



Policy Alert: Chaptered Bills of 2024

SB 164 CURES Fee Increase

SB 164 (Committee on Budget and Fiscal Review, Chapter 41, Statutes Of 2024) Controlled Substance Utilization Review and Evaluation Systems (CURES) Fee Increase

Summary: This budget trailer bill increases the Controlled Substance Utilization Review and Evaluation Systems (CURES) annual fee from \$9 to \$15 (\$30 biennial renewal amount) effective April 1, 2025.

Analysis: The CURES fees are collected by the Osteopathic Medical Board of California (Board) which it then pays the California Department of Justice who maintains the CURES program. Program Fees are based on the costs to run the CURES program and as such are subject to fluctuations that are tied fluctuations in cost to run the CURES database program. The current CURES fee amount was reduced in response to a reported reduction in program costs. This fee increase is triggered by reported program cost increases.

The first Osteopathic Physicians and Surgeon licensees seeing this fee increase will be those whose license expire in April 2025. Licensees with April expiration dates for their license will see this fee increase when their renewal opens in Breeze in January 2025 (120 days prior to expiration).

Statutory Reference: Business and Professions Code sections 144.6 and 208.

SB 233 (Skinner) Arizona Physician Registration to Perform Arizona Abortions: Temporary Registration to Care for Abortion Patients.

SB 233 (Skinner, Chapter 11, Statutes of 2024) Arizona Physician Temporary Registration to Provide Abortions to their Patients.

Summary: This bill provides a pathway for Arizona physicians to register and if approved by the board be able to perform abortions for their Arizona patients in California. This temporary registration in lieu of licensure or an exemption from licensure has been opened since June 2024 and will become inoperative December 1, 2024, and repealed January 1, 2025.

Analysis: The purpose of this bill is to assist physicians and patients in need of abortion in Arizona where it has been banned this year and the repeal of the ban will be delayed until January 2025. It allows with specific documentation, for physicians licensed and in “good standing” in Arizona to perform abortions in California for women patients from Arizona. The purpose is to provide a bridge to access to abortion care until the repeal of the abortion ban goes into effect in Arizona, which is estimated to be January 2025.

Statutory Reference: Add and repeal Business and Professions Code Section 2076.6 with urgency clause.

SB 1451 (Ashby) Professions and Vocations) Healing Art Professions Changes: Title Protection

SB 1451 (Ashby, Chapter 481, Statutes of 2024) Title Protection for Osteopath

Summary: This bill takes off where AB 765 left off. This bill makes amendments for various healing arts boards and professions. New amendments add in title protection language for M.D.s and D.O.s protecting the usage of the word doctor, physician and physician and surgeon and added reference to “Doctor of Osteopathy”; current language only references “D.O.” but does not spell out the full wording of the title. The bill does not fix the unique issue related to the title usage of “osteopath,” which was removed from AB 765 (Wood). The intention of the bill was to be a title protection bill that solves the issue of patient confusion around titles.

Analysis: Despite offering to assist the Board, in the end the author refused to add the title “osteopath” to this bill as requested by the Board. This remains an unresolved issue that will create confusion among consumers and will undermine the Board’s enforcement of unlicensed practice. A last-minute unrelated amendment BPC 2097.5 by the MBC related to licensing was added. OMBC requested this amendment not apply to OMBC and it does not.

Statutory Reference: Relevant sections amended: Business and Professions Code Sections 115.4, 115.5, 115.6, 135.4, 2054, to add Sections 2097.5.

AB 2164 (Berman) License Applications Conditions Causing Impairment to Practice Medicine Safely

AB 2164 (Berman, Chapter 952, Statutes of 2024) Initial License Application Question(s) Regarding Conditions Causing Impairment to Practice Medicine Safely.

Summary: This bill seeks to force the MBC and OMBC Boards to modify their license application question(s) regarding conditions that that impair or limit applicant’s ability to practice medicine safely. The Board requested a technical amendment that would correct the propose statutory wording to accurately reflect that OMBC’s license types, but that amendment was never made so the statute remains inaccurate with respect to OMBC. However, OMBC is in compliance with the statute.

Analysis: OMBC’s initial license applications were in compliance prior to the bill. To accommodate the concerns raised by this bill, OMBC moved the question related to conditions causing impairment to practice medicine safely on the applications to a different section in the application, which was completed in June 2024. OMBC’s wording does not single out a disclosure of any condition of impairment, rather it asks for disclosure of a condition causing impairment to practice medicine safely. This wording complies with this new law and balances protection of public safety with the sensitivity around disclosure of any conditions of impairment.

Statutory Reference: Amends Business and Professions Code Section 2425 and adds Section 2090.

AB 1991 (Bonta) HCAI Survey: Healing Arts: Workforce Data

AB 1991 (Bonta, Chapter 369, Statutes of 2024) HCAI Survey Workforce Data: National Provider Identifier.

Summary: This bill requires OMBC and MBC to collect the national provider identifier number on the Physician Survey if a licensee has such an identification number. This bill would also require certain healing arts boards to collect workforce data from their licensees at the time of renewal as a condition of renewal. It would prohibit boards from denying a renewal solely because a licensee failed to provide workforce data as required.

Analysis: The board already has an HCAI survey that licensees must complete at their renewal. In fact, licensees can complete the HCAI survey at any time and not wait until their renewal time in Breeze. The only change is for the OMBC and MBC to add a question about the national physician identification number. It appears that this bill focused on boards that do not have a workforce survey so they would be required to offer one that their licensees are required to complete. The bill was initially confusing with respect to whether it impacts boards with an existing HCAI survey, so there is clarifying language in the bill that states that this section does not alter or affect the mandatory reporting requirements for licensees established in [BPC section 2455.2](#). It would, however, require MBC and OMBC to add it to the HCAI Physician Survey that MBC and OMBC share. The HCAI survey is managed by MBC so they will make the necessary changes on behalf of both Boards.

Statutory Reference: Adds Business and Professions Code Section 850.2.

AB 3030 (Calderon) Health Care Services: AI disclosure.

AB 3030 (Calderon, Chapter 848, Stats of 2024), signed Sept 28, 2024

Summary: This bill would require an entity, including a health facility, clinic, physician's office, or office of a group practice that uses a generative artificial intelligence tool to generate responses for health care providers to communicate with patients to ensure that those communications include both (1) a disclaimer that indicates to the patient that a communication was generated by artificial intelligence and (2) clear instructions for the patient to access direct communications with a health care provider, as specified. The bill authorizes MBC and OMBC to have enforcement jurisdiction in determining whether discipline is appropriate and necessary if physicians violate this new law.

Analysis: This bill regulating A.I. follows the trend of requiring disclosure to the public of A.I. use. The initial concern with A.I. has been its misuse to misrepresent people, images, or statements. As a result, the focus of this bill is to preliminarily require disclosure whenever used. This bill focuses on physicians and health care facilities. This bill does not create specific content restrictions or prohibitions related to using A.I., which may be needed in the future to protect public safety and confidential information and errors generated by A.I. It does create an exemption that if the A.I. generated communication is reviewed by a licensed health provider, they would not be in violation of this law.

Statutory Reference: Adds Chapter 2.1, Section 1339.75 to Division 2 of the Health and Safety Code, relating to health care services.

AB 2270 (Maienschaein) Menopausal and Mental and Physical Health CME

AB 2270 (Maienschaein, Chapter 636, Statutes of 2024) Menopausal and Physical Health CME

Summary: The purpose of this bill is to encourage physicians to take continuing medical education course work on the topics of menopausal and mental or physician health of older women. This bill adds menopausal and mental and physical health training to the list of acceptable and priority CME topics. It is optional, not mandatory.

Analysis: Historically, very little research and medical training related to women’s health and in particular older women’s health has been done or been available. The purpose of this bill is this to correct this lack of training and knowledge by adding this topic to acceptable CME topics.

Statutory Reference: Amends Business and Professions Code Sections 2191, 2811.5, 3524.5, 4980.54, 4989.34, 4996.22, and 4999.76 of, and adds Section 2914.4.

AB 2581 (Maienschaein) CME: Maternal Mental Health

AB 2581 (Maienschaein, Chapter 836, Statutes of 2024) CME: Maternal Mental Health

Summary: This bill encourages physicians to take CME on maternal mental health adding it to the list of acceptable and priority CME topics. This bill applies to Boards other than OMBC and MBC who do not have this continuing education requirement.

Analysis: This bill originally included MBC and OMBC in the bill but upon further committee analysis was amended to remove MBC and OMBC because there is an existing statutory CME requirement that includes maternal mental health [BPC section 2196.9](#).

Statutory Reference: Amends Business and Professions Code Sections 2811.5, 3524.5, 4980.54, 4989.34, 4996.22, and 4999.76 and adds Section 2914.5.

AB 3119 (Low) Long Covid Continuing Medical Education

AB 3119 (Low, Chapter 433, Statutes of 2024) Long COVID CME

Summary: This bill amends BPC sections 2191.6 and 2454.56 to add “Long COVID” training to the list of acceptable and priority CME topics. It is optional, not mandatory.

Analysis: The intention of the bill is to address the lack of knowledge and understanding about long COVID through continuing education requirements to empower doctors to enhance their comprehension and proficiency in supporting and treating individuals with long COVID.

Statutory Reference: Adds Business and Professions Code Sections 2191.6 and BPC 2456.6.

SB 639 (Limon) CME: Special Needs of Dementia Patient Care

SB 639 (Limon, Chapter 336, Statutes of 2024) CME: Special Needs of Dementia Patient Care

Summary: This bill adds an additional topic, “special care needs of patients with dementia,” to an existing mandatory CME requirement for specified physicians and surgeon pursuant to BPC section 2190.3. Specifically, this bill requires all general internists and family physicians who have a patient population of which over 25 percent are 65 years of age or older shall complete at least 20 percent of all mandatory continuing education hours in a course in the field of geriatric medicine, the special care needs of patients with dementia, or the care of older patients.

Analysis: BPC 2190.3 is one of the statutorily mandated CMEs that only applies to physicians and surgeons that have an older patient population that constitutes 25 percent or more of their practice. This bill adds a logical additional topic of special care needs of patients with dementia that would be helpful for those treating patients 65 years and older. The intention of the bill is to address concerns that physicians and surgeons who are treating patients 65 years and older do not have specific training related to elderly health care needs that would be critical in providing patient centered and appropriate care. In adding it to the existing CME requirement, it becomes part of the mandated CME.

Statutory Reference: Business and Professions Code Section 2190.3.

SB 607 (Portantino) Controlled Substances: Patient Education: Adults and Children

SB 607 (Portantino, Chapter 862, Statutes of 2024) Controlled Substances: Patient Education

Summary: 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.

Analysis: The intention of this bill is to address the opioid crisis through patient counseling of the potential risk of taking opioids. The initial focus of the bill was minor patients, but the bill has expanded to include all patients. The bill initially had a provision requiring counseling include alternatives to opioids, but that language has been amended out of the bill.

Statutory Reference: Amends Health and Safety Code Section 11158.1 of the Health and Safety Code, relating to controlled substances.

This policy alert will be posted on the Osteopathic Medical Board of California website under the “Licensees Tab” State Law Changes: <https://www.ombc.ca.gov/licensees/index.shtml>.