



MEETING NOTICE

August 18, 2014

PHYSICIAN ASSISTANT BOARD
2005 Evergreen Street – Hearing Room #1150
Sacramento, CA 95815
9:00 A.M. – 5:00 P.M.

AGENDA

(Please see below for Webcast information)

EXCEPT "TIME CERTAIN"* ITEMS, ALL TIMES ARE APPROXIMATE AND SUBJECT TO CHANGE

1. Call to Order by President (Sachs)
2. Roll Call (Winslow)
3. Approval of May 19, 2014 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)
 1. Attended Founding Advisory Committee Meeting of Marshall Ketchum University PA Program
 - b. Executive Officer's Report (Mitchell)
 1. Update on BreZE Implementation
 2. CURES Update
 - c. Licensing Program Activity Report (Forsyth)
 - d. Diversion Program Activity Report (Mitchell)
 - e. Enforcement Program Activity Report (Tincher)
6. Department of Consumer Affairs
 - a. Director's Update (Christine Lally)
7. Regulations
 - a. Proposed amendments to Title 16, California Code of Regulations, Section 1399.541 - Medical Services Performable (Sachs)
 - b. Section 100 Changes without Regulatory Effect to Title 16, California Code of Regulations, Section 1399.621 – Sponsored Free Health Care Events – Sponsoring Entity Registration Form (Mitchell)
8. Discussion of Board Members Reporting Alleged Violations of Physician Assistant Laws and Regulation to the Board (Schieldge)

9. Discussion of Approved Controlled Substance Education Courses: Responsibilities of Course Providers (Sachs)

***TIME CERTAIN 10:00 AM – Petition Hearings**

10. **Petition Hearings** (Petition hearings are Public and Before the Board with a Subsequent Closed Session)
 - A. Petition for Termination of Probation – Robert J. Lucas, PA 15947
 - B. Petition for Reinstatement of Physician Assistant License – Ricky R. Hicks, PA 12721, License Surrendered
11. **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(e), the Board will move into closed session to receive advice from legal counsel in the following matter:

David Ortiz, P.A. v. Physician Assistant Committee, Medical Board of California, Sac. County Sup. Ct., Case No. 34-2011-80000863.

RETURN TO OPEN SESSION

12. Lunch break will be taken at some point during the day's meeting.
13. Discussion on Accredited Physician Assistant Programs in California; Accreditation Process (Sachs)
14. Medical Board of California Activities (Bishop)
 - a. Prescribing Task Force Update
15. Budget Update (Tincher)
16. The Legislative Committee (Hazelton/Earley)
 - a. Legislation of Interest to the Physician Assistant Board
AB 1702, AB 1841, AB 2058, AB 2102, AB 2396, SB 981, SB 1083, SB 1091, SB 500 and other bills impacting the Board identified by staff after publication of the agenda
17. Agenda Items for Next Meeting (Sachs)
18. 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. 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 Anita Winslow at (916) 561-8782 or email Anita.Winslow@mbc.ca.gov 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.

Agenda

Item

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MEETING MINUTES

May 19, 2014

PHYSICIAN ASSISTANT BOARD
2005 Evergreen Street – Hearing Room #1150
Sacramento, CA 95815
9:00 A.M. – 5:00 P.M.

1. **Call to Order by President**

President Sachs called the meeting to order at 9:35 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.
Jed Grant, PA-C
Catherine Hazelton
Rosalee Shorter, PA-C

Board Members Absent: Cristina Gomez-Vidal Diaz
Sonya Earley, PA-C
Xavier Martinez

Staff Present: Glenn L. Mitchell, Jr., Executive Officer
Kristy Shellans, Senior Staff Counsel,
Department of Consumer Affairs (DCA)
Dianne Tincher, Enforcement Analyst
Lynn Forsyth, Licensing Analyst
Julie Caldwell, Licensing Technician

3. **Approval of February 24, 2014 Meeting Minutes**

The February 24, 2014 meeting minutes were approved as written.
(m/Grant, s/Alexander, 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 indicated that he has learned that some California physician assistant licensees have been using the title of "physician associate" and not "physician assistant." President Sachs indicated that the use of "physician associate" seems to be more prevalent on the east coast. He added that he believes that the newer graduates of physician assistant training programs may believe that the title, "physician assistant" is demeaning and that "physician associate" is a preferable title as it implies that they are "associated" with not an "assistant" to physicians. Mr. Sachs stated that the use of "physician associate" may be confusing to consumers who are unfamiliar with this title.

Ms. Shellans indicated that using the title, "physician associate" is not appropriate and misleading to the public. Ms. Shellans also indicated that the use of this misleading title may be grounds for disciplinary action. She added that the facts of the case would determine the appropriate penalty, which could range from the issuance of a citation and fine to license revocation.

During public comment, Gaye Breyman, Executive Director, California Academy of the California Academy of Physician Assistants (CAPA), indicated that CAPA has a policy that the term for physician assistant is "physician assistant" as stated in the physician assistant laws and regulations.

b. Executive Officer's Report

Mr. Mitchell stated that the Board's licensing, verifications and enforcement functions converted to BreEZe on October 8, 2013. Mr. Mitchell stated that BreEZe replaces the old legacy ATS and CAS computer systems.

Mr. Mitchell added that Board staff continues to work with the BreEZe team on production stabilization issues. He also indicated that our main issues are with the enforcement and cashing aspects and the generation of accurate reports in BreEZe.

Mr. Mitchell stated that our BreEZe licensing system is stable and continues to function as designed.

Mr. Mitchell informed the members that the physician assistant application is now available online. He added that he was informed that online renewals may be available after August of 2014.

Mr. Mitchell informed the Board about the CURES system (Controlled Substance Utilization Review and Evaluation System) which is a data base that contains records of controlled substance drugs dispensed in California.

For the Board, CURES data is useful in investigating complaints concerning dispensing or use of controlled substances by physician assistants.

Currently, the CURES system does not have the capability to meet current and future demands and needs to be updated. Additionally, budget cuts to CURES have impacted the system as well.

SB 809, signed by the Governor, will address funding issues and allow for enhancements to the system to better meet the needs of the users of this information.

Mr. Mitchell reported that effective with April 2014 renewals, a \$6 per year fee will be assessed. Because physician assistant licenses renew on a biennial basis, the CURES fee is \$12. Renewal notices for April and beyond renewals have been updated to reflect the CURES Fund fee.

Board staff continue to work on the finalizing the Feasibility Study Report (FSR) between the Department of Consumer Affairs, including the Physician Assistant Board, and the Department of Justice, who will be managing the CURES system. The completed FSR will then be sent to the California Department of Technology for approval to initiate the project.

Mr. Mitchell added that we also working with DCA to develop the CURES requirements document which will define what requirements are needed for the new system. This document will be the primary document utilized to solicit bids for the new CURES 2.0

c. Licensing Program Activity Report

Between February 1, 2014 and May 1, 2014, 167 physician assistant licenses were issued. As of May 1, 2014, 9,405 physician assistant licenses are renewed and current.

d. Diversion Program Activity Report

As of April 1, 2014, the Board's Diversion Program has 14 participants, which includes 4 self-referral participants and 10 board-referral participants.

A total of 124 participants have participated in the program since implementation in 1990.

e. Enforcement Program Activity Report

Between July 1, 2013 and March 31, 2014, 14 accusations were filed; 2 statement of issues were filed; 10 probationary licenses were issued, and there are currently 48 probationers.

6. **Department of Consumer Affairs**

Due to other commitments, Ms. Lally was unable to attend the meeting. To represent the Department, Michael Gomez, Deputy Director, Division of Investigation and Enforcement (DOI), provided a brief update on SB 304, which, among other things transferred the Medical Board of California's investigators to the Division effective July 1, 2014. The Physician Assistant Board currently utilizes the services of Medical Board of California investigators. Mr. Gomez gave a brief report about the status of the implementation of the transfer of investigators. Mr. Gomez indicated that town hall meetings were held on May 6, 2014 and that the transition was going well. He also indicated that after the transition there would not be any changes in the services as far as investigations are concerned and that there would not be any changes with the services DOI will provide. He also anticipates that agencies will receive better service. Mr. Gomez also stated that on June 30, 2014 there will be a swearing in ceremony for the MBC investigators as they transition to DOI.

7. **Regulations**

A. Title 16, California Code of Regulations, Section 1399.541 – Medical Services Performable

Mr. Sachs stated that the Medical Board of California held the regulatory hearing for this proposal at their February 7, 2014 Board meeting. Public comment received during the 45-day comment period was reviewed.

After a discussion, members of the Medical Board of California proposed to delete "or" from the original language. The Board adopted this change and there was a 15 day public comment period. At the Medical Board of California meeting on 2 May 2014, members reviewed public comments received. Following consideration of comments received from counsel from the Health Quality Enforcement Section, Medical Board of California staff recommended further clarification of the definition of "immediately available." Board members voted to approve the language and refer it back to the Physician Assistant Board for consideration.

Mr. Sachs added that if the modified language is approved by the Physician Assistant Board it would be referred back to the Medical Board of California and noticed for another 15-day public comment period. If no adverse comments are received it will be submitted to the Office of Administrative Law for their consideration.

Mr. Sachs indicated that staff recommended that the members review the proposed language, and if acceptable to the Board, make a motion to approve the modified language, and refer the matter back to the Medical Board of California for a 15-day public comment period.

Following a discussion a motion was made to approve the proposed language modifying Title 16, California Code of Regulations, Section 1399.541 and to refer the matter back to the Medical Board of California for a 15-day public comment period.

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

8. **Presentation on Ethical Decision Making for Board Members**

Ms. Shellans gave a brief description of the Bagley Keene Open Meetings Act. Ms. Shellans explained that the Act is a sunshine law to promote openness and transparency in the state government decision making process. Ms. Shellans explained that law requires boards, including the Physician Assistant Board, to conduct business in public with the exception of certain matters that may be legally conducted in closed sessions. The Act is very specific of what type of matters may be discussed in private. Ms. Shellans also stated that one role performed by legal counsel is to ensure that all Board meetings are in compliance with the Act.

Ms. Shellans explained to the Board that there are three basic provisions of the Act, including:

- To give adequate notice of meetings to be held
- Inform the public what items will be discussed at the meeting
- Conduct meetings in open session and provide the public with the opportunity to participate and comment on agenda items before the Board.

Ms. Shellans wanted to also bring to the Board's attention their role and responsibility to ensure compliance with the Act. She added that the Board should be aware of ethical issues that may be encountered and having in place successful strategies to resolve those ethical issues.

Some of the areas in which Board members should be aware of are: no "back room" deals, no serial meetings in which board members discuss matters with other members, and specific separation of functions within an agency, which includes separation of the prosecution team from Board members who will render decisions on those enforcement matters that come before them.

9. **Medical Board of California Activities**

a. **Prescribing Task Force Update**

Dr. Bishop stated that one of the Medical Board of California's top priorities is to address the prescription drug abuse epidemic. Since March was drug awareness month, the Medical Board produced a consumer awareness public service video that focuses on prescription drug abuse awareness.

Dr. Bishop also indicated that the Medical Board also developed a prescription drug strike force to address this issue. This specially trained group of investigators have recently issued numerous search warrants and made several arrests of physicians who were illegally or inappropriately prescribing.

Dr. Bishop indicated that on February 19, 2014 the Medical Board's Prescribing Task Force met regarding reviewing and updating the Board's Pain Management Guidelines. Dr. Bishop indicated that the Board's Pain Management Guidelines were developed in 1994 and most recently updated in 2007.

Dr. Bishop indicated that SB 304, the Board's Sunset Review bill passed on January 1, 2014. He added that a portion of this bill involves the transfer of the Medical Board's investigators and support staff to the Department of Consumer Affairs/Division of Investigation. Dr. Bishop indicated that this transition would be effective as of July 1, 2014.

10. **Budget Update**

Ms. Tincher indicated that as of March 31, 2014 Calstars projected that 40% of our current budget remains. Ms. Tincher stated that the fiscal year ends June 30 and that the Board has a 10 month fund reserve.

11. **The Legislative Committee**

a. Proposal to amend Business and Professions Code, Division 2, Chapter 7, Section 3509.5 – Administration.

This proposal would delete "chairperson" and "vice chairperson" and replace with "president" and "vice president"

Other health care related Department of Consumer Affairs boards that use the title President and Vice President include:

- Medical Board of California
- Board of Registered Nursing
- Osteopathic Medical Board of California
- Dental Board of California
- Physical Therapy Board of California
- Board of Optometry
- Board of Psychology
- Board of Pharmacy
- Vocational Nurse and Psychiatric Technician Board

Following a brief discussion, a motion was made to request that staff seek legislation to amend Business and Professions Code, Division 2, Chapter 7, Section 3509.5 to delete "chairperson" and "vice Chairperson" and replace with "president" and "vice president".

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

b. Legislation of Interest to the Physician Assistant Board

Catherine Hazelton indicated to the members that staff had provided the Legislative Committee with nine bills that may impact consumers, physician assistants or the Board. Ms. Hazelton also suggested that due to time restraints bills be prioritized and to discuss only the bills of interest to the Board.

The following bills were discussed by the Board members:

SB 1083 (Pavley) SB 1083 is sponsored by the California Academy of Physician Assistants. This bill authorizes a physician assistant to certify disability, after performance of a physical examination by the physician assistant under the supervision of a physician, and would correspondingly expand the definition of practitioner to include a physician assistant.

A motion was made to take a "support" position on SB 1083. Staff was directed to send a letter of support to the bill's author.
(m/Grant, s/Bishop, motion passes)

AB 1841 (Mullin) This bill would allow medical assistants to furnish labeled and prepackaged prescription drugs, other than controlled substances, to a patient, if so ordered by a licensed physician, licensed doctor of podiatric medicine, a physician assistant, a nurse practitioner or a certified nurse midwife.

Dr. Bishop expressed concerns regarding the initial patient consultation not being with a licensed physician, physician assistant or a nurse practitioner. Dr. Bishop stated that he was concerned that misinformation could be provided by a medical assistant. Dr. Bishop added that the first discussion with the patient should be the physician, physician assistant or nurse practitioner and that there should be more clarity on what medical assistants are able to discuss with the patient.

Members suggested three amendments to AB 1841 which would address their concerns with this bill:

- Medical assistant may not provide consultation services to patients and that consultation may only be provided by a licensed physician, physician assistant, or nurse practitioner.
- A medical assistant may only provide to patients written instructions or information from the prescriber.
- Patients having concerns should be referred back to the prescriber by the medical assistant.

A motion was made to take as "support if amended" position on AB 1841 to state, "no consultation can take place between a medical assistant and patient regarding medication." Staff was directed to discuss the Board's concerns with AB 1841's author prior to sending a support if amended letter.
(m/Grant, s/Bishop, motion passes)

AB 2058 (Wilk) This bill would modify the definition of “state body” within the Bagley-Keene Open Meeting Act, to exclude advisory bodies with less than three individuals, except for certain standing committees.

Ms. Shellans indicated that current law requires public notice when the Board delegates decision making authority to any multiple member bodies within the Board. Ms. Shellans added that under current law two person advisory committees created to review or research topics of interest to the Board and who ultimately recommend their findings to the Board are not required to notice such meetings. AB 2058 would require that two person advisory committees be noticed.

The Board, while supporting and encouraging transparency and public participation at their meetings, was concerned that AB 2058 would reduce significantly the Board's productivity. As advisory bodies, they cannot act themselves, but can only advise the full Board at publicly noticed meetings in which the public may participate in the decision making process.

The Board was also concerned about cost implications of this bill. If committees of fewer than three members were required to meet in publicly noticed meetings, the increase in travel and communications costs, at taxpayer expense, could be significant.

A motion was made to take an “oppose” position on AB 2058. Staff was directed to send a letter of opposition to the bill's author.
(m/Grant, s/Bishop, 4 yeas, 2 against, motion passes)

AB 2396 (Bonta). This legislative proposal would provide that a person may not be denied licensure solely based upon a conviction that has been dismissed following rehabilitation.

Ms. Shellans stated that AB 2396 would significantly change the way in which the Board would address criminal convictions when reviewing the applicant's background and fitness for licensure.

Ms. Shellans explained that current law allows licensing agencies to review an applicant's expunged convictions and make determinations for licensure. AB 2396 would not allow the Board to consider an expunged criminal conviction when determining an applicant's fitness for licensure.

It is believed that the purpose of AB 2396 is to increase employment opportunities for those individuals who have had criminal convictions expunged.

The Board took no action on AB 2396.

SB 1091 (Galgiani) This legislative proposal would require state agencies to publish notice of “proposed rulemaking activities” in the California Regulatory Notice Register at least 15 days prior to undertaking the activity. Included

activities are informational hearings, workshops, scoping hearings, preliminary meetings, and public and stakeholder outreach meetings.

As a consumer protection agency, the Board supports transparency and encourages public participation in its rulemaking process. The Board believes that SB 1091 would reduce access, public participation, and government efficiencies.

Ms. Shellans stated that publishing notices in the Register as proposed by SB 1091 would add an extra five days to the ten days required by the Bagley-Keene Open Meetings Act. In practice, the Office of Administrative Law would need the agency's notice ten days prior to publication in order to get it published on time. This means that the Board would need to have the notice prepared and provided to OAL 25 days prior to the public meeting which would be burdensome and it may cut off more timely public participation as well.

The Board took an "oppose" position on SB 1091 and directed staff to send a letter of opposition to the bill's author.
(m/Grant, s/Bishop, 4 yeas, 2 against, motion passes)

SB 1159 (Lara) This bill would allow boards to issue professional licenses to those not legally residing in the United States. Current law requires the Board to collect social security numbers as a part of the application process. Currently, the Board is unable to issue licenses to applicants who do not report their social security number. This bill would only require collection of a social security number if "one has been issued to the individual."

It was indicated that the purpose of the bill is to allow the issuance of professional license to undocumented individuals.

At this time, there was no other legislation of interest to the board that was taken up or discussed.

12. **A lunch break was taken.**

13. **CLOSED SESSION:**

a. 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

14. **Agenda Items for Next Meeting**

A. Legislation Report of bills of interest to the Board.

B. Board member reporting alleged violations of physician assistant laws and regulations to the Board.

15. **Adjournment**

With no further business, the meeting adjourned at 2:30 P.M.

Agenda

Item

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PHYSICIAN ASSISTANT BOARD
LICENSING PROGRAM ACTIVITY REPORT

INITIAL LICENSES ISSUED

	May 1, 2014- August 1, 2014	May 1, 2013- August 1, 2013
Initial Licenses	256	220

SUMMARY OF RENEWED/CURRENT LICENSES

	As of August 1, 2014	As of August 1, 2013
Physician Assistant	9,540	9,105

**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 July 2014	As of 1 July 2013	As of 1 July 2012
Voluntary referrals	03	01	06
Board referrals	10	13	16
Total number of participants	13	14	22

HISTORICAL STATISTICS
(Since program inception: 1990)

Total intakes into program as of 1 July 2014.....	124
Closed Cases as of 1 July 2014	
• Participant expired.....	1
• Successful completion.....	41
• Dismissed for failure to receive benefit.....	4
• Dismissed for non-compliance.....	24
• Voluntary withdrawal.....	21
• Not eligible.....	17
Total closed cases.....	108

OTHER DCA BOARD DIVERSION PROGRAM PARTICIPANTS
(As of June 2014)

Dental Board of California.....	32
Osteopathic Medical Board of California.....	14
Board of Pharmacy.....	61
Physical Therapy Board of California.....	13
Board of Registered Nursing.....	479
Veterinary Board of California.....	2

PHYSICIAN ASSISTANT BOARD
ENFORCEMENT ACTIVITY REPORT

July 1 through June 30, 2014

Submitted by: Dianne Tincher

Disciplinary Decisions

License Denied	2
Probation	6
Public Reprimand/Reproval	1
Revocation	7
Surrender	8
Probationary Licenses Issued	10
Petition for Reinstatement Denied	1
Petition for Reinstatement Granted	0
Petition for Termination of Prob Denied	2
Petition for Termination of Prob Granted	0
Other	0

Accusation/Statement of Issues

Accusation Filed	19
Accusation Withdrawn	0
Statement of Issues Filed	2
Statement of Issues Withdrawn	2
Petition to Revoke Probation Filed	1
Petition to Compel Psychiatric Exam	0
Interim Suspension Orders (ISO)/PC23	3

Citation and Fines

Pending from previous FY	3
Issued	19
Closed	9
Withdrawn	1
Sent to AG/noncompliance	0
Pending	12
Initial Fines Issued	\$9800
Modified Fines Due	\$9350
Fines Received	\$4100

Current Probationers

Active	47
Tolled	13

Agenda

Item

7

**PROPOSED AMENDMENTS TO TITLE 16, CALIFORNIA CODE OF REGULATIONS
SECTION 1399.541 – MEDICAL SERVICES PERFORMABLE**

Amend Section 1399.541 of Article 4 of Division 13.8 as follows:

§ 1399.541. Medical Services Performable.

Because physician assistant practice is directed by a supervising physician, and a physician assistant acts as an agent for that physician, the orders given and tasks performed by a physician assistant shall be considered the same as if they had been given and performed by the supervising physician. Unless otherwise specified in these regulations or in the delegation or protocols, these orders may be initiated without the prior patient specific order of the supervising physician.

In any setting, including for example, any licensed health facility, out-patient settings, patients' residences, residential facilities, and hospices, as applicable, a physician assistant may, pursuant to a delegation and protocols where present:

- (a) Take a patient history; perform a physical examination and make an assessment and diagnosis therefrom; initiate, review and revise treatment and therapy plans including plans for those services described in Section 1399.541(b) through Section 1399.541(i) inclusive; and record and present pertinent data in a manner meaningful to the physician.
- (b) Order or transmit an order for x-ray, other studies, therapeutic diets, physical therapy, occupational therapy, respiratory therapy, and nursing services.
- (c) Order, transmit an order for, perform, or assist in the performance of laboratory procedures, screening procedures and therapeutic procedures.
- (d) Recognize and evaluate situations which call for immediate attention of a physician and institute, when necessary, treatment procedures essential for the life of the patient.
- (e) Instruct and counsel patients regarding matters pertaining to their physical and mental health. Counseling may include topics such as medications, diets, social habits, family planning, normal growth and development, aging, and understanding of and long-term management of their diseases.
- (f) Initiate arrangements for admissions, complete forms and charts pertinent to the patient's medical record, and provide services to patients requiring continuing care, including patients at home.

(g) Initiate and facilitate the referral of patients to the appropriate health facilities, agencies, and resources of the community.

(h) Administer or provide medication to a patient, or issue or transmit drug orders orally or in writing in accordance with the provisions of subdivisions (a)-(f), inclusive, of Section 3502.1 of the Code.

(i)(1) Perform surgical procedures without the personal presence of the supervising physician which are customarily performed under local anesthesia. Prior to delegating any such surgical procedures, the supervising physician shall review documentation which indicates that the physician assistant is trained to perform the surgical procedures. All other surgical procedures requiring other forms of anesthesia may be performed by a physician assistant only in the personal presence of a supervising physician.

(2) A physician assistant may also act as first or second assistant in surgery under the supervision of a supervising physician. The physician assistant may so act without the personal presence of the supervising physician if the supervising physician is immediately available to the physician assistant. "Immediately available" means the physician is physically accessible and able to return to the patient, without any delay, upon the request of the physician assistant to address any situation requiring the supervising physician's services.

Note: Authority cited: Sections 2018, 3502 and 3510, Business and Professions Code.
Reference: Sections 2058, 3502 and 3502.1, Business and Professions Code.

**SECTION 100 CHANGES WITHOUT REGULATORY EFFECT
TO TITLE 16, CALIFORNIA CODE OF REGULATIONS SECTION 1399.621
SPONSORED FREE HEALTH CARE EVENTS –
SPONSORING ENTITY FORM**

The Physician Assistant Board hereby amends its regulations in Division 13.8 of Title 16 of the California Code of Regulations to read as follows:

Section 1399.621. Sponsoring Entity Registration and Recordkeeping Requirements.

(a) Registration. A sponsoring entity that wishes to provide, or arrange for the provision of, health care services at a sponsored event under section 901 of the code shall register with the board not later than 90 calendar days prior to the date on which the sponsored event is scheduled to begin. A sponsoring entity shall register with the board by submitting to the board a completed "Registration of Sponsoring Entity under Business & Professions Code Section 901" Form 901-A (DCA/~~2011~~ 2014 - revised), which is hereby incorporated by reference.

(b) Determination of Completeness of Form. The board may, by resolution, delegate to the Department of Consumer Affairs the authority to receive and process the "Registration of Sponsoring Entity under Business & Professions Code Section 901" Form 901-A (DCA/~~2011~~ 2014 - revised) on behalf of the board. The board or its delegatee shall inform the sponsoring entity in writing within 15 calendar days of receipt of the form that the form is either complete and the sponsoring entity is registered or that the form is deficient and what specific information or documentation is required to complete the form and be registered. The board or its delegatee shall reject the registration if all of the identified deficiencies have not been corrected at least 30 days prior to the commencement of the sponsored event.

(c) Recordkeeping Requirements. Regardless of where it is located, a sponsoring entity shall maintain at a physical location in California a copy of all records required by section 901 as well as a copy of the authorization for participation issued by the board to an out-of-state practitioner. The sponsoring entity shall maintain these records for a period of at least five years after the date on which a sponsored event ended. The records may be maintained in either paper or electronic form. The sponsoring entity shall notify the board at the time of registration as to the form in which it will maintain the records. In addition, the sponsoring entity shall keep a copy of all records required by section 901(g) of the code at the physical location of the sponsored event until that event has ended. These records shall be available for inspection and copying during the operating hours of the sponsored event upon request of any representative of the board. In addition, the sponsoring entity shall provide copies of any record required to be maintained by section 901 of the Code to any representative of the board within 15 calendar days of the request.

(d) Notice. A sponsoring entity shall place a notice visible to patients at every station where patients are being seen by a physician assistant. The notice shall be in at least 48-point type in Arial font and shall include the following statement and information:

NOTICE

Physician Assistants providing health care services at this health fair are either licensed and regulated by the Physician Assistant Board or hold a current valid license from another state and have been authorized to provide health care services in California only at this specified event.

For questions or complaints, please contact:

Physician Assistant Board

(916) 561-8780

www.pac.ca.gov

(e) Requirement for Prior Board Approval of Out-of-State Practitioner. A sponsoring entity shall not permit an out-of-state practitioner to participate in a sponsored event unless and until the sponsoring entity has received written approval of such practitioner from the board.

(f) Report. Within 15 calendar days after a sponsored event has concluded, the sponsoring entity shall file a report with the board summarizing the details of the sponsored event. This report may be in a form of the sponsoring entity's choosing, but shall include, at a minimum, the following information:

- (1) The date(s) of the sponsored event;
- (2) The location(s) of the sponsored event;
- (3) The type(s) and general description of all health care services provided at the sponsored event; and
- (4) A list of each out-of-state practitioner granted authorization pursuant to this article who participated in the sponsored event, along with the license number of that practitioner and the state in which that license is held.

Note: Authority cited: Section 3510, Business and Professions Code. Reference: Section 901, Business and Professions Code.

HISTORY

1. New section filed 8-7-2013; operative 10-1-2013 (Register 2013, No. 32).

Agenda

Item

9

**DISCUSSION OF APPROVED CONTROLLED SUBSTANCE EDUCATION
COURSE: RESPONSIBILITIES OF COURSE PROVIDERS**

Division 2, Chapter 7.7, Business and Professions Code Section 3513

3513. Duties of the Board

The board shall recognize the approval of training programs for physician assistants approved by a national accrediting organization. Physician assistant training programs accredited by a national accrediting agency approved by the board shall be deemed approved by the board under this section. If no national accrediting organization is approved by the board, the board may examine and pass upon the qualification of, and may issue certificates of approval for, programs for the education and training of physician assistants that meet board standards.

(Amended by Stats. 2012, Ch. 332, Sec. 42. Effective January 1, 2013.)

Title 16 CCR Section 1399.610. Requirements for an Approved Controlled Substance Education Course to Administer, Provide or Issue a Drug Order for Schedule II-V Controlled Substances Without Advance Approval from a Supervising Physician.

A controlled substance education course shall be deemed approved by the board if it meets all of the following criteria:

(a) The course includes all of the following learning objectives:

(1) Describes the applicable federal and state laws and regulations pertaining to the provision, administration and furnishing of controlled substances and the legal and professional relationship between a physician assistant and his or her supervising physician.

(A) This objective shall include a description of the applicable patient charting requirements and the use of secure drug order forms.

(2) Assessment strategies for the recognition, prevention and management of acute and chronic pain.

(3) Comparison of efficacy data and safety profiles which influence the selection, usage and conversion of pharmacological agents.

(4) The evaluation and comparison of the safety and efficacy profiles of controlled substances and the clinical rationale for their use.

(5) Describes disorders routinely requiring a therapeutic regimen of controlled substances for clinical management.

(6) Assessment of a controlled substance's potential for abuse and addiction, its psychosocial aspects, the recognition of the symptoms (including controlled substance-seeking behaviors) thereof and medically appropriate alternatives, if any,

(7) Evaluation of the response and compliance of the patient to the controlled substances.

(8) Provision of appropriate patient education regarding controlled substances. For the purposes of this subdivision, "controlled substances" means Schedule II through Schedule V controlled substances.

(b) The course includes a comprehensive written examination, proctored by the course provider at the conclusion of the course, of the material presented. The licensee must successfully

complete the examination to receive a certificate of completion issued pursuant to subdivision (b) of section 1399.612.

(c) The course is at least six (6) hours in duration, of which a minimum of three (3) hours shall be exclusively dedicated to Schedule II controlled substances. A course provider shall not include the time for the written examination specified in subdivision (b) in the (6) six hour requirement. The course shall be completed on or after January 1, 2008.

(d) The course is provided by one of following entities:

(1) A physician assistant program approved by the board in accordance with section 1399.530.

(2) A continuing education provider approved by the Medical Board of California for Category I continuing medical education.

(3) A Category I continuing education provider approved by American Academy of Physician Assistants.

(4) A Category I continuing education provider approved by the American Medical Association, the California Medical Association and/or the American Osteopathic Association.

Note: Authority cited: Sections 3502, 3502.1 and 3510, Business and Professions Code.

Reference: Sections 2058, 3502, 3502.1 and 3509, Business and Professions Code.

HISTORY

1. New article 7 (sections 1399.610-1399.612) and section filed 10-17-2008; operative 10-17-2008 pursuant to Government Code section 11343.4 (Register 2008, No. 42). For prior history of article 7, sections 1399.580-1399.586 and article 10, sections 1399.610-1399.615, see Register 83, No. 39.

2. Change without regulatory effect amending first paragraph and subsection (d)(1) filed 8-7-2013 pursuant to section 100, title 1, California Code of Regulations (Register 2013, No. 32).

Title 16, CCR Section 1399.612. Responsibilities of Course Providers and Attendees.

(a) A course provider of any controlled substance educational course intended to meet the requirements of section 1399.610 shall use qualified instructors and shall provide course attendees with a written course outline or syllabus, as applicable. For the purposes of this section, a qualified instructor is a person who holds a current valid license to practice in the appropriate healing arts discipline, is free from any disciplinary action by the applicable licensing jurisdiction, and is knowledgeable, current and skilled in the subject matter of the course, as evidenced through either of the following:

(1) Experience in teaching similar subject matter content within two years immediately preceding the course; or,

(2) Has at least one year experience within the last two years in the specialized area in which he or she is teaching.

(b) A controlled substance course provider shall issue a certificate of completion to each licensee who has successfully completed the course. A certificate of completion shall include the following information:

(1) Name and license number of the physician assistant.

(2) Course title and each instructor's name.

(3) Provider's name and address.

(4) Date of course completion.

(c) A controlled substance education course provider shall retain the following records for a period of four years in one location within the State of California or in a place approved by the board:

(1) Course outlines of each course given.

- (2) The date and physical location for each course given.
 - (3) The examination proctored at the conclusion of each course and the score of each physician assistant who took the examination.
 - (4) Course instructor curriculum vitae or resumes.
 - (5) The name and license number of each physician assistant taking an approved course and a record of any certificate of completion issued to a physician assistant.
- A course provider shall make the records specified above available to the board upon request. A course provider may retain the records required by this subdivision in an electronic format.
- (d) A physician assistant shall make his or her certificate of completion available for inspection upon the request of his or her employer or prospective employer, supervising physician or the board.

Note: Authority cited: Sections 3502 and 3510, Business and Professions Code. Reference: Sections 2058, 3502, 3502.1 and 3509, Business and Professions Code.

HISTORY

1. New section filed 10-17-2008; operative 10-17-2008 pursuant to Government Code section 11343.4 (Register 2008, No. 42). For prior history of section 1399.612, see Register 83, No. 39.
2. Change without regulatory effect redesignating second subsection (c)(1) as subsection (c)(2), renumbering subsections and amending newly designated subsection (c)(4) filed 10-12-2010 pursuant to section 100, title 1, California Code of Regulations (Register 2010, No. 42).
3. Change without regulatory effect amending subsections (c), (c)(5) and (d) filed 8-7-2013 pursuant to section 100, title 1, California Code of Regulations (Register 2013, No. 32).

Agenda

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**DISCUSSION ON ACCREDITED PHYSICIAN ASSISTANT PROGRAMS
IN CALIFORNIA; ACCREDITATION PROCESS**

Title 16 CCR Section 1399.530. General Requirements for an Approved Program.

(a) A program for instruction of physician assistants shall meet the following requirements for approval:

(1) The educational program shall be established in educational institutions accredited by an accrediting agency recognized by Council for Higher Education Accreditation ("CHEA") or its successor organization, or the U.S. Department of Education, Division of Accreditation, which are affiliated with clinical facilities that have been evaluated by the educational program.

(2) The educational program shall develop an evaluation mechanism to determine the effectiveness of its theoretical and clinical program.

(3) Course work shall carry academic credit; however, an educational program may enroll students who elect to complete such course work without academic credit.

(4) The medical director of the educational program shall be a physician who holds a current license to practice medicine from any state or territory of the United States or, if the program is located in California, holds a current California license to practice medicine.

(5) The educational program shall require a three-month preceptorship for each student in the outpatient practice of a physician or equivalent experience which may be integrated throughout the program or may occur as the final part of the educational program in accordance with Sections 1399.535 and 1399.536.

(6) Each program shall submit an annual report regarding its compliance with this section on a form provided by the board.

(b) Those educational programs accredited by the Accreditation Review Commission on Education for the Physician Assistant ("ARC-PA") shall be deemed approved by the board. Nothing in this section shall be construed to prohibit the board from disapproving an educational program which does not comply with the requirements of this article. Approval under this section terminates automatically upon termination of an educational program's accreditation by ARC-PA.

Note: Authority cited: Section 3510, Business and Professions Code. Reference: Sections 3509 and 3513, Business and Professions Code.

HISTORY

1. Renumbering and amendment of former section 1399.524 to section 1399.530 filed 9-20-83; effective thirtieth day thereafter (Register 83, No. 39).

2. Renumbering and amendment of former article 3 heading to article 4, redesignation of sections 1399.530-1399.532, 1399.535, 1399.536, 1399.538 and 1399.539 as new article 3, and amendment of section 1399.530(a) and (f) filed 7-18-85; effective thirtieth day thereafter (Register 85, No. 32).

3. Amendment filed 1-8-90; operative 2-7-90 (Register 90, No. 3).

4. Change without regulatory effect amending subsection (a) filed 7-25-94 pursuant to section 100, title 1, California Code of Regulations (Register 94, No. 30).

5. Amendment filed 11-21-2000; operative 12-21-2000 (Register 2000, No. 47).

6. Change without regulatory effect amending subsection (b) filed 3-3-2005 pursuant to section 100, title 1, California Code of Regulations (Register 2005, No. 9).

7. Change without regulatory effect amending subsections (a)(6)-(b) filed 8-7-2013 pursuant to section 100, title 1, California Code of Regulations (Register 2013, No. 32).

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DEPARTMENT OF CONSUMER AFFAIRS

BUDGET REPORT

AS OF 6/30/2014

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PHYSICIAN ASSISTANT COMMITTEE

PHYSICIAN ASSISTANT BOARD

DESCRIPTION	BUDGET	CURR. MONTH	YR-TO-DATE	ENCUMBRANCE	YTD + ENCUMBRANCE	BALANCE	PCNT REMAIN
PERSONAL SERVICES							
SALARIES AND WAGES							
003 00 CIVIL SERVICE-PERM	193,428	167	142,342	0	142,342	51,086	
033 04 TEMP HELP (907)	30,000	3,170	34,475	0	34,475	(4,475)	
063 00 STATUTORY-EXEMPT	75,564	0	77,454	0	77,454	(1,890)	
063 03 COMM MEMBER (911)	1,530	0	6,100	0	6,100	(4,570)	
TOTAL SALARIES AND WAGES	300,522	3,337	260,371	0	260,371	40,151	13.36%
STAFF BENEFITS							
101 00 STAFF BENEFITS	0	99	99	0	99	(99)	
103 00 OASDI	15,959	0	13,454	0	13,454	2,505	
104 00 DENTAL INSURANCE	1,695	0	1,069	0	1,069	626	
105 00 HEALTH/WELFARE INS	39,102	0	12,191	0	12,191	26,911	
106 01 RETIREMENT	57,498	0	46,568	0	46,568	10,930	
125 00 WORKERS' COMPENSAT	4,266	0	0	0	0	4,266	
125 15 SCIF ALLOCATION CO	0	0	1,609	0	1,609	(1,609)	
134 00 OTHER-STAFF BENEFI	0	0	8,838	0	8,838	(8,838)	
134 01 TRANSIT DISCOUNT	0	0	140	0	140	(140)	
135 00 LIFE INSURANCE	0	0	83	0	83	(83)	
136 00 VISION CARE	445	0	311	0	311	134	
137 00 MEDICARE TAXATION	314	0	3,689	0	3,689	(3,375)	
TOTAL STAFF BENEFITS	119,279	99	88,051	0	88,051	31,228	26.18%
TOTAL PERSONAL SERVICES	419,801	3,436	348,422	0	348,422	71,379	17.00%
OPERATING EXPENSES & EQUIPMENT							
FINGERPRINTS							
213 04 FINGERPRINT REPORT	24,890	0	9,867	0	9,867	15,023	
TOTAL FINGERPRINTS	24,890	0	9,867	0	9,867	15,023	60.36%
GENERAL EXPENSE							
201 00 GENERAL EXPENSE	12,715	0	0	0	0	12,715	
206 00 MISC OFFICE SUPPLI	0	830	3,034	0	3,034	(3,034)	
207 00 FREIGHT & DRAYAGE	0	50	1,310	0	1,310	(1,310)	
213 02 ADMIN OVERHEAD-OTH	0	500	2,226	0	2,226	(2,226)	
217 00 MTG/CONF/EXHIBIT/S	0	0	8,710	0	8,710	(8,710)	
TOTAL GENERAL EXPENSE	12,715	1,380	15,280	0	15,280	(2,565)	-20.17%

DEPARTMENT OF CONSUMER AFFAIRS

PHYSICIAN ASSISTANT COMMITTEE

BUDGET REPORT

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PHYSICIAN ASSISTANT BOARD

DESCRIPTION	BUDGET	CURR. MONTH	YR-TO-DATE	ENCUMBRANCE	YTD + ENCUMBRANCE	BALANCE	PCNT REMAIN
PRINTING							
241 00 PRINTING	3,344	0	0	0	0	3,344	
242 02 REPRODUCTION SVS	0	0	10	0	10	(10)	
242 03 COPY COSTS ALLO	0	0	165	0	165	(165)	
242 04 EDD PRODUCTIONS	0	0	172	0	172	(172)	
242 05 METRO PRINT/MAIL	0	0	4,892	0	4,892	(4,892)	
244 00 OFFICE COPIER EXP	0	0	927	393	1,320	(1,320)	
TOTAL PRINTING	3,344	0	6,165	393	6,559	(3,215)	-96.13%
COMMUNICATIONS							
251 00 COMMUNICATIONS	7,669	0	0	0	0	7,669	
252 00 CELL PHONES,PDA,PA	0	0	732	0	732	(732)	
257 01 TELEPHONE EXCHANGE	0	25	1,832	0	1,832	(1,832)	
TOTAL COMMUNICATIONS	7,669	25	2,564	0	2,564	5,105	66.57%
POSTAGE							
261 00 POSTAGE	8,187	0	0	0	0	8,187	
262 00 STAMPS, STAMP ENVE	0	0	1,888	0	1,888	(1,888)	
263 05 DCA POSTAGE ALLO	0	0	2,459	0	2,459	(2,459)	
263 06 EDD POSTAGE ALLO	0	0	536	0	536	(536)	
TOTAL POSTAGE	8,187	0	4,882	0	4,882	3,305	40.37%
TRAVEL: IN-STATE							
291 00 TRAVEL: IN-STATE	27,918	0	0	0	0	27,918	
292 00 PER DIEM-I/S	0	2,390	4,921	0	4,921	(4,921)	
294 00 COMMERCIAL AIR-I/S	0	0	4,653	0	4,653	(4,653)	
296 00 PRIVATE CAR-I/S	0	0	1,540	0	1,540	(1,540)	
297 00 RENTAL CAR-I/S	0	0	1,610	0	1,610	(1,610)	
301 00 TAXI & SHUTTLE SER	0	0	40	0	40	(40)	
305 01 CALATERS SERVICE F	0	4	4	0	4	(4)	
TOTAL TRAVEL: IN-STATE	27,918	2,394	12,768	0	12,768	15,150	54.27%
TRAINING							
331 00 TRAINING	1,034	0	0	0	0	1,034	
332 00 TUITN/REGISTRATN F	0	0	1,200	0	1,200	(1,200)	
TOTAL TRAINING	1,034	0	1,200	0	1,200	(166)	-16.05%
FACILITIES OPERATIONS							
341 00 FACILITIES OPERATI	55,958	0	0	0	0	55,958	
343 00 RENT-BLDG/GRND(NON	0	0	41,655	0	41,655	(41,655)	

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PHYSICIAN ASSISTANT COMMITTEE

PHYSICIAN ASSISTANT BOARD

DESCRIPTION	BUDGET	CURR. MONTH	YR-TO-DATE	ENCUMBRANCE	YTD + ENCUMBRANCE	BALANCE	PCNT REMAIN
347 00 FACILITY PLNG-DGS	0	0	818	0	818	(818)	
TOTAL FACILITIES OPERATIONS	55,958	0	42,473	0	42,473	13,485	24.10%
C/P SVS - INTERDEPARTMENTAL							
382 00 CONSULT/PROF-INTER	123,899	0	0	63,000	63,000	60,899	
TOTAL C/P SVS - INTERDEPARTMENTAL	123,899	0	0	63,000	63,000	60,899	49.15%
C/P SVS - EXTERNAL							
402 00 CONSULT/PROF SERV-	7,250	0	0	0	0	7,250	
404 05 C&P EXT ADMIN CR C	16,568	0	126	1,510	1,637	14,931	
418 02 CONS/PROF SVS-EXTR	0	0	27,685	45,788	73,474	(73,474)	
TOTAL C/P SVS - EXTERNAL	23,818	0	27,811	47,299	75,110	(51,292)	-215.35%
DEPARTMENTAL SERVICES							
424 03 OIS PRO RATA	80,707	(842)	79,865	0	79,865	842	
427 00 INDIRECT DISTRB CO	46,293	(276)	46,017	0	46,017	276	
427 01 INTERAGENCY SERVS	7,717	0	0	0	0	7,717	
427 02 SHARED SVS-MBC ONL	93,326	23,333	93,326	0	93,326	0	
427 30 DOI - ISU PRO RATA	1,473	(7)	1,466	0	1,466	7	
427 34 PUBLIC AFFAIRS PRO	2,069	(376)	1,693	0	1,693	376	
427 35 PCSD PRO RATA	1,775	(102)	1,673	0	1,673	102	
TOTAL DEPARTMENTAL SERVICES	233,360	21,730	224,040	0	224,040	9,320	3.99%
CONSOLIDATED DATA CENTERS							
428 00 CONSOLIDATED DATA	4,810	0	639	0	639	4,171	
TOTAL CONSOLIDATED DATA CENTERS	4,810	0	639	0	639	4,171	86.72%
DATA PROCESSING							
431 00 INFORMATION TECHNO	3,019	0	0	0	0	3,019	
449 00 ELECT WASTE RECYCL	0	0	9	0	9	(9)	
TOTAL DATA PROCESSING	3,019	0	9	0	9	3,010	99.70%
CENTRAL ADMINISTRATIVE SERVICES							
438 00 PRO RATA	61,708	0	61,708	0	61,708	0	
TOTAL CENTRAL ADMINISTRATIVE SERVICES	61,708	0	61,708	0	61,708	0	0.00%
ENFORCEMENT							
396 00 ATTORNEY GENL-INTE	271,418	54,635	313,066	0	313,066	(41,648)	
397 00 OFC ADMIN HEARNG-I	75,251	6,545	43,906	0	43,906	31,346	
414 31 EVIDENCE/WITNESS F	492	3,875	47,198	0	47,198	(46,706)	
418 97 COURT REPORTER SER	0	500	1,843	0	1,843	(1,843)	

DEPARTMENT OF CONSUMER AFFAIRS

PHYSICIAN ASSISTANT COMMITTEE

BUDGET REPORT
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PHYSICIAN ASSISTANT BOARD

DESCRIPTION	BUDGET	CURR. MONTH	YR-TO-DATE	ENCUMBRANCE	YTD + ENCUMBRANCE	BALANCE	PCNT REMAIN
427 32 INVEST SVS-MBC ONL	218,870	24,600	133,542	0	133,542	85,328	
TOTAL ENFORCEMENT	566,031	90,155	539,554	0	539,554	26,477	4.68%
MINOR EQUIPMENT							
226 45 MIN EQPMT-DP-REPL	0	0	2,361	0	2,361	(2,361)	
TOTAL MINOR EQUIPMENT	0	0	2,361	0	2,361	(2,361)	0.00%
TOTAL OPERATING EXPENSES & EQUIPMEN	1,158,360	115,685	951,322	110,692	1,062,014	96,346	8.32%
PHYSICIAN ASSISTANT BOARD	1,578,161	119,121	1,299,744	110,692	1,410,436	167,725	10.63%
	1,578,161	119,121	1,299,744	110,692	1,410,436	167,725	10.63%

**PHYSICIAN ASSISTANT BOARD - FUND 0280
BUDGET REPORT
FY 2013-14 EXPENDITURE PROJECTION**

FM 12

OBJECT DESCRIPTION	FY 2012-13		FY 2013-14				
	ACTUAL	PRIOR YEAR	BUDGET	CURRENT YEAR	PERCENT	PROJECTIONS	UNENCUMBERED
	EXPENDITURES	EXPENDITURES	STONE	EXPENDITURES			
(MONTH:13)	6/30/2013	2013-14	6/30/2014	SPENT	TO YEAR END	BALANCE	
PERSONNEL SERVICES							
Civil Service-Perm	158,298	158,298	193,428	142,175	74%	142,175	51,253
Statutory Exempt (EO)	128,077	128,077	75,564	77,454	103%	77,454	(1,890)
Temp Help - Expert Examiner (903)			0			0	0
Temp Help Reg (907)	27,966	25,598	30,000	31,305	104%	31,305	(1,305)
Bd / Commsn (901, 920)			0			0	0
Comm Member (911)	3,100	3,100	1,530	6,100	399%	6,100	(4,570)
Overtime	2,477	2,477	0			0	0
Staff Benefits	99,152	99,118	119,279	87,951	74%	87,951	31,328
TOTALS, PERSONNEL SVC	419,070	416,668	419,801	344,985	82%	344,985	74,816
OPERATING EXPENSE AND EQUIPMENT							
General Expense	12,494	11,878	12,714	14,983	118%	14,983	(2,269)
Fingerprint Reports	10,927	9,947	24,890	9,867	40%	9,867	15,023
Minor Equipment	1,723	1,723	0	2,361		2,361	(2,361)
Printing	2,710	2,710	3,344	6,559	196%	6,559	(3,215)
Communication	3,625	2,525	7,669	2,539	33%	2,539	5,130
Postage	7,515	7,515	8,187	4,882	60%	4,882	3,305
Insurance			0			0	0
Travel In State	13,126	11,444	27,918	10,374	37%	10,374	17,544
Travel, Out-of-State			0			0	0
Training	0	0	1,034	1,200	116%	1,200	(166)
Facilities Operations	45,563	45,563	55,958	42,473	76%	42,473	13,485
Utilities			0			0	0
C & P Services - Interdept.	0	0	1,899	63,000	3318%	63,000	(61,101)
C & P Services - External	89,522	89,522	145,818	75,110	52%	75,110	70,708
DEPARTMENTAL SERVICES:							
OIS Pro Rata	66,084	72,509	80,707	80,707	100%	80,707	0
Administration Pro Rata	33,714	38,630	46,294	46,293	100%	46,294	0
Interagency Services	0	0	7,717	0	0%	0	7,717
Shared Svcs - MBC Only	111,054	111,054	93,326	93,326	100%	93,326	0
DOI - Pro Rata	1,570	1,570	1,473	1,473	100%	1,473	0
Public Affairs Pro Rata	1,932	2,202	2,069	2,069	100%	2,069	0
PCSD Pro Rata	2,550	2,763	1,775	1,775	100%	1,775	0
INTERAGENCY SERVICES:							
Consolidated Data Center	1,470	1,467	4,810	639	13%	639	4,171
DP Maintenance & Supply	85	85	3,019	9	0%	9	3,010
Statewide - Pro Rata	68,655	68,655	61,708	61,708	100%	61,708	0
EXAMS EXPENSES:							
Exam Supplies			0			0	0
OTHER ITEMS OF EXPENSE:							
ENFORCEMENT:							
Attorney General	204,305	204,305	271,418	313,066	115%	313,066	(41,648)
Office Admin. Hearings	42,598	42,276	75,251	43,906	58%	43,906	31,345
Court Reporters	1,613	1,113		1,343		1,343	(1,343)
Evidence/Witness Fees	32,930	31,930	492	43,323	8805%	43,323	(42,831)
Investigative Svcs - MBC Only	92,685	82,616	218,870	108,942	50%	108,942	109,928
Vehicle Operations						0	0
Major Equipment						0	0
TOTALS, OE&E	848,450	844,002	1,158,360	1,031,927	89%	1,031,928	126,432
TOTAL EXPENSE	1,267,520	1,260,670	1,578,161	1,376,912	171%	1,376,913	201,248
Sched. Reimb. - Fingerprints	(10,589)	(10,589)	(25,000)	(4,889)	20%	(25,000)	0
Sched. Reimb. - Other	(32,627)	(32,627)	(25,000)	(2,680)	11%	(25,000)	0
Unsched. Reimb. - ICR	(51,397)	(51,397)		(46,525)			0
Unsched. Reimb. - ICR - Prob Monitor				(22,723)			0
NET APPROPRIATION	1,172,908	1,166,058	1,528,161	1,300,095	85%	1,326,913	201,248
SURPLUS/(DEFICIT):							13.2%

0280 - Physician Assistant Board Analysis of Fund Condition

Prepared 6/30/2014

(Dollars in Thousands)

NOTE: \$1.5 Million General Fund Repayment Outstanding

Budget Act FY 2014-15	ACTUAL 2012-13	CY 2013-14	Budget Act BY 2014-15
BEGINNING BALANCE	\$ 973	\$ 1,240	\$ 1,258
Prior Year Adjustment	\$ 24	\$ -	\$ -
Adjusted Beginning Balance	\$ 997	\$ 1,240	\$ 1,258
REVENUES AND TRANSFERS			
Revenues:			
125600 Other regulatory fees	\$ 13	\$ 11	\$ 12
125700 Other regulatory licenses and permits	\$ 151	\$ 159	\$ 160
125800 Renewal fees	\$ 1,250	\$ 1,308	\$ 1,365
125900 Delinquent fees	\$ 3	\$ 3	\$ 3
141200 Sales of documents	\$ -	\$ -	\$ -
142500 Miscellaneous services to the public	\$ -	\$ -	\$ -
150300 Income from surplus money investments	\$ 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
Totals, Revenues and Transfers	\$ 1,423	\$ 1,485	\$ 1,544
Totals, Resources	\$ 2,420	\$ 2,725	\$ 2,802
EXPENDITURES			
Disbursements:			
0840 State Controllers	\$ 1	\$ -	\$ -
8880 FISCAL (State Operations)	\$ 7	\$ -	\$ 1
1110 Program Expenditures (State Operations)	\$ 1,172	\$ 1,467	\$ 1,485
Total Disbursements	\$ 1,180	\$ 1,467	\$ 1,486
FUND BALANCE			
Reserve for economic uncertainties	\$ 1,240	\$ 1,258	\$ 1,316
Months in Reserve	10.1	10.2	10.4

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%.

Agenda

Item

16

CURRENT BILL STATUS

MEASURE : A.B. No. 1702
AUTHOR(S) : Maienschein (Coauthor: Senator Mitchell).
TOPIC : Professions and vocations: incarceration.
HOUSE LOCATION : SEN
+LAST AMENDED DATE : 04/23/2014

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

LAST HIST. ACT. DATE: 07/01/2014
LAST HIST. ACTION : Read second time. Ordered to third reading.
FILE : SEN THIRD READING
FILE DATE : 08/07/2014
ITEM : 156

COMM. LOCATION : SEN APPROPRIATIONS
COMM. ACTION DATE : 06/30/2014
COMM. ACTION : Senate Rule 28.8.

TITLE : An act to add Section 480.5 to the Business and
Professions Code, relating to professions and vocations.

AMENDED IN ASSEMBLY APRIL 23, 2014

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 1702

Introduced by Assembly Member Maienschein
(Coauthor: Senator Mitchell)

February 13, 2014

An act to add Section 480.5 to the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 1702, as amended, Maienschein. Professions and vocations: incarceration.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs, among other entities. Existing law establishes various eligibility criteria needed to qualify for a license and authorizes a board to deny a license on the grounds that the applicant has been convicted of a crime substantially related to the qualifications, functions, or duties of the business or profession for which application is made.

This bill would provide that an individual who has satisfied any of the requirements needed to obtain a license while incarcerated, who applies for that license upon release from incarceration, and who is otherwise eligible for the license shall not be subject to a delay in processing the application or a denial of the license ~~solely based on the prior incarceration, except when the incarceration was for a crime substantially related to the qualifications, functions, or duties of the business or profession.~~ *on the basis that some or all of the licensure requirements were completed while the individual was incarcerated.*

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

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

- 1 SECTION 1. Section 480.5 is added to the Business and
2 Professions Code, to read:
3 480.5. (a) An individual who has satisfied any of the
4 requirements needed to obtain a license regulated under this code
5 *division* while incarcerated, who applies for that license upon
6 release from incarceration, and who is otherwise eligible for the
7 license shall not be subject to a delay in processing his or her
8 application or a denial of the license solely based on the prior
9 incarceration, ~~except as provided in Section 480.~~ *on the basis that*
10 *some or all of the licensure requirements were completed while*
11 *the individual was incarcerated.*
12 (b) Nothing in this section shall be construed to apply to a
13 petition for reinstatement of a license *or to limit the ability of a*
14 *board to deny a license pursuant to Section 480.*
15 (c) This section shall not apply to the licensure of individuals
16 under the initiative act referred to in Chapter 2 (commencing with
17 Section 1000) of Division 2.

O

CURRENT BILL STATUS

MEASURE : A.B. No. 1841
AUTHOR(S) : Mullin (Coauthor: Senator Hernandez).
TOPIC : Medical assistants.
HOUSE LOCATION : SEN
+LAST AMENDED DATE : 06/02/2014

TYPE OF BILL :

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

LAST HIST. ACT. DATE: 06/25/2014
LAST HIST. ACTION : Read second time. Ordered to third reading.
FILE : SEN THIRD READING
FILE DATE : 08/07/2014
ITEM : 91

COMM. LOCATION : SEN BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT
COMM. ACTION DATE : 06/23/2014
COMM. ACTION : Do pass.
COMM. VOTE SUMMARY : Ayes: 08 Noes: 00PASS

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

AMENDED IN SENATE JUNE 2, 2014

AMENDED IN ASSEMBLY APRIL 21, 2014

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 1841

Introduced by Assembly Member Mullin
(Coauthor: Senator Hernandez)

February 18, 2014

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

LEGISLATIVE COUNSEL'S DIGEST

AB 1841, as amended, Mullin. Medical assistants.

Existing law, the Medical Practice Act, provides for the licensure and regulation of the practice of medicine by the Medical Board of California. The act authorizes a medical assistant to administer medication only by intradermal, subcutaneous, or intramuscular injections and to perform skin tests and additional technical supportive services upon the specific authorization and supervision of a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife. Existing law defines the term "technical supportive services" to mean simple routine medical tasks and procedures that may be safely performed by a medical assistant who has limited training and who functions under the supervision of a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife. Existing law, the Pharmacy Law, prohibits a prescriber, as defined, from dispensing drugs to patients in his or her office unless specified conditions are satisfied, and authorizes a certified nurse-midwife, a

nurse practitioner, a physician assistant, or a naturopathic doctor who functions pursuant to a specified protocol or procedure to hand to a patient of his or her supervising physician a properly labeled and prepackaged prescription drug. *Existing law authorizes specified facilities licensed by the California State Board of Pharmacy to purchase drugs at wholesale for administration or dispensing, under the direction of a physician and surgeon, to patients registered for care at those facilities.*

This bill would specify that the “technical supportive services” a medical assistant may perform *in those California State Board of Pharmacy licensed facilities* also includes handing to a patient a properly labeled and prepackaged prescription drug, other than a controlled substance, ordered by a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife, as specified.

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

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

- 1 SECTION 1. Section 2069 of the Business and Professions
- 2 Code is amended to read:
- 3 2069. (a) (1) Notwithstanding any other law, a medical
- 4 assistant may administer medication only by intradermal,
- 5 subcutaneous, or intramuscular injections and perform skin tests
- 6 and additional technical supportive services upon the specific
- 7 authorization and supervision of a licensed physician and surgeon
- 8 or a licensed podiatrist. A medical assistant may also perform all
- 9 these tasks and services upon the specific authorization of a
- 10 physician assistant, a nurse practitioner, or a certified
- 11 nurse-midwife.
- 12 (2) The supervising physician and surgeon may, at his or her
- 13 discretion, in consultation with the nurse practitioner, certified
- 14 nurse-midwife, or physician assistant, provide written instructions
- 15 to be followed by a medical assistant in the performance of tasks
- 16 or supportive services. These written instructions may provide that
- 17 the supervisory function for the medical assistant for these tasks
- 18 or supportive services may be delegated to the nurse practitioner,
- 19 certified nurse-midwife, or physician assistant within the
- 20 standardized procedures or protocol, and that tasks may be

1 performed when the supervising physician and surgeon is not
2 onsite, if either of the following apply:

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

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

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

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

29 (2) "Specific authorization" means a specific written order
30 prepared by the supervising physician and surgeon or the
31 supervising podiatrist, or the physician assistant, the nurse
32 practitioner, or the certified nurse-midwife as provided in
33 subdivision (a), authorizing the procedures to be performed on a
34 patient, which shall be placed in the patient's medical record, or
35 a standing order prepared by the supervising physician and surgeon
36 or the supervising podiatrist, or the physician assistant, the nurse
37 practitioner, or the certified nurse-midwife as provided in
38 subdivision (a), authorizing the procedures to be performed, the
39 duration of which shall be consistent with accepted medical

1 practice. A notation of the standing order shall be placed on the
2 patient's medical record.

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

8 (A) A licensed physician and surgeon.

9 (B) A licensed podiatrist.

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

12 (4) (A) "Technical supportive services" means simple routine
13 medical tasks and procedures that may be safely performed by a
14 medical assistant who has limited training and who functions under
15 the supervision of a licensed physician and surgeon or a licensed
16 podiatrist, or a physician assistant, a nurse practitioner, or a
17 certified nurse-midwife as provided in subdivision (a).

18 (B) Notwithstanding any other law, *in a facility licensed by the*
19 *California State Board of Pharmacy under Section 4180 or 4190,*
20 *other than a facility operated by the state,* "technical supportive
21 services" *also* includes handing to a patient a ~~properly labeled and~~
22 prepackaged prescription drug, excluding a controlled substance,
23 *that is labeled in compliance with Section 4170 and all other*
24 *applicable state and federal laws and* ordered by a licensed
25 physician and surgeon, a licensed podiatrist, a physician assistant,
26 a nurse practitioner, or a certified nurse-midwife in accordance
27 with subdivision (a). In every instance, prior to handing the
28 medication to a patient *pursuant to this subparagraph,* the properly
29 labeled and prepackaged prescription drug shall have the patient's
30 name affixed to the package and a licensed physician and surgeon,
31 a licensed podiatrist, a physician assistant, a nurse practitioner, or
32 a certified nurse-midwife shall verify that it is the correct
33 medication and dosage for that specific patient *and shall provide*
34 *the appropriate patient consultation regarding use of the drug.*

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

37 (1) The licensure of medical assistants.

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

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

3 (4) A medical assistant to perform any clinical laboratory test
4 or examination for which he or she is not authorized by Chapter
5 3 (commencing with Section 1200).

6 (5) A nurse practitioner, certified nurse-midwife, or physician
7 assistant to be a laboratory director of a clinical laboratory, as those
8 terms are defined in paragraph (8) of subdivision (a) of Section
9 1206 and subdivision (a) of Section 1209.

10 (d) A nurse practitioner, certified nurse-midwife, or physician
11 assistant shall not authorize a medical assistant to perform any
12 clinical laboratory test or examination for which the medical
13 assistant is not authorized by Chapter 3 (commencing with Section
14 1200). A violation of this subdivision constitutes unprofessional
15 conduct.

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

O

CURRENT BILL STATUS

MEASURE : A.B. No. 2058
AUTHOR(S) : Wilk (Coauthors: Hagman, Harkey, and Olsen) (Coauthors:
Senators DeSaulnier, Gaines, and Vidak).
TOPIC : Open meetings.
HOUSE LOCATION : SEN
+LAST AMENDED DATE : 06/19/2014

TYPE OF BILL :
Active
Urgency
Non-Appropriations
2/3 Vote Required
Non-State-Mandated Local Program
Fiscal
Non-Tax Levy

LAST HIST. ACT. DATE: 07/01/2014
LAST HIST. ACTION : Read second time. Ordered to third reading.
FILE : SEN THIRD READING
FILE DATE : 08/07/2014
ITEM : 180

COMM. LOCATION : SEN APPROPRIATIONS
COMM. ACTION DATE : 06/30/2014
COMM. ACTION : Do pass.
COMM. VOTE SUMMARY : Ayes: 06 Noes: 00PASS

TITLE : An act to amend Section 11121 of the Government Code,
relating to state government, and declaring the urgency
thereof, to take effect immediately.

AMENDED IN SENATE JUNE 19, 2014

AMENDED IN ASSEMBLY APRIL 9, 2014

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 2058

Introduced by Assembly Member Wilk
(Coauthors: Assembly Members ~~Hagman and Harkey Hagman,~~
***Harkey, and Olsen*)**
(Coauthors: Senators DeSaulnier, Gaines, and Vidak)

February 20, 2014

An act to amend Section 11121 of the Government Code, relating to state government, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

AB 2058, as amended, Wilk. Open meetings.

The Bagley-Keene Open Meeting Act requires that all meetings of a state body, as defined, be open and public and that all persons be permitted to attend and participate in any meeting of a state body, subject to certain conditions and exceptions.

This bill would modify the definition of "state body" to exclude an advisory body with less than 3 individuals, except for certain standing committees.

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

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

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

1 SECTION 1. Section 11121 of the Government Code is
2 amended to read:

3 11121. As used in this article, "state body" means each of the
4 following:

5 (a) Every state board, or commission, or similar multimember
6 body of the state that is created by statute or required by law to
7 conduct official meetings and every commission created by
8 executive order.

9 (b) A board, commission, committee, or similar multimember
10 body that exercises any authority of a state body delegated to it by
11 that state body.

12 (c) An advisory board, advisory commission, advisory
13 committee, advisory subcommittee, or similar multimember
14 advisory body of a state body, if created by formal action of the
15 state body or of any member of the state body. An advisory body
16 created to consist of fewer than three individuals is not a state
17 body, except that a standing committee of a state body, irrespective
18 of its composition, which has a continuing subject matter
19 jurisdiction, or a meeting schedule fixed by resolution, policies,
20 bylaws, or formal action of a state body is a state body for the
21 purposes of this chapter.

22 (d) A board, commission, committee, or similar multimember
23 body on which a member of a body that is a state body pursuant
24 to this section serves in his or her official capacity as a
25 representative of that state body and that is supported, in whole or
26 in part, by funds provided by ~~the~~ *that* state body, whether the
27 multimember body is organized and operated by the state body or
28 by a private corporation.

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

33 In order to avoid unnecessary litigation and ensure the people's
34 right to access of the meetings of public bodies pursuant to Section
35 3 of Article I of the California Constitution, it is necessary that
36 act take effect immediately.

O

CURRENT BILL STATUS

MEASURE : A.B. No. 2102
AUTHOR(S) : Ting (Coauthors: Ammiano and Skinner).
TOPIC : Licensees: data collection.
HOUSE LOCATION : SEN
+LAST AMENDED DATE : 08/04/2014

TYPE OF BILL :

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

LAST HIST. ACT. DATE: 08/06/2014
LAST HIST. ACTION : Read second time. Ordered to third reading.
FILE : SEN THIRD READING
FILE DATE : 08/07/2014
ITEM : 324

COMM. LOCATION : SEN APPROPRIATIONS
COMM. ACTION DATE : 08/04/2014
COMM. ACTION : Do pass.
COMM. VOTE SUMMARY : Ayes: 05 Noes: 02PASS

TITLE : An act to amend Section 2717 of, and to add Sections 2852.5, 3518.1, 3770.1, and 4506 to, the Business and Professions Code, relating to healing arts.

AMENDED IN SENATE AUGUST 4, 2014

AMENDED IN SENATE JUNE 2, 2014

AMENDED IN ASSEMBLY APRIL 24, 2014

AMENDED IN ASSEMBLY MARCH 28, 2014

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 2102

Introduced by Assembly Member Ting
(Coauthors: Assembly Members Ammiano and Skinner)

February 20, 2014

An act to amend Section 2717 of, and to add Sections 2852.5, 3518.1, 3770.1, and 4506 to, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 2102, as amended, Ting. Licensees: data collection.

Existing law requires the Board of Registered Nursing, the Physician Assistant Board, the Respiratory Care Board of California, and Board of Vocational Nursing and Psychiatric Technicians of the State of California to regulate and oversee the practice the healing arts within their respective jurisdictions.

This bill would require these boards to collect and report specific demographic data relating to its licensees, subject to a licensee's discretion to report his or her race or ethnicity, to Office of Statewide Health Planning and Development. The bill would require these boards to collect this data at least biennially, at the times of both issuing an initial license and issuing a renewal license.

~~This bill would also delete an obsolete provision.~~

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

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

1 SECTION 1. The Legislature finds and declares the following:

2 (a) The Office of Statewide Health Planning and Development
3 prepares an annual report to the Legislature on the gaps in the
4 health care workforce in California.

5 (b) The Employment Development Department's Labor Market
6 Information Division and state licensing boards share data with
7 the Office of Statewide Health Planning and Development.

8 (c) All regulatory boards collect information about their
9 licensees through the licensing process.

10 (d) California's regulated health professions collect information
11 that is often limited and not always regularly updated.

12 (e) The information collected is inconsistent among the various
13 regulatory agencies using different definitions and categories.

14 (f) The collection of demographic data on certain allied health
15 professions will allow for the consistent determination of
16 geographic areas in the state where there are shortages of health
17 care workers with cultural and linguistic competency.

18 SEC. 2. Section 2717 of the Business and Professions Code is
19 amended to read:

20 2717. (a) The board shall collect and analyze workforce data
21 from its licensees for future workforce planning. The board may
22 collect the data at the time of license renewal or from a
23 scientifically selected random sample of its licensees. The board
24 shall produce reports on the workforce data it collects, at a
25 minimum, on a biennial basis. The board shall maintain the
26 confidentiality of the information it receives from licensees under
27 this section and shall only release information in an aggregate form
28 that cannot be used to identify an individual. The workforce data
29 collected by the board shall include, at a minimum, employment
30 information such as hours of work, number of positions held, time
31 spent in direct patient care, clinical practice area, type of employer,
32 and work location. The data shall also include future work
33 intentions, reasons for leaving or reentering nursing, job satisfaction
34 ratings, and demographic data.

1 (b) Aggregate information collected pursuant to this section
2 shall be placed on the board's Internet Web site.

3 (c) (1) Notwithstanding subdivision (a), the board shall collect,
4 at least biennially, at the times of both issuing an initial license
5 and issuing a renewal license, all of the following data on nurses
6 licensed under this chapter:

7 (A) Location of practice, including city, county, and ZIP Code.

8 (B) Race or ethnicity, subject to paragraph (3).

9 (C) Gender.

10 (D) Languages spoken.

11 (E) Educational background.

12 (F) *Classification of primary practice site among the types of*
13 *practice sites specified by the board, including, but not limited to,*
14 *clinic, hospital, managed care organization, or private practice.*

15 (2) The board shall annually provide the data collected pursuant
16 to paragraph (1) to the Office of Statewide Health Planning and
17 Development in a manner directed by the office that allows for
18 inclusion of the data into the annual report required by Section
19 128052 of the Health and Safety Code.

20 (3) A licensee may, but is not required to, report his or her race
21 or ethnicity to the board.

22 (d) The board is authorized to expend the sum of one hundred
23 forty-five thousand dollars (\$145,000) from the Board of
24 Registered Nursing Fund in the Professions and Vocations Fund
25 for the purpose of implementing this section.

26 SEC. 3. Section 2852.5 is added to the Business and Professions
27 Code, to read:

28 2852.5. (a) The board shall collect, at least biennially, at the
29 times of both issuing an initial license and issuing a renewal
30 license, all of the following data on vocational nurses licensed
31 under this chapter:

32 (1) Location of practice, including city, county, and ZIP Code.

33 (2) Race or ethnicity, subject to subdivision (c).

34 (3) Gender.

35 (4) Languages spoken.

36 (5) Educational background.

37 (6) *Classification of primary practice site among the types of*
38 *practice sites specified by the board, including, but not limited to,*
39 *clinic, hospital, managed care organization, or private practice.*

1 (b) The board shall annually provide the data collected pursuant
2 to subdivision (a) to the Office of Statewide Health Planning and
3 Development in a manner directed by the office that allows for
4 inclusion of the data into the annual report required by Section
5 128052 of the Health and Safety Code.

6 (c) A licensee may, but is not required to, report his or her race
7 or ethnicity to the board.

8 SEC. 4. Section 3518.1 is added to the Business and Professions
9 Code, to read:

10 3518.1. (a) The board shall collect, at least biennially, at the
11 times of both issuing an initial license and issuing a renewal
12 license, all of the following data on physician assistants licensed
13 under this chapter:

14 (1) Location of practice, including city, county, and ZIP Code.

15 (2) Race or ethnicity, subject to subdivision (c).

16 (3) Gender.

17 (4) Languages spoken.

18 (5) Educational background.

19 (6) *Classification of primary practice site among the types of*
20 *practice sites specified by the board, including, but not limited to,*
21 *clinic, hospital, managed care organization, or private practice.*

22 (b) The board shall annually provide the data collected pursuant
23 to subdivision (a) to the Office of Statewide Health Planning and
24 Development in a manner directed by the office that allows for
25 inclusion of the data into the annual report required by Section
26 128052 of the Health and Safety Code.

27 (c) A licensee may, but is not required to, report his or her race
28 or ethnicity to the board.

29 SEC. 5. Section 3770.1 is added to the Business and Professions
30 Code, to read:

31 3770.1. (a) The board shall collect, at least biennially, at the
32 times of both issuing an initial license and issuing a renewal
33 license, all of the following data on respiratory therapists licensed
34 under this chapter:

35 (1) Location of practice, including city, county, and ZIP Code.

36 (2) Race or ethnicity, subject to subdivision (c).

37 (3) Gender.

38 (4) Languages spoken.

39 (5) Educational background.

1 (6) *Classification of primary practice site among the types of*
2 *practice sites specified by the board, including, but not limited to,*
3 *clinic, hospital, managed care organization, or private practice.*

4 (b) The board shall annually provide the data collected pursuant
5 to subdivision (a) to the Office of Statewide Health Planning and
6 Development in a manner directed by the office that allows for
7 inclusion of the data into the annual report required by Section
8 128052 of the Health and Safety Code.

9 (c) A licensee may, but is not required to, report his or her race
10 or ethnicity to the board.

11 SEC. 6. Section 4506 is added to the Business and Professions
12 Code, to read:

13 4506. (a) The board shall collect, at least biennially, at the
14 times of both issuing an initial license and issuing a renewal
15 license, all of the following data on psychiatric technicians licensed
16 under this chapter:

17 (1) Location of practice, including city, county, and ZIP Code.

18 (2) Race or ethnicity, subject to subdivision (c).

19 (3) Gender.

20 (4) Languages spoken.

21 (5) Educational background.

22 (6) *Classification of primary practice site among the types of*
23 *practice sites specified by the board, including, but not limited to,*
24 *clinic, hospital, managed care organization, or private practice.*

25 (b) The board shall annually provide the data collected pursuant
26 to subdivision (a) to the Office of Statewide Health Planning and
27 Development in a manner directed by the office that allows for
28 inclusion of the data into the annual report required by Section
29 128052 of the Health and Safety Code.

30 (c) A licensee may, but is not required to, report his or her race
31 or ethnicity to the board.

CURRENT BILL STATUS

MEASURE : A.B. No. 2396
AUTHOR(S) : Bonta (Coauthor: Skinner).
TOPIC : Convictions: expungement: licenses.
HOUSE LOCATION : SEN
+LAST AMENDED DATE : 05/15/2014

TYPE OF BILL :

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

LAST HIST. ACT. DATE: 08/04/2014
LAST HIST. ACTION : In committee: Placed on APPR. suspense file.
COMM. LOCATION : SEN APPROPRIATIONS

TITLE : An act to amend Section 480 of the Business and Professions Code, relating to expungement.

AMENDED IN ASSEMBLY MAY 15, 2014
AMENDED IN ASSEMBLY APRIL 21, 2014
AMENDED IN ASSEMBLY MARCH 28, 2014
CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 2396

**Introduced by Assembly Member Bonta
(Coauthor: Assembly Member Skinner)**

February 21, 2014

An act to amend Section 480 of the Business and Professions Code, relating to expungement.

LEGISLATIVE COUNSEL'S DIGEST

AB 2396, as amended, Bonta. Convictions: expungement: licenses.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law authorizes a board to deny, suspend, or revoke a license on various grounds, including, but not limited to, conviction of a crime if the crime is substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued. Existing law prohibits a board from denying a license on the ground that the applicant has committed a crime if the applicant shows that he or she obtained a certificate of rehabilitation in the case of a felony, or that he or she has met all applicable requirements of the criteria of rehabilitation developed by the board, as specified, in the case of a misdemeanor.

Existing law permits a defendant to withdraw his or her plea of guilty or plea of nolo contendere and enter a plea of not guilty in any case in which a defendant has fulfilled the conditions of probation for the entire

period of probation, or has been discharged prior to the termination of the period of probation, or has been convicted of a misdemeanor and not granted probation and has fully complied with and performed the sentence of the court, or has been sentenced to a county jail for a felony, or in any other case in which a court, in its discretion and the interests of justice, determines that a defendant should be granted this or other specified relief and requires the defendant to be released from all penalties and disabilities resulting from the offense of which he or she has been convicted.

This bill would prohibit a board from denying a license based solely on a conviction that has been dismissed pursuant to the above provisions.

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

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

1 SECTION 1. Section 480 of the Business and Professions Code
2 is amended to read:

3 480. (a) A board may deny a license regulated by this code
4 on the grounds that the applicant has one of the following:

5 (1) Been convicted of a crime. A conviction within the meaning
6 of this section means a plea or verdict of guilty or a conviction
7 following a plea of nolo contendere. Any action that a board is
8 permitted to take following the establishment of a conviction may
9 be taken when the time for appeal has elapsed, or the judgment of
10 conviction has been affirmed on appeal, or when an order granting
11 probation is made suspending the imposition of sentence,
12 irrespective of a subsequent order under the provisions of Section
13 1203.4, 1203.4a, or 1203.41 of the Penal Code.

14 (2) Done any act involving dishonesty, fraud, or deceit with the
15 intent to substantially benefit himself or herself or another, or
16 substantially injure another.

17 (3) (A) Done any act that if done by a licentiate of the business
18 or profession in question, would be grounds for suspension or
19 revocation of license.

20 (B) The board may deny a license pursuant to this subdivision
21 only if the crime or act is substantially related to the qualifications,
22 functions, or duties of the business or profession for which
23 application is made.

1 (b) Notwithstanding any other provision of this code, a person
2 shall not be denied a license solely on the basis that he or she has
3 been convicted of a felony if he or she has obtained a certificate
4 of rehabilitation under Chapter 3.5 (commencing with Section
5 4852.01) of Title 6 of Part 3 of the Penal Code or that he or she
6 has been convicted of a misdemeanor if he or she has met all
7 applicable requirements of the criteria of rehabilitation developed
8 by the board to evaluate the rehabilitation of a person when
9 considering the denial of a license under subdivision (a) of Section
10 482.

11 (c) Notwithstanding any other provisions of this code, a person
12 shall not be denied a license solely on the basis of a conviction
13 that has been dismissed pursuant to Section 1203.4, 1203.4a, or
14 1203.41 *of the Penal Code*.

15 (d) A board may deny a license regulated by this code on the
16 ground that the applicant knowingly made a false statement of fact
17 that is required to be revealed in the application for the license.

CURRENT BILL STATUS

MEASURE : S.B. No. 981
AUTHOR(S) : Huff (Coauthor: Senator Gaines) (Coauthors: Assembly
Members Hagman, Harkey, Jones, and Olsen).
TOPIC : Regulations: review process.
HOUSE LOCATION : SEN
+LAST AMENDED DATE : 04/10/2014

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

LAST HIST. ACT. DATE: 04/22/2014
LAST HIST. ACTION : Set, first hearing. Failed passage in committee. (Ayes
5. Noes 5. Page 3212.) Reconsideration granted.
COMM. LOCATION : SEN GOVERNMENTAL ORGANIZATION

TITLE : An act to add Section 11349.11 to, and to add and repeal
Section 11349.10 of, the Government Code, relating to
regulations.

AMENDED IN SENATE APRIL 10, 2014

SENATE BILL

No. 981

Introduced by Senator Huff

(Coauthor: Senator Gaines)

(Coauthors: Assembly Members Hagman, Harkey, Jones, and Olsen)

February 11, 2014

An act to add Section 11349.11 to, and to add and repeal Section 11349.10 of, the Government Code, relating to regulations.

LEGISLATIVE COUNSEL'S DIGEST

SB 981, as amended, Huff. Regulations: review process.

Existing law, the Administrative Procedure Act, governs the procedure for the adoption, amendment, or repeal of regulations by state agencies.

This bill would require each agency to review each regulation adopted prior to January 1, 2014, and to develop a report with prescribed information to be submitted to the Legislature on or before January 1, 2016. The bill would also require each agency, on or before January 1, 2021, and at least every 5 years thereafter, to conduct additional reviews of regulations that have been in effect for at least 20 years, as specified, and to submit an annual report to the Legislature that identifies the regulations reviewed during that year and the associated findings.

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

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

- 1 SECTION 1. Section 11349.10 is added to the Government
- 2 Code, to read:

1 11349.10. (a) Each agency shall review each regulation
2 adopted prior to January 1, 2014. The review shall be developed
3 into a report that includes, but is not limited to, the following
4 information for each regulation:

- 5 (1) The date that the office approved the regulation.
- 6 (2) The purpose.
- 7 (3) The statutory authority.
- 8 (4) The identification of impacted sectors.
- 9 (5) The direct costs by sector.
- 10 (6) Whether the regulation is duplicative of other regulations.
- 11 (7) Whether the regulation is still relevant.
- 12 (8) Whether the regulation needs to be updated in order to
13 become ~~more effective~~ or less burdensome *or more effective*.

14 (b) The agency shall consult with parties affected by the
15 regulation in developing the report.

16 (c) The agency shall submit the report to the Legislature pursuant
17 to Section 9795 on or before January 1, 2016.

18 (d) To the extent that an agency is a component member of
19 another agency, the member agency shall submit a copy of its
20 report to the highest ranking agency head prior to submitting the
21 report to the Legislature as required by this section. The agency
22 head shall review the reports for each component agency for the
23 purpose of identifying duplicative or conflicting regulations
24 between departments.

25 (e) This section shall remain in effect only until January 1, 2020,
26 and as of that date is repealed, unless a later enacted statute, that
27 is enacted before January 1, 2010, deletes or extends that date.

28 SEC. 2. Section 11349.11 is added to the Government Code,
29 to read:

30 11349.11. (a) On or before January 1, 2021, and at least every
31 five years thereafter, each agency shall review each regulation that
32 is at least 20 years old and has not been reviewed within the last
33 10 years. The review shall be developed into a report that shall be
34 submitted to the Legislature and includes, but is not limited to, the
35 following information for each regulation:

- 36 (1) The date that the office approved the regulation.
- 37 (2) The purpose.
- 38 (3) The statutory authority.
- 39 (4) The identification of impacted sectors.
- 40 (5) The direct costs by sector.

- 1 (6) Whether the regulation is duplicative of other regulations.
- 2 (7) Whether the regulation is still relevant.
- 3 (8) Whether the regulation needs to be updated in order to
- 4 become more effective or less burdensome.
- 5 (b) Each agency shall submit an annual report to the Legislature
- 6 pursuant to Section 9795 that identifies the regulations reviewed
- 7 during the previous year and the associated findings.

O

CURRENT BILL STATUS

MEASURE : S.B. No. 1083
AUTHOR(S) : Pavley.
TOPIC : Physician assistants: disability certifications.
HOUSE LOCATION : ASM

TYPE OF BILL :

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

LAST HIST. ACT. DATE: 08/04/2014

LAST HIST. ACTION : Action rescinded whereby the bill was read third time,
passed, and ordered to the Senate. Re-referred to Com.
on APPR. Joint Rule 62(a) file notice suspended.

COMM. LOCATION : ASM APPROPRIATIONS

TITLE : An act to amend Section 3502.3 of the Business and
Professions Code, and to amend Section 2708 of the
Unemployment Insurance Code, relating to physician
assistants.

Introduced by Senator PavleyFebruary 19, 2014

An act to amend Section 3502.3 of the Business and Professions Code, and to amend Section 2708 of the Unemployment Insurance Code, relating to physician assistants.

LEGISLATIVE COUNSEL'S DIGEST

SB 1083, as introduced, Pavley. Physician assistants: disability certifications.

The Physician Assistant Practice Act authorizes a delegation of services agreement to authorize a physician assistant to engage in specified activities.

Existing law requires a claimant for unemployment compensation disability benefits to establish medical eligibility for each uninterrupted period of disability by filing a first claim for disability benefits supported by the certificate of a treating physician or practitioner that establishes the sickness, injury, or pregnancy of the employee, or the condition of the family member that warrants the care of the employee. Existing law defines the term "practitioner" to mean a person duly licensed or certified in California acting within the scope of his or her license or certification who is a dentist, podiatrist, or a nurse practitioner, as prescribed.

This bill would amend the Physician Assistant Practice Act to authorize a physician assistant to certify disability, after performance of a physical examination by the physician assistant under the supervision of a physician and surgeon consistent with the act. The bill would correspondingly expand the definition of practitioner to include a physician assistant.

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

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

1 SECTION 1. Section 3502.3 of the Business and Professions
2 Code is amended to read:

3 3502.3. (a) Notwithstanding any other provision of law, in
4 addition to any other practices that meet the general criteria set
5 forth in this chapter or the Medical Board of California's
6 regulations for inclusion in a delegation of services agreement, a
7 delegation of services agreement may authorize a physician
8 assistant to do any of the following:

9 (1) Order durable medical equipment, subject to any limitations
10 set forth in Section 3502 or the delegation of services agreement.
11 Notwithstanding that authority, nothing in this paragraph shall
12 operate to limit the ability of a third-party payer to require prior
13 approval.

14 (2) For individuals receiving home health services or personal
15 care services, after consultation with the supervising physician,
16 approve, sign, modify, or add to a plan of treatment or plan of care.

17 (3) *After performance of a physical examination by the physician*
18 *assistant under the supervision of a physician and surgeon*
19 *consistent with this chapter, certify disability pursuant to Section*
20 *2708 of the Unemployment Insurance Code.*

21 (b) Nothing in this section shall be construed to affect the
22 validity of any delegation of services agreement in effect prior to
23 the enactment of this section or those adopted subsequent to
24 enactment.

25 SEC. 2. Section 2708 of the Unemployment Insurance Code,
26 as added by Section 2 of Chapter 350 of the Statutes of 2013, is
27 amended to read:

28 2708. (a) (1) In accordance with the director's authorized
29 regulations, and except as provided in subdivision (c) and Sections
30 2708.1 and 2709, a claimant shall establish medical eligibility for
31 each uninterrupted period of disability by filing a first claim for
32 disability benefits supported by the certificate of a treating
33 physician or practitioner that establishes the sickness, injury, or
34 pregnancy of the employee, or the condition of the family member
35 that warrants the care of the employee. For subsequent periods of

1 uninterrupted disability after the period covered by the initial
2 certificate or any preceding continued claim, a claimant shall file
3 a continued claim for those benefits supported by the certificate
4 of a treating physician or practitioner. A certificate filed to establish
5 medical eligibility for the employee's own sickness, injury, or
6 pregnancy shall contain a diagnosis and diagnostic code prescribed
7 in the International Classification of Diseases, or, if no diagnosis
8 has yet been obtained, a detailed statement of symptoms.

9 (2) A certificate filed to establish medical eligibility of the
10 employee's own sickness, injury, or pregnancy shall also contain
11 a statement of medical facts, including secondary diagnoses when
12 applicable, within the physician's or practitioner's knowledge,
13 based on a physical examination and a documented medical history
14 of the claimant by the physician or practitioner, indicating the
15 physician's or practitioner's conclusion as to the claimant's
16 disability, and a statement of the physician's or practitioner's
17 opinion as to the expected duration of the disability.

18 (b) An employee shall be required to file a certificate to establish
19 eligibility when taking leave to care for a family member with a
20 serious health condition. The certificate shall be developed by the
21 department. In order to establish medical eligibility of the serious
22 health condition of the family member that warrants the care of
23 the employee, the information shall be within the physician's or
24 practitioner's knowledge and shall be based on a physical
25 examination and documented medical history of the family member
26 and shall contain all of the following:

27 (1) A diagnosis and diagnostic code prescribed in the
28 International Classification of Diseases, or, if no diagnosis has yet
29 been obtained, a detailed statement of symptoms.

30 (2) The date, if known, on which the condition commenced.

31 (3) The probable duration of the condition.

32 (4) An estimate of the amount of time that the physician or
33 practitioner believes the employee needs to care for the child,
34 parent, grandparent, grandchild, sibling, spouse, or domestic
35 partner.

36 (5) (A) A statement that the serious health condition warrants
37 the participation of the employee to provide care for his or her
38 child, parent, grandparent, grandchild, sibling, spouse, or domestic
39 partner.

1 (B) “Warrants the participation of the employee” includes, but
2 is not limited to, providing psychological comfort, and arranging
3 “third party” care for the child, parent, grandparent, grandchild,
4 sibling, spouse, or domestic partner, as well as directly providing,
5 or participating in, the medical care.

6 (c) The department shall develop a certification form for bonding
7 that is separate and distinct from the certificate required in
8 subdivision (a) for an employee taking leave to bond with a minor
9 child within the first year of the child’s birth or placement in
10 connection with foster care or adoption.

11 (d) The first and any continuing claim of an individual who
12 obtains care and treatment outside this state shall be supported by
13 a certificate of a treating physician or practitioner duly licensed
14 or certified by the state or foreign country in which the claimant
15 is receiving the care and treatment. If a physician or practitioner
16 licensed by and practicing in a foreign country is under
17 investigation by the department for filing false claims and the
18 department does not have legal remedies to conduct a criminal
19 investigation or prosecution in that country, the department may
20 suspend the processing of all further certifications until the
21 physician or practitioner fully cooperates, and continues to
22 cooperate, with the investigation. A physician or practitioner
23 licensed by, and practicing in, a foreign country who has been
24 convicted of filing false claims with the department may not file
25 a certificate in support of a claim for disability benefits for a period
26 of five years.

27 (e) For purposes of this part:

28 (1) “Physician” has the same meaning as defined in Section
29 3209.3 of the Labor Code.

30 (2) “Practitioner” means a person duly licensed or certified in
31 California acting within the scope of his or her license or
32 certification who is a dentist, podiatrist, *physician assistant who*
33 *has performed a physical examination under the supervision of a*
34 *physician and surgeon*, or a nurse practitioner, and in the case of
35 a nurse practitioner, after performance of a physical examination
36 by a nurse practitioner and collaboration with a physician and
37 surgeon, or as to normal pregnancy or childbirth, a midwife or
38 nurse midwife, or nurse practitioner.

39 (f) For a claimant who is hospitalized in or under the authority
40 of a county hospital in this state, a certificate of initial and

- 1 continuing medical disability, if any, shall satisfy the requirements
2 of this section if the disability is shown by the claimant's hospital
3 chart, and the certificate is signed by the hospital's registrar. For
4 a claimant hospitalized in or under the care of a medical facility
5 of the United States government, a certificate of initial and
6 continuing medical disability, if any, shall satisfy the requirements
7 of this section if the disability is shown by the claimant's hospital
8 chart, and the certificate is signed by a medical officer of the
9 facility duly authorized to do so.
- 10 (g) Nothing in this section shall be construed to preclude the
11 department from requesting additional medical evidence to
12 supplement the first or any continued claim if the additional
13 evidence can be procured without additional cost to the claimant.
14 The department may require that the additional evidence include
15 any or all of the following:
- 16 (1) Identification of diagnoses.
 - 17 (2) Identification of symptoms.
 - 18 (3) A statement setting forth the facts of the claimant's disability.
- 19 The statement shall be completed by any of the following
20 individuals:
- 21 (A) The physician or practitioner treating the claimant.
 - 22 (B) The registrar, authorized medical officer, or other duly
23 authorized official of the hospital or health facility treating the
24 claimant.
 - 25 (C) An examining physician or other representative of the
26 department.
- 27 (h) This section shall become operative on July 1, 2014.

O

CURRENT BILL STATUS

MEASURE : S.B. No. 1091
AUTHOR(S) : Galgiani.
TOPIC : Administrative procedures: California Regulatory Notice
Register: proposed rulemaking activities.
HOUSE LOCATION : SEN

TYPE OF BILL :

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

LAST HIST. ACT. DATE: 05/23/2014
LAST HIST. ACTION : Held in committee and under submission.
COMM. LOCATION : SEN APPROPRIATIONS

TITLE : An act to amend Section 11344.1 of, and to add Section
11344.15 to, the Government Code, relating to
administrative procedures.

Introduced by Senator GalgianiFebruary 19, 2014

An act to amend Section 11344.1 of, and to add Section 11344.15 to, the Government Code, relating to administrative procedures.

LEGISLATIVE COUNSEL'S DIGEST

SB 1091, as introduced, Galgiani. Administrative procedures: California Regulatory Notice Register: proposed rulemaking activities.

Existing law governs the procedure for the adoption, amendment, or repeal of regulations by state agencies and for the review of those regulatory actions by the Office of Administrative Law, including procedures relating to increased public participation in the adoption, amendment, and repeal of these regulations. Existing law requires that an agency mail a notice of proposed action to specified entities at least 45 days prior to the hearing and close of the public comment period on the adoption, amendment, or repeal of a regulation. Existing law requires the office to provide for the publication of the California Regulatory Notice Register and to include specified information in the register, including notices of proposed action prepared by regulatory agencies.

This bill would require each state agency to submit a notice to the office for publication in the California Regulatory Notice Register of any meeting or hearing that occurs prior to the mailing or posting of the notice of proposed action, for which the agency posts on its Internet Web site a public notice of a meeting or hearing, as provided.

This bill would also require the office, before January 1, 2017, to make the California Regulatory Notice Register available in an electronically searchable Internet Web-based format, and to include the ability for interested parties to subscribe to an electronic mail notification subscription to the California Regulatory Notice Register or other

specific notices contained within the California Regulatory Notice Register.

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

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

1 SECTION 1. Section 11344.1 of the Government Code is
2 amended to read:

3 11344.1. The office shall do all of the following:

4 (a) Provide for the publication of the California Regulatory
5 Notice Register, which shall be an official publication of the State
6 of California and which shall contain the following:

7 (1) Notices of proposed action prepared by regulatory agencies,
8 subject to the notice requirements of this chapter, and which have
9 been approved by the office.

10 (2) A summary of all regulations filed with the Secretary of
11 State in the previous week.

12 (3) Summaries of all regulation decisions issued in the previous
13 week detailing the reasons for disapproval of a regulation, the
14 reasons for not filing an emergency regulation, and the reasons for
15 repealing an emergency regulation. The California Regulatory
16 Notice Register shall also include a quarterly index of regulation
17 decisions.

18 (4) Material that is required to be published under Sections
19 11349.5, 11349.7, and 11349.9.

20 (5) Determinations issued pursuant to Section 11340.5.

21 (6) *Materials and notices required to be published under Section*
22 *11344.15.*

23 (b) Establish the publication dates and manner and form in
24 which the California Regulatory Notice Register shall be prepared
25 and published and ensure that it is published and distributed in a
26 timely manner to the presiding officer and rules committee of each
27 house of the Legislature and to all subscribers.

28 (c) Post on its ~~website~~ *Internet Web site*, on a weekly basis:

29 (1) The California Regulatory Notice Register. Each issue of
30 the California Regulatory Notice Register on the office's ~~website~~
31 *Internet Web site* shall remain posted for a minimum of 18 months.

32 (2) One or more Internet links to assist the public to gain access
33 to the text of regulations proposed by state agencies.

1 (d) Before January 1, 2017, the office shall make the California
2 Regulatory Notice Register available in an electronically
3 searchable Internet-Web based format, and shall include the ability
4 for interested parties to subscribe to an electronic mail notification
5 subscription to the California Regulatory Notice Register or other
6 specific notices contained within the California Regulatory Notice
7 Register.

8 SEC. 2. Section 11344.15 is added to the Government Code,
9 to read:

10 11344.15. (a) Each state agency shall submit a notice to the
11 office for publication in the California Regulatory Notice Register
12 of proposed rulemaking activity. For purposes of this section,
13 “proposed rulemaking activity” means any meeting or hearing that
14 occurs prior to the mailing or posting of the notice required
15 pursuant to Sections 11346.4 and 11346.5, for which the agency
16 posts on its Internet Web site a public notice of a meeting or
17 hearing. The notice required pursuant to this section shall appear
18 in the California Regulatory Notice Register at least 15 days prior
19 to the meeting or hearing date.

20 (b) The notice required by subdivision (a) shall include all of
21 the following:

22 (1) The name of the state agency organizing the meeting.

23 (2) The date, time, place, location, and nature of the meeting.

24 (3) A brief statement identifying each topic under consideration
25 or discussion.

26 (4) An Internet Web site address for the public meeting notice.

27 (5) An Internet Web site address to any other information
28 prepared in connection with the meeting.

29 (c) Proposed rulemaking activity subject to the notice
30 requirement of subdivision (a) shall include the following:

31 (1) Informational hearings.

32 (2) Workshops.

33 (3) Scoping hearings.

34 (4) Preliminary meetings.

35 (5) Public and stakeholder outreach meetings.

36 (d) Failure to publish proposed rulemaking activity shall not
37 invalidate an action taken by a state agency pursuant to Section
38 11346.4 or 11346.5 if upon the agency’s discovery or notification
39 of failure to publish the agency submits the required notice to the
40 office for publication in the California Regulatory Notice Register

1 that notifies the public of the publication error. If an agency is
2 required to republish a notice pursuant to this subdivision, the
3 agency shall permit public comments related to the unnoticed
4 meeting to be submitted for an additional 15 days, once the agency
5 has posted all relevant meeting materials, presentations, studies,
6 recordings, or minutes of the meeting to its Internet Web site. The
7 notice required by this subdivision shall include the requirements
8 specified in subdivision (b) and include an Internet Web site
9 address for transcript, recording, or minutes of the improperly
10 noticed meeting or hearing.

11 (c) An intentional failure of the public to delay notice to an
12 agency regarding a known publication oversight constitutes a
13 waiver of the right to object and shall not invalidate a state agency's
14 ability to enact a regulation if both of the following apply:

15 (1) The public comment period as prescribed in Section 11346.4
16 has been published in the California Regulatory Notice Register.

17 (2) The agency has made every reasonable attempt to comply
18 with the procedures set forth in subdivision (d) which would
19 remedy any publication oversight that may have occurred.

20 (f) Agencies shall not condition consideration of comments
21 received during the period described in Section 11346.4 on
22 attendance of proposed rulemaking activities as described in
23 subdivision (a), and shall consider all issues pertinent to the
24 regulation that may not have been raised during proposed
25 rulemaking activities.

CURRENT BILL STATUS

MEASURE : S.B. No. 500
AUTHOR(S) : Lieu.
TOPIC : Medical practice: pain management.
HOUSE LOCATION : ASM
+LAST AMENDED DATE : 05/29/2014

TYPE OF BILL :

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

LAST HIST. ACT. DATE: 06/26/2014
LAST HIST. ACTION : Ordered to inactive file on request of Assembly Member
V. Manuel Pérez.
FILE : ASM INACTIVE FILE
FILE DATE : 08/07/2014
ITEM : A- 15

COMM. LOCATION : ASM APPROPRIATIONS
COMM. ACTION DATE : 06/18/2014
COMM. ACTION : Do pass.
COMM. VOTE SUMMARY : Ayes: 14 Noes: 00PASS

TITLE : An act to amend Section 2241.6 of the Business and
Professions Code, relating to healing arts.

AMENDED IN ASSEMBLY MAY 29, 2014

AMENDED IN SENATE JANUARY 9, 2014

AMENDED IN SENATE JANUARY 6, 2014

SENATE BILL

No. 500

Introduced by Senator Lieu

February 21, 2013

An act to amend Section 2241.6 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 500, as amended, Lieu. Medical practice: pain management.

Existing law establishes the Medical Board of California within the Department of Consumer Affairs. Existing law, among other things, required the board to develop standards before June 1, 2002, to ensure the competent review in cases concerning the management, including, but not limited to, the undertreatment, undermedication, and overmedication of a patient's pain.

This bill would require the board, on or before July 1, 2015, to update those standards. The bill would require the board to convene a task force to develop and recommend the updated standards to the board. The bill would also require the board to update those standards on or before July 1 each 5th year thereafter.

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

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

- 1 SECTION 1. Section 2241.6 of the Business and Professions
2 Code is amended to read:
3 2241.6. (a) (1) The board shall develop standards before June
4 1, 2002, to ensure the competent review in cases concerning the
5 management, including, but not limited to, the undertreatment,
6 undermedication, and overmedication of a patient's pain.
7 (2) The board may consult with entities such as the American
8 Pain Society, the American Academy of Pain Medicine, the
9 California Society of Anesthesiologists, the California Chapter of
10 the American College of Emergency Physicians, *the Osteopathic*
11 *Medical Board of California*, and any other medical entity
12 specializing in pain control therapies to develop the standards
13 utilizing, to the extent they are applicable, current authoritative
14 clinical practice guidelines.
15 (b) The board shall update the standards adopted pursuant to
16 subdivision (a) on or before July 1, 2015, and on or before July 1
17 each fifth year thereafter.
18 (c) The board shall convene a task force to develop and
19 recommend the updated standards to the board. The task force, in
20 developing the updated standards, may consult with the entities
21 specified in paragraph (2) of subdivision (a), the American Cancer
22 Society, a physician who treats or evaluates patients as part of the
23 workers' compensation system, *an osteopathic physician, a*
24 *physician assistant*, and specialists in pharmacology and addiction
25 medicine.

O