

MEDICAL BOARD OF CALIFORNIA - 2021 TRACKER LIST

October 21, 2021

BILL	AUTHOR	TITLE	STATUS	POSITION	AMENDED
AB 356	Chen	Fluoroscopy: Temporary Permit	Chaptered, #459	Support	09/03/21
AB 359	Cooper	Physicians and Surgeons: Licensure: Examination	Chaptered, #612	Neutral	08/26/21
AB 562	Low	Frontline COVID-19 Provider Mental Health Resiliency Act of 2021: Health Care Providers: Mental Health Services	Senate Appropriations (Two-Year Bill)	Support, if Amended	04/08/21
AB 1102	Low	Telephone Medical Advice Services	Senate Floor (Two-Year Bill)	Support	N/A
AB 1278	Nazarian	Physicians and Surgeons: Payments: Disclosure: Notice	Senate Appropriations (Two-Year Bill)	Support	07/13/21
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	Chaptered, #541	Support	08/30/21

Green – For Discussion; Blue – No Discussion Needed

MEDICAL BOARD OF CALIFORNIA - 2021 TRACKER LIST October 21, 2021

SB 528	Jones	Juveniles: Health Information Summary: Psychotropic Medication	Assembly Human Services (Two-Year Bill)	Support	05/25/21
SB 806	Roth	Healing Arts	Chaptered, #649	Support, if Amended	09/03/21

Green – For Discussion; Blue – No Discussion Needed

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 356
AUTHOR: Chen
CHAPTER: Chaptered, #459
BILL DATE: September 3, 2021, Amended
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 for up to 12 months, if they meet certain requirements.

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
- Applies for a fluoroscopy certificate to RHB
- Attests under penalty of perjury that the applicant has at least 40 hours of experience using fluoroscopic x-ray equipment
- Pays a fee of \$58 (may be changed by the department)
- 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

IMPLEMENTATION:

- Reported in Newsletter (expected to publish December 2021)

ATTACHMENT: [AB 356, Chen - Fluoroscopy: Temporary Permit](#)
Version: 10/04/21 – Chaptered

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 359
AUTHOR: Cooper
CHAPTER: Chaptered, #612
BILL DATE: August 26, 2021
SUBJECT: Physicians and Surgeons: Licensure: Examination
SPONSOR: California Medical Association and Choice Medical Group
POSITION: Neutral

DESCRIPTION OF CURRENT LEGISLATION:

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 took effect upon approval by the Governor.

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 postgraduate training and is certified by the American Board of Medical Specialties (ABMS), satisfactorily completed two years of approved postgraduate training, or satisfactorily completed one year of

approve postgraduate 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:

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.

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

FISCAL: Unknown, possible costs associated with reviewing, during an audit, the amount and types of CME courses submitted by a renewing physician licensee

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: None

IMPLEMENTATION:

- Report in Newsletter (expected to publish December 2021)
- Update relevant website content
- Update requirements for CME audits and train staff, accordingly

ATTACHMENT: [AB 359, Cooper – Physicians and Surgeons: Licensure: Examination](#)
Version: 10/07/21 – Chaptered

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: SB 310
AUTHOR: Rubio
CHAPTER: Chaptered, #541
BILL DATE: August 30, 2021, Amended
SUBJECT: Unused medications: Cancer Medication Recycling
SPONSOR: American Cancer Society Action Network
Association of Northern California Oncologists
POSITION: Support

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.

Authorizes the Board of Pharmacy to prohibit a physician from participating in the program if the individual does not comply with the requirements of the program.

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 or redact 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.
- Distribute a medication only if it will not expire before the proper use by the recipient based upon the practitioner's directions.
- 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 (upon request) 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, the SMCDI, and pharmaceutical manufacturer are released from liability arising from this program. The SMCDI 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.

FISCAL: Minor and absorbable

SUPPORT: California Medical Association

OPPOSITION: None

IMPLEMENTATION:

- Report in Newsletter (expected to publish December 2021)
- Collaborate with the Board of Pharmacy (BOP) on outreach and communication efforts (a BOP licensee will administer this program)
- Ensure enforcement staff are aware of this program, in case complaints are received in the future

ATTACHMENT: [SB 310, Rubio - Unused Medications: Cancer Medication Recycling.](#)
Version: 10/05/21 – Chaptered

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: SB 806
AUTHOR: Roth
CHAPTER: Chaptered, #649
BILL DATE: September 3, 2021, Amended
SUBJECT: Healing Arts
SPONSOR: Author
POSITION: Support, if Amended

DESCRIPTION OF CURRENT LEGISLATION:

This is the Medical Board of California's (Board) sunset legislation, and it includes, among other provisions, language to extend the sunset date of the Board by two years, increase licensing fees, allow the Board to recover its investigation and prosecution costs for disciplined physicians, change the requirements to obtain a physician's and surgeon's (P&S) license, and creates an enforcement monitor to report to the Legislature on the Board's enforcement efforts.

Further, SB 806 is the sunset bill for the Osteopathic Medical Board of California, the Podiatric Medical Board of California, and the Physician Assistant Board. The bill contains language related to those boards.

BACKGROUND:

Sunset review is the Legislature's regular process to review the operations, budget, and other laws related to the boards and bureaus within the Department of Consumer Affairs (DCA). In December 2020, the Board published its [Sunset Review Report](#), which contained several statutory requests for the Legislature to consider enacting into law, which are discussed in priority order in Section 12, New Issues.

On October 7, 2021, Governor Newsom signed SB 806, which extended the authority to appoint the Members of the Board and the Board's Executive Director and made several significant changes to statutes impacting the Board, as discussed below.

ANALYSIS:

SB 806 contains multiple key provisions related to the Board:

Implements Modest Licensing Fee Increases

The Board last increased its initial licensure and renewal fees for physicians on January 1, 2007. In January 2020, [an independent analysis](#) of the Board's revenue and expenditures proposed increases to most of the Board's fee amounts. The Board approved the recommendations of the new fee amounts and included them within the Board's Sunset Report.

To support the Board's fund, the Board is scheduled to receive a \$12 million dollar loan from the Bureau of Automotive Repair in FY 2021-22. According to the Department of Consumer Affairs (DCA), that loan would need to be repaid, with interest, within 24 months of the date in which it is taken.

Except for the initial licensure and renewal fees for physicians, all the new fee amounts requested by the Board are included within SB 806. Unfortunately, the increased P&S fees are not sufficient to sustain the Board's operations and rebuild the reserve.

SB 806 requires the Legislature to review the initial licensure and renewal fee amounts for physicians in 2022 to determine whether a future fee increase is necessary to ensure the solvency of the Board's fund.

Restores Cost Recovery

SB 806 repeals the language¹ that prevents the Board from obtaining investigation and prosecution costs for a disciplinary proceeding against a P&S licensee. As discussed in its Sunset Report, the Board lost this authority in 2006 and believes it will help offset some of its enforcement costs and may provide an incentive for licensees to settle their case at an earlier time. Earlier settlements would allow the Board to more quickly impose discipline and limit certain costs associated with the administrative hearing process.

Significant Licensing Program Changes

SB 806 authorizes the Board to issue a P&S license to an applicant who has received credit for 12 (for graduates of U.S. or Canadian medical schools) or 24 months (for graduates of international medical schools) of board-approved postgraduate training (PGT).

To maintain their license, however, they must demonstrate that they received 36 months of PGT credit at the time of their first renewal. Failure to do so will place their license in delinquent status. The renewing licensee must also demonstrate they have successfully progressed through 24 months of training in the same program.

The bill does not eliminate the Postgraduate Training License (PTL), rather it shortens the length of time someone may possess a PTL, generally reducing that to 15 months (for graduates of U.S. or Canadian medical schools) or 27 months (for graduates of international medical schools).

¹ [See Business and Professions Code \(BPC\) section 125.3\(k\)](#)

SB 806 states that upon review of supporting documentation, the Board has discretion to grant a P&S license to applicants who demonstrate substantial compliance with these requirements.

Establishes an Enforcement Monitor for the Board

The enforcement monitor would be appointed and supervised by the DCA Director no later than March 1, 2022. The monitor shall be in their position for no more than two years. The director shall assist the monitor to perform their duties and may specify any additional duties. The monitor shall not have had any affiliation with an organization that represents patients or physician interests or a party that has appeared before the Board or Legislature. The monitor's duties and authority shall be:

- Monitor and evaluate the Board's enforcement efforts with specific concentration on the handling and processing of complaints and timely application of sanctions or discipline imposed. The monitor shall have the same investigatory authority as the DCA Director.
- Submit an initial written report to DCA and the Legislature by January 1, 2023, and a final report by July 1, 2023. The monitor shall provide the Board the opportunity to reply to any facts, findings, issues, or conclusions in their reports with which the Board disagrees.
 - These reports shall be made available to the public and media.
- Make oral reports to DCA or the Legislature, upon request.
- Shall not exercise authority over the Board's management or staff.

The Board's responsibilities regarding the monitor are:

- Cooperate with the monitor and provide data, information, and files as requested by the monitor.
- Pay all costs associated with the employment of the monitor.

Authorizes a Confidential Letter of Advice

SB 806 authorizes the issuance of a confidential letter of advice to resolve a complaint for an alleged minor violation of the Medical Practice Act not related to patient care.

The complaint and letter of advice would be maintained for a three-year period, and if no further complaint against the licensee is received, the complaint and letter will be purged. The bill allows the Board to delegate this authority to the Executive Director and requires a rulemaking to implement this new enforcement tool.

Supports Transition to Online License Applications

SB 806 authorizes the Board to end the use of paper-based application processes for initial applicants and renewing licensees.

In addition, the bill eliminates the requirement for the Board to mail renewal reminders to its licensees. It also requires licensees to obtain an email address (if they don't already have one) and provide it to the Board no later than July 1, 2022.

Prior to implementing changes to its application processes, Board staff intend to develop and execute a communication plan to notify applicants and licensees.

Extends Board Authority for Two Years

The bill sets the next sunset date for the Board and Executive Director as January 1, 2024 (a two-year, rather than the typical four-year extension).

Additional Components of SB 806

In addition to the above-described provisions, SB 806 does the following:

- Clarifies reporting requirements for medical malpractice settlements and requires licensees (or their insurer/legal counsel) to provide the Board a copy of a malpractice settlement agreement greater than \$30,000.
- Requires medical consultants, when reviewing complaints related to midwifery quality of care, to have pertinent education, training, and expertise in midwifery.
- Changes the deadline from 90 to 30 days (following license expiration) when a renewing licensee would owe penalty and delinquency fees to the Board.
- Clarifies the circumstances whereby a special permit may be canceled.
- Clarifies the criteria to be recognized as an academic medical center (AMC) and for an AMC to sponsor special faculty permit applicants.
- Allows a licensee to stipulate to surrender their license for a 10-year period, under specified circumstances².

FISCAL: Modest revenue increases to the Board's fund, partially offset by costs for workload increases in the licensing program and expenses related to the enforcement monitor

SUPPORT: Medical Board of California (if amended)
Center for Public Interest Law (if amended)

OPPOSITION: Consumer Watchdog (unless amended)

IMPLEMENTATION

- Communication
-

² [See BPC section 2273\(b\)](#)

- Publish information about SB 806 in final newsletter issue of 2021 (expected December)
- Publish Board webpage discussing effects of SB 806
 - Publish related social media content and a podcast
- Mail letter to licensees without an email address to inform them of the July 1, 2022, requirement
- Inform relevant trade associations of the SB 806 webpage
- Enforcement
 - Develop procedures related to cost recovery, train relevant staff
 - Provide support to the enforcement monitor
- Executive
 - Collaborate with DCA and the Legislature on an updated fee study
 - Upon Board direction, initiate rulemaking process to implement the confidential letter of advice
- Licensing
 - Update relevant webpage content to reflect revised licensing requirements and fee changes
 - Update forms and BreZE content
 - Update application processing procedures and train related staff
 - Inform AMC applicants and PGT directors of relevant statutory changes
 - Develop processes to reduce paper in Board application processes

ATTACHMENT: [SB 806, Roth – Healing Arts.](#)
Version: 10/07/21 – Chaptered

**MBC TRACKER II BILLS
11/3/2021**

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.	Vetoed	08/31/21
AB 107	Salas	Licensure: Veterans and Military Spouses	Chaptered	09/02/21
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	Two-year bill	08/28/21
AB 339	Lee	Local Government: Open and Public Meetings.	Vetoed	09/03/21
AB 343	Fong	California Public Records Act Ombudsperson	Two-year bill	05/24/21
AB 346	Sevarto	Privacy: Breach	Two-year bill	
AB 361	Rivas, Robert	Open Meetings: State and Local Agencies: Teleconferences	Chaptered	09/03/21
AB 370	Arambula	Ambulatory Surgical Centers	Two-year bill	04/15/21
AB 381	Davies	Licensed Facilities: Duties	Two-year bill	06/14/21
AB 407	Salas	Optometry: Assistants and Scope of Practice	Chaptered	09/03/21
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	Chaptered	09/03/21
AB 457	Santiago	Protection of Patient Choice in Telehealth Provider Act	Chaptered	09/03/21
AB 458	Kamlager	Importation of prescription drugs	Two-year bill	03/23/21
AB 468	Friedman	Emotional Support Dogs	Chaptered	07/15/21
AB 473	Chau	California Public Records Act	Chaptered	08/16/21
AB 474	Chau	California Public Records Act: Conforming Revisions	Chaptered	08/16/21

**MBC TRACKER II BILLS
11/3/2021**

BILL	AUTHOR	TITLE	STATUS	AMENDED
AB 489	Smith	Medicine	Two-year bill	
AB 513	Bigelow	Employment: Telecommuting Employees	Two-year bill	03/17/21
AB 526	Wood	Dentists and Podiatrists: Clinical Laboratories and Vaccines	Chaptered	09/01/21
AB 527	Wood	Controlled Substances	Chaptered	09/01/21
AB 556	Maienschein	Misuse of Sperm, Ova, or Embryos: Damages	Chaptered	
AB 581	Irwin	Cybersecurity	Two-year bill	03/25/21
AB 615	Rodriguez	Higher Education Employer-Employee Relations Act	Chaptered	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	Chaptered	09/03/21
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	Chaptered	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	Chaptered	03/26/21
AB 830	Flora	Business: DCA: Alarm Company Act: Real Estate Law	Chaptered	09/03/21
AB 835	Nazarian	Hospital Emergency Departments: HIV Testing	Two-year bill	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	Two-year bill	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

**MBC TRACKER II BILLS
11/3/2021**

BILL	AUTHOR	TITLE	STATUS	AMENDED
AB 884	Patterson	State Agencies: Audits	Two-year bill	
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	Two-year bill	05/18/21
AB 1020	Friedman	Health Care Debt and Fair Billing	Chaptered	08/26/21
AB 1026	Smith	Business Licenses: Veterans	Two-year bill	
AB 1064	Fong	Pharmacy Practice: Vaccines: Independent Initiation and Admin.	Chaptered	08/16/21
AB 1105	Rodriguez	Hospital Workers: COVID-19 Testing	Two-year bill	06/30/21
AB 1113	Medina	Public Postsecondary Education: Exemption from Tuition and Fees	Chaptered	09/03/21
AB 1120	Irwin	Clinical Laboratories: Blood Withdrawal	Two-year bill	03/11/21
AB 1184	Chiu	Medical Information: Confidentiality	Chaptered	08/31/21
AB 1186	Friedman	California Hospice Licensure Act of 1990	Two-year bill	
AB 1204	Wicks	Hospital Equity Reporting	Chaptered	09/03/21
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 1273	Rodriguez	Interagency Advisory Committee on Apprenticeship	Chaptered	09/01/21
AB 1280	Irwin	California Hospice Licensure Act of 1990	Chaptered	08/18/21
AB 1291	Frazier	State Bodies: Open Meetings	Chaptered	
AB 1306	Arambula	Health Professions Careers Opportunity Program	Two-year bill	06/16/21
AB 1308	Ting	Arrest and Conviction Record Relief	Two-year bill	
AB 1328	Irwin	Clinical Laboratory Technology and Pharmacists	Two-year bill	07/14/21
AB 1343	Cooper	Controlled Substances: CURES Database	Two-year bill	
AB 1357	Cervantes	Perinatal Services: Maternal Mental Health	Vetoed	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	

**MBC TRACKER II BILLS
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BILL	AUTHOR	TITLE	STATUS	AMENDED
AB 1407	Burke	Nurses: Implicit Bias Courses	Chaptered	07/15/21
AB 1429	Holden	State Agency Records: Mgmt. Coord. Duties: Personnel Training	Two-year bill	06/29/21
AB 1430	Arambula	Pharmacy : Dispensing: Controlled Substances	Two-year bill	04/21/21
AB 1436	Chau	Information Practices Act of 1977	Two-year bill	07/16/21
AB 1477	Cervantes	Maternal Mental Health	Chaptered	06/21/21
AB 1494	Fong	Blood Banks: Collection	Two-year bill	04/29/21
AB 1532	B&P Comm.	Nursing	Chaptered	07/13/21
AB 1533	B&P Comm.	Pharmacy	Chaptered	09/03/21
AB 1534	B&P Comm.	California State Board of Optometry: Optometry: Opticianry	Chaptered	09/03/21
AB 1540	Ting	Criminal Procedure: Resentencing	Chaptered	09/03/21
SB 40	Hurtado	Health Care Workforce Development: Ca Medicine Scholars Program	Two-year bill	06/28/21
SB 41	Umberg	Privacy: Genetic Testing Companies	Chaptered	08/30/21
SB 65	Skinner	Maternal Care and Services	Chaptered	09/02/21
SB 73	Wiener	Probation: Eligibility: Crimes Relating to Controlled Substances	Chaptered	08/30/21
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	Chaptered	09/07/21
SB 311	Hueso	Compassionate Access to Medical Cannabis Act	Chaptered	09/01/21
SB 336	Ochoa Bogh	Public Health: COVID-19	Chaptered	09/02/21
SB 349	Umberg	California Ethical Treatment for Persons w/Substance Abuse Act	Two-year bill	07/14/21
SB 353	Roth	Hospice: Services to Seriously Ill Patients	Chaptered	07/15/21
SB 362	Newman	Community Pharmacies: Quotas	Chaptered	07/07/21
SB 365	Caballero	E-consult Service	Vetoed	05/04/21
SB 377	Archuleta	Radiologist Assistants	Two-year bill	
SB 380	Eggman	End of Life	Chaptered	08/30/21

**MBC TRACKER II BILLS
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BILL	AUTHOR	TITLE	STATUS	AMENDED
SB 402	Hurtado	Multipayer Payment Reform Collaborative	Two-year bill	06/14/21
SB 409	Caballero	Pharmacy Practice: Testing	Chaptered	09/03/21
SB 422	Pan	Personal Services Contracts: State Employees: Phys. & Pro Registry	Two-year bill	
SB 430	Borgeas	Small Businesses: Reduction or Waiver of Civil Penalties	Two-year bill	
SB 441	Hurtado	Health Care Workforce Training Programs: Geriatric Medicine	Two-year bill	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	Chaptered	09/01/21
SB 492	Hurtado	Maternal Health	Two-year bill	04/19/21
SB 507	Eggman	Mental Health Services: Assisted Outpatient Treatment	Chaptered	06/28/21
SB 509	Wilk	Optometry: COVID-19 Pandemic: Temporary Licenses	Chaptered	06/21/21
SB 519	Wiener	Controlled Substances: Hallucinogenic Substances	Two-year bill	08/12/21
SB 524	Skinner	Health Care Coverage: Patient Steering	Vetoed	08/30/21
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	Chaptered	09/03/21
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	Chaptered	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	Two-year bill	
SB 731	Durazo	Criminal Records: Relief	Two-year bill	09/02/21
SB 742	Pan	Vaccinations: Unlawful Physical Obstruction, Intimidation, Picketing	Chaptered	09/03/21
SB 747	Hurtado	Central Valley Medical School Endowment Fund	Two-year bill	09/09/21
SB 772	Ochoa Bogh	Professions and Vocations: Citations, Minor Violations	Two-year bill	
SB 779	Becker	California Workforce Innovation Opportunity Act: Earn and Learn	Chaptered	08/19/21
SB 787	Hurtado	California State University Program in Medical Education	Two-year bill	
SB 823	Cmte. on Health	Public Health	Chaptered	09/01/21
SB 826	BPED	Business and Professions	Chaptered	08/16/21