



Friday, May 6, 2016

Dental Hygiene Committee of California

Legislative and Regulatory Subcommittee

Agenda



Notice is hereby given that a public meeting of the Legislative and Regulatory Subcommittee of the Dental Hygiene Committee of California (DHCC) will be held as follows:

LEGISLATIVE AND REGULATORY SUBCOMMITTEE MEETING

Friday, May 6, 2016
9:00 a.m. until Adjournment
Marriott Hotel Los Angeles International Airport
5855 West Century Blvd., Atlanta/Boston Room
Los Angeles, CA 90004

Legislative and Regulatory Subcommittee Members:

Susan Good, Chair
Michelle Hurlbutt, RDH Educator
Nicolette Moultrie, RDH
Garry Shay, Public Member

After Adjournment of the Full Committee Meeting

Agenda

LEG 1 – Roll Call

LEG 2 – Public Comment for Items Not on the Agenda

[The DHCC may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 & 11125.7(a))]

LEG 3 – Approval of the May 2, 2015 Legislative and Regulatory Subcommittee Meeting Minutes

LEG 4 – 2016 Tentative Legislative Calendar - Informational Only

LEG 5 – Discussion and Possible Action to Initiate Rulemaking to Amend California Code of Regulations (CCR), Title 16, Article 13, Section 1151, Out-of-State Practitioner Authorization to Participate in Sponsored Free Healthcare Events

LEG 6 – Discussion and Possible Action to Initiate Rulemaking to Amend CCR, Title 16, Section 1107, RDH Course in Local Anesthesia, Nitrous Oxide - Oxygen Analgesia and Periodontal Soft Tissue Curettage

LEG 7 – Discussion and Possible Action on the Following Legislation:

Designated Two-Year Legislative Bills:

- Assembly Bill (AB) 12 (Cooley) State Government: Administrative Regulations: Review
- AB 648 (Low) Community Based Services: Virtual Dental Home Grant Program

Newly Introduced Bills:

- AB 1868 (Wagner) Regulations: Legislative Notice
- AB 2701 (Jones) Boards: Training Requirements
- AB 2859 (Low) Professions and Vocations: Retired Category: Licenses

- Senate Bill (SB) 1033 (Hill) Medical Board: Disclosure of Probationary Status
- SB 1155 (Morrell) Professions and Vocations: Licenses: Military Service
- SB 1217 (Stone) Healing Arts: Reporting Requirements: Professional Liability

LEG 8 – Future Agenda Items**LEG 9 – Adjournment**

DHCC members who are not members of this subcommittee may attend meetings as observers only, and may not participate or vote. Action may be taken on any item listed on this agenda, including information only items. Items may be taken out of order for convenience, to accommodate speakers, or maintain a quorum. All times are approximate and subject to change. The meeting may be cancelled without notice. For verification of the meeting, call (916) 263-1978 or access the Committee's Web Site at www.dhcc.ca.gov.

The meeting facilities are accessible to individuals with physical disabilities. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Anthony Lum at (916) 576-5004 or e-mail anthony.lum@dca.ca.gov or send a written request to DHCC at 2005 Evergreen Street, Ste. 2050, Sacramento, CA 95815. Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation.



Friday, May 6, 2016

Dental Hygiene Committee of California

Legislative and Regulatory Subcommittee

Agenda Item 1

Roll Call

Establishment of a Quorum



Friday, May 6, 2016

Dental Hygiene Committee of California

Legislative and Regulatory Subcommittee

Agenda Item 2

Public Comment for Items Not on the Agenda

[The DHCC may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 & 11125.7(a))]



Friday, May 6, 2016

Dental Hygiene Committee of California

Legislative and Regulatory Subcommittee

Agenda Item 3

Approval of the May 2, 2015 Legislative and Regulatory
Subcommittee Meeting Minutes



DRAFT - LEGISLATIVE AND REGULATORY SUBCOMMITTEE MEETING MINUTES

**Saturday, May 2, 2015
Embassy Suites Anaheim - Orange
400 N. State College Blvd.
Orange, CA 92868**

LEG 1 – Roll Call

Susan Good, Chair of the Legislative and Regulatory Subcommittee, called the meeting to order with a roll call at: 10:03 a.m. With all four (4) subcommittee members present, a quorum was established.

Legislative and Regulatory Subcommittee members present:

Susan Good, Chair
Michelle Hurlbutt, RDH Educator
Noel Kelsch, RDHAP
Nicolette Moultrie, RDH

LEG 2 – Public Comment for Items Not on the Agenda

There was no public comment for items not on the agenda.

LEG 3 – Chairperson's Report

Chair Susan Good informed the subcommittee members that there was a teleconference meeting on March 2, 2015 to discuss Assembly Bill (AB) 502 (Chau) where there was discussion on the amendments and one specifically regarding the incorporation of the Registered Dental Hygienist in Alternative Practice (RDHAP) and that the sponsor of the bill integrated most of the concerns expressed. However, some amendments regarding disciplinary and regulatory comments were not yet incorporated.

LEG 4 – Approval of the December 5, 2014 Legislative and Regulatory Subcommittee Meeting Minutes

- **Motion: Nicolette Moultrie moved to approve the minutes from the December 5, 2014 Legislative and Regulatory Subcommittee Meeting.**

Noel Kelsch seconded the motion.

Vote: The motion passed 4-0.

NAME	Minutes VOTE:		OTHER
	Aye	Nay	
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Nicolette Moultrie	X		

LEG 5 – Discuss and Possible Action Including Recommendations to the Full Committee on the Following Legislation:

a. Assembly Bill (AB) 12 (Cooley) State Government: Administrative Regulations: review

Guadalupe Castillo reported that this bill was amended on April 22, 2015, and most of the amendments further clarify the language. The bill requires every state agency including boards and bureaus to eliminate any regulations that are overlapping, duplicative, inconsistent, or no longer in effect and she anticipates that it would not have any significant impact to the Committee. She stated that the bill would require the Committee to work closely with the Dental Board of California (DBC) on some issues since there are many issues that affect RDH and RDHAPs that are contained in DBC's regulations. She continued that some programs would need to start this process immediately due to the strict timelines included in the language; however, it would not impact the Committee because we are currently working on regulations, but do not have many already in place. She recommended a watch or support position for the bill.

- **Motion: Nicolette Moultrie moved to recommend to the full committee to take a watch position on AB 12.**

Noel Kelsch seconded the motion.

Vote: The motion passed 4-0.

NAME	Minutes VOTE:		OTHER
	Aye	Nay	
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Nicolette Moultrie	X		

b. AB 41 (Chau) – Healthcare Coverage: discrimination

Ms. Castillo said that this bill caudifies Federal law protection that prohibits health plans to discriminate against any professional category as long as they are acting within their scope of practice. This bill was included because the subcommittee and full committee had previously expressed an interest in the reimbursement issue for RDHAPs. She

explained that the bill should provide a tool for RDHAPs to obtain reimbursement from health insurance companies. Noel Kelsch stated that hopefully, this bill will help, as RDHAPs are not currently recognized at the Federal level as a provider of dental services. Ms. Castillo recommended a support position for the bill.

- **Motion: Michelle Hurlbutt moved to make recommendation to the Full Committee to support AB 41.**

Noel Kelsch seconded the motion.

Vote: The motion passed 4-0.

NAME	Minutes VOTE:		OTHER
	Aye	Nay	
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Nicolette Moultrie	X		

c. AB 85 (Wilk) – Open Meetings

Ms. Castillo reported that the bill changes the definition of a state body in Government Code defining that every 2 person meeting conducted by a state entity would be required to be noticed to the public. She explained that all state programs would be affected as they would be required to notice any 2 person meeting and that there would be a significant fiscal impact from the bill, as additional costs would be incurred for meeting locations, travel expenses, and staff workload and time. She stated other DCA boards and bureaus have expressed a significant fiscal impact from the bill as well. She said that similar language was presented in the last legislative session in AB 2058 which was vetoed by the Governor. She recommended a watch or oppose position for the bill.

- **Motion: Michelle Hurlbutt moved to make recommendation to the Full Committee to oppose AB 85.**

Nicolette Moultrie seconded the motion.

Vote: The motion passed 4-0 .

NAME	Minutes VOTE:		OTHER
	Aye	Nay	
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Nicolette Moultrie	X		

d. AB 179 (Assembly Committee on Business and Professions) – Dentistry

Ms. Castillo reported that the bill was amended on April 27, 2015 and a copy of the amended version was presented to the subcommittee members and the public. She stated that the bill is the Dental Board's sunset legislation for this year and that the latest amended version included some cleanup provisions for the Dental Practice Act. She reviewed all of the latest amendments to the bill which included:

- 1) Business and Professions Code (BPC) section 726 impacts the general provisions of the BPC which would affect the healing arts boards that the Committee is a part of. This section exempts sexual contact between a doctor and his or her spouse when providing nonpsychotherapeutic medical treatment and would extend this exemption to all healing arts licensees. She noted that other than this amendment, there were no other amendments to the bill that impact the Committee.
- 2) Other bill amendments that did not impact the Committee:
 - modified the fee structure of the DBC by increasing the DBC's statutory maximum for several fees;
 - requires the DBC to work with the DCA Office of Professional Examination Services to determine whether a practical examination for Registered Dental Assistants (RDA) is necessary by January 1, 2017; and
 - add the Board for Vocational Nursing and Psychiatric Technicians sunset to the bill's language.

Ms. Castillo recommended a watch position.

- **Motion: Nicolette Moultrie moved to make recommendation to the Full Committee to support AB 179 in its current amended version (4/27/2015 version).**

Michelle Hurlbutt seconded the motion.

Public Comment: Karen Fischer, Executive Officer of the Dental Board of California, stated that AB 179 is also linked to AB 178 (Bonilla) and the author has placed a moratorium on the RDA practical exam for one year and was placed as an urgency clause. If the AB 178 is signed by the Governor, the 1-year moratorium would become effective immediately where RDA candidates would not need to pass a practical examination. She indicated that this would not prohibit a candidate from applying for licensure, as they would still be required to pass the written and Law and Ethics examinations and fulfilled the fingerprint requirements. She explained that in order for the DBC to stop the RDA practical exam, the DBC would need data to do so, so the DBC will be conducting a full occupational analysis (OA) of RDAs and RDAEFs to determine whether a practical examination is necessary since they are supervised. She stated that the trend within DCA for those professions that are supervised that a practical exam may not be the best method to test their skills, abilities, and knowledge. She continued that if this is the case and stemming from the results of the OA, the written

examination would be revised to include areas that would have been tested on the practical. She said that the language was submitted at the last minute and the DBC did not see the language until it was introduced recently. She added that if the language in AB 178 does not pass, it is anticipated that the RDA language would be moved into an amended AB 179 so it would move forward with the Governor's signature and the 1-year moratorium would be effective as of January 1, 2016. She anticipates that there may be a flood of RDA applicants received once the information spreads that there is no practical exam needed to obtain the license.

Jo Anne Galliano believed that the language in BPC section 726 does not define the relationship enough and that there are a number of dental hygiene licensees that will be having relationships that are against the law. She stated that a watch position over a support position of the bill is more appropriate.

Gail Mathe, California Dental Association, stated that licensees do provide professional services to their spouses or significant other and thus, breaking the law. She indicated that since the exemption has been in law for 20 years for physicians and surgeons, the Business and Professions Committee determined that the level of exemption as stated in the language was at a level that is appropriate for the remaining health care providing fields and any other situation (i.e., dating or other situation) should be a referral to another professional practitioner.

Vote: The motion failed (split vote 2-2)

NAME	Minutes VOTE:		OTHER
	Aye	Nay	
Susan Good		X	
Michelle Hurlbutt	X		
Noel Kelsch		X	
Nicolette Moultrie	X		

With a split vote, Chair Good asked for another motion on the bill.

- **Motion: Noel Kelsch moved to make recommendation to the Full Committee to take a watch position on AB 179.**

Susan Good seconded the motion.

Vote: The motion failed (split vote 2-2).

NAME	Minutes VOTE:		OTHER
	Aye	Nay	
Susan Good	X		
Michelle Hurlbutt		X	
Noel Kelsch	X		
Nicolette Moultrie		X	

Because the subcommittee was unable to reach a position on a recommendation to the Full Committee on this legislation and under DCA Legal's advice, the subcommittee will present the issue to the Full Committee at tomorrow's (May 3, 2015) meeting for consideration.

e. AB 351 (Jones-Sawyer) – Public Contracts: small business participation

Ms. Castillo reported that this bill would require all state agencies to establish an annual goal of 25% small business participation for contracts. She stated that DCA already complies with this level of small business participation for contracts and the bill would not have a significant impact to the Committee.

- **Motion: Nicolette Moultrie moved to make recommendation to the Full Committee to take a watch position on AB 351.**

Michelle Hurlbutt seconded the motion.

Vote: The motion passed 4-0.

NAME	Minutes VOTE:		OTHER
	Aye	Nay	
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Nicolette Moultrie	X		

f. AB 366 (Bonta) – Medi-Cal Reimbursement Rates

Ms. Castillo reported that the bill would increase the rates at which Denti-Cal providers are reimbursed by an equivalent rate of increase with other Medi-Cal providers and due to the Committee's interest in provider reimbursements for RDHAPs, she believed the Committee would want to track the bill's progression. She recommended a watch or support position.

- **Motion: Noel Kelsch moved to make recommendation to the Full Committee take a watch position on AB 366.**

Michelle Hurlbutt seconded the motion.

Vote: The motion passed 4-0.

NAME	Minutes VOTE:		OTHER
	Aye	Nay	
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Nicolette Moultrie	X		

g. AB 483 (Patterson) – Healing Arts: initial license fees: proration

Ms. Castillo reported that the bill was amended on April 9, 2015, and the language is almost identical to last years' legislation, AB 1758 to require to prorate a program's initial licensing fee. She stated that the impact from the legislation would affect the Original Licensure Fee, as the fee would need to be prorated on a monthly basis. The programs that are affect are listed in the legislation. The amended version only had changes that did not affect the Committee.

- **Motion: Nicolette Moultrie moved to make recommendation to the Full Committee to oppose AB 483.**

Noel Kelsch seconded the motion.

Vote: The motion passed 4-0.

NAME	Minutes VOTE:		OTHER
	Aye	Nay	
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Nicolette Moultrie	X		

h. AB 502 (Chau) – Dental Hygiene

Ms. Castillo reported that the bill was amended on April 30, 2015, but staff were unable to provide copies of the bill since the amendment just occurred prior to the meetings.

Ms. Hurlbutt stated that the bill's content addresses some of the issues that was brought forth within the Committee's Sunset Review.

- **Motion: Noel Kelsch moved to make recommendation to the Full Committee to support if amended to include technical amendments related to the include RDHAPs in Business and Professions Code regarding the incorporation of RDHAPs.**

Michelle Hurlbutt seconded the motion.

Vote: The motion passed 4-0.

NAME	Minutes VOTE:		OTHER
	Aye	Nay	
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Nicolette Moultrie	X		

i. AB 611 (Dahle) – Controlled Substances: prescriptions: reported

Ms. Castillo stated that this bill does not apply directly to the Committee, but would allow the Committee’s enforcement staff access to the CURES database, which is the database created to track substance abuse licensees and listing the prescription medications that are being used by medical doctors, pharmacists, and dentists. She explained that the Committee’s access would help the enforcement staff to identify any license with substance abuse issues. She recommended a support or watch position on the bill.

Chair Good commented that she believed that the Committee should have access to CURES to do all it could to promote consumer protection. She stated that cost for access to the CURES system should not be a reason not to support the bill because, depending upon the charge for the system, it is more important to protect the public. Nancy Gaytan, Enforcement Analyst, stated that she has had to have access to the CURES system in the past and the DBC’s investigators have helped with gaining access for her cases. However, she believes that she would benefit from direct access to CURES for some enforcement cases and is currently working to gain access.

Ms. Fischer stated that dentists are charged \$12 dollars in addition to their licensing fees to pay for the CURES system. She said that not only do dentists pay for CURES, but medical doctors and three other licensing board’s licensees also pay for the system. She stated that there is question as to whether any regulatory board will have access to CURES due to a current lawsuit that was filed that may prohibit licensing boards to have access to CURES. She explained that only the DBC’s investigators have access to CURES and no other staff. She clarified that the CURES system only tracks dispensers and prescribers of medications for the tracking of controlled substances.

- **Motion: Michelle Hurlbutt moved to make recommendation to the Full Committee to take a watch position on AB 611.**

Nicolette Moultrie seconded the motion.

Vote: The motion failed (split vote 2-2).

NAME	Minutes VOTE:		OTHER
	Aye	Nay	
Susan Good		X	
Michelle Hurlbutt	X		
Noel Kelsch		X	
Nicolette Moultrie	X		

j. AB 648 (Low) – Community-Based Services: Virtual Dental Home Program

Ms. Castillo reported that this legislation would provide the infrastructure funding for the Virtual Dental Home Program that was caudified by AB 1174 (Ch. 662, Statutes of 2014). The program would reside under the Department of Public Health’s Office of Oral Health. She reported that there would be no direct fiscal impact to the Committee since the funding originates from the State’s General Fund. She stated that the stakeholders (The Children’s Partnership and the California Dental Association) of the bill are present for any questions and that she recommends a support position for the bill.

Ms. Hurlbutt inquired as to what the \$4 million from the General Fund as contained in the bill will be used for. Gayle Mathe, CDA, stated that the funds will be used to help move the program forward and will be used for the creation of technical assistance, additional programs to fund the operations, and create collaboratives for support to continue the system build beyond what Dr. Paul Glassman has already implemented beyond the Health Workforce Pilot Project (HWPP) 172 program. She estimated that the funds would pay for about 20 new programs over a 3 year time span.

- **Motion: Noel Kelsch moved to make recommendation to the Full Committee to take a support position on AB 648.**

Michelle Hurlbutt seconded the motion.

Vote: The motion failed (split vote 2-2).

NAME	Minutes VOTE:		OTHER
	Aye	Nay	
Susan Good	X		
Michelle Hurlbutt		X	
Noel Kelsch	X		
Nicolette Moultrie		X	

k. AB 728 (Hadley) – State Government: financial reporting

Ms. Castillo reported that the bill would require all state agencies to post biannually internal accounting on their websites within 5 days of finalizing the accounting reports. She said that it would primarily affect the umbrella agency, Business, Consumer Services, and Housing Agency, who would be required to post the reports on their website, not the Committee’s website. She stated that the bill could affect Committee staff with an increase in workload should the department request multiple reports on the Committee’s programs.

- **Motion: Michelle Hurlbutt moved to make recommendation to the Full Committee to take a watch position on AB 728.**

Nicolette Moultrie seconded the motion.

Vote: The motion passed 3-1 (Susan Good opposed).

NAME	Minutes VOTE:		OTHER
	Aye	Nay	
Susan Good		X	
Michelle Hurlbutt	X		
Noel Kelsch	X		
Nicolette Moultrie	X		

l. AB 750 (Low) – Business and Professions: licenses

Ms. Castillo reported that the bill would allow all licensing boards to create a retired status license category and a fee for the status by regulation. She explained that if the bill passes, it would create a large expense for the department, as it would create a new license category which would delay the implementation of the new BreEZe computer system by having to create a new licensure category and cause the department to renegotiate its contract with the computer system vendor. She explained that the projected additional cost would be \$1.2 million per month in project delays and \$500,000 per month delay costs to the contracted vendor. She clarified that the bill mandates to create a retired licensing category, but does not need to be created immediately. Ms. Hubble stated that this is an issue the Committee has been reviewing and decided to pursue after the BreEZe computer system was implemented due to the high cost of doing so prior to implementation. She said that the retired status allowed a licensee to maintain their license, but showed to the board or committee that they are no longer practicing and could possibly pay a reduced renewal fee.

- **Motion: Nicolette Moultrie moved to make recommendation to the Full Committee to support AB 750.**

Noel Kelsch seconded the motion.

Vote: The motion passed 4-0.

NAME	Minutes VOTE:		OTHER
	Aye	Nay	
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Nicolette Moultrie	X		

m. AB 797 (Steinorth) – Regulations: effective dates and legislative review

Ms. Castillo said this bill requires that all proposed regulations that would cost over \$50 million be returned to the Legislature for final approval after being vetted and approved through the Office of Administrative Law and the State Controller’s Office. She explained that the bill is not likely to impact the Committee; however, it should be considered that if the bill passes, any regulations that fit this category will need additional time for review since it will be returned to the Legislature for final approval. She continued that if the bill passes, it would go into effect as of January 1, 2016.

- **Motion: Michelle Hurlbutt moved to make recommendation to the Full Committee to take a watch position on AB 797.**

Nicolette Moultrie seconded the motion.

Vote: The motion passed 4-0.

NAME	Minutes VOTE:		OTHER
	Aye	Nay	
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Nicolette Moultrie	X		

n. AB 880 (Ridley-Thomas) – Dentistry

Ms. Castillo reported that this bill would affect dental students in their final year of school and would exempt them from licensure and allow them to provide dental care services at specific events as detailed in the bill under supervision as unpaid volunteers at sponsored events. She explained that the bill would not have any direct impact to the Committee.

- **Motion: Michelle Hurlbutt moved to make recommendation to the Full Committee to support AB 880 in its April 28, 2015 version of the bill.**

Nicolette Moultrie seconded the motion.

Vote: The motion passed 4-0.

NAME	Minutes VOTE:		OTHER
	Aye	Nay	
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Nicolette Moultrie	X		

o. AB 1060 (Bonilla) – Professions and Vocations: licensure

Ms. Castillo said the bill will require the Committee to provide specified information through first-class mail and email to an ex-licensee when their license is suspended or revoked. She stated that the Committee already inform an ex-license through Certified Mail and that this would simply add the requirement to email and send the information first class mail as well. She explained that there may be an additional workload to the Committee's enforcement staff and a minor, but absorbable fiscal impact due to additional mailing costs. She said that there was also a departmental concern regarding email storage and record keeping, too.

- **Motion: Nicolette Moultrie moved to make recommendation to the Full Committee to take a watch position on AB 1060.**

Michelle Hurlbutt seconded the motion.

Vote: The motion passed 4-0.

NAME	Minutes VOTE:		OTHER
	Aye	Nay	
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Nicolette Moultrie	X		

p. SB 351 (Committee on Banking and Financial Institutions) – Corporations: management

Ms. Castillo reported that the bill is the cleanup language for the omnibus bill. She said that the amendment to the bill is supported by CDHA and allows the incorporation of RDHAPs in the Corporations Code. She said that there is a similar provision in AB 502 which will probably be struck to allow this language to progress the change to the Corporations Code. She explained that RDHAPs already have the authority to incorporate as per Business and Professions Code section 1962 and this bill would also allow them to incorporate under the

Corporations Code which was an issue in the Committee’s Sunset Report.

- **Motion: Noel Kelsch moved to make recommendation to the Full Committee to support SB 351.**

Nicolette Moultrie seconded the motion.

Vote: The motion passed 4-0.

NAME	Minutes VOTE:		OTHER
	Aye	Nay	
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Nicolette Moultrie	X		

- q. SB 800 (Committee on Business, Professions and Economic Development) – Healing Arts

Ms. Castillo stated that this bill is the Committee on Business, Professions and Economic Development’s omnibus bill for non-substantive changes for the department’s healing arts programs. She stated that there were only sections of the bill in the meeting packet that affected the Committee rather than the entire bill as it is lengthy and reviewed the four non-substantive changes with the subcommittee members.

- **Motion: Michelle Hurlbutt moved to make recommendation to the Full Committee to support SB 800.**

Noel Kelsch seconded the motion.

Vote: The motion passed 4-0.

NAME	Minutes VOTE:		OTHER
	Aye	Nay	
Susan Good	X		
Michelle Hurlbutt	X		
Noel Kelsch	X		
Nicolette Moultrie	X		

- r. Any Other Legislation of Interest to the Subcommittee

AB 178 (Bonilla) - Ms. Hurlbutt stated that she would like staff to monitor AB 178 and apprise the subcommittee of any changes that could affect AB 179.

SB 467 (Hill) – Ms. Castillo stated that this bill has two subjects that impact the Committee. She said the first part pertains to Departmental Pro Rata that state agencies pay for services that are provided by the department for a fee. She continued that the second subject was for the Attorney General’s Office to provide performance measures in the future. The subcommittee directed staff to monitor and apprise them of any changes to the bill.

LEG 6 – Future Agenda Items

Chair Good suggested that the Committee review a points system to determine the acceptance of applicants to dental hygiene programs.

Public Comment: Jo Ann Galliano asked that the subcommittee reach out for any legislation that affects the health of the public (i.e., labeling of sugar content in beverages – sugar warning labels (SB 203) and tobacco free ballparks (AB 768).

LEG 7 – Adjournment

The Legislative and Regulatory Subcommittee meeting adjourned at: 12:20 p.m.



Friday, May 6, 2016

Dental Hygiene Committee of California

Legislative and Regulatory Subcommittee

Agenda Item 4

**2016 Tentative Legislative Calendar – Informational
Only**



MEMORANDUM

DATE	May 6, 2016
TO	Legislative and Regulatory Subcommittee Meeting
FROM	Lori Hubble, Executive Officer
SUBJECT	LEG 4 – 2016 Tentative Legislative Calendar

The 2016 Tentative Legislative Calendar is distributed by the Secretary of State's Office to show important legislative events throughout the year.

Committee Action Requested

This agenda item is informational only and no Committee action is required.

2016 TENTATIVE LEGISLATIVE CALENDAR
 COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE
 10/7/2015

DEADLINES

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

FEBRUARY						
S	M	T	W	TH	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29					

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

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

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

- Jan. 1** Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 4** Legislature **reconvenes** (J.R. 51(a)(4)).
- Jan. 10** Budget must be submitted by Governor (Art. IV, Sec. 12 (a)).
- Jan. 15** Last day for **policy committees** to hear and report to Fiscal Committees fiscal bills introduced in their house in the odd-numbered year. (J.R. 61(b)(1)).
- Jan. 18** Martin Luther King, Jr. Day observed.
- Jan. 22** Last day for any committee to hear and report to the **Floor** bills introduced in their house in 2015 (J.R. 61(b)(2)). Last day to submit **bill requests** to the Office of Legislative Counsel.
- Jan. 31** Last day for each house to **pass bills introduced in that house in the** odd-numbered year (J.R. 61(b)(3)), (Art. IV, Sec. 10(c)).

- Feb. 15** Presidents' day observed.
- Feb. 19** Last day for bills to be **introduced** (J.R. 61(b)(4), (J.R. 54(a)).

- Mar. 17** **Spring Recess** begins upon adjournment (J.R. 51(b)(1)).
- Mar. 28** Legislature reconvenes from **Spring Recess** (J.R. 51(b)(1)).

- Apr. 1** Cesar Chavez Day Observed.
- Apr. 22** Last day for **policy committees** to hear and report to Fiscal Committees **fiscal bills** introduced in their house (J.R. 61(b)(5)).

- May 6** Last day for **policy committees** to hear and report to the Floor **nonfiscal** bills introduced in their house (J.R. 61(b)(6)).
- May 13** Last day for **policy committees** to meet prior to June 6 (J.R. 61(b)(7)).
- May 27** Last day for **fiscal committees** to hear and report to the Floor bills introduced in their house (J.R. 61 (b)(8)). Last day for **fiscal committees** to meet prior to June 6 (J.R. 61 (b)(9)).
- May 30** Memorial Day observed.
- May 31 - June 3** **Floor Session only.** No committee may meet for any purpose (J.R. 61(b)(10)).

*Holiday schedule subject to Senate Rules committee approval

2016 TENTATIVE LEGISLATIVE CALENDAR
 COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE
 10/7/2015

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

- June 3** Last day for each house to pass bills introduced in that house (J.R. 61(b)(11)).
- June 6** Committee meetings may resume (J.R. 61(b)(12)).
- June 15** Budget Bill must be passed by **midnight** (Art. IV, Sec. 12(c)(3)).
- June 30** Last day for a legislative measure to qualify for the Nov. 8 General election ballot (Elections Code Sec. 9040).

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

- July 1** Last day for **policy committees** to meet and report bills (J.R. 61(b)(13)). **Summer Recess** begins upon adjournment provided the Budget Bill has been passed (J.R. 51(b)(2)).
- July 4** Independence Day observed.

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

- Aug. 1** Legislature reconvenes from **Summer Recess** (J.R. 51(b)(2)).
- Aug. 12** Last day for **fiscal committees** to meet and report bills (J.R. 61(b)(14)).
- Aug. 15 - 31 Floor Session only.** No committees may meet for any purpose (J.R. 61(b)(15)).
- Aug. 19** Last day to **amend** on the Floor (J.R. 61(b)(16)).
- Aug. 31** Last day for **each house to pass bills**, except bills that take effect immediately or bills in Extraordinary Session (Art. IV, Sec. 10(c)), (J.R. 61(b)(17)). **Final Recess** begins upon adjournment (J.R. 51(b)(3)).

IMPORTANT DATES OCCURRING DURING FINAL RECESS

2016

Sept. 30 Last day for Governor to sign or veto bills passed by the Legislature before Sept. 1 and in the Governor's possession on or after Sept. 1 (Art. IV, Sec.10(b)(2)).

Nov. 8 General Election.

Nov. 30 Adjournment *Sine Die* at midnight (Art. IV, Sec. 3(a)).

Dec. 5 12 Noon convening of the 2017-18 Regular Session (Art. IV, Sec. 3(a)).

2017

Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

*Holiday schedule subject to Senate Rules committee approval



Friday, May 6, 2016

Dental Hygiene Committee of California

Legislative and Regulatory Subcommittee

Agenda Item 5

**Discussion and Possible Action to Initiate
Rulemaking to Amend California Code of
Regulations (CCR), Title 16, Article 13, Section
1151, Out-of-State Practitioner Authorization to
Participate in Sponsored Free Healthcare Events**



MEMORANDUM

DATE	May 6, 2016
TO	Legislative and Regulatory Subcommittee Meeting
FROM	Lori Hubble, Executive Officer
SUBJECT	LEG 5 – Discussion and Possible Action to Initiate Rulemaking to Amend California Code of Regulations (CCR), Title 16, Article 13, Section 1151, Out-of-State Practitioner Authorization to Participate in Sponsored Free Healthcare Events

Background

At the December 2015 Teleconference meeting, Lygia Jolley, CDHA President asked the Committee to revisit the application requirements for out-of-state licensees who apply to volunteer their services in free health care sponsored events offered in California.

Staff reviewed the regulation and made some suggested changes to the application and the regulation relative to the requirement to administer local anesthesia, nitrous oxide-oxygen sedation, and soft tissue curettage (SLN) and the electronic (Livescan) fingerprinting requirement. Under current law, out-of-state applicants can only be livescan fingerprinted in the State of California. Therefore, the option of being ink rolled on a hard card is an option for background checks. Additionally, the education in SLN is not comparable in other states as to what is taught in California.

Committee Action Requested

Discuss and take action to approve the proposed regulatory language as amended, and direct staff to take all necessary steps to initiate the formal rulemaking process and set the proposed regulations for a 45-day public hearing, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package.

Title 16. Dental Hygiene Committee of California
Department of Consumer Affairs

Amend Sections 1151 and 1153 of Division 11 of Title 16 of the California Code of Regulations, to read as follows:

Article 13.
Sponsored Free Health Care Events—Requirements for Exemption.

§1151. Out-of-State Practitioner Authorization to Participate in Sponsored Event.

(a) Request for Authorization to Participate. An out-of-state practitioner (“applicant”) may request authorization from the Committee to participate in a sponsored event and provide such health care services at the sponsored event as would be permitted if the applicant were licensed by the Committee to provide those services. An applicant shall request authorization by submitting to the Committee a completed “Request for Authorization to Practice Without a License at a Registered Free Health Care Event” Form DHCC 901-B (~~07/2012~~) (5/2016), which is hereby incorporated by reference, accompanied by a nonrefundable, non-transferable processing fee of \$86.00. The applicant shall also furnish ~~electronic~~ fingerprints to establish the identity of the applicant and to permit the Committee to conduct a criminal history record check. The applicant shall pay any costs for furnishing the fingerprints and conducting the criminal history record check.

(b) Response to Request for Authorization to Participate. Within 20 calendar days of receiving a completed request for authorization, the Committee shall notify the sponsoring entity or local government entity administering the sponsored event whether that request is approved or denied.

(c) Denial of Request for Authorization to Participate.

(1) The Committee shall deny a request for authorization to participate if:

(A) The submitted “Request for Authorization to Practice Without a License at a Registered Free Health Care Event” Form DHCC 901-B (~~07/2012~~) (5/2016) is incomplete and the applicant has not responded timely to the Committee’s request for additional information.

(B) The applicant does not possess a current active and valid license in good standing.

(C) The applicant has not satisfactorily completed a course of instruction, approved by the Committee, in the following procedures, if these procedures are to be performed, and the sponsoring entity will not be providing an appropriately licensed or authorized dentist for direct supervision of these procedures:

(i) Periodontal Soft-tissue curettage.

(ii) Administration of local anesthetic agents.

(iii) Administration of nitrous oxide and oxygen, whether administered alone or in combination with each other.

(D) The applicant has failed to comply with a requirement of this article or has committed any act that would constitute grounds for denial of an application for licensure by the Committee.

(E) The Committee has been unable to obtain a timely report from a criminal history records check.

(F) The applicant was previously denied an application to practice dentistry, dental hygiene, or dental assisting in this state.

(2) The Committee may deny a request for authorization to participate if:

(A) The request is received less than 20 calendar days before the date on which the sponsored event will begin.

(B) The applicant has been previously denied a request for authorization by the Committee to participate in a sponsored event.

(C) The applicant has previously had an authorization to participate in a sponsored event terminated by the Committee.

(D) The applicant has participated in three (3) or more sponsored events during the 12 month period immediately preceding the current application.

(d) Appeal of Denial. An applicant requesting authorization to participate in a sponsored event may appeal the denial of such request by following the procedures set forth in section 1152.

§1153. Additional Practice Requirements for Out-of-State Practitioners Authorized to Participate in Sponsored Free Health Care Events.

(a) Each out-of-state practitioner authorized to participate in a sponsored event and provide dental hygiene services at the sponsored event pursuant to section 1154 shall provide a written notice to each patient or prospective patient prior to performing any services. This notice shall be in at least 12 point font, and include, at a minimum, the following information:

- (1) The state, district, or territory where the out-of-state practitioner is licensed in good standing;
- (2) The name of each governmental agency that has issued the out-of-state practitioner a license to practice dental hygiene and the effective dates of each license;
- (3) The out-of-state practitioner's license number(s);
- (4) The dates the out-of-state practitioner is authorized to practice by the Committee; and
- (5) A disclosure that states: "The Dental Hygiene Committee of California has only authorized me to provide services under my license from another and only at this free health care event for a period not to exceed ten (10) days."

(6) If the out-of-state practitioner is not authorized by the Committee to perform the administration of local anesthetic, nitrous oxide-oxygen sedation, and periodontal soft tissue curettage, the information must be disclosed in the written notice to each patient.

(b) This notice required by this Section shall be provided separate and apart from all other notices or authorizations that a patient may be given or required to sign and shall be retained by the patient.

NOTE: Authority cited: Sections 901 and 1906, Business and Professions Code. Reference: Section 901, Business and Professions Code.



REQUEST FOR AUTHORIZATION TO PRACTICE WITHOUT A LICENSE AT A REGISTERED FREE HEALTH CARE EVENT

In accordance with California Business and Professions Code Section 901 any dental hygienist licensed/certified and in good standing in another state, district, or territory in the United States may request authorization from the Dental Hygiene Committee of California (Committee) to participate in a free health care event offered by a sponsoring entity, registered with the Committee pursuant to Section 901, for a period not to exceed ten (10) days. The Committee may deny requests for authorization received less than ~~twenty (20)~~ thirty (30) calendar days before the date on which the sponsored event will begin.

PART 1 - APPLICATION INSTRUCTIONS

An application must be complete and must be accompanied by all of the following:

- A processing fee of \$86.00, made payable to the Dental Hygiene Committee of California.
- A copy of each current, active and valid license and/or certificate authorizing the applicant to engage in the practice of dental hygiene issued by any state, district, or territory of the United States.
- A copy of a valid photo identification of the applicant issued by one of the jurisdictions in which the applicant holds a license or certificate to practice.
- Copies of Certificates of Completion showing at least 25 units of continuing education including current CPR, taken within two years of the date of this application.
- Any documents or statements requested on this application.
- Live Scan Fingerprints. Fingerprints ~~must~~ shall be done through-electronic Live Scan or ink on cards. Live Scan is available only in California, for either residents or visitors. You must download the Live Scan form from the DHCC website at this link www.dhcc.ca.gov/formspubs/form_livescan_rdh.pdf to complete and take to the Live Scan service location in California. A list of the Live Scan locations can be found at <http://ag.ca.gov/fingerprints/publications/contact.php>. You can take the completed form to the service location of your choice, pay a fee and your fingerprints are taken on a glass without ink. ~~Your fingerprints are transmitted electronically to the Department of Justice (DOJ), who sends the resulting report to the Committee. There is a low rate of rejections with this method.~~ You must submit the completed copy of the livescan form completed by yourself and the livescan operator as evidence of being live scan fingerprinted along with this application.
- Ink on Cards. If you are not able to come to California, you may contact the Committee to obtain California fingerprint cards. Other States' resident Ink fingerprint cards will not be accepted. Be sure to type or print legibly in black ink all the areas on both cards asking for personal information, that the cards are dated and signed by the official taking the fingerprints, and have your signature on them.

The Committee will not grant authorization until this form has been completed in its entirety, all required enclosures have been received by the Committee, and any additional information requested by the Committee has been provided by the applicant and reviewed by the Committee, and a determination has been made to grant authorization.

The Committee shall process this request and notify the sponsoring entity listed in this form if the request is approved or denied within ~~20~~ 30-60 calendar days of receipt. If the Committee requires additional or clarifying information, the committee will contact you directly. Written approval or denial of requests will be provided directly to the sponsoring entity and to the applicant.

PART 2 – NAME AND CONTACT INFORMATION

1. Applicant Name: _____
First Middle Last

2. Social Security Number: ____ - ____ - _____ Date of Birth: _____

3. Applicant's Contact Information*:

_____	_____
Address Line 1	Phone
_____	_____
Address Line 2	Alternate Phone
_____	_____
City, State, Zip	E-mail address

(*If an authorization is issued, this address information will be considered your "address of record" with the Committee and will be made available to the public upon request.)

4. Applicant's Employer : _____

Employer's Contact Information:

_____	_____
Address Line 1	Phone
_____	_____
Address Line 2	Facsimile
_____	_____
City, State, Zip	E-mail address (if available)

PART 3 – LICENSURE INFORMATION

1. Do you hold a current license, certification, or registration issued by a state, district, or territory of the United States authorizing the unrestricted practice of dental hygiene in your jurisdiction(s)?

No If no, you are not eligible to participate as an out-of-state practitioner in the sponsored event.

Yes If yes, list every license, certificate, and registration authorizing you to engage in the practice of dental hygiene in the following table. If there are not enough boxes to include all the relevant information please attach an addendum to this form. Please also attach a copy of each of your current licenses, certificates, and registrations.

State/ Jurisdiction	Issuing Agency/Authority	License Number	Expiration Date

2. Do you possess valid certification according to committee requirements mandated by Section 1151(c)(1)(C) in periodontal soft tissue curettage, administration of nitrous oxide and oxygen and administration local anesthetic agents (SLN)? Yes No

If Yes, provide proof of completion by a California Committee-approved course.

If No, you may be permitted to participate in the registered free health care event if you meet all other requirements for participation, however you will not be allowed to perform the SLN duties at the scheduled event.

3. CONTINUING EDUCATION. Provide copies of certificates of completion including CPR certification. Do not send originals.

4. Are you currently the subject of any investigation by any governmental entity? Yes No
If yes, provide a detailed explanation of the circumstances surrounding the investigation.

5. Have you ever had charges filed against a dental hygiene license that you currently hold or held in the past, including charges that are still pending? Yes No

If yes, provide a detailed explanation and a copy of the documents relating to the filing of charges.

6. Have you ever had any disciplinary action taken against a dental hygiene license or other healing arts license? Yes No

Disciplinary action includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction or action taken against a dental hygiene license. If yes, provide a detailed explanation and a copy of all documents relating to the disciplinary action.

7. Have you ever surrendered a dental hygiene license, either voluntary or otherwise?

Yes No If yes, provide a detailed explanation and a copy of all documents relating to the surrender.

8. Have you ever been the subject of a malpractice settlement or judgment?

Yes NO

If yes, provide a detailed explanation of the circumstances and outcome relating to the malpractice settlement or judgment. You may be required to provide additional information after review of your explanation.

IMPORTANT REQUIREMENT: If a disciplinary action is filed against any license you currently hold pending the Committee's decision on this application for authorization, you must notify the Committee in writing within 48 hours.

9. With the exception of conviction of an infraction resulting in a fine of less than \$1,000, have you ever been convicted of any crime, including an infraction, misdemeanor or felony? Yes No

"Conviction" includes a plea of no contest and any conviction that has been set aside pursuant to Section 1203.4 of the Penal Code. Therefore, you must disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside pursuant to Section 1203.4 of the Penal Code.

10. Do you have a current physical or mental impairment related to drugs or alcohol?

Yes No

11. Have you been adjudicated by a court to be mentally incompetent or are you currently under a conservatorship? Yes No

If yes, provide a detailed explanation of the circumstances, date and time of the court order or the duration of the conservatorship.

PART 4 – SPONSORED EVENT

1. Name of non-profit or community-based organization hosting the free healthcare event (the "sponsoring entity"): _____

2. Name of event: _____

3. Date(s) & location(s) of the event: _____

4. Date(s) & location(s) applicant will be performing healthcare services (if different):

5. Please specify the healthcare services you intend to provide: _____

6. Name and phone number of contact person with sponsoring entity: _____

PART 5 – ACKNOWLEDGMENT/CERTIFICATION

I, the undersigned, declare under penalty of perjury under the laws of the State of California and acknowledge that:

- I will comply with all applicable practice requirements required of licensed dental hygienists and all regulations of the Committee.
- In accordance with Business and Professions Code Section 901(i), I will only practice within the scope of my licensure and/or certification and within the scope of practice for California-licensed dental hygienists.
- I will provide the services authorized by this request and Business and Professions Code Section 901 to uninsured and underinsured persons only and shall receive no compensation for such services.
- I will provide the services authorized by this request and Business and Professions Code Section 901 only in association with the sponsoring entity listed herein and only on the dates and at the locations listed herein for a period not to exceed 10 calendar days.
- I am responsible for knowing and complying with California law and practice standards while participating in a sponsored event located in California.
- Practice of a regulated profession in California without proper licensure and/or authorization may subject me to potential administrative, civil and/or criminal penalties.
- The Committee may notify the licensing authority of my home jurisdiction and/or other appropriate law enforcement authorities of any potential grounds for discipline associated with my participation in the sponsored event.
- I have read the questions in the foregoing application and that all information provided by me in this application is true and complete to the best of my knowledge. By submitting this application and signing below, I am granting permission to the Committee to verify the information provided and to perform any investigation pertaining to the information I have provided as the Committee deems necessary.

My signature on this application, or copy thereof, authorizes the National Practitioner Data Bank to release any and all information required by the Dental Hygiene Committee of California.

Signature

Date

Name Printed: _____

NOTE: Authorization will not be issued until clearance has been received from the California Department of Justice and the Federal Bureau of Investigation.

NOTICE OF COLLECTION OF PERSONAL INFORMATION

Disclosure of your personal information is mandatory. The information on this application is required pursuant to Title 16, California Code of Regulations Section 1023.17 and Business and Professions Code section 901. Failure to provide any of the required information will result in the form being rejected as incomplete or denied. The information provided will be used to determine compliance with Article 8 of Division 10 of Title 16 of the California Code of Regulations (beginning at Section 1023.15). The information collected may be transferred to other governmental and enforcement agencies. Individuals have a right of access to records containing personal information pertaining to that individual that are maintained by the Board, unless the records are exempted from disclosure by Section 1798.40 of the Civil Code. Individuals may obtain information regarding the location of his or her records by contacting the Executive Officer at the Committee at the address and telephone number listed above.



Friday, May 6, 2016

Dental Hygiene Committee of California

Legislative and Regulatory Subcommittee

Agenda Item 6

**Discussion and Possible Action to Initiate
Rulemaking to Amend California Code of
Regulations (CCR), Title 16, Section 1107, RDH
Course in Local Anesthesia, Nitrous Oxide –
Oxygen Analgesia, and Periodontal Soft Tissue
Curettage**



MEMORANDUM

DATE	May 6, 2016
TO	Legislative and Regulatory Subcommittee Meeting
FROM	Lori Hubble, Executive Officer
SUBJECT	LEG 6 – Discussion and Possible Action to Initiate Rulemaking to Amend CCR, Title 16, Section 1107, RDH Course in Local Anesthesia, Nitrous Oxide - Oxygen Analgesia and Periodontal Soft Tissue Curettage

Background

CCR Section 1107 became operative in September 2014.

The attached amended regulation is intended to provide further clarification to the requirements for the educational course in soft tissue curettage, nitrous oxide-oxygen sedation, and administration of local anesthesia.

Committee Action Requested

Discuss and take action to approve the proposed regulatory language as amended and direct staff to take all necessary steps to initiate the formal rulemaking process and set the proposed regulations for a 45-day public hearing, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package.

Title 16. Dental Hygiene Committee of California
Department of Consumer Affairs

Amend § 1107 of Division 11 of Title 16 of the California Code of Regulations, to read as follows:

Add into Article 3
Educational Programs

§ 1107. RDH Course in Local Anesthesia, Nitrous Oxide-Oxygen Sedation, Analgesia and Periodontal Soft Tissue Curettage.

(a) Approval of Course. The Committee shall approve only those educational courses of instruction in local anesthetic, nitrous oxide-oxygen ~~analgesia~~ sedation, and periodontal soft tissue curettage that continuously meet all course requirements. Continuation of approval will be contingent upon compliance with these requirements.

(1) A course in local anesthesia, nitrous oxide-oxygen ~~analgesia~~ sedation, and periodontal soft tissue curettage is a course that provides instruction in the following duties:

(A) Administration of local anesthetic agents for nerve blocks, suprapariosteal, and intraseptal injections ~~infiltration, and conductive~~, limited to the oral cavity;

(B) Administration of nitrous oxide and oxygen ~~when used as an analgesic~~; utilizing fail-safe machines with scavenger systems containing no other general anesthetic agents; and

(C) Periodontal soft tissue curettage.

(2) An applicant course provider shall submit an "Application for Approval of a Course in Local Anesthesia, Nitrous Oxide-Oxygen ~~Analgesia~~ sedation, and Periodontal Soft Tissue Curettage" (DHCC SLN-01 ~~12/2013~~ 5/2016) hereby incorporated by reference, accompanied by the appropriate fee, and shall receive approval prior to enrollment of students.

(3) All courses shall be at the postsecondary educational level.

(4) Each approved course shall be subject to review by the Committee at any time.

(5) Each approved course shall submit a biennial report "Report of a Course in Local Anesthesia, Nitrous Oxide-Oxygen ~~Analgesia~~ Sedation, and Periodontal Soft Tissue Curettage" (DHCC SLN-03 09/2013) hereby incorporated by reference.

(b) Requirements for Approval.

In order to be approved, a course shall provide the resources necessary to accomplish education as specified in this section. Course providers shall be responsible for informing the Committee of any changes to the course content, physical facilities, and faculty, within 10 days of such changes.

(1) Administration. The course provider shall require course applicants to possess current certification in Basic Life Support for health care providers as required by Title 16, Division 10, Chapter 1, Article 4, Section 1016 (b)(1)(C) of the California Code of Regulations in order to be eligible for admission to the course, and one of the following:

- (A) Possess a valid active license to practice dental hygiene issued by the Committee; or,
 - (B) Have graduated from an educational program for dental hygienists approved by the Commission on Dental Accreditation or an equivalent accrediting body approved by the Committee; or
 - (C) Provide a letter of certification from the dean or program director of an educational program accredited by the Commission on Dental Accreditation that the course applicant is in his or her final academic term and is expected to meet all educational requirements for graduation. The school seal must be affixed to the letter with the name of the program.
- (2) Faculty. Pre-clinical and clinical faculty, including course director and supervising dentistry), shall:
- (A) Possess a valid, active California license to practice dentistry or dental hygiene for at least two (2) years immediately preceding any provision of course instruction;
 - (B) Provide pre-clinical and clinical instruction only in procedures within the scope of practice of their respective licenses.
 - (C) Complete an educational methodology course immediately preceding any provision of course instruction and every two years thereafter; and,
 - (D) Be calibrated in instruction and grading by the course provider.
- (3) Facilities and Equipment. Pre-clinical and clinical instruction shall be held at a physical facility. Physical facilities and equipment shall be maintained and replaced in a manner designed to provide students with a course designed to meet the educational objectives set forth in this section. A physical facility shall have all of the following:
- (A) A lecture classroom, a patient clinic area, a sterilization facility and a radiology area for use by the students.
 - (B) Access for all students to equipment necessary to develop dental hygiene skills in these duties.
 - (C) Infection control equipment shall be provided according to the requirements of CCR Title 16, Division 10, Chapter 1, Article 1, Section 1005.
 - (D) At least one complete nitrous oxide-oxygen unit shall be provided for each six (6) students enrolled in the course and shall include a fail-safe flowmeter, functional scavenger system and disposable or sterilizable nasal hoods for each laboratory partner or patient. All tubing, hoses and reservoir bags shall be maintained and replaced at regular intervals to prevent leakage of gases. When not attached to a nitrous oxide-oxygen unit, all gas cylinders shall be maintained in an upright position, secured with a chain or in a cart designed for storage of gas cylinders.
- (4) Health and Safety. A course provider shall comply with local, state, and federal health and safety laws and regulations.

- (A) All students shall have access to the course's hazardous waste management plan for the disposal of needles, cartridges, medical waste and storage of oxygen and nitrous oxide tanks.
- (B) All students shall have access to the course's clinic and radiation hazardous communication plan.
- (C) All students shall ~~receive~~ have access to a copy of the course's bloodborne and infectious diseases exposure control plan, which shall include emergency needlestick information.
- (5) Clinical Education. As of January 1, 2016, each course's clinical training shall be given at a dental or dental hygiene school or facility approved by the Committee, which has a written contract for such training. Such written contract shall include a description of the settings in which the clinical training may be received and shall provide for direct supervision of such training by faculty designated by the course provider; and proof of liability insurance. ~~A facility shall not include a dental office unless such office is an extramural facility of an educational program approved by the Committee.~~
- (6) Recordkeeping. A course provider shall possess and maintain the following for a period of not less than 5 years:
- (A) A copy of each approved curriculum, containing a course syllabus.
- (B) A copy of completed written examinations, clinical rubrics, and completed competency evaluations.
- (C) A copy of faculty calibration plan, faculty credentials, licenses, and certifications including documented background in educational methodology immediately preceding any provision of course instruction and every two years thereafter.
- (D) Individual student records, including those necessary to establish satisfactory completion of the course.
- (E) A copy of each student's course evaluations, ~~and a summation thereof a summary of the course content~~ after completion of each course, and a summary of those evaluations.
- (7) Curriculum Organization and Learning Resources.
- (A) The organization of the curriculum for the course shall be flexible, creating opportunities for adjustments to and research of advances in the administration of local anesthetic, nitrous oxide-oxygen ~~analgesia~~ sedation, and periodontal soft tissue curettage as provided in the section of this article on Requirements for RDH Programs.
- (B) Curriculum shall provide students with an understanding of these procedures as provided in the section of this article on Requirements for RDH Programs and an ability to perform each procedure with competence and judgment.
- (C) Curriculum shall prepare the student to assess, plan, implement, and evaluate these procedures as provided and in accordance with the section of this article on Requirements for RDH Programs.

(D) Curriculum shall include a remediation policy, and procedures outlining course guidelines for students who fail to successfully complete the course.

(E) Students shall be provided a course syllabus that contains:

(i) Course learning outcomes,

(ii) Titles of references used for course materials,

(iii) Content objectives,

(iv) Grading criteria which includes competency evaluations and clinic standards rubrics to include problem solving and critical thinking skills that reflect course learning outcomes, and

(v) A remediation policy and procedures.

(F) Students shall have reasonable access to dental and medical reference textbooks, current scientific journals, audio-visual materials and other relevant resources.

(8) General Curriculum Content. Areas of didactic, preclinical and clinical instruction shall include:

(A) Indications and contraindications for all patients of:

(i) periodontal soft tissue curettage;

(ii) administration and reversal of local anesthetic agents;

(iii) administration of nitrous oxide-oxygen analgesia agents

(B) Head and neck anatomy;

(C) Physical and psychological evaluation procedures;

(D) Review of body systems related to course topics;

(E) Theory and psychological aspects of pain and anxiety control; including "American Academy of Pediatric Dentistry" Guidelines on use of local anesthesia for Pediatric Dental Patients" (2015) hereby incorporated by reference;

(F) Selection of pain control modalities;

(G) Pharmacological considerations such as action of anesthetics and vasoconstrictors, local anesthetic reversal agents and nitrous oxide-oxygen analgesia sedation;

(H) Recovery from and post-procedure evaluation of periodontal soft tissue curettage, local anesthesia and nitrous oxide/oxygen analgesia sedation;

(I) Complications and management of periodontal soft tissue curettage, local anesthesia and nitrous oxide-oxygen analgesia sedation emergencies;

(J) Armamentarium required and current technology available for local anesthesia, nitrous

oxide-oxygen analgesia-sedation, and periodontal soft tissue curettage;

(K) Techniques of administration of maxillary and mandibular ~~local infiltrations, field blocks and nerve blocks,~~ supraperiosteal, and intraseptal injections, nitrous oxide-oxygen analgesia- sedation, and performance of periodontal soft tissue curettage;

(L) Proper infection control procedures according to the provisions of Title 16, Division 10, Chapter 1, Article 4, Section 1005 of the California Code of Regulations;

(M) Patient documentation that meets the standard of care, including, but not limited to, computation of maximum recommended dosages for local anesthetics and the tidal volume, percentage and amount of the gases and duration of administration of nitrous oxide-oxygen analgesia- sedation;

(N) Medical and legal considerations including patient consent, standard of care, and patient privacy;

(O) ~~Student~~ Course evaluation mechanism for students to provide feedback on the course upon completion of the course.

(9) Specific Curriculum Content.

(A) Local anesthetic agents curriculum must include at least thirty (30) hours of instruction, including at least fifteen (15) hours of didactic and preclinical instruction and at least fifteen (15) hours of clinical instruction.

(i) Pre-clinical instruction shall be on a human subject. Instruction shall include a minimum of two (2) experiences per injection, which may be on another student. The student must be competent in administering injections on the left and right side of the mouth.

(ii) Clinical instruction must include at least four (4) clinical experiences per injection on four different patients, of which only one may be on another student. The student must be competent in administering injections on the left and right side of the mouth.

(iii) Curriculum must include maxillary and mandibular anesthesia techniques for ~~local infiltration, field block and nerve block~~ to include anterior superior alveolar (ASA) nerve block (infraorbital), middle superior alveolar nerve block (MSA), anterior middle superior alveolar nerve block (AMSA), posterior superior alveolar nerve block (PSA), greater palantine nerve block, nasopalantine (P-ASA) nerve block, supraperiosteal, , inferior alveolar nerve block (to include Gow-Gates technique), lingual nerve block, buccal nerve block, mental nerve block, incisive nerve block and intraseptal injections. nerve blocks, supraperiosteal, and intraseptal injections. These injections include the anterior superior alveolar (ASA) nerve block, infraorbital (IO) nerve block, middle superior alveolar (MSA) nerve block, anterior middle superior alveolar (AMSA) nerve block, posterior superior alveolar (PSA) nerve block, greater palatine (GP) nerve block, nasopalantine (NP), nerve block, inferior alveolar (IA) nerve block, lingual nerve block, buccal nerve block, mental nerve block, and incisive nerve block. Curriculum must also include maxillary and mandibular supraperiosteal and intraseptal injections.

(iv) Didactic instruction of the inferior alveolar (IA) nerve block shall include instruction in administration of the IA using the Gow-Gates technique.

(v) One clinical experience per injection shall be used to determine clinical competency in the course. The competency evaluation for each injection and technique must be achieved at a minimum of 75%.

(B) Nitrous oxide-oxygen ~~analgesia~~ sedation curriculum must include at least ~~eight~~ fourteen (~~8~~) (14) hours of instruction, including at least ~~four~~ (~~4~~) six (6) hours of didactic and preclinical instruction and at least ~~four~~ (~~4~~) eight (8) hours of clinical instruction. This includes at least two (2) preclinical experiences on patients, both of which may be on another student, and at least ~~three~~ (~~3~~) four (4) clinical experiences on patients, of which only one may be on another student and one of which will be used to determine clinical competency in the course. Each clinical experience shall include the performance of a dental hygiene procedure while administering at least twenty (20) minutes of nitrous oxide-oxygen ~~analgesia~~ sedation. The competency evaluation must be achieved at a minimum of 75%.

(C) Periodontal soft tissue curettage curriculum must include at least six (6) hours of instruction, including at least three (3) hours of didactic and preclinical instruction and at least three (3) hours of clinical instruction. Education may include use of a laser approved for soft tissue curettage. This includes at least three (3) clinical experiences on patients, of which only one may be on another student and one of which will be used to determine clinical competency in the course. The competency evaluation for this procedure must be achieved at a minimum of 75%.

(10) Certificate of Completion. A course provider shall issue a certificate of completion "Certification in Administration of Local Anesthesia, Nitrous Oxide-Oxygen ~~Analgesia~~ Sedation, and Periodontal Soft Tissue Curettage (DHCC SLN-02 09/2013), hereby incorporated by reference, only after a student has achieved ~~clinical competency of the three procedures~~ the minimum competency level of 75% for each competency evaluation given for each of the three procedures.

(C) Appeals.

(1) The Committee may deny or withdraw its approval of a course. If the Committee denies or withdraws approval of a course, the reasons for withdrawal or denial will be provided in writing within ninety (90) days.

(2) Any course provider whose approval is denied or withdrawn shall be granted an informal conference before the Executive Officer or his or her designee prior to the effective date of such action. The course provider shall be given at least ten days' notice of the time and place of such informal conference and the specific grounds for the proposed action.

(3) The course provider may contest the denial or withdrawal of approval by either:

(A) Appearing at the informal conference. The Executive Officer shall notify the course provider of the final decision of the Executive Officer within ten days of the informal conference. Based on the outcome of the informal conference, the course provider may then request a hearing to contest the Executive Officer's final decision. A course provider shall

request a hearing by written notice to the Committee within 30 calendar days of the postmark date of the letter of the Executive Officer's final decision after informal conference. Hearings shall be held pursuant to the provisions of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code. Or;

(B) Notifying the Committee in writing the course provider's election to forego the informal conference and to proceed with a hearing pursuant to the provisions of Chapter 5 commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code. Such notification shall be made to the Committee before the date of the informal conference.

Note: Authority cited: Sections 1905, 1906, 1909 and 1944, Business and Professions Code.
Reference: Sections 1905 1909, 1917 and 1944, Business and Professions Code.



DENTAL HYGIENE COMMITTEE OF CALIFORNIA
2005 Evergreen Street Suite 4050 **2050**, Sacramento, CA 95815
P (916) 263-1978 | F (916) 263-1978 | www.dhcc.ca.gov



Application for Approval of Course in Local Anesthesia, Nitrous Oxide-Oxygen **Sedation**, Analgesia and Periodontal Soft Tissue Curettage

Business & Professions Code §1909, 16 CCR §1107.

Non-Refundable Fee: \$300
(Must accompany application)

Receipt _____	RC _____
Date filed _____	\$ _____
Approved _____	Denied _____
RP# _____	

_____		_____	
Course Provider		Phone Number	

Email Address			

Name and Title of Course Director			

Affiliated Dental Hygiene or Dental Program			

_____	_____	_____	_____
Mailing Address of Course Provider*	City	State	Zip

_____	_____	_____	_____
Clinical Facility Address (if different from above)	City	State	Zip

*Course provider mailing address is public. If you wish to provide a P.O. Box, you must also provide a physical address and be sure to specify that the physical address is not to be used as the address of record.

Requirements for Course

A course must be approved prior to operation. Each approved course must submit a biennial report. Course records shall be subject to inspection by the Committee at any time. The Committee may withdraw approval at any time that it determines that a course does not meet the requirements of the law. Course providers must inform the Committee of any changes to course content, faculty and physical facilities within 10 days.

1. Will the course provide instruction in administration of local anesthetic agents limited to the oral cavity, administration of nitrous oxide-oxygen used as an analgesic utilizing fail-safe type machines containing no other general anesthetic agents, and periodontal soft tissue curettage? Include a copy of your curriculum.

Yes No

2. Will the course be established at or contracted with a California dental or dental hygiene school **or facility**? Include your written contract and if applicable, the extramural site agreement.

Yes No

3. Course Faculty Information

Name	License Type	License #	License Expiration	Date of Teaching Educational Methodology

Course director and clinical and preclinical faculty must possess a valid, active California license for at least two years. If faculty listed above has ever been licensed in another state or territory to practice dental hygiene or dentistry, a license certification is required. Attach copies of each license and proof of education in educational methodology for all faculty and faculty calibration plan.

4. Will there be a lecture classroom, patient clinic area and radiology area for use by students? Attach a facility site map indicating each of these areas.

Yes No

5. Will all students have access to equipment necessary to develop dental hygiene skills in the duties being taught? Attach a list.

Yes No

6. Will all students have access to the hazardous waste management plan for disposal of needles, cartridges, medical waste, storage of nitrous oxide and oxygen tanks and the course's clinic and radiation hazardous communication plan? Attach a copy of both the hazardous waste management and hazardous communication plan.

Yes No

7. Will all students receive a copy of the bloodborne and infectious diseases exposure control plan, including the emergency needlestick information? Attach a copy as provided to students.

Yes No

8. Will the course clearly state curriculum subject matter, specific instruction hours in the individual areas of didactic, pre-clinical and clinical instruction, and include written course and specific instructional learning outcomes that will be accomplished within the framework of the course, including theoretical aspects of each subject as well as practical application in accordance with Title 16, California Code of Regulations §1107 and a copy be provided to students? Attach a copy of curriculum, including student evaluation mechanism and remediation policy and procedures.

Yes No

9. Will the course's duration allow a student to develop competence in administration of local anesthesia, administration of nitrous oxide-oxygen analgesia, and performance of periodontal soft tissue curettage? Attach a course schedule.

Yes No

10. Will instruction in periodontal soft tissue curettage total at least 6 hours including at least 3 hours of didactic and pre-clinical instruction and at least 3 hours of clinical instruction that includes a minimum of 3 (three) clinical experiences on three different patients of which only one may be on another student?

Yes No

11. Will instruction in the administration of local anesthetic agents total at least 30 hours, including at least 15 hours of didactic and pre-clinical instruction and at least 15 hours of clinical instruction ~~that includes a minimum of 2 preclinical experiences per injection which may be on another student and 4 clinical experiences on four different patients of which only one may be on another student?~~ and

- pre-clinical instruction shall be on a human subject and shall include a minimum of 2 experiences per injection which may be on another student
- clinical instruction must include at least 4 clinical experiences per injection which only one may be on another student?

Yes No

12. Will instruction in the administration of nitrous oxide-oxygen total at least ~~8~~ 14 hours including at least ~~4~~ 6 hours of didactic and pre-clinical instruction and ~~4~~ 8 hours of clinical instruction that includes a minimum of ~~3~~ 4 clinical experiences on ~~3~~ 4 different patients of which only one may be on another student?

Yes No

13. Specify the total number of hours for all three areas within the course that will be taught in the categories listed below:

Didactic _____ Pre-clinical _____
Clinical _____

14. Will continuing education (CE) be offered for this course? If yes, provide your California continuing education provider number below.

Yes No

Recordkeeping

15. Will you retain for at least 5 years copies of curriculum, syllabi, exams, sample test questions, clinic rubrics, copies of faculty credentials, faculty calibration plan and individual student records including course evaluations and ~~summations thereof~~ a summary of all evaluations after completion of each course pursuant to Title 16, California Code of Regulations §1107(b)(6)?

Yes No

16. Will each student be issued a certificate of successful completion after achievement of a minimum of 75% in each clinical competency and has been deemed competent in each of the 3 (three) procedures?

Yes No

Acknowledgement

17. Have you reviewed Business & Professions Code §1909 and Title 16, Division 11 of the California Code of Regulations?

Yes No

18. Do you agree to abide by the requirements set forth in Business & Professions Code §1909, and Title 16, Division 11 of the California Code of Regulations? Do you acknowledge that failure to do so may result in loss of course approval?

Yes No

The Committee may approve or deny approval of any course. If the Committee denies approval of a course, the reasons for denial will be provided in writing within 90 days.

Certification

I certify under the penalty of perjury under the laws of the State of California that the statements made in the application are true and correct.

Signature of Course Director or designee

Date

Printed Name of Course Director or designee

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by the Dental Hygiene Committee of California, 2005 Evergreen Street, Suite ~~4050~~ **2050**, Sacramento, CA 95815, Executive Officer, 916-263-1978, in accordance with Business & Professions Code, §1900 et seq. The information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Each individual has the right to review his or her own personal information maintained by the agency as set forth in the Information Practices Act unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.

DENTAL HYGIENE COMMITTEE OF CALIFORNIA

**CERTIFICATION IN ADMINISTRATION OF LOCAL ANESTHESIA,
NITROUS OXIDE-OXYGEN ANALGESIA, AND PERFORMANCE OF
PERIODONTAL SOFT TISSUE CURETTAGE**

PLEASE TYPE OR PRINT

COURSE PARTICIPANT NAME

LAST

FIRST

MIDDLE

DATE OF BIRTH

--	--	--	--

ADDRESS

--

CITY

STATE

ZIP

--	--	--

HOME PHONE

CELL PHONE

EMAIL ADDRESS

()

()

--	--

DENTAL HYGIENE COMMITTEE OF CALIFORNIA (DHCC) COURSE PROVIDER

--

DATES OF COURSE

--

ADDRESS (Course provider mailing address is public. If you wish to provide a P.O. Box, you must also provide a physical address and be sure to specify that the physical address is not to be used as the address of record.)

--

CITY

STATE

ZIP

--	--	--

PHONE

()

--

COURSE PROVIDER'S EMAIL ADDRESS

I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE COURSE PARTICIPANT ABOVE SUCCESSFULLY COMPLETED A DHCC-APPROVED COURSE AND DEMONSTRATED CLINICAL COMPETENCY IN THE ABOVE LISTED DUTIES PURSUANT TO CALIFORNIA CODE OF REGULATIONS §1107(b)(9).

PRINTED NAME OF COURSE INSTRUCTOR OR DIRECTOR

STAMP OR SEAL OF
COURSE PROVIDER
OR INSTITUTION

SIGNATURE



Local Anesthesia, Nitrous Oxide **Sedation**, and Periodontal Soft Tissue Curettage Course Provider Biennial Report

DATE:

COURSE PROVIDER	PROVIDER NO.
MAILING ADDRESS	PHONE NO.
NAME OF COURSE DIRECTOR	EMAIL ADDRESS
NAME OF COURSE	
DATES COURSE OFFERED	NUMBER OF HOURS
NUMBER OF ATTENDEES	NUMBER OF CERTIFICATES ISSUED
CHANGES IN COURSE SINCE THE LAST BIENNIAL REPORT, OR, IF THIS IS THE FIRST BIENNIAL REPORT, SINCE COURSE APPROVAL.	

In completing this form, please consult the regulations governing courses in Local Anesthesia, Nitrous Oxide, and Periodontal Soft Tissue Curettage at Section 1107 of the California Code of Regulations.



Friday, May 6, 2016

Dental Hygiene Committee of California

Legislative and Regulatory Subcommittee

Agenda Item 7

**Discussion and Possible Action on Agendized
Legislation: Assembly Bill (AB) 12, AB 648, AB
1868, AB 2701, and AB 2859;
Senate Bill (SB) 1033, SB 1155, and SB 1217**

**DENTAL HYGIENE COMMITTEE OF CALIFORNIA
TRACKED LEGISLATION
MAY 2016 COMMITTEE MEETING**

Bill No.	Author	Subject	Date of Introduction	Last Amended	Location	Status	Committee Position	Notes
Assembly Bill AB 12	Cooley	State Government: Administrative Regulations: Review	12/1/2014	8/19/2015	Senate Committee on Appropriations	8/27/15 - In committee: Held under submission.	WATCH	Repeal duplicative regulations
AB 648	Low	Health Care Access Demonstration Project Grants: Virtual Dental Home Program	2/24/2015	9/1/2015	Senate	9/9/15 - Ordered to inactive file at the request of Senator Monning.	WATCH	Establishes the Virtual Dental Home grant program at the California Health Facilities
AB 1868	Wagner	Regulations Legislative Notice	2/10/2016	N/A	Assembly Committee on Appropriations	Committee Hearing Date set April 27, 2016		Required to notify legislature if proposed regulations have an economic or fiscal impact.
AB 2701	Jones	DCA: Boards: Training Requirements	2/19/2016	N/A	Assembly Committee on Business and Professions	4/5/16 - Canceled first hearing at the request of the author		Board members must receive regulation training within 1 year of taking office
AB 2859	Low	Professions and Vocations: Retired Category: Licenses	2/19/2016	N/A	Assembly Committee on Appropriations	Committee Hearing Date set April 27, 2016		Authorizes any of the DCA entities to establish regulations for a retired category of licensure for persons not actively practicing
Senate Bill SB 1033	Hill	Medical Board: Disclosure of Probationary Status	2/12/2016	3/17/2016	Senate Committee on Appropriations	4/20/16 - Set for hearing April 25, canceled by Author		Notify notify patients of probationary status before visits take place
SB 1155	Morrell	Professions and Vocations: Licenses: Military Service	2/18/2016	3/28/2016	Senate Committee on Appropriations	4/15/16 - Set for hearing April 25,		Grant a waiver for application & initial licensing fees to an honorably discharged veteran
SB 1217	Stone	Healing Arts: Reporting Requirements: Professional Liability Resulting in Death or Personal Injury	2/18/2016	4/12/2016	Senate Business, Professions and Economic Development	4/19/15 - Set for second hearing, failed passage in Senate Business and Economic Development Committee		Legislative reports posted on internet websites



Bill Number: AB 12 (2 Year Bill)	AUTHOR: Assembly Member COOLEY
SPONSOR: Author	VERSION: AMENDED- August 19, 2015
INTRODUCED: December 1, 2014	BILL STATUS : In Committee: Held under submission
BILL LOCATION: Senate Appropriations Committee	
AGENDA ITEM: LEG 7 – AB 12 (Cooley)	
SUBJECT: State Government: Administrative Regulations: Review	

SUMMARY

This bill would require every state agency, department, board, bureau or other entity to review and revise regulations to eliminate inconsistent, overlapping, duplicative, and outdated provisions, and adopt the revisions as emergency regulations by January 1, 2018. Additionally, this bill would require the Business, Consumer Services, and Housing Agency to submit a report to the Governor and Legislature affirming compliance with these provisions. These provisions would be repealed by January 1, 2019. The Department does not anticipate this two year bill will be moving forward because of the overall fiscal impact.

ANALYSIS

Pursuant to the Administrative Procedure Act (APA), state agencies that promulgate regulations are required to provide notice to the public and accept public comments on the proposed regulations and then submit the final regulations to the Office of Administrative Law for legal review for compliance with the APA and approval. However, agencies often have outdated, duplicative, or overlapping regulations that are not automatically purged or updated upon the passage of new regulations. This bill seeks to remedy the issue.

In its amended version, this bill would not significantly impact the DHCC. Workload related to this bill would be performed by staff and is minor and absorbable.

SUPPORT/OPPOSITION

Support

- American Federation of State, County and Municipal Employees
- Associated Builders and Contractors of California
- Building Owners and Managers Association of California
- California Asian Pacific Chamber of Commerce
- California Association of Bed & Breakfast Inns
- California Building Industry Association
- California Business Properties Association
- California Business Roundtable
- California Chamber of Commerce
- California Construction and Industrial Materials Association
- California Grocers Association

- California Hotel & Lodging Association
- California League of Food Processors
- California Manufacturers & Technology Association
- California Retailers Association
- California Taxpayers Association
- Commercial Real Estate Development Association
- Consumer Specialty Products Association
- Family Business Association
- Industrial Environmental Association
- International Council of Shopping Centers
- National Federation of Independent Business/California
- Small Business California
- USANA Health Services, Inc.
- Western States Petroleum Association

Opposition:

- None received.

ATTACHED:

- 1) AB 12 (Cooley) – Version: Amended – August 19, 2015

COMMITTEE POSITION

At the May 2015 meeting the Committee took a “watch” position on AB 12 (Cooley). The Legislative and Regulatory Subcommittee may consider maintaining the “watch” position and report the recommendation to the full Committee.

COMMITTEE POSITION: _____ Support _____ Oppose _____ Neutral _____
 X Maintain Watch

AMENDED IN SENATE AUGUST 19, 2015

AMENDED IN ASSEMBLY APRIL 22, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 12

Introduced by Assembly Member Cooley
(Coauthors: Assembly Members Chang, Daly, and Wilk)
(Coauthor: Senator Huff)

December 1, 2014

An act to add and repeal Chapter 3.6 (commencing with Section 11366) of Part 1 of Division 3 of Title 2 of the Government Code, relating to state agency regulations.

LEGISLATIVE COUNSEL'S DIGEST

AB 12, as amended, Cooley. State government: administrative regulations: review.

Existing law authorizes various state entities to adopt, amend, or repeal regulations for various specified purposes. The Administrative Procedure Act requires the Office of Administrative Law and a state agency proposing to adopt, amend, or repeal a regulation to review the proposed changes for, among other things, consistency with existing state regulations.

This bill would, until January 1, 2019, require each state agency to, on or before January 1, 2018, review that agency's regulations, identify any regulations that are duplicative, overlapping, inconsistent, or out of date, to revise those identified regulations, as provided, and report to the Legislature and Governor, as specified.

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

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

1 SECTION 1. Chapter 3.6 (commencing with Section 11366)
2 is added to Part 1 of Division 3 of Title 2 of the Government Code,
3 to read:

4
5 CHAPTER 3.6. REGULATORY REFORM

6
7 Article 1. Findings and Declarations

8
9 11366. The Legislature finds and declares all of the following:

10 (a) The Administrative Procedure Act (Chapter 3.5 (commencing
11 with Section 11340), Chapter 4 (commencing with Section 11370),
12 Chapter 4.5 (commencing with Section 11400), and Chapter 5
13 (commencing with Section 11500)) requires agencies and the
14 Office of Administrative Law to review regulations to ensure their
15 consistency with law and to consider impacts on the state’s
16 economy and businesses, including small businesses.

17 (b) However, the act does not require agencies to individually
18 review their regulations to identify overlapping, inconsistent,
19 duplicative, or out-of-date regulations that may exist.

20 (c) At a time when the state’s economy is slowly recovering,
21 unemployment and underemployment continue to affect all
22 Californians, especially older workers and younger workers who
23 received college degrees in the last seven years but are still awaiting
24 their first great job, and with state government improving but in
25 need of continued fiscal discipline, it is important that state
26 agencies systematically undertake to identify, publicly review, and
27 eliminate overlapping, inconsistent, duplicative, or out-of-date
28 regulations, both to ensure they more efficiently implement and
29 enforce laws and to reduce unnecessary and outdated rules and
30 regulations.

31
32 Article 2. Definitions

33
34 11366.1. For the purposes of this chapter, the following
35 definitions shall apply:

36 (a) “State agency” means a state agency, as defined in Section
37 11000, except those state agencies or activities described in Section
38 11340.9.

1 (b) “Regulation” has the same meaning as provided in Section
2 11342.600.

3
4 Article 3. State Agency Duties
5

6 11366.2. On or before January 1, 2018, each state agency shall
7 do all of the following:

8 (a) Review all provisions of the California Code of Regulations
9 ~~applicable to, or adopted by,~~ *adopted by* that state agency.

10 (b) Identify any regulations that are duplicative, overlapping,
11 inconsistent, or out of date.

12 (c) Adopt, amend, or repeal regulations to reconcile or eliminate
13 any duplication, overlap, inconsistencies, or out-of-date provisions,
14 and shall comply with the process specified in Article 5
15 (commencing with Section 11346) of Chapter 3.5, unless the
16 addition, revision, or deletion is without regulatory effect and may
17 be done pursuant to Section 100 of Title 1 of the California Code
18 of Regulations.

19 (d) Hold at least one noticed public hearing, ~~that~~ *which* shall be
20 noticed on the Internet Web site of the state agency, for the
21 purposes of accepting public comment on proposed revisions to
22 its regulations.

23 (e) Notify the appropriate policy and fiscal committees of each
24 house of the Legislature of the revisions to regulations that the
25 state agency proposes to make at least 30 days prior to initiating
26 the process under Article 5 (commencing with Section 11346) of
27 Chapter 3.5 or Section 100 of Title 1 of the California Code of
28 Regulations.

29 (g) (1) Report to the Governor and the Legislature on the state
30 agency’s compliance with this chapter, including the number and
31 content of regulations the state agency identifies as duplicative,
32 overlapping, inconsistent, or out of date, and the state agency’s
33 actions to address those regulations.

34 (2) The report shall be submitted in compliance with Section
35 9795 of the Government Code.

36 11366.3. (a) On or before January 1, 2018, each agency listed
37 in Section 12800 shall notify a department, board, or other unit
38 within that agency of any existing regulations adopted by that
39 department, board, or other unit that the agency has determined
40 may be duplicative, overlapping, or inconsistent with a regulation

1 adopted by another department, board, or other unit within that
2 agency.

3 (b) A department, board, or other unit within an agency shall
4 notify that agency of revisions to regulations that it proposes to
5 make at least 90 days prior to a noticed public hearing pursuant to
6 subdivision (d) of Section 11366.2 and at least 90 days prior to
7 adoption, amendment, or repeal of the regulations pursuant to
8 subdivision (c) of Section 11366.2. The agency shall review the
9 proposed regulations and make recommendations to the
10 department, board, or other unit within 30 days of receiving the
11 notification regarding any duplicative, overlapping, or inconsistent
12 regulation of another department, board, or other unit within the
13 agency.

14 11366.4. An agency listed in Section 12800 shall notify a state
15 agency of any existing regulations adopted by that agency that
16 may duplicate, overlap, or be inconsistent with the state agency’s
17 regulations.

18 11366.45. This chapter shall not be construed to weaken or
19 undermine in any manner any human health, public or worker
20 rights, public welfare, environmental, or other protection
21 established under statute. This chapter shall not be construed to
22 affect the authority or requirement for an agency to adopt
23 regulations as provided by statute. Rather, it is the intent of the
24 Legislature to ensure that state agencies focus more efficiently and
25 directly on their duties as prescribed by law so as to use scarce
26 public dollars more efficiently to implement the law, while
27 achieving equal or improved economic and public benefits.

28
29 Article 4. Chapter Repeal
30

31 11366.5. This chapter shall remain in effect only until January
32 1, 2019, and as of that date is repealed, unless a later enacted
33 statute, that is enacted before January 1, 2019, deletes or extends
34 that date.

(INTENTIONALLY LEFT BLANK)



Bill Number: AB 648	AUTHOR: Assembly Member LOW
SPONSOR: Author	VERSION: AMENDED- September 1, 2015
INTRODUCED: February 24, 2015	BILL STATUS : 9/9/15 - Ordered to inactive file by Senator Monning.
BILL LOCATION: Senate	
AGENDA ITEM: LEG 7- AB 648 (Low)	
SUBJECT: Health Care Access Demonstration Project Grants: Virtual Dental Home Program	

SUMMARY

This bill would establish the Virtual Dental Home (VDH) program within the Department of Public Health to expand the virtual dental home model of community based delivery of dental care to those in the greatest need; encourage expansion of the model in community clinics and schools; and appropriate \$4 million for this purpose.

ANALYSIS

Existing law establishes the State Department of Public Health to administer the state oral health program known as the Office of Oral Health for the purposes of, among other things, establishing community dental disease prevention programs for school-aged children.

This bill would not directly impact the DHCC; however, it may impact its licensees due to their participation in the VDH program. The bill establishes the VDH program under the Department of Public Health and provides \$4 million in funding from the General Fund to provide the infrastructure and equipment needed to expand the program and the delivery of dental health services in schools, head start and preschool programs, and community clinics as set forth in Sections 1910.5 and 1926.5 of the Business and Professions Code. This includes development of related training modules, establishing community-based learning collaboratives, and provides grants to fund VDH technology and equipment.

As of this writing, there are over 70 DHCC licensees that would be able to work for the VDH program since they have already participated and completed the Health Workforce Pilot Project no.172.

SUPPORT/OPPOSITION

Support

- California Dental Association (sponsor)
- Children’s Partnership (sponsor)
- California Dental Hygienists' Association
- California Primary Care Association
- Children's Defense Fund – California
- LIBERTY Dental Plan of California, Inc.
- Maternal and Child Health Access

- North County Health Services

Opposition

- None on file.

ATTACHED:

- 1) AB 648 (Low) – Version: Amended – September 1, 2015

COMMITTEE POSITION

At the May 2015 meeting, the Committee took a “watch” position on AB 648 (Low). The Legislative and Regulatory Subcommittee may consider maintaining the watch position and report the recommendation to the full Committee.

COMMITTEE POSITION: Support Oppose Neutral
 Maintain Watch

AB 648 (Low) **Meeting the Dental Care Needs of** **California's Children Spreading the Virtual Dental Home**

Background

Good dental health is critical to children's ability to grow up healthy and ready to learn so that they can succeed in school and life. Yet, tooth decay is the most common chronic disease and unmet health care need of children in California. It accounts for persistent pain, trouble eating and sleeping, missed school days, and expensive emergency room visits for preventable dental problems.

Many children and other underserved populations who suffer from poor oral health face significant obstacles in obtaining dental services. For example, a recent audit of Medi-Cal's dental program found that Medi-Cal is providing dental care to fewer than half of all children enrolled in the program. In addition to a lack of providers who see children enrolled in Medi-Cal, many low-income families have difficulty accessing care because they lack affordable transportation, lose pay when they miss work, and face other socioeconomic barriers.

AB 648 (Low)

The California Dental Association and The Children's Partnership are co-sponsoring AB 648 to ensure the Virtual Dental Home (VDH)—an innovative and cost-effective system for providing dental care to California's most vulnerable children and adults in community settings—can be spread across the state.

Thanks to legislation enacted in 2014 (AB 1174, Bocanegra) the VDH—originally a pilot—has the potential to become a sustainable and scalable model for delivering dental care. The VDH model of dental care uses technology to connect allied dental team members, located at community sites with dentists in offices or clinics, to facilitate the provision of comprehensive dental care for children and adults who face barriers to accessing that care in traditional service locations. To facilitate this system, AB 1174 allows for dental hygienists and specified dental assistants to perform duties previously piloted in the VDH and requires Medi-Cal to pay for dental care provided via telehealth. However, without an upfront investment in training, equipment, technical assistance, and other support that providers need to get started, the system will not be able to develop a critical mass needed to spread statewide and truly be integrated into California's dental delivery system.

AB 648 would:

- Authorize a one-time, \$4 million General Fund appropriation to establish a Virtual Dental Home grant program, under the leadership and direction of the State Dental Director, for the purpose of expanding the VDH into the state's areas of greatest need; and
- Authorize the allocation of grant funds for activities that support VDH implementation, including training, community-based learning collaboratives, technical assistance and equipment.

About the Virtual Dental Home: a Proven, Cost-Effective Solution

Through the VDH—developed by the Pacific Center for Special Care at the University of the Pacific School of Dentistry—specially trained dental hygienists and assistants collect dental information from patients in community settings—such as schools, Head Start sites, and nursing homes. They send that information electronically via a secure Web-based system (called store-and-forward telehealth) to the supervising dentist at a clinic or dental office. The dentist uses that information to establish a diagnosis and create a dental treatment plan for the hygienist or assistant to carry out. The hygienists and assistants refer patients to dental offices for procedures that require the skills of a dentist.

Through a pilot project, nearly 3,000 patients have been seen at more than 50 sites around California with overwhelmingly positive results. A rigorous evaluation has demonstrated patient safety with no adverse outcomes. And approximately two-thirds of the patients seen were able to receive the care they needed at the community site.

For more information and to support AB 648, please contact Jenny Kattlove at The Children's Partnership: (310) 260-1220, jkattlove@childrenspartnership.org or Gayle Mathe at the California Dental Association: (916) 554-4995, gayle.mathe@cda.org

AMENDED IN SENATE SEPTEMBER 1, 2015

AMENDED IN SENATE JUNE 29, 2015

AMENDED IN SENATE JUNE 11, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 648

Introduced by Assembly Member Low
(Coauthor: Senator Nguyen)

February 24, 2015

An act to add Section ~~104755.5 to the Health and Safety Code,~~
~~15438.11 to the Government Code,~~ relating to oral health, and making
an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 648, as amended, ~~Low. Community-based services: Health care access demonstration project grants:~~ *Virtual Dental Home program.*

~~Existing law establishes the State Department of Public Health and sets forth its powers and duties, including, but not limited to, the administration of a state oral health program known as the Office of Oral Health for the purposes of, among other things, establishing community dental disease prevention programs for schoolaged children.~~

Existing law, the California Health Facilities Financing Authority Act, establishes a program for the California Health Facilities Authority to award grants that do not exceed \$1,500,000 to one or more projects designed to demonstrate specified new or enhanced cost-effective methods of delivering quality health care services to improve access to quality health care for vulnerable populations or communities, or both, that are effective at enhancing health outcomes and improving access to quality health care and preventive services. Existing law requires

the authority to prepare and provide a report to the Legislature and the Governor on the outcomes of the demonstration grant program that includes, among other information, the total amount of grants issued and the amount of each grant issued. Existing law establishes the California Health Facilities Financing Authority Fund, a continuously appropriated fund, for these purposes.

~~This bill would establish the Virtual Dental Home grant program—~~
Grant Program, to be administered by the authority, to expand the virtual dental home (VDH) model of community-based delivery of dental care to the residents of this state who are in greatest need, as prescribed. The bill would also create the California Virtual Dental Home Grant Program Account (VDH account) within the California Health Facilities Financing Authority Fund. The bill would require the program to facilitate, coordinate, and encourage development and expansion of the delivery of dental health services through use of the Virtual Dental Home VDH model by providing grants to, among other things, develop training modules and establish community-based learning collaboratives, as prescribed. The bill would require the program administrator authority to evaluate the grant program’s progress toward meeting the objective to expand the virtual dental home VDH model of the community-based delivery of dental care and to post the evaluation and a summary of the evaluation, as specified. The bill would transfer up to \$6,500,000 from the California Health Facilities Financing Authority Hospital Equipment Loan Program Fund to the VDH account for the purposes of the bill. By expanding the purposes for which a continuously appropriated fund may be used, this bill would make an appropriation.

~~The bill would appropriate \$4,000,000 to the department for the purposes of this program.~~

This bill would become operative only if SB 315 is enacted and takes effect on or before January 1, 2016.

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

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

- 1 SECTION 1. Section 15438.11 is added to the Government
- 2 Code, to read:
- 3 15438.11. (a) (1) There is hereby created the California
- 4 Virtual Dental Home Grant Program Account in the California

1 *Health Facilities Financing Authority Fund for the purpose of*
2 *administering a competitive grant selection process, in accordance*
3 *with this section.*

4 (2) *An amount of up to three million dollars (\$3,000,000) shall*
5 *be transferred from funds in the California Health Facilities*
6 *Financing Authority Hospital Equipment Loan Program that are*
7 *not impressed with a trust for other purposes into the California*
8 *Virtual Dental Home Grant Program Account for the purpose of*
9 *administering a competitive grant selection process pursuant to*
10 *this section.*

11 (b) *The Virtual Dental Home (VDH) Grant Program is hereby*
12 *established to expand the virtual dental home model of*
13 *community-based delivery of dental care to the residents of this*
14 *state who are in greatest need. The program shall be administered*
15 *by the authority.*

16 (c) *The VDH Grant Program shall facilitate, coordinate, and*
17 *encourage development and expansion of the delivery of dental*
18 *health services through the use of the VDH model by providing*
19 *grants to do all of the following:*

20 (1) *Develop training modules and Internet-based technical*
21 *assistance.*

22 (2) *Establish community-based learning collaboratives.*

23 (3) *Fund essential VDH technology and equipment.*

24 (4) *Develop and fund other services, as determined by the grant*
25 *administrator, as required to meet the requirements of this section.*

26 (d) *The authority may seek additional private or public funds*
27 *to expand access to the VDH Grant Program.*

28 (e) *The VDH Grant Program shall be focused on providing*
29 *needed services in geographic areas of highest need, as determined*
30 *by the authority.*

31 (f) *The authority may grant funds directly to public and private*
32 *educational institutions or nonprofit entities as required to meet*
33 *the requirements of this section.*

34 (g) *The authority shall evaluate the VDH Grant Program's*
35 *progress toward meeting the objective to expand the VDH model*
36 *of the community-based delivery of dental care to residents in*
37 *geographic areas of highest need. On or before January 1, 2020,*
38 *the authority shall post the evaluation and a summary of the*
39 *evaluation on its Internet Web site.*

1 ~~SEC. 2. This act shall become operative only if Senate Bill 315~~
2 ~~is enacted and takes effect on or before January 1, 2016.~~

3 ~~SECTION 1. Section 104755.5 is added to the Health and~~
4 ~~Safety Code, to read:~~

5 ~~104755.5. (a) The Virtual Dental Home (VDH) grant program~~
6 ~~is hereby established to expand the virtual dental home model of~~
7 ~~community-based delivery of dental care to the residents of this~~
8 ~~state who are in greatest need.~~

9 ~~(b) The grant program shall be administered by the dentist~~
10 ~~appointed to the State Department of Public Health, Oral Health~~
11 ~~Unit, by the director pursuant to Section 104755.~~

12 ~~(c) The VDH grant program shall facilitate, coordinate, and~~
13 ~~encourage development and expansion of the delivery of dental~~
14 ~~health services through the use of the Virtual Dental Home model~~
15 ~~by providing grants to do all of the following:~~

16 ~~(1) Develop training modules and Web-based technical~~
17 ~~assistance.~~

18 ~~(2) Establish community-based learning collaboratives.~~

19 ~~(3) Fund essential VDH technology and equipment.~~

20 ~~(4) Develop and fund other services, as determined by the grant~~
21 ~~administrator, as required to meet the requirements of this section.~~

22 ~~(d) The program administrator may seek additional private or~~
23 ~~public funds to expand access to the VDH program.~~

24 ~~(e) The VDH program shall be focused on providing needed~~
25 ~~services in geographic areas of highest need, as determined by the~~
26 ~~program administrator.~~

27 ~~(f) The program administrator may grant funds directly to public~~
28 ~~and private educational institutions or nonprofit entities as required~~
29 ~~to meet the requirements of this section.~~

30 ~~(g) The program administrator shall evaluate the grant program's~~
31 ~~progress toward meeting the objective to expand the virtual dental~~
32 ~~home model of the community-based delivery of dental care to~~
33 ~~residents in geographic areas of highest need. Upon completion~~
34 ~~of the evaluation, the program administrator shall post the~~
35 ~~evaluation and a summary of the evaluation on the State~~
36 ~~Department of Public Health's Internet Web site.~~

37 ~~SEC. 2. The sum of four million dollars (\$4,000,000) is hereby~~
38 ~~appropriated from the General Fund to the State Department of~~
39 ~~Public Health for the purposes of the Virtual Dental Home (VDH)~~

1 ~~program established pursuant to Section 104755.5 of the Health-~~
2 ~~and Safety Code.~~

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Bill Number: AB 1868	AUTHOR: Assembly Member WAGNER
SPONSOR: Author	VERSION: Introduced – 2/10/16
INTRODUCED: February 10, 2016	BILL STATUS : Committee Hearing Date Set for April 27, 2016
BILL LOCATION: Assembly Appropriations Committee	
AGENDA ITEM: LEG 7- AB 1868 (Wagner)	
SUBJECT: Regulations: Legislative Notice	

SUMMARY

This bill would require any proposed regulation noticed for action that includes an economic or cost impact on businesses and private persons, to be submitted to the Legislature in order to create the opportunity for legislative oversight with the intent to increase accountability in the rulemaking process. According to the author, "This bill would ensure that the executive branch is kept in check, as it enforces the laws that the Legislature creates, and would bring the Legislature into its proper role of oversight of the executive branch." As proposed actions are available publicly and mechanisms exist for those interested in receiving them under current law, it is unclear what benefit, if any, would be gained by sending proposed actions to the Legislature. Moreover, this bill does not have any requirement directing the Legislature to review or act on the information.

ANALYSIS

Existing law, the Administrative Procedure Act, governs the procedure for the adoption, amendment, or repeal of regulations by state agencies and for the review of those regulatory actions by the Office of Administrative Law. Existing law requires an agency to mail a notice of proposed action to specified entities at least 45 days prior to the hearing and close of the public comment period on the adoption, amendment, or repeal of a regulation. This bill would add the Legislature as an additional entity required to receive the notice of proposed regulatory action.

In its introduced version, this bill would impact the DHCC by increasing the workload. Workload related to this bill would be performed by staff and is absorbable.

SUPPORT/OPPOSITION

Support

- Almond Hullers And Processors Association
- American Chemistry Council
- American Wood Council
- Associated Builders And Contractors of California
- Automotive Specialty Products Alliance
- Cal-Asian Chamber of Commerce
- California Apartment Association
- California Building Industry Association
- California Business Properties Association
- California Chamber of Commerce
- California Construction & Industrial Materials Association

- California Grain & Feed Association
- California Grocers Association
- California Manufacturers and Technology Association
- Chemical Industry Council of California
- Consumer Specialty Products Association
- Family Business Association
- Industrial Environmental Association
- National Elevator Industry, Inc.
- National Federation of Independent Business
- Small Business California
- Southwest California Legislative Council
- State Farm Mutual Automobile Insurance Company
- Western Electrical Contractors Association
- Western States Petroleum Association
- Western Wood Preservers Institute

Opposition

- None on file

ATTACHED:

- 1) AB 1868 (Wagner) – Introduced Version - February 10, 2016

COMMITTEE POSITION

The Committee has not yet taken a position on AB 1868 (Wagner). The Legislative and Regulatory Subcommittee may consider taking a position and making a recommendation to the full Committee.

COMMITTEE POSITION: ___ Support ___ Oppose ___ Neutral ___ Watch

ASSEMBLY BILL

No. 1868

Introduced by Assembly Member Wagner

February 10, 2016

An act to amend Section 11346.4 of the Government Code, relating to regulations.

LEGISLATIVE COUNSEL'S DIGEST

AB 1868, as introduced, Wagner. Regulations: legislative notice.

Existing law, the Administrative Procedure Act, governs the procedure for the adoption, amendment, or repeal of regulations by state agencies and for the review of those regulatory actions by the Office of Administrative Law. Existing law requires an agency to mail a notice of proposed action to specified entities at least 45 days prior to the hearing and close of the public comment period on the adoption, amendment, or repeal of a regulation.

This bill would require that the notice of proposed action also be submitted to the Legislature if it includes particular information relating to economic and cost impacts of the regulation on businesses and private persons.

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

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

1 SECTION 1. Section 11346.4 of the Government Code is
2 amended to read:

1 11346.4. (a) At least 45 days prior to the hearing and close of
2 the public comment period on the adoption, amendment, or repeal
3 of a regulation, notice of the proposed action shall be:

4 (1) Mailed to every person who has filed a request for notice of
5 regulatory actions with the state agency. Each state agency shall
6 give a person filing a request for notice of regulatory actions the
7 option of being notified of all proposed regulatory actions or being
8 notified of regulatory actions concerning one or more particular
9 programs of the state agency.

10 (2) In cases in which the state agency is within a state
11 department, mailed or delivered to the director of the department.

12 (3) Mailed to a representative number of small business
13 enterprises or their representatives that are likely to be affected by
14 the proposed action. "Representative" for the purposes of this
15 paragraph includes, but is not limited to, a trade association,
16 industry association, professional association, or any other business
17 group or association of any kind that represents a business
18 enterprise or employees of a business enterprise.

19 (4) When appropriate in the judgment of the state agency, mailed
20 to any person or group of persons whom the agency believes to
21 be interested in the proposed action and published in the form and
22 manner as the state agency shall prescribe.

23 (5) Published in the California Regulatory Notice Register as
24 prepared by the office for each state agency's notice of regulatory
25 action.

26 (6) Posted on the state agency's ~~website~~ *Internet Web site* if the
27 agency has ~~a website~~ *an Internet Web site*.

28 (7) *Submitted to the Legislature, in the manner prescribed by*
29 *Section 9795, if the notice of proposed action includes an economic*
30 *impact, cost impact, statement, or finding described by paragraph*
31 *(7), (9), (10), or (11) of subdivision (a) of Section 11346.5.*

32 (b) The effective period of a notice issued pursuant to this
33 section shall not exceed one year from the date thereof. If the
34 adoption, amendment, or repeal of a regulation proposed in the
35 notice is not completed and transmitted to the office within the
36 period of one year, a notice of the proposed action shall again be
37 issued pursuant to this article.

38 (c) Once the adoption, amendment, or repeal is completed and
39 approved by the office, no further adoption, amendment, or repeal

1 to the noticed regulation shall be made without subsequent notice
2 being given.

3 (d) The office may refuse to publish a notice submitted to it if
4 the agency has failed to comply with this article.

5 (e) The office shall make the California Regulatory Notice
6 Register available to the public and state agencies at a nominal
7 cost that is consistent with a policy of encouraging the widest
8 possible notice distribution to interested persons.

9 (f) Where the form or manner of notice is prescribed by statute
10 in any particular case, in addition to filing and mailing notice as
11 required by this section, the notice shall be published, posted,
12 mailed, filed, or otherwise publicized as prescribed by that statute.
13 The failure to mail notice to any person as provided in this section
14 shall not invalidate any action taken by a state agency pursuant to
15 this article.

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Bill Number: AB 2701	AUTHOR: Assembly Member JONES
SPONSOR: Author	VERSION: Introduced – 2/19/16
INTRODUCED: February 19, 2016	BILL STATUS: In committee: Set first hearing which was canceled at the request of author. (04/05/16)
BILL LOCATION: Assembly Committee on Business and Professions	
AGENDA ITEM: LEG 7 – AB 2701 (Jones)	
SUBJECT: Department of Consumer Affairs: Boards: Training Requirements	

SUMMARY

This bill would require the training of new appointed members of various boards to include information regarding the requirements of the Bagley-Keene Act, the Administrative Procedure Act, the Office of Administrative Law, and the Conflict of Interest Code.

ANALYSIS

Existing law provides for the licensure and regulation of various professions and vocations by various boards, as defined, within the Department of Consumer Affairs, and provides for the membership of those various boards. Existing law requires newly appointed board members, within one year of assuming office, to complete a training and orientation offered by the department regarding, among other things, the obligations of the board member. Furthermore, existing law requires the department to adopt regulations necessary to establish the training and orientation program and its contents.

The Bagley-Keene Open Meeting Act (Bagley-Keene Act) generally requires, with specified exceptions for authorized closed sessions, that the meetings of state bodies be open and public and that all persons be permitted to attend. The Administrative Procedure Act governs the procedure for the adoption, amendment, or repeal of regulations by state agencies, and for the review of those regulatory actions by the Office of Administrative Law. Existing law requires every agency to adopt and promulgate a Conflict of Interest Code that contains, among other requirements, the circumstances under which designated employees or categories of designated employees must disqualify themselves from making, participating in the making, or using their official position to influence the making of, any decision.

The introduced version of this bill would not significantly impact the DHCC. Workload related to this bill would be performed by staff and is minor and absorbable.

SUPPORT/OPPOSITION

To date, there is no registered support or opposition on file.

ATTACHED:

- 1) AB 2701 (Jones) Introduced Version – February 19, 2016

COMMITTEE POSITION

The Committee has not yet taken a position on AB 2701 (Jones). The Legislative and Regulatory Subcommittee may consider taking a position and making a recommendation to the full Committee.

COMMITTEE POSITION: ___ Support ___ Oppose ___ Neutral ___ Watch

ASSEMBLY BILL

No. 2701

Introduced by Assembly Member Jones

February 19, 2016

An act to amend Section 453 of the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 2701, as introduced, Jones. Department of Consumer Affairs: boards: training requirements.

Existing law provides for the licensure and regulation of various professions and vocations by various boards, as defined, within the Department of Consumer Affairs, and provides for the membership of those various boards. Existing law requires newly appointed board members, within one year of assuming office, to complete a training and orientation offered by the department regarding, among other things, the obligations of the board member. Existing law requires the department to adopt regulations necessary to establish the training and orientation program and its contents.

The Bagley-Keene Open Meeting Act (Bagley-Keene Act) generally requires, with specified exceptions for authorized closed sessions, that the meetings of state bodies be open and public and that all persons be permitted to attend. The Administrative Procedure Act governs the procedure for the adoption, amendment, or repeal of regulations by state agencies, and for the review of those regulatory actions by the Office of Administrative Law. Existing law requires every agency to adopt and promulgate a Conflict of Interest Code that contains, among other requirements, the circumstances under which designated employees or categories of designated employees must disqualify

themselves from making, participating in the making, or using their official position to influence the making of, any decision.

This bill would additionally require the training of new board members to include, but not be limited to, information regarding the requirements of the Bagley-Keene Act, the Administrative Procedure Act, the Office of Administrative Law, and the department’s Conflict of Interest Code.

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

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

1 SECTION 1. Section 453 of the Business and Professions Code
2 is amended to read:
3 453. Every newly appointed board member shall, within one
4 year of assuming office, complete a training and orientation
5 program offered by the department regarding, among other things,
6 his or her functions, responsibilities, and obligations as a member
7 of a board. *This training shall include, but is not limited to,*
8 *information about the Bagley-Keene Open Meeting Act (Article 9*
9 *(commencing with Section 11120) of Chapter 1 of Part 1 of*
10 *Division 3 of Title 2 of the Government Code), the Administrative*
11 *Procedure Act (Chapter 3.5 (commencing with Section 11340) of*
12 *Part 1 of Division 3 of Title 2 of the Government Code), the Office*
13 *of Administrative Law, and the department’s Conflict of Interest*
14 *Code, as required pursuant to Section 87300 of the Government*
15 *Code.* The department shall adopt regulations necessary to establish
16 this training and orientation program and its content.

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Bill Number: AB 2859	AUTHOR: Assembly Member LOW
SPONSOR: Author	VERSION: Introduced – 2/19/16
INTRODUCED: February 19, 2016	BILL STATUS : Committee Hearing Date Set for April 27, 2016
BILL LOCATION: Assembly Appropriations Committee	
AGENDA ITEM: LEG 7- AB 2859 (Low)	
SUBJECT: Professions and Vocations: Retired Category: Licenses	

SUMMARY

This bill would allow all programs within the Department to issue a retired license, with specific limitations. The bill specifies that the holder of a retired license shall not be required to renew that license. This bill would authorize any of the boards, bureaus, commissions, or programs within the department to establish by regulation a system for a retired category of license for persons who are not actively engaged in the practice of their profession or vocation, and would prohibit the holder of a retired license from engaging in any activity for which a license is required, unless regulation specifies the criteria for a retired licensee to practice his or her profession. The bill would authorize a board upon its own determination, and would require a board upon receipt of a complaint from any person, to investigate the actions of any licensee, including, among others, a person with a license that is retired or inactive. This bill does not require boards to offer a retired license.

ANALYSIS

Existing law authorizes any of the boards, bureaus, commissions, or programs within the department, except as specified, to establish by regulation a system for an inactive category of license for persons who are not actively engaged in the practice of their profession or vocation. Under existing law, the holder of an inactive license is prohibited from engaging in any activity for which a license is required. Existing law defines “board” for these purposes to include, unless expressly provided otherwise, a bureau, commission, committee, department, division, examining committee, program, and agency.

In its introduced version, this bill would not significantly impact the workload of the DHCC; however, it would require a change to the new BREEZE online system. The costs associated would not be minor and absorbable.

SUPPORT/OPPOSITION

Support

- California Association of Psychiatric Technicians
- Contractors State License Board

Opposition

- None on file

ATTACHED: AB 2859 (Low) – Introduced Version - February 19, 2016

COMMITTEE POSITION

The Committee has not yet taken a position on AB 2859 (Low). The Legislative and Regulatory Subcommittee may consider taking a position and making a recommendation to the full Committee.

COMMITTEE POSITION: ___ Support ___ Oppose ___ Neutral ___ Watch

ASSEMBLY BILL

No. 2859

Introduced by Assembly Member Low

February 19, 2016

An act to add Section 463 to the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 2859, as introduced, Low. Professions and vocations: retired category: licenses.

Existing law provides for numerous boards, bureaus, commissions, or programs within the Department of Consumer Affairs that administer the licensing and regulation of various businesses and professions. Existing law authorizes any of the boards, bureaus, commissions, or programs within the department, except as specified, to establish by regulation a system for an inactive category of license for persons who are not actively engaged in the practice of their profession or vocation. Under existing law, the holder of an inactive license is prohibited from engaging in any activity for which a license is required. Existing law defines “board” for these purposes to include, unless expressly provided otherwise, a bureau, commission, committee, department, division, examining committee, program, and agency.

This bill would additionally authorize any of the boards, bureaus, commissions, or programs within the department to establish by regulation a system for a retired category of license for persons who are not actively engaged in the practice of their profession or vocation, and would prohibit the holder of a retired license from engaging in any activity for which a license is required, unless regulation specifies the criteria for a retired licensee to practice his or her profession. The bill

would authorize a board upon its own determination, and would require a board upon receipt of a complaint from any person, to investigate the actions of any licensee, including, among others, a person with a license that is retired or inactive.

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

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

1 SECTION 1. Section 463 is added to the Business and
2 Professions Code, to read:
3 463. (a) Any of the boards, bureaus, commissions, or programs
4 within the department may establish, by regulation, a system for
5 a retired category of licensure for persons who are not actively
6 engaged in the practice of their profession or vocation.
7 (b) The regulation shall contain the following:
8 (1) The holder of a retired license issued pursuant to this section
9 shall not engage in any activity for which a license is required,
10 unless the board, by regulation, specifies the criteria for a retired
11 licensee to practice his or her profession or vocation.
12 (2) The holder of a retired license shall not be required to renew
13 that license.
14 (3) In order for the holder of a retired license issued pursuant
15 to this section to restore his or her license to an active status, the
16 holder of that license shall meet all the following:
17 (A) Pay a fee established by statute or regulation.
18 (B) Certify, in a manner satisfactory to the board, that he or she
19 has not committed an act or crime constituting grounds for denial
20 of licensure.
21 (C) Comply with the fingerprint submission requirements
22 established by regulation.
23 (D) If the board requires completion of continuing education
24 for renewal of an active license, complete continuing education
25 equivalent to that required for renewal of an active license, unless
26 a different requirement is specified by the board.
27 (E) Complete any other requirements as specified by the board
28 by regulation.
29 (c) A board may upon its own determination, and shall upon
30 receipt of a complaint from any person, investigate the actions of
31 any licensee, including a person with a license that either restricts

- 1 or prohibits the practice of that person in his or her profession or
- 2 vocation, including, but not limited to, a license that is retired,
- 3 inactive, canceled, revoked, or suspended.

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Bill Number: SB 1033	AUTHOR: Assembly Member HILL
SPONSOR: Author	VERSION: Amended – 3/17/16
INTRODUCED: February 12, 2016	BILL STATUS: April 25, 2016, set for first hearing canceled at the request of author. (04/20/16)
BILL LOCATION: Senate Appropriations Committee	
AGENDA ITEM: LEG 7- SB 1033 (Hill)	
SUBJECT: Medical Board: Disclosure of Probationary Status	

SUMMARY

This bill would require physicians and surgeons, osteopathic physicians and surgeons, podiatrists, acupuncturists, chiropractors and naturopathic doctors to notify patients of their probationary status prior to the patient’s first visit while the licensee is on probation with a specified number of requirements, including obtaining a signed receipt from the patient which verifies the disclosure. This bill would require the Medical Board of California, Osteopathic Medical Board of California, California Board of Podiatric Medicine, Acupuncture Board, Board of Chiropractic Examiners, and the Naturopathic Medicine Committee by July 1, 2018, to include a standardized format for listing specified information related to probation and to provide that information to an inquiring member of the public, on any documents informing the public of probation orders, and on a specified profile Internet Web page of each licensee subject to probation, as specified. Furthermore the bill would require the summary to be posted on the BreZE profile web page of each licensee subject to probation.

ANALYSIS

Existing law, authorizes the Dental Hygiene Committee of California (DHCC) to discipline its’ licensees by placing them on probation as specified. Currently, the DHCC discloses to an inquiring member of the public disciplinary information and posts on the DHCC website specified information concerning each licensee including revocations, suspensions, probations, or limitations on practice. In its amended version, this bill would not directly impact the DHCC, but it may be a trend that could create legislation of this kind in the future that could impact DHCC.

SUPPORT/OPPOSITION

Support

- Californians for Patients’ Rights
- CALPIRG
- Center for Public Interest Law
- Consumer Federation of California
- Consumers Union’s Safe Patient Project
- Consumer Watchdog
- One individual

Opposition

- California Chapter of the American College of Emergency Room Physicians
- California Medical Association

ATTACHED: SB 1033 (Hill) – Amended Version – March 17, 2016

COMMITTEE POSITION

The Committee has not yet taken a position on SB 1033 (Hill). The Legislative and Regulatory Subcommittee may consider taking a position and making a recommendation to the full Committee.

COMMITTEE POSITION: ___ Support ___ Oppose ___ Neutral ___ Watch

AMENDED IN SENATE MARCH 17, 2016

SENATE BILL

No. 1033

Introduced by Senator Hill

February 12, 2016

An act to amend Sections 803.1, 2027, ~~and 2228~~ of 2221, 2221.05, 2228, and 3663 of, and to add Sections 1006 and 4962 to, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 1033, as amended, Hill. Medical Board: disclosure of probationary status.

Existing law, the Medical Practice Act, establishes the Medical Board of California for the licensing, regulation, and discipline of physicians and surgeons. *Existing law establishes the California Board of Podiatric Medicine within the Medical Board of California for the licensing, regulation, and discipline of podiatrists. Existing law, the Osteopathic Act, enacted by an initiative measure, establishes the Osteopathic Medical Board of California for the licensing and regulation of osteopathic physicians and surgeons and requires the Osteopathic Medical Board of California to enforce the Medical Practice Act with respect to its licensees. Existing law, the Naturopathic Doctors Act, establishes the Naturopathic Medicine Committee in the Osteopathic Medical Board of California for the licensing and regulation of naturopathic doctors. Existing law, the Chiropractic Act, enacted by an initiative measure, establishes the State Board of Chiropractic Examiners for the licensing and regulation of chiropractors. Existing law, the Acupuncture Licensure Act, establishes the Acupuncture Board for the licensing and regulation of acupuncturists. Existing law authorizes the board each of these regulatory agencies to discipline a*

~~physician or a surgeon~~ *its licensee* by placing her or him on probation, which may include requiring the physician or surgeon to complete specified trainings, examinations, or community service or restricting the extent, scope, or type of practice, *probation*, as specified.

This bill would require ~~the board~~ *these regulatory entities* to require a ~~physician or surgeon~~ *licensee* to disclose *on a separate document* her or his probationary status ~~to patients before each~~ *a patient, the patient's guardian, or the health care surrogate prior to the patient's first visit following the probationary order while the physician or surgeon licensee* is on probation under specified circumstances, including ~~the board~~ *an accusation alleging, a statement of issues indicating, or an administrative law judge's legal conclusion finding the physician or surgeon licensee* committed gross negligence or ~~the physician or surgeon licensee~~ *having been on probation repeatedly, more than once*, among others. The bill would require ~~the board~~, by July 1, 2018, to adopt related regulations that include requiring the ~~physician or surgeon~~ *licensee* to obtain from the patient a signed receipt containing specified information following the disclosure. *The bill would exempt a licensee from disclosing her or his probationary status prior to a visit or treatment if the patient is unable to comprehend the disclosure or sign an acknowledgment and a guardian or health care surrogate is unavailable. The bill would require in that instance that the doctor disclose his or her status as soon as either the patient can comprehend and sign the receipt or a guardian or health care surrogate is available to comprehend the disclosure and sign the receipt.*

Existing law requires the ~~board~~ *Medical Board of California, the Osteopathic Medical Board of California, and the California Board of Podiatric Medicine* to disclose to an inquiring member of the public and to post on ~~its~~ *their* Internet Web ~~site~~ *sites* specified information concerning each ~~physician and surgeon~~ *licensee* including revocations, suspensions, probations, or limitations on practice.

~~This~~

The bill would require ~~the board~~, *the Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, the State Board of Chiropractic Examiners, the Naturopathic Medicine Committee, and the Acupuncture Board* by July 1, 2018, to ~~include in each order of probation a written summary~~ *develop a standardized format for listing specified information related to the probation and to include the summary in the disclosure* ~~provide that information~~ to an inquiring

member of the public, on any ~~board~~ documents informing the public of probation orders, and on a specified profile ~~web~~ *Internet Web* page of each ~~physician and surgeon~~ licensee subject to ~~probation~~ *probation*, as specified.

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

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

1 SECTION 1. Section 803.1 of the Business and Professions
2 Code is amended to read:
3 803.1. (a) Notwithstanding any other provision of law, the
4 Medical Board of California, the Osteopathic Medical Board of
5 California, the California Board of Podiatric Medicine, and the
6 Physician Assistant Board shall disclose to an inquiring member
7 of the public information regarding any enforcement actions taken
8 against a licensee, including a former licensee, by the board or by
9 another state or jurisdiction, including all of the following:
10 (1) Temporary restraining orders issued.
11 (2) Interim suspension orders issued.
12 (3) Revocations, suspensions, probations, or limitations on
13 practice ordered by the board, including those made part of a
14 probationary order or stipulated agreement.
15 (4) Public letters of reprimand issued.
16 (5) Infractions, citations, or fines imposed.
17 (b) Notwithstanding any other provision of law, in addition to
18 the information provided in subdivision (a), the Medical Board of
19 California, the Osteopathic Medical Board of California, the
20 California Board of Podiatric Medicine, and the Physician Assistant
21 Board shall disclose to an inquiring member of the public all of
22 the following:
23 (1) Civil judgments in any amount, whether or not vacated by
24 a settlement after entry of the judgment, that were not reversed on
25 appeal and arbitration awards in any amount of a claim or action
26 for damages for death or personal injury caused by the physician
27 and surgeon’s negligence, error, or omission in practice, or by his
28 or her rendering of unauthorized professional services.
29 (2) (A) All settlements in the possession, custody, or control
30 of the board shall be disclosed for a licensee in the low-risk
31 category if there are three or more settlements for that licensee

1 within the last 10 years, except for settlements by a licensee
2 regardless of the amount paid where (i) the settlement is made as
3 a part of the settlement of a class claim, (ii) the licensee paid in
4 settlement of the class claim the same amount as the other licensees
5 in the same class or similarly situated licensees in the same class,
6 and (iii) the settlement was paid in the context of a case where the
7 complaint that alleged class liability on behalf of the licensee also
8 alleged a products liability class action cause of action. All
9 settlements in the possession, custody, or control of the board shall
10 be disclosed for a licensee in the high-risk category if there are
11 four or more settlements for that licensee within the last 10 years
12 except for settlements by a licensee regardless of the amount paid
13 where (i) the settlement is made as a part of the settlement of a
14 class claim, (ii) the licensee paid in settlement of the class claim
15 the same amount as the other licensees in the same class or
16 similarly situated licensees in the same class, and (iii) the
17 settlement was paid in the context of a case where the complaint
18 that alleged class liability on behalf of the licensee also alleged a
19 products liability class action cause of action. Classification of a
20 licensee in either a “high-risk category” or a “low-risk category”
21 depends upon the specialty or subspecialty practiced by the licensee
22 and the designation assigned to that specialty or subspecialty by
23 the Medical Board of California, as described in subdivision (f).
24 For the purposes of this paragraph, “settlement” means a settlement
25 of an action described in paragraph (1) entered into by the licensee
26 on or after January 1, 2003, in an amount of thirty thousand dollars
27 (\$30,000) or more.

28 (B) The board shall not disclose the actual dollar amount of a
29 settlement but shall put the number and amount of the settlement
30 in context by doing the following:

31 (i) Comparing the settlement amount to the experience of other
32 licensees within the same specialty or subspecialty, indicating if
33 it is below average, average, or above average for the most recent
34 10-year period.

35 (ii) Reporting the number of years the licensee has been in
36 practice.

37 (iii) Reporting the total number of licensees in that specialty or
38 subspecialty, the number of those who have entered into a
39 settlement agreement, and the percentage that number represents
40 of the total number of licensees in the specialty or subspecialty.

1 (3) Current American Board of Medical Specialties certification
2 or board equivalent ascertified by the Medical Board of California,
3 the Osteopathic Medical Board of California, or the California
4 Board of Podiatric Medicine.

5 (4) Approved postgraduate training.

6 (5) Status of the license of a licensee. By January 1, 2004, the
7 Medical Board of California, the Osteopathic Medical Board of
8 California, and the California Board of Podiatric Medicine shall
9 adopt regulations defining the status of a licensee. The board shall
10 employ this definition when disclosing the status of a licensee
11 pursuant to Section 2027. By July 1, 2018, the Medical Board of
12 ~~California~~ *California, the Osteopathic Medical Board of California,*
13 *and the California Board of Podiatric Medicine* shall include the
14 ~~summary of each probation order as written pursuant to information~~
15 ~~described in subdivision (e) (f) of Section 2228.~~

16 (6) Any summaries of hospital disciplinary actions that result
17 in the termination or revocation of a licensee’s staff privileges for
18 medical disciplinary cause or reason, unless a court finds, in a final
19 judgment, that the peer review resulting in the disciplinary action
20 was conducted in bad faith and the licensee notifies the board of
21 that finding. In addition, any exculpatory or explanatory statements
22 submitted by the licensee electronically pursuant to subdivision
23 (f) of that section shall be disclosed. For purposes of this paragraph,
24 “peer review” has the same meaning as defined in Section 805.

25 (c) Notwithstanding any other provision of law, the Medical
26 Board of California, the Osteopathic Medical Board of California,
27 the California Board of Podiatric Medicine, and the Physician
28 Assistant Board shall disclose to an inquiring member of the public
29 information received regarding felony convictions of a physician
30 and surgeon or doctor of podiatric medicine.

31 (d) The Medical Board of California, the Osteopathic Medical
32 Board of California, the California Board of Podiatric Medicine,
33 and the Physician Assistant Board may formulate appropriate
34 disclaimers or explanatory statements to be included with any
35 information released, and may by regulation establish categories
36 of information that need not be disclosed to an inquiring member
37 of the public because that information is unreliable or not
38 sufficiently related to the licensee’s professional practice. The
39 Medical Board of California, the Osteopathic Medical Board of
40 California, the California Board of Podiatric Medicine, and the

1 Physician Assistant Board shall include the following statement
2 when disclosing information concerning a settlement:

3
4 “Some studies have shown that there is no significant correlation
5 between malpractice history and a doctor’s competence. At the
6 same time, the State of California believes that consumers should
7 have access to malpractice information. In these profiles, the State
8 of California has given you information about both the malpractice
9 settlement history for the doctor’s specialty and the doctor’s history
10 of settlement payments only if in the last 10 years, the doctor, if
11 in a low-risk specialty, has three or more settlements or the doctor,
12 if in a high-risk specialty, has four or more settlements. The State
13 of California has excluded some class action lawsuits because
14 those cases are commonly related to systems issues such as product
15 liability, rather than questions of individual professional
16 competence and because they are brought on a class basis where
17 the economic incentive for settlement is great. The State of
18 California has placed payment amounts into three statistical
19 categories: below average, average, and above average compared
20 to others in the doctor’s specialty. To make the best health care
21 decisions, you should view this information in perspective. You
22 could miss an opportunity for high-quality care by selecting a
23 doctor based solely on malpractice history.

24 When considering malpractice data, please keep in mind:

25 Malpractice histories tend to vary by specialty. Some specialties
26 are more likely than others to be the subject of litigation. This
27 report compares doctors only to the members of their specialty,
28 not to all doctors, in order to make an individual doctor’s history
29 more meaningful.

30 This report reflects data only for settlements made on or after
31 January 1, 2003. Moreover, it includes information concerning
32 those settlements for a 10-year period only. Therefore, you should
33 know that a doctor may have made settlements in the 10 years
34 immediately preceding January 1, 2003, that are not included in
35 this report. After January 1, 2013, for doctors practicing less than
36 10 years, the data covers their total years of practice. You should
37 take into account the effective date of settlement disclosure as well
38 as how long the doctor has been in practice when considering
39 malpractice averages.

1 The incident causing the malpractice claim may have happened
2 years before a payment is finally made. Sometimes, it takes a long
3 time for a malpractice lawsuit to settle. Some doctors work
4 primarily with high-risk patients. These doctors may have
5 malpractice settlement histories that are higher than average
6 because they specialize in cases or patients who are at very high
7 risk for problems.

8 Settlement of a claim may occur for a variety of reasons that do
9 not necessarily reflect negatively on the professional competence
10 or conduct of the doctor. A payment in settlement of a medical
11 malpractice action or claim should not be construed as creating a
12 presumption that medical malpractice has occurred.

13 You may wish to discuss information in this report and the
14 general issue of malpractice with your doctor.”

15 (e) The Medical Board of California, the Osteopathic Medical
16 Board of California, the California Board of Podiatric Medicine,
17 and the Physician Assistant Board shall, by regulation, develop
18 standard terminology that accurately describes the different types
19 of disciplinary filings and actions to take against a licensee as
20 described in paragraphs (1) to (5), inclusive, of subdivision (a). In
21 providing the public with information about a licensee via the
22 Internet pursuant to Section 2027, the Medical Board of California,
23 the Osteopathic Medical Board of California, the California Board
24 of Podiatric Medicine, and the Physician Assistant Board shall not
25 use the terms “enforcement,” “discipline,” or similar language
26 implying a sanction unless the physician and surgeon has been the
27 subject of one of the actions described in paragraphs (1) to (5),
28 inclusive, of subdivision (a).

29 (f) The Medical Board of California shall adopt regulations no
30 later than July 1, 2003, designating each specialty and subspecialty
31 practice area as either high risk or low risk. In promulgating these
32 regulations, the board shall consult with commercial underwriters
33 of medical malpractice insurance companies, health care systems
34 that self-insure physicians and surgeons, and representatives of
35 the California medical specialty societies. The board shall utilize
36 the carriers’ statewide data to establish the two risk categories and
37 the averages required by subparagraph (B) of paragraph (2) of
38 subdivision (b). Prior to issuing regulations, the board shall
39 convene public meetings with the medical malpractice carriers,
40 self-insurers, and specialty representatives.

1 (g) The Medical Board of California, the Osteopathic Medical
 2 Board of California, the California Board of Podiatric Medicine,
 3 *and* the Physician Assistant Board shall provide each licensee,
 4 including a former licensee under subdivision (a), with a copy of
 5 the text of any proposed public disclosure authorized by this section
 6 prior to release of the disclosure to the public. The licensee shall
 7 have 10 working days from the date the board provides the copy
 8 of the proposed public disclosure to propose corrections of factual
 9 inaccuracies. Nothing in this section shall prevent the board from
 10 disclosing information to the public prior to the expiration of the
 11 10-day period.

12 (h) Pursuant to subparagraph (A) of paragraph (2) of subdivision
 13 (b), the specialty or subspecialty information required by this
 14 section shall group physicians by specialty board recognized
 15 pursuant to paragraph (5) of subdivision (h) of Section 651 unless
 16 a different grouping would be more valid and the board, in its
 17 statement of reasons for its regulations, explains why the validity
 18 of the grouping would be more valid.

19 (i) By July 1, 2018, ~~the board~~ *Medical Board of California, the*
 20 *Osteopathic Medical Board of California, and the California Board*
 21 *of Podiatric Medicine* shall include ~~each licensee's probation~~
 22 ~~summary written pursuant to subdivision (e)~~ *the information listed*
 23 *in subdivision (f) of Section 2228 on any board documents*
 24 *informing the public of probation orders, orders and probationary*
 25 *licenses, including, but not limited to, newsletters.*

26 *SEC. 2. Section 1006 is added to the Business and Professions*
 27 *Code, to read:*

28 *1006. (a) Except as provided by subdivision (c), the State*
 29 *Board of Chiropractic Examiners shall require a licensee to*
 30 *disclose on a separate document her or his probationary status to*
 31 *a patient, the patient's guardian, or health care surrogate prior*
 32 *to the patient's first visit following the probationary order while*
 33 *the licensee is on probation in any of the following circumstances:*

34 *(1) The accusation alleges, the statement of issues indicates, or*
 35 *the legal conclusions of an administrative law judge find that the*
 36 *licensee is implicated in any of the following:*

37 *(A) Gross negligence.*

38 *(B) Repeated negligent acts involving a departure from the*
 39 *standard of care with multiple patients.*

- 1 (C) *Repeated acts of inappropriate and excessive prescribing*
- 2 *of controlled substances, including, but not limited to, prescribing*
- 3 *controlled substances without appropriate prior examination or*
- 4 *without medical reason documented in medical records.*
- 5 (D) *Drug or alcohol abuse that threatens to impair a licensee's*
- 6 *ability to practice medicine safely, including practicing under the*
- 7 *influence of drugs or alcohol.*
- 8 (E) *Felony conviction arising from or occurring during patient*
- 9 *care or treatment.*
- 10 (F) *Mental illness or other cognitive impairment that impedes*
- 11 *a licensee's ability to safely practice medicine.*
- 12 (2) *The board ordered any of the following in conjunction with*
- 13 *placing the licensee on probation:*
- 14 (A) *That a third-party chaperone be present when the licensee*
- 15 *examines patients as a result of sexual misconduct.*
- 16 (B) *That the licensee submit to drug testing as a result of drug*
- 17 *or alcohol abuse.*
- 18 (C) *That the licensee have a monitor.*
- 19 (D) *Restricting the licensee totally or partially from prescribing*
- 20 *controlled substances.*
- 21 (3) *The licensee has not successfully completed a clinical*
- 22 *training program or any associated examinations required by the*
- 23 *board as a condition of probation.*
- 24 (4) *The licensee has been on probation more than once.*
- 25 (b) *The licensee shall obtain from each patient a signed receipt*
- 26 *following the disclosure that includes a written explanation of how*
- 27 *the patient can find further information on the licensee's probation*
- 28 *on the board's Internet Web site.*
- 29 (c) *The licensee shall not be required to provide the disclosure*
- 30 *prior to the visit as required by subdivision (a) if the patient is*
- 31 *unconscious or otherwise unable to comprehend the disclosure*
- 32 *and sign the receipt pursuant to subdivision (b) and a guardian*
- 33 *or health care surrogate is unavailable to comprehend the*
- 34 *disclosure and sign the receipt. In that instance, the licensee shall*
- 35 *disclose her or his status as soon as either the patient can*
- 36 *comprehend the disclosure and sign the receipt or a guardian or*
- 37 *health care surrogate is available to comprehend the disclosure*
- 38 *and sign the receipt.*

1 (d) By July 1, 2018, the board shall develop a standardized
 2 format for listing the following information pursuant to subdivision
 3 (e):

4 (1) The listing of the causes for probation alleged in the
 5 accusation, the statement of issues, or the legal conclusions of an
 6 administrative law judge.

7 (2) The length of the probation and the end date.

8 (3) All practice restrictions placed on the licensee by the
 9 committee.

10 (e) By July 1, 2018, the board shall provide the information
 11 listed in subdivision (d) as follows:

12 (1) To an inquiring member of the public.

13 (2) On any board documents informing the public of probation
 14 orders and probationary licenses, including, but not limited to,
 15 newsletters.

16 (3) Upon availability of a licensee’s BreEZe profile Internet
 17 Web page on the BreEZe system pursuant to Section 210, in plain
 18 view on the BreEZe profile Internet Web page of a licensee subject
 19 to probation or a probationary license.

20 ~~SEC. 2.~~

21 *SEC. 3.* Section 2027 of the Business and Professions Code is
 22 amended to read:

23 2027. (a) The board shall post on its Internet Web site the
 24 following information on the current status of the license for all
 25 current and former licensees:

26 (1) Whether or not the licensee is presently in good standing.

27 (2) Current American Board of Medical Specialties certification
 28 or board equivalent as certified by the board.

29 (3) Any of the following enforcement actions or proceedings
 30 to which the licensee is actively subjected:

31 (A) Temporary restraining orders.

32 (B) Interim suspension orders.

33 (C) (i) Revocations, suspensions, probations, or limitations on
 34 practice ordered by the board or the board of another state or
 35 jurisdiction, including those made part of a probationary order or
 36 stipulated agreement.

37 (ii) By July 1, 2018, the ~~board~~ board, the Osteopathic Medical
 38 Board of California, and the California Board of Podiatric
 39 Medicine shall include, in plain view on the BreEZe profile ~~web~~
 40 Internet Web page of each licensee subject to ~~probation, the~~

1 ~~summary of each probation order as written pursuant to probation~~
2 ~~or a probationary license, the information described in subdivision~~
3 ~~(e) (f) of Section 2228. For purposes of this subparagraph, a~~
4 ~~BreEZe profile web Internet Web page is a profile web Internet~~
5 ~~Web page on the BreEZe system pursuant to Section 210.~~

6 (D) Current accusations filed by the Attorney General, including
7 those accusations that are on appeal. For purposes of this paragraph,
8 “current accusation” means an accusation that has not been
9 dismissed, withdrawn, or settled, and has not been finally decided
10 upon by an administrative law judge and the board unless an appeal
11 of that decision is pending.

12 (E) Citations issued that have not been resolved or appealed
13 within 30 days.

14 (b) The board shall post on its Internet Web site all of the
15 following historical information in its possession, custody, or
16 control regarding all current and former licensees:

17 (1) Approved postgraduate training.

18 (2) Any final revocations and suspensions, or other equivalent
19 actions, taken against the licensee by the board or the board of
20 another state or jurisdiction or the surrender of a license by the
21 licensee in relation to a disciplinary action or investigation,
22 including the operative accusation resulting in the license surrender
23 or discipline by the board.

24 (3) Probation or other equivalent action ordered by the board,
25 or the board of another state or jurisdiction, completed or
26 terminated, including the operative accusation resulting in the
27 discipline by the board.

28 (4) Any felony convictions. Upon receipt of a certified copy of
29 an expungement order granted pursuant to Section 1203.4 of the
30 Penal Code from a licensee, the board shall, within six months of
31 receipt of the expungement order, post notification of the
32 expungement order and the date thereof on its Internet Web site.

33 (5) Misdemeanor convictions resulting in a disciplinary action
34 or accusation that is not subsequently withdrawn or dismissed.
35 Upon receipt of a certified copy of an expungement order granted
36 pursuant to Section 1203.4 of the Penal Code from a licensee, the
37 board shall, within six months of receipt of the expungement order,
38 post notification of the expungement order and the date thereof on
39 its Internet Web site.

1 (6) Civil judgments issued in any amount, whether or not
2 vacated by a settlement after entry of the judgment, that were not
3 reversed on appeal, and arbitration awards issued in any amount,
4 for a claim or action for damages for death or personal injury
5 caused by the physician and surgeon's negligence, error, or
6 omission in practice, or by his or her rendering of unauthorized
7 professional services.

8 (7) Except as provided in subparagraphs (A) and (B), a summary
9 of any final hospital disciplinary actions that resulted in the
10 termination or revocation of a licensee's hospital staff privileges
11 for a medical disciplinary cause or reason. The posting shall
12 provide any additional explanatory or exculpatory information
13 submitted by the licensee pursuant to subdivision (f) of Section
14 805. The board shall also post on its Internet Web site a factsheet
15 that explains and provides information on the reporting
16 requirements under Section 805.

17 (A) If a licensee's hospital staff privileges are restored and the
18 licensee notifies the board of the restoration, the information
19 pertaining to the termination or revocation of those privileges shall
20 remain posted on the Internet Web site for a period of 10 years
21 from the restoration date of the privileges, and at the end of that
22 period shall be removed.

23 (B) If a court finds, in a final judgment, that peer review
24 resulting in a hospital disciplinary action was conducted in bad
25 faith and the licensee notifies the board of that finding, the
26 information concerning that hospital disciplinary action posted on
27 the Internet Web site shall be immediately removed. For purposes
28 of this subparagraph, "peer review" has the same meaning as
29 defined in Section 805.

30 (8) Public letters of reprimand issued within the past 10 years
31 by the board or the board of another state or jurisdiction, including
32 the operative accusation, if any, resulting in discipline by the board.

33 (9) Citations issued within the last three years that have been
34 resolved by payment of the administrative fine or compliance with
35 the order of abatement.

36 (10) All settlements within the last five years in the possession,
37 custody, or control of the board shall be disclosed for a licensee
38 in the low-risk category if there are three or more settlements for
39 that licensee within the last five years, and for a licensee in the
40 high-risk category if there are four or more settlements for that

1 licensee within the last five years. Classification of a licensee in
2 either a “high-risk category” or a “low-risk” category depends
3 upon the specialty or subspecialty practiced by the licensee and
4 the designation assigned to that specialty or subspecialty by the
5 board pursuant to subdivision (f) of Section 803.1.

6 (A) For the purposes of this paragraph, “settlement” means a
7 settlement in an amount of thirty thousand dollars (\$30,000) or
8 more of any claim or action for damages for death or personal
9 injury caused by the physician and surgeon’s negligence, error, or
10 omission in practice, or by his or her rendering of unauthorized
11 professional services.

12 (B) For the purposes of this paragraph, “settlement” does not
13 include a settlement by a licensee, regardless of the amount paid,
14 when (i) the settlement is made as a part of the settlement of a
15 class claim, (ii) the amount paid in settlement of the class claim
16 is the same amount paid by the other licensees in the same class
17 or similarly situated licensees in the same class, and (iii) the
18 settlement was paid in the context of a case for which the complaint
19 that alleged class liability on behalf of the licensee also alleged a
20 products liability class action cause of action.

21 (C) The board shall not disclose the actual dollar amount of a
22 settlement, but shall disclose settlement information in the same
23 manner and with the same disclosures required under subparagraph
24 (B) of paragraph (2) of subdivision (b) of Section 803.1.

25 (11) Appropriate disclaimers and explanatory statements to
26 accompany the information described in paragraphs (1) to (10),
27 inclusive, including an explanation of what types of information
28 are not disclosed. These disclaimers and statements shall be
29 developed by the board and shall be adopted by regulation.

30 (c) The board shall provide links to other Internet Web sites
31 that provide information on board certifications that meet the
32 requirements of subdivision (h) of Section 651. The board may
33 also provide links to any other Internet Web sites that provide
34 information on the affiliations of licensed physicians and surgeons.
35 The board may provide links to other Internet Web sites on the
36 Internet that provide information on health care service plans,
37 health insurers, hospitals, or other facilities.

38 *SEC. 4. Section 2221 of the Business and Professions Code is*
39 *amended to read:*

1 2221. (a) The board may deny a physician's and surgeon's
2 certificate to an applicant guilty of unprofessional conduct or of
3 any cause that would subject a licensee to revocation or suspension
4 of his or her ~~license~~; ~~or, the~~ *license*.

5 (b) The board in its sole discretion, may issue a probationary
6 physician's and surgeon's certificate to an applicant subject to
7 terms and conditions, including, but not limited to, any of the
8 following conditions of probation:

9 (1) Practice limited to a supervised, structured environment
10 where the licensee's activities shall be supervised by another
11 physician and surgeon.

12 (2) Total or partial restrictions on drug prescribing privileges
13 for controlled substances.

14 (3) Continuing medical or psychiatric treatment.

15 (4) Ongoing participation in aspecified rehabilitation program.

16 (5) Enrollment and successful completion of a clinical training
17 program.

18 (6) Abstention from the use of alcohol or drugs.

19 (7) Restrictions against engaging in certain types of medical
20 practice.

21 (8) Compliance with all provisions of this chapter.

22 (9) Payment of the cost of probation monitoring.

23 (10) *Disclosing probationary license status to patients, pursuant*
24 *to subdivision (b) of Section 2228.*

25 ~~(b)~~

26 (c) The board may modify or terminate the terms and conditions
27 imposed on the probationary certificate upon receipt of a petition
28 from the *licensee; however, the provisions of subdivision (b) of*
29 *Section 2228 are mandatory with any probationary licensee.* The
30 board may assign the petition to an administrative law judge
31 designated in Section 11371 of the Government Code. After a
32 hearing on the petition, the administrative law judge shall provide
33 a proposed decision to the board.

34 ~~(e)~~

35 (d) The board shall deny a physician's and surgeon's certificate
36 to an applicant who is required to register pursuant to Section 290
37 of the Penal Code. This subdivision does not apply to an applicant
38 who is required to register as a sex offender pursuant to Section
39 290 of the Penal Code solely because of a misdemeanor conviction
40 under Section 314 of the Penal Code.

1 ~~(d)~~

2 (e) An applicant shall not be eligible to reapply for a physician’s
3 and surgeon’s certificate for a minimum of three years from the
4 effective date of the denial of his or her application, except that
5 the board may, in its discretion and for good cause demonstrated,
6 permit reapplication after not less than one year has elapsed from
7 the effective date of the denial.

8 SEC. 5. Section 2221.05 of the Business and Professions Code
9 is amended to read:

10 2221.05. (a) Notwithstanding ~~subdivision~~ subdivisions (a) and
11 (b) of Section 2221, the board may issue a physician’s and
12 surgeon’s certificate to an applicant who has committed minor
13 violations that the board deems, in its discretion, do not merit the
14 denial of a certificate or require probationary status under Section
15 2221, and may concurrently issue a public letter of reprimand.

16 (b) A public letter of reprimand issued concurrently with a
17 physician’s and surgeon’s certificate shall be purged three years
18 from the date of issuance.

19 (c) A public letter of reprimand issued pursuant to this section
20 shall be disclosed to an inquiring member of the public and shall
21 be posted on the board’s Internet Web site.

22 (d) Nothing in this section shall be construed to affect the
23 board’s authority to issue an unrestricted license.

24 ~~SEC. 3.~~

25 SEC. 6. Section 2228 of the Business and Professions Code is
26 amended to read:

27 2228. (a) The authority of the board or the California Board
28 of Podiatric Medicine to discipline a licensee by placing him or
29 her on probation includes, but is not limited to, the following:

30 (1) Requiring the licensee to obtain additional professional
31 training and to pass an examination upon the completion of the
32 training. The examination may be written or oral, or both, and may
33 be a practical or clinical examination, or both, at the option of the
34 board or the administrative law judge.

35 (2) Requiring the licensee to submit to a complete diagnostic
36 examination by one or more physicians and surgeons appointed
37 by the board. If an examination is ordered, the board shall receive
38 and consider any other report of a complete diagnostic examination
39 given by one or more physicians and surgeons of the licensee’s
40 choice.

1 (3) Restricting or limiting the extent, scope, or type of practice
2 of the licensee, including requiring notice to applicable patients
3 that the licensee is unable to perform the indicated treatment, where
4 appropriate.

5 (4) Providing the option of alternative community service in
6 cases other than violations relating to quality of care.

7 (b) The ~~board~~ *board or the California Board of Podiatric*
8 *Medicine* shall require a licensee to disclose *on a separate*
9 *document* her or his probationary status to ~~patients before each~~
10 *visit a patient, the patient's guardian, or health care surrogate*
11 *prior to the patient's first visit following the probationary order*
12 while the licensee is on probation in any of the following
13 circumstances:

14 (1) The ~~board made a finding in the probation order~~ *accusation*
15 *alleges, the statement of issues indicates, or the legal conclusions*
16 *of an administrative law judge finds* that the licensee ~~committed~~
17 *is implicated in* any of the following:

18 (A) Gross negligence.

19 (B) Repeated negligent acts involving a departure from the
20 standard of care with multiple patients.

21 (C) Repeated acts of inappropriate and excessive prescribing
22 of controlled substances, including, but not limited to, prescribing
23 controlled substances without appropriate prior examination or
24 without medical reason documented in medical records.

25 (D) Drug or alcohol abuse that threatens to impair a licensee's
26 ability to practice medicine safely, including practicing under the
27 influence of drugs or alcohol.

28 (E) Felony conviction arising from or occurring during patient
29 care or treatment.

30 (F) *Mental illness or other cognitive impairment that impedes*
31 *a licensee's ability to safely practice medicine.*

32 (2) The board ordered any of the following in conjunction with
33 placing the licensee on probation:

34 (A) That a ~~third party~~ *third-party* chaperone be present when
35 the licensee examines patients as a result of sexual misconduct.

36 (B) That the licensee submit to drug testing as a result of drug
37 or alcohol abuse.

38 (C) That the licensee have a monitor.

39 (D) Restricting totally or partially the licensee from prescribing
40 controlled substances.

1 ~~(E) Suspending the licensee from practice in cases related to~~
2 ~~quality of care.~~

3 (3) The licensee has not successfully completed a clinical
4 training program or any associated examinations required by the
5 board as a condition of probation.

6 (4) The licensee has been on probation ~~repeatedly.~~ *more than*
7 *once.*

8 (c) ~~The board shall adopt regulations by July 1, 2018, to~~
9 ~~implement subdivision (b). The board shall include in these~~
10 ~~regulations a requirement that the licensee shall obtain from each~~
11 ~~patient a signed receipt following the disclosure that includes a~~
12 ~~written explanation of how the patient can find further information~~
13 ~~on the licensee's discipline probation on the board's Internet Web~~
14 ~~site.~~

15 (d) *A licensee shall not be required to provide the disclosure*
16 *prior to a visit as required by subdivision (b) if the patient is*
17 *unconscious or otherwise unable to comprehend the disclosure*
18 *and sign the receipt pursuant to subdivision (c) and a guardian*
19 *or health care surrogate is unavailable to comprehend the*
20 *disclosure and sign the receipt. In that instance, the licensee shall*
21 *disclose her or his status as soon as either the patient can*
22 *comprehend the disclosure and sign the receipt or a guardian or*
23 *health care surrogate is available to comprehend the disclosure*
24 *and sign the receipt.*

25 ~~(d)~~
26 (e) Section 2314 shall not apply to subdivision ~~(b) or (c).~~ *(b),*
27 *(c), or (d).*

28 ~~(e)~~
29 (f) By July 1, 2018, the board shall ~~include, in the first section~~
30 ~~of each order of probation, a standardized, single paragraph,~~
31 ~~plain language summary that contains the accusations that led to~~
32 ~~the licensee's probation, the~~ *develop a standardized format for*
33 *listing the following information pursuant to paragraph (5) of*
34 *subdivision (b) of Section 803.1, subdivision (i) of Section 803.1,*
35 *and clause (ii) of subparagraph (C) of paragraph (1) of subdivision*
36 *(a) of Section 2027:*

37 (1) *The listing of the causes for probation alleged in the*
38 *accusation, the statement of issues, or the legal conclusions of an*
39 *administrative law judge.*

40 (2) *The length of the probation and the end date, and all date.*

1 (3) All practice restrictions placed on the licensee by the board.

2 SEC. 7. Section 3663 of the Business and Professions Code is
3 amended to read:

4 3663. (a) The committee shall have the responsibility for
5 reviewing the quality of the practice of naturopathic medicine
6 carried out by persons licensed as naturopathic doctors pursuant
7 to this chapter.

8 (b) The committee may discipline a naturopathic doctor for
9 unprofessional conduct. After a hearing conducted in accordance
10 with the Administrative Procedure Act (Chapter 5 (commencing
11 with Section 11500) of Part 1 of Division 3 of Title 2 of the
12 Government Code), the committee may deny, suspend, revoke, or
13 place on probation the license of, or reprimand, censure, or
14 otherwise discipline a naturopathic doctor in accordance with
15 Division 1.5 (commencing with Section 475).

16 (c) Except as provided by subdivision (e), the committee shall
17 require a naturopathic doctor to disclose on a separate document
18 her or his probationary status to a patient, the patient's guardian,
19 or health care surrogate prior to the patient's first visit following
20 the probationary order while the naturopathic doctor is on
21 probation in any of the following circumstances:

22 (1) The accusation alleges, the statement of issues indicates, or
23 the legal conclusions of an administrative law judge find that the
24 naturopathic doctor is implicated in any of the following:

25 (A) Gross negligence.

26 (B) Repeated negligent acts involving a departure from the
27 standard of care with multiple patients.

28 (C) Repeated acts of inappropriate and excessive prescribing
29 of controlled substances, including, but not limited to, prescribing
30 controlled substances without appropriate prior examination or
31 without medical reason documented in medical records.

32 (D) Drug or alcohol abuse that threatens to impair a
33 naturopathic doctor's ability to practice medicine safely, including
34 practicing under the influence of drugs or alcohol.

35 (E) Felony conviction arising from or occurring during patient
36 care or treatment.

37 (F) Mental illness or other cognitive impairment that impedes
38 a naturopathic doctor's ability to safely practice medicine.

39 (2) The committee ordered any of the following in conjunction
40 with placing the naturopathic doctor on probation:

1 (A) That a third-party chaperone be present when the
2 naturopathic doctor examines patients as a result of sexual
3 misconduct.

4 (B) That the naturopathic doctor submit to drug testing as a
5 result of drug or alcohol abuse.

6 (C) That the naturopathic doctor have a monitor.

7 (D) Restricting the naturopathic doctor totally or partially from
8 prescribing controlled substances.

9 (3) The naturopathic doctor has not successfully completed a
10 clinical training program or any associated examinations required
11 by the committee as a condition of probation.

12 (4) The naturopathic doctor has been on probation more than
13 once.

14 (d) The naturopathic doctor shall obtain from each patient a
15 signed receipt following the disclosure that includes a written
16 explanation of how the patient can find further information on the
17 naturopathic doctor's probation on the committee's Internet Web
18 site.

19 (e) The naturopathic doctor shall not be required to provide
20 the disclosure prior to the visit as required by subdivision (c) if
21 the patient is unconscious or otherwise unable to comprehend the
22 disclosure or sign the receipt pursuant to subdivision (d) and a
23 guardian or health care surrogate is unavailable to comprehend
24 the disclosure or sign the receipt. In such an instance, the
25 naturopathic doctor shall disclose her or his status as soon as
26 either the patient can comprehend the disclosure and sign the
27 receipt or a guardian or health care surrogate is available to
28 comprehend the disclosure and sign the receipt.

29 (f) By July 1, 2018, the committee shall develop a standardized
30 format for listing the following information pursuant to:

31 (1) The listing of the causes for probation alleged in the
32 accusation, the statement of issues, or the legal conclusions of an
33 administrative law judge.

34 (2) The length of the probation and the end date.

35 (3) All practice restrictions placed on the naturopathic doctor
36 by the committee.

37 (g) By July 1, 2018, the committee shall provide the information
38 listed in subdivision (f) as follows:

39 (1) To an inquiring member of the public.

1 (2) *On any committee documents informing the public of*
2 *probation orders and probationary licenses, including, but not*
3 *limited to, newsletters.*

4 (3) *In plain view on the BreEZe profile Internet Web page of a*
5 *naturopathic doctor subject to probation or a probationary license.*

6 SEC. 8. *Section 4962 is added to the Business and Professions*
7 *Code, to read:*

8 4962. (a) *Except as provided by subdivision (c), the board*
9 *shall require a licensee to disclose on a separate document her or*
10 *his probationary status to a patient, the patient's guardian, or*
11 *health care surrogate prior to the patient's first visit following the*
12 *probationary order while the licensee is on probation in any of*
13 *the following circumstances:*

14 (1) *The accusation alleges, the statement of issues indicates, or*
15 *the legal conclusions of an administrative law judge find that the*
16 *licensee is implicated in any of the following:*

17 (A) *Gross negligence.*

18 (B) *Repeated negligent acts involving a departure from the*
19 *standard of care with multiple patients.*

20 (C) *Drug or alcohol abuse that threatens to impair a licensee's*
21 *ability to practice acupuncture safely, including practicing under*
22 *the influence of drugs or alcohol.*

23 (D) *Felony conviction arising from or occurring during patient*
24 *care or treatment.*

25 (E) *Mental illness or other cognitive impairment that impedes*
26 *a licensee's ability to safely practice acupuncture.*

27 (2) *The board ordered any of the following in conjunction with*
28 *placing the licensee on probation:*

29 (A) *That a third-party chaperone be present when the licensee*
30 *examines patients as a result of sexual misconduct.*

31 (B) *That the licensee submit to drug testing as a result of drug*
32 *or alcohol abuse.*

33 (C) *That the licensee have a monitor.*

34 (3) *The licensee has not successfully completed a training*
35 *program or any associated examinations required by the board*
36 *as a condition of probation.*

37 (4) *The licensee has been on probation more than once.*

38 (b) *The licensee shall obtain from each patient a signed receipt*
39 *following the disclosure that includes a written explanation of how*

1 *the patient can find further information on the licensee's probation*
2 *on the board's Internet Web site.*

3 *(c) The licensee shall not be required to provide the disclosure*
4 *prior to the visit as required by subdivision (a) if the patient is*
5 *unconscious or otherwise unable to comprehend the disclosure or*
6 *sign the receipt pursuant to subdivision (b) and a guardian or*
7 *health care surrogate is unavailable to comprehend the disclosure*
8 *or sign the receipt. In such an instance, the licensee shall disclose*
9 *her or his status as soon as either the patient can comprehend the*
10 *disclosure and sign the receipt or a guardian or health care*
11 *surrogate is available to comprehend the disclosure and sign the*
12 *receipt.*

13 *(d) Section 4935 shall not apply to subdivision (a) or (b).*

14 *(e) By July 1, 2018, the committee shall develop a standardized*
15 *format for listing the following information pursuant to subdivision*
16 *(f):*

17 *(1) The listing of the causes for probation alleged in the*
18 *accusation, the statement of issues, or the legal conclusions of an*
19 *administrative law judge.*

20 *(2) The length of the probation and the end date.*

21 *(3) All practice restrictions placed on the licensee by the*
22 *committee.*

23 *(f) By July 1, 2018, the board shall provide the information*
24 *listed in subdivision (e) as follows:*

25 *(1) To an inquiring member of the public.*

26 *(2) On any board documents informing the public of probation*
27 *orders and probationary licenses, including, but not limited to,*
28 *newsletters.*

29 *(3) Upon availability of a licensee's BreEZe profile Internet*
30 *Web page on the BreEZe system pursuant to Section 210, in plain*
31 *view on the BreEZe profile Internet Web page of a licensee subject*
32 *to probation or a probationary license.*

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Bill Number: SB 1155	AUTHOR: Assembly Member MORRELL
SPONSOR: Author	VERSION: Amended – 3/28/16
INTRODUCED: February 18, 2016	BILL STATUS: Set for first hearing April 25, 2016
BILL LOCATION: Senate Appropriations Committee	
AGENDA ITEM: LEG 7- SB 1155 (Morrell)	
SUBJECT: Professions and Vocations: Licenses: Military Service	

SUMMARY

This bill would require every board under the Department of Consumer Affairs (DCA) to grant a waiver for the application and initial licensing fee to an honorably discharged veteran. The Author believes that eliminating these fees will bring more veterans into the workforce, growing the skilled labor market in California, and taking a step to alleviate the growing problem of veteran homelessness.

ANALYSIS

Existing law provides for the licensure and regulation of various professions and vocations by boards within the DCA. Existing law authorizes any licensee whose license expired while he or she was on active duty as a member of the California National Guard or the United States Armed Forces to reinstate his or her license without examination or penalty if certain requirements are met. Existing law also requires the boards to waive the renewal fees, continuing education requirements, and other renewal requirements, if applicable, of any licensee or registrant called to active duty as a member of the United States Armed Forces or the California National Guard, if certain requirements are met. Existing law requires each board to inquire in every application if the individual applying for licensure is serving in, or has previously served in, the military. Existing law, on and after July 1, 2016, requires a board within the DCA to expedite, and authorizes a board to assist, the initial licensure process for an applicant who has served as an active duty member of the United States Armed Forces and was honorably discharged. According to the Author, initial application and occupational license fees can act as a barrier for entry to the workforce for the 240,000 to 360,000 veterans who separate from the military each year. Many either already reside in or intend to make California their home, adding to the 1.9 million veterans residing in the state.

In its amended version, this bill would not significantly impact the DHCC. A survey of several licensing boards found that the impact on their overall revenue received from licensing fees would be minimal. Workload related to this bill would be performed by staff and is minor and absorbable.

SUPPORT/OPPOSITION

Support

- American G.I. Forum of California
- AMVETS, Department of California

- California Association of County Veterans Service Officers (CACVSO)
- California Association of Licensed Investigators, Inc.
- Goodwill Southern California
- Military Officers Association of America - California Council of Chapters
- Veterans of Foreign Wars - Department of California
- Veterans of Foreign Wars of California (San Diego County, Southern Imperial County)

Oppose

- None on file

ATTACHED: SB 1155 (Morrell) – Amended Version – March 28, 2016

COMMITTEE POSITION

The Committee has not yet taken a position on SB 1155 (Morrell). The Legislative and Regulatory Subcommittee may consider taking a position and making a recommendation to the full Committee.

COMMITTEE POSITION: ___ Support ___ Oppose ___ Neutral ___ Watch

AMENDED IN SENATE MARCH 28, 2016

SENATE BILL

No. 1155

Introduced by Senator Morrell

February 18, 2016

An act to add Section 114.6 to the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

SB 1155, as amended, Morrell. Professions and vocations: licenses: military service.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law authorizes any licensee whose license expired while he or she was on active duty as a member of the California National Guard or the United States Armed Forces to reinstate his or her license without examination or penalty if certain requirements are met. Existing law also requires the boards to waive the renewal fees, continuing education requirements, and other renewal requirements, if applicable, of any licensee or registrant called to active duty as a member of the United States Armed Forces or the California National Guard, if certain requirements are met. Existing law requires each board to inquire in every application if the individual applying for licensure is serving in, or has previously served in, the military. Existing law, on and after July 1, 2016, requires a board within the Department of Consumer Affairs to expedite, and authorizes a board to assist, the initial licensure process for an applicant who has served as an active duty member of the ~~Armed Forces of the United States~~ *Armed Forces* and was honorably discharged.

This bill would require ~~the Department of Consumer Affairs, in consultation with the Department of Veterans Affairs and the Military Department, to establish and maintain a program that grants~~ *every board within the Department of Consumer Affairs to grant* a fee waiver for the application for and the issuance of an initial license to an individual who is an honorably discharged veteran, as specified.

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

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

- 1 SECTION 1. Section 114.6 is added to the Business and
- 2 Professions Code, to read:
- 3 114.6. ~~The Department of Consumer Affairs, in consultation~~
- 4 ~~with the Department of Veterans Affairs and the Military~~
- 5 ~~Department, shall establish and maintain a program that grants~~
- 6 *Notwithstanding any other provision of law, every board within*
- 7 *the department shall grant* a fee waiver for the application for and
- 8 issuance of a license to an individual who is an honorably
- 9 discharged veteran who served as an active duty member of the
- 10 California National Guard or the United States Armed Forces.
- 11 Under this program, all of the following apply:
- 12 (a) ~~The Department of Consumer Affairs shall grant only one~~
- 13 ~~fee waiver to a veteran.~~ *A veteran shall be granted only one fee*
- 14 *waiver.*
- 15 (b) The fee waiver shall apply only to an application of and a
- 16 license issued to an individual veteran and not to an application
- 17 of or a license issued to a business or other entity.
- 18 (c) A waiver shall not be issued for a renewal of a license or for
- 19 the application for and issuance of a license other than one initial
- 20 license.

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Bill Number: SB 1217	AUTHOR: Assembly Member STONE
SPONSOR: Author	VERSION: Amended – 4/12/16
INTRODUCED: February 18, 2016	BILL STATUS: Set for second hearing, failed passage in Senate Business and Economic Development Committee
BILL LOCATION: Senate Business, Professions and Economic Development Committee	
AGENDA ITEM: LEG 7- SB 1217 (Stone)	
SUBJECT: Healing Arts: Reporting Requirements: Professional Liability Resulting in Death or Personal Injury	

SUMMARY

This bill would require increases in the dollar amount for judgement and settlement information required to be kept in a licensee’s central file by the Board of Pharmacy (Board) and increases the dollar amount for settlements that trigger mandatory reporting to the Board about Board licensees. This bill would, notwithstanding the above provision, instead require the record to contain reported judgments or settlements with damages over \$10,000 for persons licensed under the Pharmacy Act. This bill would raise the minimum dollar amount triggering those reporting requirements from \$3,000 to \$10,000 for persons licensed under the Pharmacy Law.

ANALYSIS

Existing law establishes a number of mandatory reporting requirements to health care licensing boards which are intended to inform boards about possible matters for investigation. Every insurer providing professional liability insurance to a person who holds a license, certificate, or similar authority from health care licensing entities, including the Dental Hygiene Committee of California (DHCC), are required to send a complete report to that board as to any settlement or arbitration award over \$3,000 of a claim or action for damages for death or personal injury caused by a licensee’s negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services. All healing arts boards are required to report information on settlements or arbitration awards. Some boards must report those in excess of \$10,000; and others must report information in amounts higher than \$30,000. All other boards must report those above \$3,000. While the \$3,000 amount may appear dated and arbitrary, a more thorough review of current practices and policies should be conducted before reporting requirements themselves are changed arbitrarily to ensure consumer protection.

In its amended version, this bill would not significantly impact the DHCC. Workload related to this bill would be performed by staff and is minor and absorbable.

SUPPORT/OPPOSITION

Support

- None on file

Oppose

- None on file

ATTACHED: SB 1217 (Stone) – Amended Version – April 12, 2016

COMMITTEE POSITION

The Committee has not yet taken a position on SB 1217 (Stone). The Legislative and Regulatory Subcommittee may consider taking a position and making a recommendation to the full Committee.

COMMITTEE POSITION: ___ Support ___ Oppose ___ Neutral ___ Watch

AMENDED IN SENATE APRIL 12, 2016

SENATE BILL

No. 1217

Introduced by Senator Stone

February 18, 2016

An act to amend Sections 800, 801, 801.1, and 802 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 1217, as amended, Stone. Healing arts: reporting requirements: professional liability resulting in death or personal injury.

Existing law establishes within the Department of Consumer Affairs various boards that license and regulate the practice of various professions and vocations, including those relating to the healing arts. Existing law requires each healing arts licensing board to create and maintain a central file containing an individual historical record on each person who holds a license from that board. Existing law requires that the individual historical record contain any reported judgment or settlement requiring the licensee or the licensee's insurer to pay over \$3,000 in damages for any claim that injury or death was proximately caused by the licensee's negligence, error or omission in practice, or rendering unauthorized professional service. *Existing law, the Pharmacy Law, provides for the licensure and regulation of pharmacists and pharmacies by the California State Board of Pharmacy, which is within the Department of Consumer Affairs.*

This bill ~~would~~ *would, notwithstanding the above provision,* instead require the record to contain reported judgments or settlements with damages over ~~\$10,000~~: *\$10,000 for persons licensed under the Pharmacy Act.*

Existing law requires an insurer providing professional liability insurance to a physician and surgeon, a governmental agency that self-insures a physician and surgeon or, if uninsured, a physician and surgeon himself or herself, to report to the respective licensing board information concerning settlements over \$30,000, arbitration awards in any amount, and judgments in any amount in malpractice actions to the practitioner's licensing board. Existing law provides that information concerning professional liability settlements, judgments, and arbitration awards of over \$10,000 in damages arising from death or personal injury must be reported to the respective licensing boards of specified healing arts practitioners including, among others, licensed professional clinical counselors, licensed dentists, and licensed veterinarians. Existing law provides that, for other specified healing arts practitioners including, among others, licensed educational psychologists, licensed nurses, and licensed pharmacists, information concerning professional liability settlements, judgments, and arbitration awards of over \$3,000 in damages arising from death or personal injury shall be reported to their respective licensing boards.

This bill would raise the minimum dollar amount triggering those reporting requirements from \$3,000 to ~~\$10,000~~ *\$10,000 for persons licensed under the Pharmacy Law*.

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

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

1 SECTION 1. Section 800 of the Business and Professions Code
2 is amended to read:
3 800. (a) The Medical Board of California, the Board of
4 Psychology, the Dental Board of California, the Dental Hygiene
5 Committee of California, the Osteopathic Medical Board of
6 California, the State Board of Chiropractic Examiners, the Board
7 of Registered Nursing, the Board of Vocational Nursing and
8 Psychiatric Technicians of the State of California, the State Board
9 of Optometry, the Veterinary Medical Board, the Board of
10 Behavioral Sciences, the Physical Therapy Board of California,
11 the California State Board of Pharmacy, the Speech-Language
12 Pathology and Audiology and Hearing Aid Dispensers Board, the
13 California Board of Occupational Therapy, the Acupuncture Board,
14 and the Physician Assistant Board shall each separately create and

1 maintain a central file of the names of all persons who hold a
2 license, certificate, or similar authority from that board. Each
3 central file shall be created and maintained to provide an individual
4 historical record for each licensee with respect to the following
5 information:

6 (1) Any conviction of a crime in this or any other state that
7 constitutes unprofessional conduct pursuant to the reporting
8 requirements of Section 803.

9 (2) (A) Any judgment or settlement requiring the licensee or
10 his or her insurer to pay any amount of damages in excess of ~~ten~~
11 ~~thousand dollars (\$10,000)~~ *three thousand dollars (\$3,000)* for
12 any claim that injury or death was proximately caused by the
13 licensee’s negligence, error or omission in practice, or by rendering
14 unauthorized professional services, pursuant to the reporting
15 requirements of Section 801 or 802.

16 (B) *Notwithstanding subparagraph (A), any judgment or*
17 *settlement requiring a person licensed pursuant to Chapter 9*
18 *(commencing with Section 4000) or his or her insurer to pay any*
19 *amount of damages in excess of ten thousand dollars (\$10,000)*
20 *for any claim that injury or death was proximately caused by the*
21 *licensee’s negligence, error or omission in practice, or by*
22 *rendering unauthorized professional services, pursuant to the*
23 *reporting requirements of Section 801 or 802.*

24 (3) Any public complaints for which provision is made pursuant
25 to subdivision (b).

26 (4) Disciplinary information reported pursuant to Section 805,
27 including any additional exculpatory or explanatory statements
28 submitted by the licensee pursuant to subdivision (f) of Section
29 805. If a court finds, in a final judgment, that the peer review
30 resulting in the 805 report was conducted in bad faith and the
31 licensee who is the subject of the report notifies the board of that
32 finding, the board shall include that finding in the central file. For
33 purposes of this paragraph, “peer review” has the same meaning
34 as defined in Section 805.

35 (5) Information reported pursuant to Section 805.01, including
36 any explanatory or exculpatory information submitted by the
37 licensee pursuant to subdivision (b) of that section.

38 (b) (1) Each board shall prescribe and promulgate forms on
39 which members of the public and other licensees or certificate
40 holders may file written complaints to the board alleging any act

1 of misconduct in, or connected with, the performance of
2 professional services by the licensee.

3 (2) If a board, or division thereof, a committee, or a panel has
4 failed to act upon a complaint or report within five years, or has
5 found that the complaint or report is without merit, the central file
6 shall be purged of information relating to the complaint or report.

7 (3) Notwithstanding this subdivision, the Board of Psychology,
8 the Board of Behavioral Sciences, and the Respiratory Care Board
9 of California shall maintain complaints or reports as long as each
10 board deems necessary.

11 (c) (1) The contents of any central file that are not public
12 records under any other provision of law shall be confidential
13 except that the licensee involved, or his or her counsel or
14 representative, shall have the right to inspect and have copies made
15 of his or her complete file except for the provision that may
16 disclose the identity of an information source. For the purposes of
17 this section, a board may protect an information source by
18 providing a copy of the material with only those deletions necessary
19 to protect the identity of the source or by providing a
20 comprehensive summary of the substance of the material.
21 Whichever method is used, the board shall ensure that full
22 disclosure is made to the subject of any personal information that
23 could reasonably in any way reflect or convey anything detrimental,
24 disparaging, or threatening to a licensee's reputation, rights,
25 benefits, privileges, or qualifications, or be used by a board to
26 make a determination that would affect a licensee's rights, benefits,
27 privileges, or qualifications. The information required to be
28 disclosed pursuant to Section 803.1 shall not be considered among
29 the contents of a central file for the purposes of this subdivision.

30 (2) The licensee may, but is not required to, submit any
31 additional exculpatory or explanatory statement or other
32 information that the board shall include in the central file.

33 (3) Each board may permit any law enforcement or regulatory
34 agency when required for an investigation of unlawful activity or
35 for licensing, certification, or regulatory purposes to inspect and
36 have copies made of that licensee's file, unless the disclosure is
37 otherwise prohibited by law.

38 (4) These disclosures shall effect no change in the confidential
39 status of these records.

1 SEC. 2. Section 801 of the Business and Professions Code is
2 amended to read:

3 801. (a) Except as provided in Section 801.01 and ~~subdivision~~
4 ~~(b) subdivisions (b), (c), (d), and (e)~~ of this section, every insurer
5 providing professional liability insurance to a person who holds a
6 license, certificate, or similar authority from or under any agency
7 specified in subdivision (a) of Section 800 shall send a complete
8 report to that agency as to any settlement or arbitration award over
9 ~~ten thousand dollars (\$10,000)~~ *three thousand dollars (\$3,000)* of
10 a claim or action for damages for death or personal injury caused
11 by that person's negligence, error, or omission in practice, or by
12 his or her rendering of unauthorized professional services. The
13 report shall be sent within 30 days after the written settlement
14 agreement has been reduced to writing and signed by all parties
15 thereto or within 30 days after service of the arbitration award on
16 the parties.

17 *(b) Every insurer providing professional liability insurance to*
18 *a person licensed pursuant to Chapter 13 (commencing with*
19 *Section 4980), Chapter 14 (commencing with Section 4991), or*
20 *Chapter 16 (commencing with Section 4999.10) shall send a*
21 *complete report to the Board of Behavioral Sciences as to any*
22 *settlement or arbitration award over ten thousand dollars*
23 *(\$10,000) of a claim or action for damages for death or personal*
24 *injury caused by that person's negligence, error, or omission in*
25 *practice, or by his or her rendering of unauthorized professional*
26 *services. The report shall be sent within 30 days after the written*
27 *settlement agreement has been reduced to writing and signed by*
28 *all parties thereto or within 30 days after service of the arbitration*
29 *award on the parties.*

30 *(c) Every insurer providing professional liability insurance to*
31 *a dentist licensed pursuant to Chapter 4 (commencing with Section*
32 *1600) shall send a complete report to the Dental Board of*
33 *California as to any settlement or arbitration award over ten*
34 *thousand dollars (\$10,000) of a claim or action for damages for*
35 *death or personal injury caused by that person's negligence, error,*
36 *or omission in practice, or rendering of unauthorized professional*
37 *services. The report shall be sent within 30 days after the written*
38 *settlement agreement has been reduced to writing and signed by*
39 *all parties thereto or within 30 days after service of the arbitration*
40 *award on the parties.*

1 ~~(b)~~

2 (d) Every insurer providing liability insurance to a veterinarian
3 licensed pursuant to Chapter 11 (commencing with Section 4800)
4 shall send a complete report to the Veterinary Medical Board of
5 any settlement or arbitration award over ten thousand dollars
6 (\$10,000) of a claim or action for damages for death or injury
7 caused by that person's negligence, error, or omission in practice,
8 or rendering of unauthorized professional service. The report shall
9 be sent within 30 days after the written settlement agreement has
10 been reduced to writing and signed by all parties thereto or within
11 30 days after service of the arbitration award on the parties.

12 (e) *Every insurer providing liability insurance to a person*
13 *licensed pursuant to Chapter 9 (commencing with Section 4000)*
14 *shall send a complete report to the California State Board of*
15 *Pharmacy of any settlement or arbitration award over ten thousand*
16 *dollars (\$10,000) of a claim or action for damages for death or*
17 *injury caused by that person's negligence, error, or omission in*
18 *practice, or rendering of unauthorized professional service. The*
19 *report shall be sent within 30 days after the written settlement*
20 *agreement has been reduced to writing and signed by all parties*
21 *thereto or within 30 days after service of the arbitration award on*
22 *the parties.*

23 ~~(e)~~

24 (f) The insurer shall notify the claimant, or if the claimant is
25 represented by counsel, the insurer shall notify the claimant's
26 attorney, that the report required by subdivision (a) has been sent
27 to the agency. If the attorney has not received this notice within
28 45 days after the settlement was reduced to writing and signed by
29 all of the parties, the arbitration award was served on the parties,
30 or the date of entry of the civil judgment, the attorney shall make
31 the report to the agency.

32 ~~(d)~~

33 (g) Notwithstanding any other ~~provision of~~ law, no insurer shall
34 enter into a settlement without the written consent of the insured,
35 except that this prohibition shall not void any settlement entered
36 into without that written consent. The requirement of written
37 consent shall only be waived by both the insured and the insurer.
38 This section shall only apply to a settlement on a policy of
39 insurance executed or renewed on or after January 1, 1971.

1 SEC. 3. Section 801.1 of the Business and Professions Code
2 is amended to read:

3 801.1. (a) Every state or local governmental agency that
4 self-insures a person who holds a license, certificate, or similar
5 authority from or under any agency specified in subdivision (a) of
6 Section 800 (except a person licensed pursuant to Chapter 3
7 (commencing with Section 1200) or Chapter 5 (commencing with
8 Section 2000) or the Osteopathic Initiative Act) shall send a
9 complete report to that agency as to any settlement or arbitration
10 award over ~~ten thousand dollars (\$10,000)~~ *three thousand dollars*
11 *(\$3,000)* of a claim or action for damages for death or personal
12 injury caused by that person's negligence, error, or omission in
13 practice, or rendering of unauthorized professional services. The
14 report shall be sent within 30 days after the written settlement
15 agreement has been reduced to writing and signed by all parties
16 thereto or within 30 days after service of the arbitration award on
17 the parties.

18 (b) *Every state or local governmental agency that self-insures*
19 *a person licensed pursuant to Chapter 13 (commencing with*
20 *Section 4980), Chapter 14 (commencing with Section 4991), or*
21 *Chapter 16 (commencing with Section 4999.10) shall send a*
22 *complete report to the Board of Behavioral Science Examiners as*
23 *to any settlement or arbitration award over ten thousand dollars*
24 *(\$10,000) of a claim or action for damages for death or personal*
25 *injury caused by that person's negligence, error, or omission in*
26 *practice, or rendering of unauthorized professional services. The*
27 *report shall be sent within 30 days after the written settlement*
28 *agreement has been reduced to writing and signed by all parties*
29 *thereto or within 30 days after service of the arbitration award on*
30 *the parties.*

31 (c) *Every state or local governmental agency that self-insures*
32 *a person licensed pursuant to Chapter 9 (commencing with Section*
33 *4000) shall send a complete report to the California State Board*
34 *of Pharmacy as to any settlement or arbitration award over ten*
35 *thousand dollars (\$10,000) of a claim or action for damages for*
36 *death or personal injury caused by that person's negligence, error,*
37 *or omission in practice, or rendering of unauthorized professional*
38 *services. The report shall be sent within 30 days after the written*
39 *settlement agreement has been reduced to writing and signed by*

1 *all parties thereto or within 30 days after service of the arbitration*
2 *award on the parties.*

3 SEC. 4. Section 802 of the Business and Professions Code is
4 amended to read:

5 802. (a) Every settlement, judgment, or arbitration award over
6 ~~ten thousand dollars (\$10,000)~~ *three thousand dollars (\$3,000)* of
7 a claim or action for damages for death or personal injury caused
8 by negligence, error or omission in practice, or by the unauthorized
9 rendering of professional services, by a person who holds a license,
10 certificate, or other similar authority from an agency specified in
11 subdivision (a) of Section 800 (except a person licensed pursuant
12 to Chapter 3 (commencing with Section 1200) or Chapter 5
13 (commencing with Section 2000) or the Osteopathic Initiative Act)
14 who does not possess professional liability insurance as to that
15 claim shall, within 30 days after the written settlement agreement
16 has been reduced to writing and signed by all the parties thereto
17 or 30 days after service of the judgment or arbitration award on
18 the parties, be reported to the agency that issued the license,
19 certificate, or similar authority. A complete report shall be made
20 by appropriate means by the person or his or her counsel, with a
21 copy of the communication to be sent to the claimant through his
22 or her counsel if the person is so represented, or directly if he or
23 she is not. If, within 45 days of the conclusion of the written
24 settlement agreement or service of the judgment or arbitration
25 award on the parties, counsel for the claimant (or if the claimant
26 is not represented by counsel, the claimant himself or herself) has
27 not received a copy of the report, he or she shall himself or herself
28 make the complete report. Failure of the licensee or claimant (or,
29 if represented by counsel, their counsel) to comply with this section
30 is a public offense punishable by a fine of not less than fifty dollars
31 (\$50) or more than five hundred dollars (\$500). Knowing and
32 intentional failure to comply with this section or conspiracy or
33 collusion not to comply with this section, or to hinder or impede
34 any other person in the compliance, is a public offense punishable
35 by a fine of not less than five thousand dollars (\$5,000) nor more
36 than fifty thousand dollars (\$50,000).

37 (b) *Every settlement, judgment, or arbitration award over ten*
38 *thousand dollars (\$10,000) of a claim or action for damages for*
39 *death or personal injury caused by negligence, error or omission*
40 *in practice, or by the unauthorized rendering of professional*

1 services, by a marriage and family therapist, a clinical social
2 worker, or a professional clinical counselor licensed pursuant to
3 Chapter 13 (commencing with Section 4980), Chapter 14
4 (commencing with Section 4991), or Chapter 16 (commencing
5 with Section 4999.10), respectively, who does not possess
6 professional liability insurance as to that claim shall within 30
7 days after the written settlement agreement has been reduced to
8 writing and signed by all the parties thereto or 30 days after service
9 of the judgment or arbitration award on the parties be reported
10 to the agency that issued the license, certificate, or similar
11 authority. A complete report shall be made by appropriate means
12 by the person or his or her counsel, with a copy of the
13 communication to be sent to the claimant through his or her
14 counsel if he or she is so represented, or directly if he or she is
15 not. If, within 45 days of the conclusion of the written settlement
16 agreement or service of the judgment or arbitration award on the
17 parties, counsel for the claimant (or if he or she is not represented
18 by counsel, the claimant himself or herself) has not received a
19 copy of the report, he or she shall himself or herself make a
20 complete report. Failure of the marriage and family therapist,
21 clinical social worker, or professional clinical counselor or
22 claimant (or, if represented by counsel, his or her counsel) to
23 comply with this section is a public offense punishable by a fine
24 of not less than fifty dollars (\$50) nor more than five hundred
25 dollars (\$500). Knowing and intentional failure to comply with
26 this section, or conspiracy or collusion not to comply with this
27 section or to hinder or impede any other person in that compliance,
28 is a public offense punishable by a fine of not less than five
29 thousand dollars (\$5,000) nor more than fifty thousand dollars
30 (\$50,000).

31 (c) Every settlement, judgment, or arbitration award over ten
32 thousand dollars (\$10,000) of a claim or action for damages for
33 death or personal injury caused by negligence, error or omission
34 in practice, or by the unauthorized rendering of professional
35 services, by a person licensed pursuant to Chapter 9 (commencing
36 with Section 4000) who does not possess professional liability
37 insurance as to that claim shall within 30 days after the written
38 settlement agreement has been reduced to writing and signed by
39 all the parties thereto or 30 days after service of the judgment or
40 arbitration award on the parties be reported to the California

1 *State Board of Pharmacy. A complete report shall be made by*
2 *appropriate means by the person or his or her counsel, with a copy*
3 *of the communication to be sent to the claimant through his or her*
4 *counsel if he or she is so represented, or directly if he or she is*
5 *not. If, within 45 days of the conclusion of the written settlement*
6 *agreement or service of the judgment or arbitration award on the*
7 *parties, counsel for the claimant (or if he or she is not represented*
8 *by counsel, the claimant himself or herself) has not received a*
9 *copy of the report, he or she shall himself or herself make a*
10 *complete report. Failure of the person licensed pursuant to Chapter*
11 *9 (commencing with Section 4000) (or, if represented by counsel,*
12 *his or her counsel) to comply with this section is a public offense*
13 *punishable by a fine of not less than fifty dollars (\$50) nor more*
14 *than five hundred dollars (\$500).*



Friday, May 6, 2016

Dental Hygiene Committee of California

Legislative and Regulatory Subcommittee

Agenda Item 8

Future Agenda Items



Friday, May 6, 2016

Dental Hygiene Committee of California

Legislative and Regulatory Subcommittee

Agenda Item 9

Adjournment