

MEDICAL BOARD OF CALIFORNIA - 2021 TRACKER LIST

August 11, 2021

BILL	AUTHOR	TITLE	STATUS	POSITION	AMENDED
AB 356	Chen	Fluoroscopy: Temporary Permit	Senate Appropriations	Support	N/A
AB 359	Cooper	Physicians and Surgeons: Licensure: Examination	Senate Appropriations	Oppose	07/15/21
AB 562	Low	Frontline COVID-19 Provider Mental Health Resiliency Act of 2021: Health Care Providers: Mental Health Services	Senate Appropriations	Support, if Amended	04/08/21
AB 1102	Low	Telephone Medical Advice Services	Senate Floor	Support	N/A
AB 1156	Weber	Healing Arts: Medical School Graduates: Postgraduate Training License	Sen. Business, Professions, and Econ. Dev.		06/22/21
AB 1278	Nazarian	Physicians and Surgeons: Payments: Disclosure: Notice	Senate Appropriations	Support	07/13/21
SB 48	Limón	Medi-Cal: Annual Cognitive Health Assessment	Assembly Appropriations	Neutral	07/08/21

Green – For Discussion; Blue – No Discussion Needed

MEDICAL BOARD OF CALIFORNIA - 2021 TRACKER LIST August 11, 2021

SB 57	Wiener	Controlled Substances: Overdose Prevention Program	Assembly Health (Two-Year Bill)	Neutral	07/05/21
SB 310	Rubio	Unused Medications: Cancer Medication Recycling	Assembly Appropriations	Neutral	07/06/21
SB 528	Jones	Juveniles: Health Information Summary: Psychotropic Medication	Assembly Human Services (Two-Year Bill)	Support	05/25/21
SB 806	Roth	Healing Arts	Assembly Appropriations	Support, if Amended	07/13/21

Green – For Discussion; Blue – No Discussion Needed

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 356
AUTHOR: Chen
BILL DATE: February 1, 2021, Introduced
SUBJECT: Fluoroscopy: Temporary Permit
SPONSOR: California Podiatric Medical Association and California
Orthopaedic Association
POSITION: Support

DESCRIPTION OF CURRENT LEGISLATION:

Authorizes the California Department of Public Health (CDPH) to issue to a physician and surgeon or a doctor of podiatric medicine a one-time, temporary permit authorizing them to operate or supervise the operation of fluoroscopic x-ray equipment if they meet certain requirements.

This bill has not been amended since the Board adopted a Support position.

BACKGROUND:

Current law provides for the Radiologic Health Branch (RHB) within the CDPH with responsibility for administering and enforcing the Radiologic Technology Act. Requires the RHB to provide for the certification of radiologic technologists, including physicians and surgeons, to use certain radiologic technology. Current law also requires the RHB to issue a fluoroscopy permit to a qualified licensee of the healing arts.

ANALYSIS:

According to the author:

“Fluoroscopy is a kind of video x-ray used in surgery for many purposes. This simple bill helps patients by allowing doctors and podiatrists who have used fluoroscopy in their practice in another state to have a one-time, temporary permit to use fluoroscopy to give them time to complete the requirements for a California fluoroscopy permit. Because California is one of only two states to require doctors and podiatrists to have an additional permit to use fluoroscopy in surgery, many doctors who have practiced in other states do not know they need to get a permit until they get to California. The process to get a permit can take up to nine months. Since patients need their doctors to be able to use fluoroscopy in surgery, this bill will help surgical patients by letting out of state doctors who have used fluoroscopy get a one-time temporary permit to use fluoroscopy while they complete the requirements for a California permit.”

This bill would allow the RHB to issue a temporary permit for physicians and surgeons and doctors of podiatric medicine to operate or supervise the operation of fluoroscopic x-ray equipment if they meet the following requirements:

- Holds a valid license in this state
- Has submitted an application for a fluoroscopy certificate to RHB
- Has used fluoroscopy in another state
- The application indicates the location/facilities where the licensee will provide fluoroscopy.

These permits would not be eligible to be renewed and a physician and surgeon or doctor of podiatric medicine who wishes to maintain the authority after 12 months would be required to seek full authorization.

FISCAL: Minor and absorbable costs to the Board

SUPPORT: California Radiological Society

OPPOSITION: None

ATTACHMENT: [AB 356, Chen - Fluoroscopy: Temporary Permit](#)

Version: 02/01/21 – Introduced

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 359
AUTHOR: Cooper
BILL DATE: Proposed amendments to the July 15, 2021, version
(see attachment)
SUBJECT: Physicians and Surgeons: Licensure: Examination
SPONSOR: California Medical Association and Choice Medical
Group
POSITION: Oppose

DESCRIPTION OF CURRENT LEGISLATION:

As proposed to be amended, clarifies existing law that authorizes applicants who took more than four tries to pass Step 3 of the United States Medical Licensing Examination (USMLE) to qualify for licensure under pathways currently available to out-of-state licensees. The bill also adds specified subjects to the list of courses that a licensee may take to meet their continuing medical education requirements (CME), subject to a 30 percent limitation.

This bill contains an urgency clause and would take effect immediately upon approval by the Governor.

RECENT AMENDMENTS:

The Medical Board of California (Board) adopted an Oppose position on AB 359 during its May 13-14 meeting. Since then, the bill was amended to recast the CME language of the bill into a new code section and to limit the amount of newly allowed CME coursework to no more than 30 percent of the total CME requirement.

As currently drafted, a licensee would be able to apply up to 15 hours of the current 50-hour biennial requirement to the following topics:

- Practice management content designed to provide better service to patients, including, but not limited to, the use of technology or clinical office workflow.
- Management content designed to support managing a health care facility, including, but not limited to, coding or reimbursement in a medical practice.
- Educational methodology for physicians and surgeons teaching in a medical school.

Proposed amendments to the bill are discuss below in the Analysis section.

BACKGROUND:

USMLE

Current law generally requires an applicant for a medical license to obtain a passing score on all parts of Step 3 of the USMLE within four attempts, or less. In addition to the Board's special permit programs, out-of-state physicians seeking a license in California may also qualify under either of the following pathways:

1. [Business and Professions Code \(BPC\) section 2135:](#)

- a. The applicant holds an unlimited license in another state or Canada that was issued based upon successful completion of a resident course of professional instruction leading to a medical degree from a school approved by the Board and passed a written examination approved by the Board, as specified.
- b. The applicant has held their license for at least four years, as specified.
- c. The Board determines that no disciplinary action has been taken against the applicant and has not been the subject of adverse judgments or settlements resulting from the practice of medicine that the board determines constitutes evidence of a pattern of negligence or incompetence.
- d. The applicant has either satisfactorily completed at least one year of approved post graduate training and is certified by the American Board of Medical Specialties (ABMS), satisfactorily completed two years of approved post graduate training, or satisfactorily completed one year of approved post graduate training and passes the clinical competency written examination.

2. [BPC section 2135.5:](#)

- a. The applicant has held an unlimited and unrestricted physician license for at least four years, as specified.
- b. The applicant has completed 36 months of postgraduate training and is certified by an ABMS board.
- c. The applicant is not subject to the denial of their license, as specified.
- d. The applicant has not been the subject of a disciplinary action by a medical licensing authority or of an adverse judgment or settlement resulting from the practice of medicine that, as determined by the board, constitutes a pattern of negligence or incompetence.

USMLE implemented a [new attempt limit policy](#) on July 1, 2021. According to their website, "an examinee will be ineligible to take a Step or Step Component if the examinee has made four (4) or more prior attempts on that Step or Step Component, including incomplete attempts."

The USMLE Composite Committee provided the following reasons for the policy change:

The committee voted to change the number of allowed attempts to protect the integrity of the exam and more closely match the USMLE attempt limits imposed

by state medical boards in the majority of states. As part of the review, the committee reviewed information showing that it is uncommon for individuals with multiple repeated attempts on USMLE examination Steps or Components to complete the examination sequence successfully, gain access to postgraduate training and, ultimately, receive a license to practice medicine in the United States.

CME

CME is intended to maintain, develop, or increase the knowledge, skills and professional performance that a physician and surgeon uses to provide care, or to improve the quality of care provided to their patients. The Act provides the Board broad authority to establish CME standards and requirements, including mandating CME on certain topics. The Act also includes various general CME requirements, including, but not limited to cultural and linguistic competency and implicit bias.

Additionally, the Act establishes the following topical CME requirements:

- All general internists and family physicians who have a patient population of which over 25 percent are 65 years of age or older shall complete at least 20 percent (i.e., 10 hours) of all mandatory CME hours during each two-year renewal cycle in the fields of geriatric medicine or the care of older patients¹.
- All physicians and surgeons shall complete CME on a one-time basis in the amount of 12 credit hours on either of the following topics:
 - Pain management and the treatment of terminally ill and dying patients
 - Treatment and management of opiate-dependent patients, which includes eight hours of training in buprenorphine, or similar medicinal, treatment for opioid use disorders.

Via regulation, the Board requires a physician and surgeon to complete not less than 50 hours of approved CME during each two-year period prior to renewing their license. Other than the above-described requirements, physicians and surgeons may exercise discretion to choose the CME most appropriate to their patients and medical practice.

ANALYSIS:

According to the California Medical Association:

“The [proposed] amendments to AB 359 (Cooper) reflect a mutual desire to ensure that physicians who have taken more than 4 attempts to pass USMLE Step 3 adhere to and meet the high standards California has created. These amendments allow for these physicians to qualify for licensure in California

¹ [See Business and Professions Code \(BPC\) section 2190.3](#)

through our existing reciprocity pathways while maintaining crucial patient quality control measures evidenced by a minimum of four years of practice with an unrestricted license, no licensure denials or disciplinary actions on their record. AB 359 is a modest but important step forward in increasing the access to high quality care so needed during these unprecedented times.”

As proposed to be amended, the bill makes two changes to the Act.

USMLE Step 3 Requirements

First, it clarifies that an applicant may qualify for a license in this state regardless of the number of attempts they require to pass Step 3 of the USMLE, if they meet the criteria (see Background above) in either BPC section 2135 or 2135.5. These amendments would clarify existing law and do not create a new pathway to licensure.

Expands the Types of Courses that Satisfy CME Requirements

Second, the bill allows a physician licensee to meet up to 30 percent of their required hours of CME through coursework that meets any of the following criteria:

- Practice management content designed to provide better service to patients, including, but not limited to, the use of technology or clinical office workflow.
- Management content designed to support managing a health care facility, including, but not limited to, coding or reimbursement in a medical practice.
- Educational methodology for physicians and surgeons teaching in a medical school.

Per Board regulations, physicians must complete 50 hours of approved CME during each two-year period prior to renewing their license. Therefore, AB 359 would allow a physician to apply up to 30 percent of their hours (a total of 15 hours under current law) of the above-described coursework toward their CME requirement.

Consideration of a Position on the Bill

The proposed amendments to the portion of the bill related to USMLE Step 3 test attempts to clarify that the existing alternate pathways in BPC sections 2135 and 2135.5 are available to out-of-state physicians who desire to obtain a license in California. The recent amendments to the CME provisions of the bill help ensure that most CME coursework is focused on patient care.

The Board may wish to change its position from Oppose to Oppose, unless Amended on the current version, contingent upon the proposed amendments going into print. If adopted, the Board’s position would change to Neutral once the bill is amended, as indicated in the attachment.

FISCAL: Minor and absorbable

SUPPORT: American Academy of Pediatrics, California
California Academy of Eye Physicians and Surgeons
California Orthopedic Association
California Radiological Society
California Society for Allergy, Asthma, and Immunology
California Society of Pathologists
Humboldt-Del Norte County Medical Society
KPC Healthcare, Inc.
Medical Oncology Association of Southern California
Placer Nevada County Medical Society (partial list)

OPPOSITION: Medical Board of California

ATTACHMENT: Proposed Amendments to the July 15, 2021 version of AB 359,
Cooper - Physicians and Surgeons: Licensure: Examination.
(See below)

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 562
AUTHOR: Low
BILL DATE: April 8, 2021, Amended
SUBJECT: Frontline COVID-19 Provider Mental Health Resiliency Act of 2021: Health Care Providers: Mental Health Services.
SPONSOR: United Nurses Associations of California/Union of Health Care Professionals
California Society of Anesthesiologists
California Medical Association
POSITION: Support, if Amended

DESCRIPTION OF CURRENT LEGISLATION:

Requires the Department of Consumer Affairs (DCA) to establish a mental health resiliency program, until Jan 1, 2025, in consultation with certain health arts boards, and contract with vendors of mental health services to provide mental health services to eligible licensees who provide, or have provided, consistent in-person health care services to patients with COVID-19, as specified.

During the Medical Board of California's (Board) May 13-14 meeting, the Board adopted a Support, if Amended position, requesting the following changes:

- All applications be received and approved by the DCA-selected mental health services vendor(s).
- All program expenses be funded by non-Board funds.

This bill has not been amended since the prior Board meeting.

BACKGROUND:

Existing law establishes the Board and charges it with certain licensing and enforcement responsibilities. Existing law states that the protection of the public is the Board's paramount priority. In addition, current law authorizes the Board to establish a Physician Health and Wellness Program to provide for the prevention of substance abuse issues.

ANALYSIS:

According to the author:

"If the true measure of a society is how it treats its most vulnerable people, we should be equally concerned with how well we support heroes who have been working nonstop during a generational crisis. The pandemic has placed our nurses, physicians, and frontline health care workers under enormous stress,

and they have been carrying this unbelievable burden for nearly a year. The trauma they have experienced will not just go away when vaccines become ubiquitous and the pandemic comes to an end. We need urgent action to support these heroes by expanding access to mental and behavioral health services.”

Responsibilities of DCA

The bill requires the DCA Director to, within three months of the effective date of the bill, in consultation with the relevant healing arts boards, establish a mental health resiliency program to provide mental health services to frontline COVID 19 providers. This bill has an urgency clause and would take effect immediately upon approval of the Governor.

DCA shall contract with one or more vendors of mental health services for the duration of the program, supervise all vendors and monitor vendor utilization rates, and authorize termination of any contract. If the vendor’s contract is terminated, the Director must contract with a replacement vendor as soon as practicable.

Responsibilities of the Boards

The bill requires the Medical Board of California, Osteopathic Medical Board of California, Board of Registered Nursing, Physician Assistant Board, and the Respiratory Care Board of California to do the following:

- Notify licensees and solicit applications for access to the mental health resiliency program immediately upon the availability of any services contracted for.
- Receive applications from eligible licensees that include an attestation that the applicant is eligible and includes the following:
 - The location and type of the facility or facilities the applicant worked as a frontline COVID-19 provider.
 - The applicant’s assigned unit or units at the facility or facilities.
 - A voluntary survey of race or ethnicity and gender identity.

A board shall deem the applicant eligible licensee if the attestation is complete, and any facility and unit listed would provide care to COVID-19 patients. It is unclear how a board would determine whether a certain facility provided care to such patients.

Applicants who willfully make a false statement in their attestation are guilty of a misdemeanor.

The bill provides that application to or participation in the mental health resiliency program shall not be used for purposes of disciplinary action and shall be kept confidential, except that deidentified and aggregated statistics on program usage shall be reported to the Legislature.

Implementation Considerations

While the aim of the program is laudable, the program is likely to lead to significant new costs to the various boards to cover expenses to create and review/approve applications. More significantly, there may be substantial increases in pro-rata payments from the boards to DCA to cover expenses related to the services provided to eligible licensees. Those costs are undetermined.

According to the author's staff, they expect that usage of the program will be modest and are open to considering options that would decrease the costs of the program. In addition, the author is pursuing funding through the state budget to cover the program's costs.

The bill states that application or participation in the program shall not be used for purposes of discipline, which may place a board in a difficult position, since the bill requires applicants to apply through the boards for mental health treatment. Further, interested applicants may be hesitant to submit an application to their licensing boards indicating they require mental health treatment.

FISCAL: Unknown, potentially major costs to the Board.

SUPPORT: American College of Emergency Physicians, California Chapter
California Academy of Family Physicians
California Association of Health Facilities
California Pharmacists Association
California State Association of Psychiatrists
Depression and Bipolar Support Alliance
National Association of Social Workers, California Chapter

OPPOSITION: None

ATTACHMENT: [AB 562, Low - Frontline COVID-19 Provider Mental Health Resiliency Act of 2021: health care providers: mental health services.](#)

Version: 04/08/21 – Amended

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 1102
AUTHOR: Low
BILL DATE: February 12, 2021, Introduced
SUBJECT: Telephone Medical Advice Services
SPONSOR: Low
POSITION: Support

DESCRIPTION OF CURRENT LEGISLATION:

This bill would specify that a telephone medical advice service is required to ensure that all health care professionals who provide telephone medical advice services from an out-of-state location are operating consistent with the laws governing their respective licenses. The bill would also specify that a telephone medical advice service is required to comply with all directions and requests for information made by the respective healing arts licensing boards.

This bill has not been amended since the Board adopted a Support position.

BACKGROUND:

Prior law required businesses that employed, or contract or subcontract with, the full-time equivalent of five or more persons functioning as health care professionals, whose primary function is to provide telephone medical advice, that provided telephone medical advice services to a patient at a California address to be registered with the Telephone Medical Advice Services Bureau and further required telephone medical advice services to comply with the requirements established by the Department of Consumer Affairs (DCA).

However, the Telephone Medical Advice Services Bureau (Bureau) was sunset (abolished) as of January 1, 2017.

ANALYSIS:

According to the author:

"This bill would clarify that the telephone medical advice companies must comply with directions and requests for information from not just the DCA, but also any licensing board that has jurisdiction over the type of advice being provided. Further, by virtue of hiring the professionals, the companies themselves may be providing services under state law. As a result, the oversight over these companies should be clarified to also include the licensing boards."

When the Bureau was abolished, enforcement was transferred to individual board through their existing authority over the practice of the relevant licensed practitioners.

However, the language still requires the companies to comply with DCA direction and requests for information.

The DCA has limited authority over licensing boards and their licensees. This bill would clarify that the enforcement of the regulation of telephone medical advice services is within the jurisdiction of the boards by requiring them to comply with directions and requests from the boards, not just DCA.

It would also clarify that a person who resides out of state and provides telephone medical advice in California must comply with the specific licensing requirements (e.g. not delinquent), not just the scope of practice requirements of their own state's license.

According to the DCA 2017 Annual Report, when the Bureau was abolished, it oversaw 68 registrants.

FISCAL: Minor and absorbable

SUPPORT: California Association of Orthodontists
Medical Board of California

OPPOSITION: None

ATTACHMENT: [AB 1102, Low - Telephone Medical Advice Bureaus.](#)
Version: 2/18/21 – Amended

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 1156
AUTHOR: Weber
BILL DATE: June 22, 2021, Amended
SUBJECT: Healing Arts: Medical School Graduates:
Postgraduate Training License
SPONSOR: California Academy of Family Physicians and others
(see Support list for complete list)

DESCRIPTION OF CURRENT LEGISLATION:

Lowers licensing standards and requires the Medical Board of California (Board) to issue a physician and surgeon license to an individual who has completed between 12 and 24 months of Board-approved postgraduate training, depending upon where the applicant attended medical school. Maintains the requirement for an individual entering postgraduate training to obtain a postgraduate training license (PTL). Contain an urgency clause and would take effect immediately upon approval by the Governor.

BACKGROUND:

Under prior law, to qualify for licensure as a physician and surgeon, an applicant was required to obtain 12 months of postgraduate training if they graduated from a U.S. or Canadian medical school, or 24 months of postgraduate training if they graduated from a medical school located in any other country.

Prior law set forth detailed requirements for the approval of medical schools located outside of the U.S. and Canada. If not accredited by a recognized organization, the medical school was required to meet certain curriculum and clinical rotation requirements.

Current law generally requires an applicant for a physician and surgeon license to obtain 36 months of postgraduate training in an approved program to qualify for licensure in this state. Following graduation from medical school, an individual must obtain a PTL to participate in a postgraduate training program, as these programs require a participant to practice medicine. This requirement became effective January 1, 2020 and was created by [SB 798 \(Hill\) of 2017](#). The Board's reasoning behind this change was discussed in its 2016 Sunset Report¹

¹ [See discussion starting on page 202 of the Report.](#)

SB 798 also eliminated the prior curriculum and clinical rotation requirements for medical schools. This change led to the authorization of additional international medical schools not authorized under prior law.

The Board is aware of certain challenges facing PTL holders, including an inability to bill Medi-Cal for services when moonlighting outside of their postgraduate training program. For additional information on the PTL and related issues, see the SB 806 analysis included within the Board's [August 19-20 meeting materials](#) (Agenda Item #9).

ANALYSIS:

According to the author's office:

“A number of problems that did not exist prior to 2018 have arisen with the new licensing timelines and the requirement for residents to obtain a PTL. The PTL has been interpreted by several governmental entities as a restricted physician and surgeon license, having a negative impact on access to care and creating barriers for young professionals trying to begin their medical careers while starting families.”

As indicated by proponents of AB 1156, the problems encountered by residents in postgraduate training include:

- Not able to work outside residency program – i.e., moonlighting
- Not able to obtain a Drug Enforcement Administration (DEA) X-Waiver
- Inconsistencies with family and medical leave policies
- Not able to sign certain state forms

As these problems appeared in 2020 (following the change in licensing standards) proponents advocate addressing these challenges by returning the postgraduate training requirement to the prior amounts. They argue that this will increase consumer access to care.

Notably, this bill would reinstate the Board's prior postgraduate training requirements without a similar reinstatement of the medical school standards that existed at that time. Although the Board supported easing approval of international medical schools, it was done simultaneously with the increased postgraduate training requirements. The Board viewed satisfactory completion of 36 months of postgraduate training as a vital measurement of a physician's readiness for practice.

AB 1156 includes an urgency clause; therefore, it would take effect immediately upon the signature of the Governor. Typically, staff have at least two and a half months to prepare for a statutory change. Making an immediate change in licensing standards could lead to implementation delays as staff work to quickly change application review and approval procedures.

Similarities with Senate Bill 806

SB 806 includes language stating the Legislature’s intent to address these challenges by granting a license to applicants after as little as 12 months, provided the applicant continues in postgraduate training and completes at least 36 months.

Further, SB 806 clarifies that a PTL holder may sign any form that a physician and surgeon is authorized to sign. Further, that bill states that applicants for a physician and surgeon license must receive credit for completion of 36 months of postgraduate training, rather than complete 36 calendar months of training. In addition, SB 806 states that upon review of supporting documentation, the board, in its discretion, may grant a physician’s license to an applicant who demonstrates substantial compliance with the 36-month postgraduate training requirements.

Taken all together, these provisions may help alleviate the related concerns raised by the proponents of AB 1156.

Consideration of a Position on AB 1156

While AB 1156 maintains the requirement for an individual in postgraduate training to obtain a physician and surgeon license, the bill would roll licensing postgraduate training standards back to the previous amounts. The Board, with agreement of the Legislature, took the position that completion of residency (or at least three years of postgraduate training) was a critical measurement of an individual’s readiness for independent practice. If the Board is seeking changes to PTL statutes, but disagrees with the approach in AB 1156, it may wish to considered requesting amendments to SB 806.

FISCAL: Initial starting workload cost of approximately \$108,000 and ongoing workload costs of approximately \$28,000.

SUPPORT: Psychiatric Physicians Alliance of California (co-sponsor)
California Health+ Advocates (co-sponsor)
California American College of Emergency Physicians (co-sponsor)
Service Employees International, California (co-sponsor)
California Medical Associations (co-sponsor)

OPPOSITION: None

POSITION: Recommendation: Oppose

ATTACHMENT: [AB 1156, Weber – Healing Arts: Medical School Graduates: Postgraduate Training License.](#)
Version: 6/22/21 – Amended

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 1278
AUTHOR: Nazarian
BILL DATE: July 13, 2021, Amended
SUBJECT: Physicians and Surgeons: Payments: Disclosure:
Notice
SPONSOR: The Center for Public Interest Law (CPIL)
POSITION: Support

DESCRIPTION OF CURRENT LEGISLATION:

Requires all physicians to provide a written notification informing patients of the federal Centers for Medicare and Medicaid Services (CMS) Open Payments online database and to post a similar notice in an area likely to be seen by patients in each office where they practice.

A violation of the requirements of the bill shall constitute unprofessional conduct.

RECENT AMENDMENTS:

During the Board's May 13-14 meeting, the Board adopted a Support position on AB 1278.

After that Board meeting, the bill was amended to remove the requirement for physicians to disclose the actual payments and transfers of value received by drug or device manufacturers.

BACKGROUND:

Current law requires a physician to maintain adequate and accurate records relating to the provision of services to their patients and states that failure to do so constitutes unprofessional conduct.

The Physician Payments Sunshine Act is a federal law that requires medical product manufacturers to disclose to CMS any payments or other transfers of value made to physicians or teaching hospitals. The intention of this law is to increase transparency regarding financial relationships between health care providers and pharmaceutical manufacturers.

According to a [report published by Pro Publica in 2019](#), based upon an analysis of the 50 most prescribed brand-name drugs in Medicare for which manufacturers made payments to physicians in 2016, "[on] average, across all drugs, providers who received payments specifically tied to a drug prescribed it 58% more than providers who did not receive payments."

ANALYSIS:

According to the Author:

"There is currently no state law requiring physicians/surgeons to communicate their financial relationships to patients. This bill empowers patients with relevant information from the Open Payments Database (that already exist) to ask questions about their care or treatment."

The bill contains two requirements. First, all physicians shall provide to patients at the initial office visit, and at annual office or telehealth visits, a written notice regarding the Open Payment database. The written disclosure shall include a signature from the patient or patient representative and the date of signature and the following text:

"The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>."

The bill requires physicians to include in the written or electronic records for the patient a record of this disclosure and requires the physician to provide the patient or patient representative a copy of the signed and dated disclosure.

Second, the bill requires a physician to post in each location where they practice, in an area likely to be seen, a notice regarding the open payments database. That notice shall include an internet website link to that database and the following text:

"For informational purposes only, a link to the federal Centers for Medicare and Medicaid Services (CMS) Open Payments web page is provided here. The federal Physician Payments Sunshine Act requires that detailed information about payment and other payments of value worth over ten dollars (\$10) from manufacturers of drugs, medical devices, and biologics to physicians and teaching hospitals be made available to the public."

The bill states that for physicians employed by a health care employer, their employer shall be responsible for meeting the requirements of this bill. AB 1278 exempts a physician working in a hospital emergency room from its requirements.

Concerns from Physician and Drug/Device Manufacturers

Opponents of AB 1278 generally argue that federal law is sufficient to support transparency and, therefore, the bill is duplicative. Other groups argue that the bill is burdensome to physicians and interferes with the patient-doctor relationship. The most recent amendments may have mitigated some of these concerns.

The California Medical Association (CMA) remains opposed to AB 1278, indicating that the requirement to annually inform patients of the Open Payments database places an undue burden on physicians to update their existing systems or create new ones. CMA

argues that providing an initial disclosure, coupled with a posting in the lobby of a physician's medical office is sufficient.

FISCAL: Minor and absorbable

SUPPORT: Association for Medical Ethics
Breast Implant Safety Alliance
California Public Interest Research Group
Consumer Attorneys of California
Consumer Federation of California
Consumer Watchdog
Health Access California
Heartland Health Research Institute
Informed Patient Institute
Mending Kids

OPPOSITION: Advanced Medical Technology Association
Association of Northern California Oncologists
Biocom California
Biotechnical Innovation Organization
California Academy of Family Physicians
California Medical Association
California Life Sciences
California Chapter, American College of Cardiology
California Rheumatology Alliance
California Society of Plastic Surgeons
Liver Coalition of San Diego
Medical Oncology Association of Southern California
Osteopathic Physicians and Surgeons of California

ATTACHMENT: [AB 1278, Nazarian - Physicians and Surgeons: Payment: Disclosure: Notice.](#)
Version: 7/13/21 – Amended

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: SB 48
AUTHOR: Limón
BILL DATE: July 8, 2021, Amended
SUBJECT: Medi-Cal: Annual Cognitive Health Assessment
SPONSOR: Alzheimer's Association (California Chapter)

DESCRIPTION OF CURRENT LEGISLATION:

States that an annual cognitive health assessment is a covered benefit for Medi-Cal beneficiaries who are 65 years of age or older if they are otherwise ineligible for a similar assessment as part of an annual wellness visit under the Medicare Program. This benefit is contingent upon receipt of any necessary approvals of the federal government.

RECENT AMENDMENTS AND ACTION

The prior version of SB 48 would have created a continuing medical education requirement for certain physicians related to the special care needs of patients with dementia. Following the Board's May 2021 meeting, the bill was amended to delete the previous language and instead require a cognitive health assessment for certain Medi-Cal beneficiaries.

As a result, the bill is no longer relevant to the Board.

ATTACHMENT: [SB 48, Limon – Medi-Cal: Annual Cognitive Health Assessment.](#)
Version: 07/08/21 – Amended

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: SB 57
AUTHOR: Wiener
BILL DATE: July 5, 2021, Amended
SUBJECT: Controlled Substances: Overdose Prevention Program
SPONSOR: California Association of Alcohol & Drug Program Executives; California Society of Addiction Medicine; Drug Policy Alliance; National Harm Reduction Coalition; Healthright 360, San Francisco AIDS Foundation; Tarzana Treatment Center
POSITION: Neutral

DESCRIPTION OF CURRENT LEGISLATION:

This bill authorizes certain local governments to establish overdose prevention programs (OPP) within their respective jurisdiction. Further, the bill would protect a person or entity from certain civil, criminal administrative, and professional disciplinary liability for their good faith involvement in the operation of an OPP, as specified.

The bill specifies that the civil, administrative, and professional disciplinary protection does not pertain to actions performed in a grossly negligent manner or in bad faith. As discussed below, allows the Medical Board of California (Board) and Osteopathic Medical Board of California to take disciplinary action against its licensees.

RECENT AMENDMENTS AND ACTION:

On July 5, the bill was amended to include the City of Los Angeles in the list of jurisdictions authorized to establish an OPP.

Further, SB 57 was made a two-year bill and will not be moving forward this year.

BACKGROUND:

Existing law, the Medical Practice Act, establishes the Board for the licensure and regulation of physicians and surgeons. Pursuant to current law and practice, the Board investigates every complaint received pertaining to its licensees, as appropriate, including cases relating to the quality of care provided to consumers. If warranted by the circumstances, and related evidence, licensees who do not adhere to the relevant standard of care may receive discipline against their license, including probation, suspension, or revocation. For technical and/or minor violations of the law, the Board may issue a citation and fine.

Various provisions of law state that possession, use (or being in the same location with knowledge of the use), or owning or maintaining a place for the use, of controlled substances is a crime.

ANALYSIS:

According to the author:

California is in the midst of an unprecedented overdose crisis that must be treated as a public health crisis. Since 2011, drug overdose has been the leading cause of accidental death among adults in California. Overdose prevention programs, also called supervised consumption services, are a necessary intervention to prevent overdose deaths. Approximately 165 OPPs exist in 10 countries, and they have been rigorously researched and shown to reduce health and safety problems associated with drug use, including public drug use, discarded syringes, HIV and hepatitis infections, and overdose deaths.

The bill includes various findings and declarations, including the following:

- OPPs are an evidence-based harm reduction strategy that allows individuals to consume drugs in a hygienic environment under the supervision of staff trained to intervene if the individual overdoses. OPPs also provide sterile consumption equipment and offer general medical advice and referrals to substance use disorder treatment, housing, medical care, and other community social services.
- Expresses the intent of the Legislature to prevent fatal and nonfatal drug overdoses, reduce drug use by providing a pathway to drug treatment, as well as medical and social services for high-risk drug users (many of whom are homeless, uninsured, or very low income), prevent the transmission of HIV and hepatitis C, reduce nuisance and public safety problems related to the public use of controlled substances, and reduce emergency room use and hospital utilization related to drug use.

SB 57 establishes a temporary program (until January 1, 2027) that allows the City and County of San Francisco, the City of Los Angeles, the County of Los Angeles, and the City of Oakland to establish an OPP within their respective jurisdictions. The bill establishes various requirements that an entity must comply with to operate an OPP, including, but not limited to:

- Provide a hygienic space to consume controlled substances under supervision of staff trained to prevent and treat drug overdoses.
- Provide sterile consumption supplies, collect used equipment, and provide secure hypodermic needle and syringe disposal services.
- Monitor participants for potential overdose and provide care as necessary to prevent fatal overdose.
- Provide access or referrals to substance use disorder treatment services, primary medical care, mental health services, and social services.
- Educate participants on preventing transmission of HIV and viral hepatitis.
- Provide overdose prevention education and access to or referrals to obtain naloxone hydrochloride or another overdose reversal medication approved by the United States Food and Drug Administration.

- Require all staff present during open hours be certified in cardiopulmonary resuscitation (CPR) and first aid.
- Require all staff present at the program during open hours be authorized to provide emergency administration of an opioid antagonist, and be trained for administration of an opioid antagonist.

FISCAL: None

SUPPORT: The City of Oakland
The City of San Francisco
County of Los Angeles
County Behavioral Health Directors Association of California
Harm Reduction Coalition (partial list)

OPPOSITION: California Association of Code Enforcement Officers
California State Sheriffs' Association
Peace Officers' Research Association of California
California District Attorney's Association (partial list)

ATTACHMENT: [SB 57, Wiener - Controlled Substances: Overdose Prevention Program](#)
Version: 07/05/21 – Amended

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: SB 310
AUTHOR: Rubio
BILL DATE: August 16, 2021, Amended
SUBJECT: Unused medications: Cancer Medication Recycling
SPONSOR: American Cancer Society Action Network
Association of Northern California Oncologists
POSITION: Neutral

DESCRIPTION OF CURRENT LEGISLATION:

Establishes, until January 1, 2027, a cancer medication recycling program administered by a surplus medication collection and distribution intermediary (SMCDI) to allow for the donation and redistribution of cancer drugs between patients of a participating physician.

Further, the bill limits the Medical Board of California (Board) from taking disciplinary actions against participating physicians.

RECENT AMENDMENTS AND ACTION:

During the May 13-14 meeting, the Board adopted an Oppose, Unless Amended position to request the bill be amended to require another agency to administer this program. Since then, SB 310 was amended, as follows:

- Requires a SMCDI (a licensee of the California Board of Pharmacy) to administer the program.
- Sunsets the program on January 1, 2027.
- Requires participating physicians to establish policies and procedures for the administration of the recycling program, including the criteria for determining medication distribution to patients.
- Grants the California State Board of Pharmacy (BOP) authority to request records from the SMCDI and participating practitioner to confirm compliance with the program.
- Protects participating physicians from disciplinary action for injuries caused when donating, accepting, or dispensing prescription drugs, pursuant to this recycling program.
 - This immunity does not apply in cases of noncompliance with the law that establishes the recycling program, gross negligence, intentional conduct, or in cases of malpractice unrelated to the quality of the medication.

BACKGROUND:

Current law establishes certain requirements for a prescriber to dispense drugs or dangerous devices to patients in their office or place of practice which are necessary in

the treatment of the condition for which the prescriber is attending the patient. The law also subjects prescribers to the labeling requirements imposed upon pharmacists, the recordkeeping requirements in Pharmacy Law, and packaging requirements of good pharmaceutical practice.

ANALYSIS:

According to the author's office:

“Cancer patients spend thousands of dollars on life-saving medications every year. The cost is often prohibitive and can take months for patients to access the proper medications to begin their first round of treatment. At times, cancer patients have anti-cancer medications they will not use for a variety of reasons, including, but not limited to, a lack of tolerance for the medication due to the side effects. Physicians and patients can quickly discover after a brief trial period if the original medications need to be stopped and other medications need to be prescribed. This leaves cancer patients with unused, unneeded, expensive, high-cost and high-quality medications.”

According to the sponsors of the bill:

“Per the National Council on State Legislatures, as of 2018, 21 states have active drug donation and reuse programs. The programs in these states have served thousands of patients, and saved tens of millions of dollars over the years. For example, Iowa's program has served 71,000 patients and redistributed \$17.7 million in free medications and supplies, and in Oklahoma, the program has filled 227,603 prescriptions, worth about \$22,518,462 through the end of May 2018.

Fourteen states—Colorado, Florida, Kentucky, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, Ohio, Pennsylvania, Utah, Washington, and Wisconsin— have successfully implemented anti-cancer medication donation programs to assist patients with initial costs and improve timely access to needed medications while preventing unused medications from going to waste.”

Key Definitions in the Bill

“Donor” means an individual who donates unused prescription drugs to a participating practitioner for the purpose of redistribution to established patients of that practitioner.

“Ineligible drugs” means drugs that are not able to be accepted for redistribution as part of the program established pursuant to this division. “Ineligible drugs” include all controlled substances, including all opioids, all compounded medications, injectable medications, drugs that have an approved United States Food and Drug Administration Risk Evaluation and Mitigation Strategy (REMS) requirement, and all growth factor medications.

“Participating practitioner” means a person who is licensed to practice medicine by the Board, is board certified in medical oncology or hematology, and is registered with a SMCDI.

“Recipient” means an individual who voluntarily receives donated prescription medications.

Program Overview

The bill directs a SMCDI to develop and administer the program that allows a donor with eligible drugs to provide them to a recipient via a participating practitioner. A participating practitioner shall do the following:

- Register with a SMCDI.
- Only accept donated medications originally prescribed for use by established patients of that participating practitioner or practice.
- Accept or redistribute a medication only if the expiration date listed on the packaging is more than six months after the date of acceptance or redistribution.
- Refuse a medication that has previously been redistributed.
- Store all donated medications separately from all other medication stock.
- Store all donated medications in compliance with the manufacturer’s storage requirements per the drug monograph.
- Remove all confidential patient information, personal information, and any other information through which the prior patient could be identified from donated medications.
- Require all donors to read and sign the board-approved donor form.
- Keep all donor forms and recipient forms in the records, separately, for at least three years.
- Examine the donated drug to determine that it has not been adulterated or misbranded and certify that the medication has been stored in compliance with the requirements of the product.
- Require all recipients of a donated medication to read and sign the recipient form.
- Dispose of any donated medications that were collected but not redistributed in accordance with all local, state, and federal requirements for the disposal of medications.
- Monitor all United States Food and Drug Administration (FDA) and manufacturer recalls, market withdrawals, and safety alerts and communicate with recipients if medications they received may be impacted by the FDA action.
- Inspect all donated medications to determine that the drugs are unaltered, safe, and suitable for redistribution and meet all of the following conditions:
 - Tamper-resistant packaging is unopened and intact or, in the case of unit dose packaging, the tamper-resistant dose packaging is intact for each dose donated.

- Tablets or capsules have a uniformity of color, shape, imprint or markings, texture, and odor.
 - Liquids have a uniformity of color, thickness, particulates, transparency, and odor.
 - The date of donation is less than six months from the date of the initial prescription or prescription refill.
- Establish a policy and procedure manual for the administration of the cancer medication recycling program, as specified, and provide certain portions of that manual to the surplus medication and distribution intermediary that indicates how the practitioner will accept, reuse, and keep records of donated medications.

The medication intermediary shall develop donor and recipient forms that track various information about the medication being transferred. The donor in question must be known to the physician registered in the program and acknowledge that there is no reason to believe that the donated medication was improperly handled or stored.

The recipient must acknowledge that they accept any risks arising from an accidental mishandling and that the donor, participating practitioner, and pharmaceutical manufacturer are released from liability arising from this program. The medication intermediary may determine a fee amount of up to \$300 to cover the costs to process and renew applications. Participating practitioners shall renew their registration annually.

Perspective of the California State Board of Pharmacy

BOP adopted an Oppose, Unless Amended position on the bill. Although the author has taken some amendments at the request of BOP, the following requested amendments are not included in the bill:

- Provide authority for an SMCDI to cancel a registration and prohibit further participation by a practitioner that violates the provisions of the program
- Specify that the oversight responsibilities of the SMCDI include ensuring compliance with the provisions established.
- Specify that the SMCDI must employ an individual with expertise in the requirements of the United States Pharmacopeia and state and federal law related to prescription medications.
- A prescription label must specify that the medication was donated.

At BOP's request, they were granted authority to request records from the SMCDI and participating practitioners to confirm compliance with the program.

Liability Protections Inhibit Consumer Protection

As indicated above, following the Board's May 13-14 meeting, SB 310 was amended to limit the Board's authority to discipline physicians participating in the program. The bill

states that the Board would be unable to discipline physicians for injuries caused when donating, accepting, or dispensing prescription drugs, pursuant to this recycling program. This immunity does not apply in cases of noncompliance with the law that establishes the recycling program, gross negligence, intentional conduct, or in cases of malpractice unrelated to the quality of the medication.

The Board initiates disciplinary action for violations of the basis of a violation of the standard of care, not for injuries sustained by consumers. Nevertheless, the language clouds the Board's authority to protect consumers.

Considerations for a Board Position

The current language limiting the Board's authority to discipline physicians involved in the program is contrary to the Board's mission. The amendments sought by BOP support their mission to promote the health and safety of consumers.

Therefore, the Board may wish to consider adopting an Oppose, Unless Amended position that requests the following amendments:

- Remove any language that limits the Board's authority to discipline physicians participating in the program.
- Include language, as described above, at the request of BOP.

FISCAL: Minor and absorbable

SUPPORT: California Medical Association

OPPOSITION: California Board of Pharmacy (unless amended)

ATTACHMENT: [SB 310, Rubio - Unused medications: cancer medication recycling.](#)
Version: 08/16/21 – Amended

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: SB 528
AUTHOR: Jones
BILL DATE: May 25, 2021, Amended
SUBJECT: Juveniles: Health Information Summary: Psychotropic
Medication
SPONSOR: California Academy of Child and Adolescent
Psychiatry
POSITION: Support

DESCRIPTION OF CURRENT LEGISLATION:

This bill requires the California Department of Social Services (CDSS) to create an electronic health care portal, through which health care providers will be able to access health information included in a foster child or youth's health and education summary, as provided. The portal must also include completed and approved forms developed by the Judicial Council relating to the administration of psychotropic medication for specified dependent children and wards of the juvenile court.

RECENT AMENDMENTS AND ACTION:

On May 25, SB 528 was amended to require a health care provide who administers psychotropic medication to a foster child to update their health records within five business days, as specified. Further, those amendments delayed implementation of the bill until the Legislature makes an appropriation related to its purposes.

The author's office decided to make SB 528 a two-year bill to spend more time working with stakeholders. They expect it to move forward in 2022.

BACKGROUND:

Current law sets forth the prioritization of the allegations received by Medical Board of California (Board). Specifically, Business and Professions Code (BPC) section 2220.05 includes the investigation of allegations pertaining to "repeated acts of clearly excessive prescribing, furnishing, or administering psychotropic medications to a minor without a good faith prior examination of the patient and medical reason therefor."

In 2015, the California State Auditor released a report regarding California's foster care system and found that the state and counties failed to adequately oversee the prescription of psychotropic medications to children in foster care. According to this report, the fragmented structure of the state's child welfare system has contributed to its failure to ensure it has the data necessary to monitor the prescription of psychotropic medications to foster children.

ANALYSIS:

According to the author:

“[F]oster youth, some of our most vulnerable children, frequently change the health providers they see or the foster families they live with, for reasons beyond their control. Oftentimes, their changing lives lead to a loss of critical health records, such as the prescription of antidepressants, mood stabilizers, antipsychotics, and other psychotropic medications. Without a documented record, any attempt to resume use of these medications is greatly complicated. This bill will create a universal electronic health care portal for foster youth, allowing them to stabilize and maintain their personal health regimen.”

The electronic health care portal required by the bill shall include health and education summary information for a child in foster care and forms required by the Judicial Council relating to the administration of psychotropic medication for certain children removed from the physical custody of their parent.

The bill further requires a foster care public health nurse to add and update the above-described information and requires health care providers to children in foster care to have access to that health care portal.

Impact to the Consumer Protection Mission of the Board

In addition to the benefit the bill provides to support continuity of care for such a vulnerable patient population, this bill may ease the Board’s access to medical records necessary to investigate possible violations of the Medical Practice Act with regard to children in foster care.

<u>FISCAL:</u>	None for the Board
<u>SUPPORT:</u>	California State Association of Psychiatrists County Behavioral Health Directors Association of California
<u>OPPOSITION:</u>	Service Employees International Union California
<u>ATTACHMENT:</u>	SB 528, Jones - Juveniles: Health Information Summary: Psychotropic Medication. Version: 05/25/21 – Amended

MBC TRACKER II BILLS
8/11/2021

BILL	AUTHOR	TITLE	STATUS	AMENDED
AB 2	Fong	Regulations: Legislative Review: Regulatory Reform	Two-year bill	
AB 6	Levine	Health Facilities: Pandemics and Emergencies: Best Practices	Two-year bill	
AB 29	Cooper	State Bodies: Meetings	Two-year bill	
AB 32	Aguiar-Curry	Telehealth	Two-year bill	05/24/21
AB 54	Kiley	COVID-19 Emergency Order Violation: License Revocation	Two-year bill	04/05/21
AB 105	Holden	Upward Mobility: Boards & Commissions: Civil Service: Exams: Classif.	Sen. Approps	07/15/21
AB 107	Salas	Licensure: Veterans and Military Spouses	Sen. Approps	04/20/21
AB 133	Cmte. on Health	Health	Chaptered	07/11/21
AB 225	Gray	Department of Consumer Affairs: Boards: Veterans: Military Spouses	Two-year bill	06/28/21
AB 305	Maienschein	Veteran services: Notice	Sen. Approps	06/15/21
AB 339	Lee	Local Government: Open and Public Meetings.	Sen. Approps	07/05/21
AB 343	Fong	California Public Records Act Ombudsperson	Sen. Judiciary	05/24/21
AB 346	Sevarto	Privacy: Breach	Two-year bill	
AB 370	Arambula	Ambulatory Surgical Centers	Two-year bill	04/15/21
AB 381	Davies	Licensed Facilities: Duties	Senate Floor	06/14/21
AB 407	Salas	Optometry: Assistants and Scope of Practice	Sen. Approps	07/07/21
AB 410	Fong	Registered Nurses and Vocational nurses: Nurse Licensure Compact	Two-year bill	03/25/21
AB 439	Bauer-Kahan	Certificates of Death: Gender Identity	Chaptered	06/15/21
AB 450	Gonzales	Paramedic Disciplinary Review Board	Sen. Approps	06/28/21
AB 457	Santiago	Protection of Patient Choice in Telehealth Provider Act	Sen. Approps	06/28/21
AB 458	Kamlager	Importation of prescription drugs	Two-year bill	03/23/21
AB 468	Friedman	Emotional Support Dogs	Sen. Approps	07/15/21
AB 473	Chau	California Public Records Act	Senate Floor	
AB 474	Chau	California Public Records Act: Conforming Revisions	Senate Floor	
AB 489	Smith	Medicine	Assm. Rules	

MBC TRACKER II BILLS
8/11/2021

BILL	AUTHOR	TITLE	STATUS	AMENDED
AB 513	Bigelow	Employment: Telecommuting Employees	Two-year bill	03/17/21
AB 526	Wood	Dentists and Podiatrists: Clinical Laboratories and Vaccines	Sen. Approps	05/25/21
AB 527	Wood	Controlled Substances	Sen. Approps	06/10/21
AB 556	Maienschein	Misuse of Sperm, Ova, or Embryos: Damages	Sen. Approps	
AB 581	Irwin	Cybersecurity	Two-year bill	03/25/21
AB 615	Rodriguez	Higher Education Employer-Employee Relations Act	Sen. Approps	07/07/21
AB 646	Low	Department of Consumer Affairs: Boards: Expunged Convictions	Two-year bill	04/14/21
AB 657	Cooper	State Civil Service System: Personal Services Contracts: Pros	Two-year bill	06/15/21
AB 658	Smith	Medicine: Examination	Two-year bill	
AB 662	Rodriguez	Mental health: Dispatch and Response Protocols: Working Group	Two-year bill	04/28/21
AB 691	Chau	Optometry: SARS-CoV-2 vaccinations: tests or examinations	Senate Floor	04/05/21
AB 703	Rubio	Open meetings: Local Agencies: Teleconferences.	Two-year bill	04/29/21
AB 705	Kamlager	Health Care: Facilities: Medical Privileges	Two-year bill	03/30/21
AB 714	Maienschein	Communicable Disease Reporting	Two-year bill	03/11/21
AB 789	Low	Health Care Services	Senate Floor	06/28/21
AB 809	Irwin	Information Security	Two-year bill	05/05/21
AB 810	Flora	Healing Arts: Reports: Claims Against Licensees	Two-year bill	
AB 825	Levine	Personal Information: Data Breaches: Genetic Data	Sen. Approps	03/26/21
AB 830	Flora	Business: DCA: Alarm Company Act: Real Estate Law	Sen. Approps	06/28/21
AB 835	Nazarian	Hospital Emergency Departments: HIV Testing	Sen. Approps	07/12/21
AB 852	Wood	Nurse Practitioners: Scope of Practice	Two-year bill	04/21/21
AB 858	Jones-Sawyer	Employment: Health Information Technology: Clinical Practice	Sen. Approps	07/15/21
AB 864	Low	Controlled Substances: CURES Database	Two-year bill	03/04/21
AB 882	Gray	Medi-Cal Physicians and Dentists Loan Repayment Act Program	Two-year bill	04/15/21
AB 884	Patterson	State Agencies: Audits	Two-year bill	

MBC TRACKER II BILLS
8/11/2021

BILL	AUTHOR	TITLE	STATUS	AMENDED
AB 885	Quirk	Bagley-Keene Open Meeting Act: Teleconferencing.	Two-year bill	03/24/21
AB 935	Maienschein	Telehealth: Mental Health	Two-year bill	04/19/21
AB 975	Rivas	Political Reform Act of 1974: Statement of Economic Interests & Gifts	Assm. Floor	05/18/21
AB 1020	Friedman	Health Care Debt and Fair Billing	Sen. Approps	07/01/21
AB 1026	Smith	Business Licenses: Veterans	Two-year bill	
AB 1064	Fong	Pharmacy Practice: Vaccines: Independent Initiation and Admin.	Sen. Approps	03/15/21
AB 1105	Rodriguez	Hospital Workers: COVID-19 Testing	Sen. Approps	06/30/21
AB 1113	Medina	Public Postsecondary Education: Exemption from Tuition and Fees	Sen. Approps	07/07/21
AB 1120	Irwin	Clinical Laboratories: Blood Withdrawal	Two-year bill	03/11/21
AB 1184	Chiu	Medical Information: Confidentiality	Sen. Approps	07/15/21
AB 1186	Friedman	California Hospice Licensure Act of 1990	Two-year bill	
AB 1204	Wicks	Hospital Equity Reporting	Sen. Approps	07/08/21
AB 1217	Rodriguez	Personal Protective Equipment Stockpile	Two-year bill	04/08/21
AB 1236	Ting	Healing Arts: Licensees: Data Collection	Two-year bill	04/29/21
AB 1252	Chau	Information Privacy: Digital Health Feedback Systems	Two-year bill	04/12/21
AB 1264	Aguiar-Curry	Project ECHO (registered trademark) Grant Program	Two-year bill	03/16/21
AB 1280	Irwin	California Hospice Licensure Act of 1990	Senate Floor	04/15/21
AB 1291	Frazier	State Bodies: Open Meetings	Chaptered	
AB 1306	Arambula	Health Professions Careers Opportunity Program	Sen. Approps	06/16/21
AB 1308	Ting	Arrest and Conviction Record Relief	Two-year bill	
AB 1328	Irwin	Clinical Laboratory Technology and Pharmacistst	Sen. Approps	07/14/21
AB 1343	Cooper	Controlled Substances: CURES Database	Two-year bill	
AB 1357	Cervantes	Perinatal Services: Maternal Mental Health	Sen. Approps	03/18/21
AB 1386	Cunningham	License fees: military partners and spouses	Two-year bill	04/28/21
AB 1400	Kalra	Guaranteed Health Care for All	Two-year bill	
AB 1407	Burke	Nurses: Implicit Bias Courses	Sen. Approps	07/15/21
AB 1429	Holden	State Agency Records: Mgmt. Coord. Duties: Personnel Training	Sen. Approps	06/29/21

MBC TRACKER II BILLS
8/11/2021

BILL	AUTHOR	TITLE	STATUS	AMENDED
AB 1430	Arambula	Pharmacy : Dispensing: Controlled Substances	Two-year bill	04/21/21
AB 1436	Chau	Information Practices Act of 1977	Sen. Approps	07/16/21
AB 1477	Cervantes	Maternal Mental Health	Senate Floor	06/21/21
AB 1494	Fong	Blood Banks: Collection	Two-year bill	04/29/21
AB 1532	B&P Comm.	Nursing	Sen. Approps	07/13/21
AB 1533	B&P Comm.	Pharmacy	Sen. Approps	07/13/21
AB 1534	B&P Comm.	California State Board of Optometry: Optometry: Opticianry	Sen. Approps	06/30/21
AB 1540	Ting	Criminal Procedure: Resentencing	Sen. Approps	07/12/21
SB 40	Hurtado	Health Care Workforce Development: Ca Medicine Scholars Program	Assm. Approps	06/28/21
SB 41	Umberg	Privacy: Genetic Testing Companies	Assm. Approps	06/17/21
SB 65	Skinner	Maternal Care and Services	Assm. Approps	06/14/21
SB 73	Wiener	Probation: Eligibility: Crimes Relating to Controlled Substances	Assm. Approps	
SB 75	Bates	Controlled Substances: Fentanyl	Two-year bill	03/03/21
SB 102	Melendez	COVID-19 Emergency Order Violation: License Revocation	Two-year bill	03/17/21
SB 225	Wiener	Medical Procedures: Indv. Born with Variations in Phys. Sex. Char.	Two-year bill	03/02/21
SB 306	Pan	Sexually Transmitted Disease: Testing	Assm. Approps	06/23/21
SB 311	Hueso	Compassionate Access to Medical Cannabis Act	Assm. Floor	03/01/21
SB 336	Ochoa Bogh	Public Health: COVID-19	Assm. Approps	07/08/21
SB 349	Umberg	California Ethical Treatment for Persons w/Substance Abuse Act	Assm. Approps	07/14/21
SB 353	Roth	Hospice: Services to Seriously Ill Patients	Assm. Floor	07/15/21
SB 362	Newman	Community Pharmacies: Quotas	Assm. Approps	07/07/21
SB 365	Caballero	E-consult Service	Assm. Approps	05/04/21
SB 377	Archuleta	Radiologist Assistants	Two-year bill	
SB 380	Eggman	End of Life	Assm. Approps	06/14/21
SB 402	Hurtado	Multipayer Payment Reform Collaborative	Assm. Approps	06/14/21
SB 409	Caballero	Pharmacy Practice: Testing	Assm. Approps	07/07/21
SB 422	Pan	Personal Services Contracts: State Employees: Phys. & Pro Registry	Assm. Approps	07/07/21

MBC TRACKER II BILLS
8/11/2021

BILL	AUTHOR	TITLE	STATUS	AMENDED
SB 430	Borgeas	Small Businesses: Reduction or Waiver of Civil Penalties	Two-year bill	
SB 441	Hurtado	Health Care Workforce Training Programs: Geriatric Medicine	Assm. Approps	03/22/21
SB 460	Pan	Long-term Health Facilities: Patient Representatives	Two-year bill	03/16/21
SB 483	Allen	Sentencing: Resentencing to Remove Sentencing Enhancements	Assm. Approps	07/15/21
SB 492	Hurtado	Maternal Health	Two-year bill	04/19/21
SB 507	Eggman	Mental Health Services: Assisted Outpatient Treatment	Assm. Floor	06/28/21
SB 509	Wilk	Optometry: COVID-19 Pandemic: Temporary Licenses	Assm. Approps	06/21/21
SB 519	Wiener	Controlled Substances: Hallucinogenic Substances	Assm. Approps	07/01/21
SB 524	Skinner	Health Care Coverage: Patient Steering	Assm. Approps	07/07/21
SB 543	Limon	State Agencies: Nonprofit Liaison	Two-year bill	05/20/21
SB 605	Eggman	Medical Device Right to Repair Act	Two-year bill	04/29/21
SB 607	Roth	Professions and Vocations	Assm. Approps	07/13/21
SB 642	Kamlager	Health Care Facilities: Medical Privileges	Two-year bill	05/03/21
SB 652	Bates	Dentistry: Use of Sedation: Training	Two-year bill	05/11/21
SB 664	Allen	Hospice Licensure: Moratorium on New Licenses	Assm. Approps	07/08/21
SB 681	Ochoa Bogh	Child Abuse Reporting: Mandated Reports	Two-year bill	03/23/21
SB 711	Borgeas	Patient Access to Health Records	Senate Rules	
SB 731	Durazo	Criminal Records: Relief	Assm. Approps	06/23/21
SB 742	Pan	Vaccinations: Unlawful Physical Obstruction, Intimidation, Picketing	Assm. Approps	07/01/21
SB 747	Hurtado	Central Valley Medical School Endowment Fund	Senate Rules	
SB 772	Ochoa Bogh	Professions and Vocations: Citations, Minor Violations	Two-year bill	
SB 779	Becker	California Workforce Innovation Opportunity Act: Earn and Learn	Assm. Floor	05/17/21
SB 787	Hurtado	California State University Program in Medical Education	Senate Rules	
SB 823	Cmte. on Health	Public Health	Assm. Approps	06/10/21
SB 826	BPED	Business and Professions	Assm. Approps	07/12/21