~  
5 ~~legal scholars, and patient advocacy groups. The department is~~  
6 ~~authorized to consult with the California Institute for Regenerative~~  
7 ~~Medicine.~~

O

**AB 714 (*Wood*) Opioid prescription drugs:  
prescribers**

AMENDED IN ASSEMBLY APRIL 4, 2019  
AMENDED IN ASSEMBLY MARCH 19, 2019  
CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

**ASSEMBLY BILL**

**No. 714**

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**Introduced by Assembly Member Wood**

February 19, 2019

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An act to amend Sections 740 and 741 of the Business and Professions Code, relating to healing arts, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

AB 714, as amended, Wood. Opioid prescription drugs: prescribers.

Existing law requires a prescriber, as defined, to offer to a patient a prescription for naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid depression when certain conditions are present, including if the patient presents with an increased risk for overdose or a history of substance use disorder, and to provide education on overdose prevention to patients receiving a prescription and specified other persons.

This bill would make those provisions applicable only to a patient receiving a prescription for an opioid or benzodiazepine medication, and would make the provisions specific to opioid-induced respiratory depression, opioid overdose, opioid use disorder, and opioid overdose prevention, as specified. ~~The bill~~ *bill, among other exclusions*, would exclude from the above-specified provisions requiring prescribers to offer a prescription and provide education prescribers when ~~prescribing, ordering, or administering~~ *ordering medications to be administered to*

a patient in an inpatient health facility and prescribers prescribing to a patient in outpatient-based hospice care, or outpatient setting. The bill would define terms for purposes of those provisions.

This bill would declare that it is to take effect immediately as an urgency statute.

Vote: 2/3. Appropriation: no. Fiscal committee: yes.

State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 740 of the Business and Professions Code  
2 is amended to read:

3 740. For purposes of this article, the following definitions  
4 apply:

5 (a) "Administer" means the direct application of a drug or device  
6 to the body of a patient by injection, inhalation, ingestion, or other  
7 means.

8 ~~(b) "Hospice care" means a specialized form of multidisciplinary~~  
9 ~~health care that is designed to provide palliative care, alleviate the~~  
10 ~~physical, emotional, social, and spiritual discomforts of an~~  
11 ~~individual who is experiencing the last phases of life due to the~~  
12 ~~existence of a terminal disease, and to provide supportive care for~~  
13 ~~the primary caregiver and the family of the hospice patient and~~  
14 ~~shall include both inpatient and outpatient care.~~

15 (e)

16 (b) "Order" means an order entered on the chart or medical  
17 record of a patient registered in an inpatient health facility by or  
18 on the order of a prescriber.

19 ~~(d)~~

20 (c) "Prescriber" means a person licensed, certified, registered,  
21 or otherwise subject to regulation pursuant to this division, or an  
22 initiative act referred to in this division, who is authorized to  
23 prescribe prescription drugs.

24 SEC. 2. Section 741 of the Business and Professions Code is  
25 amended to read:

26 741. (a) Notwithstanding any other law, when prescribing an  
27 opioid or benzodiazepine medication to a patient, a prescriber shall  
28 do the following:

29 (1) Offer the patient a prescription for naloxone hydrochloride  
30 or another drug approved by the United States Food and Drug

1 Administration for the complete or partial reversal of  
2 opioid-induced respiratory depression when one or more of the  
3 following conditions are present:

4 (A) The prescription dosage for the patient is 90 or more  
5 morphine milligram equivalents of an opioid medication per day.

6 (B) An opioid medication is prescribed ~~concurrently with~~ *within*  
7 *a year from the date* a prescription for ~~benzodiazepine.~~  
8 *benzodiazepine has been dispensed to the patient.*

9 (C) The patient presents with an increased risk for opioid  
10 overdose, including a patient with a history of opioid overdose, a  
11 patient with a history of opioid use disorder, or a patient at risk  
12 for returning to a high dose of opioid medication to which the  
13 patient is no longer tolerant.

14 (2) Consistent with the existing standard of care, provide  
15 education to the patient on opioid overdose prevention and the use  
16 of naloxone hydrochloride or another drug approved by the United  
17 States Food and Drug Administration for the complete or partial  
18 reversal of opioid-induced respiratory depression.

19 (3) Consistent with the existing standard of care, provide  
20 education on opioid overdose prevention and the use of naloxone  
21 hydrochloride or another drug approved by the United States Food  
22 and Drug Administration for the complete or partial reversal of  
23 opioid-induced respiratory depression to one or more persons  
24 designated by the patient, or, for a patient who is a minor, to the  
25 minor's parent or guardian.

26 *(b) A prescriber is not required to provide the education*  
27 *specified in paragraphs (2) or (3) of subdivision (a) if the patient*  
28 *receiving the prescription declines the education or has received*  
29 *the education within the past 24 months.*

30 ~~(b)~~

31 *(c) This section does not apply to a prescriber when under any*  
32 *of the following circumstances:*

33 *(1) When prescribing to an inmate or a youth under the*  
34 *jurisdiction of the Department of Corrections and Rehabilitation*  
35 *or the Division of Juvenile Justice within the Department of*  
36 *Corrections and Rehabilitation.*

37 ~~*(e) This section does not apply to a prescriber when prescribing,*~~  
38 ~~*ordering, or administering medications to a patient in an inpatient*~~  
39 ~~*health facility, as defined in Section 1250 of the Health and Safety*~~  
40 ~~*Code.*~~

1 ~~(d) This section does not apply to a prescriber when prescribing~~  
2 ~~medications to a patient in outpatient-based hospice care.~~

3 *(2) When ordering medications to be administered to a patient*  
4 *while the patient is in either an inpatient or outpatient setting.*

5 *(3) When prescribing medications to a patient who is terminally*  
6 *ill, as defined in subdivision (c) of Section 11159.2 of the Health*  
7 *and Safety Code.*

8 SEC. 3. This act is an urgency statute necessary for the  
9 immediate preservation of the public peace, health, or safety within  
10 the meaning of Article IV of the California Constitution and shall  
11 go into immediate effect. The facts constituting the necessity are:

12 In order to properly address the health crisis caused by opioid  
13 addiction and the loss of life caused by opioid-induced respiratory  
14 failure in this state as soon as possible, it is necessary that this bill  
15 take effect immediately.

**AB 845 (*Maienschein*) Continuing education:  
physicians and surgeons: maternal mental  
health**

AMENDED IN ASSEMBLY APRIL 1, 2019  
AMENDED IN ASSEMBLY MARCH 14, 2019  
CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

**ASSEMBLY BILL**

**No. 845**

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**Introduced by Assembly Member Maienschein**

February 20, 2019

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An act to add Section 2196.9 to the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 845, as amended, Maienschein. Continuing education: physicians and surgeons: maternal mental health.

Existing law, the Medical Practice Act, provides for the licensure and regulation of physicians and surgeons by the Medical Board of California within the Department of Consumer Affairs. Under that act, the board is required to adopt and administer standards for the continuing education of physicians and surgeons.

By July 1, 2019, existing law requires a licensed healthcare practitioner who provides prenatal or postpartum care for a patient to offer to screen or appropriately screen a mother for maternal mental health conditions. Existing law also requires a general acute care hospital or special hospital that has a perinatal unit to develop to implement, by January 1, 2020, a program relating to maternal mental health conditions including, but not limited to, postpartum depression.

This bill would require the board, in determining the continuing education requirements for physicians and surgeons, to ~~include~~ *consider including* a course in maternal mental health, addressing, among other provisions, the requirements described above. The bill would require



the board to periodically update ~~the~~ any curricula developed pursuant to the bill to account for new research.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. Section 2196.9 is added to the Business and
- 2 Professions Code, to read:
- 3 2196.9. (a) In determining its continuing education
- 4 requirements for physicians and surgeons, the board shall ~~include~~
- 5 *consider including* a course in maternal mental health, which shall
- 6 address the following:
- 7 (1) Best practices in screening for maternal mental health
- 8 disorders, including cultural competency and unintended bias as
- 9 a means to build trust with mothers.
- 10 (2) The range of maternal mental health disorders.
- 11 (3) The range of evidence-based treatment options, including
- 12 the importance of allowing a mother to be involved in developing
- 13 the treatment plan.
- 14 (4) When an obstetrician or a primary care doctor should consult
- 15 with a psychiatrist versus making a referral.
- 16 (5) Applicable requirements under Sections 123640 and
- 17 123616.5 of the Health and Safety Code.
- 18 (b) Subject to Section 2001.1, the board shall periodically update
- 19 ~~the~~ any curriculum developed pursuant to this section to account
- 20 for new research.

O

**AB 888 (*Low*) Opioid prescriptions:  
information: nonpharmacological treatments  
for pain**

AMENDED IN ASSEMBLY APRIL 11, 2019

AMENDED IN ASSEMBLY MARCH 21, 2019

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

**ASSEMBLY BILL**

**No. 888**

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**Introduced by Assembly Member Low**

February 20, 2019

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An act to amend Section 11158.1 of the Health and Safety Code, relating to controlled substances.

LEGISLATIVE COUNSEL'S DIGEST

AB 888, as amended, Low. Opioid prescriptions: information: nonpharmacological treatments for pain.

Existing law requires a prescriber, with certain exceptions, before directly dispensing or issuing for a minor the first prescription for a controlled substance containing an opioid in a single course of treatment, to discuss specified information with the minor, the minor's parent or guardian, or another adult authorized to consent to the minor's medical treatment.

This bill would extend that requirement for the prescriber by applying it to any patient, not only a minor, under those circumstances. The bill would also require the prescriber to discuss the availability of nonpharmacological treatments for pain, as defined.

Existing law makes an exception to the requirement for the prescriber in the case of a patient who is being treated for a diagnosis of chronic intractable pain, as specified.

This bill would remove that exception and would instead make an exception in the case of a patient who is currently receiving hospice care.

The bill would require the prescriber, after discussing the information, to ~~offer~~ *offer, as deemed appropriate by the prescriber*, a referral for a provider of nonpharmacological treatments for pain, and to obtain informed written consent from the patient, a minor patient’s parent or guardian, or another authorized adult, as specified.

Existing federal law, the federal Patient Protection and Affordable Care Act (PPACA), requires a health benefit plan issuer that offers coverage in the small group or individual market to ensure that the coverage includes the essential health benefits package, as defined.

This bill would make legislative findings and declarations relating to addiction associated with overreliance on prescription medication for pain management, and providing that nonpharmacological treatments for pain should be considered during the next update to the state’s essential health benefits benchmark plan.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
 State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. The Legislature finds and declares all of the
- 2 following:
- 3 (a) The opioid crisis has devastated communities within
- 4 California, which has prompted an urgent discussion about the
- 5 risks of addiction associated with overreliance on prescription
- 6 medication for pain management.
- 7 (b) A growing body of research indicates that certain
- 8 nonpharmacological therapies are proven to be equally effective
- 9 to treat certain causes of pain as prescription opioids, without
- 10 placing patients at risk for addiction or overdose.
- 11 (c) To this end, awareness of, and access to, nonpharmacological
- 12 treatments for pain are vitally important to the state’s efforts to
- 13 combat the opioid crisis, and that coverage of these treatments
- 14 should be considered during the next update to the state’s essential
- 15 health-~~benefit~~ *benefits* benchmark plan pursuant to Section 156.111
- 16 of Title 45 of the Code of Federal Regulations.
- 17 SEC. 2. Section 11158.1 of the Health and Safety Code is
- 18 amended to read:
- 19 11158.1. (a) Except when a patient is being treated as set forth
- 20 in Sections 11159, 11159.2, and 11167.5, and Article 2
- 21 (commencing with Section 11215) of Chapter 5, pertaining to the

1 treatment of addicts, or except when a patient is currently receiving  
2 hospice care, a prescriber shall discuss all of the following  
3 information with the patient, or, if the patient is a minor, the minor,  
4 the minor's parent or guardian, or another adult authorized to  
5 consent to the minor's medical treatment, before directly dispensing  
6 or issuing to a patient the first prescription in a single course of  
7 treatment for a controlled substance containing an opioid:

8 (1) The risks of addiction and overdose associated with the use  
9 of opioids.

10 (2) The increased risk of addiction to an opioid for an individual  
11 who is suffering from both mental and substance abuse disorders.

12 (3) The danger of taking an opioid with a benzodiazepine,  
13 alcohol, or another central nervous system depressant.

14 (4) The availability of nonpharmacological treatments for pain.

15 (5) Any other information required by law.

16 (b) After discussing the information required by subdivision  
17 (a), the prescriber shall do both of the following:

18 (1) Obtain informed written consent from the patient, a minor  
19 patient's parent or guardian, or another adult authorized to consent  
20 to the minor patient's medical treatment, which shall be placed in  
21 the patient's medical record and shall contain all of the following:

22 (A) The name and quantity of the controlled substance being  
23 prescribed or issued to the patient, and the amount of the initial  
24 dose.

25 (B) A statement certifying that the prescriber discussed with  
26 the patient, a minor patient's parent or guardian, or another adult  
27 authorized to consent to the minor patient's medical treatment, the  
28 information required by subdivision (a).

29 (C) A space for the signature of the patient, a minor patient's  
30 parent or guardian, or another adult authorized to consent to the  
31 minor patient's medical treatment.

32 (2) ~~Offer~~ *Offer, as deemed appropriate by the prescriber, a*  
33 *referral for a provider of nonpharmacological treatments for pain.*

34 (c) This section does not apply in any of the following  
35 circumstances:

36 (1) If the patient's treatment includes emergency services and  
37 care as defined in Section 1317.1.

38 (2) If the patient's treatment is associated with, or incidental to,  
39 an emergency surgery, regardless of whether the surgery is  
40 performed on an inpatient or outpatient basis.

- 1 (3) If, in the prescriber’s professional judgment, fulfilling the
- 2 requirements of subdivision (a) or (b) would be detrimental to the
- 3 patient’s health or safety, or in violation of the patient’s legal rights
- 4 regarding confidentiality.
- 5 (d) For purposes of this section, “nonpharmacological treatments
- 6 for pain” include, but are not limited to, acupuncture, chiropractic
- 7 care, physical therapy, occupational therapy, and licensed mental
- 8 health provider services.
- 9 (e) *This section shall not be construed as requiring health care*
- 10 *coverage, or changing existing health care coverage requirements,*
- 11 *for nonpharmacological treatments for pain.*
- 12 ~~(e)~~
- 13 (f) Notwithstanding any other law, including Section 11374,
- 14 failure to comply with this section shall not constitute a criminal
- 15 offense.

O

**AB 1030 (*Calderon*) Gynecological  
examinations: informational pamphlet**

AMENDED IN SENATE JUNE 3, 2019  
AMENDED IN ASSEMBLY MARCH 26, 2019  
CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

**ASSEMBLY BILL**

**No. 1030**

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**Introduced by Assembly Members Calderon and Petrie-Norris**

February 21, 2019

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An act to amend Section 2249 of, and to add Section 2248.9 to, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 1030, as amended, Calderon. ~~Gynecological~~ *Pelvic* examinations: informational pamphlet.

Existing law establishes the Medical Board of California within the Department of Consumer Affairs to enforce the licensing and regulatory provisions relating to ~~medical practitioners, including~~ physicians and surgeons. Existing law requires a physician and surgeon primarily responsible for providing a patient an annual gynecological examination to provide that patient, during the annual examination in layperson's language and in a language understood by the patient, a standardized summary containing a description of the symptoms and appropriate methods of diagnoses for gynecological cancers. Existing law makes a failure to provide that information punishable by citation and an administrative fine.

This bill, on or before July 1, 2020, would require the board, in coordination with the American College of Obstetricians and Gynecologists, *the California Medical Association, and the California Academy of Family Physicians*, to develop an informational pamphlet for patients undergoing ~~gynecological~~ *pelvic* examinations that includes



specified information, including what pelvic *and other relevant exams* and ~~Pap smears~~ are and how they are performed and privacy expectations for patients. The bill would require the board to make the ~~information sheet~~ *informational pamphlet* available for ~~the use of licensees that perform gynecological~~ *use by licensees performing pelvic examinations*, as specified.

The bill, commencing one month after the board makes the informational pamphlet available, would ~~require~~ *expand those provisions by additionally requiring* a physician and surgeon primarily responsible for providing a patient an annual gynecological examination, to provide a patient with the informational pamphlet before a patient’s first ~~gynecological pelvic~~ *gynecological pelvic* examination with that ~~practitioner, physician and surgeon or medical group.~~ *practitioner, physician and surgeon or medical group.* The bill would require the ~~practitioner physician and surgeon~~ to have the patient sign and date a form ~~attesting confirming~~ that the patient has received the informational pamphlet and understood the contents before the first ~~gynecological pelvic~~ *gynecological pelvic* examination with that ~~practitioner.~~ *practitioner.* ~~The bill would make a violation of these provisions punishable by citation and an administrative fine.~~ *physician and surgeon or medical group.*

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. Section 2248.9 is added to the Business and
- 2 Professions Code, to read:
- 3 2248.9. (a) On or before July 1, 2020, the Medical Board of
- 4 California, in coordination with the American College of
- 5 Obstetricians and Gynecologists, *the California Medical*
- 6 *Association, and the California Academy of Family Physicians*
- 7 shall develop an informational pamphlet for patients undergoing
- 8 ~~gynecological pelvic~~ *gynecological pelvic* examinations that includes, but is not limited
- 9 to, all of the following:
- 10 (1) What a pelvic exam is and how it is properly performed.
- 11 (2) ~~What a Pap smear is and how it is properly performed.~~ *If*
- 12 *applicable, a description of other relevant exams.*
- 13 (3) ~~The recommended age for a patient receiving a pelvic exam~~
- 14 ~~or Pap smear and how often a pelvic exam or Pap smear should~~
- 15 ~~be performed.~~
- 16 (4)

1 (3) Privacy expectations, including that privacy should be  
2 provided for the patient both when undressing and dressing and  
3 that a gown *or a drape* should be ~~worn during the entire~~  
4 ~~examination.~~ *provided.*

5 ~~(5)~~

6 (4) An explanation of what a speculum is and how it should be  
7 properly used during an examination.

8 ~~(6)~~

9 (5) That gloves should be worn by the practitioner during the  
10 examination.

11 ~~(7) The duration of a pelvic exam and Pap smear.~~

12 ~~(8)~~

13 (6) A telephone number for the Medical Board of California at  
14 which a patient may report any misconduct that the patient feels  
15 may have occurred.

16 (b) The informational pamphlet developed pursuant to  
17 subdivision (a) shall be made available for ~~the use of licensees that~~  
18 ~~provide gynecological services.~~ *use by licensees performing pelvic*  
19 *examinations.* The informational pamphlet shall ~~either~~ be posted  
20 as a printable file on the board's internet ~~website or website~~, made  
21 available for order as a printed deliverable on the board's internet  
22 website, or both.

23 SEC. 2. Section 2249 of the Business and Professions Code is  
24 amended to read:

25 2249. (a) A physician and surgeon primarily responsible for  
26 providing a patient an annual gynecological examination shall  
27 provide that patient, during the annual examination in layperson's  
28 language and in a language understood by the patient, a  
29 standardized summary containing a description of the symptoms  
30 and appropriate methods of diagnoses for gynecological cancers.  
31 This section does not preclude the use of existing publications or  
32 pamphlets developed by nationally recognized cancer organizations  
33 or by the State Department of Public Health pursuant to Section  
34 138.4 of the Health and Safety Code.

35 (b) (1) A physician and surgeon primarily responsible for  
36 providing a patient an annual gynecological examination shall,  
37 before a patient's first ~~gynecological pelvic~~ *pelvic* examination with the  
38 physician and ~~surgeon,~~ *surgeon or medical group*, provide the  
39 patient with the informational pamphlet developed pursuant to  
40 Section 2248.9. The physician and surgeon shall have the patient

1 sign and date a form ~~attesting~~ *confirming* that the patient has  
2 received the informational pamphlet and understood the contents  
3 before the first ~~gynecological~~ *pelvic* examination with that  
4 physician and ~~surgeon~~. *surgeon or medical group*. Forms showing  
5 receipt of the information shall be kept as part of the patient's  
6 medical record.

7 (2) This subdivision shall become operative one month after  
8 the board ~~posts availability information~~ *makes the informational*  
9 *pamphlet available* on its internet website as provided in Section  
10 2248.9.

11 (c) A physician and surgeon who violates this section may be  
12 cited and assessed an administrative fine. A citation shall not be  
13 issued and a fine shall not be assessed upon the first complaint  
14 against a physician and surgeon who violates this section. Upon  
15 the second and subsequent complaints against a physician and  
16 surgeon who violates this section, a citation may be issued and an  
17 administrative fine may be assessed.

18 (d) Notwithstanding any other law, all fines collected pursuant  
19 to this section for a violation of subdivision (a) shall be credited  
20 to the Contingent Fund of the Medical Board of California to be  
21 used by the Office of Women's Health within the State Department  
22 of Public Health for outreach services that provide information to  
23 women about gynecological cancers, but shall not be expended  
24 until they are appropriated by the Legislature in the Budget Act  
25 or another statute.

26 (e) Section 2314 shall not apply to this section.

**AB 1038 (*Muratsuchi*) Health data: rates for health care services: physicians and surgeons**

AMENDED IN ASSEMBLY APRIL 3, 2019

CALIFORNIA LEGISLATURE—2019—20 REGULAR SESSION

**ASSEMBLY BILL**

**No. 1038**

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**Introduced by Assembly Member Muratsuchi**

February 21, 2019

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~~An act to add Article 10 (commencing with Section 42000) to Chapter 3 of Part 4 of Division 26 of the Health and Safety Code, relating to nonvehicular air pollution. An act to add Chapter 4 (commencing with Section 128900) to Part 5 of Division 107 of the Health and Safety Code, relating to health data.~~

LEGISLATIVE COUNSEL'S DIGEST

AB 1038, as amended, Muratsuchi. ~~Air quality management districts: scientific and engineering review. Health data: rates for health care services: physicians and surgeons.~~

*Existing law states the intent of the Legislature to establish a Health Care Cost Transparency Database to collect information regarding the cost of health care. Existing law requires the Office of Statewide Health Planning and Development to convene a review committee for purposes of advising the office on the establishment and implementation of the database. Existing law requires the office, by July 1, 2020, to submit a report to the Legislature, based on recommendations of the review committee and any third-party vendor, that includes prescribed elements. Existing law requires the office to establish, implement, and administer the database. Existing law requires certain health care entities, including a physician and surgeon, to provide specified information to the office for collection in the database. Under existing law, implementation of these provisions is subject to budget appropriation for that purpose.*

*This bill would require the Medical Board of California to provide to the office, no less than annually, a comprehensive list of all physicians and surgeons practicing in California, including prescribed information. The bill would require a board-licensed physician and surgeon to provide to the office specified information relating to negotiated rates and charges imposed for services provided. The bill would require the office to make public certain aggregate data on negotiated rates.*

~~Existing law imposes various limitations on emissions of air contaminants for the control of air pollution from vehicular and nonvehicular sources. Existing law generally designates the State Air Resources Board as the state agency with the primary responsibility for the control of vehicular air pollution and air pollution control and air quality management districts with the primary responsibility for the control of air pollution from all sources other than vehicular sources.~~

~~This bill would authorize an air district to impose a charge equal to the costs the air district expends in contracting with a third party to review the scientific or engineering information provided to the air district at the air district’s request by a facility regulated pursuant to specified provisions in order to verify the information provided is accurate. The bill would state that this provision is declaratory of existing law.~~

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~-yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1     *SECTION 1. Chapter 4 (commencing with Section 128900) is*  
2     *added to Part 5 of Division 107 of the Health and Safety Code, to*  
3     *read:*

4  
5             *CHAPTER 4. RATES FOR HEALTH CARE SERVICES*  
6

7     128900. (a) *The Legislature finds and declares that negotiated*  
8     *rates for services provided by physicians and surgeons are not*  
9     *publicly available, impeding the ability of the payers of health*  
10    *care services to determine the price of care and the oversight of*  
11    *the Legislature of health care costs.*

12    (b) *It is the intent of the Legislature in enacting this chapter to*  
13    *provide transparency of pricing information for services provided*

1 *by physicians and surgeons in order to allow payers of health care*  
2 *services to determine the price of care.*

3 *128901. As used in this chapter, “office” means the Office of*  
4 *Statewide Health Planning and Development.*

5 *128902. (a) The Medical Board of California shall provide to*  
6 *the office no less than annually a comprehensive list of all*  
7 *physicians and surgeons licensed in California, including the*  
8 *following information:*

9 *(1) Name.*

10 *(2) Address and contact information.*

11 *(3) Specialty.*

12 *(4) Certificate number.*

13 *(5) Other information as may be required by the office to*  
14 *determine whether a physician and surgeon is subject to this*  
15 *chapter.*

16 *(b) A physician and surgeon licensed by the Medical Board of*  
17 *California under the Medical Practice Act (Chapter 5 (commencing*  
18 *with Section 2000) of Division 2 of the Business and Professions*  
19 *Code) shall provide to the office, in a manner and format specified*  
20 *by the office, the following data:*

21 *(1) The negotiated rate for each service for each health care*  
22 *service plan or insurer with which the physician and surgeon has*  
23 *a contract.*

24 *(2) The charge for each service provided by the physician and*  
25 *surgeon.*

26 *(3) If the physician and surgeon is a member of a risk-bearing*  
27 *organization, independent practice association, or other organized*  
28 *medical group, the group may provide this data if the office can*  
29 *determine from the provided data the negotiated rate for each*  
30 *service for each physician and surgeon.*

31 *(c) The office shall make public aggregate data indicating the*  
32 *following:*

33 *(1) Negotiated rates by physician and surgeon specialty by*  
34 *geographic region.*

35 *(2) Negotiated rates compared to Medicare rates by physician*  
36 *and surgeon specialty by geographic region.*

37 ~~SECTION 1. Article 10 (commencing with Section 42000) is~~  
38 ~~added to Chapter 3 of Part 4 of Division 26 of the Health and Safety~~  
39 ~~Code, to read:~~

1 Article 10. ~~Scientific and Engineering Review~~

2

3 42000. ~~A district may impose a charge equal to the costs the~~  
4 ~~district expends in contracting with a third party to review the~~  
5 ~~scientific or engineering information provided to the district at the~~  
6 ~~district's request by a facility regulated pursuant to this part in~~  
7 ~~order to verify the information provided is accurate.~~

8 SEC. 2. ~~The addition of Section 42000 to the Health and Safety~~  
9 ~~Code does not constitute a change in, but is declaratory of, existing~~  
10 ~~law.~~

O



**AB 1076 (*Ting*) Criminal records:  
automatic relief**

AMENDED IN ASSEMBLY MAY 16, 2019

AMENDED IN ASSEMBLY MARCH 27, 2019

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

**ASSEMBLY BILL**

**No. 1076**

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**Introduced by Assembly Member Ting**

February 21, 2019

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An act to add Sections 851.93 and 1203.425 to the Penal Code, relating to criminal records.

LEGISLATIVE COUNSEL'S DIGEST

AB 1076, as amended, Ting. Criminal records: automatic relief.

Existing law authorizes a person who was arrested and has successfully completed a prefiling diversion program, a person who has successfully completed a specified drug diversion program, a person who has successfully completed a specified deferred entry of judgment program, and a person who has suffered an arrest that did not result in a conviction, under certain conditions, to petition the court to seal the person's arrest record. Under existing law, if a defendant successfully completes certain diversion programs, the arrest for the crime for which the defendant was diverted is deemed to have never occurred.

Existing law authorizes a defendant to petition to withdraw the defendant's plea of guilty or nolo contendere and enter a plea of not guilty, if the defendant has fulfilled the conditions of probation, or if other specified circumstances are met, and the defendant is not then serving a sentence for any offense, on probation for any offense, or charged with the commission of any offense. If relief is granted, existing law requires the court to dismiss the accusation or information against the defendant and release the defendant from all penalties and disabilities

resulting from the offense, with exceptions. Existing law also authorizes a defendant to file a similar petition if the defendant was convicted of a misdemeanor and not granted probation, was convicted of an infraction, or completed a sentence for certain felonies, and the defendant met specified conditions.

This bill would, commencing January 1, 2021, require the Department of Justice, on a weekly basis, to review the records in the statewide criminal justice databases and to identify persons who are eligible for relief by having their arrest records, or their criminal conviction records, withheld from disclosure. The bill would require the department to grant relief to an eligible person, without requiring a petition or motion. The bill would not limit petitions, motions, or orders for relief, as required or authorized by any other law.

The bill would require an update to the state summary criminal history information to document the relief granted. The bill would require the department, on a weekly basis, to electronically submit a notice to the superior court having jurisdiction over the criminal case, informing the court of all cases for which relief was granted. The bill would prohibit the court from disclosing information concerning an arrest or conviction granted relief, with exceptions.

The bill would authorize the prosecuting attorney to file a motion to prohibit the department from granting automatic relief for criminal conviction records as described above. If the court grants that motion, the bill would prohibit the department from granting relief, but the person would continue to be eligible for relief through other existing procedures, including petitions to the court.

The bill would require the Department of Justice to annually publish statistics regarding relief granted pursuant to the provisions of this bill, as specified.

The bill would require a court, at the time of sentencing, to advise each defendant of their right to conviction relief pursuant to the provisions of this bill, as specified.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 851.93 is added to the Penal Code, to  
2 read:

1 851.93. (a) (1) On a weekly basis, the Department of Justice  
2 shall review the records in the statewide criminal justice databases,  
3 and based on information in the Automated Criminal History  
4 System, shall identify persons with records of arrest that meet the  
5 criteria set forth in paragraph (2) and are eligible for arrest record  
6 relief.

7 (2) A person is eligible for relief pursuant to this section, if the  
8 arrest *occurred on or after January 1, 1973, and* meets any of the  
9 following conditions:

10 (A) The arrest was for a misdemeanor offense and the charge  
11 was dismissed.

12 (B) The arrest was for a misdemeanor offense, at least one  
13 calendar year has elapsed since the date of the arrest, and no  
14 conviction occurred, or the arrestee was acquitted of any charges  
15 that arose, from that arrest.

16 (C) The arrest was for an offense that is punishable by  
17 imprisonment pursuant to paragraph (1) or (2) of subdivision (h)  
18 of Section 1170, at least three calendar years have elapsed since  
19 the date of the arrest, and no conviction occurred, or the arrestee  
20 was acquitted of any charges arising from, that arrest.

21 (D) The person successfully completed any of the following,  
22 relating to that arrest:

23 (i) A prefiling diversion program, as defined in Section 851.87,  
24 administered by a prosecuting attorney in lieu of filing an  
25 accusatory pleading.

26 (ii) A drug diversion program administered by a superior court  
27 pursuant to Section 1000.5, or a deferred entry of judgment  
28 program pursuant to Section 1000 or 1000.8.

29 (iii) A pretrial diversion program, pursuant to Section 1000.4.

30 (iv) A diversion program, pursuant to Section 1001.9.

31 (v) Any diversion program described in Chapters 2.8  
32 (commencing with Section 1001.20), 2.8A (commencing with  
33 Section 1001.35), 2.8I (*commencing with Section 1001.40*), 2.9  
34 (commencing with Section 1001.50), 2.9A (commencing with  
35 Section 1001.60), 2.9B (commencing with Section 1001.70), 2.9C  
36 (commencing with Section 1001.80), ~~or~~ 2.9D (commencing with  
37 Section 1001.81), *or 2.92 (commencing with Section 1001.85)*, of  
38 Title 6.

39 (b) (1) The department shall grant relief to a person identified  
40 pursuant to subdivision (a), without requiring a petition or motion

1 by a party for that ~~relief~~. *relief if the record contains sufficient*  
2 *information.*

3 (2) The state summary criminal history information shall  
4 include, directly next to or below the entry or entries regarding the  
5 person's arrest record, a note stating "arrest relief granted," listing  
6 the date that the department granted relief, and this section. This  
7 note shall be included in all statewide criminal databases with a  
8 record of the arrest.

9 (3) Except as otherwise provided in subdivision (d), an arrest  
10 for which arrest relief has been granted is deemed not to have  
11 occurred, and a person who has been granted arrest relief is released  
12 from any penalties and disabilities resulting from the arrest, and  
13 may answer any question relating to that arrest accordingly.

14 (4) *As used in paragraph (1), "sufficient information" means*  
15 *the date of the arrest and the arrest charges.*

16 (c) (1) On a weekly basis, the department shall electronically  
17 submit a notice to the superior court having jurisdiction over the  
18 criminal case, informing the court of all cases for which relief was  
19 granted pursuant to this section. ~~The Commencing on February 1,~~  
20 ~~2021, for any record retained by the court pursuant to Section~~  
21 ~~68152 of the Government Code, the court shall not disclose~~  
22 ~~information concerning an arrest that is granted relief pursuant to~~  
23 ~~this section to any person or entity, in any format, except to the~~  
24 ~~person whose arrest was granted relief or a criminal justice agency,~~  
25 ~~as defined in Section 851.92.~~

26 (2) The department shall not disclose information concerning  
27 an arrest that is granted relief pursuant to this section to a board,  
28 as defined in Section 22 of the Business and Professions Code.

29 (d) Relief granted pursuant to this section is subject to the  
30 following conditions:

31 (1) Arrest relief does not relieve a person of the obligation to  
32 disclose an arrest in response to a direct question contained in a  
33 questionnaire or application for employment as a peace officer, as  
34 defined in Section 830.

35 (2) Relief granted pursuant to this section has no effect on the  
36 ability of a criminal justice agency, as defined in Section 851.92,  
37 to access and use records that are granted relief to the same extent  
38 that would have been permitted for a criminal justice agency had  
39 relief not been granted.

1 (3) Relief granted pursuant to this section does not affect a  
2 person's authorization to own, possess, or have in the person's  
3 custody or control any firearm, or the person's susceptibility to  
4 conviction under Chapter 2 (commencing with Section 29800) of  
5 Division 9 of Title 4 of Part 6, if the arrest would otherwise affect  
6 this authorization or susceptibility.

7 (4) Relief granted pursuant to this section does not affect any  
8 prohibition from holding public office that would otherwise apply  
9 under law as a result of the arrest.

10 (5) ~~Relief~~ *Subject to the requirement prescribed in paragraph*  
11 *(2) of subdivision (b), an arrest for which relief has been granted*  
12 *pursuant to this section is subject to the provisions of Section*  
13 *11105.*

14 (e) This section shall not limit petitions, motions, or orders for  
15 arrest record relief, as required or authorized by any other law,  
16 including, but not limited to, Sections 851.87, 851.90, 851.91,  
17 1000.4, and 1001.9.

18 (f) The department shall annually publish statistics *for each*  
19 *county* regarding the total number of arrests granted relief pursuant  
20 ~~to this section, by county,~~ *section and the total number of arrests*  
21 *lacking sufficient information as described in subdivision (b), on*  
22 *the OpenJustice Web portal, as defined in Section 13010.*

23 (g) This section shall be operative commencing January 1, 2021.

24 SEC. 2. Section 1203.425 is added to the Penal Code,  
25 immediately following Section 1203.42, to read:

26 1203.425. (a) (1) On a weekly basis, the Department of Justice  
27 shall review the records in the statewide criminal justice databases,  
28 and based on information in the Automated Criminal History  
29 System and the Supervised Release File, shall identify persons  
30 with convictions that meet the criteria set forth in paragraph (2)  
31 and are eligible for automatic conviction record relief.

32 (2) A person is eligible for automatic conviction relief pursuant  
33 to this section if they meet all of the following conditions:

34 (A) The person is not required to register pursuant to Section  
35 290.

36 (B) The person is not under active local, state, or federal  
37 supervision, according to the Supervised Release File.

38 (C) The person is not currently serving a sentence for any  
39 offense and does not have any pending criminal charges.

1 (D) The conviction *occurred on or after January 1, 1973, and*  
2 *meets one of the following criteria:*

3 (i) The defendant was sentenced to probation and has completed  
4 their term of probation without revocation.

5 (ii) The defendant was convicted of an infraction or  
6 misdemeanor and was not granted probation, has completed their  
7 ~~sentence or paid their fine,~~ *sentence*, and at least one calendar year  
8 has elapsed since the date of judgment.

9 (iii) The defendant was sentenced pursuant to subparagraph (B)  
10 of paragraph (5) of subdivision (h) of Section 1170, and one year  
11 has elapsed following the completion of sentence, or, the defendant  
12 was sentenced pursuant to subparagraph (A) of paragraph (5) of  
13 subdivision (h) of Section 1170, and two years has elapsed  
14 following the completion of sentence.

15 (iv) The defendant was sentenced before January 1, ~~2012~~ *2012*,  
16 for a crime which, on or after January 1, 2012, would have been  
17 eligible for sentencing pursuant to subdivision (h) of Section 1170,  
18 and two years have elapsed following the defendant's completion  
19 of the sentence.

20 (b) (1) Except as specified in subdivision (g), the department  
21 shall grant relief, including dismissal of a conviction, to a person  
22 identified pursuant to subdivision (a), without requiring a petition  
23 or motion by a party for that ~~relief.~~ *relief if the record contains*  
24 *sufficient information.*

25 (2) The state summary criminal history information shall  
26 include, directly next to or below the entry or entries regarding the  
27 person's criminal record, a note stating "relief granted," listing the  
28 date that the department granted relief and this section. This note  
29 shall be included in all statewide criminal databases with a record  
30 of the conviction.

31 (3) Except as otherwise provided in subdivision (d) and in  
32 Section 13555 of the Vehicle Code, a person granted conviction  
33 relief pursuant to this section shall be released from all penalties  
34 and disabilities resulting from the offense of which ~~he or she~~ *the*  
35 *person* has been convicted.

36 (4) *As used in paragraph (1), "sufficient information" means*  
37 *the date of the disposition, the conviction charges, and the sentence*  
38 *imposed.*

39 (c) (1) On a weekly basis, the department shall electronically  
40 submit a notice to the superior court having jurisdiction over the

1 criminal case, informing the court of all cases for which relief was  
2 granted pursuant to this section. ~~The Commencing on February 1,~~  
3 ~~2021, for any record retained by the court pursuant to Section~~  
4 ~~68152 of the Government Code, the court shall not disclose~~  
5 information concerning a conviction granted relief pursuant to this  
6 section ~~or Sections 1203.4, 1203.4a, 1203.41, and 1203.42~~, to any  
7 person or entity, *in any format*, except to the person whose  
8 conviction was granted relief or a criminal justice agency, as  
9 defined in Section 851.92.

10 (2) The department shall not disclose information concerning  
11 a criminal conviction record that is granted relief pursuant to this  
12 section to a board, as defined in Section 22 of the Business and  
13 Professions Code.

14 (d) Relief granted pursuant to this section is subject to the  
15 following conditions:

16 (1) Relief granted pursuant to this section does not relieve a  
17 person of the obligation to disclose a criminal conviction in  
18 response to a direct question contained in a questionnaire or  
19 application for employment as a peace officer, as defined in Section  
20 830.

21 (2) Relief granted pursuant to this section does not relieve a  
22 person of the obligation to disclose the conviction in response to  
23 any direct question contained in any questionnaire or application  
24 for public office, for licensure by any state or local agency, or for  
25 contracting with the California State Lottery Commission.

26 (3) Relief granted pursuant to this section has no effect on the  
27 ability of a criminal justice agency, as defined in Section 851.92,  
28 to access and use records that are granted relief to the same extent  
29 that would have been permitted for a criminal justice agency had  
30 relief not been granted.

31 (4) *Relief granted pursuant to this section does not limit the*  
32 *jurisdiction of the court over any subsequently filed motion to*  
33 *amend the record, petition or motion for postconviction relief, or*  
34 *collateral attack on a conviction for which relief has been granted*  
35 *pursuant to this section.*

36 ~~(4)~~

37 (5) Relief granted pursuant to this section does not affect a  
38 person's authorization to own, possess, or have in the person's  
39 custody or control any firearm, or the person's susceptibility to  
40 conviction under Chapter 2 (commencing with Section 29800) of



1 Division 9 of Title 4 of Part 6, if the criminal conviction would  
2 otherwise affect this authorization or susceptibility.

3 ~~(5)~~

4 (6) Relief granted pursuant to this section does not affect any  
5 prohibition from holding public office that would otherwise apply  
6 under law as a result of the criminal conviction.

7 ~~(6)~~

8 (7) In any subsequent prosecution of the defendant for any other  
9 offense, the prior conviction may be pleaded and proved and shall  
10 have the same effect as if the relief had not been granted.

11 (8) *Subject to the requirement prescribed in paragraph (2) of*  
12 *subdivision (b), a conviction for which relief has been granted*  
13 *pursuant to this section shall be subject to the requirements of*  
14 *Section 11105.*

15 (e) This section shall not limit petitions, motions, or orders for  
16 relief in a criminal case, as required or authorized by any other  
17 law, including, but not limited to, Sections 1203.4, 1203.4a,  
18 1203.41, and 1203.42.

19 (f) The department shall annually publish statistics *for each*  
20 *county* regarding the total number of convictions granted relief  
21 pursuant to this section, ~~and~~ the total number of convictions  
22 prohibited from automatic relief pursuant to subdivision (h), ~~by~~  
23 ~~county~~, *and the total number of arrests lacking sufficient*  
24 *information as described in subdivision (b), on the OpenJustice*  
25 *Web portal, as defined in Section 13010.*

26 (g) Subdivisions (a) to (g) inclusive, shall be operative  
27 commencing January 1, 2021.

28 (h) ~~No~~ *For convictions entered on or after January 1, 2018, the*  
29 *prosecuting attorney or probation department may, no later than*  
30 *90 calendar days before the date of a person's eligibility for relief*  
31 *pursuant to this section, the prosecuting attorney or probation*  
32 *department may file a motion to prohibit the department from*  
33 *granting automatic relief pursuant to this section. The court shall*  
34 *give notice to the defendant and conduct a hearing on the motion*  
35 *within 45 days after the motion is filed. If the court grants that*  
36 *motion, the department shall not grant relief pursuant to this*  
37 *section, but the person may continue to be eligible for relief*  
38 *pursuant to Section 1203.4, 1203.4a, 1203.41, or 1203.42.*

39 (i) At the time of sentencing, the court shall advise a defendant,  
40 either orally or in writing, of the provisions of this section and of

1 the defendant's right, if any, to petition for a certificate of  
2 rehabilitation and pardon.

O

**AB 1264 (*Petrie-Norris*) Healing arts  
licensees: self-administered hormonal**

AMENDED IN ASSEMBLY APRIL 22, 2019  
AMENDED IN ASSEMBLY MARCH 26, 2019  
CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

**ASSEMBLY BILL**

**No. 1264**

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**Introduced by Assembly Member Petrie-Norris**  
**(Coauthor: Assembly Member Friedman)**

February 21, 2019

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An act to amend Section 2242.2 of the Business and Professions Code, relating to healing ~~arts~~: *arts, and declaring the urgency thereof, to take effect immediately.*

LEGISLATIVE COUNSEL'S DIGEST

AB 1264, as amended, Petrie-Norris. Healing arts licensees: self-administered hormonal contraceptives.

Existing law authorizes certain healing arts licensees to use a self-screening tool that will identify patient risk factors for the use of self-administered hormonal contraceptives by a patient, and, after appropriate prior examination, to prescribe, furnish, or dispense self-administered hormonal contraceptives to a patient.

This bill would specify that “appropriate prior examination” ~~for purposes of those provisions~~ does not require a ~~real-time synchronous~~ interaction between the patient and the healing arts license.

*This bill would declare that it is to take effect immediately as an urgency statute.*

Vote: ~~majority~~<sup>2/3</sup>. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 2242.2 of the Business and Professions  
2 Code is amended to read:

3 2242.2. (a) Notwithstanding any other law, a physician and  
4 surgeon, a registered nurse acting in accordance with Section  
5 2725.2, a certified nurse-midwife acting within the scope of Section  
6 2746.51, a nurse practitioner acting within the scope of Section  
7 2836.1, a physician assistant acting within the scope of Section  
8 3502.1, and a pharmacist acting within the scope of Section 4052.3  
9 may use a self-screening tool that will identify patient risk factors  
10 for the use of self-administered hormonal contraceptives by a  
11 patient, and, after an appropriate prior examination, prescribe,  
12 furnish, or dispense, as applicable, self-administered hormonal  
13 contraceptives to the patient. Blood pressure, weight, height, and  
14 patient health history may be self-reported using the self-screening  
15 tool that identifies patient risk factors.

16 (b) ~~For purposes of this section, an~~ An “appropriate prior  
17 examination” does not require a ~~real-time~~ *synchronous* interaction  
18 between the patient and the healing arts licensee.

19 *SEC. 2. This act is an urgency statute necessary for the*  
20 *immediate preservation of the public peace, health, or safety within*  
21 *the meaning of Article IV of the California Constitution and shall*  
22 *go into immediate effect. The facts constituting the necessity are:*

23 *In order to ensure patients have access to necessary health care*  
24 *services at the earliest possible time, it is imperative that this bill*  
25 *take effect immediately.*

26 \_\_\_\_\_

27 \_\_\_\_\_

28 **REVISIONS:** \_\_\_\_\_

29 **Heading—Line 2.** \_\_\_\_\_

30 \_\_\_\_\_

O

**AB 1444 (*Flora*) Physicians and surgeons and  
registered nurses: loan repayment**

AMENDED IN ASSEMBLY MARCH 25, 2019

CALIFORNIA LEGISLATURE—2019–20 REGULAR SESSION

**ASSEMBLY BILL**

**No. 1444**

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**Introduced by Assembly Member Flora**  
***(Coauthor: Assembly Member Diep)***

February 22, 2019

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~~An act to amend Section 11999.2 of the Health and Safety Code, relating to drugs and alcohol.~~ *An act to add Article 7 (commencing with Section 128590) to Chapter 5 of Part 3 of Division 107 of the Health and Safety Code, relating to health care providers.*

LEGISLATIVE COUNSEL'S DIGEST

AB 1444, as amended, Flora. ~~Drug- or alcohol-related programs: "no unlawful use" requirement.~~ *Physicians and surgeons and registered nurses: loan repayment grants.*

*Existing law establishes within the Health Professions Education Foundation the California Physician Corps Program, which includes the Steven M. Thompson Medical School Scholarship Program. Existing law provides student loan repayments for a physician and surgeon who agrees, in writing, prior to completing an accredited medical or osteopathic school based in the United States, to serve in an eligible practice setting in a medically underserved area for at least 3 years.*

*This bill would establish within the Office of Statewide Health Planning and Development the Primary Care Student Loan Repayment Program to provide loan repayment awards of up to \$50,000 to physicians and surgeons and registered nurses who provide 32 hours a week or more of direct care service for a period of 2 years in either a federally designated health professional shortage area (HPSA) or primary care shortage area (PCSA) in California. The bill would*

*establish in the State Treasury the Primary Care Student Loan Repayment Program Fund, to be used, upon appropriation by the Legislature, by the office to administer the program.*

~~Existing law prohibits state funds from being encumbered by a state agency for allocation to an entity, whether public or private, for a drug- or alcohol-related program, unless the drug- or alcohol-related program contains a component that clearly explains, in written materials, that unlawful use of drugs or alcohol is prohibited. Existing law prohibits these programs from including a message on the responsible use, if the use is unlawful, of drugs or alcohol.~~

~~This bill would make technical, nonsubstantive changes to those provisions.~~

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~-yes. State-mandated local program: no.

*The people of the State of California do enact as follows:*

1     SECTION 1. Article 7 (commencing with Section 128590) is  
2     added to Chapter 5 of Part 3 of Division 107 of the Health and  
3     Safety Code, to read:

4  
5     Article 7. Primary Care Student Loan Repayment Program  
6

7     128590. (a) There is hereby established within the Office of  
8     Statewide Health Planning and Development the Primary Care  
9     Student Loan Repayment Program to provide loan repayment  
10    awards of up to fifty thousand dollars (\$50,000) per participant.

11    (b) There is hereby established in the State Treasury the Primary  
12    Care Student Loan Repayment Program Fund, which shall be  
13    used, upon appropriation by the Legislature, by the office to  
14    administer the program established pursuant to this article.

15    128591. (a) Applications for loan repayment awards shall be  
16    completed on forms established by the office.

17    (b) To be eligible for a loan repayment award, the applicant  
18    shall meet all of the following requirements:

- 19    (1) Be either of the following:  
20    (A) A physician and surgeon, licensed pursuant to Chapter 5  
21    (commencing with Section 2000) of Division 2 of the Business and  
22    Professions Code or pursuant to the Osteopathic Act.



1 (B) A registered nurse, licensed pursuant to Chapter 6  
2 (commencing with Section 2700) of Division 2 of the Business and  
3 Professions Code.

4 (2) Be in good standing with the applicable licensing board.

5 (3) Provide 32 hours or more a week of direct patient care for  
6 two years.

7 (4) Provide service in a federally designated health professional  
8 shortage area (HPSA) or primary care shortage area (PCSA) in  
9 California.

10 (5) Have outstanding educational debt from either a government  
11 or commercial institution.

12 SECTION 1. ~~Section 11999.2 of the Health and Safety Code~~  
13 ~~is amended to read:~~

14 ~~11999.2. (a) Notwithstanding any other law, commencing~~  
15 ~~July 1, 1990, state funds shall not be encumbered by a state agency~~  
16 ~~for allocation to an entity, whether public or private, for a drug-~~  
17 ~~or alcohol-related program, unless the drug- or alcohol-related~~  
18 ~~program contains a component that clearly explains, in written~~  
19 ~~materials, that unlawful use of drugs or alcohol is prohibited. No~~  
20 ~~aspect of a drug- or alcohol-related program shall include a~~  
21 ~~message on the responsible use, if the use is unlawful, of drugs or~~  
22 ~~alcohol.~~

23 ~~(b) (1) All aspects of a drug- or alcohol-related program shall~~  
24 ~~be consistent with the “no unlawful use” message, including, but~~  
25 ~~not limited to, program standards, curricula, materials, and~~  
26 ~~teachings.~~

27 ~~(2) These materials and programs may include information~~  
28 ~~regarding the health hazards of using illegal drugs and alcohol,~~  
29 ~~concepts promoting the well-being of the whole person, risk~~  
30 ~~reduction, the addictive personality, development of positive~~  
31 ~~self-esteem, productive decisionmaking skills, and other preventive~~  
32 ~~concepts consistent with the “no unlawful use” of drugs and alcohol~~  
33 ~~message.~~

34 ~~(c) The “no unlawful use” of drugs and alcohol message~~  
35 ~~contained in drug- or alcohol-related programs shall apply to the~~  
36 ~~use of drugs and alcohol prohibited by law.~~

37 ~~(d) This section does not apply to a program funded by the state~~  
38 ~~that provides education and prevention outreach to intravenous~~

- 1 ~~drug users with AIDS or AIDS-related conditions, or persons at~~
- 2 ~~risk of HIV-infection through intravenous drug use.~~

O

**AB 1467 (*Salas & Low*) Optometrists: scope  
of practice: delegation of services agreement**

**ASSEMBLY BILL**

**No. 1467**

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**Introduced by Assembly Members Salas and Low**

February 22, 2019

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An act to amend Section 3041 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 1467, as introduced, Salas. Optometrists: scope of practice: delegation of services agreement.

The Optometry Practice Act provides for the licensure and regulation of the practice of optometry by the State Board of Optometry in the Department of Consumer Affairs. Existing law provides that the practice of optometry includes various functions relating to the visual system, including performing certain functions under the direction of, or after consultation with, an ophthalmologist. A violation of the act is a misdemeanor.

This bill would authorize an optometrist to provide services set forth in a delegation of services agreement, as defined, between an optometrist and an ophthalmologist. Because the bill would expand the scope of practice of optometry, this bill would revise the definition of a crime, thereby imposing a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: yes.

*The people of the State of California do enact as follows:*

1 SECTION 1. The intent of the Legislature in enacting this act  
2 is as follows:

3 (a) To authorize ophthalmologists to enter into agreements for  
4 the delegation of services by ophthalmologists to optometrists that  
5 will increase the two professions' collaboration in the treatment  
6 of patients.

7 (b) That delegation of service agreements between  
8 ophthalmologists and optometrists improve access to quality vision  
9 care as well as provide options for screening and early diagnosis  
10 of systemic diseases.

11 SEC. 2. Section 3041 of the Business and Professions Code is  
12 amended to read:

13 3041. (a) The practice of optometry includes the prevention  
14 and diagnosis of disorders and dysfunctions of the visual system,  
15 and the treatment and management of certain disorders and  
16 dysfunctions of the visual system, as well as the provision of  
17 habilitative or rehabilitative optometric services, and is the doing  
18 of any or all of the following:

19 (1) The examination of the human eye or eyes, or its or their  
20 appendages, and the analysis of the human vision system, either  
21 subjectively or objectively.

22 (2) The determination of the powers or range of human vision  
23 and the accommodative and refractive states of the human eye or  
24 eyes, including the scope of its or their functions and general  
25 condition.

26 (3) The prescribing or directing the use of, or using, any optical  
27 device in connection with ocular exercises, visual training, vision  
28 training, or orthoptics.

29 (4) The prescribing of contact and spectacle lenses for, or the  
30 fitting or adaptation of contact and spectacle lenses to, the human  
31 eye, including lenses that may be classified as drugs or devices by  
32 any law of the United States or of this state.

33 (5) The use of topical pharmaceutical agents for the purpose of  
34 the examination of the human eye or eyes for any disease or  
35 pathological condition.

36 (b) (1) An optometrist who is certified to use therapeutic  
37 pharmaceutical agents, pursuant to Section 3041.3, may also

1 diagnose and treat the human eye or eyes, or any of its or their  
2 appendages, for all of the following conditions:

3 (A) Through medical treatment, infections of the anterior  
4 segment and adnexa, excluding the lacrimal gland, the lacrimal  
5 drainage system, and the sclera in patients under 12 years of age.

6 (B) Ocular allergies of the anterior segment and adnexa.

7 (C) Ocular inflammation, nonsurgical in cause except when  
8 comanaged with the treating physician and surgeon, limited to  
9 inflammation resulting from traumatic iritis, peripheral corneal  
10 inflammatory keratitis, episcleritis, and unilateral nonrecurrent  
11 nongranulomatous idiopathic iritis in patients over 18 years of age.

12 (D) Traumatic or recurrent conjunctival or corneal abrasions  
13 and erosions.

14 (E) Nonmalignant ocular surface disease and dry eye disease.

15 (F) Ocular pain, nonsurgical in cause except when comanaged  
16 with the treating physician and surgeon, associated with conditions  
17 optometrists are authorized to treat.

18 (G) Hypotrichosis and blepharitis.

19 (H) Pursuant to subdivision (e), glaucoma in patients over 18  
20 years of age, as described in subdivision (k).

21 (2) For purposes of this section, “treat” means the use of  
22 therapeutic pharmaceutical agents, as described in subdivision (c),  
23 and the procedures described in subdivision (d).

24 (c) In diagnosing and treating the conditions listed in subdivision  
25 (b), an optometrist certified to use therapeutic pharmaceutical  
26 agents pursuant to Section 3041.3 may use or prescribe, including  
27 for rational off-label purposes, all of the following therapeutic  
28 pharmaceutical agents:

29 (1) Topical pharmaceutical agents for the examination of the  
30 human eye or eyes for any disease or pathological condition,  
31 including, but not limited to, topical miotics.

32 (2) Topical lubricants.

33 (3) Antiallergy agents. In using topical steroid medication for  
34 the treatment of ocular allergies, an optometrist shall consult with  
35 an ophthalmologist if the patient’s condition worsens 21 days after  
36 diagnosis.

37 (4) Topical and oral anti-inflammatories.

38 (5) Topical antibiotic agents.

39 (6) Topical hyperosmotics.

- 1 (7) Topical and oral antiglaucoma agents pursuant to the  
2 certification process defined in subdivision (e).
- 3 (8) Nonprescription medications used for the rational treatment  
4 of an ocular disorder.
- 5 (9) Oral antihistamines.
- 6 (10) Prescription oral nonsteroidal anti-inflammatory agents.
- 7 (11) Oral antibiotics for medical treatment of ocular disease.
- 8 (12) Topical and oral antiviral medication for the medical  
9 treatment of herpes simplex viral keratitis, herpes simplex viral  
10 conjunctivitis, periocular herpes simplex viral dermatitis, varicella  
11 zoster viral keratitis, varicella zoster viral conjunctivitis, and  
12 periocular varicella zoster viral dermatitis.
- 13 (13) Oral analgesics that are not controlled substances.
- 14 (14) Codeine with compounds, hydrocodone with compounds,  
15 and tramadol as listed in the California Uniform Controlled  
16 Substances Act (Division 10 (commencing with Section 11000)  
17 of the Health and Safety Code) and the United States Uniform  
18 Controlled Substances Act (21 U.S.C. Sec. 801 et seq.). The use  
19 of these agents shall be limited to three days, with a referral to an  
20 ophthalmologist if the pain persists.
- 21 (15) Additional therapeutic pharmaceutical agents pursuant to  
22 subdivision (f).
- 23 (d) An optometrist who is certified to use therapeutic  
24 pharmaceutical agents pursuant to Section 3041.3 may also perform  
25 all of the following procedures:
- 26 (1) Corneal scraping with cultures.
- 27 (2) Debridement of corneal epithelia.
- 28 (3) Mechanical epilation.
- 29 (4) Collection of blood by skin puncture or venipuncture for  
30 testing patients suspected of having diabetes.
- 31 (5) Suture removal, with prior consultation with the treating  
32 physician and surgeon.
- 33 (6) Treatment or removal of sebaceous cysts by expression.
- 34 (7) Administration of oral fluorescein to patients suspected as  
35 having diabetic retinopathy.
- 36 (8) Use of an auto-injector to counter anaphylaxis.
- 37 (9) Ordering of smears, cultures, sensitivities, complete blood  
38 count, mycobacterial culture, acid fast stain, urinalysis, tear fluid  
39 analysis, and X-rays necessary for the diagnosis of conditions or  
40 diseases of the eye or adnexa. An optometrist may order other

1 types of images subject to prior consultation with an  
2 ophthalmologist or appropriate physician and surgeon.

3 (10) A clinical laboratory test or examination classified as  
4 waived under the federal Clinical Laboratory Improvement  
5 Amendments of 1988 (CLIA) (42 U.S.C. Sec. 263a; Public Law  
6 100-578) and designated in paragraph (9) necessary for the  
7 diagnosis of conditions and diseases of the eye or adnexa, or if  
8 otherwise specifically authorized by this chapter.

9 (11) Punctal occlusion by plugs, excluding laser, diathermy,  
10 cryotherapy, or other means constituting surgery as defined in this  
11 chapter.

12 (12) The use or prescription of diagnostic or therapeutic contact  
13 lenses, including lenses or devices that incorporate a medication  
14 or therapy the optometrist is certified to prescribe or provide.

15 (13) Removal of foreign bodies from the cornea, eyelid, and  
16 conjunctiva with any appropriate instrument other than a scalpel.  
17 Corneal foreign bodies shall be nonperforating, be no deeper than  
18 the midstroma, and require no surgical repair upon removal.

19 (14) For patients over 12 years of age, lacrimal irrigation and  
20 dilation, excluding probing of the nasal lacrimal tract. The board  
21 shall certify any optometrist who graduated from an accredited  
22 school of optometry before May 1, 2000, to perform this procedure  
23 after submitting proof of satisfactory completion of 10 procedures  
24 under the supervision of an ophthalmologist as confirmed by the  
25 ophthalmologist. Any optometrist who graduated from an  
26 accredited school of optometry on or after May 1, 2000, shall be  
27 exempt from the certification requirement contained in this  
28 paragraph.

29 (15) Intravenous injection for the purpose of performing ocular  
30 angiography at the direction of an ophthalmologist as part of an  
31 active treatment plan in a setting where a physician and surgeon  
32 is immediately available.

33 (16) Skin testing to diagnose ocular allergies, limited to the  
34 superficial layer of the skin.

35 (17) Use of any noninvasive medical device or technology  
36 authorized pursuant to subdivision (f).

37 (e) An optometrist certified pursuant to Section 3041.3 shall be  
38 certified for the treatment of glaucoma, as described in subdivision  
39 (k), in patients over 18 years of age after the optometrist meets the  
40 following applicable requirements:



1 (1) For licensees who graduated from an accredited school of  
2 optometry on or after May 1, 2008, submission of proof of  
3 graduation from that institution.

4 (2) For licensees who were certified to treat glaucoma under  
5 this section ~~prior to~~ *before* January 1, 2009, submission of proof  
6 of completion of that certification program.

7 (3) For licensees who completed a didactic course of not less  
8 than 24 hours in the diagnosis, pharmacological, and other  
9 treatment and management of glaucoma, submission of proof of  
10 satisfactory completion of the case management requirements for  
11 certification established by the board.

12 (4) For licensees who graduated from an accredited school of  
13 optometry on or before May 1, 2008, and who are not described  
14 in paragraph (2) or (3), submission of proof of satisfactory  
15 completion of the requirements for certification established by the  
16 board under Chapter 352 of the Statutes of 2008.

17 (f) (1) Any topical or oral therapeutic pharmaceutical agent,  
18 which is not a controlled substance, or noninvasive medical device  
19 or technology that is not expressly authorized for use or  
20 prescription by an optometrist certified to use therapeutic  
21 pharmaceutical agents pursuant to Section 3041.3 shall be deemed  
22 to be authorized if it has received a United States Food and Drug  
23 Administration approved indication for the diagnosis or treatment  
24 of a condition authorized by this chapter. A licensee shall  
25 successfully complete any clinical training imposed by a related  
26 manufacturer ~~prior to~~ *before* using any of those therapeutic  
27 pharmaceutical agents or noninvasive medical devices or  
28 technologies.

29 (2) Any other topical or oral therapeutic pharmaceutical agent,  
30 which is not a controlled substance, or noninvasive medical device  
31 or technology that is not expressly authorized for use or  
32 prescription by an optometrist certified to use therapeutic  
33 pharmaceutical agents pursuant to Section 3041.3 and does not  
34 meet the requirements in paragraph (1) shall be deemed authorized  
35 if approved by the board through regulation for the rational  
36 treatment of a condition authorized by this chapter. Any regulation  
37 under this paragraph shall require a licensee to successfully  
38 complete an appropriate amount of clinical training to qualify to  
39 use each topical or oral therapeutic pharmaceutical agent or

1 noninvasive medical device or technology approved by the board  
2 pursuant to this paragraph.

3 (3) This subdivision shall not be construed to authorize any of  
4 the following:

5 (A) Any therapeutic pharmaceutical agent, medical device, or  
6 technology involving cutting, altering, or otherwise infiltrating  
7 human tissue by any means.

8 (B) A clinical laboratory test or imaging study not authorized  
9 by paragraphs (1) to (16), inclusive, of subdivision (d).

10 (C) Treatment of any disease or condition that could not be  
11 treated by an optometrist before January 1, 2018.

12 (g) (1) An optometrist certified pursuant to Section 3041.3 shall  
13 be certified for the administration of immunizations after the  
14 optometrist meets all of the following requirements:

15 (A) Completes an immunization training program endorsed by  
16 the federal Centers for Disease Control and Prevention (CDC) or  
17 the Accreditation Council for Pharmacy Education that, at a  
18 minimum, includes hands-on injection technique, clinical  
19 evaluation of indications and contraindications of vaccines, and  
20 the recognition and treatment of emergency reactions to vaccines,  
21 and maintains that training.

22 (B) Is certified in basic life support.

23 (C) Complies with all state and federal recordkeeping and  
24 reporting requirements, including providing documentation to the  
25 patient's primary care provider and entering information in the  
26 appropriate immunization registry designated by the immunization  
27 branch of the State Department of Public Health.

28 (D) Applies for an immunization certificate on a board-approved  
29 form.

30 (2) For the purposes of this section, "immunization" means the  
31 administration of immunizations for influenza, herpes zoster virus,  
32 and pneumococcus in compliance with individual Advisory  
33 Committee on Immunization Practices (ACIP) vaccine  
34 recommendations published by the CDC for persons 18 years of  
35 age or older.

36 (h) Other than for prescription ophthalmic devices described in  
37 subdivision (b) of Section 2541, any dispensing of a therapeutic  
38 pharmaceutical agent by an optometrist shall be without charge.

39 (i) The practice of optometry does not include performing  
40 surgery. "Surgery" means any procedure in which human tissue

1 is cut, altered, or otherwise infiltrated by mechanical or laser  
2 means. “Surgery” does not include those procedures specified in  
3 paragraphs (1) to (15), inclusive, of subdivision (d). This  
4 subdivision does not limit an optometrist’s authority to utilize  
5 diagnostic laser and ultrasound technology within ~~his or her~~ *the*  
6 *optometrist’s* scope of practice.

7 (j) An optometrist licensed under this chapter is subject to the  
8 provisions of Section 2290.5 for purposes of practicing telehealth.

9 (k) For purposes of this chapter, “glaucoma” means either of  
10 the following:

- 11 (1) All primary open-angle glaucoma.
- 12 (2) Exfoliation and pigmentary glaucoma.
- 13 (3) (A) Steroid induced glaucoma.
- 14 (B) If an optometrist treats a patient for steroid induced  
15 ~~glaucoma~~ *glaucoma*, the optometrist shall promptly notify the  
16 prescriber of the steroid medication if the prescriber did not refer  
17 the patient to the optometrist for treatment.

18 (l) For purposes of this chapter, “adnexa” means ocular adnexa.

19 (m) In an emergency, an optometrist shall stabilize, if possible,  
20 and immediately refer any patient who has an acute attack of angle  
21 closure to an ophthalmologist.

22 (n) (1) *In addition to the authority granted pursuant to this*  
23 *section, an optometrist may provide services set forth in a*  
24 *delegation of services agreement between an optometrist and an*  
25 *ophthalmologist.*

26 (2) *For purposes of this subdivision, “delegation of services*  
27 *agreement” means a writing between an ophthalmologist and an*  
28 *optometrist authorizing the optometrist to perform services*  
29 *consistent with this act.*

30 SEC. 3. No reimbursement is required by this act pursuant to  
31 Section 6 of Article XIII B of the California Constitution because  
32 the only costs that may be incurred by a local agency or school  
33 district will be incurred because this act creates a new crime or  
34 infraction, eliminates a crime or infraction, or changes the penalty  
35 for a crime or infraction, within the meaning of Section 17556 of  
36 the Government Code, or changes the definition of a crime within  
37 the meaning of Section 6 of Article XIII B of the California  
38 Constitution.

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**AB 1490 (*Carrillo*) Medical assistants**

**ASSEMBLY BILL**

**No. 1490**

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**Introduced by Assembly Member Carrillo**

February 22, 2019

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An act to amend Section 2069 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 1490, as introduced, Carrillo. Medical assistants.

Existing law, the Medical Practice Act, provides for the licensure and regulation of the practice of medicine by the Medical Board of California. The act authorizes a medical assistant to administer medication only by intradermal, subcutaneous, or intramuscular injections and to perform skin tests and additional technical supportive services upon the specific authorization and supervision of a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife. Existing law defines the term “technical supportive services” to mean simple routine medical tasks and procedures that may be safely performed by a medical assistant who has limited training and who functions under the supervision of a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife.

This bill would define “technical supportive services” to also include drawing up a local anesthetic provided specified conditions are met.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 2069 of the Business and Professions  
2 Code is amended to read:

3 2069. (a) (1) Notwithstanding any other law, a medical  
4 assistant may administer medication only by intradermal,  
5 subcutaneous, or intramuscular injections and perform skin tests  
6 and additional technical supportive services upon the specific  
7 authorization and supervision of a licensed physician and surgeon  
8 or a licensed podiatrist. A medical assistant may also perform all  
9 these tasks and services upon the specific authorization of a  
10 physician assistant, a nurse practitioner, or a certified  
11 nurse-midwife.

12 (2) The supervising physician and surgeon may, at ~~his or her~~  
13 *their* discretion, in consultation with the nurse practitioner, certified  
14 nurse-midwife, or physician assistant, provide written instructions  
15 to be followed by a medical assistant in the performance of tasks  
16 or supportive services. These written instructions may provide that  
17 the supervisory function for the medical assistant for these tasks  
18 or supportive services may be delegated to the nurse practitioner,  
19 certified nurse-midwife, or physician assistant within the  
20 standardized procedures or protocol, and that tasks may be  
21 performed when the supervising physician and surgeon is not  
22 onsite, if either of the following apply:

23 (A) The nurse practitioner or certified nurse-midwife is  
24 functioning pursuant to standardized procedures, as defined by  
25 Section 2725, or protocol. The standardized procedures or protocol,  
26 including instructions for specific authorizations, shall be  
27 developed and approved by the supervising physician and surgeon  
28 and the nurse practitioner or certified nurse-midwife.

29 (B) The physician assistant is functioning pursuant to regulated  
30 services defined in Section 3502, including instructions for specific  
31 authorizations, and is approved to do so by the supervising  
32 physician and surgeon.

33 (b) As used in this section and Sections 2070 and 2071, the  
34 following definitions apply:

35 (1) “Medical assistant” means a person who may be unlicensed,  
36 who performs basic administrative, clerical, and technical  
37 supportive services in compliance with this section and Section  
38 2070 for a licensed physician and surgeon or a licensed podiatrist,

1 or group thereof, for a medical or podiatry corporation, for a  
2 physician assistant, a nurse practitioner, or a certified  
3 nurse-midwife as provided in subdivision (a), or for a health care  
4 service plan, who is at least 18 years of age, and who has had at  
5 least the minimum amount of hours of appropriate training pursuant  
6 to standards established by the board. The medical assistant shall  
7 be issued a certificate by the training institution or instructor  
8 indicating satisfactory completion of the required training. A copy  
9 of the certificate shall be retained as a record by each employer of  
10 the medical assistant.

11 (2) "Specific authorization" means a specific written order  
12 prepared by the supervising physician and surgeon or the  
13 supervising podiatrist, or the physician assistant, the nurse  
14 practitioner, or the certified nurse-midwife as provided in  
15 subdivision (a), authorizing the procedures to be performed on a  
16 patient, which shall be placed in the patient's medical record, or  
17 a standing order prepared by the supervising physician and surgeon  
18 or the supervising podiatrist, or the physician assistant, the nurse  
19 practitioner, or the certified nurse-midwife as provided in  
20 subdivision (a), authorizing the procedures to be performed, the  
21 duration of which shall be consistent with accepted medical  
22 practice. A notation of the standing order shall be placed on the  
23 patient's medical record.

24 (3) "Supervision" means the supervision of procedures  
25 authorized by this section by the following practitioners, within  
26 the scope of their respective practices, who shall be physically  
27 present in the treatment facility during the performance of those  
28 procedures:

29 (A) A licensed physician and surgeon.

30 (B) A licensed podiatrist.

31 (C) A physician assistant, nurse practitioner, or certified  
32 nurse-midwife as provided in subdivision (a).

33 (4) (A) "Technical supportive services" means simple routine  
34 medical tasks and procedures that may be safely performed by a  
35 medical assistant who has limited training and who functions under  
36 the supervision of a licensed physician and surgeon or a licensed  
37 podiatrist, or a physician assistant, a nurse practitioner, or a  
38 certified nurse-midwife as provided in subdivision (a).

39 (B) Notwithstanding any other law, in a facility licensed by the  
40 California State Board of Pharmacy under Section 4180 or 4190,

1 other than a facility operated by the state, “technical supportive  
2 services” also includes handing to a patient a prepackaged  
3 prescription drug, excluding a controlled substance, that is labeled  
4 in compliance with Section 4170 and all other applicable state and  
5 federal laws and ordered by a licensed physician and surgeon, a  
6 licensed podiatrist, a physician assistant, a nurse practitioner, or a  
7 certified nurse-midwife in accordance with subdivision (a). In  
8 every instance, prior to handing the medication to a patient pursuant  
9 to this subparagraph, the properly labeled and prepackaged  
10 prescription drug shall have the patient’s name affixed to the  
11 package and a licensed physician and surgeon, a licensed podiatrist,  
12 a physician assistant, a nurse practitioner, or a certified  
13 nurse-midwife shall verify that it is the correct medication and  
14 dosage for that specific patient and shall provide the appropriate  
15 patient consultation regarding use of the drug.

16 *(C) Notwithstanding any other law, “technical supportive*  
17 *services” also includes drawing up a local anesthetic, such as*  
18 *lidocaine in a syringe, provided all of the following conditions are*  
19 *met:*

20 *(i) A supervising licensed physician and surgeon, licensed*  
21 *podiatrist, licensed physician assistant, licensed nurse practitioner,*  
22 *or certified nurse-midwife physically observes the medical assistant*  
23 *draw up the anesthetic.*

24 *(ii) A supervising licensed physician and surgeon, licensed*  
25 *podiatrist, licensed physician assistant, licensed nurse practitioner,*  
26 *or certified nurse-midwife verifies that each syringe label is*  
27 *accurate.*

28 *(iii) The anesthetic is a local anesthetic and is reconstituted by*  
29 *someone with a license to do so or comes reconstituted from the*  
30 *manufacturer.*

31 (c) Nothing in this section shall be construed as authorizing any  
32 of the following:

33 (1) The licensure of medical assistants.

34 (2) The administration of local anesthetic agents by a medical  
35 assistant.

36 (3) The board to adopt any regulations that violate the  
37 prohibitions on diagnosis or treatment in Section 2052.

38 (4) A medical assistant to perform any clinical laboratory test  
39 or examination for which ~~he or she~~ *the medical assistant* is not  
40 authorized by Chapter 3 (commencing with Section 1200).



1 (5) A nurse practitioner, certified nurse-midwife, or physician  
2 assistant to be a laboratory director of a clinical laboratory, as those  
3 terms are defined in paragraph (8) of subdivision (a) of Section  
4 1206 and subdivision (a) of Section 1209.

5 (d) A nurse practitioner, certified nurse-midwife, or physician  
6 assistant shall not authorize a medical assistant to perform any  
7 clinical laboratory test or examination for which the medical  
8 assistant is not authorized by Chapter 3 (commencing with Section  
9 1200). A violation of this subdivision constitutes unprofessional  
10 conduct.

11 (e) Notwithstanding any other law, a medical assistant shall not  
12 be employed for inpatient care in a licensed general acute care  
13 hospital, as defined in subdivision (a) of Section 1250 of the Health  
14 and Safety Code.

O

**SB 53 (*Wilk*) Open meetings**

AMENDED IN SENATE MARCH 5, 2019

**SENATE BILL**

**No. 53**

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**Introduced by Senator Wilk**

~~(Coauthor: Assembly Member Lackey)~~

**(Coauthors: Senators Bates, Glazer, Jones, and Portantino)**

*(Coauthors: Assembly Members Choi, Gallagher, Lackey, Mathis, and Patterson)*

December 10, 2018

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An act to amend Section 11121 of the Government Code, relating to state government, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

SB 53, as amended, Wilk. Open meetings.

The Bagley-Keene Open Meeting Act requires that all meetings of a state body, as defined, be open and public and that all persons be permitted to attend and participate in a meeting of a state body, subject to certain conditions and exceptions.

This bill would specify that the definition of "state body" includes an advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body of a state body that consists of 3 or more individuals, as prescribed, except a board, commission, committee, or similar multimember body on which a member of a body serves in ~~his or her~~ *their* official capacity as a representative of that state body and that is supported, in whole or in part, by funds provided by the state body, whether the multimember body is organized and operated by the state body or by a private corporation.

This bill would declare that it is to take effect immediately as an urgency statute.

Vote:  $\frac{2}{3}$ . Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 11121 of the Government Code is  
2 amended to read:

3 11121. As used in this article, “state body” means each of the  
4 following:

5 (a) Every state board, or commission, or similar multimember  
6 body of the state that is created by statute or required by law to  
7 conduct official meetings and every commission created by  
8 executive order.

9 (b) A board, commission, committee, or similar multimember  
10 body that exercises any authority of a state body delegated to it by  
11 that state body.

12 (c) An advisory board, advisory commission, advisory  
13 committee, advisory subcommittee, or similar multimember  
14 advisory body of a state body, if created by formal action of the  
15 state body or of any member of the state body, and if the advisory  
16 body so created consists of three or more persons, except as  
17 provided in subdivision (d).

18 (d) A board, commission, committee, or similar multimember  
19 body on which a member of a body that is a state body pursuant  
20 to this section serves in ~~his or her~~ *their* official capacity as a  
21 representative of that state body and that is supported, in whole or  
22 in part, by funds provided by the state body, whether the  
23 multimember body is organized and operated by the state body or  
24 by a private corporation.

25 (e) Notwithstanding subdivision (a) of Section 11121.1, the  
26 State Bar of California, as described in Section 6001 of the  
27 Business and Professions Code. This subdivision shall become  
28 operative on April 1, 2016.

29 SEC. 2. This act is an urgency statute necessary for the  
30 immediate preservation of the public peace, health, or safety within  
31 the meaning of Article IV of the California Constitution and shall  
32 go into immediate effect. The facts constituting the necessity are:

1 In order to avoid unnecessary litigation and ensure the people's  
2 right to access the meetings of public bodies pursuant to Section  
3 3 of Article 1 of the California Constitution, it is necessary that  
4 this act take effect immediately.

O

**SB 159** (*Wiener – Principal coauthors:  
Assembly Members Gipson and Gloria –  
Coauthor: Assembly Member Chiu*) **HIV:  
preexposure and postexposure prophylaxis**

AMENDED IN SENATE MAY 17, 2019  
AMENDED IN SENATE APRIL 30, 2019  
AMENDED IN SENATE APRIL 11, 2019  
AMENDED IN SENATE APRIL 1, 2019  
AMENDED IN SENATE FEBRUARY 27, 2019

**SENATE BILL**

**No. 159**

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**Introduced by Senator Wiener**

(Principal coauthors: Assembly Members Gipson and Gloria)  
(*Coauthors: Senators Glazer and Stone*)  
(Coauthor: Assembly Member Chiu)

January 23, 2019

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An act to amend Section 4052 of, and to add Section 4052.02 to, the Business and Professions Code, to add Section 1342.74 to the Health and Safety Code, to add Section 10123.1933 to the Insurance Code, and to amend Section 14132.968 of the Welfare and Institutions Code, relating to HIV prevention.

LEGISLATIVE COUNSEL'S DIGEST

SB 159, as amended, Wiener. HIV: preexposure and postexposure prophylaxis.

Existing law, the Pharmacy Law, provides for the licensure and regulation of pharmacists by the California State Board of ~~Pharmacy~~, *Pharmacy* and makes a violation of these requirements a crime. Existing law generally authorizes a pharmacist to dispense or furnish drugs only pursuant to a valid prescription, except as provided, such as furnishing emergency contraceptives, hormonal contraceptives, and naloxone hydrochloride, pursuant to standardized procedures.

This bill would authorize a pharmacist to furnish preexposure prophylaxis and postexposure prophylaxis, in specified amounts, if the pharmacist completes a training program approved by the board and complies with specified requirements, such as assessing a patient and providing a patient with counseling and tests. Because a violation of these requirements would be a crime, this bill would impose a state-mandated local program.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services pursuant to a schedule of benefits, including pharmacist services, which are subject to approval by the federal Centers for Medicare and Medicaid Services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.

This bill would expand the Medi-Cal schedule of benefits to include preexposure prophylaxis and postexposure prophylaxis as pharmacist services.

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 and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law authorizes health care service plans and health insurers that cover prescription drugs to utilize reasonable medical management practices, including prior authorization and step therapy, consistent with applicable law. For combination antiretroviral drug treatments medically necessary for the prevention of AIDS/HIV, existing law prohibits plans and insurers, until January 1, 2023, from having utilization management policies or procedures that rely on a multitablet drug regimen instead of a single-tablet drug regimen, except as specified.

This bill would additionally prohibit plans and insurers from subjecting those drug treatments, including preexposure prophylaxis or postexposure prophylaxis, to prior authorization or step therapy. The bill would also prohibit plans and insurers from prohibiting, or allowing a pharmacy benefit manager to prohibit, a pharmacy provider from providing preexposure prophylaxis or postexposure prophylaxis. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program.



The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: yes.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 4052 of the Business and Professions  
2 Code is amended to read:

3 4052. (a) Notwithstanding any other law, a pharmacist may:

4 (1) Furnish a reasonable quantity of compounded drug product  
5 to a prescriber for office use by the prescriber.

6 (2) Transmit a valid prescription to another pharmacist.

7 (3) Administer drugs and biological products that have been  
8 ordered by a prescriber.

9 (4) Perform procedures or functions in a licensed health care  
10 facility as authorized by Section 4052.1.

11 (5) Perform procedures or functions as part of the care provided  
12 by a health care facility, a licensed home health agency, a licensed  
13 clinic in which there is a physician oversight, a provider who  
14 contracts with a licensed health care service plan with regard to  
15 the care or services provided to the enrollees of that health care  
16 service plan, or a physician, as authorized by Section 4052.2.

17 (6) Perform procedures or functions as authorized by Section  
18 4052.6.

19 (7) Manufacture, measure, fit to the patient, or sell and repair  
20 dangerous devices, or furnish instructions to the patient or the  
21 patient's representative concerning the use of those devices.

22 (8) Provide consultation, training, and education to patients  
23 about drug therapy, disease management, and disease prevention.

24 (9) Provide professional information, including clinical or  
25 pharmacological information, advice, or consultation to other  
26 health care professionals, and participate in multidisciplinary  
27 review of patient progress, including appropriate access to medical  
28 records.

29 (10) Furnish the medications described in subparagraph (A) in  
30 accordance with subparagraph (B):

1 (A) (i) Emergency contraception drug therapy and  
2 self-administered hormonal contraceptives, as authorized by  
3 Section 4052.3.

4 (ii) Nicotine replacement products, as authorized by Section  
5 4052.9.

6 (iii) Prescription medications not requiring a diagnosis that are  
7 recommended by the federal Centers for Disease Control and  
8 Prevention for individuals traveling outside of the United States.

9 (iv) HIV preexposure prophylaxis and postexposure prophylaxis,  
10 as authorized by Section 4052.02.

11 (B) The pharmacist shall notify the patient's primary care  
12 provider of any drugs or devices furnished to the patient, or enter  
13 the appropriate information in a patient record system shared with  
14 the primary care provider, as permitted by that primary care  
15 provider. If the patient does not have a primary care provider, the  
16 pharmacist shall provide the patient with a written record of the  
17 drugs or devices furnished and advise the patient to consult a  
18 physician of the patient's choice.

19 (11) Administer immunizations pursuant to a protocol with a  
20 prescriber.

21 (12) Order and interpret tests for the purpose of monitoring and  
22 managing the efficacy and toxicity of drug therapies. A pharmacist  
23 who orders and interprets tests pursuant to this paragraph shall  
24 ensure that the ordering of those tests is done in coordination with  
25 the patient's primary care provider or diagnosing prescriber, as  
26 appropriate, including promptly transmitting written notification  
27 to the patient's diagnosing prescriber or entering the appropriate  
28 information in a patient record system shared with the prescriber,  
29 when available and as permitted by that prescriber.

30 (b) A pharmacist who is authorized to issue an order to initiate  
31 or adjust a controlled substance therapy pursuant to this section  
32 shall personally register with the federal Drug Enforcement  
33 Administration.

34 (c) This section does not affect the applicable requirements of  
35 law relating to either of the following:

36 (1) Maintaining the confidentiality of medical records.

37 (2) The licensing of a health care facility.

38 SEC. 2. Section 4052.02 is added to the Business and  
39 Professions Code, to read:

1 4052.02. (a) Notwithstanding any other law, a pharmacist may  
2 initiate and furnish HIV preexposure prophylaxis and postexposure  
3 prophylaxis in accordance with this section.

4 (b) For purposes of this section, the following definitions apply:

5 (1) “Preexposure prophylaxis” means a fixed-dose combination  
6 of tenofovir disoproxil fumarate (TDF) (300 mg) with emtricitabine  
7 (FTC) (200 mg), or another drug or drug combination that meets  
8 the same clinical eligibility recommendations provided in CDC  
9 guidelines.

10 (2) “Postexposure prophylaxis” means either of the following:

11 (A) Tenofovir disoproxil fumarate (TDF) (300 mg) with  
12 emtricitabine (FTC) (200 mg), taken once daily, in combination  
13 with either raltegravir (400 mg), taken twice daily, or dolutegravir  
14 (50 mg), taken once daily.

15 (B) Tenofovir disoproxil fumarate (TDF) (300 mg) and  
16 emtricitabine (FTC) (200 mg), taken once daily, in combination  
17 with darunavir (800 mg) and ritonavir (100 mg), taken once daily.

18 (3) “CDC guidelines” means either of the following publications  
19 by the federal Centers for Disease Control and Prevention:

20 (A) “2017 Preexposure Prophylaxis for the Prevention of HIV  
21 Infection in the United States – 2017 Update: A Clinical Practice  
22 Guideline.”

23 (B) “Updated Guidelines for Antiretroviral Postexposure  
24 Prophylaxis After Sexual, Injection Drug Use, or Other  
25 Nonoccupational Exposure to HIV – United States, 2016.”

26 (c) Before furnishing preexposure prophylaxis or postexposure  
27 prophylaxis to a patient, a pharmacist shall complete a training  
28 program approved by the board on the use of preexposure  
29 prophylaxis and postexposure prophylaxis. The board shall consult  
30 with ~~the California Pharmacists Association and~~ *relevant*  
31 *stakeholders, including, but not limited to,* the Office of AIDS,  
32 within the State Department of Public Health, on training programs  
33 that are appropriate to meet the requirements of this subdivision.

34 (d) A pharmacist may furnish a 30-day supply of preexposure  
35 prophylaxis if all of the following conditions are met:

36 (1) The patient is HIV negative, as documented by a negative  
37 HIV test result obtained within the previous seven days from an  
38 HIV antigen/antibody test or antibody-only ~~test, test~~ or from a  
39 rapid, point-of-care fingerstick blood test approved by the federal  
40 Food and Drug Administration. If the patient does not provide

1 evidence of a negative HIV test in accordance with this paragraph,  
2 the pharmacist shall order an HIV test. If the test results are not  
3 transmitted directly to the pharmacist, the pharmacist shall verify  
4 the test results to the pharmacist's satisfaction. If the patient tests  
5 positive for HIV infection, the pharmacist or person administering  
6 the test shall direct the patient to a primary care provider and  
7 provide a list of providers and clinics in the region.

8 (2) The patient does not report any signs or symptoms of acute  
9 HIV infection on a self-reported checklist of acute HIV infection  
10 signs and symptoms.

11 (3) The patient does not report taking any contraindicated  
12 medications.

13 (4) The pharmacist provides counseling to the patient on the  
14 ongoing use of preexposure prophylaxis, which may include  
15 education about side effects, safety during pregnancy and  
16 breastfeeding, adherence to recommended dosing, and the  
17 importance of timely testing and treatment, as applicable, for HIV,  
18 renal function, hepatitis B, hepatitis C, sexually transmitted  
19 diseases, and pregnancy for individuals of child-bearing capacity.  
20 The pharmacist shall notify the patient that the patient must be  
21 seen by a primary care provider to receive subsequent prescriptions  
22 for preexposure prophylaxis and that a pharmacist may not furnish  
23 a 30-day supply of preexposure prophylaxis to a single patient  
24 more than once every two years.

25 (5) The patient reports having normal kidney function, and the  
26 pharmacist orders a test to measure kidney function. The patient  
27 shall provide contact information for the patient and sign an  
28 agreement to stop taking preexposure prophylaxis if laboratory  
29 results indicate that the patient should not take preexposure  
30 prophylaxis. The pharmacist shall contact the patient if laboratory  
31 results indicate that the patient should not take preexposure  
32 prophylaxis.

33 (6) The pharmacist documents, to the extent possible, the  
34 services provided by the pharmacist in the patient's health record.  
35 The pharmacist shall maintain records of preexposure prophylaxis  
36 furnished to each patient.

37 (7) The pharmacist does not furnish a 30-day supply of  
38 preexposure prophylaxis to a single patient more than once every  
39 two years, unless directed otherwise by a prescriber.

1 (8) The pharmacist notifies the patient’s primary care provider  
2 that the pharmacist completed the requirements specified in this  
3 subdivision. If the patient does not have a primary care provider,  
4 or refuses consent to notify the patient’s primary care provider,  
5 the pharmacist shall provide the patient a list of physicians and  
6 surgeons, clinics, or other health care service providers to contact  
7 regarding ongoing care for preexposure prophylaxis.

8 (e) A pharmacist may furnish a complete course of postexposure  
9 prophylaxis if all of the following conditions are met:

10 (1) The pharmacist screens the patient and determines the  
11 exposure occurred within the previous 72 hours and the patient  
12 otherwise meets the clinical criteria for postexposure prophylaxis  
13 consistent with CDC guidelines.

14 (2) The pharmacist provides HIV testing or determines the  
15 patient is willing to undergo HIV testing consistent with CDC  
16 guidelines. If the patient refuses to undergo HIV testing but is  
17 otherwise eligible for postexposure prophylaxis under this section,  
18 the pharmacist may furnish postexposure prophylaxis.

19 (3) The pharmacist provides counseling to the patient on the  
20 use of postexposure prophylaxis consistent with CDC guidelines,  
21 which may include education about side effects, safety during  
22 pregnancy and breastfeeding, adherence to recommended dosing,  
23 and the importance of timely testing and treatment, as applicable,  
24 for HIV and sexually transmitted diseases.

25 (4) The pharmacist notifies the patient’s primary care provider  
26 of the postexposure prophylaxis treatment. If the patient does not  
27 have a primary care provider, or refuses consent to notify the  
28 patient’s primary care provider, the pharmacist shall provide the  
29 patient a list of physicians and surgeons, clinics, or other health  
30 care service providers to contact regarding followup care for  
31 postexposure prophylaxis.

32 (5) The pharmacist does not furnish postexposure prophylaxis  
33 to a single individual more than two times in a calendar year.

34 (f) A pharmacist initiating or furnishing preexposure prophylaxis  
35 or postexposure prophylaxis shall not permit the person to whom  
36 the drug is furnished to waive the consultation required by the  
37 board.

38 (g) The board, by July 1, 2020, shall adopt emergency  
39 regulations to implement this section in accordance with CDC  
40 guidelines. The adoption of regulations pursuant to this subdivision

1 shall be deemed to be an emergency and necessary for the  
2 immediate preservation of the public peace, health, safety, or  
3 general welfare.

4 SEC. 3. Section 1342.74 is added to the Health and Safety  
5 Code, immediately following Section 1342.73, to read:

6 1342.74. (a) Notwithstanding Section 1342.71, a health care  
7 service plan shall not subject combination antiretroviral drug  
8 treatments that are medically necessary for the prevention of  
9 AIDS/HIV, including preexposure prophylaxis or postexposure  
10 prophylaxis, to prior authorization or step therapy.

11 (b) Notwithstanding any other law, a health care service plan  
12 shall not prohibit, or permit a delegated pharmacy benefit manager  
13 to prohibit, a pharmacy provider from dispensing preexposure  
14 prophylaxis or postexposure prophylaxis.

15 (c) This section does not require a health care service plan to  
16 cover preexposure prophylaxis or postexposure prophylaxis by a  
17 pharmacist at an out-of-network pharmacy, unless the health care  
18 service plan has an out-of-network pharmacy benefit.

19 SEC. 4. Section 10123.1933 is added to the Insurance Code,  
20 immediately following Section 10123.1932, to read:

21 10123.1933. (a) Notwithstanding Section 10123.201, a health  
22 insurer shall not subject combination antiretroviral drug treatments  
23 that are medically necessary for the prevention of AIDS/HIV,  
24 including preexposure prophylaxis or postexposure prophylaxis,  
25 to prior authorization or step therapy.

26 (b) Notwithstanding any other law, a health insurer shall not  
27 prohibit, or permit a contracted pharmacy benefit manager to  
28 prohibit, a pharmacist from dispensing preexposure prophylaxis  
29 or postexposure prophylaxis.

30 SEC. 5. Section 14132.968 of the Welfare and Institutions  
31 Code is amended to read:

32 14132.968. (a) (1) Pharmacist services are a benefit under the  
33 Medi-Cal program, subject to approval by the federal Centers for  
34 Medicare and Medicaid Services.

35 (2) The department shall establish a fee schedule for the list of  
36 pharmacist services.

37 (3) The rate of reimbursement for pharmacist services shall be  
38 at 85 percent of the fee schedule for physician services under the  
39 Medi-Cal program.

1 (b) (1) The following services are covered pharmacist services  
2 that may be provided to a Medi-Cal beneficiary:

3 (A) Furnishing travel medications, as authorized in clause (3)  
4 of subparagraph (A) of paragraph (10) of subdivision (a) of Section  
5 4052 of the Business and Professions Code.

6 (B) Furnishing naloxone hydrochloride, as authorized in Section  
7 4052.01 of the Business and Professions Code.

8 (C) Furnishing self-administered hormonal contraception, as  
9 authorized in subdivision (a) of Section 4052.3 of the Business  
10 and Professions Code.

11 (D) Initiating and administering immunizations, as authorized  
12 in Section 4052.8 of the Business and Professions Code.

13 (E) Providing tobacco cessation counseling and furnishing  
14 nicotine replacement therapy, as authorized in Section 4052.9 of  
15 the Business and Professions Code.

16 (F) Initiating and furnishing preexposure prophylaxis and  
17 postexposure prophylaxis, as authorized in Section 4052.02 of the  
18 Business and Professions Code.

19 (2) Covered pharmacist services shall be subject to department  
20 protocols and utilization controls.

21 (c) A pharmacist shall be enrolled as an ordering, referring, and  
22 prescribing provider under the Medi-Cal program prior to rendering  
23 a pharmacist service that is submitted by a Medi-Cal pharmacy  
24 provider for reimbursement pursuant to this section.

25 (d) (1) The director shall seek any necessary federal approvals  
26 to implement this section. This section shall not be implemented  
27 until the necessary federal approvals are obtained and shall be  
28 implemented only to the extent that federal financial participation  
29 is available.

30 (2) This section neither restricts nor prohibits any services  
31 currently provided by pharmacists as authorized by law, including,  
32 but not limited to, this chapter, or the Medicaid state plan.

33 (e) Notwithstanding Chapter 3.5 (commencing with Section  
34 11340) of Part 1 of Division 3 of Title 2 of the Government Code,  
35 the department may implement, interpret, or make specific this  
36 section, and any applicable federal waivers and state plan  
37 amendments, by means of all-county letters, plan letters, plan or  
38 provider bulletins, or similar instructions, without taking regulatory  
39 action. By July 1, 2021, the department shall adopt regulations in  
40 accordance with the requirements of Chapter 3.5 (commencing

1 with Section 11340) of Part 1 of Division 3 of Title 2 of the  
2 Government Code. Commencing July 1, 2017, the department  
3 shall provide a status report to the Legislature on a semiannual  
4 basis, in compliance with Section 9795 of the Government Code,  
5 until regulations have been adopted.

6 SEC. 6. No reimbursement is required by this act pursuant to  
7 Section 6 of Article XIII B of the California Constitution because  
8 the only costs that may be incurred by a local agency or school  
9 district will be incurred because this act creates a new crime or  
10 infraction, eliminates a crime or infraction, or changes the penalty  
11 for a crime or infraction, within the meaning of Section 17556 of  
12 the Government Code, or changes the definition of a crime within  
13 the meaning of Section 6 of Article XIII B of the California  
14 Constitution.

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**SB 201 (*Wiener*) Medical procedures:  
treatment or intervention: sex characteristics  
of a minor**

AMENDED IN SENATE MARCH 25, 2019

**SENATE BILL**

**No. 201**

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**Introduced by Senator Wiener**

**(~~Coauthor: Senator Beall~~)**

**(*Coauthors: Senators Beall and Galgiani*)**

(*Coauthors: Assembly Members Carrillo, Chiu, Gloria, McCarty, Quirk, and Ting*)

January 31, 2019

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An act to add Section 2295 to the Business and Professions Code, and to ~~add Section 6931 to the Family Code,~~ relating to sex characteristics.

LEGISLATIVE COUNSEL'S DIGEST

SB 201, as amended, Wiener. Medical procedures: treatment or intervention: sex characteristics of a minor.

~~(1) Under~~

*Under* existing law, the Medical Practice Act, it is unprofessional conduct for a physician and surgeon to fail to comply with prescribed informed consent requirements relating to various medical procedures, including sterilization procedures, the removal of sperm or ova from a patient under specified circumstances, and the treatment of breast cancer. Any violation of the law relating to enforcement of the Medical Practice Act is a misdemeanor, as specified.

This bill ~~would~~ *would, absent a medical necessity,* prohibit a physician and surgeon from performing any treatment or intervention on the sex characteristics of an intersex minor ~~if the treatment or intervention may be deferred until~~ *without the informed consent of the intersex minor can provide informed consent,* *minor,* as described. The bill would, among other things, require a physician and ~~surgeon~~ *surgeon, prior to*

~~performing the treatment or intervention, to provide a written and oral disclosure prior to performing the treatment or intervention and to obtain the informed consent of the intersex minor to the treatment or intervention, as specified. The bill would authorize a physician and surgeon to perform the medical procedure without the minor's consent if it is medically necessary and the physician and surgeon provides the written and oral disclosure to the parent or guardian and obtains their informed consent, as specified. The bill would authorize the Medical Board of California to develop and adopt medical guidelines to implement these requirements. Any violation of these provisions would be subject to disciplinary action by the board, but not criminal prosecution.~~

~~(2) Under existing law, a minor may consent to specified medical procedures without the consent of a parent or guardian.~~

~~This bill would authorize an intersex minor to provide informed consent to treatment or intervention on their sex characteristics, as specified.~~

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 2295 is added to the Business and  
2 Professions Code, to read:

3 2295. (a) Consistent with Senate Concurrent Resolution 110  
4 of the 2017–18 Regular Session (Resolution Chapter 225 of the  
5 Statutes of 2018), the Legislature hereby finds and declares all of  
6 the following:

7 (1) The Legislature opposes all forms of prejudice, bias, or  
8 discrimination and affirms its commitment to the dignity and  
9 autonomy of all people, including those born with variations in  
10 their physical sex characteristics.

11 (2) Intersex people are a part of the fabric of our state's diversity  
12 to be celebrated, rather than an aberration to be corrected.

13 (3) Intersex people should be free to choose whether to undergo  
14 life-altering surgeries and other treatments or interventions on their  
15 physical sexual characteristics that irreversibly, and sometimes  
16 irreparably, cause harm.

17 (4) The enactment of legislation is necessary to ensure the ability  
18 of intersex people to participate in decisions about surgery and

1 other medical treatments or interventions on their physical sex  
2 characteristics.

3 (5) *Intersex is an umbrella term used to describe a wide range*  
4 *of natural bodily variations. In some cases, intersex traits are*  
5 *visible at birth, while in others, they are not apparent until puberty.*  
6 *Some chromosomal intersex variations may not be physically*  
7 *apparent at all.*

8 (b) *The following definitions apply for purposes of this section:*

9 (1) *“Intersex” means an individual born with sex*  
10 *characteristics, including genitals, gonads, and chromosome*  
11 *patterns, that do not fit typical binary notions of male or female*  
12 *bodies, including differences in sex development resulting from*  
13 *androgen insensitivity syndrome, congenital adrenal hyperplasia,*  
14 *and hypospadias.*

15 (2) (A) *A treatment or intervention on the sex characteristics*  
16 *of an intersex minor is “medically necessary” or a “medical*  
17 *necessity” when it is reasonable and necessary to protect life, to*  
18 *prevent significant illness or significant disability, or to alleviate*  
19 *severe pain.*

20 (B) *A medically necessary treatment or intervention on the sex*  
21 *characteristics of an intersex minor includes, but is not limited to,*  
22 *a procedure to repair the bladder or cloacal exstrophy, a*  
23 *gonadectomy to address a risk of cancer that is significantly*  
24 *elevated above the risk to the general population, a hypospadias*  
25 *repair, including chordee release, intended to alleviate severe*  
26 *pain, or a procedure intended to allow urine to exit the body absent*  
27 *a urethral opening.*

28 (C) *A treatment or intervention is not medically necessary if*  
29 *the treatment or intervention may be safely deferred until the*  
30 *intersex minor can provide informed consent. Psychological factors*  
31 *do not constitute medical necessity for a treatment or intervention*  
32 *on the sex characteristics of an intersex minor.*

33 (3) *“Parent or guardian” has the same meaning as used in*  
34 *Section 6903 of the Family Code.*

35 (4) *“Psychosocial” means an individual’s psychological status*  
36 *in relation to their social and physical environment.*

37 (5) *For purposes of this section, “informed consent” means*  
38 *that a person knowingly and intelligently, without duress or*  
39 *coercion, and clearly and explicitly manifests their consent to the*  
40 *proposed treatment or intervention to the attending physician and*

1 surgeon, following receipt of the written and oral disclosures  
2 described in subdivision (e).

3 ~~(b)~~

4 (c) (1) ~~Absent a medical necessity, a physician and surgeon~~  
5 shall not perform any treatment or intervention on the sex  
6 characteristics of an intersex minor ~~if the treatment or intervention~~  
7 ~~may be deferred until the intersex minor can provide informed~~  
8 ~~consent, without the informed consent of the intersex minor, as~~  
9 described in subdivision ~~(d)~~: (f).

10 (2) A treatment or intervention *subject to the requirements of*  
11 *this section* includes, but is not limited to, the following procedures:

12 (A) Clitorectomy, clitoroplasty, clitoral reduction, and clitoral  
13 recession, including corporal-sparing procedures.

14 (B) Gonadectomy, including of testes, ovaries, ovotestes, and  
15 streak gonads.

16 (C) Hypospadias surgery, relocation of the urethral meatus, and  
17 chordee release.

18 (D) Labiaplasty and labial reduction.

19 (E) Phalloplasty.

20 (F) Vaginoplasty, introitoplasty, vaginal exteriorization, and  
21 partial or total urogenital sinus mobilization.

22 ~~(e)~~

23 (d) Prior to performing a treatment or intervention on the sex  
24 characteristics of an intersex minor, a physician and surgeon shall  
25 provide *to the intersex minor* written and oral disclosure, ~~in~~  
26 ~~nontechnical terms, about all of the following:~~ *as described in*  
27 *subdivision (e), and shall obtain the informed consent of the*  
28 *intersex minor, as described in subdivision (f).*

29 (e) *The written and oral disclosure required by subdivision (d)*  
30 *shall include, in nontechnical terms, all of the following:*

31 (1) A description of the treatment or intervention to be  
32 performed, including any necessary healthcare management or  
33 long-term follow-up care to be expected following the treatment  
34 or intervention.

35 (2) A description of any attendant discomfort and risks to the  
36 patient in the short term and long term, which may reasonably be  
37 expected following the treatment or intervention.

38 (3) An explanation of any benefits that the patient can reasonably  
39 expect following the treatment or intervention.

1 (4) An explanation of any appropriate alternative procedures,  
2 drugs, or devices, including delay of the procedure, that might be  
3 advantageous to the patient, and their relative risks and benefits.

4 (5) An offer to answer any inquiries concerning the treatment  
5 or intervention involved.

6 ~~(d)~~

7 ~~(f) (1) Following the receipt of the written and oral disclosure~~  
8 ~~provided by the physician and surgeon, as described in subdivision~~  
9 ~~(e), the intersex minor shall provide~~ *The informed consent to the*  
10 *treatment or intervention, which meets intervention required by*  
11 *subdivision (d) shall be obtained from the intersex minor after*  
12 *providing the disclosure described in subdivision (e) and shall*  
13 *meet all of the following requirements:*

14 (A) The consent shall be in writing and shall contain the  
15 following statement: I (name of minor) do hereby consent to  
16 (description of medical procedure) to be performed by (name of  
17 physician and surgeon) on (date that the medical procedure is  
18 performed on the minor).

19 (B) The consent shall be signed by the minor and by the  
20 physician and surgeon who performs the medical procedure.

21 (C) The consent shall contain a notification to the minor that  
22 the written consent is an important document that should be  
23 retained with other vital records.

24 (2) The physician and surgeon shall retain the original consent  
25 in the medical record of the minor and give a copy of the consent  
26 to the minor.

27 (3) If the treatment or intervention is performed in a hospital,  
28 the physician and surgeon shall provide a copy of the consent to  
29 the hospital.

30 ~~(e) This section does not affect the obligation of a physician~~  
31 ~~and surgeon under current law to obtain the informed consent of~~  
32 ~~a patient before performing a medical procedure on the patient~~  
33 ~~that may significantly affect the patient's reproductive health or~~  
34 ~~ability to conceive, or both.~~

35 ~~(f) (1) If the intersex minor is unable to give informed consent,~~  
36 ~~a physician and surgeon shall opine only on the medical necessity~~  
37 ~~of a treatment or intervention.~~

38 ~~(2) If a physician and surgeon opines on medical necessity of~~  
39 ~~a treatment or intervention pursuant to subparagraph (1), they shall~~  
40 ~~neither evaluate nor opine on whether a treatment or intervention~~

1 on the sex characteristics of an intersex minor is advisable due to  
2 psychosocial factors.

3 (g) If it is medically necessary to perform a treatment or  
4 intervention on the sex characteristics of an intersex minor without  
5 the consent of the intersex minor, a physician and surgeon may  
6 perform the medical procedure only if the physician and surgeon  
7 provides the written and oral disclosure, as described in subdivision  
8 (e); (e), to the parent or guardian, and the parent or guardian  
9 provides informed consent, as described in subdivision (d); (f).

10 (h) The following definitions apply for purposes of this  
11 paragraph:

12 (1) “Intersex minor” means an individual born with atypical  
13 physical sex characteristics, including, but not limited to,  
14 chromosomes, genitals, or internal organs, and includes differences  
15 in sex development resulting from androgen insensitivity syndrome,  
16 congenital adrenal hyperplasia, and hypospadias.

17 (2) (A) “Medically necessary” means that the treatment or  
18 intervention on the sex characteristics of an intersex minor is  
19 reasonable and necessary for the diagnosis or treatment of an illness  
20 or injury and cannot be safely deferred.

21 (B) A medically necessary treatment or intervention on the sex  
22 characteristics of an intersex minor includes, but is not limited to,  
23 a procedure to repair the bladder, a cloacal exstrophy, or any other  
24 procedure intended to allow urine to exit the body absent a urethral  
25 opening.

26 (3) “Parent or guardian” has the same meaning as used in  
27 Section 6903 of the Family Code.

28 (4) “Psychosocial” means an individual’s psychological status  
29 in relation to their social and physical environment.

30 (i)

31 (h) The board may develop and adopt medical guidelines to  
32 implement this subdivision.

33 (j)

34 (i) A violation of this section constitutes unprofessional conduct.

35 Section 2314 shall not apply to a violation of this section.

36 SEC. 2. Section 6931 is added to the Family Code, to read:

37 6931. Notwithstanding paragraph (1) of subdivision (b) of  
38 Section 6925, an intersex minor, as defined in subdivision (h) of  
39 Section 2295 of the Business and Professions Code, may provide  
40 informed consent to treatment or intervention on their sex

- 1 characteristics, pursuant to Section 2295 of the Business and
- 2 Professions Code.

O



***SB 276 (Pan – Principal coauthor: Assembly Member Gonzalez – Coauthor: Senator Wiener – Coauthor: Assembly Member Aguiar-Curry)***  
**Immunizations: medical exemptions**

AMENDED IN SENATE MAY 17, 2019  
AMENDED IN SENATE APRIL 30, 2019  
AMENDED IN SENATE APRIL 9, 2019  
AMENDED IN SENATE MARCH 25, 2019

**SENATE BILL**

**No. 276**

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**Introduced by Senator Pan**  
(Principal coauthor: Assembly Member Gonzalez)  
**(Coauthor: Senator Wiener)**  
(Coauthor: Assembly Member Aguiar-Curry)

February 13, 2019

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An act to amend Sections 120370 and 120375 of, and to add Section 120372 to, the Health and Safety Code, relating to public health.

LEGISLATIVE COUNSEL'S DIGEST

SB 276, as amended, Pan. Immunizations: medical exemptions.

Existing law prohibits the governing authority of a school or other institution from admitting for attendance any pupil who fails to obtain required immunizations within the time limits prescribed by the State Department of Public Health. Existing law exempts from those requirements a pupil whose parents have filed with the governing authority a written statement by a licensed physician to the effect that immunization is not considered safe for that child, indicating the specific nature and probable duration of their medical condition or circumstances, including, but not limited to, family medical history.

This bill would instead require the State Department of Public Health, by July 1, 2020, to develop and make available for use by licensed physicians and surgeons a statewide standardized medical exemption request form, which, commencing January 1, 2021, would be the only

medical exemption documentation that a governing authority may accept. The bill would require the State Public Health Officer or the public health officer's designee to approve or deny a medical exemption request, upon determining that the request provides sufficient medical evidence that the immunization is contraindicated or that a specific precaution regarding a particular immunization exists, based on guidelines of the federal Centers for Disease Control and Prevention (CDC). The bill would specify the information to be included in the medical exemption form. The bill would, commencing January 1, 2021, require a physician and surgeon to inform a parent or guardian of the bill's requirements and to examine the child and submit a completed medical exemption request form to the department, as specified. The bill would require the State Public Health Officer or designee to review the completed exemption request form and notify the physician and surgeon of the approval or denial of the request. The bill would require the reason for denial of a request to be included in the notification, and would authorize the physician and surgeon to submit additional information to the department for further review for purposes of filing an appeal if an exemption request is denied.

This bill would require the department, by December 31, 2020, to create and maintain a database of approved medical exemption requests, and to make the database accessible to local health officers. The bill would require a copy of a medical exemption granted prior to the availability of the standardized form to be submitted to the department for inclusion in the database by December 31, ~~2021~~, 2020, in order for the medical exemption to remain valid after the statewide standardized form has been adopted. The bill would authorize the State Public Health Officer or a local public health officer to revoke a medical exemption if the State Public Health Officer or local public health officer determines that the medical exemption is fraudulent or inconsistent with applicable CDC guidelines. The bill would require the department, in consultation with local educational agencies and local public health officers, to develop a process for a parent or guardian to request a medical exemption and the department to approve or deny the request and communicate its decision to the school district and the parent or guardian, as specified. The bill would also make conforming changes to existing law.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 120370 of the Health and Safety Code  
2 is amended to read:

3 120370. (a) (1) If the parent or guardian files with the  
4 governing authority a written statement by a licensed physician  
5 and surgeon to the effect that the physical condition of the child  
6 is such, or medical circumstances relating to the child are such,  
7 that immunization is not considered safe, indicating the specific  
8 nature and probable duration of the medical condition or  
9 circumstances, including, but not limited to, family medical history,  
10 for which the physician and surgeon does not recommend  
11 immunization, that child shall be exempt from the requirements  
12 of this chapter, except for Section 120380, and exempt from  
13 Sections 120400, 120405, 120410, and 120415 to the extent  
14 indicated by the physician and surgeon's statement.

15 (2) Commencing January 1, 2021, an exemption issued before  
16 January 1, 2021, pursuant to this subdivision is valid only if the  
17 parent or guardian has complied with paragraph (2) of subdivision  
18 (c) of Section 120372.

19 (b) If there is good cause to believe that a child has been exposed  
20 to a disease listed in subdivision (b) of Section 120335 and the  
21 child's documentary proof of immunization status does not show  
22 proof of immunization against that disease, that child may be  
23 temporarily excluded from the school or institution until the local  
24 health officer is satisfied that the child is no longer at risk of  
25 developing or transmitting the disease.

26 SEC. 2. Section 120372 is added to the Health and Safety Code,  
27 to read:

28 120372. (a) (1) By July 1, 2020, the department shall develop  
29 and make available for use by licensed physicians and surgeons a  
30 statewide standardized medical exemption request form.  
31 Notwithstanding Section 120370, commencing January 1, 2021,  
32 it shall be the only medical exemption documentation that a  
33 governing authority may accept, except as provided in paragraph  
34 (2) of subdivision (c). A medical exemption request form shall be  
35 approved or denied only by the State Public Health Officer or the  
36 public health officer's designee, upon a determination that the  
37 request provides sufficient medical evidence that the immunization  
38 is contraindicated or there exists a specific precaution regarding

1 a particular immunization, based on guidelines of the federal  
2 Centers for Disease Control and Prevention (CDC).

3 (2) At a minimum, the form shall require all of the following  
4 information:

5 (A) The name, medical license number, and business address  
6 and telephone number, of the licensed physician and surgeon.

7 (B) The name of the child for whom the exemption is sought  
8 and the name of the child's parent or guardian.

9 (C) A statement certifying that the licensed physician and  
10 surgeon has personally examined the child.

11 (D) A description of the medical reason for which the exemption  
12 is sought.

13 (E) *An authorization for the release of records related to the*  
14 *medical exemption by the physician and surgeon to the department*  
15 *and the California Medical Board.*

16 (b) (1) Commencing January 1, 2021, if a parent or guardian  
17 requests a licensed physician and surgeon to request a medical  
18 exemption for the parent's or guardian's child, the physician and  
19 surgeon shall inform the parent or guardian of the requirements  
20 of this section. If the parent or guardian consents, the physician  
21 and surgeon shall examine the child and submit a completed  
22 medical exemption request form to the department. *A medical*  
23 *exemption request form may be submitted to the department at any*  
24 *time.*

25 (2) The State Public Health Officer or designee shall review the  
26 completed request form and provide the physician and surgeon  
27 with notification approving or denying the medical exemption  
28 request. If the medical exemption request is denied, the reason for  
29 the denial shall be included in the notification.

30 (3) The denial of a request for a medical exemption may be  
31 appealed to the State Public Health Officer.

32 (4) For purposes of filing an appeal, the physician and surgeon  
33 may submit additional information to the department within 30  
34 days from the notification for further review by the State Public  
35 Health Officer or designee.

36 (c) (1) By December 31, 2020, the department shall create and  
37 maintain a database of medical exemption requests approved  
38 pursuant to this section. The department shall make the information  
39 in the database accessible to local public health officers.

1 (2) If a medical exemption has been authorized pursuant to  
2 Section 120370 prior to the adoption of the statewide standardized  
3 form, the parent or guardian shall submit, by December 31, 2020,  
4 a copy of that medical exemption to the department for inclusion  
5 in the database in order for the medical exemption to remain valid.

6 (d) If the State Public Health Officer or a local public health  
7 officer determines that a medical exemption submitted to the  
8 department is fraudulent or inconsistent with applicable CDC  
9 guidelines, as specified in paragraph (1) of subdivision (a), the  
10 State Public Health Officer or local public health officer may  
11 revoke the medical exemption.

12 (e) The department, in consultation with local educational  
13 agencies and local public health officers, shall develop a process  
14 for a parent or guardian to request a medical exemption and the  
15 department to expeditiously approve or deny the request and  
16 communicate its decision in a timely manner to the school district  
17 and the parent or guardian.

18 (f) In administering this section, the department shall comply  
19 with all applicable state and federal privacy laws, including, but  
20 not limited to, the Confidentiality of Medical Information Act (Part  
21 2.6 (commencing with Section 56) of Division 1 of the Civil Code),  
22 the federal Health Insurance Portability and Accountability Act  
23 of 1996 (Public Law 104-191), and Sections 827, 5328, and 10850  
24 of the Welfare and Institutions Code.

25 (g) *This section does not require the department to review or*  
26 *approve any medical exemption that is granted by a physician and*  
27 *surgeon before January 1, 2021.*

28 SEC. 3. Section 120375 of the Health and Safety Code is  
29 amended to read:

30 120375. (a) The governing authority of each school or  
31 institution included in Section 120335 shall require documentary  
32 proof of each entrant's immunization status. The governing  
33 authority shall record the immunizations of each new entrant in  
34 the entrant's permanent enrollment and scholarship record on a  
35 form provided by the department. The immunization record of  
36 each new entrant admitted conditionally shall be reviewed  
37 periodically by the governing authority to ensure that within the  
38 time periods designated by regulation of the department the entrant  
39 has been fully immunized against all of the diseases listed in

1 Section 120335, and immunizations received after entry shall be  
2 added to the pupil's immunization record.

3 (b) The governing authority of each school or institution  
4 included in Section 120335 shall prohibit from further attendance  
5 any pupil admitted conditionally who failed to obtain the required  
6 immunizations within the time limits allowed in the regulations  
7 of the department until that pupil has been fully immunized against  
8 all of the diseases listed in Section 120335, unless the pupil is  
9 exempted under Section 120370 or 120372.

10 (c) The governing authority shall file a written report on the  
11 immunization status of new entrants to the school or institution  
12 under their jurisdiction with the department and the local health  
13 department at times and on forms prescribed by the department.  
14 As provided in paragraph (4) of subdivision (a) of Section 49076  
15 of the Education Code, the local health department shall have  
16 access to the complete health information as it relates to  
17 immunization of each student in the schools or other institutions  
18 listed in Section 120335 in order to determine immunization  
19 deficiencies.

20 (d) The governing authority shall cooperate with the county  
21 health officer in carrying out programs for the immunization of  
22 persons applying for admission to any school or institution under  
23 its jurisdiction. The governing board of any school district may  
24 use funds, property, and personnel of the district for that purpose.  
25 The governing authority of any school or other institution may  
26 permit any licensed physician or any qualified registered nurse to  
27 administer immunizing agents to any person seeking admission to  
28 any school or institution under its jurisdiction.

**SB 377 (*McGuire*) Juveniles: psychotropic  
medications: medical records**



AMENDED IN SENATE APRIL 11, 2019

AMENDED IN SENATE APRIL 1, 2019

**SENATE BILL**

**No. 377**

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**Introduced by Senator McGuire**

February 20, 2019

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An act to amend ~~Section 369.5~~ *Sections 369.5 and 739.5* of the Welfare and Institutions Code, relating to juveniles.

LEGISLATIVE COUNSEL'S DIGEST

SB 377, as amended, McGuire. ~~Dependents:~~ *Juveniles*: psychotropic medications: medical records.

Existing law establishes the jurisdiction of the juvenile court, which may adjudge a child to be a dependent ~~of the court under certain circumstances, including when the child has suffered, or there is a substantial risk that the child will suffer, serious physical harm or illness, or a parent or guardian fails to adequately supervise or protect the child, as specified.~~ *or ward of the court under certain circumstances*. Existing law authorizes only a juvenile court judicial officer to make orders regarding the administration of psychotropic medications for a dependent child *or a ward* who has been removed from the physical custody of their parent. Existing law requires that court authorization for the administration of psychotropic medications to a child be based on a request from a physician, indicating the reasons for the request, a description of the child's diagnosis and behavior, the expected results of the medication, and a description of any side effects of the medication. Existing law requires, upon the approval or denial by the juvenile court judicial officer of a request for authorization for the administration of psychotropic medication, the county child welfare ~~agency~~ *agency*, *probation department*, or other person or entity who submitted the

request to provide a copy of the court order approving or denying the request to the child's caregiver.

Existing law requires the Medical Board of California to review specified data provided by the State Department of Health Care Services and the State Department of Social Services regarding Medi-Cal physicians and their prescribing patterns of psychotropic medications and related services for dependents and wards of the juvenile court in order to determine if any potential violations of law or excessive prescribing of psychotropic medications inconsistent with the standard of care exist and, if warranted, to conduct an investigation.

This bill would, upon the approval by the juvenile court judicial officer of a request for authorization for the administration of psychotropic medication, require the juvenile court judicial officer to also authorize the Medical Board of California to review the patient medical record of the child authorized to receive psychotropic medication. The bill would require the patient medical record to be limited to the diagnosis for the authorized prescription of psychotropic medication in order to ascertain whether there is excessive prescribing of psychotropic medication inconsistent with a specified standard of care.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 369.5 of the Welfare and Institutions  
2 Code is amended to read:  
3 369.5. (a) (1) If a child is adjudged a dependent child of the  
4 court under Section 300 and the child has been removed from the  
5 physical custody of the parent under Section 361, only a juvenile  
6 court judicial officer shall have authority to make orders regarding  
7 the administration of psychotropic medications for that child. The  
8 juvenile court may issue a specific order delegating this authority  
9 to a parent upon making findings on the record that the parent  
10 poses no danger to the child and has the capacity to authorize  
11 psychotropic medications. Court authorization for the  
12 administration of psychotropic medication shall be based on a  
13 request from a physician, indicating the reasons for the request, a  
14 description of the child's diagnosis and behavior, the expected  
15 results of the medication, and a description of any side effects of  
16 the medication.

1     (2) (A) ~~On or before July 1, 2016, the~~ *The* Judicial Council  
2 shall amend and adopt rules of court and develop appropriate forms  
3 for the implementation of this section, in consultation with the  
4 State Department of Social Services, the State Department of  
5 Health Care Services, and stakeholders, including, but not limited  
6 to, the County Welfare Directors Association of California, the  
7 County Behavioral Health Directors Association of California, the  
8 Chief Probation Officers of California, associations representing  
9 current and former foster children, caregivers, and children’s  
10 attorneys. This effort shall be undertaken in coordination with the  
11 updates required under paragraph (2) of subdivision (a) of Section  
12 739.5.

13     (B) The rules of court and forms developed pursuant to  
14 subparagraph (A) shall address all of the following:

15     (i) The child and their caregiver and court-appointed special  
16 advocate, if any, have an opportunity to provide input on the  
17 medications being prescribed.

18     (ii) Information regarding the child’s overall mental health  
19 assessment and treatment plan is provided to the court.

20     (iii) Information regarding the rationale for the proposed  
21 medication, provided in the context of past and current treatment  
22 efforts, is provided to the court. This information shall include,  
23 but not be limited to, information on other pharmacological and  
24 nonpharmacological treatments that have been utilized and the  
25 child’s response to those treatments, a discussion of symptoms not  
26 alleviated or ameliorated by other current or past treatment efforts,  
27 and an explanation of how the psychotropic medication being  
28 prescribed is expected to improve the child’s symptoms.

29     (iv) Guidance is provided to the court on how to evaluate the  
30 request for authorization, including how to proceed if information,  
31 otherwise required to be included in a request for authorization  
32 under this section, is not included in a request for authorization  
33 submitted to the court.

34     (C) The rules of court and forms developed pursuant to  
35 subparagraph (A) shall include a process for periodic oversight by  
36 the court of orders regarding the administration of psychotropic  
37 medications that includes the caregiver’s and child’s observations  
38 regarding the effectiveness of the medication and side effects,  
39 information on medication management appointments and other  
40 followup appointments with medical practitioners, and information

1 on the delivery of other mental health treatments that are a part of  
2 the child's overall treatment plan. The periodic oversight shall be  
3 facilitated by the county social worker, public health nurse, or  
4 other appropriate county staff. This oversight process shall be  
5 conducted in conjunction with other regularly scheduled court  
6 hearings and reports provided to the court by the county child  
7 welfare agency.

8 (b) (1) In counties in which the county child welfare agency  
9 completes the request for authorization for the administration of  
10 psychotropic medication, the agency is encouraged to complete  
11 the request within three business days of receipt from the physician  
12 of the information necessary to fully complete the request.

13 (2) This subdivision does not change current local practice or  
14 local court rules with respect to the preparation and submission of  
15 requests for authorization for the administration of psychotropic  
16 medication.

17 (c) (1) Within seven court days from receipt by the court of a  
18 completed request, the juvenile court judicial officer shall either  
19 approve or deny in writing a request for authorization for the  
20 administration of psychotropic medication to the child, or shall,  
21 upon a request by the parent, the legal guardian, or the child's  
22 attorney, or upon its own motion, set the matter for hearing.

23 (2) Notwithstanding Section 827 or any other law, upon the  
24 approval or denial by the juvenile court judicial officer of a request  
25 for authorization for the administration of psychotropic medication,  
26 the county child welfare agency or other person or entity who  
27 submitted the request shall provide a copy of the court order  
28 approving or denying the request to the child's caregiver.

29 (3) Upon the approval of a request for authorization for the  
30 administration of psychotropic medication, the juvenile court  
31 judicial officer shall also authorize the Medical Board of California  
32 to review the patient medical record of the child authorized to  
33 receive psychotropic medication. The review of the patient medical  
34 record shall be limited to the diagnosis for the prescription  
35 authorized under paragraph (1) in order to ascertain whether there  
36 is excessive prescribing of psychotropic medication inconsistent  
37 with the standard of care described in Section 2245 of the Business  
38 and Professions Code.

39 (d) Psychotropic medication or psychotropic drugs are those  
40 medications administered for the purpose of affecting the central

1 nervous system to treat psychiatric disorders or illnesses. These  
2 medications include, but are not limited to, anxiolytic agents,  
3 antidepressants, mood stabilizers, antipsychotic medications,  
4 anti-Parkinson agents, hypnotics, medications for dementia, and  
5 psychostimulants.

6 (e) This section does not supersede local court rules regarding  
7 a minor's right to participate in mental health decisions.

8 (f) This section does not apply to nonminor dependents, as  
9 defined in subdivision (v) of Section 11400.

10 *SEC. 2. Section 739.5 of the Welfare and Institutions Code is*  
11 *amended to read:*

12 739.5. (a) (1) If a minor who has been adjudged a ward of the  
13 court under Section 601 or 602 is removed from the physical  
14 custody of the parent under Section 726 and placed into foster  
15 care, as defined in Section 727.4, only a juvenile court judicial  
16 officer shall have authority to make orders regarding the  
17 administration of psychotropic medications for that minor. The  
18 juvenile court may issue a specific order delegating this authority  
19 to a parent upon making findings on the record that the parent  
20 poses no danger to the minor and has the capacity to authorize  
21 psychotropic medications. Court authorization for the  
22 administration of psychotropic medication shall be based on a  
23 request from a physician, indicating the reasons for the request, a  
24 description of the minor's diagnosis and behavior, the expected  
25 results of the medication, and a description of any side effects of  
26 the medication.

27 (2) (A) ~~On or before July 1, 2016, the~~ *The* Judicial Council  
28 shall amend and adopt rules of court and develop appropriate forms  
29 for the implementation of this section, in consultation with the  
30 State Department of Social Services, the State Department of  
31 Health Care Services, and stakeholders, including, but not limited  
32 to, the County Welfare Directors Association of California, the  
33 County Behavioral Health Directors Association of California, the  
34 Chief Probation Officers of California, associations representing  
35 current and former foster children, caregivers, and minor's  
36 attorneys. This effort shall be undertaken in coordination with the  
37 updates required under paragraph (2) of subdivision (a) of Section  
38 369.5.

39 (B) The rules of court and forms developed pursuant to  
40 subparagraph (A) shall address all of the following:

1 (i) The minor and ~~his or her~~ *the minor's* caregiver and  
2 court-appointed special advocate, if any, have an opportunity to  
3 provide input on the medications being prescribed.

4 (ii) Information regarding the minor's overall mental health  
5 assessment and treatment plan is provided to the court.

6 (iii) Information regarding the rationale for the proposed  
7 medication, provided in the context of past and current treatment  
8 efforts, is provided to the court. This information shall include,  
9 but not be limited to, information on other pharmacological and  
10 nonpharmacological treatments that have been utilized and the  
11 minor's response to those treatments, a discussion of symptoms  
12 not alleviated or ameliorated by other current or past treatment  
13 efforts, and an explanation of how the psychotropic medication  
14 being prescribed is expected to improve the minor's symptoms.

15 (iv) Guidance is provided to the court on how to evaluate the  
16 request for authorization, including how to proceed if information,  
17 otherwise required to be included in a request for authorization  
18 under this section, is not included in a request for authorization  
19 submitted to the court.

20 (C) The rules of court and forms developed pursuant to  
21 subparagraph (A) shall include a process for periodic oversight by  
22 the court of orders regarding the administration of psychotropic  
23 medications that includes the caregiver's and minor's observations  
24 regarding the effectiveness of the medication and side effects,  
25 information on medication management appointments and other  
26 followup appointments with medical practitioners, and information  
27 on the delivery of other mental health treatments that are a part of  
28 the minor's overall treatment plan. This oversight process shall be  
29 conducted in conjunction with other regularly scheduled court  
30 hearings and reports provided to the court by the county probation  
31 agency.

32 (b) (1) The agency that completes the request for authorization  
33 for the administration of psychotropic medication is encouraged  
34 to complete the request within three business days of receipt from  
35 the physician of the information necessary to fully complete the  
36 request.

37 (2) Nothing in this subdivision is intended to change current  
38 local practice or local court rules with respect to the preparation  
39 and submission of requests for authorization for the administration  
40 of psychotropic medication.

1 (c) (1) Within seven court days from receipt by the court of a  
2 completed request, the juvenile court judicial officer shall either  
3 approve or deny in writing a request for authorization for the  
4 administration of psychotropic medication to the minor, or shall,  
5 upon a request by the parent, the legal guardian, or the minor's  
6 attorney, or upon its own motion, set the matter for hearing.

7 (2) Notwithstanding Section 827 or any other law, upon the  
8 approval or denial by the juvenile court judicial officer of a request  
9 for authorization for the administration of psychotropic medication,  
10 the county probation agency or other person or entity who  
11 submitted the request shall provide a copy of the court order  
12 approving or denying the request to the minor's caregiver.

13 (3) *Upon the approval of a request for authorization for the*  
14 *administration of psychotropic medication, the juvenile court*  
15 *judicial officer shall also authorize the Medical Board of California*  
16 *to review the patient medical record of the child authorized to*  
17 *receive psychotropic medication. The review of the patient medical*  
18 *record shall be limited to the diagnosis for the prescription*  
19 *authorized under paragraph (1) in order to ascertain whether*  
20 *there is excessive prescribing of psychotropic medication*  
21 *inconsistent with the standard of care described in Section 2245*  
22 *of the Business and Professions Code.*

23 (d) Psychotropic medication or psychotropic drugs are those  
24 medications administered for the purpose of affecting the central  
25 nervous system to treat psychiatric disorders or illnesses. These  
26 medications include, but are not limited to, anxiolytic agents,  
27 antidepressants, mood stabilizers, antipsychotic medications,  
28 anti-Parkinson agents, hypnotics, medications for dementia, and  
29 psychostimulants.

30 (e) Nothing in this section is intended to supersede local court  
31 rules regarding a minor's right to participate in mental health  
32 decisions.

33 (f) This section does not apply to nonminor dependents, as  
34 defined in subdivision (v) of Section 11400.

**SB 425 (*Hill*) Health care practitioners:  
licensee's file: probationary physician's and  
surgeon's certificate: unprofessional conduct**



AMENDED IN SENATE MAY 21, 2019  
AMENDED IN SENATE APRIL 30, 2019  
AMENDED IN SENATE APRIL 11, 2019

**SENATE BILL**

**No. 425**

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**Introduced by Senator Hill**

February 21, 2019

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An act to amend Sections 800, 2221, and 2234 of, and to add Section 805.8 to, the Business and Profession Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 425, as amended, Hill. Health care practitioners: licensee's file: probationary physician's and surgeon's certificate: unprofessional conduct.

Existing law requires the Medical Board of California and specified other boards responsible for the licensure, regulation, and discipline of health care practitioners to separately create and maintain a central file of the names of all persons who hold a license, certificate, or similar authority from that board, including prescribed historical information for each licensee. Existing law makes the contents of any central file that are not public records confidential, except that the licensee or their counsel or a representative are authorized to inspect and have copies made of the licensee's complete file other than the disclosure of the identity of an information source. Existing law authorizes a board to protect an information source by providing a copy of the material with only those deletions necessary to protect the identity of the source or by providing a comprehensive summary of the substance of the material.

This bill would delete the specification that the summary be comprehensive.

Existing law establishes a peer review process for certain healing arts licensees, as defined, and requires the chief of staff of a medical or professional staff or other chief executive officer, medical director, or administrator of any peer review body and the chief executive officer or administrator of any licensed health care facility or clinic to report specified information, including the denial or revocation of staff privileges, as defined, for a medical disciplinary cause or reason, within 15 days of the denial or revocation to the relevant state licensing agency. Existing law makes a violation of this reporting requirement punishable by a civil fine.

This bill would require any ~~health facility or clinic~~ *care facility, as defined*, or other entity that makes any arrangement under which a healing arts licensee is allowed to practice or provide care for patients to report any allegation of sexual abuse or sexual ~~misconduct~~ *misconduct, as defined*, made against a healing arts licensee *by a patient, if the patient makes the allegation in writing*, to the relevant state licensing agency within 15 days of receiving the *written* allegation and would require the relevant agency to investigate the circumstances underlying a received report. ~~The bill would also require an employee or healing arts licensee that works in a health facility or clinic or other entity with knowledge of any allegation of sexual abuse or sexual misconduct by a healing arts licensee to report to the relevant state agency having jurisdiction over the healing arts licensee and the administration of the health facility or clinic or other entity within 15 days of knowing about the allegation of sexual abuse or sexual misconduct.~~ The bill would make a willful failure to file the report by a *health care facility or clinic* or other entity punishable by a civil fine not to exceed \$100,000 per violation and any other failure to make that report punishable by a civil fine not to exceed \$50,000 per violation, as specified. The bill would also prohibit a person, including an employee or individual contracted or subcontracted to provide health care services, a ~~health facility or clinic~~ *care facility*, or other entity from incurring civil or criminal liability as a result of making a report if made in good faith.

The Medical Practice Act establishes the Medical Board of California for the licensure, regulation, and discipline of physicians and surgeons.

The act authorizes the board to deny a physician's and surgeon's certificate to an applicant guilty of unprofessional conduct or of any cause that would subject a licensee to revocation or suspension of their license. The act authorizes the board in its sole discretion to issue a

probationary physician's and surgeon's certificate to an applicant subject to terms and conditions.

This bill would require the board to disclose a probationary physician's and surgeon's certificate and the operative statement of issues to an inquiring member of the public and to post the certificate and statement on the board's internet website for 10 years from issuance.

The act requires the board to take action against any licensee who is charged with unprofessional conduct and provides that unprofessional conduct includes the repeated failure by a certificate holder who is the subject of an investigation by the board, in the absence of good cause, to attend and participate in an interview by the board.

This bill would delete the condition that the failure to attend and participate in an interview by the board be repeated. The bill would also delete an obsolete provision.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 800 of the Business and Professions Code  
2 is amended to read:  
3 800. (a) The Medical Board of California, the Podiatric  
4 Medical Board of California, the Board of Psychology, the Dental  
5 Board of California, the Dental Hygiene Board of California, the  
6 Osteopathic Medical Board of California, the State Board of  
7 Chiropractic Examiners, the Board of Registered Nursing, the  
8 Board of Vocational Nursing and Psychiatric Technicians of the  
9 State of California, the State Board of Optometry, the Veterinary  
10 Medical Board, the Board of Behavioral Sciences, the Physical  
11 Therapy Board of California, the California State Board of  
12 Pharmacy, the Speech-Language Pathology and Audiology and  
13 Hearing Aid Dispensers Board, the California Board of  
14 Occupational Therapy, the Acupuncture Board, and the Physician  
15 Assistant Board shall each separately create and maintain a central  
16 file of the names of all persons who hold a license, certificate, or  
17 similar authority from that board. Each central file shall be created  
18 and maintained to provide an individual historical record for each  
19 licensee with respect to the following information:

1 (1) Any conviction of a crime in this or any other state that  
2 constitutes unprofessional conduct pursuant to the reporting  
3 requirements of Section 803.

4 (2) Any judgment or settlement requiring the licensee or the  
5 licensee's insurer to pay any amount of damages in excess of three  
6 thousand dollars (\$3,000) for any claim that injury or death was  
7 proximately caused by the licensee's negligence, error or omission  
8 in practice, or by rendering unauthorized professional services,  
9 pursuant to the reporting requirements of Section 801 or 802.

10 (3) Any public complaints for which provision is made pursuant  
11 to subdivision (b).

12 (4) Disciplinary information reported pursuant to Section 805,  
13 including any additional exculpatory or explanatory statements  
14 submitted by the licensee pursuant to subdivision (f) of Section  
15 805. If a court finds, in a final judgment, that the peer review  
16 resulting in the 805 report was conducted in bad faith and the  
17 licensee who is the subject of the report notifies the board of that  
18 finding, the board shall include that finding in the central file. For  
19 purposes of this paragraph, "peer review" has the same meaning  
20 as defined in Section 805.

21 (5) Information reported pursuant to Section 805.01, including  
22 any explanatory or exculpatory information submitted by the  
23 licensee pursuant to subdivision (b) of that section.

24 (b) (1) Each board shall prescribe and promulgate forms on  
25 which members of the public and other licensees or certificate  
26 holders may file written complaints to the board alleging any act  
27 of misconduct in, or connected with, the performance of  
28 professional services by the licensee.

29 (2) If a board, or division thereof, a committee, or a panel has  
30 failed to act upon a complaint or report within five years, or has  
31 found that the complaint or report is without merit, the central file  
32 shall be purged of information relating to the complaint or report.

33 (3) Notwithstanding this subdivision, the Board of Psychology,  
34 the Board of Behavioral Sciences, and the Respiratory Care Board  
35 of California shall maintain complaints or reports as long as each  
36 board deems necessary.

37 (c) (1) The contents of any central file that are not public  
38 records under any other provision of law shall be confidential  
39 except that the licensee involved, or the licensee's counsel or  
40 representative, may inspect and have copies made of the licensee's

1 complete file except for the provision that may disclose the identity  
2 of an information source. For the purposes of this section, a board  
3 may protect an information source by providing a copy of the  
4 material with only those deletions necessary to protect the identity  
5 of the source or by providing a summary of the substance of the  
6 material. Whichever method is used, the board shall ensure that  
7 full disclosure is made to the subject of any personal information  
8 that could reasonably in any way reflect or convey anything  
9 detrimental, disparaging, or threatening to a licensee’s reputation,  
10 rights, benefits, privileges, or qualifications, or be used by a board  
11 to make a determination that would affect a licensee’s rights,  
12 benefits, privileges, or qualifications. The information required to  
13 be disclosed pursuant to Section 803.1 shall not be considered  
14 among the contents of a central file for the purposes of this  
15 subdivision.

16 (2) The licensee may, but is not required to, submit any  
17 additional exculpatory or explanatory statement or other  
18 information that the board shall include in the central file.

19 (3) Each board may permit any law enforcement or regulatory  
20 agency when required for an investigation of unlawful activity or  
21 for licensing, certification, or regulatory purposes to inspect and  
22 have copies made of that licensee’s file, unless the disclosure is  
23 otherwise prohibited by law.

24 (4) These disclosures shall effect no change in the confidential  
25 status of these records.

26 SEC. 2. Section 805.8 is added to the Business and Professions  
27 Code, to read:

28 805.8. (a) As used in this section, the following terms shall  
29 have the following meanings:

30 (1) “Agency” means the relevant state licensing agency with  
31 regulatory jurisdiction over a healing arts licensee listed in  
32 paragraph (2).

33 (2) “Healing arts licensee” or “licensee” means a licensee  
34 licensed under Division 2 (commencing with Section 500) or any  
35 initiative act referred to in that division. “Healing arts licensee”  
36 or “licensee” also includes a person authorized to practice medicine  
37 pursuant to Sections 2064.5, 2113, and 2168.

38 (3) “*Health care facility*” means a clinic or health facility  
39 licensed or exempt from licensure pursuant to Division 2  
40 (*commencing with Section 1200*) of the *Health and Safety Code*.

1     ~~(3)~~

2     (4) “Other entity” includes, but is not limited to, a postsecondary  
3 educational institution as defined in Section 66261.5 of the  
4 Education Code.

5     (5) “*Sexual misconduct*” means *inappropriate contact or*  
6 *communication of a sexual nature.*

7     (b) A health care facility ~~or clinic~~ or other entity that makes  
8 any arrangement under which a healing arts licensee is allowed to  
9 practice or provide care for patients shall file a report of any  
10 allegation of sexual abuse or sexual misconduct made against a  
11 healing arts licensee *by a patient, if the patient makes the allegation*  
12 *in writing*, to the agency within 15 days of receiving the *written*  
13 allegation of sexual abuse or sexual misconduct. An arrangement  
14 under which a licensee is allowed to practice or provide care for  
15 patients includes, but is not limited to, full staff privileges, active  
16 staff privileges, limited staff privileges, auxiliary staff privileges,  
17 provisional staff privileges, temporary staff privileges, courtesy  
18 staff privileges, locum tenens arrangements, and contractual  
19 arrangements to provide professional services, including, but not  
20 limited to, arrangements to provide outpatient services.

21     ~~(c) An employee or a healing arts licensee that works in any~~  
22 ~~health facility or clinic or other entity that subdivision (b) applies~~  
23 ~~to who has knowledge of any allegation of sexual abuse or sexual~~  
24 ~~misconduct by a healing arts licensee shall file a report with the~~  
25 ~~agency that has regulatory jurisdiction over the healing arts licensee~~  
26 ~~and the administration of the health facility or clinic or other entity~~  
27 ~~within 15 days of knowing about the allegation of sexual abuse or~~  
28 ~~sexual misconduct.~~

29     ~~(d)~~

30     (c) A willful failure to file the report described in subdivision  
31 (b) shall be punishable by a ~~fine~~ *fine*, not to exceed one hundred  
32 thousand dollars (\$100,000) ~~per violation~~. *violation, that shall be*  
33 *paid by the health care facility or other entity subject to subdivision*  
34 *(b).* The fine may be imposed in any civil or administrative action  
35 or proceeding brought by or on behalf of any agency having  
36 regulatory jurisdiction over the licensee regarding whom the report  
37 was or should have been filed. If the person who is designated or  
38 otherwise required to file the report under this section is a licensed  
39 physician and surgeon, the action or proceeding shall be brought  
40 by the Medical Board of California. If the person who is designated

1 or otherwise required to file the report required under this section  
2 is a licensed doctor of podiatric medicine, the action or proceeding  
3 shall be brought by the Podiatric Medical Board of California. The  
4 fine shall be paid to that agency, but not expended until  
5 appropriated by the Legislature. A violation of this subdivision  
6 may constitute unprofessional conduct by the licensee. A person  
7 who is alleged to have violated this subdivision may assert any  
8 defense available at law. As used in this subdivision, “willful”  
9 means a voluntary and intentional violation of a known legal duty.

10 (e)

11 (d) Except as provided in subdivision ~~(d)~~, (c), any failure to file  
12 the report described in subdivision (b) shall be punishable by a  
13 ~~fine~~ *fine*, not to exceed fifty thousand dollars (\$50,000) per  
14 ~~violation~~ *violation, that shall be paid by the health care facility*  
15 *or other entity subject to subdivision (b)*. The fine may be imposed  
16 in any civil or administrative action or proceeding brought by or  
17 on behalf of any agency having regulatory jurisdiction over the  
18 person regarding whom the report was or should have been filed.  
19 If the person who is designated or otherwise required to file the  
20 report required under this section is a licensed physician and  
21 surgeon, the action or proceeding shall be brought by the Medical  
22 Board of California. If the person who is designated or otherwise  
23 required to file the report required under this section is a licensed  
24 doctor of podiatric medicine, the action or proceeding shall be  
25 brought by the Podiatric Medical Board of California. The fine  
26 shall be paid to that agency, but not expended until appropriated  
27 by the Legislature. The amount of the fine imposed, not exceeding  
28 fifty thousand dollars (\$50,000) per violation, shall be proportional  
29 to the severity of the failure to report and shall differ based upon  
30 written findings, including whether the failure to file caused harm  
31 to a patient or created a risk to patient safety; whether any person  
32 who is designated or otherwise required by law to file the report  
33 required under this section exercised due diligence despite the  
34 failure to file or whether the person knew or should have known  
35 that a report required under this section would not be filed; and  
36 whether there has been a prior failure to file a report required under  
37 this section. The amount of the fine imposed may also differ based  
38 on whether a health care facility ~~or clinic~~ is a small or rural hospital  
39 as defined in Section 124840 of the Health and Safety Code.

40 (f)

1 (e) A person, including an employee or individual contracted  
2 or subcontracted to provide health care services, a health facility  
3 or clinic, care facility, or other entity shall not incur any civil or  
4 criminal liability as a result of making a report required by this  
5 section if made in good faith.

6 ~~(g)~~

7 (f) The agency shall investigate the circumstances underlying  
8 a report received pursuant to this section.

9 SEC. 3. Section 2221 of the Business and Professions Code is  
10 amended to read:

11 2221. (a) The board may deny a physician's and surgeon's  
12 certificate to an applicant guilty of unprofessional conduct or of  
13 any cause that would subject a licensee to revocation or suspension  
14 of their license. The board, in its sole discretion, may issue a  
15 probationary physician's and surgeon's certificate to an applicant  
16 subject to terms and conditions, including, but not limited to, any  
17 of the following conditions of probation:

18 (1) Practice limited to a supervised, structured environment  
19 where the licensee's activities shall be supervised by another  
20 physician and surgeon.

21 (2) Total or partial restrictions on drug prescribing privileges  
22 for controlled substances.

23 (3) Continuing medical or psychiatric treatment.

24 (4) Ongoing participation in a specified rehabilitation program.

25 (5) Enrollment and successful completion of a clinical training  
26 program.

27 (6) Abstention from the use of alcohol or drugs.

28 (7) Restrictions against engaging in certain types of medical  
29 practice.

30 (8) Compliance with all provisions of this chapter.

31 (9) Payment of the cost of probation monitoring.

32 (b) The board may modify or terminate the terms and conditions  
33 imposed on the probationary certificate upon receipt of a petition  
34 from the licensee. The board may assign the petition to an  
35 administrative law judge designated in Section 11371 of the  
36 Government Code. After a hearing on the petition, the  
37 administrative law judge shall provide a proposed decision to the  
38 board.

39 (c) The board shall deny a physician's and surgeon's certificate  
40 to an applicant who is required to register pursuant to Section 290



1 of the Penal Code. This subdivision does not apply to an applicant  
2 who is required to register as a sex offender pursuant to Section  
3 290 of the Penal Code solely because of a misdemeanor conviction  
4 under Section 314 of the Penal Code.

5 (d) An applicant shall not be eligible to reapply for a physician's  
6 and surgeon's certificate for a minimum of three years from the  
7 effective date of the denial of their application, except that the  
8 board, in its discretion and for good cause demonstrated, may  
9 permit reapplication after not less than one year has elapsed from  
10 the effective date of the denial.

11 (e) The board shall disclose a probationary physician's and  
12 surgeon's certificate issued pursuant to this section and the  
13 operative statement of issues to an inquiring member of the public  
14 and shall post the certificate and statement on the board's internet  
15 website for 10 years from issuance.

16 SEC. 4. Section 2234 of the Business and Professions Code is  
17 amended to read:

18 2234. The board shall take action against any licensee who is  
19 charged with unprofessional conduct. In addition to other  
20 provisions of this article, unprofessional conduct includes, but is  
21 not limited to, the following:

22 (a) Violating or attempting to violate, directly or indirectly,  
23 assisting in or abetting the violation of, or conspiring to violate  
24 any provision of this chapter.

25 (b) Gross negligence.

26 (c) Repeated negligent acts. To be repeated, there must be two  
27 or more negligent acts or omissions. An initial negligent act or  
28 omission followed by a separate and distinct departure from the  
29 applicable standard of care shall constitute repeated negligent acts.

30 (1) An initial negligent diagnosis followed by an act or omission  
31 medically appropriate for that negligent diagnosis of the patient  
32 shall constitute a single negligent act.

33 (2) When the standard of care requires a change in the diagnosis,  
34 act, or omission that constitutes the negligent act described in  
35 paragraph (1), including, but not limited to, a reevaluation of the  
36 diagnosis or a change in treatment, and the licensee's conduct  
37 departs from the applicable standard of care, each departure  
38 constitutes a separate and distinct breach of the standard of care.

39 (d) Incompetence.

1 (e) The commission of any act involving dishonesty or  
2 corruption that is substantially related to the qualifications,  
3 functions, or duties of a physician and surgeon.

4 (f) Any action or conduct that would have warranted the denial  
5 of a certificate.

6 (g) The failure by a certificate holder, in the absence of good  
7 cause, to attend and participate in an interview by the board. This  
8 subdivision shall only apply to a certificate holder who is the  
9 subject of an investigation by the board.

**SB 697 (*Caballero*) Physicians assistants:  
practice agreement: supervision**

AMENDED IN SENATE APRIL 24, 2019

AMENDED IN SENATE APRIL 10, 2019

**SENATE BILL**

**No. 697**

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**Introduced by Senator Caballero**  
(Coauthor: Assembly Member Friedman)

February 22, 2019

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An act to amend Sections 3500, 3501, 3502, 3502.1, 3502.3, 3509, 3516, 3518, 3527, and 3528, of, and to repeal Sections 3516.5, 3521, and 3522 of, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 697, as amended, Caballero. Physician assistants: practice agreement: supervision.

The Physician Assistant Practice Act provides for licensure and regulation of physician assistants by the Physician Assistant Board, which is within the jurisdiction of the Medical Board of California. The act authorizes a physician assistant to perform medical services as set forth by regulations and the act and when those services are rendered under the supervision of a licensed physician and surgeon. *The act requires the Physician Assistant Board to, among other things, make recommendations to the Medical Board of California concerning the formulation of guidelines for the consideration and approval of applications by licensed physicians to supervise physician assistants.* The act prohibits a physician and surgeon from supervising more than 4 physician assistants at any one time. The act requires the medical record to identify the physician and surgeon who is responsible for the supervision of the physician assistant. The act requires the supervising physician and surgeon to be physically available to the physician

assistant for consultation when that assistance is rendered. The act requires the physician assistant and the supervising physician and surgeon to establish written guidelines for adequate supervision, and authorizes the supervising physician and surgeon to satisfy this requirement by adopting protocols for some or all of the tasks performed by the physician assistant, as provided. The act additionally authorizes a delegation of services agreement to authorize a physician assistant to order durable medical equipment, to approve, sign, modify, or add to a plan of treatment or plan of care for individuals receiving home health services or personal care services, or to certify disability, as provided.

This bill *would remove the requirement that the Physician Assistant Board make recommendations to the Medical Board of California concerning the formulation of guidelines for the consideration and approval of applications by licensed physicians and surgeons to supervise physician assistants.* The bill, except as described below, would remove the limit on the number of physician assistants that a physician and surgeon may supervise. The bill would remove the requirements that the medical record identify the responsible supervising physician and surgeon and that those written guidelines for adequate supervision be established. The bill would instead authorize a physician assistant to perform various medical services if certain requirements are met including that the medical services are rendered pursuant to ~~a signed delegation of services agreement~~ or a practice agreement, as defined, and the physician assistant is competent to perform the medical services. The bill would also require a practice agreement between a physician assistant and a physician and surgeon to meet specified requirements.

The act authorizes a physician assistant, under the supervision of a physician and surgeon, to administer or provide medication to a patient, or transmit orally, or in writing on a patient's record or in a drug order, an order to a person who may lawfully furnish the medication or medical device.

This bill would instead authorize a physician assistant to furnish or order a drug or device subject to specified supervision. Specifically, the bill would prohibit a physician and surgeon from supervising more than 6 physician assistants for purposes of the provisions relating to physician assistants furnishing or ordering drugs or devices.

The act defines various terms for its purposes.

This bill would revise and change the definitions as applicable to carry out the bill's provisions. The bill would provide that any reference

to “delegation of services agreement” in any other law means “practice agreement,” as defined by the bill, and that “supervision” does not require the supervising physician and surgeon to be physically present. The bill would also make various conforming changes.

The act makes a violation of specified provisions punishable as a misdemeanor.

By revising and recasting the provisions of the act, the bill would change the definition of that crime and would, therefore, result in a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: yes.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 3500 of the Business and Professions  
2 Code is amended to read:

3 3500. In its concern with the growing shortage and geographic  
4 maldistribution of health care services in California, the Legislature  
5 intends to establish in this chapter a framework for another category  
6 of health manpower—the physician assistant.

7 The purpose of this chapter is to encourage the effective  
8 utilization of the skills of physicians and surgeons, and physicians  
9 and surgeons and podiatrists practicing in the same medical group  
10 practice, by enabling them to work with qualified physician  
11 assistants to provide quality care.

12 This chapter is established to encourage the coordinated care  
13 between physician assistants, physicians and surgeons, podiatrists,  
14 and other qualified health care providers practicing in the same  
15 medical group, and to provide health care services. It is also the  
16 purpose of this chapter to allow for innovative development of  
17 programs for the education, training, and utilization of physician  
18 assistants.

19 SEC. 2. Section 3501 of the Business and Professions Code is  
20 amended to read:

21 3501. As used in this chapter:

- 1 (a) “Board” means the Physician Assistant Board.
- 2 (b) “Approved program” means a program for the education of  
3 physician assistants that has been formally approved by the board.
- 4 (c) “Trainee” means a person who is currently enrolled in an  
5 approved program.
- 6 (d) “Physician assistant” or “PA” means a person who meets  
7 the requirements of this chapter and is licensed by the board.
- 8 (e) “Supervising physician” or “supervising physician and  
9 surgeon” means a physician and surgeon licensed by the Medical  
10 Board of California or by the Osteopathic Medical Board of  
11 California who supervises one or more physician assistants, who  
12 possesses a current valid license to practice medicine, and who is  
13 not currently on disciplinary probation prohibiting the employment  
14 or supervision of a physician assistant.
- 15 (f) “Supervision” means that a licensed physician and surgeon  
16 oversees the activities of, and accepts responsibility for, the medical  
17 services rendered by a physician assistant. Supervision shall not  
18 be construed to require the physical presence of the physician and  
19 surgeon.
- 20 (g) “Regulations” means the rules and regulations as set forth  
21 in Chapter 13.8 (commencing with Section 1399.500) of Title 16  
22 of the California Code of Regulations.
- 23 (h) “Routine visual screening” means noninvasive  
24 nonpharmacological simple testing for visual acuity, visual field  
25 defects, color blindness, and depth perception.
- 26 (i) “Program manager” means the staff manager of the diversion  
27 program, as designated by the executive officer of the board. The  
28 program manager shall have background experience in dealing  
29 with substance abuse issues.
- 30 (j) “Organized health care system” includes a licensed clinic as  
31 described in Chapter 1 (commencing with Section 1200) of  
32 Division 2 of the Health and Safety Code, an outpatient setting as  
33 described in Chapter 1.3 (commencing with Section 1248) of  
34 Division 2 of the Health and Safety Code, a health facility as  
35 described in Chapter 2 (commencing with Section 1250) of  
36 Division 2 of the Health and Safety Code, a county medical facility  
37 as described in Chapter 2.5 (commencing with Section 1440) of  
38 Division 2 of the Health and Safety Code, an accountable care  
39 organization, a home health agency, a physician’s ~~office~~, *office*,  
40 a professional medical corporation, a medical partnership, a

1 medical foundation, and any other organized entity that lawfully  
2 provides medical services.

3 (k) “Practice agreement” means the writing, developed through  
4 collaboration among one or more physicians and surgeons, one or  
5 more physician assistants, and, if applicable, administrators of an  
6 organized health care system, that outlines the medical services  
7 the physician assistant is authorized to perform and that grants  
8 approval for physicians and surgeons on the staff of an organized  
9 health care system to supervise one or more physician assistants  
10 in the organized health care system. Any reference to a delegation  
11 of services agreement relating to physician assistants in any other  
12 law shall have the same meaning as a practice agreement.

13 (l) “Other specified medical services” means tests or  
14 examinations performed or ordered by a PA practicing in  
15 compliance with this chapter or regulations of the board or the  
16 Medical Board of California promulgated under this chapter.

17 SEC. 3. Section 3502 of the Business and Professions Code is  
18 amended to read:

19 3502. (a) Notwithstanding any other law, a PA may perform  
20 those medical services as set forth by ~~the regulations to be adopted~~  
21 ~~under~~ this chapter if the following requirements are met:

22 (1) The PA renders the services under the supervision of a  
23 licensed physician and surgeon who is not subject to a disciplinary  
24 condition imposed by the Medical Board of California or by the  
25 Osteopathic Medical Board prohibiting that supervision or  
26 prohibiting the employment of a physician assistant.

27 (2) The PA renders the services pursuant to ~~a delegation of~~  
28 ~~services agreement~~ or a practice agreement that meets the  
29 requirements of Section 3502.3.

30 (3) The PA is competent to perform the services.

31 (4) The PA’s education, training, and experience have prepared  
32 the PA to render the services.

33 (b) (1) Notwithstanding any other law, a physician assistant  
34 performing medical services under the supervision of a physician  
35 and surgeon may assist a doctor of podiatric medicine who is a  
36 partner, shareholder, or employee in the same medical group as  
37 the supervising physician and surgeon. A physician assistant who  
38 assists a doctor of podiatric medicine pursuant to this subdivision  
39 shall do so only according to patient-specific orders from a  
40 supervising physician and surgeon.



1 (2) A supervising physician and surgeon shall be available to  
 2 the physician assistant for consultation when assistance is rendered  
 3 pursuant to this subdivision. A physician assistant assisting a doctor  
 4 of podiatric medicine shall be limited to performing those duties  
 5 included within the scope of practice of a doctor of podiatric  
 6 medicine.

7 ~~(c) This section shall not be construed to~~ *Nothing in statute or*  
 8 *regulations shall* require that a physician *and surgeon* review or  
 9 countersign a medical record of a patient treated by a physician  
 10 assistant, unless required by the practice agreement. The board  
 11 may, as a condition of probation of a licensee, require the review  
 12 or countersignature of records of patients treated by a physician  
 13 assistant for a specified duration.

14 (d) This chapter does not authorize the performance of medical  
 15 services in any of the following areas:

16 (1) The determination of the refractive states of the human eye,  
 17 or the fitting or adaptation of lenses or frames for the aid thereof.

18 (2) The prescribing or directing the use of, or using, any optical  
 19 device in connection with ocular exercises, visual training, or  
 20 orthoptics.

21 (3) The prescribing of contact lenses for, or the fitting or  
 22 adaptation of contact lenses to, the human eye.

23 (4) The practice of dentistry or dental hygiene or the work of a  
 24 dental auxiliary as defined in Chapter 4 (commencing with Section  
 25 1600).

26 (e) This section shall not be construed in a manner that shall  
 27 preclude the performance of routine visual screening as defined  
 28 in Section 3501.

29 SEC. 4. Section 3502.1 of the Business and Professions Code  
 30 is amended to read:

31 3502.1. In addition to the medical services authorized in the  
 32 regulations adopted pursuant to Section 3502, and except as  
 33 prohibited by Section 3502, a PA may furnish or order a drug or  
 34 device subject to *all of* the following:

35 (a) The PA shall furnish or order a drug or device in accordance  
 36 with the practice agreement and consistent with the PA's  
 37 educational preparation or for which clinical competency has been  
 38 established and maintained.

39 (b) (1) A practice agreement authorizing a PA to order or  
 40 furnish a drug or device shall specify which PAs may furnish or

1 order a drug or device, which drugs or devices may be furnished  
2 or ordered, under what circumstances, the extent of physician and  
3 surgeon supervision, the method of periodic review of the PA's  
4 competence, including peer review, and review of the practice  
5 agreement.

6 (2) In addition to the requirements in paragraph (1), if the  
7 practice agreement authorizes the PA to furnish a Schedule II  
8 controlled substance, the practice agreement shall address the  
9 diagnosis of the illness, injury, or condition for which the PA may  
10 furnish the Schedule II controlled substance.

11 (c) The PA shall furnish or order drugs or devices under  
12 physician and surgeon supervision. This subdivision shall not be  
13 construed to require the physical presence of the physician and  
14 surgeon, but does require the following:

15 (1) Adherence to adequate supervision agreed to in the practice  
16 agreement.

17 (2) The physician and surgeon be available by telephone or  
18 other electronic communication method at the time the PA  
19 examines the patient.

20 (d) For purposes of this section, a physician and surgeon shall  
21 not supervise more than six PAs at one time.

22 (e) (1) Except as provided in paragraph (2), the PA may furnish  
23 or order only those Schedule II through Schedule V controlled  
24 substances under the California Uniform Controlled Substances  
25 Act (Division 10 (commencing with Section 11000) of the Health  
26 and Safety Code) that have been agreed upon ~~and specified~~ in the  
27 practice agreement.

28 (2) The PA may furnish or order Schedule II or III controlled  
29 substances, as defined in Sections 11055 and 11056, respectively,  
30 of the Health and Safety Code, in accordance with ~~a patient-specific~~  
31 ~~protocol~~ *the practice agreement or a patient-specific order*  
32 approved by the treating or supervising physician. A copy of the  
33 section of the PA's practice agreement relating to controlled  
34 substances shall be provided, upon request, to any licensed  
35 pharmacist who dispenses drugs or devices, when there is  
36 uncertainty about the PA furnishing the order.

37 (f) (1) The PA has satisfactorily completed a course in  
38 pharmacology covering the drugs or devices to be furnished or  
39 ordered under this section or has completed a program for

1 instruction of PAs that meet the requirements of Section 1399.530  
2 of Title 16 of the California Code of Regulations.

3 (2) ~~Except as provided in subdivision (e), a~~ A physician and  
4 surgeon through a practice agreement may determine the extent  
5 of supervision necessary pursuant to this section in the furnishing  
6 or ordering of drugs and devices.

7 (3) PAs who hold an active license, who are authorized through  
8 a practice agreement to furnish Schedule II controlled substances,  
9 and who are registered with the United States Drug Enforcement  
10 Administration, shall complete, as part of their continuing  
11 education requirements, a course including Schedule II controlled  
12 substances, and the risks of addiction associated with their use,  
13 based on the standards developed by the board. The board shall  
14 establish the requirements for satisfactory completion of this  
15 subdivision. Evidence of completion of a course meeting the  
16 standards, including pharmacological content, established in  
17 Section 1399.610 and 1399.612 of Title 16 of the California Code  
18 of Regulations shall be deemed to meet the requirements of this  
19 Section.

20 (g) For purposes of this section:

21 (1) “Furnishing” or “ordering” shall include the following:

22 (A) Ordering a drug or device in accordance with the practice  
23 agreement.

24 (B) Transmitting an order of a supervising physician and  
25 surgeon.

26 (C) Dispensing a medication pursuant to Section 4170.

27 (2) “Drug order” or “order” means an order for medication that  
28 is dispensed to or for an ultimate user, issued by a PA as an  
29 individual practitioner, within the meaning of Section 1306.02 of  
30 Title 21 of the Code of Federal Regulations.

31 (h) Notwithstanding any other law, (1) a drug order issued  
32 pursuant to this section shall be treated in the same manner as a  
33 prescription of ~~the~~ a supervising physician; (2) all references to  
34 “prescription” in this code and the Health and Safety Code shall  
35 include drug orders issued by physician assistants; and (3) the  
36 signature of a PA on a drug order issued in accordance with this  
37 section shall be deemed to be the signature of a ~~prescriber~~.  
38 *prescriber for purposes of this code and the Health and Safety*  
39 *Code.*

1 SEC. 5. Section 3502.3 of the Business and Professions Code  
2 is amended to read:

3 3502.3. (a) (1) A practice agreement shall ~~include, but is not~~  
4 ~~limited to,~~ *include* provisions that address the following:

5 (A) The types of medical services a physician assistant is  
6 authorized to perform and how the services are performed.

7 (B) Policies and procedures to ensure adequate supervision of  
8 the physician assistant, including but not limited to, appropriate  
9 communication, availability, consultations, and referrals between  
10 a physician and surgeon and the physician assistant in the provision  
11 of medical services.

12 (C) The methods for the continuing evaluation of the  
13 competency and qualifications of the physician assistant.

14 (D) The furnishing or ordering of drugs or devices by a  
15 physician assistant pursuant to Section 3502.1.

16 (E) Any additional provisions agreed to by the physician  
17 assistant and physician and surgeon or organized health care  
18 system.

19 (2) A practice agreement shall be signed by both of the  
20 following:

21 (A) The physician assistant.

22 (B) One or more physicians and surgeons or a physician and  
23 surgeon who is authorized to approve the practice agreement on  
24 behalf of the staff of the physicians and surgeons on the staff of  
25 an organized health care system.

26 (3) ~~For purposes of the act adding this subdivision, a~~ A  
27 delegation of services agreement in effect prior to January 1, 2020,  
28 shall be deemed to meet the requirements of this subdivision.

29 (4) Nothing in this section shall be construed to require approval  
30 of a practice agreement by the board.

31 (b) Notwithstanding any other law, in addition to any other  
32 practices that meet the general criteria set forth in this chapter or  
33 regulations adopted by the board or the Medical Board of ~~California~~  
34 ~~for inclusion in a practice agreement,~~ *California*, a practice  
35 agreement may authorize a PA to do any of the following:

36 (1) Order durable medical equipment, subject to any limitations  
37 set forth in Section 3502 or the practice agreement.  
38 Notwithstanding that authority, nothing in this paragraph shall  
39 operate to limit the ability of a third-party payer to require prior  
40 approval.

1 (2) For individuals receiving home health services or personal  
2 care services, after consultation with a supervising physician and  
3 surgeon, approve, sign, modify, or add to a plan of treatment or  
4 plan of care.

5 (3) After performance of a physical examination by the PA  
6 under the supervision of a physician and surgeon consistent with  
7 this chapter, certify disability pursuant to Section 2708 of the  
8 Unemployment Insurance Code. The Employment Development  
9 Department shall implement this paragraph on or before January  
10 1, 2017.

11 (c) This section shall not be construed to affect the validity of  
12 any practice agreement in effect prior to the effective date of this  
13 section or those adopted subsequent to the effective date of this  
14 section.

15 *SEC. 6. Section 3509 of the Business and Professions Code is*  
16 *amended to read:*

17 3509. It shall be the duty of the board to:

18 (a) Establish standards and issue licenses of approval for  
19 programs for the education and training of physician assistants.

20 (b) Make recommendations to the Medical Board of California  
21 concerning the scope of practice for physician assistants.

22 ~~(c) Make recommendations to the Medical Board of California~~  
23 ~~concerning the formulation of guidelines for the consideration of~~  
24 ~~applications by licensed physicians to supervise physician assistants~~  
25 ~~and approval of such applications.~~

26 ~~(d)~~

27 (c) Require the examination of applicants for licensure as a  
28 physician assistant who meet the requirements of this chapter.

29 ~~SEC. 6.~~

30 *SEC. 7. Section 3516 of the Business and Professions Code is*  
31 *amended to read:*

32 3516. (a) Notwithstanding any other provision of law, a  
33 physician assistant licensed by the board shall be eligible for  
34 employment or supervision by a physician and surgeon who is not  
35 subject to a disciplinary condition imposed by the Medical Board  
36 of California prohibiting that employment or supervision.

37 (b) The Medical Board of California may restrict a physician  
38 and surgeon to supervising specific types of physician assistants  
39 including, but not limited to, restricting a physician and surgeon

1 from supervising physician assistants outside of the field of  
2 specialty of the physician and surgeon.

3 ~~SEC. 7.~~

4 *SEC. 8.* Section 3516.5 of the Business and Professions Code  
5 is repealed.

6 ~~SEC. 8.~~

7 *SEC. 9.* Section 3518 of the Business and Professions Code is  
8 amended to read:

9 3518. The board shall keep a current register for licensed PAs,  
10 by specialty if applicable. The register shall show the name of each  
11 licensee, the licensee's last known address of record, and the date  
12 of the licensee's licensure. Any interested person is entitled to  
13 obtain a copy of the register in accordance with the Information  
14 Practices Act of 1977 (Chapter 1 (commencing with Section 1798)  
15 of Title 1.8 of Part 4 of Division 3 of the Civil Code) upon  
16 application to the board together with a sum as may be fixed by  
17 the board, which amount shall not exceed the cost of this list so  
18 furnished.

19 ~~SEC. 9.~~

20 *SEC. 10.* Section 3521 of the Business and Professions Code  
21 is repealed.

22 ~~SEC. 10.~~

23 *SEC. 11.* Section 3522 of the Business and Professions Code  
24 is repealed.

25 ~~SEC. 11.~~

26 *SEC. 12.* Section 3527 of the Business and Professions Code  
27 is amended to read:

28 3527. (a) The board may order the denial of an application  
29 for, or the issuance subject to terms and conditions of, or the  
30 suspension or revocation of, or the imposition of probationary  
31 conditions upon a PA license after a hearing as required in Section  
32 3528 for unprofessional conduct that includes, but is not limited  
33 to, a violation of this chapter, a violation of the Medical Practice  
34 Act, or a violation of the regulations adopted by the board or the  
35 Medical Board of California.

36 (b) The board may order the denial of an application for, or the  
37 suspension or revocation of, or the imposition of probationary  
38 conditions upon, an approved program after a hearing as required  
39 in Section 3528 for a violation of this chapter or the regulations  
40 adopted pursuant thereto.

1 (c) The Medical Board of California may order the imposition  
2 of probationary conditions upon a physician and surgeon's  
3 authority to supervise a PA, after a hearing as required in Section  
4 3528, for unprofessional conduct, which includes, but is not limited  
5 to, a violation of this chapter, a violation of the Medical Practice  
6 Act, or a violation of the regulations adopted by the board or the  
7 Medical Board of California.

8 (d) The board may order the denial of an application for, or the  
9 suspension or revocation of, or the imposition of probationary  
10 conditions upon, a PA license, after a hearing as required in Section  
11 3528 for unprofessional conduct that includes, except for good  
12 cause, the knowing failure of a licensee to protect patients by  
13 failing to follow infection control guidelines of the board, thereby  
14 risking transmission of bloodborne infectious diseases from  
15 licensee to patient, from patient to patient, and from patient to  
16 licensee. In administering this subdivision, the board shall consider  
17 referencing the standards, regulations, and guidelines of the State  
18 Department of Public Health developed pursuant to Section  
19 1250.11 of the Health and Safety Code and the standards,  
20 regulations, and guidelines pursuant to the California Occupational  
21 Safety and Health Act of 1973 (Part 1 (commencing with Section  
22 6300) of Division 5 of the Labor Code) for preventing the  
23 transmission of HIV, hepatitis B, and other bloodborne pathogens  
24 in health care settings. As necessary, the board shall consult with  
25 the Medical Board of California, the Osteopathic Medical Board,  
26 the Podiatric Medical Board of California, the Dental Board of  
27 California, the Board of Registered Nursing, and the Board of  
28 Vocational Nursing and Psychiatric Technicians of the State of  
29 California to encourage appropriate consistency in the  
30 implementation of this subdivision.

31 The board shall seek to ensure that licensees are informed of the  
32 responsibility of licensees and others to follow infection control  
33 guidelines, and of the most recent scientifically recognized  
34 safeguards for minimizing the risk of transmission of blood-borne  
35 infectious diseases.

36 (e) The board may order the licensee to pay the costs of  
37 monitoring the probationary conditions imposed on the license.

38 (f) The expiration, cancellation, forfeiture, or suspension of a  
39 PA license by operation of law or by order or decision of the board  
40 or a court of law, the placement of a license on a retired status, or

1 the voluntary surrender of a license by a licensee shall not deprive  
2 the board of jurisdiction to commence or proceed with any  
3 investigation of, or action or disciplinary proceeding against, the  
4 licensee or to render a decision suspending or revoking the license.

5 ~~SEC. 12.~~

6 *SEC. 13.* Section 3528 of the Business and Professions Code  
7 is amended to read:

8 3528. Any proceedings involving the denial, suspension, or  
9 revocation of the application for licensure or the license of a PA  
10 or the application for approval or the approval of an approved  
11 program under this chapter shall be conducted in accordance with  
12 Chapter 5 (commencing with Section 11500) of Part 1 of Division  
13 3 of Title 2 of the Government Code.

14 ~~SEC. 13.~~

15 *SEC. 14.* The provisions of this measure are severable. If any  
16 provision of this measure or its application is held invalid, that  
17 invalidity shall not affect other provisions or applications that can  
18 be given effect without the invalid provision or application.

19 ~~SEC. 14.~~

20 *SEC. 15.* No reimbursement is required by this act pursuant to  
21 Section 6 of Article XIII B of the California Constitution because  
22 the only costs that may be incurred by a local agency or school  
23 district will be incurred because this act creates a new crime or  
24 infraction, eliminates a crime or infraction, or changes the penalty  
25 for a crime or infraction, within the meaning of Section 17556 of  
26 the Government Code, or changes the definition of a crime within  
27 the meaning of Section 6 of Article XIII B of the California  
28 Constitution.

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# Tab 5

# Osteopathic Medical Board

## Future Agenda Items

Agenda Item	Requestor

# Tab 6

# Osteopathic Medical Board

## Future Meeting Dates

Date	Place	Time
Thursday September 5, 2019	Sacramento, CA	10:00 am
Thursday January 16, 2020	Sacramento, CA	10:00 am

*\*Please note that all meetings should be held in the best interest of the Board. Meetings in resorts or vacation areas should not be made. Using Conference areas that do not require contracts and or payment is the best option for the Board. No overnight travel. If an employee chooses a mode of transportation which is more costly than another mode, a Cost Comparison form must be completed. Reimbursement by the State will be made at the lesser of the two costs. Taxi Service should be used for trips within but not over a 10-mile radius. Receipts are required for taxi expenses of \$10.00 and over. Tips are not reimbursable.*