



**PHYSICIAN ASSISTANT BOARD**  
2005 Evergreen Street, Suite 1100, Sacramento, CA 95815  
P (916) 561-8780 Fax(916) 263-2671 web www.pac.ca.gov

## **MEETING NOTICE**

**December 9, 2013**

**PHYSICIAN ASSISTANT BOARD**  
**2005 Evergreen Street – Hearing Room #1150**  
**Sacramento, CA 95815**  
**8:00 A.M. – 6:00 P.M.**

### **AGENDA**

**(Please see below for Webcast information)**

**ALL TIMES ARE APPROXIMATE AND SUBJECT TO CHANGE**

1. Call to Order by President (Sachs)
2. Roll Call (Forsyth)
3. Approval of August 26, 2013 Meeting Minutes (Sachs)
4. Public Comment on Items not on the Agenda (Sachs) [Note: The Board may not discuss or take action on any matter raised during this public comment section that is not included on this agenda, except to decide whether to place the matter on the agenda for a future meeting. [Government Code Sections 11125, 11125.7(a).]
5. Reports
  - a. President's Report (Sachs)
  - b. Executive Officer's Report (Mitchell)
  - c. Licensing Program Activity Report (Caldwell)
  - d. Diversion Program Activity Report (Mitchell)
  - e. Enforcement Program Activity Report (Tincher)
6. Department of Consumer Affairs
  - a. Director's Update (Christine Lally)
7. Nomination and Election of Physician Assistant Board Officers (Mitchell)
8. Approval of Passing Score for PA Initial Licensing Examinations and 2014 Dates and Locations for PA Initial Licensing Examination (Sachs)
9. Schedule of 2014 Board Meeting Dates and Locations (Sachs)
10. Update on Current Budget (Tincher)
11. Update on BreEZe Implementation (Mitchell)
12. Mandatory Reporting Requirements for Physician Assistants (Grant)

13. Discussion regarding current voluntary exam about Physician Assistant Laws and Regulations available on Board's website (Sachs)
14. Update on Regulations: (Mitchell)
  - a. Title 16, California Code of Regulations, Section 1399.541 Medical Services Performable
  - b. Title 16, California Code of Regulations, Section 1399.523 Disciplinary Guidelines
  - c. Title 16, California Code of Regulations, Section 1399.620, 1399.621, 1399.622 and 1399.623 Regarding Sponsored Free Health Care Events
15. The Legislative Committee (Hazelton/Earley)
  - a. Report from Adhoc Legislative Sub-Committee (Grant/Shorter)
  - b. Legislation of Interest to the Physician Assistant Board  
AB 154, AB 186, SB 304, SB 352, SB 491, SB 492, SB 493, SB 494, SB 809, other bills impacting the Board identified by staff after publication of the agenda
16. Review and Discussion of the Board's Strategic Plan (Sachs/Terrie Meduri, Dennis Zanchi)
17. **1:00 PM – Hearings on Petitions**
  - A. Petition for Termination of Probation
    1. Robert Lucas, PA 15947
    2. Michele Burns, PA 16023
  - B. Petition for Reinstatement of Physician Assistant License
    1. Jeffrey Hamlin, PA 16524, License Surrendered
18. **CLOSED SESSION:**
  - a. Pursuant to Section 11126(c)(3) of the Government Code, the Board will move into closed session to deliberate on disciplinary matters, including petitions
  - b. Pursuant to Section 11126(a) (1) of the Government Code, the Board will move into closed session to conduct the annual evaluation of the Executive Officer

#### **RETURN TO OPEN SESSION**

19. Agenda Items for Next Meeting (Sachs)
20. Adjournment (Sachs)

Note: Agenda discussion and report items are subject to action being taken on them during the meeting by the Board at its discretion. All times when stated are approximate and subject to change without prior notice at the discretion of the Board unless listed as "time certain". Agenda items may be taken out of order and total time allocated for public comment on particular issues may be limited.

While the Board intends to webcast this meeting, it may not be possible to webcast the meeting due to limitations on resources. The webcast can be located at [www.dca.ca.gov](http://www.dca.ca.gov). If you would like to ensure participation, please plan to attend at the physical location.

Notice: The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Lynn Forsyth at (916) 561-8785 or email [Lynn.Forsyth@mbc.ca.gov](mailto:Lynn.Forsyth@mbc.ca.gov) or send a written request to the Physician Assistant Board, 2005 Evergreen Street, Suite 1100, Sacramento, California 95815. Providing your request at least five (5) business days before the meeting will help to ensure availability of the request.

3



**PHYSICIAN ASSISTANT BOARD**  
2005 Evergreen Street, Suite 1100, Sacramento, CA 95815  
P (916) 561-8780 Fax(916) 263-2671 web www.pac.ca.gov

## **MEETING MINUTES**

**August 26, 2013**

**PHYSICIAN ASSISTANT BOARD**  
**2005 Evergreen Street – Hearing Room #1150**  
**Sacramento, CA 95815**  
**9:00 A.M. – 3:00 P.M.**

1. **Call to Order by President**

President Sachs called the meeting to order at 9:15 a.m.

2. **Roll Call**

Staff called the roll. A quorum was present.

Board Members Present:

- Robert Sachs, PA-C
- Charles Alexander, Ph.D.
- Michael Bishop, M.D.
- Cristina Gomez-Vidal Diaz
- Sonya Earley, PA
- Jed Grant, PA –C
- Catherine Hazelton
- Rosalee Shorter, PA-C

Staff Present:

- Glenn Mitchell, Executive Officer
- Laura Freedman, Senior Staff Counsel, Dept. of Consumer Affairs (DCA)
- Dianne Tincher, Enforcement Analyst
- Lynn Forsyth, Staff Services Analyst
- Julie Caldwell, Licensing Technician

3. **Approval of May 20, 2013 Meeting Minutes**

The May 20, 2013 minutes were approved as drafted.  
(m/Grant, s/Diaz, motion passes)

4. **Public Comment on Items not on the Agenda**

There was no public comment at this time.

5. **Reports**

a. **President's Report**

President Sachs stated that he would be representing the Board at the California Academy of Physician Assistants annual conference in October 2013.

b. Executive Officer's Report

Mr. Mitchell stated that on August 7, 2013, the Office of Administrative Law approved the adoption of California Code of Regulations Sections 1399.620, 1399.621, 1399.622, and 1399.623 regarding sponsored free health care events. This regulatory change will become effective October 1, 2013.

Mr. Mitchell also indicated that on August 7, 2013, the Office of Administrative Law approved a regulatory file which made non-substantive changes to several physician assistant regulation sections as a result of SB 1236 (Chapter 332, Statutes of 2012 which changed the name of the Physician Assistant Committee to the Physician Assistant Board, effective January 1, 2013. This regulatory change became effective August, 7, 2013.

c. Licensing Program Activity Report

Between January 1, 2013 and August 1, 2013, 217 physician assistant licenses were issued. As of August 1, 2013, 9,105 physician assistant licenses are renewed and current.

d. Diversion Program Activity Report

As of July 1, 2013, the board's Diversion Program has 14 participants, which includes 1 self-referral participant and 13 Board-referrals. A total of 108 participants have participated in the program since implementation in 1990.

e. Enforcement Program Activity Report

Between July 1, 2012 and June 30, 2013, 293 complaints were received; 114 complaints are pending; 55 investigations are pending; 45 probationers, and 31 cases awaiting administrative adjudication at the Office of the Attorney General.

6. **Department of Consumer Affairs**

a. Director's Update

Christine Lally was introduced to board members as the recently appointed Deputy Director of Board and Bureau Relations for the Department of Consumer Affairs. Ms. Lally indicated that she had assumed the position in July 2013. She indicated that she has been reaching out to the various boards and bureaus within the Department of Consumer Affairs to become familiar with them and learn about their issues and concerns. Ms. Lally stated that she is a resource for

assistance and encouraged board members to contact her with any questions or concerns.

7. **Presentation and Update from the Department of Consumer Affairs Legislative and Policy Review Division**

Tracy Rhine, Deputy Director for Department of Consumer Affairs Legislative and Policy Review Unit, provided board members with a brief update of recent legislative activities, the role and responsibilities of the unit, and a brief description of the legislative process. Ms. Rhine indicated that the unit reviews approximately 80 regulatory packages and over 300 legislative bills per year. Ms. Rhine indicated that the primary purpose of the unit is to analyze legislation impacting consumers and the department and providing bill position recommendations to the Governor's office.

8. **The Legislative Committee**

a. Proposed Policy regarding Role of Committee

b. Legislation of Interest to the Physician Assistant Board

AB 154, AB 186, SB 304, SB 352, SB 491, SB 492, SB 493, SB 494, SB 809, other bills introduced or amended after publication of the agenda

8a. **Proposed Policy regarding Role of Committee**

Ms. Hazelton indicated that she had worked along with the Legislative Committee co-chair, Sonya Earley, to draft a policy which would define the role of the committee, basic operating procedures, sources of information, and preparation for board meetings.

This policy will provide a method for the board to be informed about proposed legislation so that, where appropriate, it may take positions on bills. The framework of the policy will allow the board take considered, reasoned, and consistent positions and actions regarding proposed legislation.

If adopted, the policy will be added to the Board Member Policy Manual.

A motion was made to adopt the Legislative Committee Role and Operating Procedures as drafted.

(m/Shorter, s/Earley, motion passes)

8b. Legislation of Interest to the Physician Assistant Board

Following lengthy discussion regarding each bill the following motions were made:

**AB 154** – Motion to take a “watch” position on AB 154.

(m/Bishop, s/Diaz, 2 yes votes, 3 opposed votes, 3 abstaining, motion fails)

**AB 186**

Motion was made to recommend to take a “support” position on AB 186.

(m/Hazelton, s/Earley, motion failed)

An amended motion was made to take a “support” position if the bill is amended to require applicants for a temporary license to provide proof of other health care licenses held in other states, National Practitioner Data Bank self-query clearance, and finger print clearances.  
(m/Hazelton, s/Earley, motion passes)

#### AB 1057

A motion was made to take a “support” position on AB 1057.  
(m/Hazelton, s/Grant, motion passes)

#### SB 304

Following a discussion no motion was made for SB 304.

#### SB 494

A motion was made to take a “support” position on SB 494.  
(m/Grant, s/Earley – 6 yes votes, 2 abstained, motion passes)

By consensus, an ad-hoc subcommittee was formed which would make recommendations to the board concerning physician assistant scope of practice issues. Jed Grant and Rosalee Shorter volunteered to be members of the ad-hoc subcommittee.

### 10. **Update on Current Budget**

Ms. Tinchler provided the board members with an overview of the current budget. Ms. Tinchler stated that the board ended the fiscal year with a 13.2% reversion and the budget and fund condition remain fiscally sound.

### 11. **Presentation from Maximus, Diversion Program**

Virginia Matthews, Program Manager for Maximus, provided the board members with a brief overview of the board’s Diversion Program.

The board as well as 6 other Department of Consumer Affairs boards contract with Maximus to provide drug and alcohol monitoring program services. Ms. Matthews explained that the primary goal of the program was to protect the public, actively monitor participants, and help physician assistants to safely return to practice. Ms. Matthews explained that the program achieves its goals by suspension of practice upon enrollment, return to practice with supervision, monitoring, and random drug testing.

Ms. Matthews also explained that physician assistants enroll in the program by self-referral or board-referral. Board-referrals are the result of a disciplinary action mandating participation and completion of the program as a condition of probation.

### 12. **CLOSED SESSION:** Pursuant to Section 11126(c)(3) of the Government Code, the Board moved into closed session to deliberate on disciplinary matters

## **RETURN TO OPEN SESSION**

### **13. Discussion on Proposed Regulation Change re: Personal Presence**

Mr. Mitchell presented board members with the latest revision of the Regulatory Proposal – Title 16, California Code of Regulations, Section 1399.541, Medical Services Performable.

Laura Freedman, Senior Staff Counsel, provided board members with a brief history and update on the revised language.

This matter was first raised in 2005 as the result of a legal opinion concerning the term “personal presence.” The legal opinion concluded that a physician assistant may not perform opening and closing on a patient without the personal presence of a supervising physician.

In 2011, a concern was raised to the then Physician Assistant Committee about this issue and the committee determined that the regulation should be amended to reflect current medical standards with regard to this practice.

A prior draft regulation was drafted and submitted to the Medical Board of California because the Medical Board has regulatory authority over physician assistant scope of practice regulations. The Medical Board was concerned about the breadth of the regulation and declined to take action.

Taking into consideration of the Medical Board concerns, staff worked to revise the regulation language more narrowly focused it taking into consideration public safety.

The first draft of the revised language was presented to the board at its May 2013 meeting. Board members provided feedback and the language was again revised.

In late July 2013, the revised draft language was shared with Medical Board staff to anticipate any concerns the Medical Board members may have. None were identified.

A motion was made to approve the proposed regulatory language and direct staff to submit the language to the Medical Board of California and respectfully request that it authorize the formal rulemaking process.  
(m/Diaz, s/Alexander, motion passes)

### **14. Discussion of Revisions to the Model Disciplinary Guidelines**

Ms. Tincher explained that the board's Manual of Disciplinary Guidelines were last updated in 2007. Staff identified changes needed to update the guidelines. Additionally, the Uniform Standards Regarding Substance Abusing Healing Arts Licensees, which are used in disciplinary matters regarding

substance abusing healing arts licensees, including physician assistants, must be incorporated in the board's guidelines as well.

Ms. Tincher explained that the department's Legal Affairs Division identified three possible methods for determining whether a licensee is a substance-abusing licensee, which would trigger the application of the Uniform Standards:

Option 1: Using a rebuttable presumption. If the charge involves alcohol or drugs, it will be assumed that the licensee is in fact a substance-abusing licensee and the individual bears the burden of proving that he or she is NOT a substance-abusing licensee at the hearing. Once that finding is assumed, the conditions imposing the Uniform Standards apply.

Option 2: Relying on the clinical diagnostic evaluator's opinion. For any case where there was a finding of alcohol or drugs involved in the offense, the conditions applying the Uniform Standards are included in a disciplinary order, but permitting the provisions to be waived contingent on the outcome of a clinical diagnostic evaluation finding that the individual is not a substance-abusing licensee.

Option 3: Bearing the burden. If the charges involve drugs or alcohol, the board bears the burden of proving (via facts, layperson and expert testimony, etc.) at hearing that the individual is a substance-abusing licensee, at which point the conditions imposing the Uniform Standards may be imposed.

Ms. Tincher stated that board staff gathered background information from the public and had discussions before the board (then Physician Assistant Committee) regarding revisions to the guidelines. At that time, staff recommended and continues to recommend option 2. Option 2 would require that a clinical evaluation be ordered in every case to determine whether an individual was a substance abusing licensee. This would ensure that a neutral expert with experience in chemical dependency would determine if a licensee must be subject to the Uniform Standards.

Board legal counsel and staff presented to the board proposed amendments to the text of the regulation and the model guidelines and orders to reflect Option 2 and requested that the board approve the proposed regulatory language.

The board reviewed the proposed language and the three options presented by legal counsel and staff and selected Option 2 as the appropriate method of determining whether a licensee has a substance abuse problem which would trigger application of the Uniform Standards.

A motion was made to approve the proposed regulatory language and direct staff to proceed with the rulemaking process.  
(m/Grant, s/Bishop, motion passes)

15. **Update on BreEZe Implementation**

Mr. Mitchell stated that BreEZe is a new Department-sponsored system designed to replace two legacy computer systems (ATS and CAS) which impacts our licensing, verification and enforcement processes.

Mr. Mitchell stated that user acceptance testing continues and nearing completion. Mr. Mitchell also stated that the vendors and the Department of Consumer Affairs are working with the boards to ensure that a quality product is in place before the go live date of October 8<sup>th</sup>.

Mr. Mitchell also informed the members that a notice has been placed on the board's website informing applicants and licensees of this transition to the new system and to be aware that temporary disruptions may occur and to renew licenses early to avoid issues from any disruptions that may take place.

16. **Fluoroscopy Permit Requirements for PAs Update**

Mr. Mitchell informed board members that AB 356, which was sponsored by the California Academy of Physician Assistants, became effective January 1, 2010. Mr. Mitchell explained that AB 356 implemented provisions of the Health and Safety Code to permit physician assistants who meet certain standards of education, training and experience to operate fluoroscopy equipment.

Mr. Mitchell also indicated that the California Department of Public Health proposed a regulation to implement the provisions of AB 356 was approved by the Office of Administrative Law and will become effective October 1, 2013.

17. **Mandatory Reporting Requirements for Physician Assistants**

Mr. Grant stated that there are requirements for physician assistants to report certain patient medical conditions and injuries to governmental authorities, such as law enforcement. He also explained that there is confusion among the licensees about what patient medical conditions and injuries should be reported and to whom.

Mr. Grant added that there is also confusion of about licensee self-reporting requirements with regard to criminal convictions and practice disciplinary matters, such as hospital suspensions or discipline.

Following a discussion, a motion was made to direct staff to research and create a mandatory reporting fact sheet that would also be included on the board's website.

(m/Grant, s/Diaz, motion passes)

18. **Discussion of Physician Assistant, Consumer Access to Care and Workforce Issues**

Dr. Rosslyn Byous, Office of Statewide Health Planning and Development (OSHPD) and Ms. Teresa Anderson, California Academy of Physician Assistants (CAPA) provided the board members with an overview of the physician assistant work force issues in California.

Ms. Anderson stated that currently there are 9,100 physician assistants in practice in California and that projected need in California by 2020 is nearly double that figure.

Ms. Anderson stated that an increased number of people will be seeking care in California due to implementation of health care reform and that Med-Cal is expecting to expand by approximately 2 million additional beneficiaries. Some of the highest areas for Medi-Cal patients are the Inland Empire, San Joaquin Valley, and Central Coast and that they are struggling to recruit and retain health care providers.

Dr. Byous indicated that some of the workforce issues and barriers are lack of clinical rotation sites, program funding, and changes in the physician assistant training program accrediting standards being implemented by ARC-PA. Dr. Byous also discussed community college physician assistant training programs located in underserved areas as well as various physician assistant practice restrictions, mid-level provider supervision of medical assistants, and lack of primary care providers.

Dr. Byous also mentioned that collaborative efforts between various state and local entities to address the health care workforce issues has already begun, such as Nov 2011 the Song-Brown Act presentation which identified the critical need for clinical rotation sites. Dr. Byous also mentioned the creation in December 2011 of the California Workforce Investment Board.

19. **Discussion regarding current voluntary exam about PA Laws and Regulations available on Board's website**

President Sachs suggested that due to time constraints, this agenda item would be discussed at the next meeting of the board.

20. **Review and Discussion of the Board's Strategic Plan**

President Sachs introduced Shelly Menzel, Chief, and Dennis Zanchi, Department of Consumer Affairs SOLID Training Office.

Ms. Menzel indicated that the board's Strategic Plan was last updated in November 2009 and that the Department is encouraging boards that haven't updated their plans recently to review and update their plans.

Ms. Menzel indicated that board staff had recently met with Terri Meduri and Dennis Zanchi of the department's SOLID Training Office to discuss the board's current plan and available options for updating the plan.

Mr. Zanchi presented a brief overview of the strategic planning process and the options available to the board in developing or updating the plan.

Mr. Zanchi indicated that the board needed to determine the following:

1. Propose to collaborate with board staff to develop a strategic plan draft for the board to review.
2. Determine environmental scan methods (e.g. on-line stakeholder survey, board member interviews, and board and staff focus groups). Mr. Zanchi explained that a scan will help to identify board strengths/weaknesses, opportunities/threats, and future trends impacting the physician assistant profession.
3. If the current vision, mission statement and values are acceptable to the board, only minor revisions would be made to the plan.

Following a discussion, the board, by consensus, requested the SOLID team develop a draft plan. Board members would then review the draft plan prior to the December 9, 2013 meeting. At the December 9, 2013 meeting, SOLID staff would conduct a two hour strategic plan review session with board members.

21. **Agenda Items for Next Meeting**

- a. Discussion regarding current voluntary exam about physician assistant laws and regulations available on board's website
- b. Election of board officers for the 2014
- c. Physician Assistant Board Strategic Plan
- d. Approval of physician assistant initial licensing examination and 2014 dates and locations for physician assistant licensing examination.

22. **Adjournment**

The meeting adjourned at 4:15 P.M.

5

**PHYSICIAN ASSISTANT BOARD**  
**LICENSING PROGRAM ACTIVITY REPORT**

**INITIAL LICENSES ISSUED**

	<b>1 August 2013 – 1 November 2013</b>	<b>1 August 2012 – 1 November 2012</b>
Initial Licenses	264	203

**SUMMARY OF RENEWED/CURRENT LICENSES**

	<b>As of 1 November 2013</b>	<b>As of 1 1 November 2012</b>
Physician Assistant	9,579	8,868

**PHYSICIAN ASSISTANT BOARD  
DIVERSION PROGRAM**

**ACTIVITY REPORT**

California licensed physician assistants participating in the Physician Assistant Board drug and alcohol diversion program:

	As of 1 November 2013	As of 1 November 2012	As of 1 November 2011
Voluntary referrals	02	04	06
Board referrals	12	18	19
Total number of participants	14	22	25

**HISTORICAL STATISTICS**

(Since program inception: 1990)

Total intakes into program as of 1 November 2013.....	112
Closed Cases as of 1 November 2013	
• Participant expired.....	1
• Successful completion.....	39
• Dismissed for failure to receive benefit.....	4
• Dismissed for non-compliance.....	24
• Voluntary withdrawal.....	20
• Not eligible.....	10
Total closed cases.....	98

**OTHER DCA BOARD DIVERSION PROGRAM PARTICIPANTS**

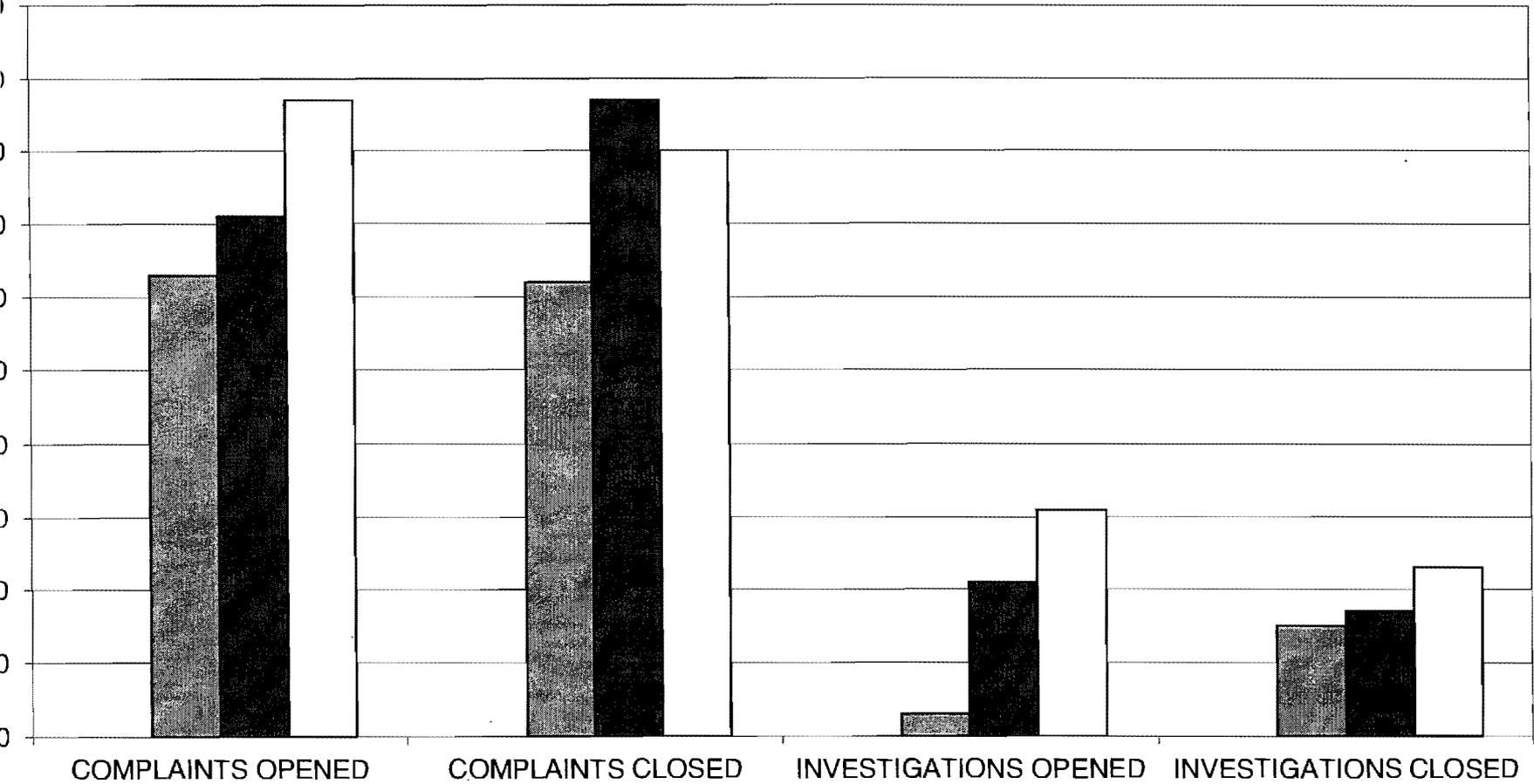
(As of September 2013)

Dental Board of California.....	35
Osteopathic Medical Board of California.....	12
Board of Pharmacy.....	69
Physical Therapy Board of California.....	10



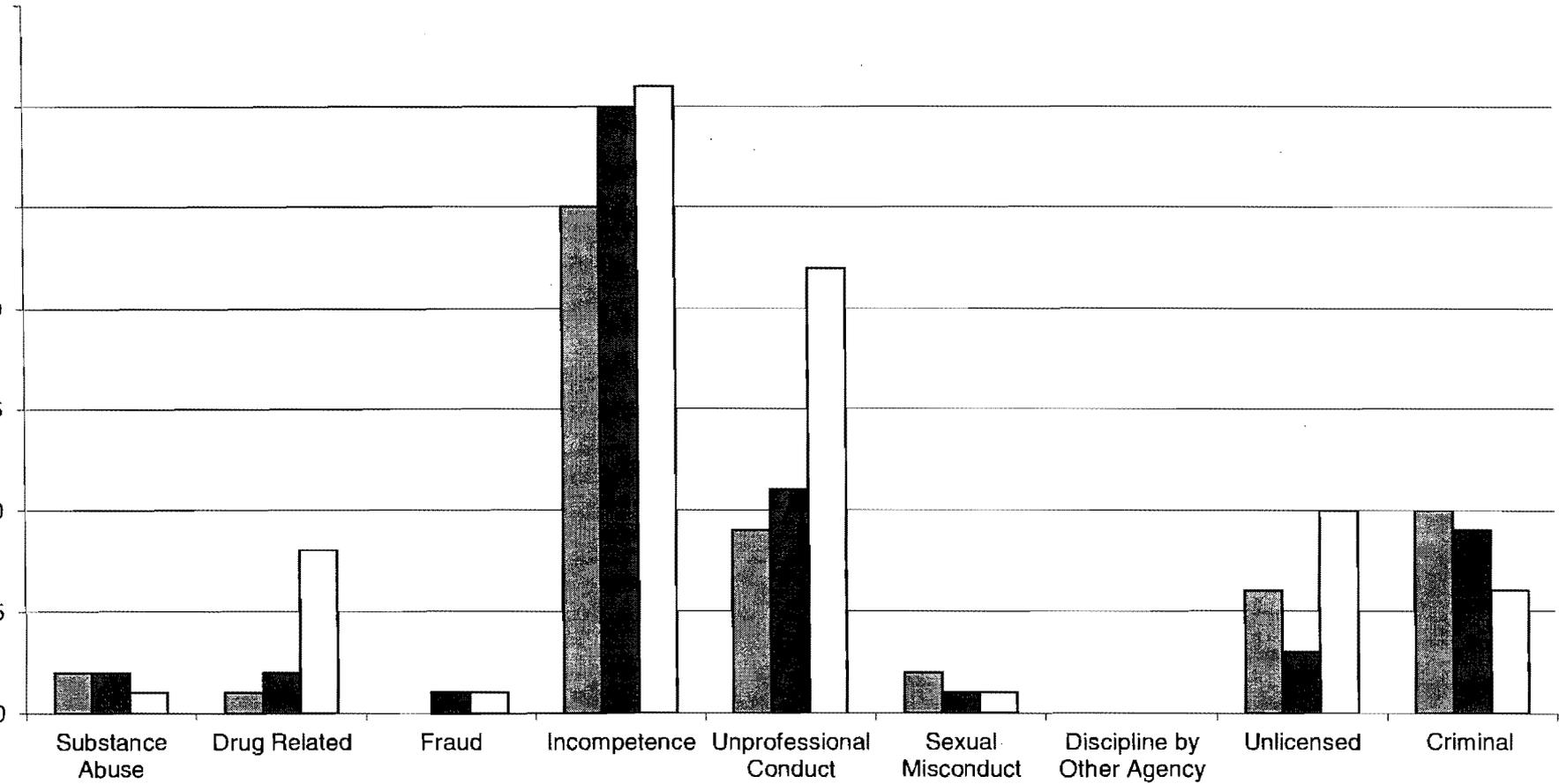
**PHYSICIAN ASSISTANT COMMITTEE  
COMPLAINTS AND INVESTIGATIONS  
JULY 1 THROUGH SEPTEMBER 30**

■ FY11/12 ■ FY12/13 □ FY 13/14



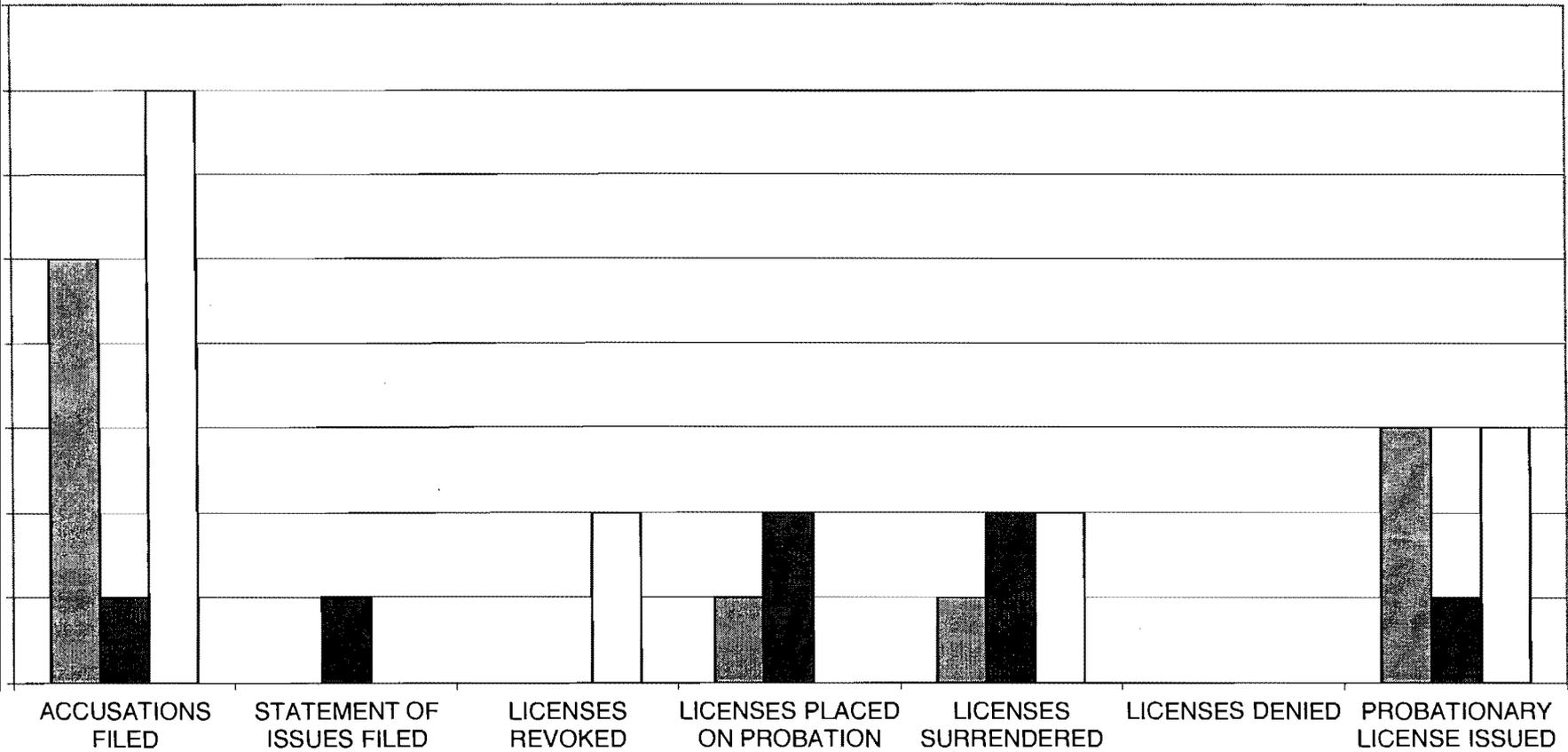
**PHYSICIAN ASSISTANT BOARD  
CATEGORY OF COMPLAINTS RECEIVED  
JULY 1 THROUGH SEPTEMBER 30**

■ FY 11/12 ■ FY 12/13 □ FY 13/14



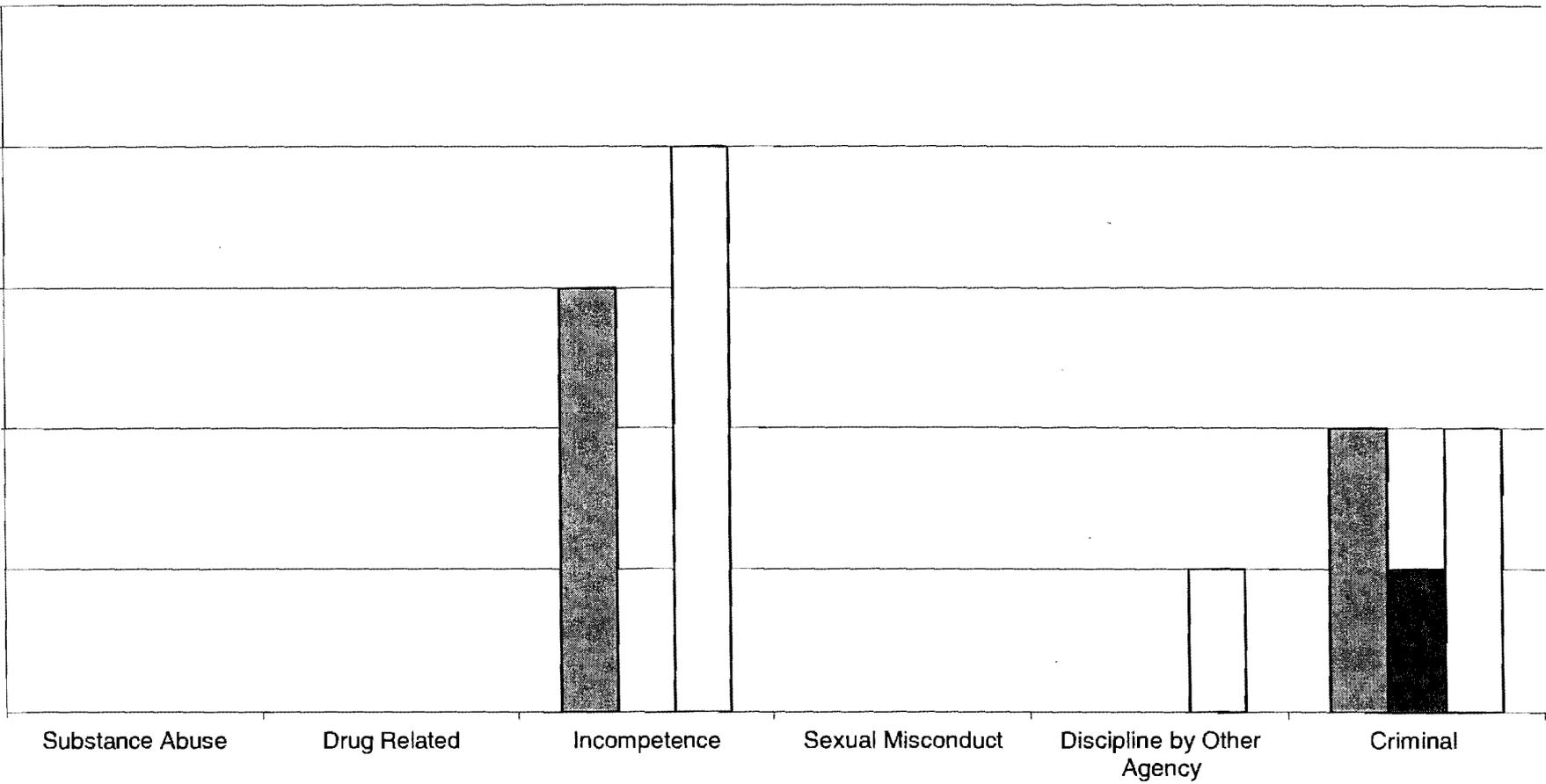
**PHYSICIAN ASSISTANT BOARD  
DISCIPLINARY ACTIONS  
JUNE 1 THROUGH SEPTEMBER 30**

■ FY 11/12   ■ FY 12/13   □ FY 13/14



**PHYSICIAN ASSISTANT BOARD  
CATEGORY OF ACCUSATIONS FILED  
JULY 1 THROUGH SEPTEMBER 30**

■ FY 11/12 ■ FY 12/13 □ FY 13/14



**Physician Assistant Board  
Cases Over 8 Months Old  
As of September 30, 2013**

***Formal Investigations***

Total Number of Formal Investigations pending: 64

Number of Investigations over 8 months old: 21

Status of Cases over 8 months old:

<u># of cases</u>	<u>Status</u>
8	Scheduling/subpoena for interview/records
4	At expert review
6	Finishing final report
2	Working within MBC priorities
1	Waiting for conclusion of criminal case

***Disciplinary Actions***

Total Number of Disciplinary Cases pending: 31

Number of Disciplinary Cases over 8 months old: 7

Status of Cases over 8 months old:

<u># of cases</u>	<u>Status</u>
1	Waiting Decision Effective Date
1	Non-Adopt
4	Waiting for hearing
1	Additional investigation

**Physician Assistant Board  
Cost Recovery  
As of September 30, 2013**

<u>Cost Recovery</u>	<u>Amount</u>	<u># of Licensee</u>
Ordered over last 5 years	\$ 415,968	51
Received over last 5 years	\$ 188,791	46
Outstanding balance (Current Probationers)	\$ 71,543	14
Uncollectable amount*	\$ 240,2556	23

\*The uncollectable amount is from licensees that surrendered the license, were revoked, and/or sent to FTB over the last 5 years. For surrendered licenses, the cost recovery would be required to be paid in full if they apply for reinstatement of the license.

8

## LICENSING INITIAL LICENSING EXAMINATION

### PASSING SCORE

Business and Professions Code section 3517 provides in pertinent part:

“The board shall, however, establish a passing score for each examination.”

*Motion to approve the passing score for the physician assistant initial licensing examination for year 2014 as established by the National Commission on Certification of Physician Assistants.*

### DATES AND LOCATIONS

Business and Professions Code section 3517 provides in pertinent part:

“The time and place of examination shall be fixed by the board.”

*Motion to approve the dates and locations for the physician assistant initial licensing examination for year 2014.*

Dates: The examination is given on a year-round basis. There will be no testing between December 21 – 31, 2014.

Locations: Pearson VUE Professional Centers.

\*\*

9



**PHYSICIAN ASSISTANT BOARD**  
2005 Evergreen Street, Suite 1100, Sacramento, CA 95815  
P (916) 561-8780 Fax(916) 263-2671 web [www.pac.ca.gov](http://www.pac.ca.gov)

**PHYSICIAN ASSISTANT BOARD  
PROPOSED MEETING  
DATES AND LOCATIONS  
2014**

<b>February 24<sup>th</sup></b>	<b>Sacramento</b>
<b>May 12<sup>th</sup> or 19<sup>th</sup></b>	<b>Sacramento</b>
<b>August 11<sup>th</sup> or 18<sup>th</sup></b>	<b>Sacramento</b>
<b>November 3<sup>rd</sup> or 17<sup>th</sup></b>	<b>Sacramento</b>

# Pay Period Calendar for 2014

## JANUARY 2014

22 Days 176 Hours

SU	MON	TU	W	TH	F	SA
	1	2	3	4		
	5	6	7	8	9	10
	11	12	13	14	15	16
	17	18	19	20	21	22
	23	24	25	26	27	28
	29	30				

## FEBRUARY 2014

21 Days 168 Hours

SU	MON	TU	W	TH	F	SA
					31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

## MARCH 2014

21 Days 168 Hours

SU	MON	TU	W	TH	F	SA
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

## APRIL 2014

22 Days 176 Hours

SU	MON	TU	W	TH	F	SA
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

## MAY 2014

22 Days 176 Hours

SU	MON	TU	W	TH	F	SA
			1	2	3	
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

## JUNE 2014

21 Days 168 Hours

SU	MON	TU	W	TH	F	SA
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

## JULY 2014

22 Days 176 Hours

SU	MON	TU	W	TH	F	SA
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

## AUGUST 2014

22 Days 176 Hours

SU	MON	TU	W	TH	F	SA
				31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

## SEPTEMBER 2014

22 Days 176 Hours

SU	MON	TU	W	TH	F	SA
	2	3	4	5	6	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

## OCTOBER 2014

22 Days 176 Hours

SU	MON	TU	W	TH	F	SA
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

## NOVEMBER 2014

22 Days 176 Hours

SU	MON	TU	W	TH	F	SA
					31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	1					

## DECEMBER 2014

22 Days 176 Hours

SU	MON	TU	W	TH	F	SA
		2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			



**MEDICAL BOARD OF CALIFORNIA**  
**Executive Office**



**2014 BOARD MEETING**  
**DATES AND LOCATIONS**

**February 6,7**

**San Francisco Bay Area**

(Dates changed/approved during Oct 2013 Board Meeting)

**May 1,2**

**Los Angeles Area**

(Dates approved 4/26/13)

**July 24, 25**

**Sacramento Area**

(Dates approved 10/25/13)

**October 23, 24**

**San Diego Area**

(Dates approved 10/25/13)

10

FM 04

ASSISTANT BOARD

DESCRIPTION	BUDGET	CURR. MONTH	YR-TO-DATE	ENCUMBRANCE	YTD + ENCUMBRANCE	BALANCE	PCNT REMAIN
<b>PERSONAL SERVICES</b>							
<b>SALARIES AND WAGES</b>							
03 00 CIVIL SERVICE-PERM	197,423	11,718	46,870	0	46,870	150,553	
03 04 TEMP HELP (907)	0	3,594	8,893	0	8,893	(8,893)	
03 00 STATUTORY-EXEMPT	81,732	6,297	25,188	0	25,188	56,544	
03 03 COMM MEMBER (911)	1,530	100	3,000	0	3,000	(1,470)	
<b>TOTAL SALARIES AND WAGES</b>	<b>280,685</b>	<b>21,709</b>	<b>83,951</b>	<b>0</b>	<b>83,951</b>	<b>196,734</b>	<b>70.09%</b>
<b>STAFF BENEFITS</b>							
03 00 OASDI	15,740	1,104	4,414	0	4,414	11,326	
04 00 DENTAL INSURANCE	1,758	90	360	0	360	1,398	
05 00 HEALTH/WELFARE INS	38,738	996	3,984	0	3,984	34,754	
06 01 RETIREMENT	54,892	3,820	15,278	0	15,278	39,614	
05 00 WORKERS' COMPENSAT	4,266	0	0	0	0	4,266	
05 15 SCIF ALLOCATION CO	0	216	621	0	621	(621)	
04 00 OTHER-STAFF BENEFI	0	730	2,902	0	2,902	(2,902)	
04 01 TRANSIT DISCOUNT	0	0	103	0	103	(103)	
05 00 LIFE INSURANCE	0	7	28	0	28	(28)	
06 00 VISION CARE	445	26	104	0	104	341	
07 00 MEDICARE TAXATION	263	312	1,205	0	1,205	(942)	
<b>TOTAL STAFF BENEFITS</b>	<b>116,102</b>	<b>7,300</b>	<b>28,997</b>	<b>0</b>	<b>28,997</b>	<b>87,105</b>	<b>75.02%</b>
<b>TOTAL PERSONAL SERVICES</b>	<b>396,787</b>	<b>29,008</b>	<b>112,948</b>	<b>0</b>	<b>112,948</b>	<b>283,839</b>	<b>71.53%</b>
<b>TRAVELING EXPENSES &amp; EQUIPMENT</b>							
<b>FINGERPRINTS</b>							
01 04 FINGERPRINT REPORT	24,890	833	3,087	0	3,087	21,803	
<b>TOTAL FINGERPRINTS</b>	<b>24,890</b>	<b>833</b>	<b>3,087</b>	<b>0</b>	<b>3,087</b>	<b>21,803</b>	<b>87.60%</b>
<b>GENERAL EXPENSE</b>							
01 00 GENERAL EXPENSE	12,714	0	0	0	0	12,714	
06 00 MISC OFFICE SUPPLI	0	0	20	0	20	(20)	
07 00 FREIGHT & DRAYAGE	0	0	817	0	817	(817)	
01 02 ADMIN OVERHEAD-OTH	0	53	901	0	901	(901)	
01 17 00 MTG/CONF/EXHIBIT/S	0	0	2,169	4,155	6,324	(6,324)	
<b>TOTAL GENERAL EXPENSE</b>	<b>12,714</b>	<b>53</b>	<b>3,908</b>	<b>4,155</b>	<b>8,063</b>	<b>4,651</b>	<b>36.58%</b>

FM 04

ASSISTANT BOARD

	DESCRIPTION	BUDGET	CURR. MONTH	YR-TO-DATE	ENCUMBRANCE	YTD + ENCUMBRANCE	BALANCE	PCNT REMAIN
<b>PRINTING</b>								
1 00	PRINTING	3,344	0	0	0	0	3,344	
2 03	COPY COSTS ALLO	0	0	165	0	165	(165)	
4 00	OFFICE COPIER EXP	0	0	0	1,320	1,320	(1,320)	
<u>AL</u>	<b>PRINTING</b>	<b>3,344</b>	<b>0</b>	<b>165</b>	<b>1,320</b>	<b>1,485</b>	<b>1,859</b>	<b>55.59%</b>
<b>COMMUNICATIONS</b>								
1 00	COMMUNICATIONS	7,669	0	0	0	0	7,669	
2 00	CELL PHONES,PDA,PA	0	62	182	0	182	(182)	
7 01	TELEPHONE EXCHANGE	0	239	268	0	268	(268)	
<u>AL</u>	<b>COMMUNICATIONS</b>	<b>7,669</b>	<b>301</b>	<b>451</b>	<b>0</b>	<b>451</b>	<b>7,218</b>	<b>94.12%</b>
<b>POSTAGE</b>								
1 00	POSTAGE	8,187	0	0	0	0	8,187	
2 00	STAMPS, STAMP ENVE	0	0	32	0	32	(32)	
3 05	DCA POSTAGE ALLO	0	383	1,958	0	1,958	(1,958)	
3 06	EDD POSTAGE ALLO	0	177	536	0	536	(536)	
<u>AL</u>	<b>POSTAGE</b>	<b>8,187</b>	<b>560</b>	<b>2,525</b>	<b>0</b>	<b>2,525</b>	<b>5,662</b>	<b>69.15%</b>
<b>TRAVEL: IN-STATE</b>								
1 00	TRAVEL: IN-STATE	27,918	0	0	0	0	27,918	
2 00	PER DIEM-I/S	0	689	1,498	0	1,498	(1,498)	
4 00	COMMERCIAL AIR-I/S	0	0	994	0	994	(994)	
6 00	PRIVATE CAR-I/S	0	276	1,047	0	1,047	(1,047)	
7 00	RENTAL CAR-I/S	0	122	138	0	138	(138)	
1 00	TAXI & SHUTTLE SER	0	40	40	0	40	(40)	
<u>AL</u>	<b>TRAVEL: IN-STATE</b>	<b>27,918</b>	<b>1,127</b>	<b>3,716</b>	<b>0</b>	<b>3,716</b>	<b>24,202</b>	<b>86.69%</b>
<b>TRAINING</b>								
1 00	TRAINING	1,034	0	0	0	0	1,034	
2 00	TUITN/REGISTRATN F	0	600	1,200	0	1,200	(1,200)	
<u>AL</u>	<b>TRAINING</b>	<b>1,034</b>	<b>600</b>	<b>1,200</b>	<b>0</b>	<b>1,200</b>	<b>(166)</b>	<b>-16.05%</b>
<b>FACILITIES OPERATIONS</b>								
1 00	FACILITIES OPERATI	55,958	0	0	0	0	55,958	
3 00	RENT-BLDG/GRND(NON	0	3,649	14,725	30,270	44,996	(44,996)	
7 00	FACILITY PLNG-DGS	0	216	216	0	216	(216)	
<u>AL</u>	<b>FACILITIES OPERATIONS</b>	<b>55,958</b>	<b>3,865</b>	<b>14,941</b>	<b>30,270</b>	<b>45,211</b>	<b>10,747</b>	<b>19.20%</b>

FM 04

ASSISTANT BOARD

	DESCRIPTION	BUDGET	CURR. MONTH	YR-TO-DATE	ENCUMBRANCE	YTD + ENCUMBRANCE	BALANCE	PCNT REMAIN
<b>SVS - INTERDEPARTMENTAL</b>								
00	CONSULT/PROF-INTER	1,899	0	0	0	0	1,899	
<b>Σ</b>	<b>C/P SVS - INTERDEPARTMENTAL</b>	<b>1,899</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,899</b>	<b>100.00%</b>
<b>SVS - EXTERNAL</b>								
00	CONSULT/PROF SERV-	28,561	0	0	0	0	28,561	
05	C&P EXT ADMIN CR C	16,568	0	0	21,000	21,000	(4,432)	
02	CONS/PROF SVS-EXTR	0	2,404	6,440	39,481	45,921	(45,921)	
<b>Σ</b>	<b>C/P SVS - EXTERNAL</b>	<b>45,129</b>	<b>2,404</b>	<b>6,440</b>	<b>60,481</b>	<b>66,921</b>	<b>(21,792)</b>	<b>-48.29%</b>
<b>DEPARTMENTAL SERVICES</b>								
03	OIS PRO RATA	68,106	17,027	34,054	0	34,054	34,052	
00	INDIRECT DISTRB CO	45,518	11,379	22,758	0	22,758	22,760	
01	INTERAGENCY SERVS	7,717	0	0	0	0	7,717	
02	SHARED SVS-MBC ONL	93,326	23,331	23,331	69,995	93,326	0	
30	DOI - PRO RATA	1,454	364	728	0	728	726	
34	PUBLIC AFFAIRS PRO	2,043	511	1,022	0	1,022	1,021	
35	CCED PRO RATA	1,739	435	870	0	870	869	
<b>Σ</b>	<b>DEPARTMENTAL SERVICES</b>	<b>219,903</b>	<b>53,047</b>	<b>82,763</b>	<b>69,995</b>	<b>152,758</b>	<b>67,145</b>	<b>30.53%</b>
<b>CONSOLIDATED DATA CENTERS</b>								
00	CONSOLIDATED DATA	4,810	518	687	0	687	4,123	
<b>Σ</b>	<b>CONSOLIDATED DATA CENTERS</b>	<b>4,810</b>	<b>518</b>	<b>687</b>	<b>0</b>	<b>687</b>	<b>4,123</b>	<b>85.71%</b>
<b>DATA PROCESSING</b>								
00	INFORMATION TECHNO	3,019	0	0	0	0	3,019	
<b>Σ</b>	<b>DATA PROCESSING</b>	<b>3,019</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,019</b>	<b>100.00%</b>
<b>CENTRAL ADMINISTRATIVE SERVICES</b>								
00	PRO RATA	61,708	0	15,427	0	15,427	46,281	
<b>Σ</b>	<b>CENTRAL ADMINISTRATIVE SERVICES</b>	<b>61,708</b>	<b>0</b>	<b>15,427</b>	<b>0</b>	<b>15,427</b>	<b>46,281</b>	<b>75.00%</b>
<b>ENFORCEMENT</b>								
00	ATTORNEY GENL-INTE	271,418	21,970	80,546	0	80,546	190,872	
00	OFC ADMIN HEARNG-I	75,251	704	704	0	704	74,547	
31	EVIDENCE/WITNESS F	492	2,925	10,359	0	10,359	(9,867)	
97	COURT REPORTER SER	0	0	322	0	322	(322)	
31	DOI - INVESTIGATIO	218,870	0	0	0	0	218,870	
32	INVEST SVS-MBC ONL	0	5,788	22,202	0	22,202	(22,202)	
<b>Σ</b>	<b>ENFORCEMENT</b>	<b>566,031</b>	<b>31,387</b>	<b>114,133</b>	<b>0</b>	<b>114,133</b>	<b>451,898</b>	<b>79.84%</b>

FM 04

ASSISTANT BOARD

DESCRIPTION	BUDGET	CURR. MONTH	YR-TO-DATE	ENCUMBRANCE	YTD + ENCUMBRANCE	BALANCE	PCNT REMAIN
OPERATING EXPENSES & EQUIPMEN	1,044,213	94,695	249,443	166,222	415,665	628,548	60.19%
PHYSICIAN ASSISTANT BOARD	1,441,000	123,704	362,391	166,222	528,613	912,387	63.32%
	1,441,000	123,704	362,391	166,222	528,613	912,387	63.32%

# 0280 - Physician Assistant Board Analysis of Fund Condition

Prepared 11/15/2013

(Dollars in Thousands)

NOTE: \$1.5 Million General Fund Repayment Outstanding

	ACTUAL 2012-13	Budget Act CY 2013-14	BY 2014-15	BY + 1 2015-16	BY + 2 2016-17
<b>BEGINNING BALANCE</b>	\$ 973	\$ 1,240	\$ 1,212	\$ 1,337	\$ 1,464
Prior Year Adjustment	\$ 24	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 997	\$ 1,240	\$ 1,212	\$ 1,337	\$ 1,464
<b>REVENUES AND TRANSFERS</b>					
Revenues:					
125600 Other regulatory fees	\$ 13	\$ 11	\$ 12	\$ 12	\$ 12
125700 Other regulatory licenses and permits	\$ 151	\$ 159	\$ 160	\$ 163	\$ 166
125800 Renewal fees	\$ 1,250	\$ 1,308	\$ 1,365	\$ 1,392	\$ 1,420
125900 Delinquent fees	\$ 3	\$ 3	\$ 3	\$ 3	\$ 3
141200 Sales of documents	\$ -	\$ -	\$ -	\$ -	\$ -
142500 Miscellaneous services to the public	\$ -	\$ -	\$ -	\$ -	\$ -
150300 Income from surplus money investments	\$ 4	\$ 4	\$ 4	\$ 4	\$ 4
160400 Sale of fixed assets	\$ -	\$ -	\$ -	\$ -	\$ -
161000 Escheat of unclaimed checks and warrants	\$ 2	\$ -	\$ -	\$ -	\$ -
161400 Miscellaneous revenues	\$ -	\$ -	\$ -	\$ -	\$ -
164300 Penalty Assessments	\$ -	\$ -	\$ -	\$ -	\$ -
Totals, Revenues	\$ 1,423	\$ 1,485	\$ 1,544	\$ 1,574	\$ 1,605
Transfers from Other Funds					
Proposed GF Loan Repay	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers to Other Funds					
	\$ -	\$ -	\$ -	\$ -	\$ -
Transfers to other Funds					
GF Loan per item 1110-011-0280, Budget Act of 2011	\$ -	\$ -	\$ -	\$ -	\$ -
Totals, Revenues and Transfers	\$ 1,423	\$ 1,485	\$ 1,544	\$ 1,574	\$ 1,605
Totals, Resources	\$ 2,420	\$ 2,725	\$ 2,756	\$ 2,911	\$ 3,069
<b>EXPENDITURES</b>					
Disbursements:					
0840 State Controllers	\$ 1	\$ -	\$ -	\$ -	\$ -
8880 FISCAL (State Operations)	\$ 7	\$ -	\$ -	\$ -	\$ -
1110 Program Expenditures (State Operations)	\$ 1,172	\$ 1,391	\$ 1,419	\$ 1,447	\$ 1,476
CURES	\$ -	\$ 122	\$ -	\$ -	\$ -
Total Disbursements	\$ 1,180	\$ 1,513	\$ 1,419	\$ 1,447	\$ 1,476
<b>FUND BALANCE</b>					
Reserve for economic uncertainties	\$ 1,240	\$ 1,212	\$ 1,337	\$ 1,464	\$ 1,593
Months in Reserve	9.8	10.2	11.1	11.9	12.7

NOTES:

- A. ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED IN BY+1 AND ON-GOING.
- B. ASSUMES APPROPRIATION GROWTH OF 2% PER YEAR BEGINNING IN BY+1.
- C. ASSUMES INTEREST RATE AT 0.3%.

12

## **PROFESSIONAL REPORTING REQUIREMENTS FOR PHYSICIAN ASSISTANTS**

### **SELF-REPORTING REQUIREMENTS**

#### California Code of Regulations

Section 2500 – Reporting to the Local Health Authority (diseases or conditions)

Section 1399.511 – Notice of Change of Address (Physician Assistant Regulations)

#### Business and Professions Code

Section 136 – Notification of Change of Address

Section 801.01 – Report of Settlement of Arbitration Award

Section 802.1 – Report of Charge of Felony, or Conviction of Felony or Misdemeanor

Section 802.5 – Coroner's Report

Section 803 – Report of Crime or Liability for Death

Section 805 – Peer Review: Reports

### **REPORTING REQUIREMENTS – PATIENTS**

#### Health and Safety Code

Section 11160 – Injuries by Firearms; Assaultive or Abusive Conduct

Section 11166 – Persons Authorized or Required to Report Child Abuse – Method of Reporting

Sections 105200 – 105225 – Pesticide Poisoning

#### California Vehicle Code

Section 12517.2 – Vehicles: School Bus Drivers: Medical Report; Physical Examination

#### Welfare and Institutions Code

Sections 15610 15610.65 Elder Abuse Reporting Requirements

Section 15630 - Mandatory and Nonmandatory Reports of Abuse

#### Penal Code

Section 11160 – Report of Injuries

Section 11166 – Persons Authorized or Required to Report Child Abuse – Method of Reporting

15

Update on Legislation of Interest to the Physician Assistant Board  
December 9, 2013

**AB 154 – Chaptered by Secretary of State – Chapter 662, Statutes of 2013  
(Atkins)**

This bill would instead make it a public offense, punishable by a fine not exceeding \$10,000 or imprisonment, or both, for a person to perform an abortion if the person does not have a valid license to practice as a physician and surgeon, except that it would not be a public offense for a person to perform an abortion by medication or aspiration techniques in the first trimester of pregnancy if he or she holds a license or certificate authorizing him or her to perform the functions necessary for an abortion by medication or aspiration techniques. The bill would also require a nurse practitioner, certified nurse-midwife, or physician assistant to complete training, as specified, and to comply with standardized procedures or protocols, as specified, in order to perform an abortion by aspiration techniques, and would indefinitely authorize a nurse practitioner, certified nurse-midwife, or physician assistant who completed a specified training program and achieved clinical competency to continue to perform abortions by aspiration techniques. The bill would delete the references to a nonsurgical abortion and would delete the restrictions on assisting with abortion procedures. The bill would also make technical, nonsubstantive changes.

**AB 186 – In Committee, further hearing to be set. Two year bill  
(Maienschein, Hagegman)**

This bill would, in addition to the expedited licensure provisions establish a temporary licensure process for an applicant who holds a current license in another jurisdiction, as specified, and who supplies satisfactory evidence of being married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders. The bill would require the temporary license to expire 12 months after issuance, upon issuance of the expedited license, or upon denial of the application for expedited licensure by the board, whichever occurs first.

**SB 304 - Chaptered by Secretary of State – Chapter 515, Statutes of 2013  
(Lieu)**

This bill would instead repeal those provisions on January 1, 2018, and subject the board to review by the appropriate policy committees of the Legislature. The bill would authorize the board to employ an executive director by, and with the approval of, the Director of Consumer Affairs.

**SB 352 – Chaptered by Secretary of State – Chapter 286, Statutes of 2013  
(DeSaulnier)**

This bill would delete the requirement that the services performed by the medical assistant be in a specified clinic when under the specific authorization of a physician assistant, nurse practitioner, or certified nurse-midwife. The bill would prohibit a nurse practitioner, certified nurse-midwife, or physician assistant from authorizing a medical assistant to perform any clinical laboratory test or examination for which the medical assistant is not authorized, as specified, a violation of which would constitute unprofessional conduct. The bill would also delete several obsolete references and make other clarifying, conforming, technical, and nonsubstantive changes.

**SB 491 – Held in committee and under submission. Two year bill.  
(Hernandez)**

This bill would authorize a nurse practitioner to perform those acts and certain additional acts without physician supervision if the nurse practitioner meets specified experience and certification requirements *and is practicing in a clinic, health facility, county medical facility, accountable care organization, or group practice*. The bill would require a nurse practitioner to refer a patient to a physician and surgeon or other licensed health care provider under certain circumstances, and would require specified nurse practitioners to maintain a current list of licensed health care providers most often used for the purposes of obtaining information or advice. The bill would also require a nurse practitioner practicing under these provisions to maintain professional liability insurance, as specified. The bill would also specify that a nurse practitioner practicing under the provisions of the bill shall not supplant a physician and surgeon employed by specified health care facilities. Because a violation of those provisions would be a crime, this bill would impose a state-mandated local program.

**SB 492 – Set first hearing. Hearing canceled at the request of the author.  
(Hernandez)**

This bill would include the provision of habilitative optometric services within the scope of practice of optometry. The bill would expand the scope of practice of optometrists who are certified to use therapeutic pharmaceutical agents by, among other things, authorizing those optometrists to use all therapeutic pharmaceutical agents approved by the United States Food and Drug Administration for use in treating the eye conditions covered by these provisions. The bill would also expand the ability of an optometrist certified to use therapeutic pharmaceutical agents to diagnose and treat certain diseases, as provided. The bill would require the board to grant a certificate to an optometrist for the use of advanced procedures, which include the administration of certain immunizations, if the optometrist meets certain educational requirements

**SB 493 – Chaptered by Secretary of State – Chapter 469, Statutes of 2013  
(Hernandez)**

This bill, instead, would authorize a pharmacist to administer drugs and biological products that have been ordered by a prescriber. The bill would authorize pharmacists to perform other functions, including, among other things, to furnish self-administered hormonal contraceptives, nicotine replacement products, and prescription medications not requiring a diagnosis that are recommended for international travelers, as specified. Additionally, the bill would authorize pharmacists to order and interpret tests for the purpose of monitoring and managing the efficacy and toxicity of drug therapies, and to independently initiate and administer routine vaccinations, as specified. This bill also would establish board recognition for an advanced practice pharmacist, as defined, would specify the criteria for that recognition, and would specify additional functions that may be performed by an advanced practice pharmacist, including, among other things, performing patient assessments, and certain other functions, as specified. The bill would authorize the board, by regulation, to set the fee for the issuance and renewal of advanced practice pharmacist recognition at the reasonable cost of regulating advanced practice pharmacists pursuant to these provisions, not to exceed \$300.

**SB 494 – Chaptered by Secretary of State – Chapter 684, Statutes of 2013 (Monning)**

This bill would, until January 1, 2019, require a health care service plan to ensure that there is at least one full-time equivalent primary care physician for every 2,000 enrollees. This bill would, until January 1, 2019, authorize the assignment of up to an additional 1,000 enrollees, as specified, to a primary care physician for each full-time equivalent nonphysician medical practitioner, as defined, supervised by that physician. By imposing new requirements on health care service plans, the willful violation of which would be a crime, this bill would impose a state-mandated local program.

**SB 809 – Chaptered by Secretary of State – Chapter 400, Statutes of 2013 (DeSaulnier and Steinberg)**

This bill would establish the CURES Fund within the State Treasury to receive funds to be allocated, upon appropriation by the Legislature, to the Department of Justice for the purposes of funding CURES, and would make related findings and declarations.

This bill would, beginning April 1, 2014, require an annual fee of \$6 to be assessed on specified licensees, including licensees authorized to prescribe, order, administer, furnish, or dispense controlled substances, and require the regulating agency of each of those licensees to bill and collect that fee at the time of license renewal. The bill would authorize the Department of Consumer Affairs to reduce, by regulation, that fee to the reasonable cost of operating and maintaining CURES for the purpose of regulating those licensees, if the reasonable regulatory cost is less than \$6 per licensee. The bill would require the proceeds of the fee to be deposited into the CURES Fund for the support of

CURES, as specified. The bill would also permit specified insurers, health care service plans, qualified manufacturers, and other donors to voluntarily contribute to the CURES Fund, as described.

## CURRENT BILL STATUS

MEASURE : A.B. No. 154  
AUTHOR(S) : Atkins (Principal coauthor: Senator Jackson) (Coauthors:  
Mitchell and Skinner).  
TOPIC : Abortion.  
+LAST AMENDED DATE : 06/24/2013

## TYPE OF BILL :

Inactive  
Non-Urgency  
Non-Appropriations  
Majority Vote Required  
State-Mandated Local Program  
Fiscal  
Non-Tax Levy

LAST HIST. ACT. DATE: 10/10/2013  
LAST HIST. ACTION : Chaptered by Secretary of State - Chapter 662, Statutes  
of 2013.  
COMM. LOCATION : SEN APPROPRIATIONS  
COMM. ACTION DATE : 08/12/2013  
COMM. ACTION : Do pass.  
COMM. VOTE SUMMARY : Ayes: 04 Noes: 01PASS

TITLE : An act to amend Section 2253 of, and to add Sections  
2725.4 and 3502.4 to, the Business and Professions Code,  
and to amend Section 123468 of the Health and Safety  
Code, relating to healing arts.

## Assembly Bill No. 154

### CHAPTER 662

An act to amend Section 2253 of, and to add Sections 2725.4 and 3502.4 to, the Business and Professions Code, and to amend Section 123468 of the Health and Safety Code, relating to healing arts.

[Approved by Governor October 9, 2013. Filed with  
Secretary of State October 9, 2013.]

#### LEGISLATIVE COUNSEL'S DIGEST

AB 154, Atkins. Abortion.

Existing law makes it a public offense, punishable by a fine not exceeding \$10,000 or imprisonment, or both, for a person to perform or assist in performing a surgical abortion if the person does not have a valid license to practice as a physician and surgeon, or to assist in performing a surgical abortion without a valid license or certificate obtained in accordance with some other law that authorizes him or her to perform the functions necessary to assist in performing a surgical abortion. Existing law also makes it a public offense, punishable by a fine not exceeding \$10,000 or imprisonment, or both, for a person to perform or assist in performing a nonsurgical abortion if the person does not have a valid license to practice as a physician and surgeon or does not have a valid license or certificate obtained in accordance with some other law authorizing him or her to perform or assist in performing the functions necessary for a nonsurgical abortion. Under existing law, nonsurgical abortion includes termination of pregnancy through the use of pharmacological agents.

Existing law, the Nursing Practice Act, provides for the licensure and regulation of registered nurses, including nurse practitioners and certified nurse-midwives, by the Board of Registered Nursing. Existing law, the Physician Assistant Practice Act, provides for the licensure and regulation of physician assistants by the Physician Assistant Board within the jurisdiction of the Medical Board of California.

This bill would instead make it a public offense, punishable by a fine not exceeding \$10,000 or imprisonment, or both, for a person to perform an abortion if the person does not have a valid license to practice as a physician and surgeon, except that it would not be a public offense for a person to perform an abortion by medication or aspiration techniques in the first trimester of pregnancy if he or she holds a license or certificate authorizing him or her to perform the functions necessary for an abortion by medication or aspiration techniques. The bill would also require a nurse practitioner, certified nurse-midwife, or physician assistant to complete training, as specified, and to comply with standardized procedures or protocols, as specified, in order to perform an abortion by aspiration techniques, and

would indefinitely authorize a nurse practitioner, certified nurse-midwife, or physician assistant who completed a specified training program and achieved clinical competency to continue to perform abortions by aspiration techniques. The bill would delete the references to a nonsurgical abortion and would delete the restrictions on assisting with abortion procedures. The bill would also make technical, nonsubstantive changes.

Because the bill would change the definition of crimes, the 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.

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

SECTION 1. Section 2253 of the Business and Professions Code is amended to read:

2253. (a) Failure to comply with the Reproductive Privacy Act (Article 2.5 (commencing with Section 123460) of Chapter 2 of Part 2 of Division 106 of the Health and Safety Code) constitutes unprofessional conduct.

(b) (1) Except as provided in paragraph (2), a person is subject to Section 2052 if he or she performs an abortion, and at the time of so doing, does not have a valid, unrevoked, and unsuspended license to practice as a physician and surgeon.

(2) A person shall not be subject to Section 2052 if he or she performs an abortion by medication or aspiration techniques in the first trimester of pregnancy, and at the time of so doing, has a valid, unrevoked, and unsuspended license or certificate obtained in accordance with the Nursing Practice Act (Chapter 6 (commencing with Section 2700)) or the Physician Assistant Practice Act (Chapter 7.7 (commencing with Section 3500)), that authorizes him or her to perform the functions necessary for an abortion by medication or aspiration techniques.

(c) In order to perform an abortion by aspiration techniques pursuant to paragraph (2) of subdivision (b), a person shall comply with Section 2725.4 or 3502.4.

SEC. 2. Section 2725.4 is added to the Business and Professions Code, to read:

2725.4. Notwithstanding any other provision of this chapter, the following shall apply:

(a) In order to perform an abortion by aspiration techniques pursuant to Section 2253, a person with a license or certificate to practice as a nurse practitioner or a certified nurse-midwife shall complete training recognized by the Board of Registered Nursing. Beginning January 1, 2014, and until January 1, 2016, the competency-based training protocols established by

Health Workforce Pilot Project (HWPP) No. 171 through the Office of Statewide Health Planning and Development shall be used.

(b) In order to perform an abortion by aspiration techniques pursuant to Section 2253, a person with a license or certificate to practice as a nurse practitioner or a certified nurse-midwife shall adhere to standardized procedures developed in compliance with subdivision (c) of Section 2725 that specify all of the following:

(1) The extent of supervision by a physician and surgeon with relevant training and expertise.

(2) Procedures for transferring patients to the care of the physician and surgeon or a hospital.

(3) Procedures for obtaining assistance and consultation from a physician and surgeon.

(4) Procedures for providing emergency care until physician assistance and consultation are available.

(5) The method of periodic review of the provisions of the standardized procedures.

(c) A nurse practitioner or certified nurse-midwife who has completed training and achieved clinical competency through HWPP No. 171 shall be authorized to perform abortions by aspiration techniques pursuant to Section 2253, in adherence to standardized procedures described in subdivision (b).

(d) It is unprofessional conduct for any nurse practitioner or certified nurse-midwife to perform an abortion by aspiration techniques pursuant to Section 2253 without prior completion of training and validation of clinical competency.

SEC. 3. Section 3502.4 is added to the Business and Professions Code, to read:

3502.4. (a) In order to receive authority from his or her supervising physician and surgeon to perform an abortion by aspiration techniques pursuant to Section 2253, a physician assistant shall complete training either through training programs approved by the board pursuant to Section 3513 or by training to perform medical services which augment his or her current areas of competency pursuant to Section 1399.543 of Title 16 of the California Code of Regulations. Beginning January 1, 2014, and until January 1, 2016, the training and clinical competency protocols established by Health Workforce Pilot Project (HWPP) No. 171 through the Office of Statewide Health Planning and Development shall be used as training and clinical competency guidelines to meet this requirement.

(b) In order to receive authority from his or her supervising physician and surgeon to perform an abortion by aspiration techniques pursuant to Section 2253, a physician assistant shall comply with protocols developed in compliance with Section 3502 that specify:

(1) The extent of supervision by a physician and surgeon with relevant training and expertise.

(2) Procedures for transferring patients to the care of the physician and surgeon or a hospital.

(3) Procedures for obtaining assistance and consultation from a physician and surgeon.

(4) Procedures for providing emergency care until physician assistance and consultation are available.

(5) The method of periodic review of the provisions of the protocols.

(c) The training protocols established by HWPP No. 171 shall be deemed to meet the standards of the board. A physician assistant who has completed training and achieved clinical competency through HWPP No. 171 shall be authorized to perform abortions by aspiration techniques pursuant to Section 2253, in adherence to protocols described in subdivision (b).

(d) It is unprofessional conduct for any physician assistant to perform an abortion by aspiration techniques pursuant to Section 2253 without prior completion of training and validation of clinical competency.

SEC. 4. Section 123468 of the Health and Safety Code is amended to read:

123468. The performance of an abortion is unauthorized if either of the following is true:

(a) The person performing the abortion is not a health care provider authorized to perform an abortion pursuant to Section 2253 of the Business and Professions Code.

(b) The abortion is performed on a viable fetus, and both of the following are established:

(1) In the good faith medical judgment of the physician, the fetus was viable.

(2) In the good faith medical judgment of the physician, continuation of the pregnancy posed no risk to life or health of the pregnant woman.

SEC. 5. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

## CURRENT BILL STATUS

MEASURE : A.B. No. 186  
AUTHOR(S) : Maienschein (Principal coauthor: Hagman) (Coauthors:  
Chávez, Dahle, Donnelly, Beth Gaines, Garcia, Grove,  
Harkey, Olsen, Patterson, and V. Manuel Pérez)  
(Coauthors: Senators Fuller and Huff).  
TOPIC : Professions and vocations: military spouses: temporary  
licenses.  
HOUSE LOCATION : SEN  
+LAST AMENDED DATE : 06/24/2013

TYPE OF BILL :  
Active  
Non-Urgency  
Appropriations  
Majority Vote Required  
Non-State-Mandated Local Program  
Fiscal  
Non-Tax Levy

LAST HIST. ACT. DATE: 07/01/2013  
LAST HIST. ACTION : In committee: Set, first hearing. Testimony taken.  
Further hearing to be set.  
COMM. LOCATION : SEN BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT

TITLE : An act to add Section 115.6 to the Business and  
Professions Code, relating to professions and vocations,  
and making an appropriation therefor.

AMENDED IN SENATE JUNE 24, 2013

AMENDED IN ASSEMBLY MAY 24, 2013

AMENDED IN ASSEMBLY APRIL 22, 2013

AMENDED IN ASSEMBLY APRIL 1, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

**ASSEMBLY BILL**

**No. 186**

---

**Introduced by Assembly Member Maienschein**

**(Principal coauthor: Assembly Member Hagman)**

**(Coauthors: Assembly Members Chávez, Dahle, Donnelly,  
Beth Gaines, Garcia, Grove, Harkey, Olsen, and Patterson, and  
V. Manuel Pérez)**

**(Coauthors: Senators Fuller and Huff)**

January 28, 2013

---

An act to ~~amend~~ *add* Section ~~115.5~~ of *115.6* to the Business and Professions Code, relating to professions and vocations, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 186, as amended, Maienschein. Professions and vocations: military spouses: temporary licenses.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law provides for the issuance of reciprocal licenses in certain fields where the applicant, among other requirements, has a license to practice within that field in another jurisdiction, as specified. Existing law requires that the licensing fees imposed by certain boards within the department be deposited in funds that are continuously

appropriated. Existing law requires a board within the department to expedite the licensure process for an applicant who holds a current license in another jurisdiction in the same profession or vocation and who supplies satisfactory evidence of being married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders.

*This bill would, in addition to the expedited licensure provisions described above, establish a temporary licensure process for an applicant who holds a current license in another jurisdiction, as specified, and who supplies satisfactory evidence of being married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders. The bill would require the temporary license to expire 12 months after issuance, upon issuance of the expedited license, or upon denial of the application for expedited licensure by the board, whichever occurs first.*

~~This bill would require a board within the department to issue a temporary license to an applicant who qualifies for, and requests, expedited licensure pursuant to the above-described provision if he or she meets specified requirements, except as provided. The bill would require the temporary license to expire 12 months after issuance, upon issuance of the expedited license, or upon denial of the application for expedited licensure by the board, whichever occurs first. The bill would authorize a board to conduct an investigation of an applicant for purposes of denying or revoking a temporary license, and would authorize a criminal background check as part of that investigation. The~~

*This bill would require an applicant seeking a temporary license to submit an application to the board that includes a signed affidavit attesting to the fact that he or she meets all of the requirements for the temporary license and that the information submitted in the application is accurate, as specified. The bill would also require the application to include written verification from the applicant's original licensing jurisdiction stating that the applicant's license is in good standing. The bill would authorize a board to conduct an investigation of an applicant for purposes of denying or revoking a temporary license and would authorize a criminal background check as part of that investigation. The bill would require an applicant, upon request by a board, to furnish a full set of fingerprints for purposes of conducting the criminal background check.*

This bill would prohibit a temporary license from being provided to any applicant who has committed an act in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license at the time the act was committed. The bill would provide that a violation of the above-described provision may be grounds for the denial or revocation of a temporary license. The bill would further prohibit a temporary license from being provided to any applicant who has been disciplined by a licensing entity in another jurisdiction, or is the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction. ~~The bill would require an applicant, upon request by a board, to furnish a full set of fingerprints for purposes of conducting a criminal background check.~~

*This bill would authorize the immediate termination of any temporary license to practice medicine upon a finding that the temporary licenseholder failed to meet any of the requirements described above or provided substantively inaccurate information that would affect his or her eligibility for temporary licensure. The bill would, upon termination of the license, require the board to issue a notice of termination requiring the temporary licenseholder to immediately cease the practice of medicine upon receipt.*

*This bill would exclude from these provisions a board that has established a temporary licensing process before January 1, 2014.*

Because the bill would authorize the expenditure of continuously appropriated funds for a new purpose, the 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 115.6 is added to the Business and  
2 Professions Code, to read:  
3 115.6. (a) A board within the department shall, after  
4 appropriate investigation, issue a temporary license to an applicant  
5 if he or she meets the requirements set forth in subdivision (c). The  
6 temporary license shall expire 12 months after issuance, upon  
7 issuance of an expedited license pursuant to Section 115.5, or upon  
8 denial of the application for expedited licensure by the board,  
9 whichever occurs first.

1 (b) The board may conduct an investigation of an applicant for  
2 purposes of denying or revoking a temporary license issued  
3 pursuant to this section. This investigation may include a criminal  
4 background check.

5 (c) An applicant seeking a temporary license pursuant to this  
6 section shall meet the following requirements:

7 (1) The applicant shall supply evidence satisfactory to the board  
8 that the applicant is married to, or in a domestic partnership or  
9 other legal union with, an active duty member of the Armed Forces  
10 of the United States who is assigned to a duty station in this state  
11 under official active duty military orders.

12 (2) The applicant shall hold a current license in another state,  
13 district, or territory of the United States in the profession or  
14 vocation for which he or she seeks a temporary license from the  
15 board.

16 (3) The applicant shall submit an application to the board that  
17 shall include a signed affidavit attesting to the fact that he or she  
18 meets all of the requirements for the temporary license and that  
19 the information submitted in the application is accurate, to the  
20 best of his or her knowledge. The application shall also include  
21 written verification from the applicant's original licensing  
22 jurisdiction stating that the applicant's license is in good standing  
23 in that jurisdiction.

24 (4) The applicant shall not have committed an act in any  
25 jurisdiction that would have constituted grounds for denial,  
26 suspension, or revocation of the license under this code at the time  
27 the act was committed. A violation of this paragraph may be  
28 grounds for the denial or revocation of a temporary license issued  
29 by the board.

30 (5) The applicant shall not have been disciplined by a licensing  
31 entity in another jurisdiction and shall not be the subject of an  
32 unresolved complaint, review procedure, or disciplinary  
33 proceeding conducted by a licensing entity in another jurisdiction.

34 (6) The applicant shall, upon request by a board, furnish a full  
35 set of fingerprints for purposes of conducting a criminal  
36 background check.

37 (d) A board may adopt regulations necessary to administer this  
38 section.

39 (e) A temporary license issued pursuant to this section for the  
40 practice of medicine may be immediately terminated upon a finding

1 that the temporary licenseholder failed to meet any of the  
2 requirements described in subdivision (c) or provided substantively  
3 inaccurate information that would affect his or her eligibility for  
4 temporary licensure. Upon termination of the temporary license,  
5 the board shall issue a notice of termination that shall require the  
6 temporary licenseholder to immediately cease the practice of  
7 medicine upon receipt.

8 (f) This section shall not apply to a board that has established  
9 a temporary licensing process before January 1, 2014.

10 SECTION 1. Section 115.5 of the Business and Professions  
11 Code is amended to read:

12 115.5. (a) Except as provided in subdivision (d), a board within  
13 the department shall expedite the licensure process for an applicant  
14 who meets both of the following requirements:

15 (1) Supplies evidence satisfactory to the board that the applicant  
16 is married to, or in a domestic partnership or other legal union  
17 with, an active duty member of the Armed Forces of the United  
18 States who is assigned to a duty station in this state under official  
19 active duty military orders.

20 (2) Holds a current license in another state, district, or territory  
21 of the United States in the profession or vocation for which he or  
22 she seeks a license from the board.

23 (b) (1) A board shall, after appropriate investigation, issue a  
24 temporary license to an applicant who is eligible for, and requests,  
25 expedited licensure pursuant to subdivision (a) if the applicant  
26 meets the requirements described in paragraph (3). The temporary  
27 license shall expire 12 months after issuance, upon issuance of the  
28 expedited license, or upon denial of the application for expedited  
29 licensure by the board, whichever occurs first.

30 (2) The board may conduct an investigation of an applicant for  
31 purposes of denying or revoking a temporary license issued  
32 pursuant to this subdivision. This investigation may include a  
33 criminal background check.

34 (3) (A) An applicant seeking a temporary license issued  
35 pursuant to this subdivision shall submit an application to the board  
36 which shall include a signed affidavit attesting to the fact that he  
37 or she meets all of the requirements for the temporary license and  
38 that the information submitted in the application is accurate, to the  
39 best of his or her knowledge. The application shall also include  
40 written verification from the applicant's original licensing

1 jurisdiction stating that the applicant's license is in good standing  
2 in that jurisdiction.

3 ~~(B) The applicant shall not have committed an act in any~~  
4 ~~jurisdiction that would have constituted grounds for denial,~~  
5 ~~suspension, or revocation of the license under this code at the time~~  
6 ~~the act was committed. A violation of this subparagraph may be~~  
7 ~~grounds for the denial or revocation of a temporary license issued~~  
8 ~~by the board.~~

9 ~~(C) The applicant shall not have been disciplined by a licensing~~  
10 ~~entity in another jurisdiction and shall not be the subject of an~~  
11 ~~unresolved complaint, review procedure, or disciplinary proceeding~~  
12 ~~conducted by a licensing entity in another jurisdiction.~~

13 ~~(D) The applicant shall, upon request by a board, furnish a full~~  
14 ~~set of fingerprints for purposes of conducting a criminal~~  
15 ~~background check.~~

16 ~~(e)~~  
17 ~~A board may adopt regulations necessary to administer this~~  
18 ~~section.~~

19 ~~(d) This section shall not apply to a board that has established~~  
20 ~~a temporary licensing process before January 1, 2014.~~

## CURRENT BILL STATUS

MEASURE : S.B. No. 304  
AUTHOR(S) : Lieu (Principal coauthors: Assembly Members Bonilla and Gordon).  
TOPIC : Healing arts: boards.  
+LAST AMENDED DATE : 09/06/2013

## TYPE OF BILL :

Inactive  
Non-Urgency  
Appropriations  
Majority Vote Required  
State-Mandated Local Program  
Fiscal  
Non-Tax Levy

LAST HIST. ACT. DATE: 10/03/2013  
LAST HIST. ACTION : Chaptered by Secretary of State. Chapter 515, Statutes of 2013.  
COMM. LOCATION : ASM APPROPRIATIONS  
COMM. ACTION DATE : 08/30/2013  
COMM. ACTION : Do pass as amended.  
COMM. VOTE SUMMARY : Ayes: 12 Noes: 04PASS

TITLE : An act to amend Sections 159.5, 160.5, 2001, 2020, 2021, 2135.7, 2177, 2220.08, 2225.5, 2514, 2569, 4800, 4804.5, 4809.5, 4809.7, and 4809.8 of, to amend, repeal, and add Sections 160 and 4836.1 of, to amend and add Section 2006 of, and to add Sections 2216.3, 2216.4, 2403, 4836.2, 4836.3, and 4836.4 to, the Business and Professions Code, to amend Sections 11529, 12529.6, and 12529.7 of, and to amend and repeal Sections 12529 and 12529.5 of, the Government Code, to amend Section 1248.15 of the Health and Safety Code, and to amend, repeal, and add Section 830.3 of the Penal Code, relating to healing arts, and making an appropriation therefor.

**Senate Bill No. 304**

**CHAPTER 515**

An act to amend Sections 159.5, 160.5, 2001, 2020, 2021, 2135.7, 2177, 2220.08, 2225.5, 2514, 2569, 4800, 4804.5, 4809.5, 4809.7, and 4809.8 of, to amend, repeal, and add Sections 160 and 4836.1 of, to amend and add Section 2006 of, and to add Sections 2216.3, 2216.4, 2403, 4836.2, 4836.3, and 4836.4 to, the Business and Professions Code, to amend Sections 11529, 12529.6, and 12529.7 of, and to amend and repeal Sections 12529 and 12529.5 of, the Government Code, to amend Section 1248.15 of the Health and Safety Code, and to amend, repeal, and add Section 830.3 of the Penal Code, relating to healing arts, and making an appropriation therefor.

[Approved by Governor October 3, 2013. Filed with  
Secretary of State October 3, 2013.]

**LEGISLATIVE COUNSEL'S DIGEST**

SB 304, Lieu. Healing arts: boards.

(1) Existing law provides for the licensure and regulation of physicians and surgeons by the Medical Board of California. Existing law authorizes the board to employ an executive director. Existing law provides that those provisions will be repealed on January 1, 2014, and, upon repeal, the board is subject to review by the Joint Sunset Review Committee.

This bill would instead repeal those provisions on January 1, 2018, and subject the board to review by the appropriate policy committees of the Legislature. The bill would authorize the board to employ an executive director by, and with the approval of, the Director of Consumer Affairs.

Existing law authorizes the board to issue a physician and surgeon's license to an applicant who acquired all or part of his or her medical education at a foreign medical school that is not recognized by the board if, among other requirements, the applicant has held an unlimited and unrestricted license as a physician and surgeon in another state or federal territory and has continuously practiced for a minimum of 10 years prior to the date of application or to an applicant who acquired any part of his or her professional instruction at a foreign medical school that has previously been disapproved by the board if, among other requirements, the applicant has held an unlimited and unrestricted license as a physician and surgeon in another state or federal territory and has continuously practiced for a minimum of 20 years prior to the date of application. For the purposes of these provisions, the board may combine the period of time that the applicant has held an unlimited and unrestricted license, but requires each applicant to have a minimum of 5 years continuous licensure and practice in a single state or federal territory.

This bill would instead authorize the board to issue a physician and surgeon's license to an applicant who acquired any part of his or her medical education from an unrecognized medical school if, among other requirements, the applicant has held an unlimited and unrestricted license as a physician and surgeon in another state, a federal territory, or a Canadian province and has continuously practiced for a minimum of 10 years prior to the date of application, or from a disapproved medical school if, among other requirements, the applicant has held an unlimited and unrestricted license as a physician and surgeon in another state, a federal territory, or a Canadian province and has continuously practiced for a minimum of 12 years prior to the date of application. The bill would reduce the minimum number of years that each applicant must have continuous licensure and practice in a single state or federal territory to 2 years and permit the period of continuous licensure and practice to occur in a Canadian province.

Existing law authorizes the Medical Board of California, if it publishes a directory of its licensees, as specified, to require persons licensed, as specified, to furnish specified information to the board for purposes of compiling the directory.

This bill would require that an applicant and licensee who has an electronic mail address report to the board that electronic mail address no later than July 1, 2014. The bill would provide that the electronic mail address is to be considered confidential, as specified.

Existing law requires an applicant for a physician and surgeon's certificate to obtain a passing score on Step 3 of the United States Medical Licensing Examination with not more than 4 attempts, subject to an exception.

This bill would require an applicant to have obtained a passing score on all parts of that examination with not more than 4 attempts, subject to the exception.

Existing law requires that a complaint, with exceptions, received by the board determined to involve quality of care, before referral to a field office for further investigation, meet certain criteria.

This bill would expand the types of reports that are exempted from that requirement.

Existing law provides for a civil penalty of up to \$1,000 per day, as specified, to be imposed on a health care facility that fails to comply with a patient's medical record request, as specified, within 30 days.

This bill would shorten the time limit for compliance to 15 days for those health care facilities that have electronic health records.

Existing law establishes that corporations and other artificial legal entities have no professional rights, privileges, or powers.

This bill would provide that those provisions do not apply to physicians and surgeons or doctors of podiatric medicine enrolled in approved residency postgraduate training programs or fellowship programs.

(2) Existing law, the Licensed Midwifery Practice Act of 1993, provides for the licensure and regulation of licensed midwives by the Medical Board of California. Existing law specifies that a midwife student meeting certain conditions is not precluded from engaging in the practice of midwifery as

part of his or her course of study, if certain conditions are met, including, that the student is under the supervision of a licensed midwife.

This bill would require that to engage in those practices, the student is to be enrolled and participating in a midwifery education program or enrolled in a program of supervised clinical training, as provided. The bill would add that the student is permitted to engage in those practices if he or she is under the supervision of a licensed nurse-midwife.

(3) Existing law provides for the regulation of registered dispensing opticians by the Medical Board of California and requires that the powers and duties of the board in that regard be subject to review by the Joint Sunset Review Committee as if those provisions were scheduled to be repealed on January 1, 2014.

This bill would instead make the powers and duties of the board subject to review by the appropriate policy committees of the Legislature as if those provisions were scheduled to be repealed on January 1, 2018.

(4) Existing law provides for the accreditation of outpatient settings, as defined, by the Medical Board of California, and requires outpatient settings to report adverse events, as defined, to the State Department of Public Health within specified time limits. Existing law provides for the imposition of a civil penalty in the event that an adverse event is not reported within the applicable time limit.

This bill would instead require those outpatient settings to report adverse events to the Medical Board of California within specified time limits and authorize the board to impose a civil penalty if an outpatient setting fails to timely report an adverse event.

(5) Existing law establishes the Medical Quality Hearing Panel, consisting of no fewer than 5 administrative law judges with certain medical training, within the Office of Administrative Hearings. Existing law authorizes those administrative law judges to issue interim orders suspending a license, or imposing drug testing, continuing education, supervision of procedures, or other license restrictions. Existing law requires that in all of those cases in which an interim order is issued, and an accusation is not filed and served within 15 days of the date in which the parties to the hearing have submitted the matter, the order be dissolved.

Under existing law, if a healing arts practitioner is unable to practice his or her profession safely due to mental or physical illness, his or her licensing agency may order the practitioner to be examined by specified professionals.

This bill would extend the time in which the accusation must be filed and served to 30 days from the date on which the parties to the hearing submitted the matter. The bill would also provide that a physician and surgeon's failure to comply with an order to be examined may constitute grounds for an administrative law judge of the Medical Quality Hearing Panel to issue an interim suspension order.

Existing law establishes the Health Quality Enforcement Section within the Department of Justice to investigate and prosecute proceedings against licensees and applicants within the jurisdiction of the Medical Board of California, the California Board of Podiatric Medicine, the Board of

Psychology, or any committee under the jurisdiction of the Medical Board of California. Existing law provides for the funding for the section, and for the appointment of a Senior Assistant Attorney General to the section to carry out specified duties. Existing law requires that all complaints or relevant information concerning licensees that are within the jurisdiction of the boards served by the Health Quality Enforcement Section be made available to the Health Quality Enforcement Section. Existing law establishes the procedures for processing the complaints, assisting the boards or committees in establishing training programs for their staff, and for determining whether to bring a disciplinary proceeding against a licensee of the boards. Existing law provides for the repeal of those provisions, as provided, on January 1, 2014.

This bill would extend the operation of those provisions indefinitely and make those provisions applicable to the Physical Therapy Board of California and licensees within its jurisdiction.

Existing law establishes, until January 1, 2014, a vertical enforcement and prosecution model for cases before the Medical Board of California and requires the board to report to the Governor and Legislature on that model by March 1, 2012.

This bill would extend the date that report is due to March 1, 2015.

Existing law creates the Division of Investigation within the Department of Consumer Affairs and requires investigators who have the authority of peace officers to be in the division, except that investigators of the Medical Board of California and the Dental Board of California who have that authority are not required to be in the division.

This bill would require, effective July 1, 2014, that investigators of the Medical Board of California who have the authority of a peace officer be in the division and would protect the positions, status, and rights of those employees who are subsequently transferred as a result of these provisions. The bill would also, effective July 1, 2014, create within the Division of Investigation the Health Quality Investigation Unit.

(6) Existing law, the Veterinary Medicine Practice Act, provides for the licensure and registration of veterinarians and registered veterinary technicians and the regulation of the practice of veterinary medicine by the Veterinary Medical Board. Existing law repeals the provisions establishing the board, and authorizing the board to appoint an executive officer, as of January 1, 2014. Under existing law, the board is subject to evaluation by the Joint Sunset Review Committee prior to its repeal.

This bill would provide that those provisions are instead repealed as of January 1, 2016. The bill, upon repeal of the board, would require that the board be subject to a specifically limited review by the appropriate policy committees of the Legislature.

Existing law authorizes the board, at any time, to inspect the premises in which veterinary medicine, veterinary dentistry, or veterinary surgery is being practiced and requires that those premises be registered with the board. Existing law requires the board to establish a regular inspection program that will provide for random, unannounced inspections.

This bill would require the board to make every effort to inspect at least 20% of veterinary premises on an annual basis and would exclude from inspection those premises that are not registered with the board.

Existing law requires the board to establish an advisory committee, the Veterinary Medicine Multidisciplinary Advisory Committee, to assist, advise, and make recommendations for the implementation of rules and regulations necessary to ensure proper administration and enforcement of specified provisions and to assist the board in its examination, licensure, and registration programs. Existing law requires the committee to consist of 7 members, with 4 licensed veterinarians, 2 registered veterinary technicians, and one public member.

This bill would expand the number of members on the committee to 9 by including one veterinarian member of the board, to be appointed by the board president, and the registered veterinary technician of the board, both of whom would serve concurrently with their terms of office on the board. The bill would additionally require that the committee serve only in an advisory capacity to the board, as specified. The bill would make other technical and conforming changes.

Existing law authorizes a registered veterinary technician or a veterinary assistant to administer a drug under the direct or indirect supervision of a licensed veterinarian when administered pursuant to the order, control, and full professional responsibility of a licensed veterinarian. Existing law limits access to controlled substances by veterinary assistants to persons who have undergone a background check and who, to the best of the licensee manager's knowledge, do not have any drug- or alcohol-related felony convictions. A violation of these provisions is a crime. Existing law repeals these provisions on January 1, 2015.

This bill would instead require, until the later of January 1, 2015, or the effective date of a specified legislative determination, a licensee manager to conduct a background check on a veterinary assistant prior to authorizing him or her to obtain or administer a controlled substance by the order of a supervising veterinarian and to prohibit the veterinary assistant from obtaining or administering controlled substances if the veterinary assistant has a drug- or alcohol-related felony conviction. Because a violation of these provisions would be a crime, this bill imposes a state-mandated local program.

This bill would require that, upon the later of January 1, 2015, or the effective date of a specified legislative determination, a veterinary assistant be designated by a licensed veterinarian and hold a valid veterinary assistant controlled substances permit from the board in order to obtain or administer controlled substances. The bill would, as part of the application for a permit, require an applicant to furnish a set of fingerprints to the Department of Justice for the purposes of conducting both a state and federal criminal history record check. The bill would require an applicant for a veterinary assistant controlled substances permit to apply for a renewal of his or her permit on or before the last day of the applicant's birthday month and to update his or her mailing or employer address with the board. The bill would

authorize the board to collect a filing fee, not to exceed \$100, from applicants for a veterinary assistant controlled substances permit. Because that fee would be deposited in the Veterinary Medical Board Contingent Fund, which is a continuously appropriated fund, the bill would make an appropriation.

(7) This bill would incorporate additional changes to Section 11529 of the Government Code proposed by SB 670 that would become operative if this bill and SB 670 are enacted and this bill is chaptered last.

(8) 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.

Appropriation: yes.

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

SECTION 1. Section 159.5 of the Business and Professions Code is amended to read:

159.5. (a) (1) There is in the department the Division of Investigation. The division is in the charge of a person with the title of chief of the division.

(2) Except as provided in Section 160, investigators who have the authority of peace officers, as specified in subdivision (a) of Section 160 and in subdivision (a) of Section 830.3 of the Penal Code, shall be in the division and shall be appointed by the director.

(b) (1) There is in the Division of Investigation the Health Quality Investigation Unit. The primary responsibility of the unit is to investigate violations of law or regulation within the jurisdiction of the Medical Board of California, the California Board of Podiatric Medicine, the Board of Psychology, the Osteopathic Medical Board of California, the Physician Assistant Board, or any entities under the jurisdiction of the Medical Board of California.

(2) The Medical Board of California shall not be charged an hourly rate for the performance of investigations by the unit.

(3) This subdivision shall become operative on July 1, 2014.

SEC. 2. Section 160 of the Business and Professions Code is amended to read:

160. (a) The chief and all investigators of the Division of Investigation of the department and all investigators of the Medical Board of California and the Dental Board of California have the authority of peace officers while engaged in exercising the powers granted or performing the duties imposed upon them or the division in investigating the laws administered by the various boards comprising the department or commencing directly or indirectly any criminal prosecution arising from any investigation conducted under these laws. All persons herein referred to shall be deemed to be acting

within the scope of employment with respect to all acts and matters set forth in this section.

(b) The Division of Investigation of the department, the Medical Board of California, and the Dental Board of California may employ individuals, who are not peace officers, to provide investigative services.

(c) This section shall become inoperative on July 1, 2014, and, as of January 1, 2015, is repealed, unless a later enacted statute, that becomes operative on or before January 1, 2015, deletes or extends the dates on which it becomes inoperative and is repealed.

SEC. 3. Section 160 is added to the Business and Professions Code, to read:

160. (a) The chief and all investigators of the Division of Investigation of the department and all investigators of the Dental Board of California have the authority of peace officers while engaged in exercising the powers granted or performing the duties imposed upon them or the division in investigating the laws administered by the various boards comprising the department or commencing directly or indirectly any criminal prosecution arising from any investigation conducted under these laws. All persons herein referred to shall be deemed to be acting within the scope of employment with respect to all acts and matters set forth in this section.

(b) The Division of Investigation of the department and the Dental Board of California may employ individuals, who are not peace officers, to provide investigative services.

(c) This section shall become operative on July 1, 2014.

SEC. 4. Section 160.5 of the Business and Professions Code is amended to read:

160.5. (a) All civil service employees currently employed by the Board of Dental Examiners of the Department of Consumer Affairs, whose functions are transferred as a result of the act adding this section shall retain their positions, status, and rights pursuant to Section 19050.9 of the Government Code and the State Civil Service Act (Part 2 (commencing with Section 18500) of Division 5 of Title 2 of the Government Code). The transfer of employees as a result of the act adding this section shall occur no later than July 1, 1999.

(b) (1) All civil service employees currently employed by the Medical Board of California of the Department of Consumer Affairs, whose functions are transferred as a result of the act adding this subdivision shall retain their positions, status, and rights pursuant to Section 19050.9 of the Government Code and the State Civil Service Act (Part 2 (commencing with Section 18500) of Division 5 of Title 2 of the Government Code). The transfer of employees as a result of the act adding this subdivision shall occur no later than July 1, 2014.

(2) The transfer of employees pursuant to this subdivision shall include all peace officer and medical consultant positions and all staff support positions for those peace officer and medical consultant positions.

SEC. 5. Section 2001 of the Business and Professions Code is amended to read:

2001. (a) There is in the Department of Consumer Affairs a Medical Board of California that consists of 15 members, 7 of whom shall be public members.

(b) The Governor shall appoint 13 members to the board, subject to confirmation by the Senate, 5 of whom shall be public members. The Senate Committee on Rules and the Speaker of the Assembly shall each appoint a public member.

(c) This section shall remain in effect only until January 1, 2018, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2018, deletes or extends that date. Notwithstanding any other law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature.

SEC. 6. Section 2006 of the Business and Professions Code is amended to read:

2006. (a) Any reference in this chapter to an investigation by the board shall be deemed to refer to a joint investigation conducted by employees of the Department of Justice and the board under the vertical enforcement and prosecution model, as specified in Section 12529.6 of the Government Code.

(b) This section shall become inoperative on July 1, 2014, and, as of January 1, 2015, is repealed, unless a later enacted statute, that becomes operative on or before January 1, 2015, deletes or extends the dates on which it becomes inoperative and is repealed.

SEC. 7. Section 2006 is added to the Business and Professions Code, to read:

2006. (a) Any reference in this chapter to an investigation by the board shall be deemed to refer to a joint investigation conducted by employees of the Department of Justice and the Health Quality Investigation Unit under the vertical enforcement and prosecution model, as specified in Section 12529.6 of the Government Code.

(b) This section shall become operative on July 1, 2014.

SEC. 8. Section 2020 of the Business and Professions Code is amended to read:

2020. (a) The board, by and with the approval of the director, may employ an executive director exempt from the provisions of the Civil Service Act and may also employ investigators, legal counsel, medical consultants, and other assistance as it may deem necessary to carry this chapter into effect. The board may fix the compensation to be paid for services subject to the provisions of applicable state laws and regulations and may incur other expenses as it may deem necessary. Investigators employed by the board shall be provided special training in investigating medical practice activities.

(b) The Attorney General shall act as legal counsel for the board for any judicial and administrative proceedings and his or her services shall be a charge against it.

(c) This section shall remain in effect only until January 1, 2018, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2018, deletes or extends that date.

SEC. 9. Section 2021 of the Business and Professions Code is amended to read:

2021. (a) If the board publishes a directory pursuant to Section 112, it may require persons licensed pursuant to this chapter to furnish any information as it may deem necessary to enable it to compile the directory.

(b) Each licensee shall report to the board each and every change of address within 30 days after each change, giving both the old and new address. If an address reported to the board at the time of application for licensure or subsequently is a post office box, the applicant shall also provide the board with a street address. If another address is the licensee's address of record, he or she may request that the second address not be disclosed to the public.

(c) Each licensee shall report to the board each and every change of name within 30 days after each change, giving both the old and new names.

(d) Each applicant and licensee who has an electronic mail address shall report to the board that electronic mail address no later than July 1, 2014. The electronic mail address shall be considered confidential and not subject to public disclosure.

(e) The board shall annually send an electronic notice to each applicant and licensee that requests confirmation from the applicant or licensee that his or her electronic mail address is current.

SEC. 10. Section 2135.7 of the Business and Professions Code is amended to read:

2135.7. (a) Upon review and recommendation, the board may determine that an applicant for a physician and surgeon's certificate who acquired his or her medical education or a portion thereof at a foreign medical school that is not recognized or has been previously disapproved by the board is eligible for a physician and surgeon's certificate if the applicant meets all of the following criteria:

(1) Has successfully completed a resident course of medical education leading to a degree of medical doctor equivalent to that specified in Sections 2089 to 2091.2, inclusive.

(2) (A) (i) For an applicant who acquired any part of his or her medical education from an unrecognized foreign medical school, he or she holds an unlimited and unrestricted license as a physician and surgeon in another state, a federal territory, or a Canadian province and has held that license and continuously practiced for a minimum of 10 years prior to the date of application.

(ii) For an applicant who acquired any part of his or her professional instruction from a foreign medical school that was disapproved by the board at the time he or she attended the school, he or she holds an unlimited and unrestricted license as a physician and surgeon in another state, a federal territory, or a Canadian province and has held that license and continuously practiced for a minimum of 12 years prior to the date of application.

(B) For the purposes of clauses (i) and (ii) of subparagraph (A), the board may combine the period of time that the applicant has held an unlimited and unrestricted license in other states, federal territories, or Canadian

provinces and continuously practiced therein, but each applicant under this section shall have a minimum of two years continuous licensure and practice in a single state, federal territory, or Canadian province. For purposes of this paragraph, continuous licensure and practice includes any postgraduate training after 24 months in a postgraduate training program that is accredited by the Accreditation Council for Graduate Medical Education (ACGME) or postgraduate training completed in Canada that is accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC).

(3) Is certified by a specialty board that is a member board of the American Board of Medical Specialties.

(4) Has successfully taken and passed the examinations described in Article 9 (commencing with Section 2170).

(5) Has not been the subject of a disciplinary action by a medical licensing authority or of adverse judgments or settlements resulting from the practice of medicine that the board determines constitutes a pattern of negligence or incompetence.

(6) Has successfully completed three years of approved postgraduate training. The postgraduate training required by this paragraph shall have been obtained in a postgraduate training program accredited by the ACGME or postgraduate training completed in Canada that is accredited by the RCPSC.

(7) Is not subject to denial of licensure under Division 1.5 (commencing with Section 475) or Article 12 (commencing with Section 2220).

(8) Has not held a healing arts license and been the subject of disciplinary action by a healing arts board of this state or by another state, federal territory, or Canadian province.

(b) The board may adopt regulations to establish procedures for accepting transcripts, diplomas, and other supporting information and records when the originals are not available due to circumstances outside the applicant's control. The board may also adopt regulations authorizing the substitution of additional specialty board certifications for years of practice or licensure when considering the certification for a physician and surgeon pursuant to this section.

(c) This section shall not apply to a person seeking to participate in a program described in Sections 2072, 2073, 2111, 2112, 2113, 2115, or 2168, or seeking to engage in postgraduate training in this state.

SEC. 11. Section 2177 of the Business and Professions Code is amended to read:

2177. (a) A passing score is required for an entire examination or for each part of an examination, as established by resolution of the board.

(b) Applicants may elect to take the written examinations conducted or accepted by the board in separate parts.

(c) (1) An applicant shall have obtained a passing score on all parts of Step 3 of the United States Medical Licensing Examination within not more than four attempts in order to be eligible for a physician's and surgeon's certificate.

(2) Notwithstanding paragraph (1), an applicant who obtains a passing score on all parts of Step 3 of the United States Medical Licensing Examination in more than four attempts and who meets the requirements of Section 2135.5 shall be eligible to be considered for issuance of a physician's and surgeon's certificate.

SEC. 12. Section 2216.3 is added to the Business and Professions Code, to read:

2216.3. (a) An outpatient setting accredited pursuant to Section 1248.1 of the Health and Safety Code shall report an adverse event to the board no later than five days after the adverse event has been detected, or, if that event is an ongoing urgent or emergent threat to the welfare, health, or safety of patients, personnel, or visitors, not later than 24 hours after the adverse event has been detected. Disclosure of individually identifiable patient information shall be consistent with applicable law.

(b) For the purposes of this section, "adverse event" has the same meaning as in subdivision (b) of Section 1279.1 of the Health and Safety Code.

SEC. 13. Section 2216.4 is added to the Business and Professions Code, to read:

2216.4. If an accredited outpatient setting fails to report an adverse event pursuant to Section 2216.3, the board may assess the accredited outpatient setting a civil penalty in an amount not to exceed one hundred dollars (\$100) for each day that the adverse event is not reported following the initial five-day period or 24-hour period, as applicable. If the accredited outpatient setting disputes a determination by the board regarding an alleged failure to report an adverse event, the accredited outpatient setting may, within 10 days of notification of the board's determination, request a hearing, which shall be conducted pursuant to the administrative adjudication provisions of Chapter 4.5 (commencing with Section 11400) and Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code. Penalties shall be paid when appeals pursuant to those provisions have been exhausted.

SEC. 14. Section 2220.08 of the Business and Professions Code is amended to read:

2220.08. (a) Except for reports received by the board pursuant to Section 801.01 or 805 that may be treated as complaints by the board and new complaints relating to a physician and surgeon who is the subject of a pending accusation or investigation or who is on probation, any complaint determined to involve quality of care, before referral to a field office for further investigation, shall meet the following criteria:

(1) It shall be reviewed by one or more medical experts with the pertinent education, training, and expertise to evaluate the specific standard of care issues raised by the complaint to determine if further field investigation is required.

(2) It shall include the review of the following, which shall be requested by the board:

(A) Relevant patient records.

(B) The statement or explanation of the care and treatment provided by the physician and surgeon.

(C) Any additional expert testimony or literature provided by the physician and surgeon.

(D) Any additional facts or information requested by the medical expert reviewers that may assist them in determining whether the care rendered constitutes a departure from the standard of care.

(b) If the board does not receive the information requested pursuant to paragraph (2) of subdivision (a) within 10 working days of requesting that information, the complaint may be reviewed by the medical experts and referred to a field office for investigation without the information.

(c) Nothing in this section shall impede the board's ability to seek and obtain an interim suspension order or other emergency relief.

SEC. 15. Section 2225.5 of the Business and Professions Code is amended to read:

2225.5. (a) (1) A licensee who fails or refuses to comply with a request for the certified medical records of a patient, that is accompanied by that patient's written authorization for release of records to the board, within 15 days of receiving the request and authorization, shall pay to the board a civil penalty of one thousand dollars (\$1,000) per day for each day that the documents have not been produced after the 15th day, up to ten thousand dollars (\$10,000), unless the licensee is unable to provide the documents within this time period for good cause.

(2) A health care facility shall comply with a request for the certified medical records of a patient that is accompanied by that patient's written authorization for release of records to the board together with a notice citing this section and describing the penalties for failure to comply with this section. Failure to provide the authorizing patient's certified medical records to the board within 30 days of receiving the request, authorization, and notice shall subject the health care facility to a civil penalty, payable to the board, of up to one thousand dollars (\$1,000) per day for each day that the documents have not been produced after the 30th day, up to ten thousand dollars (\$10,000), unless the health care facility is unable to provide the documents within this time period for good cause. For health care facilities that have electronic health records, failure to provide the authorizing patient's certified medical records to the board within 15 days of receiving the request, authorization, and notice shall subject the health care facility to a civil penalty, payable to the board, of up to one thousand dollars (\$1,000) per day for each day that the documents have not been produced after the 15th day, up to ten thousand dollars (\$10,000), unless the health care facility is unable to provide the documents within this time period for good cause. This paragraph shall not require health care facilities to assist the board in obtaining the patient's authorization. The board shall pay the reasonable costs of copying the certified medical records.

(b) (1) A licensee who fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board shall pay to the board a civil penalty of one thousand dollars

(\$1,000) per day for each day that the documents have not been produced after the date by which the court order requires the documents to be produced, up to ten thousand dollars (\$10,000), unless it is determined that the order is unlawful or invalid. Any statute of limitations applicable to the filing of an accusation by the board shall be tolled during the period the licensee is out of compliance with the court order and during any related appeals.

(2) Any licensee who fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board is guilty of a misdemeanor punishable by a fine payable to the board not to exceed five thousand dollars (\$5,000). The fine shall be added to the licensee's renewal fee if it is not paid by the next succeeding renewal date. Any statute of limitations applicable to the filing of an accusation by the board shall be tolled during the period the licensee is out of compliance with the court order and during any related appeals.

(3) A health care facility that fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of patient records to the board, that is accompanied by a notice citing this section and describing the penalties for failure to comply with this section, shall pay to the board a civil penalty of up to one thousand dollars (\$1,000) per day for each day that the documents have not been produced, up to ten thousand dollars (\$10,000), after the date by which the court order requires the documents to be produced, unless it is determined that the order is unlawful or invalid. Any statute of limitations applicable to the filing of an accusation by the board against a licensee shall be tolled during the period the health care facility is out of compliance with the court order and during any related appeals.

(4) Any health care facility that fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board is guilty of a misdemeanor punishable by a fine payable to the board not to exceed five thousand dollars (\$5,000). Any statute of limitations applicable to the filing of an accusation by the board against a licensee shall be tolled during the period the health care facility is out of compliance with the court order and during any related appeals.

(c) Multiple acts by a licensee in violation of subdivision (b) shall be punishable by a fine not to exceed five thousand dollars (\$5,000) or by imprisonment in a county jail not exceeding six months, or by both that fine and imprisonment. Multiple acts by a health care facility in violation of subdivision (b) shall be punishable by a fine not to exceed five thousand dollars (\$5,000) and shall be reported to the State Department of Public Health and shall be considered as grounds for disciplinary action with respect to licensure, including suspension or revocation of the license or certificate.

(d) A failure or refusal of a licensee to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board constitutes unprofessional conduct and is grounds for suspension or revocation of his or her license.

(e) Imposition of the civil penalties authorized by this section shall be in accordance with the Administrative Procedure Act (Chapter 5 (commencing with Section 11500) of Division 3 of Title 2 of the Government Code).

(f) For purposes of this section, “certified medical records” means a copy of the patient’s medical records authenticated by the licensee or health care facility, as appropriate, on a form prescribed by the board.

(g) For purposes of this section, a “health care facility” means a clinic or health facility licensed or exempt from licensure pursuant to Division 2 (commencing with Section 1200) of the Health and Safety Code.

SEC. 16. Section 2403 is added to the Business and Professions Code, to read:

2403. The provisions of Section 2400 do not apply to physicians and surgeons or doctors of podiatric medicine enrolled in approved residency postgraduate training programs or fellowship programs.

SEC. 17. Section 2514 of the Business and Professions Code is amended to read:

2514. (a) Nothing in this chapter shall be construed to prevent a bona fide student from engaging in the practice of midwifery in this state, as part of his or her course of study, if both of the following conditions are met:

(1) The student is under the supervision of a licensed midwife or certified nurse-midwife, who holds a clear and unrestricted license in this state, who is present on the premises at all times client services are provided, and who is practicing pursuant to Section 2507 or 2746.5, or a physician and surgeon.

(2) The client is informed of the student’s status.

(b) For the purposes of this section, a “bona fide student” means an individual who is enrolled and participating in a midwifery education program or who is enrolled in a program of supervised clinical training as part of the instruction of a three year postsecondary midwifery education program approved by the board.

SEC. 18. Section 2569 of the Business and Professions Code is amended to read:

2569. Notwithstanding any other law, the powers and duties of the board, as set forth in this chapter, shall be subject to review by the appropriate policy committees of the Legislature. The review shall be performed as if this chapter were scheduled to be repealed as of January 1, 2018.

SEC. 19. Section 4800 of the Business and Professions Code is amended to read:

4800. (a) There is in the Department of Consumer Affairs a Veterinary Medical Board in which the administration of this chapter is vested. The board consists of the following members:

(1) Four licensed veterinarians.

(2) One registered veterinary technician.

(3) Three public members.

(b) This section shall remain in effect only until January 1, 2016, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2016, deletes or extends that date.

(c) Notwithstanding any other law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature. However, the review of the board shall be limited to those issues identified by the appropriate policy committees of the Legislature and shall not involve the preparation or submission of a sunset review document or evaluative questionnaire.

SEC. 20. Section 4804.5 of the Business and Professions Code is amended to read:

4804.5. The board may appoint a person exempt from civil service who shall be designated as an executive officer and who shall exercise the powers and perform the duties delegated by the board and vested in him or her by this chapter.

This section shall remain in effect only until January 1, 2016, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2016, deletes or extends that date.

SEC. 21. Section 4809.5 of the Business and Professions Code is amended to read:

4809.5. The board may at any time inspect the premises in which veterinary medicine, veterinary dentistry, or veterinary surgery is being practiced. The board's inspection authority does not extend to premises that are not registered with the board. Nothing in this section shall be construed to affect the board's ability to investigate alleged unlicensed activity or to inspect a premises for which registration has lapsed or is delinquent.

SEC. 22. Section 4809.7 of the Business and Professions Code is amended to read:

4809.7. The board shall establish a regular inspection program that will provide for random, unannounced inspections. The board shall make every effort to inspect at least 20 percent of veterinary premises on an annual basis.

SEC. 23. Section 4809.8 of the Business and Professions Code is amended to read:

4809.8. (a) The board shall establish an advisory committee to assist, advise, and make recommendations for the implementation of rules and regulations necessary to ensure proper administration and enforcement of this chapter and to assist the board in its examination, licensure, and registration programs. The committee shall serve only in an advisory capacity to the board and the objectives, duties, and actions of the committee shall not be a substitute for or conflict with any of the powers, duties, and responsibilities of the board. The committee shall be known as the Veterinary Medicine Multidisciplinary Advisory Committee. The multidisciplinary committee shall consist of nine members. The following members of the multidisciplinary committee shall be appointed by the board from lists of nominees solicited by the board: four licensed veterinarians, two registered veterinary technicians, and one public member. The committee shall also include one veterinarian member of the board, to be appointed by the board president, and the registered veterinary technician member of the board. Members of the multidisciplinary committee shall represent a sufficient

cross section of the interests in veterinary medicine in order to address the issues before it, as determined by the board, including veterinarians, registered veterinary technicians, and members of the public.

(b) Multidisciplinary committee members appointed by the board shall serve for a term of three years and appointments shall be staggered accordingly. A member may be reappointed, but no person shall serve as a member of the committee for more than two consecutive terms. Vacancies occurring shall be filled by appointment for the unexpired term, within 90 days after they occur. Board members of the multidisciplinary committee shall serve concurrently with their terms of office on the board.

(c) The multidisciplinary committee shall be subject to the requirements of Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code.

(d) Multidisciplinary committee members shall receive a per diem as provided in Section 103 and shall be compensated for their actual travel expenses in accordance with the rules and regulations adopted by the Department of Human Resources.

(e) The board may remove a member of the multidisciplinary committee appointed by the board for continued neglect of a duty required by this chapter, for incompetency, or for unprofessional conduct.

(f) It is the intent of the Legislature that the multidisciplinary committee, in implementing this section, give appropriate consideration to issues pertaining to the practice of registered veterinarian technicians.

SEC. 24. Section 4836.1 of the Business and Professions Code is amended to read:

4836.1. (a) Notwithstanding any other provision of law, a registered veterinary technician or a veterinary assistant may administer a drug, including, but not limited to, a drug that is a controlled substance, under the direct or indirect supervision of a licensed veterinarian when done pursuant to the order, control, and full professional responsibility of a licensed veterinarian. However, no person, other than a licensed veterinarian, may induce anesthesia unless authorized by regulation of the board.

(b) Prior to authorizing a veterinary assistant to obtain or administer a controlled substance by the order of a supervising veterinarian, the licensee manager in a veterinary practice shall conduct a background check on that veterinary assistant. A veterinary assistant who has a drug- or alcohol-related felony conviction, as indicated in the background check, shall be prohibited from obtaining or administering controlled substances.

(c) Notwithstanding subdivision (b), if the Veterinary Medical Board, in consultation with the Board of Pharmacy, identifies a dangerous drug, as defined in Section 4022, as a drug that has an established pattern of being diverted, the Veterinary Medical Board may restrict access to that drug by veterinary assistants.

(d) For purposes of this section, the following definitions apply:

(1) "Controlled substance" has the same meaning as that term is defined in Section 11007 of the Health and Safety Code.

(2) “Direct supervision” has the same meaning as that term is defined in subdivision (e) of Section 2034 of Title 16 of the California Code of Regulations.

(3) “Drug” has the same meaning as that term is defined in Section 11014 of the Health and Safety Code.

(4) “Indirect supervision” has the same meaning as that term is defined in subdivision (f) of Section 2034 of Title 16 of the California Code of Regulations.

(e) This section shall become inoperative on the later of January 1, 2015, or the date Section 4836.2 becomes operative, and, as of January 1 next following that date, is repealed, unless a later enacted statute, that becomes operative on or before that date, deletes or extends the dates on which it becomes inoperative is repealed.

SEC. 25. Section 4836.1 is added to the Business and Professions Code, to read:

4836.1. (a) Notwithstanding any other law, a registered veterinary technician or a veterinary assistant may administer a drug, including, but not limited to, a drug that is a controlled substance, under the direct or indirect supervision of a licensed veterinarian when done pursuant to the order, control, and full professional responsibility of a licensed veterinarian. However, no person, other than a licensed veterinarian, may induce anesthesia unless authorized by regulation of the board.

(b) A veterinary assistant may obtain or administer a controlled substance pursuant to the order, control, and full professional responsibility of a licensed veterinarian, only if he or she meets both of the following conditions:

(1) Is designated by a licensed veterinarian to obtain or administer controlled substances.

(2) Holds a valid veterinary assistant controlled substance permit issued pursuant to Section 4836.2.

(c) Notwithstanding subdivision (b), if the Veterinary Medical Board, in consultation with the Board of Pharmacy, identifies a dangerous drug, as defined in Section 4022, as a drug that has an established pattern of being diverted, the Veterinary Medical Board may restrict access to that drug by veterinary assistants.

(d) For purposes of this section, the following definitions apply:

(1) “Controlled substance” has the same meaning as that term is defined in Section 11007 of the Health and Safety Code.

(2) “Direct supervision” has the same meaning as that term is defined in subdivision (e) of Section 2034 of Title 16 of the California Code of Regulations.

(3) “Drug” has the same meaning as that term is defined in Section 11014 of the Health and Safety Code.

(4) “Indirect supervision” has the same meaning as that term is defined in subdivision (f) of Section 2034 of Title 16 of the California Code of Regulations.

(e) This section shall become operative on the date Section 4836.2 becomes operative.

SEC. 26. Section 4836.2 is added to the Business and Professions Code, to read:

4836.2. (a) Applications for a veterinary assistant controlled substance permit shall be upon a form furnished by the board.

(b) The fee for filing an application for a veterinary assistant controlled substance permit shall be set by the board in an amount the board determines is reasonably necessary to provide sufficient funds to carry out the purposes of this section, not to exceed one hundred dollars (\$100).

(c) The board may deny, suspend, or revoke the controlled substance permit of a veterinary assistant after notice and hearing for any cause provided in this subdivision. The proceedings under this section shall be conducted in accordance with the provisions for administrative adjudication in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the board shall have all the powers granted therein. The board may revoke or suspend a veterinary assistant controlled substance permit for any of the following reasons:

(1) The employment of fraud, misrepresentation, or deception in obtaining a veterinary assistant controlled substance permit.

(2) Chronic inebriety or habitual use of controlled substances.

(3) Violating or attempts to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this chapter, or of the regulations adopted under this chapter.

(d) The board shall not issue a veterinary assistant controlled substance permit to any applicant with a state or federal felony controlled substance conviction.

(e) The board shall revoke a veterinary assistant controlled substance permit upon notification that the veterinary assistant to whom the license is issued has been convicted of a state or federal felony controlled substance violation.

(f) (1) As part of the application for a veterinary assistant controlled substance permit, the applicant shall submit to the Department of Justice fingerprint images and related information, as required by the Department of Justice for all veterinary assistant applicants, for the purposes of obtaining information as to the existence and content of a record of state or federal convictions and state or federal arrests and information as to the existence and content of a record of state or federal arrests for which the Department of Justice establishes that the person is free on bail or on his or her own recognizance pending trial or appeal.

(2) When received, the Department of Justice shall forward to the Federal Bureau of Investigation requests for federal summary criminal history information that it receives pursuant to this section. The Department of Justice shall review any information returned to it from the Federal Bureau of Investigation and compile and disseminate a response to the board summarizing that information.

(3) The Department of Justice shall provide a state or federal level response to the board pursuant to paragraph (1) of subdivision (p) of Section 11105 of the Penal Code.

(4) The Department of Justice shall charge a reasonable fee sufficient to cover the cost of processing the request described in this subdivision.

(g) The board shall request from the Department of Justice subsequent notification service, as provided pursuant to Section 11105.2 of the Penal Code, for persons described in paragraph (1) of subdivision (f).

(h) This section shall become operative upon the later of January 1, 2015, or the effective date of the statute in which the Legislature makes a determination that the board has sufficient staffing to implement this section.

SEC. 27. Section 4836.3 is added to the Business and Professions Code, to read:

4836.3. (a) Each person who has been issued a veterinary assistant controlled substance permit by the board pursuant to Section 4836.2 shall biennially apply for renewal of his or her permit on or before the last day of the applicant's birthday month. The application shall be made on a form provided by the board.

(b) The application shall contain a statement to the effect that the applicant has not been convicted of a felony, has not been the subject of professional disciplinary action taken by any public agency in California or any other state or territory, and has not violated any of the provisions of this chapter. If the applicant is unable to make that statement, the application shall contain a statement of the conviction, professional discipline, or violation.

(c) The board may, as part of the renewal process, make necessary inquiries of the applicant and conduct an investigation in order to determine if cause for disciplinary action exists.

(d) The fee for filing an application for a renewal of a veterinary assistant controlled substance permit shall be set by the board in an amount the board determines is reasonably necessary to provide sufficient funds to carry out the purposes of this section, not to exceed fifty dollars (\$50).

(e) This section shall become operative on the date Section 4836.2 becomes operative.

SEC. 28. Section 4836.4 is added to the Business and Professions Code, to read:

4836.4. (a) Every person who has been issued a veterinary assistant controlled substance permit by the board pursuant to Section 4836.2 who changes his or her mailing or employer address shall notify the board of his or her new mailing or employer address within 30 days of the change. The board shall not renew the permit of any person who fails to comply with this section unless the person pays the penalty fee prescribed in Section 4842.5. An applicant for the renewal of a permit shall specify in his or her application whether he or she has changed his or her mailing or employer address and the board may accept that statement as evidence of the fact.

(b) This section shall become operative on the date Section 4836.2 becomes operative.

SEC. 29. Section 11529 of the Government Code is amended to read:

11529. (a) The administrative law judge of the Medical Quality Hearing Panel established pursuant to Section 11371 may issue an interim order suspending a license, or imposing drug testing, continuing education, supervision of procedures, or other license restrictions. Interim orders may be issued only if the affidavits in support of the petition show that the licensee has engaged in, or is about to engage in, acts or omissions constituting a violation of the Medical Practice Act or the appropriate practice act governing each allied health profession, or is unable to practice safely due to a mental or physical condition, and that permitting the licensee to continue to engage in the profession for which the license was issued will endanger the public health, safety, or welfare. The failure to comply with an order issued pursuant to Section 820 of the Business and Professions Code may constitute grounds to issue an interim suspension order under this section.

(b) All orders authorized by this section shall be issued only after a hearing conducted pursuant to subdivision (d), unless it appears from the facts shown by affidavit that serious injury would result to the public before the matter can be heard on notice. Except as provided in subdivision (c), the licensee shall receive at least 15 days' prior notice of the hearing, which notice shall include affidavits and all other information in support of the order.

(c) If an interim order is issued without notice, the administrative law judge who issued the order without notice shall cause the licensee to be notified of the order, including affidavits and all other information in support of the order by a 24-hour delivery service. That notice shall also include the date of the hearing on the order, which shall be conducted in accordance with the requirement of subdivision (d), not later than 20 days from the date of issuance. The order shall be dissolved unless the requirements of subdivision (a) are satisfied.

(d) For the purposes of the hearing conducted pursuant to this section, the licentiate shall, at a minimum, have the following rights:

(1) To be represented by counsel.

(2) To have a record made of the proceedings, copies of which may be obtained by the licentiate upon payment of any reasonable charges associated with the record.

(3) To present written evidence in the form of relevant declarations, affidavits, and documents.

The discretion of the administrative law judge to permit testimony at the hearing conducted pursuant to this section shall be identical to the discretion of a superior court judge to permit testimony at a hearing conducted pursuant to Section 527 of the Code of Civil Procedure.

(4) To present oral argument.

(e) Consistent with the burden and standards of proof applicable to a preliminary injunction entered under Section 527 of the Code of Civil Procedure, the administrative law judge shall grant the interim order where, in the exercise of discretion, the administrative law judge concludes that:

(1) There is a reasonable probability that the petitioner will prevail in the underlying action.

(2) The likelihood of injury to the public in not issuing the order outweighs the likelihood of injury to the licensee in issuing the order.

(f) In all cases in which an interim order is issued, and an accusation is not filed and served pursuant to Sections 11503 and 11505 within 30 days of the date on which the parties to the hearing on the interim order have submitted the matter, the order shall be dissolved.

Upon service of the accusation the licensee shall have, in addition to the rights granted by this section, all of the rights and privileges available as specified in this chapter. If the licensee requests a hearing on the accusation, the board shall provide the licensee with a hearing within 30 days of the request, unless the licensee stipulates to a later hearing, and a decision within 15 days of the date the decision is received from the administrative law judge, or the board shall nullify the interim order previously issued, unless good cause can be shown by the Division of Medical Quality for a delay.

(g) If an interim order is issued, a written decision shall be prepared within 15 days of the hearing, by the administrative law judge, including findings of fact and a conclusion articulating the connection between the evidence produced at the hearing and the decision reached.

(h) Notwithstanding the fact that interim orders issued pursuant to this section are not issued after a hearing as otherwise required by this chapter, interim orders so issued shall be subject to judicial review pursuant to Section 1094.5 of the Code of Civil Procedure. The relief that may be ordered shall be limited to a stay of the interim order. Interim orders issued pursuant to this section are final interim orders and, if not dissolved pursuant to subdivision (c) or (f), may only be challenged administratively at the hearing on the accusation.

(i) The interim order provided for by this section shall be:

(1) In addition to, and not a limitation on, the authority to seek injunctive relief provided for in the Business and Professions Code.

(2) A limitation on the emergency decision procedure provided in Article 13 (commencing with Section 11460.10) of Chapter 4.5.

SEC. 29.5. Section 11529 of the Government Code is amended to read:

11529. (a) The administrative law judge of the Medical Quality Hearing Panel established pursuant to Section 11371 may issue an interim order suspending a license, imposing drug testing, continuing education, supervision of procedures, limitations on the authority to prescribe, furnish, administer, or dispense controlled substances, or other license restrictions. Interim orders may be issued only if the affidavits in support of the petition show that the licensee has engaged in, or is about to engage in, acts or omissions constituting a violation of the Medical Practice Act or the appropriate practice act governing each allied health profession, or is unable to practice safely due to a mental or physical condition, and that permitting the licensee to continue to engage in the profession for which the license was issued will endanger the public health, safety, or welfare. The failure to comply with an order issued pursuant to Section 820 of the Business and

Professions Code may constitute grounds to issue an interim suspension order under this section.

(b) All orders authorized by this section shall be issued only after a hearing conducted pursuant to subdivision (d), unless it appears from the facts shown by affidavit that serious injury would result to the public before the matter can be heard on notice. Except as provided in subdivision (c), the licensee shall receive at least 15 days' prior notice of the hearing, which notice shall include affidavits and all other information in support of the order.

(c) If an interim order is issued without notice, the administrative law judge who issued the order without notice shall cause the licensee to be notified of the order, including affidavits and all other information in support of the order by a 24-hour delivery service. That notice shall also include the date of the hearing on the order, which shall be conducted in accordance with the requirement of subdivision (d), not later than 20 days from the date of issuance. The order shall be dissolved unless the requirements of subdivision (a) are satisfied.

(d) For the purposes of the hearing conducted pursuant to this section, the licentiate shall, at a minimum, have the following rights:

- (1) To be represented by counsel.
- (2) To have a record made of the proceedings, copies of which may be obtained by the licentiate upon payment of any reasonable charges associated with the record.
- (3) To present written evidence in the form of relevant declarations, affidavits, and documents.

The discretion of the administrative law judge to permit testimony at the hearing conducted pursuant to this section shall be identical to the discretion of a superior court judge to permit testimony at a hearing conducted pursuant to Section 527 of the Code of Civil Procedure.

- (4) To present oral argument.

(e) Consistent with the burden and standards of proof applicable to a preliminary injunction entered under Section 527 of the Code of Civil Procedure, the administrative law judge shall grant the interim order if, in the exercise of discretion, the administrative law judge concludes that:

- (1) There is a reasonable probability that the petitioner will prevail in the underlying action.
- (2) The likelihood of injury to the public in not issuing the order outweighs the likelihood of injury to the licensee in issuing the order.

(f) In all cases in which an interim order is issued, and an accusation is not filed and served pursuant to Sections 11503 and 11505 within 30 days of the date on which the parties to the hearing on the interim order have submitted the matter, the order shall be dissolved.

Upon service of the accusation the licensee shall have, in addition to the rights granted by this section, all of the rights and privileges available as specified in this chapter. If the licensee requests a hearing on the accusation, the board shall provide the licensee with a hearing within 30 days of the request, unless the licensee stipulates to a later hearing, and a decision within

15 days of the date the decision is received from the administrative law judge, or the board shall nullify the interim order previously issued, unless good cause can be shown by the Division of Medical Quality for a delay.

(g) If an interim order is issued, a written decision shall be prepared within 15 days of the hearing, by the administrative law judge, including findings of fact and a conclusion articulating the connection between the evidence produced at the hearing and the decision reached.

(h) Notwithstanding the fact that interim orders issued pursuant to this section are not issued after a hearing as otherwise required by this chapter, interim orders so issued shall be subject to judicial review pursuant to Section 1094.5 of the Code of Civil Procedure. The relief that may be ordered shall be limited to a stay of the interim order. Interim orders issued pursuant to this section are final interim orders and, if not dissolved pursuant to subdivision (c) or (f), may only be challenged administratively at the hearing on the accusation.

(i) The interim order provided for by this section shall be:

(1) In addition to, and not a limitation on, the authority to seek injunctive relief provided for in the Business and Professions Code.

(2) A limitation on the emergency decision procedure provided in Article 13 (commencing with Section 11460.10) of Chapter 4.5.

SEC. 30. Section 12529 of the Government Code, as amended by Section 112 of Chapter 332 of the Statutes of 2012, is amended to read:

12529. (a) There is in the Department of Justice the Health Quality Enforcement Section. The primary responsibility of the section is to investigate and prosecute proceedings against licensees and applicants within the jurisdiction of the Medical Board of California, the California Board of Podiatric Medicine, the Board of Psychology, the Physical Therapy Board of California, or any committee under the jurisdiction of the Medical Board of California.

(b) The Attorney General shall appoint a Senior Assistant Attorney General of the Health Quality Enforcement Section. The Senior Assistant Attorney General of the Health Quality Enforcement Section shall be an attorney in good standing licensed to practice in the State of California, experienced in prosecutorial or administrative disciplinary proceedings and competent in the management and supervision of attorneys performing those functions.

(c) The Attorney General shall ensure that the Health Quality Enforcement Section is staffed with a sufficient number of experienced and able employees that are capable of handling the most complex and varied types of disciplinary actions against the licensees of the boards.

(d) Funding for the Health Quality Enforcement Section shall be budgeted in consultation with the Attorney General from the special funds financing the operations of the Medical Board of California, the California Board of Podiatric Medicine, the Board of Psychology, the Physical Therapy Board of California, and the committees under the jurisdiction of the Medical Board of California, with the intent that the expenses be proportionally shared as to services rendered.

SEC. 31. Section 12529 of the Government Code, as amended by Section 113 of Chapter 332 of the Statutes of 2012, is repealed.

SEC. 32. Section 12529.5 of the Government Code, as amended by Section 114 of Chapter 332 of the Statutes of 2012, is amended to read:

12529.5. (a) All complaints or relevant information concerning licensees that are within the jurisdiction of the Medical Board of California, the California Board of Podiatric Medicine, the Board of Psychology, or the Physical Therapy Board of California shall be made available to the Health Quality Enforcement Section.

(b) The Senior Assistant Attorney General of the Health Quality Enforcement Section shall assign attorneys to work on location at the intake unit of the boards described in subdivision (a) to assist in evaluating and screening complaints and to assist in developing uniform standards and procedures for processing complaints.

(c) The Senior Assistant Attorney General or his or her deputy attorneys general shall assist the boards in designing and providing initial and in-service training programs for staff of the boards, including, but not limited to, information collection and investigation.

(d) The determination to bring a disciplinary proceeding against a licensee of the boards shall be made by the executive officer of the boards as appropriate in consultation with the senior assistant.

SEC. 33. Section 12529.5 of the Government Code, as amended by Section 115 of Chapter 332 of the Statutes of 2012, is repealed.

SEC. 34. Section 12529.6 of the Government Code is amended to read:

12529.6. (a) The Legislature finds and declares that the Medical Board of California, by ensuring the quality and safety of medical care, performs one of the most critical functions of state government. Because of the critical importance of the board's public health and safety function, the complexity of cases involving alleged misconduct by physicians and surgeons, and the evidentiary burden in the board's disciplinary cases, the Legislature finds and declares that using a vertical enforcement and prosecution model for those investigations is in the best interests of the people of California.

(b) Notwithstanding any other provision of law, as of January 1, 2006, each complaint that is referred to a district office of the board for investigation shall be simultaneously and jointly assigned to an investigator and to the deputy attorney general in the Health Quality Enforcement Section responsible for prosecuting the case if the investigation results in the filing of an accusation. The joint assignment of the investigator and the deputy attorney general shall exist for the duration of the disciplinary matter. During the assignment, the investigator so assigned shall, under the direction but not the supervision of the deputy attorney general, be responsible for obtaining the evidence required to permit the Attorney General to advise the board on legal matters such as whether the board should file a formal accusation, dismiss the complaint for a lack of evidence required to meet the applicable burden of proof, or take other appropriate legal action.

(c) The Medical Board of California, the Department of Consumer Affairs, and the Office of the Attorney General shall, if necessary, enter into an interagency agreement to implement this section.

(d) This section does not affect the requirements of Section 12529.5 as applied to the Medical Board of California where complaints that have not been assigned to a field office for investigation are concerned.

(e) It is the intent of the Legislature to enhance the vertical enforcement and prosecution model as set forth in subdivision (a). The Medical Board of California shall do all of the following:

(1) Increase its computer capabilities and compatibilities with the Health Quality Enforcement Section in order to share case information.

(2) Establish and implement a plan to locate its enforcement staff and the staff of the Health Quality Enforcement Section in the same offices, as appropriate, in order to carry out the intent of the vertical enforcement and prosecution model.

(3) Establish and implement a plan to assist in team building between its enforcement staff and the staff of the Health Quality Enforcement Section in order to ensure a common and consistent knowledge base.

SEC. 35. Section 12529.7 of the Government Code is amended to read:

12529.7. By March 1, 2015, the Medical Board of California, in consultation with the Department of Justice and the Department of Consumer Affairs, shall report and make recommendations to the Governor and the Legislature on the vertical enforcement and prosecution model created under Section 12529.6.

SEC. 36. Section 1248.15 of the Health and Safety Code is amended to read:

1248.15. (a) The board shall adopt standards for accreditation and, in approving accreditation agencies to perform accreditation of outpatient settings, shall ensure that the certification program shall, at a minimum, include standards for the following aspects of the settings' operations:

(1) Outpatient setting allied health staff shall be licensed or certified to the extent required by state or federal law.

(2) (A) Outpatient settings shall have a system for facility safety and emergency training requirements.

(B) There shall be onsite equipment, medication, and trained personnel to facilitate handling of services sought or provided and to facilitate handling of any medical emergency that may arise in connection with services sought or provided.

(C) In order for procedures to be performed in an outpatient setting as defined in Section 1248, the outpatient setting shall do one of the following:

(i) Have a written transfer agreement with a local accredited or licensed acute care hospital, approved by the facility's medical staff.

(ii) Permit surgery only by a licensee who has admitting privileges at a local accredited or licensed acute care hospital, with the exception that licensees who may be precluded from having admitting privileges by their professional classification or other administrative limitations, shall have a

written transfer agreement with licensees who have admitting privileges at local accredited or licensed acute care hospitals.

(iii) Submit for approval by an accrediting agency a detailed procedural plan for handling medical emergencies that shall be reviewed at the time of accreditation. No reasonable plan shall be disapproved by the accrediting agency.

(D) In addition to the requirements imposed in subparagraph (C), the outpatient setting shall submit for approval by an accreditation agency at the time of accreditation a detailed plan, standardized procedures, and protocols to be followed in the event of serious complications or side effects from surgery that would place a patient at high risk for injury or harm or to govern emergency and urgent care situations. The plan shall include, at a minimum, that if a patient is being transferred to a local accredited or licensed acute care hospital, the outpatient setting shall do all of the following:

(i) Notify the individual designated by the patient to be notified in case of an emergency.

(ii) Ensure that the mode of transfer is consistent with the patient's medical condition.

(iii) Ensure that all relevant clinical information is documented and accompanies the patient at the time of transfer.

(iv) Continue to provide appropriate care to the patient until the transfer is effectuated.

(E) All physicians and surgeons transferring patients from an outpatient setting shall agree to cooperate with the medical staff peer review process on the transferred case, the results of which shall be referred back to the outpatient setting, if deemed appropriate by the medical staff peer review committee. If the medical staff of the acute care facility determines that inappropriate care was delivered at the outpatient setting, the acute care facility's peer review outcome shall be reported, as appropriate, to the accrediting body or in accordance with existing law.

(3) The outpatient setting shall permit surgery by a dentist acting within his or her scope of practice under Chapter 4 (commencing with Section 1600) of Division 2 of the Business and Professions Code or physician and surgeon, osteopathic physician and surgeon, or podiatrist acting within his or her scope of practice under Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code or the Osteopathic Initiative Act. The outpatient setting may, in its discretion, permit anesthesia service by a certified registered nurse anesthetist acting within his or her scope of practice under Article 7 (commencing with Section 2825) of Chapter 6 of Division 2 of the Business and Professions Code.

(4) Outpatient settings shall have a system for maintaining clinical records.

(5) Outpatient settings shall have a system for patient care and monitoring procedures.

(6) (A) Outpatient settings shall have a system for quality assessment and improvement.

(B) Members of the medical staff and other practitioners who are granted clinical privileges shall be professionally qualified and appropriately credentialed for the performance of privileges granted. The outpatient setting shall grant privileges in accordance with recommendations from qualified health professionals, and credentialing standards established by the outpatient setting.

(C) Clinical privileges shall be periodically reappraised by the outpatient setting. The scope of procedures performed in the outpatient setting shall be periodically reviewed and amended as appropriate.

(7) Outpatient settings regulated by this chapter that have multiple service locations shall have all of the sites inspected.

(8) Outpatient settings shall post the certificate of accreditation in a location readily visible to patients and staff.

(9) Outpatient settings shall post the name and telephone number of the accrediting agency with instructions on the submission of complaints in a location readily visible to patients and staff.

(10) Outpatient settings shall have a written discharge criteria.

(b) Outpatient settings shall have a minimum of two staff persons on the premises, one of whom shall either be a licensed physician and surgeon or a licensed health care professional with current certification in advanced cardiac life support (ACLS), as long as a patient is present who has not been discharged from supervised care. Transfer to an unlicensed setting of a patient who does not meet the discharge criteria adopted pursuant to paragraph (10) of subdivision (a) shall constitute unprofessional conduct.

(c) An accreditation agency may include additional standards in its determination to accredit outpatient settings if these are approved by the board to protect the public health and safety.

(d) No accreditation standard adopted or approved by the board, and no standard included in any certification program of any accreditation agency approved by the board, shall serve to limit the ability of any allied health care practitioner to provide services within his or her full scope of practice. Notwithstanding this or any other provision of law, each outpatient setting may limit the privileges, or determine the privileges, within the appropriate scope of practice, that will be afforded to physicians and allied health care practitioners who practice at the facility, in accordance with credentialing standards established by the outpatient setting in compliance with this chapter. Privileges may not be arbitrarily restricted based on category of licensure.

(e) The board shall adopt standards that it deems necessary for outpatient settings that offer in vitro fertilization.

(f) The board may adopt regulations it deems necessary to specify procedures that should be performed in an accredited outpatient setting for facilities or clinics that are outside the definition of outpatient setting as specified in Section 1248.

(g) As part of the accreditation process, the accrediting agency shall conduct a reasonable investigation of the prior history of the outpatient setting, including all licensed physicians and surgeons who have an

ownership interest therein, to determine whether there have been any adverse accreditation decisions rendered against them. For the purposes of this section, “conducting a reasonable investigation” means querying the Medical Board of California and the Osteopathic Medical Board of California to ascertain if either the outpatient setting has, or, if its owners are licensed physicians and surgeons, if those physicians and surgeons have, been subject to an adverse accreditation decision.

SEC. 37. Section 830.3 of the Penal Code is amended to read:

830.3. The following persons are peace officers whose authority extends to any place in the state for the purpose of performing their primary duty or when making an arrest pursuant to Section 836 as to any public offense with respect to which there is immediate danger to person or property, or of the escape of the perpetrator of that offense, or pursuant to Section 8597 or 8598 of the Government Code. These peace officers may carry firearms only if authorized and under those terms and conditions as specified by their employing agencies:

(a) Persons employed by the Division of Investigation of the Department of Consumer Affairs and investigators of the Medical Board of California and the Board of Dental Examiners, who are designated by the Director of Consumer Affairs, provided that the primary duty of these peace officers shall be the enforcement of the law as that duty is set forth in Section 160 of the Business and Professions Code.

(b) Voluntary fire wardens designated by the Director of Forestry and Fire Protection pursuant to Section 4156 of the Public Resources Code, provided that the primary duty of these peace officers shall be the enforcement of the law as that duty is set forth in Section 4156 of that code.

(c) Employees of the Department of Motor Vehicles designated in Section 1655 of the Vehicle Code, provided that the primary duty of these peace officers shall be the enforcement of the law as that duty is set forth in Section 1655 of that code.

(d) Investigators of the California Horse Racing Board designated by the board, provided that the primary duty of these peace officers shall be the enforcement of Chapter 4 (commencing with Section 19400) of Division 8 of the Business and Professions Code and Chapter 10 (commencing with Section 330) of Title 9 of Part 1 of this code.

(e) The State Fire Marshal and assistant or deputy state fire marshals appointed pursuant to Section 13103 of the Health and Safety Code, provided that the primary duty of these peace officers shall be the enforcement of the law as that duty is set forth in Section 13104 of that code.

(f) Inspectors of the food and drug section designated by the chief pursuant to subdivision (a) of Section 106500 of the Health and Safety Code, provided that the primary duty of these peace officers shall be the enforcement of the law as that duty is set forth in Section 106500 of that code.

(g) All investigators of the Division of Labor Standards Enforcement designated by the Labor Commissioner, provided that the primary duty of

these peace officers shall be the enforcement of the law as prescribed in Section 95 of the Labor Code.

(h) All investigators of the State Departments of Health Care Services, Public Health, Social Services, Mental Health, and Alcohol and Drug Programs, the Department of Toxic Substances Control, the Office of Statewide Health Planning and Development, and the Public Employees' Retirement System, provided that the primary duty of these peace officers shall be the enforcement of the law relating to the duties of his or her department or office. Notwithstanding any other provision of law, investigators of the Public Employees' Retirement System shall not carry firearms.

(i) The Chief of the Bureau of Fraudulent Claims of the Department of Insurance and those investigators designated by the chief, provided that the primary duty of those investigators shall be the enforcement of Section 550.

(j) Employees of the Department of Housing and Community Development designated under Section 18023 of the Health and Safety Code, provided that the primary duty of these peace officers shall be the enforcement of the law as that duty is set forth in Section 18023 of that code.

(k) Investigators of the office of the Controller, provided that the primary duty of these investigators shall be the enforcement of the law relating to the duties of that office. Notwithstanding any other law, except as authorized by the Controller, the peace officers designated pursuant to this subdivision shall not carry firearms.

(l) Investigators of the Department of Business Oversight designated by the Commissioner of Business Oversight, provided that the primary duty of these investigators shall be the enforcement of the provisions of law administered by the Department of Business Oversight. Notwithstanding any other provision of law, the peace officers designated pursuant to this subdivision shall not carry firearms.

(m) Persons employed by the Contractors State License Board designated by the Director of Consumer Affairs pursuant to Section 7011.5 of the Business and Professions Code, provided that the primary duty of these persons shall be the enforcement of the law as that duty is set forth in Section 7011.5, and in Chapter 9 (commencing with Section 7000) of Division 3, of that code. The Director of Consumer Affairs may designate as peace officers not more than 12 persons who shall at the time of their designation be assigned to the special investigations unit of the board. Notwithstanding any other provision of law, the persons designated pursuant to this subdivision shall not carry firearms.

(n) The Chief and coordinators of the Law Enforcement Branch of the Office of Emergency Services.

(o) Investigators of the office of the Secretary of State designated by the Secretary of State, provided that the primary duty of these peace officers shall be the enforcement of the law as prescribed in Chapter 3 (commencing with Section 8200) of Division 1 of Title 2 of, and Section 12172.5 of, the

Government Code. Notwithstanding any other provision of law, the peace officers designated pursuant to this subdivision shall not carry firearms.

(p) The Deputy Director for Security designated by Section 8880.38 of the Government Code, and all lottery security personnel assigned to the California State Lottery and designated by the director, provided that the primary duty of any of those peace officers shall be the enforcement of the laws related to assuring the integrity, honesty, and fairness of the operation and administration of the California State Lottery.

(q) Investigators employed by the Investigation Division of the Employment Development Department designated by the director of the department, provided that the primary duty of those peace officers shall be the enforcement of the law as that duty is set forth in Section 317 of the Unemployment Insurance Code.

Notwithstanding any other provision of law, the peace officers designated pursuant to this subdivision shall not carry firearms.

(r) The chief and assistant chief of museum security and safety of the California Science Center, as designated by the executive director pursuant to Section 4108 of the Food and Agricultural Code, provided that the primary duty of those peace officers shall be the enforcement of the law as that duty is set forth in Section 4108 of the Food and Agricultural Code.

(s) Employees of the Franchise Tax Board designated by the board, provided that the primary duty of these peace officers shall be the enforcement of the law as set forth in Chapter 9 (commencing with Section 19701) of Part 10.2 of Division 2 of the Revenue and Taxation Code.

(t) Notwithstanding any other provision of this section, a peace officer authorized by this section shall not be authorized to carry firearms by his or her employing agency until that agency has adopted a policy on the use of deadly force by those peace officers, and until those peace officers have been instructed in the employing agency's policy on the use of deadly force.

Every peace officer authorized pursuant to this section to carry firearms by his or her employing agency shall qualify in the use of the firearms at least every six months.

(u) Investigators of the Department of Managed Health Care designated by the Director of the Department of Managed Health Care, provided that the primary duty of these investigators shall be the enforcement of the provisions of laws administered by the Director of the Department of Managed Health Care. Notwithstanding any other provision of law, the peace officers designated pursuant to this subdivision shall not carry firearms.

(v) The Chief, Deputy Chief, supervising investigators, and investigators of the Office of Protective Services of the State Department of Developmental Services, provided that the primary duty of each of those persons shall be the enforcement of the law relating to the duties of his or her department or office.

(w) This section shall become inoperative on July 1, 2014, and, as of January 1, 2015, is repealed, unless a later enacted statute, that becomes operative on or before January 1, 2015, deletes or extends the dates on which it becomes inoperative and is repealed.

SEC. 38. Section 830.3 is added to the Penal Code, to read:

830.3. The following persons are peace officers whose authority extends to any place in the state for the purpose of performing their primary duty or when making an arrest pursuant to Section 836 as to any public offense with respect to which there is immediate danger to person or property, or of the escape of the perpetrator of that offense, or pursuant to Section 8597 or 8598 of the Government Code. These peace officers may carry firearms only if authorized and under those terms and conditions as specified by their employing agencies:

(a) Persons employed by the Division of Investigation of the Department of Consumer Affairs and investigators of the Board of Dental Examiners, who are designated by the Director of Consumer Affairs, provided that the primary duty of these peace officers shall be the enforcement of the law as that duty is set forth in Section 160 of the Business and Professions Code.

(b) Voluntary fire wardens designated by the Director of Forestry and Fire Protection pursuant to Section 4156 of the Public Resources Code, provided that the primary duty of these peace officers shall be the enforcement of the law as that duty is set forth in Section 4156 of that code.

(c) Employees of the Department of Motor Vehicles designated in Section 1655 of the Vehicle Code, provided that the primary duty of these peace officers shall be the enforcement of the law as that duty is set forth in Section 1655 of that code.

(d) Investigators of the California Horse Racing Board designated by the board, provided that the primary duty of these peace officers shall be the enforcement of Chapter 4 (commencing with Section 19400) of Division 8 of the Business and Professions Code and Chapter 10 (commencing with Section 330) of Title 9 of Part 1 of this code.

(e) The State Fire Marshal and assistant or deputy state fire marshals appointed pursuant to Section 13103 of the Health and Safety Code, provided that the primary duty of these peace officers shall be the enforcement of the law as that duty is set forth in Section 13104 of that code.

(f) Inspectors of the food and drug section designated by the chief pursuant to subdivision (a) of Section 106500 of the Health and Safety Code, provided that the primary duty of these peace officers shall be the enforcement of the law as that duty is set forth in Section 106500 of that code.

(g) All investigators of the Division of Labor Standards Enforcement designated by the Labor Commissioner, provided that the primary duty of these peace officers shall be the enforcement of the law as prescribed in Section 95 of the Labor Code.

(h) All investigators of the State Departments of Health Care Services, Public Health, Social Services, Mental Health, and Alcohol and Drug Programs, the Department of Toxic Substances Control, the Office of Statewide Health Planning and Development, and the Public Employees' Retirement System, provided that the primary duty of these peace officers shall be the enforcement of the law relating to the duties of his or her department or office. Notwithstanding any other provision of law,

investigators of the Public Employees' Retirement System shall not carry firearms.

(i) The Chief of the Bureau of Fraudulent Claims of the Department of Insurance and those investigators designated by the chief, provided that the primary duty of those investigators shall be the enforcement of Section 550.

(j) Employees of the Department of Housing and Community Development designated under Section 18023 of the Health and Safety Code, provided that the primary duty of these peace officers shall be the enforcement of the law as that duty is set forth in Section 18023 of that code.

(k) Investigators of the office of the Controller, provided that the primary duty of these investigators shall be the enforcement of the law relating to the duties of that office. Notwithstanding any other law, except as authorized by the Controller, the peace officers designated pursuant to this subdivision shall not carry firearms.

(l) Investigators of the Department of Business Oversight designated by the Commissioner of Business Oversight, provided that the primary duty of these investigators shall be the enforcement of the provisions of law administered by the Department of Business Oversight. Notwithstanding any other provision of law, the peace officers designated pursuant to this subdivision shall not carry firearms.

(m) Persons employed by the Contractors State License Board designated by the Director of Consumer Affairs pursuant to Section 7011.5 of the Business and Professions Code, provided that the primary duty of these persons shall be the enforcement of the law as that duty is set forth in Section 7011.5, and in Chapter 9 (commencing with Section 7000) of Division 3, of that code. The Director of Consumer Affairs may designate as peace officers not more than 12 persons who shall at the time of their designation be assigned to the special investigations unit of the board. Notwithstanding any other provision of law, the persons designated pursuant to this subdivision shall not carry firearms.

(n) The Chief and coordinators of the Law Enforcement Branch of the Office of Emergency Services.

(o) Investigators of the office of the Secretary of State designated by the Secretary of State, provided that the primary duty of these peace officers shall be the enforcement of the law as prescribed in Chapter 3 (commencing with Section 8200) of Division 1 of Title 2 of, and Section 12172.5 of, the Government Code. Notwithstanding any other provision of law, the peace officers designated pursuant to this subdivision shall not carry firearms.

(p) The Deputy Director for Security designated by Section 8880.38 of the Government Code, and all lottery security personnel assigned to the California State Lottery and designated by the director, provided that the primary duty of any of those peace officers shall be the enforcement of the laws related to assuring the integrity, honesty, and fairness of the operation and administration of the California State Lottery.

(q) Investigators employed by the Investigation Division of the Employment Development Department designated by the director of the

department, provided that the primary duty of those peace officers shall be the enforcement of the law as that duty is set forth in Section 317 of the Unemployment Insurance Code.

Notwithstanding any other provision of law, the peace officers designated pursuant to this subdivision shall not carry firearms.

(r) The chief and assistant chief of museum security and safety of the California Science Center, as designated by the executive director pursuant to Section 4108 of the Food and Agricultural Code, provided that the primary duty of those peace officers shall be the enforcement of the law as that duty is set forth in Section 4108 of the Food and Agricultural Code.

(s) Employees of the Franchise Tax Board designated by the board, provided that the primary duty of these peace officers shall be the enforcement of the law as set forth in Chapter 9 (commencing with Section 19701) of Part 10.2 of Division 2 of the Revenue and Taxation Code.

(t) Notwithstanding any other provision of this section, a peace officer authorized by this section shall not be authorized to carry firearms by his or her employing agency until that agency has adopted a policy on the use of deadly force by those peace officers, and until those peace officers have been instructed in the employing agency's policy on the use of deadly force.

Every peace officer authorized pursuant to this section to carry firearms by his or her employing agency shall qualify in the use of the firearms at least every six months.

(u) Investigators of the Department of Managed Health Care designated by the Director of the Department of Managed Health Care, provided that the primary duty of these investigators shall be the enforcement of the provisions of laws administered by the Director of the Department of Managed Health Care. Notwithstanding any other provision of law, the peace officers designated pursuant to this subdivision shall not carry firearms.

(v) The Chief, Deputy Chief, supervising investigators, and investigators of the Office of Protective Services of the State Department of Developmental Services, provided that the primary duty of each of those persons shall be the enforcement of the law relating to the duties of his or her department or office.

(w) This section shall become operative July 1, 2014.

SEC. 39. Section 29.5 of this bill incorporates amendments to Section 11529 of the Government Code proposed by both this bill and Senate Bill 670. It shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2014, (2) each bill amends Section 11529 of the Government Code, and (3) this bill is enacted after Senate Bill 670, in which case Section 29 of this bill shall not become operative.

SEC. 40. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime

within the meaning of Section 6 of Article XIII B of the California Constitution.

O

## CURRENT BILL STATUS

MEASURE : S.B. No. 352  
AUTHOR(S) : Pavley (Principal coauthor: Senator Hernandez).  
TOPIC : Medical assistants: supervision.  
+LAST AMENDED DATE : 06/19/2013

## TYPE OF BILL :

Inactive  
Non-Urgency  
Non-Appropriations  
Majority Vote Required  
Non-State-Mandated Local Program  
Non-Fiscal  
Non-Tax Levy

LAST HIST. ACT. DATE: 09/09/2013  
LAST HIST. ACTION : Chaptered by Secretary of State. Chapter 286, Statutes  
of 2013.  
COMM. LOCATION : ASM BUSINESS, PROFESSIONS AND CONSUMER PROTECTION  
COMM. ACTION DATE : 06/25/2013  
COMM. ACTION : Do pass.  
COMM. VOTE SUMMARY : Ayes: 10 Noes: 00PASS

TITLE : An act to amend Section 2069 of the Business and  
Professions Code, relating to healing arts.

**Senate Bill No. 352**

**CHAPTER 286**

An act to amend Section 2069 of the Business and Professions Code, relating to healing arts.

[Approved by Governor September 9, 2013. Filed with  
Secretary of State September 9, 2013.]

LEGISLATIVE COUNSEL'S DIGEST

SB 352, Pavley. Medical assistants: supervision.

Existing law authorizes a medical assistant to perform specified services relating to the administration of medication and performance of skin tests and simple routine medical tasks and procedures upon specific authorization from and under the supervision of a licensed physician and surgeon or podiatrist, or in a specified clinic upon specific authorization of a physician assistant, nurse practitioner, or nurse-midwife. Existing law requires the Board of Registered Nursing to issue a certificate to practice nurse-midwifery to a qualifying applicant who is licensed pursuant to the Nursing Practice Act.

This bill would delete the requirement that the services performed by the medical assistant be in a specified clinic when under the specific authorization of a physician assistant, nurse practitioner, or certified nurse-midwife. The bill would prohibit a nurse practitioner, certified nurse-midwife, or physician assistant from authorizing a medical assistant to perform any clinical laboratory test or examination for which the medical assistant is not authorized, as specified, a violation of which would constitute unprofessional conduct. The bill would also delete several obsolete references and make other clarifying, conforming, technical, and nonsubstantive changes.

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

SECTION 1. Section 2069 of the Business and Professions Code is amended to read:

2069. (a) (1) Notwithstanding any other law, a medical assistant may administer medication only by intradermal, subcutaneous, or intramuscular injections and perform skin tests and additional technical supportive services upon the specific authorization and supervision of a licensed physician and surgeon or a licensed podiatrist. A medical assistant may also perform all these tasks and services upon the specific authorization of a physician assistant, a nurse practitioner, or a certified nurse-midwife.

(2) The supervising physician and surgeon may, at his or her discretion, in consultation with the nurse practitioner, certified nurse-midwife, or physician assistant, provide written instructions to be followed by a medical assistant in the performance of tasks or supportive services. These written instructions may provide that the supervisory function for the medical assistant for these tasks or supportive services may be delegated to the nurse practitioner, certified nurse-midwife, or physician assistant within the standardized procedures or protocol, and that tasks may be performed when the supervising physician and surgeon is not onsite, if either of the following apply:

(A) The nurse practitioner or certified nurse-midwife is functioning pursuant to standardized procedures, as defined by Section 2725, or protocol. The standardized procedures or protocol, including instructions for specific authorizations, shall be developed and approved by the supervising physician and surgeon and the nurse practitioner or certified nurse-midwife.

(B) The physician assistant is functioning pursuant to regulated services defined in Section 3502, including instructions for specific authorizations, and is approved to do so by the supervising physician and surgeon.

(b) As used in this section and Sections 2070 and 2071, the following definitions apply:

(1) “Medical assistant” means a person who may be unlicensed, who performs basic administrative, clerical, and technical supportive services in compliance with this section and Section 2070 for a licensed physician and surgeon or a licensed podiatrist, or group thereof, for a medical or podiatry corporation, for a physician assistant, a nurse practitioner, or a certified nurse-midwife as provided in subdivision (a), or for a health care service plan, who is at least 18 years of age, and who has had at least the minimum amount of hours of appropriate training pursuant to standards established by the board. The medical assistant shall be issued a certificate by the training institution or instructor indicating satisfactory completion of the required training. A copy of the certificate shall be retained as a record by each employer of the medical assistant.

(2) “Specific authorization” means a specific written order prepared by the supervising physician and surgeon or the supervising podiatrist, or the physician assistant, the nurse practitioner, or the certified nurse-midwife as provided in subdivision (a), authorizing the procedures to be performed on a patient, which shall be placed in the patient’s medical record, or a standing order prepared by the supervising physician and surgeon or the supervising podiatrist, or the physician assistant, the nurse practitioner, or the certified nurse-midwife as provided in subdivision (a), authorizing the procedures to be performed, the duration of which shall be consistent with accepted medical practice. A notation of the standing order shall be placed on the patient’s medical record.

(3) “Supervision” means the supervision of procedures authorized by this section by the following practitioners, within the scope of their respective practices, who shall be physically present in the treatment facility during the performance of those procedures:

(A) A licensed physician and surgeon.

(B) A licensed podiatrist.

(C) A physician assistant, nurse practitioner, or certified nurse-midwife as provided in subdivision (a).

(4) “Technical supportive services” means 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 or a licensed podiatrist, or a physician assistant, a nurse practitioner, or a certified nurse-midwife as provided in subdivision (a).

(c) Nothing in this section shall be construed as authorizing any of the following:

(1) The licensure of medical assistants.

(2) The administration of local anesthetic agents by a medical assistant.

(3) The board to adopt any regulations that violate the prohibitions on diagnosis or treatment in Section 2052.

(4) A medical assistant to perform any clinical laboratory test or examination for which he or she is not authorized by Chapter 3 (commencing with Section 1200).

(5) A nurse practitioner, certified nurse-midwife, or physician assistant to be a laboratory director of a clinical laboratory, as those terms are defined in paragraph (8) of subdivision (a) of Section 1206 and subdivision (a) of Section 1209.

(d) A nurse practitioner, certified nurse-midwife, or physician assistant shall not authorize a medical assistant to perform any clinical laboratory test or examination for which the medical assistant is not authorized by Chapter 3 (commencing with Section 1200). A violation of this subdivision constitutes unprofessional conduct.

(e) Notwithstanding any other law, a medical assistant shall not be employed for inpatient care in a licensed general acute care hospital, as defined in subdivision (a) of Section 1250 of the Health and Safety Code.

## CURRENT BILL STATUS

MEASURE : S.B. No. 491  
AUTHOR(S) : Hernandez.  
TOPIC : Nurse practitioners.  
HOUSE LOCATION : ASM  
+LAST AMENDED DATE : 08/14/2013

## TYPE OF BILL :

Active  
Non-Urgency  
Non-Appropriations  
Majority Vote Required  
State-Mandated Local Program  
Fiscal  
Non-Tax Levy

LAST HIST. ACT. DATE: 08/30/2013  
LAST HIST. ACTION : Set, second hearing. Held in committee and under  
submission.  
COMM. LOCATION : ASM APPROPRIATIONS

TITLE : An act to add Section 2835.3 to the Business and  
Professions Code, relating to healing arts.

AMENDED IN ASSEMBLY AUGUST 14, 2013

AMENDED IN ASSEMBLY AUGUST 8, 2013

AMENDED IN ASSEMBLY AUGUST 5, 2013

AMENDED IN SENATE MAY 21, 2013

AMENDED IN SENATE MAY 1, 2013

AMENDED IN SENATE APRIL 16, 2013

AMENDED IN SENATE APRIL 1, 2013

**SENATE BILL**

**No. 491**

---

**Introduced by Senator Hernandez**

February 21, 2013

---

An act to add Section 2835.3 to the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 491, as amended, Hernandez. Nurse practitioners.

Existing law, the Nursing Practice Act, provides for the licensure and regulation of nurse practitioners by the Board of Registered Nursing. Existing law authorizes the implementation of standardized procedures that authorize a nurse practitioner to perform certain acts, including, among others, ordering durable medical equipment, and, in consultation with a physician and surgeon, approving, signing, modifying, or adding to a plan of treatment or plan for an individual receiving home health services or personal care services. A violation of those provisions is a crime.

This bill would authorize a nurse practitioner to perform those acts and certain additional acts without physician supervision if the nurse

practitioner meets specified experience and certification requirements *and is practicing in a clinic, health facility, county medical facility, accountable care organization, or group practice.* The bill would require a nurse practitioner to refer a patient to a physician and surgeon or other licensed health care provider under certain circumstances, ~~and would require specified nurse practitioners to maintain a current list of licensed health care providers most often used for the purposes of obtaining information or advice.~~ The bill would also require a nurse practitioner practicing under these provisions to maintain professional liability insurance, as specified. The bill would also specify that a nurse practitioner practicing under the provisions of the bill shall not supplant a physician and surgeon employed by specified health care facilities. Because a violation of those provisions 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 2835.3 is added to the Business and
- 2 Professions Code, to read:
- 3 2835.3. (a) Notwithstanding any other provision of this chapter,
- 4 a nurse practitioner who holds a certification as a nurse practitioner
- 5 from a national certifying body may practice under this section
- 6 without physician supervision if the nurse practitioner ~~meets the~~
- 7 ~~requirements of this article and one of the following is met:~~
- 8 ~~(1) He or she~~ has practiced under the supervision of a physician
- 9 for at least 4160 hours and is practicing in one of the following:
- 10 ~~(A)~~
- 11 ~~(1)~~ A clinic, health facility, or county medical facility.
- 12 ~~(B)~~
- 13 ~~(2)~~ An accountable care organization, as defined in Section
- 14 3022 of the federal Patient Protection and Affordable Care Act
- 15 (Public Law 111-148).
- 16 ~~(C)~~

1 (3) A group practice, including a professional medical  
2 corporation, another form of corporation controlled by physicians  
3 and surgeons, a medical partnership, a medical foundation exempt  
4 from licensure, or another lawfully organized group of physicians  
5 that delivers, furnishes, or otherwise arranges for or provides health  
6 care services.

7 ~~(2) He or she has practiced under the supervision of a physician~~  
8 ~~for at least 6240 hours.~~

9 (b) Notwithstanding any other law, in addition to any other  
10 practices authorized in statute or regulation, a nurse practitioner  
11 practicing under this section may do any of the following:

12 (1) Order durable medical equipment. Notwithstanding that  
13 authority, nothing in this paragraph shall operate to limit the ability  
14 of a third-party payer to require prior approval.

15 (2) After performance of a physical examination by the nurse  
16 practitioner, certify disability pursuant to Section 2708 of the  
17 Unemployment Insurance Code.

18 (3) For individuals receiving home health services or personal  
19 care services, approve, sign, modify, or add to a plan of treatment  
20 or plan of care.

21 (4) Assess patients, synthesize and analyze data, and apply  
22 principles of health care.

23 (5) Manage the physical and psychosocial health status of  
24 patients.

25 (6) Analyze multiple sources of data, including patient history,  
26 general behavior, and signs and symptoms of illness, identify  
27 alternative possibilities as to the nature of a health care problem,  
28 and select, implement, and evaluate appropriate treatment.

29 (7) Establish a diagnosis by client history, physical examination,  
30 and other criteria, consistent with this section.

31 (8) Order, furnish, or prescribe drugs or devices.

32 (9) Refer patients to physicians or other licensed health care  
33 providers as provided in subdivision (c).

34 (10) Delegate tasks to a medical assistant that are within the  
35 medical assistant's scope of practice.

36 (11) Perform additional acts that require education and training  
37 and that are recognized by the board as proper to be performed by  
38 a nurse practitioner.

39 (12) Order hospice care as appropriate.

1 (13) Perform procedures that are necessary and consistent with  
2 the nurse practitioner's education and training.

3 (c) A nurse practitioner shall refer a patient to a physician and  
4 surgeon or another licensed health care provider if a situation or  
5 condition of the patient is beyond the nurse practitioner's education  
6 or training.

7 ~~(d) A nurse practitioner described in paragraph (2) of subdivision~~  
8 ~~(a) shall maintain a current list of licensed health care providers~~  
9 ~~most often used for the purposes of obtaining information or~~  
10 ~~advice.~~

11 ~~(e)~~

12 (d) A nurse practitioner practicing under this section shall  
13 maintain professional liability insurance that is appropriate for his  
14 or her practice setting.

15 ~~(f)~~

16 (e) Nothing in this section shall do either of the following:

17 (1) Limit a nurse practitioner's authority to practice nursing.

18 (2) Limit the scope of practice of a registered nurse authorized  
19 pursuant to this chapter.

20 ~~(g)~~

21 (f) The board shall adopt regulations by July 1, 2015,  
22 establishing the means of documenting completion of the  
23 requirements of this section.

24 ~~(h)~~

25 (g) A nurse practitioner practicing pursuant to this section shall  
26 not supplant a physician and surgeon employed by a health care  
27 facility specified in ~~subparagraph (A) of paragraph (1) of~~  
28 ~~subdivision (a).~~

29 SEC. 2. No reimbursement is required by this act pursuant to  
30 Section 6 of Article XIII B of the California Constitution because  
31 the only costs that may be incurred by a local agency or school  
32 district will be incurred because this act creates a new crime or  
33 infraction, eliminates a crime or infraction, or changes the penalty  
34 for a crime or infraction, within the meaning of Section 17556 of  
35 the Government Code, or changes the definition of a crime within  
36 the meaning of Section 6 of Article XIII B of the California  
37 Constitution.

## CURRENT BILL STATUS

MEASURE : S.B. No. 492  
AUTHOR(S) : Hernandez.  
TOPIC : Optometrist: practice: licensure.  
HOUSE LOCATION : ASM  
+LAST AMENDED DATE : 08/05/2013

## TYPE OF BILL :

Active  
Non-Urgency  
Non-Appropriations  
Majority Vote Required  
State-Mandated Local Program  
Fiscal  
Non-Tax Levy

LAST HIST. ACT. DATE: 08/06/2013  
LAST HIST. ACTION : Set, first hearing. Hearing canceled at the request of  
author.  
COMM. LOCATION : ASM BUSINESS, PROFESSIONS AND CONSUMER PROTECTION

TITLE : An act to amend Sections 3041, 3041.1, and 3110 of the  
Business and Professions Code, relating to optometry.

AMENDED IN ASSEMBLY AUGUST 5, 2013

AMENDED IN SENATE MAY 8, 2013

AMENDED IN SENATE APRIL 24, 2013

AMENDED IN SENATE APRIL 16, 2013

AMENDED IN SENATE APRIL 1, 2013

**SENATE BILL**

**No. 492**

---

**Introduced by Senator Hernandez**

February 21, 2013

---

An act to amend Sections ~~3041 and 3041.1~~ *3041, 3041.1, and 3110* of the Business and Professions Code, relating to optometry.

LEGISLATIVE COUNSEL'S DIGEST

SB 492, as amended, Hernandez. Optometrist: practice: licensure.

The Optometry Practice Act creates the State Board of Optometry, which licenses optometrists and regulates their practice. Existing law defines the practice of optometry to include, among other things, the prevention and diagnosis of disorders and dysfunctions of the visual system, and the treatment and management of certain disorders and dysfunctions of the visual system, as well as the provision of rehabilitative optometric services, and doing certain things, including, but not limited to, the examination of the human eyes, the determination of the powers or range of human vision, and the prescribing of contact and spectacle lenses. Existing law authorizes an optometrist certified to use therapeutic pharmaceutical agents to diagnose and treat specified conditions, use specified pharmaceutical agents, and order specified diagnostic tests. Any violation of the act is a crime.

~~This bill would add the provision of habilitative optometric services to the definition of the practice of optometry. The bill would expand the practice parameters of optometrists who are certified to use therapeutic pharmaceutical agents by removing certain limitations on their practice and adding certain responsibilities, including, but not limited to, the ability to immunize and treat certain diseases, and deleting the specified drugs the optometrist would be authorized to use, and authorizing the optometrist to use all therapeutic pharmaceutical agents approved by the United States Food and Drug Administration, as provided. The bill would also delete limitations on certain kinds of diagnostic tests an optometrist can order and would authorize an optometrist to order appropriate laboratory and diagnostic imaging tests, as provided.~~

*This bill would include the provision of habilitative optometric services within the scope of practice of optometry. The bill would expand the scope of practice of optometrists who are certified to use therapeutic pharmaceutical agents by, among other things, authorizing those optometrists to use all therapeutic pharmaceutical agents approved by the United States Food and Drug Administration for use in treating the eye conditions covered by these provisions. The bill would also expand the ability of an optometrist certified to use therapeutic pharmaceutical agents to diagnose and treat certain diseases, as provided. The bill would require the board to grant a certificate to an optometrist for the use of advanced procedures, which include the administration of certain immunizations, if the optometrist meets certain educational requirements.*

Existing law requires optometrists in diagnosing or treating eye disease to be held to the same standard of care as physicians and surgeons and osteopathic physicians and surgeons.

This bill would expand this requirement to include diagnosing other diseases, and would require an optometrist to consult with and, if necessary, refer to a physician and surgeon or other appropriate health care provider if a situation or condition was beyond the optometrist's scope of practice.

*This bill would delete obsolete provisions and make conforming changes.*

Because this bill would change the definition of a crime, it would create 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 3041 of the Business and Professions  
2 Code is amended to read:

3 3041. (a) The practice of optometry includes the prevention  
4 and diagnosis of disorders and dysfunctions of the visual system,  
5 and the treatment and management of certain disorders and  
6 dysfunctions of the visual system, as well as the provision of  
7 habilitative or rehabilitative optometric services, and is the doing  
8 of any or all of the following:

9 (1) The examination of the human eye or eyes, or its or their  
10 appendages, and the analysis of the human vision system, either  
11 subjectively or objectively.

12 (2) The determination of the powers or range of human vision  
13 and the accommodative and refractive states of the human eye or  
14 eyes, including the scope of its or their functions and general  
15 condition.

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

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

23 (5) The use of topical pharmaceutical agents for the purpose of  
24 the examination of the human eye or eyes for any disease or  
25 pathological condition.

26 (b) (1) An optometrist who is certified to use therapeutic  
27 pharmaceutical agents, pursuant to Section 3041.3, may also  
28 diagnose and treat the human eye or eyes, or any of its or their  
29 appendages, for all of the following conditions:

1 (A) Through medical treatment, infections of the anterior  
2 segment and adnexa.

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

4 (C) Ocular ~~inflammation~~, *inflammation* nonsurgical in ~~cause~~  
5 *cause*, except when comanaged with the treating physician and  
6 surgeon.

7 (D) Traumatic or recurrent conjunctival or corneal abrasions  
8 and erosions.

9 (E) Corneal surface disease and dry eyes. *Treatment for purposes*  
10 *of this subparagraph includes, but is not limited to, the use of*  
11 *mechanical lipid extraction of meibomian glands using nonsurgical*  
12 *techniques.*

13 (F) Ocular ~~pain~~, *pain* nonsurgical in ~~cause~~ *cause*, except when  
14 comanaged with the treating physician and surgeon.

15 (G) Pursuant to subdivision (f), glaucoma in patients over 18  
16 years of age, as described in subdivision ~~(j)~~. *(l)*.

17 (H) Eyelid disorders, including hypotrichosis and blepharitis.

18 (2) For purposes of this section, “treat” means the use of  
19 therapeutic pharmaceutical agents, as described in subdivision (c),  
20 and the procedures described in subdivision (e).

21 (c) In diagnosing and treating the conditions listed in subdivision  
22 (b), an optometrist certified to use therapeutic pharmaceutical  
23 agents pursuant to Section 3041.3 may use all therapeutic  
24 pharmaceutical agents approved by the United States Food and  
25 Drug Administration for use in treating eye conditions set forth in  
26 this chapter, including codeine with compounds and hydrocodone  
27 with compounds as listed in the California Uniform Controlled  
28 Substances Act (Division 10 (commencing with Section 11000)  
29 of the Health and Safety Code) and the ~~United States~~ *federal*  
30 Controlled Substances Act (21 U.S.C. Sec. 801 et seq.). The use  
31 of ~~these agents~~ *controlled substances* shall be limited to three  
32 days.

33 (d) In any case that an optometrist consults with a physician  
34 and surgeon, the optometrist and the physician and surgeon shall  
35 both maintain a written record in the patient’s file of the  
36 information provided to the physician and surgeon, the physician  
37 and surgeon’s response, and any other relevant information. Upon  
38 the request of the optometrist or physician and surgeon and with  
39 the patient’s consent, a copy of the record shall be furnished to the  
40 requesting party.

1 (e) An optometrist who is certified to use therapeutic  
2 pharmaceutical agents pursuant to Section 3041.3 may also perform  
3 all of the following:

4 (1) Corneal scraping with cultures.

5 (2) Debridement of corneal epithelia.

6 (3) Mechanical epilation.

7 (4) Venipuncture for testing patients suspected of having  
8 diabetes.

9 (5) Suture removal, upon notification of the treating physician  
10 and ~~surgeon~~. *surgeon or optometrist.*

11 (6) Treatment or removal of sebaceous cysts by expression.

12 ~~(7) Administration of oral fluorescein.~~

13 ~~(8)~~

14 (7) Use of an auto-injector to counter anaphylaxis.

15 ~~(9)~~

16 (8) Ordering of appropriate laboratory and diagnostic imaging  
17 tests for conditions authorized to be treated pursuant to this section.

18 ~~(10)~~

19 (9) A clinical laboratory test or examination classified as waived  
20 under ~~CLIA and designated as waived in paragraph (9) necessary~~  
21 ~~for the diagnosis of conditions and diseases of the eye or adnexa,~~  
22 ~~or if otherwise specifically authorized by this chapter.~~ *the federal*  
23 *Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C.*  
24 *Sec. 263a) (CLIA). These laboratory tests are required to be*  
25 *performed in compliance with both CLIA and all clinical*  
26 *laboratory licensing requirements in Chapter 3 (commencing with*  
27 *Section 1200), and any ancillary personnel utilized shall be in*  
28 *compliance with those same requirements.*

29 ~~(11)~~

30 (10) Punctal occlusion by plugs, excluding laser, diathermy,  
31 cryotherapy, or other means constituting surgery as defined in this  
32 chapter.

33 ~~(12)~~

34 (11) The prescription of therapeutic contact lenses, including  
35 lenses or devices that incorporate a medication or therapy the  
36 optometrist is certified to prescribe or provide.

37 ~~(13)~~

38 (12) Removal of foreign bodies from the cornea, eyelid, and  
39 conjunctiva with any appropriate instrument other than a ~~scalpel~~  
40 ~~: scalpel~~. Corneal foreign bodies shall be nonperforating, be no

1 deeper than the midstroma, and require no surgical repair upon  
2 removal.

3 ~~(14)~~

4 (13) For patients over 12 years of age, lacrimal irrigation and  
5 dilation, excluding probing of the nasal lacrimal tract. The board  
6 shall certify any optometrist who graduated from an accredited  
7 school of optometry before May 1, 2000, to perform this procedure  
8 after submitting proof of satisfactory completion of 10 procedures  
9 under the supervision of an ophthalmologist *or lacrimal irrigation*  
10 *and dilation certified optometrist* as confirmed by the  
11 ophthalmologist *or lacrimal irrigation and dilation certified*  
12 *optometrist*. Any optometrist who graduated from an accredited  
13 school of optometry on or after May 1, 2000, ~~shall be~~ *is* exempt  
14 from the certification requirement contained in this paragraph.

15 ~~(15) Administration of immunizations for influenza, Herpes~~  
16 ~~Zoster Virus, and additional immunizations that may be necessary~~  
17 ~~to protect public health during a declared disaster or public health~~  
18 ~~emergency.~~

19 ~~(16)~~

20 (14) In addition to diagnosing and treating conditions of the  
21 visual system pursuant to this section, testing for ~~and, diagnoses~~  
22 ~~and diagnosis~~ of diabetes mellitus, hypertension, and  
23 hypercholesterolemia.

24 (f) The board shall grant a certificate to an optometrist certified  
25 pursuant to Section 3041.3 for the treatment of glaucoma, as  
26 described in subdivision ~~(j)~~, (l), in patients over 18 years of age  
27 after the optometrist meets the following applicable requirements:

28 (1) For licensees who graduated from an accredited school of  
29 optometry on or after May 1, 2008, submission of proof of  
30 graduation from that institution.

31 (2) For licensees who were certified to treat glaucoma under  
32 this section prior to January 1, 2009, submission of proof of  
33 completion of that certification program.

34 ~~(3) For licensees who have substantially completed the~~  
35 ~~certification requirements pursuant to this section in effect between~~  
36 ~~January 1, 2001, and December 31, 2008, submission of proof of~~  
37 ~~completion of those requirements on or before December 31, 2009.~~

38 ~~“Substantially completed” means both of the following:~~

1 (A) Satisfactory completion of a didactic course of not less than  
2 24 hours in the diagnosis, pharmacological, and other treatment  
3 and management of glaucoma.

4 (B) Treatment of 50 glaucoma patients with a collaborating  
5 ophthalmologist for a period of two years for each patient that will  
6 conclude on or before December 31, 2009.

7 ~~(4)~~

8 (3) For licensees who completed a didactic course of not less  
9 than 24 hours in the diagnosis, pharmacological, and other  
10 treatment and management of glaucoma, submission of proof of  
11 satisfactory completion of the case management requirements for  
12 certification established by the board pursuant to Section 3041.10.

13 ~~(5)~~

14 (4) For licensees who graduated from an accredited school of  
15 optometry on or before May 1, 2008, and not described in  
16 paragraph ~~(2), (3), or (4)~~, (2) or (3), submission of proof of  
17 satisfactory completion of the requirements for certification  
18 established by the board pursuant to Section 3041.10.

19 (g) *The board shall grant a certificate to an optometrist certified*  
20 *pursuant to subdivision (f) for the use of advanced procedures, as*  
21 *described in subdivision (h), after the optometrist meets the*  
22 *following applicable requirement:*

23 (1) *For licensees who graduated from an accredited school of*  
24 *optometry that includes satisfactory curriculum on advanced*  
25 *procedures, as determined by the board, on or after May 1, 2016,*  
26 *submission of proof of graduation from that institution.*

27 (2) *For licensees who graduated from an accredited school*  
28 *before May 1, 2016, submission of proof of completion of a 32-hour*  
29 *course that includes clinical training in advanced procedures and*  
30 *is approved the board.*

31 (h) *For the purposes of this chapter, "advanced procedures"*  
32 *means any of the following:*

33 (1) *Therapeutic lasers used for posterior capsulotomy secondary*  
34 *to cataract surgery.*

35 (2) *Therapeutic lasers appropriate for treatment of glaucoma*  
36 *and peripheral iridotomy for the prophylactic treatment of angle*  
37 *closure glaucoma.*

38 (3) *Excision, scraping, and biopsy, or any combination of those,*  
39 *of superficial lesions of the eyelid and adnexa.*

40 (4) *Cauterization or suture repairs of the eyelid and conjunctiva.*

1 (5) Injections for the treatment of conditions of the eye and  
2 adnexa described in paragraph (1) of subdivision (b), excluding  
3 intraorbital injections and injections administered for cosmetic  
4 effect.

5 (6) Administration of immunizations for influenza, Herpes Zoster  
6 Virus, and additional immunizations that may be necessary to  
7 protect public health during a declared disaster or public health  
8 emergency in compliance with individual Advisory Committee on  
9 Immunization Practices (ACIP) vaccine recommendations  
10 published by the federal Centers for Disease Control and  
11 Prevention (CDC) for persons three years of age or older.

12 (7) Any noninvasive technology authorized by the board for the  
13 treatment of conditions described in paragraph (1) of subdivision  
14 (b).

15 ~~(g)~~  
16 (i) Other than for prescription ophthalmic devices described in  
17 subdivision (b) of Section 2541, any dispensing of a therapeutic  
18 pharmaceutical agent by an optometrist shall be without charge.

19 ~~(h) The~~  
20 (j) Except as authorized by this section, the practice of optometry  
21 does not include performing surgery. "Surgery" means any  
22 procedure in which human tissue is cut, altered, or otherwise  
23 infiltrated by mechanical or laser means. ~~"Surgery" does not~~  
24 ~~include those procedures specified in subdivision (e).~~ Nothing in  
25 this section shall limit an optometrist's authority to utilize  
26 diagnostic laser and ultrasound technology within his or her scope  
27 of practice.

28 ~~(i)~~  
29 (k) An optometrist licensed under this chapter is subject to the  
30 provisions of Section 2290.5 for purposes of practicing telehealth.

31 ~~(j)~~  
32 (l) For purposes of this chapter, "glaucoma" means either of the  
33 following:

- 34 (1) All primary open-angle glaucoma.
- 35 (2) Exfoliation and pigmentary glaucoma.

36 ~~(k)~~  
37 (m) For purposes of this chapter, "adnexa" means ocular adnexa.  
38 ~~(l)~~

1 (n) In an emergency, an optometrist shall stabilize, if possible,  
2 and immediately refer any patient who has an acute attack of angle  
3 closure to an ophthalmologist.

4 SEC. 2. Section 3041.1 of the Business and Professions Code  
5 is amended to read:

6 3041.1. With respect to the practices set forth in Section 3041,  
7 optometrists diagnosing or treating eye disease or diagnosing other  
8 diseases shall be held to the same standard of care to which  
9 physicians and surgeons and osteopathic physicians and surgeons  
10 are held. An optometrist shall consult with and, if necessary, refer  
11 to a physician and surgeon or other appropriate health care provider  
12 if a situation or condition occurs that is beyond the optometrist's  
13 scope of practice.

14 SEC. 3. Section 3110 of the Business and Professions Code is  
15 amended to read:

16 3110. The board may take action against any licensee who is  
17 charged with unprofessional conduct, and may deny an application  
18 for a license if the applicant has committed unprofessional conduct.  
19 In addition to other provisions of this article, unprofessional  
20 conduct includes, but is not limited to, the following:

21 (a) Violating or attempting to violate, directly or indirectly  
22 assisting in or abetting the violation of, or conspiring to violate  
23 any provision of this chapter or any of the rules and regulations  
24 adopted by the board pursuant to 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.

28 (d) Incompetence.

29 (e) The commission of fraud, misrepresentation, or any act  
30 involving dishonesty or corruption, that is substantially related to  
31 the qualifications, functions, or duties of an optometrist.

32 (f) Any action or conduct that would have warranted the denial  
33 of a license.

34 (g) The use of advertising relating to optometry that violates  
35 Section 651 or 17500.

36 (h) Denial of licensure, revocation, suspension, restriction, or  
37 any other disciplinary action against a health care professional  
38 license by another state or territory of the United States, by any  
39 other governmental agency, or by another California health care

1 professional licensing board. A certified copy of the decision or  
2 judgment shall be conclusive evidence of that action.

3 (i) Procuring his or her license by fraud, misrepresentation, or  
4 mistake.

5 (j) Making or giving any false statement or information in  
6 connection with the application for issuance of a license.

7 (k) Conviction of a felony or of any offense substantially related  
8 to the qualifications, functions, and duties of an optometrist, in  
9 which event the record of the conviction shall be conclusive  
10 evidence thereof.

11 (l) Administering to himself or herself any controlled substance  
12 or using any of the dangerous drugs specified in Section 4022, or  
13 using alcoholic beverages to the extent, or in a manner, as to be  
14 dangerous or injurious to the person applying for a license or  
15 holding a license under this chapter, or to any other person, or to  
16 the public, or, to the extent that the use impairs the ability of the  
17 person applying for or holding a license to conduct with safety to  
18 the public the practice authorized by the license, or the conviction  
19 of a misdemeanor or felony involving the use, consumption, or  
20 self administration of any of the substances referred to in this  
21 subdivision, or any combination thereof.

22 (m) Committing or soliciting an act punishable as a sexually  
23 related crime, if that act or solicitation is substantially related to  
24 the qualifications, functions, or duties of an optometrist.

25 (n) Repeated acts of excessive prescribing, furnishing or  
26 administering of controlled substances or dangerous drugs specified  
27 in Section 4022, or repeated acts of excessive treatment.

28 (o) Repeated acts of excessive use of diagnostic or therapeutic  
29 procedures, or repeated acts of excessive use of diagnostic or  
30 treatment facilities.

31 (p) The prescribing, furnishing, or administering of controlled  
32 substances or drugs specified in Section 4022, or treatment without  
33 a good faith prior examination of the patient and optometric reason.

34 (q) The failure to maintain adequate and accurate records  
35 relating to the provision of services to his or her patients.

36 (r) Performing, or holding oneself out as being able to perform,  
37 or offering to perform, any professional services beyond the scope  
38 of the license authorized by this chapter.

39 (s) The practice of optometry without a valid, unrevoked,  
40 unexpired license.

1 (t) The employing, directly or indirectly, of any suspended or  
2 unlicensed optometrist to perform any work for which an optometry  
3 license is required.

4 (u) Permitting another person to use the licensee's optometry  
5 license for any purpose.

6 (v) Altering with fraudulent intent a license issued by the board,  
7 or using a fraudulently altered license, permit certification or any  
8 registration issued by the board.

9 (w) Except for good cause, the knowing failure to protect  
10 patients by failing to follow infection control guidelines of the  
11 board, thereby risking transmission of blood borne infectious  
12 diseases from optometrist to patient, from patient to patient, or  
13 from patient to optometrist. In administering this subdivision, the  
14 board shall consider the standards, regulations, and guidelines of  
15 the State Department of Health Services developed pursuant to  
16 Section 1250.11 of the Health and Safety Code and the standards,  
17 guidelines, and regulations pursuant to the California Occupational  
18 Safety and Health Act of 1973 (Part 1 (commencing with Section  
19 6300) of Division 5 of the Labor Code) for preventing the  
20 transmission of HIV, hepatitis B, and other blood borne pathogens  
21 in health care settings. As necessary, the board may consult with  
22 the Medical Board of California, the Board of Podiatric Medicine,  
23 the Board of Registered Nursing, and the Board of Vocational  
24 Nursing and Psychiatric Technicians, to encourage appropriate  
25 consistency in the implementation of this subdivision.

26 (x) Failure or refusal to comply with a request for the clinical  
27 records of a patient, that is accompanied by that patient's written  
28 authorization for release of records to the board, within 15 days  
29 of receiving the request and authorization, unless the licensee is  
30 unable to provide the documents within this time period for good  
31 cause.

2 (y) Failure to refer a patient to an appropriate physician ~~in either~~  
3 ~~of the following circumstances: if an examination of the eyes~~  
4 ~~indicates a substantial likelihood of any pathology that requires~~  
5 ~~the attention of that physician.~~

6 ~~(1) Where an examination of the eyes indicates a substantial~~  
7 ~~likelihood of any pathology that requires the attention of that~~  
8 ~~physician.~~

9 ~~(2) As required by subdivision (c) of Section 3041.~~

1     *SEC. 4. It is the intent of the Legislature that the Office of*  
 2 *Statewide Health Planning and Development, under the Health*  
 3 *Workforce Pilot Projects Program, designate a pilot project*  
 4 *intended to test, demonstrate, and evaluate expanded roles for*  
 5 *optometrists in the performance of management and treatment of*  
 6 *diabetes mellitus, hypertension, and hypercholesterolemia.*

7     ~~SEC. 3.~~

8     *SEC. 5.* No reimbursement is required by this act pursuant to  
 9 Section 6 of Article XIII B of the California Constitution because  
 10 the only costs that may be incurred by a local agency or school  
 11 district will be incurred because this act creates a new crime or  
 12 infraction, eliminates a crime or infraction, or changes the penalty  
 13 for a crime or infraction, within the meaning of Section 17556 of  
 14 the Government Code, or changes the definition of a crime within  
 15 the meaning of Section 6 of Article XIII B of the California  
 16 Constitution.

## CURRENT BILL STATUS

MEASURE : S.B. No. 493  
AUTHOR(S) : Hernandez.  
TOPIC : Pharmacy practice.  
+LAST AMENDED DATE : 09/06/2013

## TYPE OF BILL :

Inactive  
Non-Urgency  
Non-Appropriations  
Majority Vote Required  
State-Mandated Local Program  
Fiscal  
Non-Tax Levy

LAST HIST. ACT. DATE: 10/01/2013  
LAST HIST. ACTION : Chaptered by Secretary of State. Chapter 469, Statutes  
of 2013.  
FILE : SEN UNFINISHED BUSINESS  
FILE DATE : 09/12/2013  
ITEM : 18

COMM. LOCATION : ASM APPROPRIATIONS  
COMM. ACTION DATE : 08/30/2013  
COMM. ACTION : Do pass as amended.  
COMM. VOTE SUMMARY : Ayes: 16 Noes: 00PASS

TITLE : An act to amend Sections 733, 4040, 4050, 4051, 4052, 4052.3, 4060, 4076, 4111, and 4174 of, and to add Sections 4016.5, 4052.6, 4052.8, 4052.9, 4210, and 4233 to, the Business and Professions Code, relating to pharmacy.

**Senate Bill No. 493**

**CHAPTER 469**

An act to amend Sections 733, 4040, 4050, 4051, 4052, 4052.3, 4060, 4076, 4111, and 4174 of, and to add Sections 4016.5, 4052.6, 4052.8, 4052.9, 4210, and 4233 to, the Business and Professions Code, relating to pharmacy.

[Approved by Governor October 1, 2013. Filed with  
Secretary of State October 1, 2013.]

LEGISLATIVE COUNSEL'S DIGEST

SB 493, Hernandez. Pharmacy practice.

The Pharmacy Law provides for the licensing and regulation of pharmacists by the California State Board of Pharmacy in the Department of Consumer Affairs. The law specifies the functions pharmacists are authorized to perform, including to administer, orally or topically, drugs and biologicals pursuant to a prescriber's order, and to administer immunizations pursuant to a protocol with a prescriber. Pharmacists may also furnish emergency contraception drug therapy pursuant to standardized procedures if they have completed a training program. A violation of the Pharmacy Law is a crime.

This bill, instead, would authorize a pharmacist to administer drugs and biological products that have been ordered by a prescriber. The bill would authorize pharmacists to perform other functions, including, among other things, to furnish self-administered hormonal contraceptives, nicotine replacement products, and prescription medications not requiring a diagnosis that are recommended for international travelers, as specified. Additionally, the bill would authorize pharmacists to order and interpret tests for the purpose of monitoring and managing the efficacy and toxicity of drug therapies, and to independently initiate and administer routine vaccinations, as specified. This bill also would establish board recognition for an advanced practice pharmacist, as defined, would specify the criteria for that recognition, and would specify additional functions that may be performed by an advanced practice pharmacist, including, among other things, performing patient assessments, and certain other functions, as specified. The bill would authorize the board, by regulation, to set the fee for the issuance and renewal of advanced practice pharmacist recognition at the reasonable cost of regulating advanced practice pharmacists pursuant to these provisions, not to exceed \$300.

Because a violation of these provisions would be a crime, the bill would impose a state-mandated local program.

The bill would make other conforming and technical changes.

This bill would incorporate additional changes in Section 4076 of the Business and Professions Code proposed by SB 205, that would become

operative only if SB 205 and this bill are both chaptered and become effective on or before January 1, 2014, and this bill is chaptered last.

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.

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

SECTION 1. Section 733 of the Business and Professions Code is amended to read:

733. (a) A licentiate shall not obstruct a patient in obtaining a prescription drug or device that has been legally prescribed or ordered for that patient. A violation of this section constitutes unprofessional conduct by the licentiate and shall subject the licentiate to disciplinary or administrative action by his or her licensing agency.

(b) Notwithstanding any other law, a licentiate shall dispense drugs and devices, as described in subdivision (a) of Section 4024, pursuant to a lawful order or prescription unless one of the following circumstances exists:

(1) Based solely on the licentiate's professional training and judgment, dispensing pursuant to the order or the prescription is contrary to law, or the licentiate determines that the prescribed drug or device would cause a harmful drug interaction or would otherwise adversely affect the patient's medical condition.

(2) The prescription drug or device is not in stock. If an order, other than an order described in Section 4019, or prescription cannot be dispensed because the drug or device is not in stock, the licentiate shall take one of the following actions:

(A) Immediately notify the patient and arrange for the drug or device to be delivered to the site or directly to the patient in a timely manner.

(B) Promptly transfer the prescription drug or device that is near enough to the site from which the prescription or order is transferred, to ensure the patient has timely access to the drug or device.

(C) Return the prescription to the patient and refer the patient. The licentiate shall make a reasonable effort to refer the patient to a pharmacy that stocks the prescription drug or device that is near enough to the referring site to ensure that the patient has timely access to the drug or device.

(3) The licentiate refuses on ethical, moral, or religious grounds to dispense a drug or device pursuant to an order or prescription. A licentiate may decline to dispense a prescription drug or device on this basis only if the licentiate has previously notified his or her employer, in writing, of the drug or class of drugs to which he or she objects, and the licentiate's employer can, without creating undue hardship, provide a reasonable accommodation of the licentiate's objection. The licentiate's employer shall

establish protocols that ensure that the patient has timely access to the prescribed drug or device despite the licentiate's refusal to dispense the prescription or order. For purposes of this section, "reasonable accommodation" and "undue hardship" shall have the same meaning as applied to those terms pursuant to subdivision (l) of Section 12940 of the Government Code.

(c) For the purposes of this section, "prescription drug or device" has the same meaning as the definition in Section 4022.

(d) This section applies to emergency contraception drug therapy and self-administered hormonal contraceptives described in Section 4052.3.

(e) This section imposes no duty on a licentiate to dispense a drug or device pursuant to a prescription or order without payment for the drug or device, including payment directly by the patient or through a third-party payer accepted by the licentiate or payment of any required copayment by the patient.

(f) The notice to consumers required by Section 4122 shall include a statement that describes patients' rights relative to the requirements of this section.

SEC. 2. Section 4016.5 is added to the Business and Professions Code, to read:

4016.5. "Advanced practice pharmacist" means a licensed pharmacist who has been recognized as an advanced practice pharmacist by the board, pursuant to Section 4210. A board-recognized advanced practice pharmacist is entitled to practice advanced practice pharmacy, as described in Section 4052.6, within or outside of a licensed pharmacy as authorized by this chapter.

SEC. 3. Section 4040 of the Business and Professions Code is amended to read:

4040. (a) "Prescription" means an oral, written, or electronic transmission order that is both of the following:

(1) Given individually for the person or persons for whom ordered that includes all of the following:

(A) The name or names and address of the patient or patients.

(B) The name and quantity of the drug or device prescribed and the directions for use.

(C) The date of issue.

(D) Either rubber stamped, typed, or printed by hand or typeset, the name, address, and telephone number of the prescriber, his or her license classification, and his or her federal registry number, if a controlled substance is prescribed.

(E) A legible, clear notice of the condition or purpose for which the drug is being prescribed, if requested by the patient or patients.

(F) If in writing, signed by the prescriber issuing the order, or the certified nurse-midwife, nurse practitioner, physician assistant, or naturopathic doctor who issues a drug order pursuant to Section 2746.51, 2836.1, 3502.1, or 3640.5, respectively, or the pharmacist who issues a drug order pursuant to Section 4052.1, 4052.2, or 4052.6.

(2) Issued by a physician, dentist, optometrist, podiatrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7 or, if a drug order is issued pursuant to Section 2746.51, 2836.1, 3502.1, or 3460.5, by a certified nurse-midwife, nurse practitioner, physician assistant, or naturopathic doctor licensed in this state, or pursuant to Section 4052.1, 4052.2, or 4052.6 by a pharmacist licensed in this state.

(b) Notwithstanding subdivision (a), a written order of the prescriber for a dangerous drug, except for any Schedule II controlled substance, that contains at least the name and signature of the prescriber, the name and address of the patient in a manner consistent with paragraph (2) of subdivision (a) of Section 11164 of the Health and Safety Code, the name and quantity of the drug prescribed, directions for use, and the date of issue may be treated as a prescription by the dispensing pharmacist as long as any additional information required by subdivision (a) is readily retrievable in the pharmacy. In the event of a conflict between this subdivision and Section 11164 of the Health and Safety Code, Section 11164 of the Health and Safety Code shall prevail.

(c) “Electronic transmission prescription” includes both image and data prescriptions. “Electronic image transmission prescription” means any prescription order for which a facsimile of the order is received by a pharmacy from a licensed prescriber. “Electronic data transmission prescription” means any prescription order, other than an electronic image transmission prescription, that is electronically transmitted from a licensed prescriber to a pharmacy.

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

(e) Nothing in the amendments made to this section (formerly Section 4036) at the 1969 Regular Session of the Legislature shall be construed as expanding or limiting the right that a chiropractor, while acting within the scope of his or her license, may have to prescribe a device.

SEC. 4. Section 4050 of the Business and Professions Code is amended to read:

4050. (a) In recognition of and consistent with the decisions of the appellate courts of this state, the Legislature hereby declares the practice of pharmacy to be a profession.

(b) Pharmacy practice is a dynamic, patient-oriented health service that applies a scientific body of knowledge to improve and promote patient health by means of appropriate drug use, drug-related therapy, and communication for clinical and consultative purposes. Pharmacy practice is continually evolving to include more sophisticated and comprehensive patient care activities.

(c) The Legislature further declares that pharmacists are health care providers who have the authority to provide health care services.

SEC. 5. Section 4051 of the Business and Professions Code is amended to read:

4051. (a) Except as otherwise provided in this chapter, it is unlawful for any person to manufacture, compound, furnish, sell, or dispense a

dangerous drug or dangerous device, or to dispense or compound a prescription pursuant to Section 4040 of a prescriber unless he or she is a pharmacist under this chapter.

(b) Notwithstanding any other law, a pharmacist may authorize the initiation of a prescription, pursuant to Section 4052.1, 4052.2, 4052.3, or 4052.6, and otherwise provide clinical advice, services, information, or patient consultation, as set forth in this chapter, if all of the following conditions are met:

(1) The clinical advice, services, information, or patient consultation is provided to a health care professional or to a patient.

(2) The pharmacist has access to prescription, patient profile, or other relevant medical information for purposes of patient and clinical consultation and advice.

(3) Access to the information described in paragraph (2) is secure from unauthorized access and use.

SEC. 6. Section 4052 of the Business and Professions Code is amended to read:

4052. (a) Notwithstanding any other law, a pharmacist may:

(1) Furnish a reasonable quantity of compounded drug product to a prescriber for office use by the prescriber.

(2) Transmit a valid prescription to another pharmacist.

(3) Administer drugs and biological products that have been ordered by a prescriber.

(4) Perform procedures or functions in a licensed health care facility as authorized by Section 4052.1.

(5) Perform procedures or functions as part of the care provided by a health care facility, a licensed home health agency, a licensed clinic in which there is a physician oversight, a provider who contracts with a licensed health care service plan with regard to the care or services provided to the enrollees of that health care service plan, or a physician, as authorized by Section 4052.2.

(6) Perform procedures or functions as authorized by Section 4052.6.

(7) Manufacture, measure, fit to the patient, or sell and repair dangerous devices, or furnish instructions to the patient or the patient's representative concerning the use of those devices.

(8) Provide consultation, training, and education to patients about drug therapy, disease management, and disease prevention.

(9) Provide professional information, including clinical or pharmacological information, advice, or consultation to other health care professionals, and participate in multidisciplinary review of patient progress, including appropriate access to medical records.

(10) Furnish the medications described in subparagraph (A) in accordance with subparagraph (B):

(A) (1) Emergency contraception drug therapy and self-administered hormonal contraceptives, as authorized by Section 4052.3.

(2) Nicotine replacement products, as authorized by Section 4052.9.

(3) Prescription medications not requiring a diagnosis that are recommended by the federal Centers for Disease Control and Prevention for individuals traveling outside of the United States.

(B) The pharmacist shall notify the patient's primary care provider of any drugs or devices furnished to the patient, or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. If the patient does not have a primary care provider, the pharmacist shall provide the patient with a written record of the drugs or devices furnished and advise the patient to consult a physician of the patient's choice.

(11) Administer immunizations pursuant to a protocol with a prescriber.

(12) Order and interpret tests for the purpose of monitoring and managing the efficacy and toxicity of drug therapies. A pharmacist who orders and interprets tests pursuant to this paragraph shall ensure that the ordering of those tests is done in coordination with the patient's primary care provider or diagnosing prescriber, as appropriate, including promptly transmitting written notification to the patient's diagnosing prescriber or entering the appropriate information in a patient record system shared with the prescriber, when available and as permitted by that prescriber.

(b) A pharmacist who is authorized to issue an order to initiate or adjust a controlled substance therapy pursuant to this section shall personally register with the federal Drug Enforcement Administration.

(c) This section does not affect the applicable requirements of law relating to either of the following:

(1) Maintaining the confidentiality of medical records.

(2) The licensing of a health care facility.

SEC. 7. Section 4052.3 of the Business and Professions Code is amended to read:

4052.3. (a) (1) Notwithstanding any other law, a pharmacist may furnish self-administered hormonal contraceptives in accordance with standardized procedures or protocols developed and approved by both the board and the Medical Board of California in consultation with the American Congress of Obstetricians and Gynecologists, the California Pharmacists Association, and other appropriate entities. The standardized procedure or protocol shall require that the patient use a self-screening tool that will identify patient risk factors for use of self-administered hormonal contraceptives, based on the current United States Medical Eligibility Criteria (USMEC) for Contraceptive Use developed by the federal Centers for Disease Control and Prevention, and that the pharmacist refer the patient to the patient's primary care provider or, if the patient does not have a primary care provider, to nearby clinics, upon furnishing a self-administered hormonal contraceptive pursuant to this subdivision, or if it is determined that use of a self-administered hormonal contraceptive is not recommended.

(2) The board and the Medical Board of California are both authorized to ensure compliance with this subdivision, and each board is specifically charged with the enforcement of this subdivision with respect to its respective

licensees. This subdivision does not expand the authority of a pharmacist to prescribe any prescription medication.

(b) (1) Notwithstanding any other law, a pharmacist may furnish emergency contraception drug therapy in accordance with either of the following:

(A) Standardized procedures or protocols developed by the pharmacist and an authorized prescriber who is acting within his or her scope of practice.

(B) Standardized procedures or protocols developed and approved by both the board and the Medical Board of California in consultation with the American Congress of Obstetricians and Gynecologists, the California Pharmacists Association, and other appropriate entities. The board and the Medical Board of California are both authorized to ensure compliance with this clause, and each board is specifically charged with the enforcement of this provision with respect to its respective licensees. This subdivision does not expand the authority of a pharmacist to prescribe any prescription medication.

(2) Prior to performing a procedure authorized under this subdivision, a pharmacist shall complete a training program on emergency contraception that consists of at least one hour of approved continuing education on emergency contraception drug therapy.

(3) A pharmacist, pharmacist's employer, or pharmacist's agent shall not directly charge a patient a separate consultation fee for emergency contraception drug therapy services initiated pursuant to this subdivision, but may charge an administrative fee not to exceed ten dollars (\$10) above the retail cost of the drug. Upon an oral, telephonic, electronic, or written request from a patient or customer, a pharmacist or pharmacist's employee shall disclose the total retail price that a consumer would pay for emergency contraception drug therapy. As used in this paragraph, total retail price includes providing the consumer with specific information regarding the price of the emergency contraception drugs and the price of the administrative fee charged. This limitation is not intended to interfere with other contractually agreed-upon terms between a pharmacist, a pharmacist's employer, or a pharmacist's agent, and a health care service plan or insurer. Patients who are insured or covered and receive a pharmacy benefit that covers the cost of emergency contraception shall not be required to pay an administrative fee. These patients shall be required to pay copayments pursuant to the terms and conditions of their coverage. This paragraph shall become inoperative for dedicated emergency contraception drugs if these drugs are reclassified as over-the-counter products by the federal Food and Drug Administration.

(4) A pharmacist shall not require a patient to provide individually identifiable medical information that is not specified in Section 1707.1 of Title 16 of the California Code of Regulations before initiating emergency contraception drug therapy pursuant to this subdivision.

(c) For each emergency contraception drug therapy or self-administered hormonal contraception initiated pursuant to this section, the pharmacist shall provide the recipient of the drug with a standardized factsheet that

includes, but is not limited to, the indications and contraindications for use of the drug, the appropriate method for using the drug, the need for medical followup, and other appropriate information. The board shall develop this form in consultation with the State Department of Public Health, the American Congress of Obstetricians and Gynecologists, the California Pharmacists Association, and other health care organizations. This section does not preclude the use of existing publications developed by nationally recognized medical organizations.

SEC. 8. Section 4052.6 is added to the Business and Professions Code, to read:

4052.6. (a) A pharmacist recognized by the board as an advanced practice pharmacist may do all of the following:

- (1) Perform patient assessments.
- (2) Order and interpret drug therapy-related tests.
- (3) Refer patients to other health care providers.
- (4) Participate in the evaluation and management of diseases and health conditions in collaboration with other health care providers.
- (5) Initiate, adjust, or discontinue drug therapy in the manner specified in paragraph (4) of subdivision (a) of Section 4052.2.

(b) A pharmacist who adjusts or discontinues drug therapy shall promptly transmit written notification to the patient's diagnosing prescriber or enter the appropriate information in a patient record system shared with the prescriber, as permitted by that prescriber. A pharmacist who initiates drug therapy shall promptly transmit written notification to, or enter the appropriate information into, a patient record system shared with the patient's primary care provider or diagnosing provider, as permitted by that provider.

(c) This section shall not interfere with a physician's order to dispense a prescription drug as written, or other order of similar meaning.

(d) Prior to initiating or adjusting a controlled substance therapy pursuant to this section, a pharmacist shall personally register with the federal Drug Enforcement Administration.

(e) A pharmacist who orders and interprets tests pursuant to paragraph (2) of subdivision (a) shall ensure that the ordering of those tests is done in coordination with the patient's primary care provider or diagnosing prescriber, as appropriate, including promptly transmitting written notification to the patient's diagnosing prescriber or entering the appropriate information in a patient record system shared with the prescriber, when available and as permitted by that prescriber.

SEC. 9. Section 4052.8 is added to the Business and Professions Code, to read:

4052.8. (a) In addition to the authority provided in paragraph (11) of subdivision (a) of Section 4052, a pharmacist may independently initiate and administer vaccines listed on the routine immunization schedules recommended by the federal Advisory Committee on Immunization Practices (ACIP), in compliance with individual ACIP vaccine recommendations, and published by the federal Centers for Disease Control and Prevention (CDC) for persons three years of age and older.

(b) In order to initiate and administer an immunization described in subdivision (a), a pharmacist shall do all of the following:

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

(2) Be certified in basic life support.

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

(c) A pharmacist administering immunizations pursuant to this section, or paragraph (11) of subdivision (a) of Section 4052, may also initiate and administer epinephrine or diphenhydramine by injection for the treatment of a severe allergic reaction.

SEC. 10. Section 4052.9 is added to the Business and Professions Code, to read:

4052.9. (a) A pharmacist may furnish nicotine replacement products approved by the federal Food and Drug Administration for use by prescription only in accordance with standardized procedures and protocols developed and approved by both the board and the Medical Board of California in consultation with other appropriate entities and provide smoking cessation services if all of the following conditions are met:

(1) The pharmacist maintains records of all prescription drugs and devices furnished for a period of at least three years for purposes of notifying other health care providers and monitoring the patient.

(2) The pharmacist notifies the patient's primary care provider of any drugs or devices furnished to the patient, or enters the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. If the patient does not have a primary care provider, the pharmacist provides the patient with a written record of the drugs or devices furnished and advises the patient to consult a physician of the patient's choice.

(3) The pharmacist is certified in smoking cessation therapy by an organization recognized by the board.

(4) The pharmacist completes one hour of continuing education focused on smoking cessation therapy biennially.

(b) The board and the Medical Board of California are both authorized to ensure compliance with this section, and each board is specifically charged with the enforcement of this section with respect to their respective licensees. Nothing in this section shall be construed to expand the authority of a pharmacist to prescribe any other prescription medication.

SEC. 11. Section 4060 of the Business and Professions Code is amended to read:

4060. A person shall not possess any controlled substance, except that furnished to a person upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7, or furnished pursuant to a drug order issued by a certified nurse-midwife pursuant to Section 2746.51, a nurse practitioner pursuant to Section 2836.1, a physician assistant pursuant to Section 3502.1, a naturopathic doctor pursuant to Section 3640.5, or a pharmacist pursuant to Section 4052.1, 4052.2, or 4052.6. This section does not apply to the possession of any controlled substance by a manufacturer, wholesaler, pharmacy, pharmacist, physician, podiatrist, dentist, optometrist, veterinarian, naturopathic doctor, certified nurse-midwife, nurse practitioner, or physician assistant, if in stock in containers correctly labeled with the name and address of the supplier or producer.

This section does not authorize a certified nurse-midwife, a nurse practitioner, a physician assistant, or a naturopathic doctor, to order his or her own stock of dangerous drugs and devices.

SEC. 12. Section 4076 of the Business and Professions Code is amended to read:

4076. (a) A pharmacist shall not dispense any prescription except in a container that meets the requirements of state and federal law and is correctly labeled with all of the following:

(1) Except when the prescriber or the certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51, the nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1 or protocol, the physician assistant who functions pursuant to Section 3502.1, the naturopathic doctor who functions pursuant to a standardized procedure or protocol described in Section 3640.5, or the pharmacist who functions pursuant to a policy, procedure, or protocol pursuant to Section 4052.1, 4052.2, or 4052.6 orders otherwise, either the manufacturer's trade name of the drug or the generic name and the name of the manufacturer. Commonly used abbreviations may be used. Preparations containing two or more active ingredients may be identified by the manufacturer's trade name or the commonly used name or the principal active ingredients.

(2) The directions for the use of the drug.

(3) The name of the patient or patients.

(4) The name of the prescriber or, if applicable, the name of the certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51, the nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1 or protocol, the physician assistant who functions pursuant to Section 3502.1, the naturopathic doctor who functions pursuant to a standardized procedure or protocol described in Section 3640.5, or the pharmacist who functions pursuant to a policy, procedure, or protocol pursuant to Section 4052.1, 4052.2, or 4052.6.

(5) The date of issue.

(6) The name and address of the pharmacy, and prescription number or other means of identifying the prescription.

(7) The strength of the drug or drugs dispensed.

(8) The quantity of the drug or drugs dispensed.

(9) The expiration date of the effectiveness of the drug dispensed.

(10) The condition or purpose for which the drug was prescribed if the condition or purpose is indicated on the prescription.

(11) (A) Commencing January 1, 2006, the physical description of the dispensed medication, including its color, shape, and any identification code that appears on the tablets or capsules, except as follows:

(i) Prescriptions dispensed by a veterinarian.

(ii) An exemption from the requirements of this paragraph shall be granted to a new drug for the first 120 days that the drug is on the market and for the 90 days during which the national reference file has no description on file.

(iii) Dispensed medications for which no physical description exists in any commercially available database.

(B) This paragraph applies to outpatient pharmacies only.

(C) The information required by this paragraph may be printed on an auxiliary label that is affixed to the prescription container.

(D) This paragraph shall not become operative if the board, prior to January 1, 2006, adopts regulations that mandate the same labeling requirements set forth in this paragraph.

(b) If a pharmacist dispenses a prescribed drug by means of a unit dose medication system, as defined by administrative regulation, for a patient in a skilled nursing, intermediate care, or other health care facility, the requirements of this section will be satisfied if the unit dose medication system contains the aforementioned information or the information is otherwise readily available at the time of drug administration.

(c) If a pharmacist dispenses a dangerous drug or device in a facility licensed pursuant to Section 1250 of the Health and Safety Code, it is not necessary to include on individual unit dose containers for a specific patient, the name of the certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51, the nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1 or protocol, the physician assistant who functions pursuant to Section 3502.1, the naturopathic doctor who functions pursuant to a standardized procedure or protocol described in Section 3640.5, or the pharmacist who functions pursuant to a policy, procedure, or protocol pursuant to Section 4052.1, 4052.2, or 4052.6.

(d) If a pharmacist dispenses a prescription drug for use in a facility licensed pursuant to Section 1250 of the Health and Safety Code, it is not necessary to include the information required in paragraph (11) of subdivision (a) when the prescription drug is administered to a patient by a person licensed under the Medical Practice Act (Chapter 5 (commencing with Section 2000)), the Nursing Practice Act (Chapter 6 (commencing with Section 2700)), or the Vocational Nursing Practice Act (Chapter 6.5

(commencing with Section 2840)), who is acting within his or her scope of practice.

SEC. 12.5. Section 4076 of the Business and Professions Code is amended to read:

4076. (a) A pharmacist shall not dispense any prescription except in a container that meets the requirements of state and federal law and is correctly labeled with all of the following:

(1) Except when the prescriber or the certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51, the nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1 or protocol, the physician assistant who functions pursuant to Section 3502.1, the naturopathic doctor who functions pursuant to a standardized procedure or protocol described in Section 3640.5, or the pharmacist who functions pursuant to a policy, procedure, or protocol pursuant to Section 4052.1, 4052.2, or 4052.6 orders otherwise, either the manufacturer's trade name of the drug or the generic name and the name of the manufacturer. Commonly used abbreviations may be used. Preparations containing two or more active ingredients may be identified by the manufacturer's trade name or the commonly used name or the principal active ingredients.

(2) The directions for the use of the drug.

(3) The name of the patient or patients.

(4) The name of the prescriber or, if applicable, the name of the certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51, the nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1 or protocol, the physician assistant who functions pursuant to Section 3502.1, the naturopathic doctor who functions pursuant to a standardized procedure or protocol described in Section 3640.5, or the pharmacist who functions pursuant to a policy, procedure, or protocol pursuant to Section 4052.1, 4052.2, or 4052.6.

(5) The date of issue.

(6) The name and address of the pharmacy, and prescription number or other means of identifying the prescription.

(7) The strength of the drug or drugs dispensed.

(8) The quantity of the drug or drugs dispensed.

(9) The expiration date of the effectiveness of the drug dispensed.

(10) The condition or purpose for which the drug was prescribed if the condition or purpose is indicated on the prescription.

(11) (A) Commencing January 1, 2006, the physical description of the dispensed medication, including its color, shape, and any identification code that appears on the tablets or capsules, except as follows:

(i) Prescriptions dispensed by a veterinarian.

(ii) An exemption from the requirements of this paragraph shall be granted to a new drug for the first 120 days that the drug is on the market and for the 90 days during which the national reference file has no description on file.

(iii) Dispensed medications for which no physical description exists in any commercially available database.

(B) This paragraph applies to outpatient pharmacies only.

(C) The information required by this paragraph may be printed on an auxiliary label that is affixed to the prescription container.

(D) This paragraph shall not become operative if the board, prior to January 1, 2006, adopts regulations that mandate the same labeling requirements set forth in this paragraph.

(b) If a pharmacist dispenses a prescribed drug by means of a unit dose medication system, as defined by administrative regulation, for a patient in a skilled nursing, intermediate care, or other health care facility, the requirements of this section will be satisfied if the unit dose medication system contains the aforementioned information or the information is otherwise readily available at the time of drug administration.

(c) If a pharmacist dispenses a dangerous drug or device in a health facility, as defined in Section 1250 of the Health and Safety Code, it is not necessary to include on individual unit dose containers for a specific patient, the name of the certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51, the nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1 or protocol, the physician assistant who functions pursuant to Section 3502.1, the naturopathic doctor who functions pursuant to a standardized procedure or protocol described in Section 3640.5, or the pharmacist who functions pursuant to a policy, procedure, or protocol pursuant to Section 4052.1, 4052.2, or 4052.6.

(d) If a pharmacist dispenses a prescription drug for use in a facility licensed pursuant to Section 1250 of the Health and Safety Code, it is not necessary to include the information required in paragraph (11) of subdivision (a) when the prescription drug is administered to a patient by a person licensed under the Medical Practice Act (Chapter 5 (commencing with Section 2000)), the Nursing Practice Act (Chapter 6 (commencing with Section 2700)), or the Vocational Nursing Practice Act (Chapter 6.5 (commencing with Section 2840)), who is acting within his or her scope of practice.

(e) This section shall remain in effect only until January 1, 2016, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2016, deletes or extends that date.

SEC. 12.7. Section 4076 is added to the Business and Professions Code, to read:

4076. (a) A pharmacist shall not dispense any prescription except in a container that meets the requirements of state and federal law and is correctly labeled with all of the following:

(1) Except when the prescriber or the certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51, the nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1 or protocol, the physician assistant who functions pursuant to Section 3502.1, the naturopathic doctor

who functions pursuant to a standardized procedure or protocol described in Section 3640.5, or the pharmacist who functions pursuant to a policy, procedure, or protocol pursuant to Section 4052.1, 4052.2, or 4052.6 orders otherwise, either the manufacturer's trade name of the drug or the generic name and the name of the manufacturer. Commonly used abbreviations may be used. Preparations containing two or more active ingredients may be identified by the manufacturer's trade name or the commonly used name or the principal active ingredients.

(2) The directions for the use of the drug.

(3) The name of the patient or patients.

(4) The name of the prescriber or, if applicable, the name of the certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51, the nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1 or protocol, the physician assistant who functions pursuant to Section 3502.1, the naturopathic doctor who functions pursuant to a standardized procedure or protocol described in Section 3640.5, or the pharmacist who functions pursuant to a policy, procedure, or protocol pursuant to Section 4052.1, 4052.2, or 4052.6.

(5) The date of issue.

(6) The name and address of the pharmacy, and prescription number or other means of identifying the prescription.

(7) The strength of the drug or drugs dispensed.

(8) The quantity of the drug or drugs dispensed.

(9) The expiration date of the effectiveness of the drug dispensed.

(10) The condition or purpose for which the drug was prescribed if the condition or purpose is indicated on the prescription.

(11) (A) Commencing January 1, 2006, the physical description of the dispensed medication, including its color, shape, and any identification code that appears on the tablets or capsules, except as follows:

(i) Prescriptions dispensed by a veterinarian.

(ii) An exemption from the requirements of this paragraph shall be granted to a new drug for the first 120 days that the drug is on the market and for the 90 days during which the national reference file has no description on file.

(iii) Dispensed medications for which no physical description exists in any commercially available database.

(B) This paragraph applies to outpatient pharmacies only.

(C) The information required by this paragraph may be printed on an auxiliary label that is affixed to the prescription container.

(D) This paragraph shall not become operative if the board, prior to January 1, 2006, adopts regulations that mandate the same labeling requirements set forth in this paragraph.

(b) The information required by paragraphs (1), (2), (3), (7), and (10) of subdivision (a) shall be printed in at least a 12-point typeface.

(c) If a pharmacist dispenses a prescribed drug by means of a unit dose medication system, as defined by administrative regulation, for a patient in

a skilled nursing, intermediate care, or other health care facility, the requirements of this section will be satisfied if the unit dose medication system contains the aforementioned information or the information is otherwise readily available at the time of drug administration.

(d) If a pharmacist dispenses a dangerous drug or device in a health facility, as defined in Section 1250 of the Health and Safety Code, it is not necessary to include on individual unit dose containers for a specific patient, the name of the certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51, the nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1 or protocol, the physician assistant who functions pursuant to Section 3502.1, the naturopathic doctor who functions pursuant to a standardized procedure or protocol described in Section 3640.5, or the pharmacist who functions pursuant to a policy, procedure, or protocol pursuant to Section 4052.1, 4052.2, or 4052.6.

(e) If a pharmacist dispenses a prescription drug for use in a facility licensed pursuant to Section 1250 of the Health and Safety Code, it is not necessary to include the information required in paragraph (11) of subdivision (a) when the prescription drug is administered to a patient by a person licensed under the Medical Practice Act (Chapter 5 (commencing with Section 2000)), the Nursing Practice Act (Chapter 6 (commencing with Section 2700)), or the Vocational Nursing Practice Act (Chapter 6.5 (commencing with Section 2840)), who is acting within his or her scope of practice.

(f) This section shall become operative on January 1, 2016.

SEC. 13. Section 4111 of the Business and Professions Code is amended to read:

4111. (a) Except as otherwise provided in subdivision (b), (d), or (e), the board shall not issue or renew a license to conduct a pharmacy to any of the following:

(1) A person or persons authorized to prescribe or write a prescription, as specified in Section 4040, in the State of California.

(2) A person or persons with whom a person or persons specified in paragraph (1) shares a community or other financial interest in the permit sought.

(3) Any corporation that is controlled by, or in which 10 percent or more of the stock is owned by a person or persons prohibited from pharmacy ownership by paragraph (1) or (2).

(b) Subdivision (a) shall not preclude the issuance of a permit for an inpatient hospital pharmacy to the owner of the hospital in which it is located.

(c) The board may require any information the board deems is reasonably necessary for the enforcement of this section.

(d) Subdivision (a) shall not preclude the issuance of a new or renewal license for a pharmacy to be owned or owned and operated by a person licensed on or before August 1, 1981, under the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code) and qualified on or before August

1, 1981, under subsection (d) of Section 1310 of Title XIII of the federal Public Health Service Act, as amended, whose ownership includes persons defined pursuant to paragraphs (1) and (2) of subdivision (a).

(e) Subdivision (a) shall not preclude the issuance of a new or renewal license for a pharmacy to be owned or owned and operated by a pharmacist authorized to issue a drug order pursuant to Section 4052.1, 4052.2, or 4052.6.

SEC. 14. Section 4174 of the Business and Professions Code is amended to read:

4174. Notwithstanding any other law, a pharmacist may dispense drugs or devices upon the drug order of a nurse practitioner functioning pursuant to Section 2836.1 or a certified nurse-midwife functioning pursuant to Section 2746.51, a drug order of a physician assistant functioning pursuant to Section 3502.1 or a naturopathic doctor functioning pursuant to Section 3640.5, or the order of a pharmacist acting under Section 4052.1, 4052.2, 4052.3, or 4052.6.

SEC. 15. Section 4210 is added to the Business and Professions Code, to read:

4210. (a) A person who seeks recognition as an advanced practice pharmacist shall meet all of the following requirements:

(1) Hold an active license to practice pharmacy issued pursuant to this chapter that is in good standing.

(2) Satisfy any two of the following criteria:

(A) Earn certification in a relevant area of practice, including, but not limited to, ambulatory care, critical care, geriatric pharmacy, nuclear pharmacy, nutrition support pharmacy, oncology pharmacy, pediatric pharmacy, pharmacotherapy, or psychiatric pharmacy, from an organization recognized by the Accreditation Council for Pharmacy Education or another entity recognized by the board.

(B) Complete a postgraduate residency through an accredited postgraduate institution where at least 50 percent of the experience includes the provision of direct patient care services with interdisciplinary teams.

(C) Have provided clinical services to patients for at least one year under a collaborative practice agreement or protocol with a physician, advanced practice pharmacist, pharmacist practicing collaborative drug therapy management, or health system.

(3) File an application with the board for recognition as an advanced practice pharmacist.

(4) Pay the applicable fee to the board.

(b) An advanced practice pharmacist recognition issued pursuant to this section shall be valid for two years, coterminous with the certificate holder's license to practice pharmacy.

(c) The board shall adopt regulations establishing the means of documenting completion of the requirements in this section.

(d) The board shall, by regulation, set the fee for the issuance and renewal of advanced practice pharmacist recognition at the reasonable cost of

regulating advanced practice pharmacists pursuant to this chapter. The fee shall not exceed three hundred dollars (\$300).

SEC. 16. Section 4233 is added to the Business and Professions Code, to read:

4233. A pharmacist who is recognized as an advanced practice pharmacist shall complete 10 hours of continuing education each renewal cycle in addition to the requirements of Section 4231. The subject matter shall be in one or more areas of practice relevant to the pharmacist's clinical practice.

SEC. 17. Sections 12.5 and 12.7 of this bill incorporate amendments to Section 4076 of the Business and Professions Code proposed by both this bill and Senate Bill 205. They shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2014, (2) each bill amends Section 4076 of the Business and Professions Code, and (3) this bill is enacted after Senate Bill 205, in which case Section 12 of this bill shall not become operative.

SEC. 18. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

## CURRENT BILL STATUS

MEASURE : S.B. No. 494  
AUTHOR(S) : Monning (Principal coauthor: Senator Hernandez).  
TOPIC : Health care providers.  
+LAST AMENDED DATE : 09/06/2013

## TYPE OF BILL :

Inactive  
Non-Urgency  
Non-Appropriations  
Majority Vote Required  
State-Mandated Local Program  
Fiscal  
Non-Tax Levy

LAST HIST. ACT. DATE: 10/09/2013  
LAST HIST. ACTION : Chaptered by Secretary of State. Chapter 684, Statutes  
of 2013.  
FILE : SEN UNFINISHED BUSINESS  
FILE DATE : 09/12/2013  
ITEM : 19

COMM. LOCATION : ASM APPROPRIATIONS  
COMM. ACTION DATE : 08/30/2013  
COMM. ACTION : Do pass as amended.  
COMM. VOTE SUMMARY : Ayes: 17 Noes: 00PASS

TITLE : An act to add and repeal Section 1375.9 of the Health  
and Safety Code, to add Section 10133.4 to the Insurance  
Code, and to amend Sections 14087.48, 14088, and 14254  
of the Welfare and Institutions Code, relating to health  
care providers.

**Senate Bill No. 494**

**CHAPTER 684**

An act to add and repeal Section 1375.9 of the Health and Safety Code, to add Section 10133.4 to the Insurance Code, and to amend Sections 14087.48, 14088, and 14254 of the Welfare and Institutions Code, relating to health care providers.

[Approved by Governor October 9, 2013. Filed with  
Secretary of State October 9, 2013.]

**LEGISLATIVE COUNSEL'S DIGEST**

SB 494, Monning. Health care providers.

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.

This bill would, until January 1, 2019, require a health care service plan to ensure that there is at least one full-time equivalent primary care physician for every 2,000 enrollees. This bill would, until January 1, 2019, authorize the assignment of up to an additional 1,000 enrollees, as specified, to a primary care physician for each full-time equivalent nonphysician medical practitioner, as defined, supervised by that physician. By imposing new requirements on health care service plans, the willful violation of which 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. Prior to a Medi-Cal managed care plan commencing operations, existing law requires the department to evaluate, among other things, the extent to which the plan has an adequate provider network, including the location, office hours, and language capabilities of the plan's primary care physicians. Existing law defines primary care provider for these purposes as an internist, general practitioner, obstetrician-gynecologist, pediatrician, family practice physician, or, as specified, types of clinics and defines primary care physician as a physician who has the responsibility, among other duties, for providing initial and primary care to patients.

This bill would require that the department evaluate the location, office hours, and language capabilities of a plan's primary care physicians and, if applicable, nonphysician medical practitioners. The bill would add nonphysician medical practitioners to the definition of a primary care provider and would define nonphysician medical practitioner, as specified. The bill would make conforming changes.

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.

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

SECTION 1. Section 1375.9 is added to the Health and Safety Code, to read:

1375.9. (a) A health care service plan shall ensure there is at least one full-time equivalent primary care physician for every 2,000 enrollees of the plan. The number of enrollees per primary care physician may be increased by up to 1,000 additional enrollees for each full-time equivalent nonphysician medical practitioner supervised by that primary care physician.

(b) This section shall not require a primary care physician to accept an assignment of enrollees by a health care service plan without his or her approval, or that would be contrary to paragraph (2) of subdivision (b) of Section 1375.7.

(c) Nothing in this section shall be interpreted to modify subdivision (e) of Section 2836.1 of the Business and Professions Code or subdivision (b) of Section 3516 of the Business and Professions Code.

(d) For purposes of this section, a primary care provider includes a “nonphysician medical practitioner,” which is defined as a physician assistant performing services under the supervision of a primary care physician in compliance with Chapter 7.7 (commencing with Section 3500) of Division 2 of the Business and Professions Code or a nurse practitioner performing services in collaboration with a physician pursuant to Chapter 6 (commencing with Section 2700) of Division 2 of the Business and Professions Code.

(e) This section shall remain in effect only until January 1, 2019, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2019, deletes or extends that date.

SEC. 2. Section 10133.4 is added to the Insurance Code, to read:

10133.4. (a) For purposes of insurers who contract with providers for alternate rates pursuant to Section 10133, a primary care provider includes a “nonphysician medical practitioner,” which is defined as a physician assistant performing services under the supervision of a primary care physician in compliance with Chapter 7.7 (commencing with Section 3500) of Division 2 of the Business and Professions Code or a nurse practitioner performing services in collaboration with a physician pursuant to Chapter 6 (commencing with Section 2700) of Division 2 of the Business and Professions Code.

(b) This section shall not require a primary care provider to accept the assignment of a number of insureds that would exceed standards of good health care as provided in Section 10133.5.

(c) Nothing in this section shall be interpreted to modify subdivision (e) of Section 2836.1 of the Business and Professions Code or subdivision (b) of Section 3516 of the Business and Professions Code.

SEC. 3. Section 14087.48 of the Welfare and Institutions Code is amended to read:

14087.48. (a) For purposes of this section, “Medi-Cal managed care plan” means any individual, organization, or entity that enters into a contract with the department pursuant to Article 2.7 (commencing with Section 14087.3), Article 2.8 (commencing with Section 14087.5), Article 2.81 (commencing with Section 14087.96), Article 2.9 (commencing with Section 14088), or Article 2.91 (commencing with Section 14089), or pursuant to Article 1 (commencing with Section 14200), or Article 7 (commencing with Section 14490) of Chapter 8.

(b) Before a Medi-Cal managed care plan commences operations based upon an action of the director that expands the geographic area of Medi-Cal managed care, the department shall perform an evaluation to determine the readiness of any affected Medi-Cal managed care plan to commence operations. The evaluation shall include, at a minimum, all of the following:

(1) The extent to which the Medi-Cal managed care plan demonstrates the ability to provide reliable service utilization and cost data, including, but not limited to, quarterly financial reports, audited annual reports, utilization reports of medical services, and encounter data.

(2) The extent to which the Medi-Cal managed care plan has an adequate provider network, including, but not limited to, the location, office hours, and language capabilities of primary care physicians and, if applicable, nonphysician medical practitioners, specialists, pharmacies, and hospitals, that the types of specialists in the provider network are based on the population makeup and particular geographic needs, and that whether requirements will be met for availability of services and travel distance standards, as set forth in Sections 53852 and 53885, respectively, of Title 22 of the California Code of Regulations.

(3) The extent to which the Medi-Cal managed care plan has developed procedures for the monitoring and improvement of quality of care, including, but not limited to, procedures for retrospective reviews which include patterns of practice reviews and drug prescribing practice reviews, utilization management mechanisms to detect both under- and over-utilization of health care services, and procedures that specify timeframes for medical authorization.

(4) The extent to which the Medi-Cal managed care plan has demonstrated the ability to meet accessibility standards in accordance with Section 1300.67.2 of Title 28 of the California Code of Regulations, including, but not limited to, procedures for appointments, waiting times, telephone procedures, after hours calls, urgent care, and arrangement for the provision of unusual specialty services.

(5) The extent to which the Medi-Cal managed care plan has met all standards and guidelines established by the department that demonstrate readiness to provide services to enrollees.

(6) The extent to which the Medi-Cal managed care plan has submitted all required contract deliverables to the department, including, but not limited to, quality improvement systems, utilization management, access and availability, member services, member grievance systems, and enrollments and disenrollments.

(7) The extent to which the Medi-Cal managed care plan's Evidence of Coverage, Member Services Guide, or both, conforms to federal and state statutes and regulations, is accurate, and is easily understood.

(8) The extent to which the Medi-Cal managed care plan's primary care and facility sites have been reviewed and evaluated by the department.

SEC. 4. Section 14088 of the Welfare and Institutions Code is amended to read:

14088. (a) It is the purpose of this article to ensure that the Medi-Cal program shall be operated in the most cost-effective and efficient manner possible with the optimum number of Medi-Cal providers and shall ensure quality of care and known access to services.

(b) For the purposes of this article, the following definitions shall apply:

(1) "Primary care provider" means either of the following:

(A) Any internist, general practitioner, obstetrician-gynecologist, pediatrician, family practice physician, nonphysician medical practitioner, or any primary care clinic, rural health clinic, community clinic or hospital outpatient clinic currently enrolled in the Medi-Cal program, which agrees to provide case management to Medi-Cal beneficiaries.

(B) A county or other political subdivision that employs, operates, or contracts with, any of the primary care providers listed in subparagraph (A), and that agrees to use that primary care provider for the purposes of contracting under this article.

(2) "Primary care case management" means responsibility for the provision of referral, consultation, ordering of therapy, admission to hospitals, followup care, and prepayment approval of referred services.

(3) "Designation form" or "form" means a form supplied by the department to be executed by a Medi-Cal beneficiary and a primary care provider or other entity eligible pursuant to this article who has entered into a contract with the department pursuant to this article, setting forth the beneficiary's choice of contractor and an agreement to be limited by the case management decisions of that contractor and the contractor's agreement to be responsible for that beneficiary's case management and medical care, as specified in this article.

(4) "Emergency services" means health care services rendered by an eligible Medi-Cal provider to a Medi-Cal beneficiary for those health services required for alleviation of severe pain or immediate diagnosis and treatment of unforeseen medical conditions which if not immediately diagnosed and treated could lead to disability or death.

(5) "Modified primary care case management" means primary care case management wherein capitated services are limited to primary care practitioner office visits only.

(6) "Service area" means an area designated by either a single federal Postal ZIP Code or by two or more Postal ZIP Codes that are contiguous.

(c) For purposes of Medi-Cal managed care plans, as defined in subdivision (m) of Section 14016.5, "nonphysician medical practitioner" means a physician assistant performing services under physician supervision in compliance with Chapter 7.7 (commencing with Section 3500) of Division 2 of the Business and Professions Code, a certified nurse-midwife performing services under physician supervision in compliance with Article 2.5 (commencing with Section 2746) of Chapter 6 of Division 2 of the Business and Professions Code, or a nurse practitioner performing services in collaboration with a physician pursuant to Chapter 6 (commencing with Section 2700) of Division 2 of the Business and Professions Code.

SEC. 5. Section 14254 of the Welfare and Institutions Code is amended to read:

14254. (a) "Primary care physician" is a physician who has the responsibility for providing initial and primary care to patients, for maintaining the continuity of patient care, and for initiating referral for specialist care. A primary care physician shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner.

(b) A nonphysician medical practitioner, as defined in subdivision (c) of Section 14088, who is supervised by a primary care physician, has the responsibility for providing initial and primary care to patients, for maintaining the continuity of patient care, and for initiating referral for specialist care.

SEC. 6. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

## CURRENT BILL STATUS

MEASURE : S.B. No. 809  
AUTHOR(S) : DeSaulnier and Steinberg (Coauthors: Senators Hancock,  
Lieu, Pavley, and Price) (Coauthor: Assembly Member  
Blumenfield).  
TOPIC : Controlled substances: reporting.  
+LAST AMENDED DATE : 09/03/2013

## TYPE OF BILL :

Inactive  
Non-Urgency  
Non-Appropriations  
Majority Vote Required  
Non-State-Mandated Local Program  
Fiscal  
Non-Tax Levy

LAST HIST. ACT. DATE: 09/27/2013  
LAST HIST. ACTION : Chaptered by Secretary of State. Chapter 400, Statutes  
of 2013.  
COMM. LOCATION : ASM APPROPRIATIONS  
COMM. ACTION DATE : 08/30/2013  
COMM. ACTION : Do pass as amended.  
COMM. VOTE SUMMARY : Ayes: 16 Noes: 00PASS

TITLE : An act to add Sections 208, 209, and 2196.8 to the  
Business and Professions Code, and to amend Sections  
11164.1, 11165, and 11165.1 of, and to add Section  
11165.5 to, the Health and Safety Code, relating to  
controlled substances.

## Senate Bill No. 809

### CHAPTER 400

An act to add Sections 208, 209, and 2196.8 to the Business and Professions Code, and to amend Sections 11164.1, 11165, and 11165.1 of, and to add Section 11165.5 to, the Health and Safety Code, relating to controlled substances.

[Approved by Governor September 27, 2013. Filed with  
Secretary of State September 27, 2013.]

#### LEGISLATIVE COUNSEL'S DIGEST

SB 809, DeSaulnier. Controlled substances: reporting.

(1) 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 all practitioners authorized to prescribe or dispense these controlled substances.

Existing law requires dispensing pharmacies and clinics to report, on a weekly basis, specified information for each prescription of Schedule II, Schedule III, or Schedule IV controlled substances, to the department, as specified.

This bill would establish the CURES Fund within the State Treasury to receive funds to be allocated, upon appropriation by the Legislature, to the Department of Justice for the purposes of funding CURES, and would make related findings and declarations.

This bill would, beginning April 1, 2014, require an annual fee of \$6 to be assessed on specified licensees, including licensees authorized to prescribe, order, administer, furnish, or dispense controlled substances, and require the regulating agency of each of those licensees to bill and collect that fee at the time of license renewal. The bill would authorize the Department of Consumer Affairs to reduce, by regulation, that fee to the reasonable cost of operating and maintaining CURES for the purpose of regulating those licensees, if the reasonable regulatory cost is less than \$6 per licensee. The bill would require the proceeds of the fee to be deposited into the CURES Fund for the support of CURES, as specified. The bill would also permit specified insurers, health care service plans, qualified manufacturers, and other donors to voluntarily contribute to the CURES Fund, as described.

(2) Existing law requires the Medical Board of California to periodically develop and disseminate information and educational materials regarding various subjects, including pain management techniques, to each licensed physician and surgeon and to each general acute care hospital in California.

This bill would additionally require the board to periodically develop and disseminate to each licensed physician and surgeon and to each general acute care hospital in California information and educational materials relating to the assessment of a patient's risk of abusing or diverting controlled substances and information relating to CURES.

(3) Existing law permits a licensed health care practitioner, as specified, or a pharmacist to apply to the Department of Justice to obtain approval to access information stored on the Internet regarding the controlled substance history of a patient under his or her care. Existing law also authorizes the Department of Justice to provide the history of controlled substances dispensed to an individual to licensed health care practitioners, pharmacists, or both, providing care or services to the individual.

This bill would require, by January 1, 2016, or upon receipt of a federal Drug Enforcement Administration registration, whichever occurs later, health care practitioners authorized to prescribe, order, administer, furnish, or dispense controlled substances, as specified, and pharmacists to apply to the Department of Justice to obtain approval to access information stored on the Internet regarding the controlled substance history of a patient under their care. The bill would require the Department of Justice, in conjunction with the Department of Consumer Affairs and certain licensing boards, to, among other things, develop a streamlined application and approval process to provide access to the CURES database for licensed health care practitioners and pharmacists. The bill would make other related and conforming changes.

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

SECTION 1. The Legislature finds and declares all of the following:

(a) The Controlled Substance Utilization Review and Evaluation System (CURES) is a valuable preventive, investigative, and educational tool for health care providers, regulatory agencies, educational researchers, and law enforcement. Recent budget cuts to the Attorney General's Division of Law Enforcement have resulted in insufficient funding to support CURES and its Prescription Drug Monitoring Program (PDMP). The CURES PDMP is necessary to ensure health care professionals have the necessary data to make informed treatment decisions and to allow law enforcement to investigate diversion of prescription drugs. Without a dedicated funding source, the CURES PDMP is not sustainable.

(b) Each year CURES responds to more than 800,000 requests from practitioners and pharmacists regarding all of the following:

(1) Helping identify and deter drug abuse and diversion of prescription drugs through accurate and rapid tracking of Schedule II, Schedule III, and Schedule IV controlled substances.

(2) Helping practitioners make prescribing decisions.

(3) Helping reduce misuse, abuse, and trafficking of those drugs.

(c) Schedule II, Schedule III, and Schedule IV controlled substances have had deleterious effects on private and public interests, including the misuse, abuse, and trafficking in dangerous prescription medications resulting in injury and death. It is the intent of the Legislature to work with stakeholders to fully fund the operation of CURES which seeks to mitigate those deleterious effects and serve as a tool for ensuring safe patient care, and which has proven to be a cost-effective tool to help reduce the misuse, abuse, and trafficking of those drugs.

(d) The following goals are critical to increase the effectiveness and functionality of CURES:

(1) Upgrading the CURES PDMP so that it is capable of accepting real-time updates and is accessible in real-time, 24 hours a day, seven days a week.

(2) Upgrading the CURES PDMP in California so that it is capable of operating in conjunction with all national prescription drug monitoring programs.

(3) Providing subscribers to prescription drug monitoring programs access to information relating to controlled substances dispensed in California, including those dispensed through the United States Department of Veterans Affairs, the Indian Health Service, the Department of Defense, and any other entity with authority to dispense controlled substances in California.

(4) Upgrading the CURES PDMP so that it is capable of accepting the reporting of electronic prescription data, thereby enabling more reliable, complete, and timely prescription monitoring.

SEC. 2. Section 208 is added to the Business and Professions Code, to read:

208. (a) Beginning April 1, 2014, a CURES fee of six dollars (\$6) shall be assessed annually on each of the licensees specified in subdivision (b) to pay the reasonable costs associated with operating and maintaining CURES for the purpose of regulating those licensees. The fee assessed pursuant to this subdivision shall be billed and collected by the regulating agency of each licensee at the time of the licensee's license renewal. If the reasonable regulatory cost of operating and maintaining CURES is less than six dollars (\$6) per licensee, the Department of Consumer Affairs may, by regulation, reduce the fee established by this section to the reasonable regulatory cost.

(b) (1) Licensees authorized pursuant to Section 11150 of the Health and Safety Code to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances or pharmacists licensed pursuant to Chapter 9 (commencing with Section 4000) of Division 2.

(2) Wholesalers and nonresident wholesalers of dangerous drugs licensed pursuant to Article 11 (commencing with Section 4160) of Chapter 9 of Division 2.

(3) Nongovernmental clinics licensed pursuant to Article 13 (commencing with Section 4180) and Article 14 (commencing with Section 4190) of Chapter 9 of Division 2.

(4) Nongovernmental pharmacies licensed pursuant to Article 7 (commencing with Section 4110) of Chapter 9 of Division 2.

(c) The funds collected pursuant to subdivision (a) shall be deposited in the CURES Fund, which is hereby created within the State Treasury. Moneys in the CURES Fund shall, upon appropriation by the Legislature, be available to the Department of Consumer Affairs to reimburse the Department of Justice for costs to operate and maintain CURES for the purposes of regulating the licensees specified in subdivision (b).

(d) The Department of Consumer Affairs shall contract with the Department of Justice on behalf of the Medical Board of California, the Dental Board of California, the California State Board of Pharmacy, the Veterinary Medical Board, the Board of Registered Nursing, the Physician Assistant Board of the Medical Board of California, the Osteopathic Medical Board of California, the Naturopathic Medicine Committee of the Osteopathic Medical Board, the State Board of Optometry, and the California Board of Podiatric Medicine to operate and maintain CURES for the purposes of regulating the licensees specified in subdivision (b).

SEC. 3. Section 209 is added to the Business and Professions Code, to read:

209. The Department of Justice, in conjunction with the Department of Consumer Affairs and the boards and committees identified in subdivision (d) of Section 208, shall do all of the following:

(a) Identify and implement a streamlined application and approval process to provide access to the CURES Prescription Drug Monitoring Program (PDMP) database for licensed health care practitioners eligible to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances and for pharmacists. Every reasonable effort shall be made to implement a streamlined application and approval process that a licensed health care practitioner or pharmacist can complete at the time that he or she is applying for licensure or renewing his or her license.

(b) Identify necessary procedures to enable licensed health care practitioners and pharmacists with access to the CURES PDMP to delegate their authority to order reports from the CURES PDMP.

(c) Develop a procedure to enable health care practitioners who do not have a federal Drug Enforcement Administration (DEA) number to opt out of applying for access to the CURES PDMP.

SEC. 4. Section 2196.8 is added to the Business and Professions Code, to read:

2196.8. The board shall periodically develop and disseminate information and educational material regarding assessing a patient's risk of abusing or diverting controlled substances and information relating to the Controlled Substance Utilization Review and Evaluation System (CURES), described in Section 11165 of the Health and Safety Code, to each licensed physician and surgeon and to each general acute care hospital in this state. The board shall consult with the State Department of Public Health, the boards and committees specified in subdivision (d) of Section 208, and the Department

of Justice in developing the materials to be distributed pursuant to this section.

SEC. 5. Section 11164.1 of the Health and Safety Code is amended to read:

11164.1. (a) (1) Notwithstanding any other provision of law, a prescription for a controlled substance issued by a prescriber in another state for delivery to a patient in another state may be dispensed by a California pharmacy, if the prescription conforms with the requirements for controlled substance prescriptions in the state in which the controlled substance was prescribed.

(2) All prescriptions for Schedule II, Schedule III, and Schedule IV controlled substances dispensed pursuant to this subdivision shall be reported by the dispensing pharmacy to the Department of Justice in the manner prescribed by subdivision (d) of Section 11165.

(b) Pharmacies may dispense prescriptions for Schedule III, Schedule IV, and Schedule V controlled substances from out-of-state prescribers pursuant to Section 4005 of the Business and Professions Code and Section 1717 of Title 16 of the California Code of Regulations.

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

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

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

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

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

may identify the patient, is not compromised. Further, data disclosed to any individual or agency as described in this subdivision shall not be disclosed, sold, or transferred to any third party. The Department of Justice shall establish policies, procedures, and regulations regarding the use, access, evaluation, management, implementation, operation, storage, disclosure, and security of the information within CURES, consistent with this subdivision.

(d) For each prescription for a Schedule II, Schedule III, or Schedule IV controlled substance, as defined in the controlled substances schedules in federal law and regulations, specifically Sections 1308.12, 1308.13, and 1308.14, respectively, of Title 21 of the Code of Federal Regulations, the dispensing pharmacy, clinic, or other dispenser shall report the following information to the Department of Justice as soon as reasonably possible, but not more than seven days after the date a controlled substance is dispensed, in a format specified by the Department of Justice:

(1) Full name, address, and, if available, telephone number 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, and the gender, and date of birth of the ultimate user.

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

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

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

(5) Quantity of the controlled substance dispensed.

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

(7) Number of refills ordered.

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

(9) Date of origin of the prescription.

(10) Date of dispensing of the prescription.

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

(f) The Department of Justice shall, prior to upgrading CURES, consult with prescribers licensed by one of the boards or committees identified in subdivision (d) of Section 208 of the Business and Professions Code, one or more of the boards or committees identified in subdivision (d) of Section

208 of the Business and Professions Code, and any other stakeholder identified by the department, for the purpose of identifying desirable capabilities and upgrades to the CURES Prescription Drug Monitoring Program (PDMP).

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

SEC. 7. Section 11165.1 of the Health and Safety Code is amended to read:

11165.1. (a) (1) (A) (i) A health care practitioner authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances pursuant to Section 11150 shall, before January 1, 2016, or upon receipt of a federal Drug Enforcement Administration (DEA) registration, whichever occurs later, submit an application developed by the Department of Justice to obtain approval to access information online regarding the controlled substance history of a patient that is stored on the Internet and maintained within the Department of Justice, and, upon approval, the department shall release to that practitioner the electronic history of controlled substances dispensed to an individual under his or her care based on data contained in the CURES Prescription Drug Monitoring Program (PDMP).

(ii) A pharmacist shall, before January 1, 2016, or upon licensure, whichever occurs later, submit an application developed by the Department of Justice to obtain approval to access information online regarding the controlled substance history of a patient that is stored on the Internet and maintained within the Department of Justice, and, upon approval, the department shall release to that pharmacist the electronic history of controlled substances dispensed to an individual under his or her care based on data contained in the CURES PDMP.

(B) An application may be denied, or a subscriber may be suspended, for reasons which include, but are not limited to, the following:

- (i) Materially falsifying an application for a subscriber.
- (ii) Failure to maintain effective controls for access to the patient activity report.
- (iii) Suspended or revoked federal DEA registration.
- (iv) Any subscriber who is arrested for a violation of law governing controlled substances or any other law for which the possession or use of a controlled substance is an element of the crime.
- (v) Any subscriber accessing information for any other reason than caring for his or her patients.

(C) Any authorized subscriber shall notify the Department of Justice within 30 days of any changes to the subscriber account.

(2) A health care practitioner authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances pursuant to Section 11150 or a pharmacist shall be deemed to have complied with paragraph (1) if the licensed health care practitioner or pharmacist has been approved to access the CURES database through the

process developed pursuant to subdivision (a) of Section 209 of the Business and Professions Code.

(b) Any request for, or release of, a controlled substance history pursuant to this section shall be made in accordance with guidelines developed by the Department of Justice.

(c) In order to prevent the inappropriate, improper, or illegal use of Schedule II, Schedule III, or Schedule IV controlled substances, the Department of Justice may initiate the referral of the history of controlled substances dispensed to an individual based on data contained in CURES to licensed health care practitioners, pharmacists, or both, providing care or services to the individual.

(d) The history of controlled substances dispensed to an individual based on data contained in CURES that is received by a practitioner or pharmacist from the Department of Justice pursuant to this section shall be considered medical information subject to the provisions of the Confidentiality of Medical Information Act contained in Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code.

(e) Information concerning a patient's controlled substance history provided to a prescriber or pharmacist pursuant to this section shall include prescriptions for controlled substances listed in Sections 1308.12, 1308.13, and 1308.14 of Title 21 of the Code of Federal Regulations.

SEC. 8. Section 11165.5 is added to the Health and Safety Code, to read:

11165.5. (a) The Department of Justice may seek voluntarily contributed private funds from insurers, health care service plans, qualified manufacturers, and other donors for the purpose of supporting CURES. Insurers, health care service plans, qualified manufacturers, and other donors may contribute by submitting their payment to the Controller for deposit into the CURES Fund established pursuant to subdivision (c) of Section 208 of the Business and Professions Code. The department shall make information about the amount and the source of all private funds it receives for support of CURES available to the public. Contributions to the CURES Fund pursuant to this subdivision shall be nondeductible for state tax purposes.

(b) For purposes of this section, the following definitions apply:

(1) "Controlled substance" means a drug, substance, or immediate precursor listed in any schedule in Section 11055, 11056, or 11057 of the Health and Safety Code.

(2) "Health care service plan" means an entity licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code).

(3) "Insurer" means an admitted insurer writing health insurance, as defined in Section 106 of the Insurance Code, and an admitted insurer writing workers' compensation insurance, as defined in Section 109 of the Insurance Code.

(4) "Qualified manufacturer" means a manufacturer of a controlled substance, but does not mean a wholesaler or nonresident wholesaler of

dangerous drugs, regulated pursuant to Article 11 (commencing with Section 4160) of Chapter 9 of Division 2 of the Business and Professions Code, a veterinary food-animal drug retailer, regulated pursuant to Article 15 (commencing with Section 4196) of Chapter 9 of Division 2 of the Business and Professions Code, or an individual regulated by the Medical Board of California, the Dental Board of California, the California State Board of Pharmacy, the Veterinary Medical Board, the Board of Registered Nursing, the Physician Assistant Committee of the Medical Board of California, the Osteopathic Medical Board of California, the State Board of Optometry, or the California Board of Podiatric Medicine.

O

16

---

# Physician Assistant Board Environmental Scan and Trends Analysis 2014 - 2018

Prepared by:  
SOLID Planning Solutions  
Department of Consumer Affairs  
November 2013

# Table of Contents

Introduction.....	3
Data Collection Method .....	4
Summary .....	4
Workforce.....	5
Professional Qualifications and Education.....	8
Legislation, Regulation, and Policy.....	11
Communication and Outreach.....	14
Enforcement.....	18
Licensing.....	21
Administration.....	23

# Introduction

One of the first steps in developing a strategic plan is to conduct a scan and analysis of the environment in which an organization operates. This analysis allows a review of factors that could impact the Board's success. This is a summary of the results of the environmental scan recently conducted by SOLID for the Physician Assistant Board of California (PAB) during September and October 2013.

The purpose of this environmental scan is to provide a better understanding of stakeholder, Board member, and Board staff thoughts about the Board's performance within the following categories:

- ◆ Workforce
- ◆ Professional Qualifications and Education
- ◆ Legislation, Regulation, and Policy
- ◆ Communication and Outreach
- ◆ Enforcement
- ◆ Licensing
- ◆ Administration

This environmental scan outlines areas where Board members, staff, and stakeholders are in agreement and disagreement, while providing additional insight to assist the Board in developing goals and objectives for the upcoming strategic plan.

Please review this information carefully in preparation for the upcoming strategic planning session. At the planning session, we will discuss and evaluate this information as a group to help identify new strategic objectives the Board will focus on during the 2014 – 2018 strategic plan period.

If you have any questions about this report, please contact Terrie Meduri with SOLID at (916) 574-8207 or [Terrie.Meduri@dca.ca.gov](mailto:Terrie.Meduri@dca.ca.gov).

## Data Collection Method

Information was gathered by surveying external stakeholders, Board members, and Board staff using the following methods:

- ♦ Interviews conducted with seven members of the Board and the Executive Officer completed during the months of October and November 2013 to assess the challenges and opportunities the Board is currently facing or will face in the upcoming years.
- ♦ A focus group was held with the Board staff on August 8, 2013, to identify the history and progression of the Board and the strategic areas of focus from an internal perspective. Three Board staff members participated.
- ♦ An online survey was emailed to external Board stakeholders, promoted at the California Association of Physician Assistants (CAPA) conference and website, and made accessible from the Board's website in September and October 2013. The survey response rate was too limited to draw conclusions. However, Board staff suggests that the low response rate may be due to the overall high rate of satisfaction Physician Assistants (PAs) have with the Board.

## Summary

Overall, Board members and staff believe the Physician Assistant Board is performing effectively in licensing, enforcement, and administration, with areas for improvement identified in the following areas:

- 1) Workforce
- 2) Professional Qualifications and Education
- 3) Legislation, Regulation, and Policy
- 4) Communication and Outreach

Board members rated the overall effectiveness of the following functional areas. The numbers represent how many people assigned the rating to that area. (Note: Some members abstained from rating an area due to unfamiliarity.)

Functional Areas	Overall Effectiveness			
	Highest	High	Low	Lowest
Workforce/ Professional Qualifications and Education	2	4		1*
Legislation, Regulation, and Policy	2	3	1**	
Communication and Outreach	1	5	1***	
Enforcement	5	2		
Licensing	5	2		
Administration	6			

Descriptions below explain why a lower rating was selected:

\*PA shortage and the accrediting body's impact on PA training programs.

\*\*More PAB involvement is needed in this area.

\*\*\*More consumer outreach is needed.

## Workforce

Address and promote Physician Assistant workforce needs.

- Workforce issues were identified as a priority area for the Board to address.

## Workforce Challenges

### PA Workforce Issues

- ◆ Workforce shortage of PAs is a high priority and will impact the Affordable Care Act (ACA) since there are not enough PAs to address the volume of patients. The Office of Statewide Health Planning and Development (OSHPD) workforce projection for the ACA estimates a need of 4,500 PAs. Currently, there are approximately 400 PAs that graduate annually from PA training programs.
- ◆ PAs are being assigned increased workloads with reduced amount of time per patient, which could affect patient safety. Patient wait times are increasing.
- ◆ Research data is needed to support the PA's effectiveness and protect the PA role in the workforce.
- ◆ Identify potential areas in healthcare where PAs are needed (e.g., rural areas).

## *Major Trends*

### Workforce Shortage, Workload and Patient Safety

- ♦ PA workloads on a national level have increased. Appointments are double booked and PAs are expected to see more patients due to the PA shortage and the increased number of patients. What is an acceptable number of patients for PAs to see and still maintain patient safety?
- ♦ PAB needs to look at workload studies, and possibly consider doing their own workload study.

### Affordable Care Act

- ♦ How will the shortage of PAs and other health care practitioners impact the Affordable Care Act (ACA)?
- ♦ How will the PA role be defined and impact scope of practice?
  - What services will PAs provide?
  - How will the PA relationship with the primary care physician change?
  - Mid-level providers will need to be assigned more authority to address patient volume.
  - What level of authority should PAs have and how will this impact supervising physicians?
- ♦ PAB will need to prepare for impacts to the licensing and enforcement processes.
- ♦ How will PAB and PAs stay current with ACA legislative/public policies?

### Suggestion

- ♦ PAB needs to take a thoughtful approach in figuring out how PAs will be impacted by the ACA. PAB needs to be involved from the beginning of legislation/policy development that affects the PA's role and scope of practice.

### Health Care System

- ♦ PAs are viewed as a valued resource so the profession is focusing on alternative professional methods, preventive health care, and telehealth.
- ♦ There has been an increase in substance abuse among health care practitioners.
- ♦ Practitioners are seeing more diverse patient populations, obesity issues, and dealing more with an aging patient population.
- ♦ More emphasis is placed on cost containment practices to manage healthcare expenses.

### Technology

- ♦ Use of high depth TV video conference is on the increase in health care. This option allows health practitioners to perform procedures in one location with a supervising physician observing from another location. This aids in providing medical services in rural and underserved areas.
- ♦ The Internet is being used to broaden health care services geographically.

### ***Suggested Workforce Areas for Objectives***

- Collaborate with the accrediting body to address workforce shortage of PAs and increase the number of PAs needed for the ACA. (Priority)
- To meet the needs of the ACA, PAB will proactively collaborate with the Medical Board to devise regulations that define the PA role and where PAs can safely practice.
- Identify strategies to increase the number of PAs in the state, especially in rural and underserved areas.

### ***Your Ideas***

The above suggestions were obtained from Board members during the environmental scan. Please review and consider these areas as possible objectives for the upcoming strategic plan. Use the space below to capture notes, questions, or other objectives for discussion at the strategic planning session.

---

---

---

---

---

---

## **Professional Qualifications and Education**

Improve continuing medical education and examination standards to ensure excellence in practice and promote public safety. Advance higher education standards to increase the quality of education and ensure consumer protection.

The Board promotes professional qualifications of practitioners by setting requirements for licensure and renewal through education, experience, and demonstrated competence.

### ***Professional Qualifications and Education Strengths***

#### PA Training Program

- ♦ The national accreditation standards provide strict requirements for the PA training program and examination.
- ♦ The PA training program is extensive with a movement by the Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA) to elevate the PA educational level to a master degree.
- ♦ PA educational programs consist of diverse student populations with competitive admission requirements.
- ♦ PAB is an advocate of existing PA training programs and fosters good relationships with the schools and associations.

#### Continuing Medical Education

- ♦ PAs are required to complete 50 hours of Continuing Medical Education (CME) every two years. Most licensees are aware of their CME requirements and complete them.

### ***Professional Qualifications and Education Challenges***

#### Accreditation

- ♦ ARC-PA will require schools to confer a master degree for PAs or align with schools that offer a master program. This puts two year certificate programs in jeopardy of closure, hurts new programs trying to obtain PA accreditation, and extends an already lengthy accreditation process.
- ♦ There is concern over reduction in the number of eligible PA training programs and impact to the PA workforce shortage. (Priority)
- ♦ ARC-PA oversees accreditation of PA schools and will not accredit any more AA level certificate programs after 2015.
- ♦ The accreditation process is too lengthy. A bottleneck exists as several training programs wait to get accredited (e.g., 2015 projected date).
- ♦ ARC-PA is not responding to PAB's concerns. PAB needs to look at alternatives to address accreditation of PA training programs.

### PA Training/Curriculum Limitations

- ♦ With ACA, workforce shortage and possible expansion of the PA role, PA training programs and CME will need to be re-evaluated. PAB needs to look at recertification. PAB needs to be involved in establishing the standards to ensure strong criteria and consistency in education.
- ♦ There is an increase in DUIs and substance abuse among PAs. PA training programs need to address ethical behavior, professional responsibility, and moral code of conduct that accompanies the license throughout the PA training program.
- ♦ There are limited PA rotations, with few places to do rotations, and not enough rotation supervisors.
- ♦ Two year certificate programs require clinical hours training, but the master degree programs do not. This will affect the practical application in the clinical settings.
- ♦ There is a lack of billing knowledge among PAs and institutions as to what can and cannot be billed for PA services. PA training programs need to include PA billing practices.
- ♦ PA training programs lack standardized curriculum.

### Suggestions

- ♦ Review PA training programs, address the quality of the community college programs and look at how many PAs graduate from these programs. Use this information to help in devising recommendations to ensure workforce needs are met.
- ♦ Establish a regulatory process for the accrediting body, more accreditation teams, or another accreditation body that could certify two year schools since ARC-PA is not meeting the demand.
- ♦ Keep the community college level programs and develop a bridge with other programs for PAs to receive the master level training. Allow students to pursue the master degree after receiving their PA license.
- ♦ With ACA, workforce shortage, and possible expansion of the PA role, consider sub-specialty areas for PAs, look at delivering courses through CME, residency programs for teaching technical areas, offer preparation course work and completion of projects, an examination option for proficiency to earn certification.

## ***Major Trends***

### Education

- ♦ Degree creep is impacting the PA profession as the educational level advances to the master degree for PAs. Many PAs are pursuing a doctorate degree.
- ♦ Other health care practitioner programs are advancing to a doctorate degree level.
  - Is it necessary for PAs to obtain higher level degrees?
  - How will this impact the PA profession and their role?

## ***Suggested Professional Qualifications and Education Areas for Objectives***

- Identify alternatives and resources to improve the accreditation process to shorten the review time for new schools and increase the PA applicant pool. (Priority)
- Audit 10% of applicants applying for license renewal to ensure compliance with CME requirements.
- Strengthen PA curriculum and training programs with ethics coursework dispersed throughout the education program to drive the message of professional responsibility, and moral code of conduct that accompanies the license.

### ***Your Ideas***

The above suggestions were obtained from Board members during the environmental scan. Please review and consider these areas as possible objectives for the upcoming strategic plan. Use the space below to capture notes, questions, or other objectives for discussion at the strategic planning session.

---

---

---

---

---

---

# Legislation, Regulation, and Policy

Ensure that statutes, regulations, policies, and procedures strengthen and support the Board's mandate and mission.

The Board upholds the Physician Assistant Practice Act and clarifying regulations to protect and serve consumers.

## *Legislation, Regulation, and Policy Strengths*

### Legislation

- ♦ PAB has become more active in addressing legislation. A Board member with legislative background initiated a legislative policy subcommittee to look at legislation affecting PAs for PAB. This has helped Board members better understand the process and the different legislative viewpoints.
- ♦ PAB does a good job looking at current regulations, listening to consumers and licensees to obtain input for regulations.
- ♦ PAB has made positive efforts collaborating with legal counsel to address pending legislation.

### Current Physician Assistant Practice Act and Laws

- ♦ PAB has good laws and regulations in place. PA associations and DCA primarily direct the legislative goals and PAB collaborates with them.
- ♦ The PA Practice Act has clear language and is not difficult to understand. It is accessible to licensees and consumers on the PAB website.

## *Legislation, Regulation, and Policy Challenges*

### Legislation Involvement

- ♦ There is a need for legislative champions who can positively impact the PA practice.
- ♦ PAB needs to be more proactive in legislation that affects PAs.
- ♦ Due to new Board membership, unfamiliarity and memory loss of issues, PAB spends time revisiting issues. A tracking system to capture issues and outcomes would be helpful to be more efficient.

### Scope of Practice

- ♦ PA practice is out of step with regulation. Often a regulation is adopted that has been widely practiced by PAs.
- ♦ The PA Practice Act requires that any changes to scope of practice must go through the Medical Board. This process creates delays and is frustrating since it is dependent upon another board, and requires coordination of schedules and workload priorities of two boards.
- ♦ A Panel Bill initiated by the professional associations recognizes PAs as a Primary Care Provider (PCP). With this change, it would be helpful for PAs to have the authority to sign disability forms.

### ***Suggested Legislation, Regulation, Policy Areas for Objectives***

- Develop a PAB tracking system for policy and workforce issues to record the status and capture institutional memory.
- Review and update regulations to make them more clear and concise.
- Identify legislation that will broaden the PA scope of practice and maximize the PA's potential in healthcare delivery to address workforce shortage and increased patient load.
- Strengthen Board member knowledge of legislation/regulations to help new Board members gain understanding through onsite training beyond the DCA Board Member Orientation Training.

## ***Your Ideas***

The above suggestions were obtained from Board members during the environmental scan. Please review and consider these areas as possible objectives for the upcoming strategic plan. Use the space below to capture notes, questions, or other objectives for discussion at the strategic planning session.

---

---

---

---

---

---

## **Communication and Outreach**

Inform consumers, licensees, applicants, and other stakeholders about the practice and regulation of the physician assistant profession in an accurate, accessible manner.

The Board increases public and licensee awareness of the Board, its mission, activities and services through the PAB website, email distributions, presentations, and publications.

### ***Communication and Outreach Strengths***

#### Student/College Outreach

- ♦ The Board Chair and the Executive Officer are knowledgeable about Board functions and the PA profession and well-qualified to speak at schools to inform students of PA laws. (State travel limitations have affected this type of outreach.)
- ♦ The Board Chair responds to high school student email requests for information about the PA role.
- ♦ PAB's relationship with schools and associations is very good. PAB is viewed as open and available.

#### Website

- ♦ The website provides helpful information to educate licensees, applicants, and consumers about PA processes and regulations such as a 10 question quiz: "Test Your Knowledge of PA Laws and Regulations".
- ♦ It has been redesigned to be more user-friendly, is easy to navigate with functions that work, and contains appropriate colors and images.
- ♦ People can submit complaints through the website.

#### Publication

- ♦ PAB staff created "What is a PA?" brochure for outreach that has been helpful to define the PA role, and is available in both English and Spanish. Professional associations are distributing it to consumers and PAs.

#### Consumer Protection

- ♦ Board staff ensures that stakeholders are informed quickly of consumer protection issues.

## *Communication and Outreach Challenges*

### Suggested Groups to Target for Outreach:

- Consumers
- Licensees
- Healthcare organizations/medical groups
- PA schools, students, graduates
- Applicants
- Legislators, decision-makers

### Increase Consumer/Legislators' Awareness

- ♦ Consumers and patients are unfamiliar with the PA role. They do not know the difference between a PA and other health practitioners and typically mistake them for physicians.
- ♦ The PAB website has helpful information for consumers and licensees, but website usage could be improved.
- ♦ Legislators have a different perception of PA workforce issues because they are swayed by public opinion, which affects decision-making related to legislation.

### Low Licensee Attendance

- ♦ Despite marketing efforts, there is a low licensee turnout at PAB meetings.

### Disciplinary Prevention Outreach

- ♦ PAB needs to do a better job of outreach to pre-PA applicants and licensees about the professional responsibility/moral code of conduct that accompanies the license. Most applicants/licensees do not realize that PAs hold a position of trust and are held to a higher standard. Irresponsible behavior, even in a person's private life, (e.g., substance abuse) impacts licensure.
- ♦ PAB needs to inform licensees of common violations and the impacts those actions could have on their license.

### PA Practice Act Education

- ♦ In the clinical setting, many PAs violate the PA Practice Act because they are not aware of all the responsibilities, requirements, and subtleties of the Act.
- ♦ Many PAs are overwhelmed with their duties and do not keep up with PA laws, regulations, and PA practice changes. They rely on their supervisors and the institutions they work for to know what PAs can and cannot do, but many are unaware.
- ♦ There needs to be outreach to schools to inform students close to graduating of the PA Practice Act.
- ♦ There needs to be outreach to healthcare organizations to explain what PAs can and cannot do in accordance with the PA Practice Act, regulations, with ongoing updates.
  - Identify top ten healthcare organizations and medical groups for outreach efforts. PAB could collaborate with organizations to disseminate information to PAs at the workplace.

### Legislators

- ♦ PAB and PA professionals need to educate and guide legislators as to what is important in the PA profession.
- ♦ It would be helpful for PAB to attend CAPA conferences to build relationships and stay informed of issues impacting the profession.

### PA Students/Graduates

- ♦ With the PA shortage, PAB needs to look at how to attract PA students to California by offering educational opportunities and loan forgiveness programs.
- ♦ Identify areas within California that have a shortage of PAs, are rural and underserved to guide PA graduates and PAs to work in those areas.

## ***Suggested Communication and Outreach Areas for Objectives***

- Identify resources that would allow PAB to educate and conduct more outreach activities.
- Educate consumers on the role of the PA.
- Develop stronger relationships with legislators and decision-makers (national/state) to educate and guide them on issues impacting the PA profession so they understand priority issues to address.
- Educate licensees about the PA Practice Act and the responsibilities, requirements, and subtleties of the Act.
- Identify ways to increase consumer and licensee usage of the PAB website.
- Educate applicants close to graduating on the professional responsibilities and moral code of conduct that accompany the license.

## ***Your Ideas***

The above suggestions were obtained from Board members during the environmental scan. Please review and consider these areas as possible objectives for the upcoming strategic plan. Use the space below to capture notes, questions, or other objectives for discussion at the strategic planning session.

---

---

---

---

---

---

# Enforcement

Protect the health and safety of consumers through the enforcement of the laws and regulations governing the practice of physician assistants.

The Board has a strong enforcement presence that is public safety-driven with thorough evaluation in accordance with the guidelines on a case by case basis.

## *Enforcement Strengths*

### Disciplinary Actions

- ◆ Enforcement at PAB is public safety driven, very fluid, organized, well thought out and focused on protecting the consumer and enforcing laws.
- ◆ PAB follows the guidelines when making decisions, conducting a careful, deliberate evaluation on a case by case basis. Board members have the opportunity to weigh in from their perspective, providing a fair process for the public and licensee.
- ◆ PAB's legal counsel is available to provide legal advice to the Board.
- ◆ The diversity of Board member backgrounds brings different perspectives that help with the review and decision-making process.
- ◆ PAB is committed to the integrity of licensees and has been complimented by another Board for being tough and thorough in working with discipline cases.

### Investigation

- ◆ There is a strong investigative handling of complaints within PAB with a decrease in investigative time.
- ◆ To track the status of enforcement cases for Board members to review, PAB implemented an enforcement report of actions with the aging status and separates items that are longer than 8 months until investigation.
- ◆ Staff is knowledgeable and thorough, does a good job preparing enforcement documents, following up with licensees, sending reminders, informing new Board members of procedures.
- ◆ Sexual offenses are flagged for the Board, with legislation and regulations in place.

## ***Enforcement Challenges***

### Unethical Behavior and Penalties

- ◆ PAB is seeing numerous disciplinary cases dealing with unethical behavior (e.g., DUIs, substance abuse) among PAs. PAB needs to determine if it is agile enough to address trends to mitigate issues, educate the public, licensees, since issues tend to come in clusters.
- ◆ Penalties for PA violations are inconsistent with what physicians and institutions receive for offenses such as medical fraud. There seems to be a lack of accountability placed on the institution and physician.

### Disciplinary Timeliness

- ◆ There is concern about the length of time the disciplinary action takes, while the licensee is still allowed to practice.
- ◆ PAB does not have its own investigators and must use the Medical Board investigators, which increases the amount of time it takes to complete investigations due to sharing of resources and competing workload priorities between two boards.
- ◆ The disciplinary review process could be more efficient by following uniform guidelines more.
- ◆ PAB needs advocates at the DCA level and the state level to ensure that enforcement continues even through budget crisis times.

## ***Suggested Enforcement Areas for Objectives***

- Designate a percentage of investigators who serve the Medical Board as PAB investigators to reduce investigation cycle times.
- Apply improved and uniform standards for disciplinary cases and apply stipulations when appropriate to make the process more efficient.
- Look at past disciplinary actions data to identify what was effective, what led to a change in behavior (e.g., sanctions, probation, etc.) to carry forward best practices.

## ***Your Ideas***

The above suggestions were obtained from Board members during the environmental scan. Please review and consider these areas as possible objectives for the upcoming strategic plan. Use the space below to capture notes, questions, or other objectives for discussion at the strategic planning session.

---

---

---

---

---

---

# Licensing

Promote licensing standards to protect consumers and allow reasonable access to the profession.

The Board manages the initial licensure application submission and the renewal process while maintaining short processing times (one to three weeks), with no backlogs, and a high responsiveness from Board staff to applicant/licensee inquiries. PAB is easily accessible to provide information about the licensing process, requirements, and eligibility criteria.

## *Licensing Strengths*

### License Processing

- ♦ PAB issues approximately 500 licenses each year and most are processed within one to three weeks of application submittal with fairly low fees.
- ♦ The length of time to get licensed is shorter than past years. PAB improved license processing times by requesting applicants to mail in checks with applications.
- ♦ The upcoming BreZE implementation will assist with licensee registration and enable PAB to process online payments that will save time for licensees and offer convenience.
- ♦ Staff is knowledgeable of licensing processes, effective at vetting licensees on an individual basis, provides thorough responses to questions, and timely communication to licensees.
- ♦ PAB is diligent and committed to maintaining licensing standards.

## *Licensing Challenges*

### BreZE – New Implementation

- ♦ For convenience, applicants and licensees want PAB services accessible online. Initial license and renewal will be addressed in the future. BreZE functionality is being rolled out in phases and currently, PAB licensees are limited to looking up licenses and complaint submittal online.
- ♦ The BreZE complaint form is generic with questions that don't apply to all boards and forms are not available in Spanish. PAB has a large Spanish-speaking consumer population.
- ♦ There is a BreZE system glitch that is delaying license renewal letter dissemination. (Prior to BreZE, letters were sent out 6-8 weeks prior to the license expiration date.)
- ♦ BreZE times out on the PAB website after a period of time, causing delays for users.

### Self-Reporting Requirement

- ♦ PAs are responsible for self-reporting criminal convictions as part of the licensing process.
  - How is this being tracked?
  - How does the Board motivate people to self-disclose?

### Suggestion

- ♦ PAB should consider looking at the possibility of extending license renewals from two years to three years.

### ***Suggested Licensing Areas for Objectives***

- Collaborate with DCA to provide online license renewal through BreEZe that will accept credit card payments to improve the PA license application cycle time and provide licensees more convenience.
- Perform data collection to identify PA licensee demographics to assist with providing services and designating resources.

### ***Your Ideas***

The above suggestions were obtained from Board members during the environmental scan. Please review and consider these areas as possible objectives for the upcoming strategic plan. Use the space below to capture notes, questions, or other objectives for discussion at the strategic planning session.

---

---

---

---

---

---

## **Administration**

Build an excellent organization through Board governance, effective leadership, and responsible management.

The Board provides quality administrative services to consumers, applicants, licensees, schools, and other stakeholders in an efficient, prompt, courteous, and accurate manner. Board administrative management addresses staffing levels, fiscal resources, organizational structure, customer service, and organizational effectiveness.

### ***Administration Strengths***

#### Board Members

- ◆ Board members represent a good balance of professional and public background and the mix allows for different perspectives and viewpoints that help with discussions and decision-making.
- ◆ The Board Chair has institutional knowledge of history and processes that provide understanding and continuity for Board members.

#### Board Staff

- ◆ Many Board members commented on how Board staff is committed, does a “wonderful job,” and “has very efficient processes”. Staff is responsive to Board member inquiries, does a good job addressing issues, and keeps PAB members informed.
- ◆ Exceptional, competent Executive Officer and staff who are friendly, knowledgeable, organized, prepared and thorough, who possess a high level of expertise and professionalism.
- ◆ Staff members are cross-trained and work together as a team to ensure that workload is covered.
- ◆ Callers receive a live person who answers their questions and explains the processes when calling the PAB office.

#### Board Function

- ◆ The Board is cohesive and functions as a well-run machine and staff members demonstrate a good attitude. Mutual respect exists between Board members and staff.
- ◆ PAB conducts thorough reviews before making decisions, monitors budgetary expenses, is diligent in completing tasks in a timely manner, and puts consumer protection at the forefront.
- ◆ To orient new Board members, the Board Chair has invited guest speakers to present information about aspects of PAB programs at board meetings.
- ◆ New Board members receive a manual that helps members learn protocols and processes in conjunction with a mentor.

## ***Administration Challenges***

### Administration

- ♦ The Executive Officer wears many hats and is only one person. The Board may need to look at additional resources and identify what can be mass produced.
- ♦ As workload increases, PAB will need to address if there are sufficient resources (e.g., staffing, budget) and identify fiscal focus points to allocate resources.

### Board Institutional Knowledge

- ♦ PAB meets four times per year and only two members have been on the Board over six months. There is a learning curve for new Board members to learn roles, functions, protocols, and processes.
- ♦ There is a need to capture institutional knowledge and look at tracking systems to avoid revisiting issues across multiple Board meetings.

## ***Suggested Administration Areas for Objectives***

- Identify additional training opportunities for Board members to address the learning curve for new Board members.
- Perform succession planning to retain the knowledge and address the absence of individuals with institutional knowledge who will be retiring from the Board.
- Forecast to ensure PAB has the staffing, budget, and tools necessary to complete program processes.

### ***Your Ideas***

The above suggestions were obtained from Board members during the environmental scan. Please review and consider these areas as possible objectives for the upcoming strategic plan. Use the space below to capture notes, questions, or other objectives for discussion at the strategic planning session.

---

---

---

---

---

---