

**OTITLE 16: OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA
NOTICE OF PROPOSED RULEMAKING**

**Subject Matter of Proposed Regulations:
Continuing Medical Education and Audits and Cite and Fines**

NOTICE IS HEREBY GIVEN that the Osteopathic Medical Board of California (Board) is proposing to take the action described in the Informative Digest below, after considering all comments, objections, and recommendations regarding the proposed action.

PUBLIC HEARING

The Board has not scheduled a public hearing on this proposed action. However, the Board will hold a hearing if it receives a written request for a public hearing from any interested person, or his or her authorized representative, no later than 15 days prior to the close of the written comment period. A hearing may be requested by making such request in writing addressed to the individuals listed under "Contact Person" in this notice.

WRITTEN COMMENT PERIOD

Written comments relevant to the action proposed, including those sent by mail, facsimile, or e-mail to the addresses listed under "Contact Person" in this Notice, **must be received by the Board at its office no later than by Monday, January 6, 2025**, or must be received by the Board at the hearing, should one be scheduled.

AUTHORITY AND REFERENCE

Pursuant to the authority vested by Osteopathic Medical Act, Section 1, and Sections 125.9, 2018, 2190.5, 2454.5, 2456.1 and 3600-1, Business and Professions Code (BPC), and to implement, interpret or make specific sections 124, 125.9, 148, 704, 803.1, 2064.5, 2190.5, 2452, 2456.1, and 2454.5 of the BPC, Section 56.36 of the Civil Code, and Section 12419.2 of the Government Code, the Board is considering changes to Division 16 of Title 16 of the California Code of Regulations (CCR) sections in Sections 1635, 1636, 1638,1641, 1659.30, 1659.31, 1659.32, 1659.33, 1659.34 and 1659.35, and repeal of Sections 1639 and 1640 as described in this Notice.

INFORMATIVE DIGEST/ POLICY STATEMENT OVERVIEW

The goal and objective of the proposed regulations is to update and streamline the Board's renewal process, continuing medical education requirements (CME) and the Board's citation and fine program processes while continuing to ensure licensees' competency and protection of public safety. The Board's highest priority is to protect consumers through its licensing,

regulatory and disciplinary oversight of the osteopathic medical profession. The Board is authorized by the Osteopathic Act (Initiative Measure, Section 1) and statute to establish necessary rules and regulations for the enforcement of the Osteopathic Act and the Medical Practice Act as it applies to osteopathic physicians (“physicians”) and postgraduate training licensees in accordance with Business and Professions Code (BPC) section 2450 for the laws relating to the practice of medicine. (Bus. & Prof. Code (BPC), § 2018).

CME and Audit Issues

The Osteopathic Initiative Act provides that “the law governing licentiates of the Osteopathic Medical Board of California is found in the Osteopathic Act and in Chapter 5 of Division 2,1 relating to medicine.” (See Business and Professions Code (BPC) section 3600.) BPC section 2452 provides, in part: “This chapter applies to the Osteopathic Medical Board of California so far as consistent with the Osteopathic Act.” Provisions relating to CME for all physicians and surgeons are contained in Article 10 (commencing with Section 2190) of the Medical Practice Act (Chapter 5 of Division 2 of the BPC), which contains provisions mandating certain CME standards as well as authorizing the Board to consider other forms of dedicated CME.

Existing law at BPC section 2454.5, which was first enacted in 1989, requires the Board to adopt and administer standards relative to continuing education (“CE” or “CME”). Those mandates include requiring each physician to demonstrate satisfaction of CE at intervals of not less than one year and nor more than two years and require each physician to complete a minimum of 50 hours of American Osteopathic Association (AOA) education during each two-year cycle, of which 20 hours must be completed in AOA Category 1 and the remaining 30 hours in either AOA or American Medical Association (AMA) accredited CE.

Existing Board regulations in Article 9 (commencing with CCR section 1635 adopted in 1987) specify that physicians must complete 150 hours within a three-year period to satisfy the CME requirement and further defines the content of the 150-hour requirement as including a minimum of 60 hours of CME in Category 1-A or 1-B defined by the American Osteopathic Association (AOA). Further, regulations at CCR sections 1638, 1639 and 1640 set forth requirements for physicians to provide copies of specified progress reports with their renewal application (a copy of their Individual Activity Report, completion certificates or other reports from any program approved by the Board). Existing regulations do not authorize the Board to issue citations in lieu of disciplinary action for noncompliance with CME requirements.

The primary purpose of these proposed regulations is to change the CME reporting requirements to update current regulations consistent with changes in law, add new program recommended procedures for approving CME and any applicable exemptions, and add new options for enforcement of CME requirements, including: authorizing a certification process of reporting CME compliance as part of renewal in lieu of providing documentary evidence of completion, waiver or exemption for renewal, repealing CME requirements for receiving education from Board-approved providers as specified that are superseded by BPC section 2454.5 , creating new records documentation and recordkeeping requirements, and new sanctions for noncompliance with CME requirements.

This proposed rulemaking also updates the Board's regulations consistent with the provisions of Business and Professions Code section 2454.5 that authorizes changing the CME reporting cycle from three (3) years to no more than two (2) years, decreases the number of CMEs from 100 hours to 50 hours, and adds new mandatory CME course work or exemptions standards (as specified) that must be completed for every renewal.

The overarching policy change is to shift from a manual review by staff of every CME document prior to each licensee's renewal to an automated process that involves licensees certifying compliance with CME requirements and being able to renew without submitting further documentation; while staff follows up with audits of CMEs certifications after the renewal to verify compliance. If the audit determines that the licensee did not comply with CME requirements, this proposal would authorize the Board to issue a citation, fine and/or abatement order and that requires completion of the deficient CMEs as a condition of renewal.

Other CME Issues Addressed

Since 2018, there have been several significant statutory changes to CME requirements for renewals. In 2017, BPC 2454.5 was amended to change the CME cycle from a three year cycle to a two year cycle, to eliminate the even and odd year issuance of initial licenses and align the CME cycle with the renewal cycle by SB 798, chap.775, statutes of 2017 effective January 1, 2018.

The Board requested in 2021 that that the Legislature change the number of required CMEs from 100 to 50 with 20 CMEs required to be American Osteopathic Association (AOA) and the remaining 30 CMEs can be either AOA or American Medical Association (AMA) approved, which was approved and signed into law effective January 1, 2022 (SB 806, Stats. 2021, ch. 649). In response to the opioid crisis, the Legislature added a mandatory CME course requirement on risks of addiction associated with the use of Schedule II drugs to be completed each renewal

cycle, effective January 1, 2019 (SB 1109, Stats. 2018, ch. 693). All of these changes were enacted at BPC section 2454.5.

In 2022, the Board requested the Legislature eliminate the prorated initial license fee and birth month renewal cycle for initial licenses at BPC section 2456.1, which was approved and signed into law effective January 1, 2023 under SB 1443 (Stats. 2022, ch. 625). In addition, other statutorily mandated provisions have been enacted since the Board first adopted its CME regulations at BPC sections 2190.1, 2190.15, 2190.3, and 2190.6; those statutes require dedicated CME in specified content areas and authorize exemptions from required CMEs, as applicable. As a result of these many statutory changes, additional revisions to the regulatory sections related to CMEs needed to be updated in order to comply with the various statutory changes that have occurred since the Board last updated its CME regulations.

As a result of the foregoing, this proposed language contains significant revisions to the initial four regulatory sections 1635, 1636, 1641 and 1646 of Title 16 of the California Code of Regulations (CCR) and additional proposed amendments and repeal of specific sections. The Board is also proposing clarifying amendments to CCR sections 1638 and repeal of Title 16, CCR sections 1639 and 1640, which involve outdated CME program approval requirements for licensees and CME providers. This proposal is intended to capture, in one convenient location, all CME standards, waivers, exemptions and requirements for CME consistent with current Board practice.

Citation and Fine Issues Addressed

The Board's cite and fine regulatory CCR sections 1659.30, 1659.31, 1659.32, 1659.33, 1659.34, and 1659.35 are outdated and need updating. Existing law at BPC section 125.9 authorizes the Board to establish, by regulation, a system for the issuance to a licensee of a citation where the licensee is in violation of the applicable licensing act or any regulation adopted by the Board. Section 125.9(c) also authorizes the Board, in its discretion, to limit citations to only particular violations of the applicable licensing act or regulations. Existing regulations at CCR section 1659.31 reflect Board policy at the time to issue citations and fines for only particular violations of laws or regulations. This proposal would, instead, allow the Board to cite and fine for violation of any laws or regulations under the Board's jurisdiction, including violations of the Osteopathic Act (as established as an Initiative Measure), the Medical Practice Act, the Confidentiality of Medical Information Act, any Board regulation in Division 16, or any other statute or regulation upon which the Board may base a disciplinary action.

In addition, this proposal would implement Board recommended process improvements that should be made to increase the effectiveness of the administration of the Board's citation and fine program and make other grammatical, syntax or technical changes at CCR sections 1659.30, 1659.32, 1659.33, 1659.34 and 1659.35.

In compliance with Assembly Concurrent Resolution No. 260 of 2018, the Board is also updating its regulatory language to comply with this resolution that state agencies should use gender neutral pronouns and avoid the use of gendered pronouns throughout this proposal. Specific changes that would be addressed by this proposal include the following.

CME and Audit

Amend Section 1635. This section specifies the CME requirements for continued licensure. As amended it updates and repeals existing CME requirements to make conforming changes consistent with revisions to the Board's CME authority contained in BPC section 2545.5 and lists all requirements, waivers and exemptions for completing CME as a condition of renewal in one location. This subsection is also amended to require licensees to provide "satisfactory documentation" of their CME completion or any applicable exemption to the Board as specified in the proposed documentation requirements of Title 16, CCR section 1636. The proposal would also specify available exemptions from specified CME requirements and the minimum standards for course content for including requirements for cultural and linguistic competency, implicit bias, limitations on the number of qualifying hours for courses described in BPC section 2190.15 (e.g., practice management type courses), dedicated CME requirements for general internists or family physicians who have a patient population of which over 25 percent are 65 years of age or older, the one-time pain management course required by BPC section 2190.5 at new subsection (e)(1), the course in risks of addiction associated with the use of Schedule II drugs as required by BPC section 2454.5 at new subsection (e)(2)) and related exemptions from those requirements, as specified.

Amend Section 1636. The primary purpose of amendments to this section is to replace current reporting requirements that mandate submission of paper copies of Individual Activity Reports, certificates of CME completion, or progress reports from approved CME providers with a requirement for submission of a written statement, signed and dated by the licensee, providing personally identifying information and certifying under penalty of perjury disclosures provided regarding CME compliance, waiver or exemption, as applicable, during the relevant CME reporting period.

This proposal would also authorize the Board to conduct random audits of licensed osteopathic physicians and surgeons to verify CME compliance. In addition, this proposal requires, within 65 days of the date of the Board's written request to document their compliance with specified

CME requirements, respond to any Board inquiry regarding compliance and/or provide records retained demonstrating compliance with CME requirements as specified.

This section also lists the required and satisfactory documentation demonstrating compliance with CME and sets the retention period for six years from the completion date of the courses or conditions claimed as credit towards satisfaction of, or exemption from, the CME requirements.

Revisions made to CCR sections 1638, 1639, and 1640 are necessary to update the sections to comply with revisions to Business and Professions Code (BPC) section 2454.5 and to comply with currently proposed changes to CME requirements and documentation and audit requirements being added to CCR sections 1635 and 1636.

Amend Section 1638. Existing CCR section 1638 (a) provides that licensees with an inactive status are exempt from the CME requirement for renewing their license as an inactive status. Existing CCR section 1638 (b) sets forth the CME requirements for licensees wanting to change their status from inactive to active. This proposal will repeal the words “have completed a minimum of 20 hours Category 1-A as defined by the American Osteopathic Association (AOA) during the 12-month immediately preceding the licensee’s application for restoration” and instead replace it with a new requirement that licensees comply with the requirements for restoring an inactive certificate to an active status according to new requirements in CCR Section 1646. Existing CCR section 1638 (c) refers to the CME requirements listed in 1635 (e) which would be repealed under this proposal and would no longer contain the CME categories that are currently referenced. For this reason, it is obsolete and is proposed to be deleted.

Repeal Section 1639. CCR section 1639 defines CME programs approved for CME credit. However, as a result of statutory changes to BPC section 2545.5 and proposed revisions to CCR 1635, this section is obsolete and conflicts with both the statute and regulatory section related to CME requirements now proposed. Since BPC section 2454.5 lists the CME requirements including categories of CME required to be mandated by the Board, there is no longer a need to have a regulatory section specify the CME programs that are approved for credit. For these reasons, the entire section of CCR section 1639 is being proposed to be repealed.

Repeal Section 1640. CCR section 1640 provides the Board with the authority to approve CME programs and CME providers and specifies the criteria for both. The Board proposes to repeal this section as it is no longer needed in light of enactment of changes to BPC section 2454.5, which sets the requirements for licensees to take approved CME accredited programs provided by the AOA and the AMA. It is also being eliminated to avoid any confusion that the Board has separate criteria for CME providers, programs, and CME because it effectively does not.

Amend Section 1641. This section is updated consistent with recent statutory changes to remove references to the outdated 150-hour CME requirements or a “prorated share” and correct references to the outdated three-year CME requirement period, which is now a two-

year requirement. This proposal adds the words “or provide satisfactory documentation of CME completion as provided in Section 1636” to this section, thus prohibiting renewal if satisfactory documentation is not provided as specified in CCR Section 1636.

Currently, misrepresenting compliance with CME and failure to comply CME requirements constitutes unprofessional conduct and grounds for disciplinary action. This proposal would make it unprofessional conduct and grounds for disciplinary action for any osteopathic physician and surgeon to fail to provide accurate or complete information in response to a Board inquiry. This proposal also makes it grounds “for a citation and fine” for a licensee to: (1) misrepresent compliance with the provisions of this article, (2) fail to provide accurate or complete information in response to a Board inquiry, or (3) fail to comply with the provisions of this article.

This proposal repeals in its entirety as unnecessary existing subsection (c), as the current proposal moves the requirement to retain CME compliance documentation to CCR section 1636 and replaces the current four-year retention requirement with a six-year retention requirement that would be contained in CCR section 1636.

Amend 1646. In subsection (b), the proposal would delete references to requirements for completing “Category 1-A” as a condition of restoring an inactive certificate to active status by striking the “-A” consistent with current requirements for the Board to accept all Category 1 CME as specified in BPC section 2454.5. The Board would also strike the reference to “preceding” from the requirements for completion and instead propose requirements that would add to the current requirement to complete 20 hours of AOA CME that it be completed during the 12-month period immediately preceding the licensee’s completed application for restoration, submit a completed application for restoration, and pay the fee set forth in Section 1690 of this Division and the Controlled Substance Utilization Review and Evaluation System (CURES) fee currently required by BPC Section 208. A new definition would be added for a “completed application for restoration” as specified. The Board also proposes to repeal existing subsection (d), which refers to “CME categories are defined by Section 1635(e)” and renumber existing subsection (e) to (d) accordingly.

Cite and Fine Program Amendments

Amend 1659.30. This section is updated to authorize the Executive Director to further delegate to “their designee” the same authority exercised by them under this section. Proposed amendments at subsection (b) also adds new authority for the Executive Director or their designee to issue citations containing “both” “administrative” fines and orders of abatement. The postgraduate training licensee is added to the list of those individuals upon whom a citation and fine and/or order of abatement may be issued.

Proposed amendments to subsection (c) in this section would add new authority to serve citations on licensees by regular mail at their last known address in accordance with Business and Professions Code section 124, which permits a board in this Department to give written notice to licensees of any order by regular mail addressed to the last known address of the licensee or by personal service, at the option of the board.

Amend 1659.31. This section revises the title, adds authority for the Executive Director to delegate their authority to a designee, clarifies fine amounts, and repeals and adds factors for determining fine amounts, as specified. Existing text at subsection (a) limits, in accordance with BPC section 125.9(c)(2), the issuance of citations with orders or abatement and the assessment of administrative fines to only particular violations of the Board’s applicable licensing laws and regulations. This proposal would revise and add language that consolidates existing licensing act and regulations citation authority into broader categories that cover all provisions under the jurisdiction of the Board including violations of the Osteopathic Act (as established as an Initiative Measure), the Medical Practice Act, the Confidentiality of Medical Information Act, or any other statute or regulation upon which the Board may base a disciplinary action.

To implement that policy change, this proposed rulemaking will renumber the paragraphs within this subsection (renumbered as (a)(1)) and delete existing subsection (a), paragraphs (23) – (51) and (54) – (56), as the citable code sections referenced in those subdivisions are contained in the Medical Practice Act, or the Board’s regulations and would therefore be covered by proposed paragraphs (Y), (Z), (AA), and (BB). To add authority to cite and fine for violations of the Confidentiality of Medical Information Act, the Board proposes to add a new reference to Civil Code section 56.10 authority at proposed subsection (a)(1), paragraph (X) and a new paragraph requiring consideration of new and different factors required to be considered in assessing the amount of an administrative fine for those confidentiality violations as required by Civil Code section 56.36(d). The Board also proposes to repeal or revise existing provisions of law listed in this section that have been repealed by law or otherwise covered by other sections proposed to be added to this section.

Amend 1659.32 Compliance with Abatement Orders. This section updates the Executive Director’s authority to further delegate to “their designee” the same authority to issue orders of abatement as provided under this section and replace a reference to gendered pronouns with “their.”

Amend 1659.33 Citations for Unlicensed Practice. This proposal would add new subsection numbering (a)-(d) for each existing paragraph for better organization of concepts in this section. It

would add a new requirement to subsection (a)(as renumbered) to update the Executive Director’s authority to further delegate to “their designee” the same authority to issue citations, fines and orders of abatement to unlicensed persons as provided under this section. This proposal also adds “postgraduate licensee” to the other license classification requiring a license to practice, which would specify the other category of activity and unlicensed practice for which the Board may take action. This proposal repeals language to accurately reflect the array of statutes that specify what constitutes unlicensed practice.

This proposal would add a new subsection (b)(1) that would set forth the Notice requirements according to standards set by State Administrative Manual (SAM) section 8293.1 for cited persons who may be subjected to collection of an unpaid fine and the requirements for Notice that the Board must meet before sending any unpaid fine to the Franchise Tax Board in accordance with the FTB’s Interagency Intercept Program, as specified.

This proposal adds the remedy for unpaid fines for the Board at newly proposed subsection (b)(2) by way of referral to the Franchise Tax Board’s (FTB) tax refund intercept program in accordance with Government Code section 12419.2, and the 6-month timeframe for when referral would occur after the effective date of the final citation order once notice has been provided to a cited person in accordance with subsection (b)(1). This proposal would provide a definition for the word “final” in newly proposed subsection (d) to help specify the point in time when the Board may refer a case due to nonpayment of the fine associated with the citation for unlicensed practice.

Amend 1659.34 Contest of Citations. Except for changes to correct gendered pronouns, this section remains unchanged.

Amend 1659.35 Public Disclosure: Records Retention. Existing regulation requires the Board to purge citations that have been resolved 10 years from the date of “resolution.” The only change to this section is to replace the word “resolution” with “issuance” to eliminate the vagueness as to the date when public records can be purged. The new text sets the date of issuance as the date the clock begins of the 10-year purging timeframe and makes it easier to track and implement for staff and for cited persons to understand.

ANTICIPATED BENEFITS OF PROPOSAL

CME and Audits Benefits

The renewal process will be streamlined and reduce delays from staff having to review CME course completion documentation at the time of renewal. The time-consuming review of CMEs

documentation demonstrating compliance will be completed after renewal in a more reasonable time frame for Board staff without the negative impact on licensees and patient care. Licensees will benefit from the streamlined process that allows them to certify compliance and renew without further delay while providing the Board with the authority to randomly audit to confirm compliance. The elimination of reviewing CMEs completion documentation at renewal time will eliminate processing delays, and practice suspension or interruptions in patient care. The additional authority to randomly audit licensees, who will be subject to possible citation and fine for violations, helps enhance public protection as anyone who fails the audit will not be eligible for their next renewal until they have completed their missing CME. Completion of required number of CMEs as a condition for renewal remains unchanged.

Cite and Fine Benefits

This proposed rulemaking will further consumer protection by updating the Board's cite and fine regulations to clarify that the Board may issue a citation to a licensee (osteopathic physician or postgraduate training licensee), which may contain a fine and/or order of abatement for a violation of any provision in the Osteopathic Act, Medical Practice Act, any regulation adopted by the Board, and any other statute or regulation upon which the Board may base a disciplinary action, in addition to certain specified statutes and regulations. These amendments will help keep the list of citable offenses current, as statutes and regulations are added, repealed, and modified. In addition, the Board will be updating its unlicensed activity citations to ensure greater compliance with the laws under the Board's jurisdiction and the enforcement of provisions prohibiting the unlicensed practice of medicine.

Updating the cite and fine regulations will enhance public protection by authorizing additional enforcement tools that allow the Board to take action for violations that do not rise to the level of warranting discipline but do raise issues that should be brought to the licensee's attention for correction.

EVALUATION OF CONSISTENCY OR COMPATIBILITY WITH EXISTING STATE REGULATIONS

During the process of developing this regulatory proposal, the Board has conducted a search of any similar regulations on this topic and has concluded that these regulations are neither inconsistent nor incompatible with existing state regulations.

DISCLOSURES REGARDING THIS PROPOSED ACTION

FISCAL IMPACT ESTIMATES

Fiscal Impact on Public Agencies Including Costs or Savings to State Agencies or Cost/Savings in Federal Funding to the state: This proposal is intended to streamline the Board's licensing renewal process, while ensuring licensees comply with CME requirements. According to the Board, staff is currently unable to process renewal applications in a timely manner and Board management is required to assist with the CME verification workload.

Current Process: The Board currently processes approximately 6,800 license renewal applications per year and verifies every renewing licensee has fulfilled the CME requirements prior to approval. The CME verification process typically takes 40 minutes per application, which results approximately 4,500 hours (2.6 positions) of annual workload.

However, the Board only has 2.0 staff allocated for this workload. As a result, renewal application approvals may be delayed, and Board management must assist with this workload.

Proposed Process: This proposal will allow the Board to streamline the renewal license approval process, while also ensuring CME compliance by creating a robust CME audit and enforcement process. In the event a licensee fails a CME audit, the Board will be authorized to issue a citation and fine, *with an average estimated fine amount of \$1,500 per citation.*

The Board estimates the new CME review and auditing process, including the issuance of a citation and fine will reduce total workload to approximately 3,300 hours (1.9 positions). As a result, the Board will be able to process renewal applications with existing staffing (2.0 positions) in a timely manner and Board management will be able to focus their efforts on other high priority areas.

Under this proposal, Board staff will verify each renewing licensee (6,800) has certified CME compliance prior to license renewal approval. Staff will then audit approximately 10 percent (680) of renewal applications for CME compliance and estimates up to 10 percent (68) of these audits will reveal non-compliance and result in a citation and fine.

The Board projects up to 20 individuals issued a citation and fine will request an informal conference, of which 2 individuals may seek a formal appeal.

The Board estimates total workload and costs ranging from approximately \$357,700 to \$466,700 per year and up to \$4.1 million over a ten-year period.

Additionally, the Board estimates up to 68 individuals may be issued a citation, which with an estimated average fine amount of \$1,500 fine per year would result in annual revenues of \$102,000 and up to \$1.02 million over a ten-year period.

The regulations do not result in costs or savings in federal funding to the state.

Nondiscretionary Cost/Savings to Local Agencies: None

Local Mandate: None

Cost to Any Local Agency or School District for which Government Code Sections 17500-17630 Require Reimbursement: None

Significant Effect on Housing Costs: None

Business Impact Estimates: The Board has made an initial determination that the proposed regulatory action would have no significant statewide adverse economic impact directly affecting business, including the ability of California businesses to compete with businesses in other states. This initial determination is based on the following facts:

The regulation's narrow scope and impact is the reason the Board has determined that this regulation will have no significant statewide adverse impact to businesses in the state. For those individuals impacted, this regulation modifies an existing reporting requirement making it less onerous and makes compliance more convenient to licensees. This regulatory change also protects public safety and prevents delays in processing licensing renewals that can result in interruptions in patient care.

This regulation only impacts approximately 13,600 osteopathic physicians and surgeons that represent a small percentage of the California population and businesses.

Cost Impact on Representative Private Person or Business

The Board estimates up to 68 individuals may be issued a citation, which with an estimated average fine amount of \$1,500 fine per year would result in annual costs of \$102,000 and up to \$1.02 million over a ten-year period.

The Board notes, licensees may avoid any fines levied by complying with the Board's CME requirements authorized under current law and regulations.

RESULTS OF ECONOMIC IMPACT ASSESSMENT/ANALYSIS

The Board has determined that the proposed regulatory action would not have a significant statewide adverse economic on the following:

- 1) the creation or elimination of jobs within the state,
- 2) the creation of new businesses or the elimination of existing businesses within the state, or,
- 3) the expansion of businesses currently doing business within the state.

- **Analysis of creation/elimination of jobs:**

This proposal will not create or eliminate any jobs within California. This regulatory proposal simply changes existing disclosure requirements for osteopathic physicians and surgeons, as specified. Additionally, only osteopathic physicians and surgeons are impacted by this change.

- **Analysis of creation/elimination of businesses:**

This proposal will not create or eliminate any businesses in California because it ensures licensees comply with CME requirements, as specified.

- **Analysis of expansion of business:**

This proposal will not expand any businesses in California because it ensures licensees comply with CME requirements, as specified.

Benefits of the Regulation:

The Board has determined that this regulatory proposal will have the following benefits to the health and welfare of California residents.

CME and Audits Benefits

The renewal process will be streamlined and reduce delays from staff having to review CME course completion documentation at the time of renewal. The time-consuming review of CMEs documentation demonstrating compliance will be completed after renewal in a more reasonable time frame for Board staff without the negative impact on licensees and patient care. Licensees will benefit from the streamlined process that allows them to certify compliance and renew without further delay while providing the Board with the authority to randomly audit to confirm compliance. The elimination of reviewing CMEs completion documentation at renewal time will eliminate processing delays, and practice suspension or interruptions in patient care. The additional authority to randomly audit licensees, who will be subject to possible citation and fine for violations, helps enhance public protection as anyone who fails the audit will not be eligible for their next renewal until they have completed their

missing CME. Completion of required number of CMEs as a condition for renewal remains unchanged.

Cite and Fine Benefits

This proposed rulemaking will further consumer protection by updating the Board's cite and fine regulations to clarify that the Board may issue a citation to a licensee (osteopathic physician or postgraduate training licensee), which may contain a fine and/or order of abatement for a violation of any provision in the Osteopathic Act, Medical Practice Act, any regulation adopted by the Board, and any other statute or regulation upon which the Board may base a disciplinary action, in addition to certain specified statutes and regulations. These amendments will help keep the list of citable offenses current, as statutes and regulations are added, repealed, and modified.

Updating the cite and fine regulations will enhance public protection by authorizing additional enforcement tools that allow the Board to take action for violations that do not rise to the level of warranting discipline but do raise issues that should be brought to the licensee's attention for correction. In addition, the Board will be updating its unlicensed activity citations processes to ensure greater compliance with the laws under the Board's jurisdiction and the enforcement of provisions prohibiting the unlicensed practice of medicine.

The proposal will have no effect on worker safety or the State's environment as it is unrelated to, and therefore does not affect, those issues.

BUSINESS REPORTING REQUIREMENTS

This regulatory action does not require businesses to file a report.

EFFECT ON SMALL BUSINESS

The Board has determined that the proposed regulations would have no significant impact on small businesses as it impacts individuals. For those impacted, this regulation modifies an existing disclosure requirement making it less onerous and makes compliance more convenient to licensees. This regulatory change also protects public safety and prevents delays in processing licensing renewals that can result in interruptions in patient care.

CONSIDERATION OF ALTERNATIVES

In accordance with Government Code section 11346.5, subdivision (a)(13), the Board must determine that no reasonable alternative it considered to the regulation or that has otherwise been identified and brought to its attention would be more effective in carrying out the

purpose for which the action is proposed; would be as effective and less burdensome to affected private persons than the proposal described in this Notice; or would be more cost-effective to affected private persons and equally effective in implementing the statutory policy or other provision of law.

Any interested person may submit comments to the Board in writing relevant to the above determinations at 1300 National Drive, Suite 150, Sacramento, CA 95834 during the written comment period, or at the hearing if one is scheduled or requested.

AVAILABILITY OF INITIAL STATEMENT OF REASONS AND RULEMAKING FILE

The Board has compiled a record for this regulatory action, which includes the Initial Statement of Reasons (ISOR), proposed regulatory text, and all the information on which this proposal is based. This material is contained in the rulemaking file and is available for public inspection upon request to the contact persons named in this notice.

TEXT OF PROPOSAL

Copies of the exact language of the proposed regulations, and of the initial statement of reasons, and all information upon which the proposal is based, may be obtained upon request from the Board by directing the inquiry to address and the attention of the Contact Person listed below or by accessing the Board's website at:
https://www.ombc.ca.gov/laws_regulations/pending_regulations.shtml

AVAILABILITY OF CHANGED OR MODIFIED TEXT

After considering all timely and relevant comments, the Board, upon its own motion or at the request of any interested party, may thereafter adopt the proposals substantially as described below or may modify such proposals if such modifications are sufficiently related to the original text. With the exception of technical or grammatical changes, the full text of any modified proposal, with the modifications clearly indicated, will be available for review and written comment for 15 days prior to its adoption from the person designated in this Notice as the Contact Person and will be mailed to those persons who submit written comments or oral testimony related to this proposal or who have requested notification of any changes to the proposal.

AVAILABILITY AND LOCATION OF THE FINAL STATEMENT OF REASONS AND RULEMAKING FILE

All the information upon which the proposed regulations are based is contained in the rulemaking file which is available for public inspection by contacting the person named below. You may obtain a copy of the Final Statement of Reasons once it has been prepared by making a written request to the Contact Person named below or by accessing the website listed below.

CONTACT PERSON

Inquiries or comments concerning the proposed rulemaking action may be addressed to:

Terri Thorfinnson, Program Services Manager
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The back-up contact person is:

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Website Access: Materials regarding this proposal can be found on the Board's website at https://www.ombc.ca.gov/laws_regulations/pending_regulations.shtml