

FULL BOARD MEETING
Wednesday, May 11, 2016



Wyndham Anaheim Garden Grove
12021 Harbor Boulevard
Garden Grove, CA 92840



BOARD MEETING AGENDA

May 11, 2016

Wyndham Anaheim Garden Grove
12021 Harbor Boulevard, Garden Grove, CA 92840
714-867-5555 (Hotel) or 916-263-2300 (Board Office)

Members of the Board

Steven Morrow, DDS, MS, President
Judith Forsythe, RDA, Vice President
Steven Afriat, Public Member, Secretary

Fran Burton, MSW, Public Member
Yvette Chappell-Ingram, Public Member
Katie Dawson, RDH
Luis Dominicus, DDS
Kathleen King, Public Member
Ross Lai, DDS

Huong Le, DDS, MA
Meredith McKenzie, Public Member
Thomas Stewart, DDS
Bruce Witcher, DDS
Debra Woo, DDS

During this two-day meeting, the Dental Board of California will consider and may take action on any of the agenda items, unless listed as informational only. It is anticipated that the items of business before the Board on the first day of this meeting will be fully completed on that date. However, should items not be completed, it is possible that it could be carried over and be heard beginning at 8:00 a.m. on the following day. Anyone wishing to be present when the Board takes action on any item on this agenda must be prepared to attend the two-day meeting in its entirety.

Public comments will be taken on agenda items at the time the specific item is raised. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. Time limitations for discussion and comment will be determined by the President. For verification of the meeting, call (916) 263-2300 or access the Board's website at www.dbc.ca.gov. This Board meeting is open to the public and is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Karen M. Fischer, MPA, Executive Officer, at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five business days before the meeting will help to ensure availability of the requested accommodation.

While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources or technical difficulties that may arise.

Wednesday, May 11, 2016

8:00 A.M. FULL BOARD MEETING – OPEN SESSION

1. Call to Order/Roll Call/Establishment of Quorum.

CLOSED SESSION – FULL BOARD

Deliberate and Take Action on Disciplinary Matters

The Board will meet in closed session as authorized by Government Code §11126(c)(3).

CLOSED SESSION – LICENSING, CERTIFICATION, AND PERMITS COMMITTEE

- A. Issuance of New License(s) to Replace Cancelled License(s)

The Committee will meet in closed session as authorized by Government Code §11126(c)(2) to deliberate on applications for issuance of new license(s) to replace cancelled license(s)

- B. Grant, Deny or Request Further Evaluation for Conscious Sedation Permit Onsite Inspection and Evaluation Failure, pursuant to Title 16 CCR Section 1043.6

The Committee will meet in closed session as authorized by Government Code Section 11126(c)(2) to deliberate whether or not to grant, deny or request further evaluation for a Conscious Sedation Permit as it Relates to an Onsite Inspection and Evaluation Failure

RETURN TO OPEN SESSION – FULL BOARD

2. Licensing, Certification and Permits Committee Report on Closed Session
The Board may take action on recommendations regarding applications for issuance of new license(s) to replace cancelled license(s) and whether or not to grant, deny or request further evaluation for a Conscious Sedation Permit as it Relates to an Onsite Inspection and Evaluation Failure
3. Approval of the March 3-4, 2016 Board Meeting Minutes.
4. Welcome by Board President.
 - Snapshot of Dental Education 2015-2016
5. Executive Officer's Report.
 - Staffing Update – Vacancies and New Hires
 - Update on the Republic of Moldova Dental School Application
 - Update on Controlled Substance Utilization Review and Evaluation System (CURES) Registration
6. Discussion and Possible Action Regarding an Appointment to the Dental Assisting Council.

JOINT MEETING OF THE DENTAL BOARD AND DENTAL ASSISTING COUNCIL – SEE ATTACHED AGENDA

**The purpose of this joint meeting is to allow the Board and the Dental Assisting Council to interact with each other, ask questions and participate in discussions.*

RETURN TO FULL BOARD OPEN SESSION

COMMITTEE MEETING – SEE ATTACHED AGENDA

- LEGISLATIVE AND REGULATORY COMMITTEE
See attached Legislative and Regulatory Committee agenda.

RETURN TO FULL BOARD OPEN SESSION

RECESS

Call to Order

Roll Call

**Establishment of
Quorum**

CLOSED SESSION

LCP CLOSED SESSION

RETURN TO OPEN SESSION



MEMORANDUM

DATE	April 26, 2016
TO	Dental Board of California
FROM	Linda Byers, Executive Assistant
SUBJECT	Agenda Item 2: Report from the Licensing, Certification and Permits Committee Regarding Closed Session

Dr. Whitcher, Chair of the Licensing, Certification and Permits Committee, will provide recommendations to the Board based on the outcome of the Closed Session meeting to grant a new license(s) to replace a cancelled license(s) and whether to grant, deny or request further evaluation for a Conscience Sedation Permit onsite inspection and evaluation failure.



BOARD MEETING MINUTES

March 3-4, 2016

Humphreys Half Moon Inn & Suites
2303 Shelter Island Drive
San Diego, CA 92106

DRAFT

Board Members Present

Steven Morrow, DDS, MS, President
Judith Forsythe, RDA, Vice President
Fran Burton, MSW, Public Member
Stephen Casagrande, DDS
Yvette Chappell-Ingram, Public Member
Katie Dawson, RDH
Luis Dominicis, DDS
Kathleen King, Public Member
Ross Lai, DDS
Huong Le, DDS, MA
Meredith McKenzie, Public Member
Thomas Stewart, DDS
Bruce Witcher, DDS
Debra Woo, DDS

Board Members Absent

Steven Afriat, Public Member, Secretary

Staff Present

Karen M. Fischer, MPA, Executive Officer
Sarah Wallace, Assistant Executive Officer
Teri Lane, Enforcement Chief
Lusine Sarkisyan, Legislative and Regulatory Analyst
Spencer Walker, Senior Legal Counsel

Thursday, March 3, 2016

9:00 A.M. FULL BOARD MEETING – OPEN SESSION

1. Call to Order/Roll Call/Establishment of Quorum.

Dr. Steven Morrow, President, called the meeting to order at 9:04 a.m. Judith Forsythe, Vice President, called the roll in the absence of the Secretary and a quorum was established. The Board immediately went into Closed Session.

CLOSED SESSION – FULL BOARD

CLOSED SESSION – LICENSING, CERTIFICATION, AND PERMITS COMMITTEE

Dr. Dominicis recused himself as he knew the individual.

RETURN TO OPEN SESSION – FULL BOARD

2. **Licensing, Certification and Permits Committee Report on Closed Session**

Dr. Whitcher, Chair, gave a report on the results of Closed Session. The Committee recommended that the Board grant a license to replace cancelled license to applicant A.I. upon successful completion of payment of required fees, continuing education units and the Law and Ethics examination.

Motioned/Seconded/Carried (M/S/C) (Whitcher/Le) to accept the committee's recommendation.

Support: Morrow, Forsythe, Burton, Casagrande, Chappell-Ingram, Dawson, Dominicis, King, Lai, Le, McKenzie, Stewart, Whitcher, Woo. **Oppose:** 0 **Abstain:** 0

The motion passed.

3. **Approval of the December 3-4, 2015 Board Meeting Minutes.**

M/S/C (King/Woo) to approve the December 3-4, 2015 minutes as amended on page six.

Support: Morrow, Forsythe, Burton, Casagrande, Chappell-Ingram, Dawson, Dominicis, King, Lai, Le, McKenzie, Stewart, Whitcher, Woo. **Oppose:** 0 **Abstain:** 0

The motion passed.

4. **President's Report.**

Dr. Steven Morrow, Dental Board President, gave an overview of his Board related activities. In compliance with a request from Senator Jerry Hill, Dr. Morrow appointed a subcommittee consisting of Dr. Whitcher and Meredith McKenzie to review the safety parameters of pediatric anesthesia.

5. **Executive Officer's Report.**

Karen Fischer, Executive Officer of the Dental Board of California reported on her activities since the last Board meeting as well as the status of each of the Dental Board's units.

6. **Report from the Dental Hygiene Committee of California.**

Noel Kelsch, RDHAP, Dental Hygiene Committee President gave a report on the Committee's staffing, activities and goals.

7. **Oral Health Program Advisory Committee Report.**

Fran Burton gave a report reviewing the goals and objectives set at the last Committee meeting.

8. **Update on the Implementation of the BreZze Online Licensing and Enforcement System.**

Karen Fischer, Executive Officer gave an overview of the benefits and challenges of the new licensing system. Gayle Mathe, California Dental Association (CDA) commented that staff has been quickly responsive to any issues that she has brought to their attention. Communications remain open and strong.

JOINT MEETING OF THE DENTAL BOARD AND DENTAL ASSISTING COUNCIL

RETURN TO FULL BOARD OPEN SESSION

COMMITTEE MEETINGS

RETURN TO OPEN SESSION – FULL BOARD

RECESS

Friday, March 4, 2016

8:00 A.M. OPEN SESSION – FULL BOARD

9. **Call to Order/Roll Call/Establishment of Quorum.**

Dr. Steven Morrow, President, called the meeting to order at 8:04 a.m. Judith Forsythe, Vice President, called the roll in the absence of the Secretary and a quorum was established.

10. **Discussion and Possible Action to Initiate a Rulemaking to Amend California Code of Regulations, Title 16, Section 1049 Relating to Mobile and Portable Dental Unit Registration Requirements.**

Lusine Sarkisyan, Legislative and Regulatory Analyst gave an overview of the information provided.

M/S/C (Whitcher/McKenzie) to accept the proposed regulatory language relative to the registration requirements for mobile and portable dental units.

Gayle Mathe, CDA thanked staff and the Board for their collaboration and consideration regarding CDA's concerns. Lisa Okamoto, California Dental Hygienists Association (CDHA) commented that they have received concerns from the public regarding registration and information about the mobile and portable units in operation. She asked that the Board look into ways to provide information about these units and their operators while the lengthy regulatory process is continuing. Dr. Casagrande raised the issue of requiring Automated External Defibrillators (AED).

Support: Morrow, Forsythe, Burton, Casagrande, Chappell-Ingram, Dawson, Dominicis, King, Lai, Le, McKenzie, Stewart, Whitcher. **Oppose:** 0 **Abstain:** 0

The motion passed.

M/S/C (Whitcher/McKenzie) to direct staff to take all steps necessary to initiate the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before

completing the rulemaking process, and adopt the proposed amendments to California Code of Regulations, Title 16, Section 1049 as noticed in the proposed text.

Support: Morrow, Forsythe, Burton, Casagrande, Chappell-Ingram, Dawson, Dominicis, King, Lai, Le, McKenzie, Stewart, Whitcher. **Oppose:** 0 **Abstain:** 0

The motion passed.

11. **Report on the Little Hoover Commission Hearing on Occupational Licensing**
Karen Fischer, Executive Officer gave an overview of the information provided.

12. **Examinations:**

A. **Western Regional Examination Board (WREB) Update**

Dr. Huong Le gave a report about the information she received from her attendance at the last WREB meeting.

B. **Staff Update on Portfolio Pathway to Licensure**

Dr. Morrow gave a report on the continued success of the Portfolio Pathway to Licensure.

13. **Licensing, Certifications and Permits:**

A. **Review of Dental Licensure and Permit Statistics**

Sarah Wallace, Assistant Executive Officer gave an overview of the statistics provided.

B. **Request Received from Senator Jerry Hill Regarding Appointment of a Subcommittee to Investigate Whether California's Current Laws, Regulations, and Policies Relating to Pediatric Anesthesia Provide Sufficient Consumer Protection**

This item was discussed during agenda item four, the president's report.

14. **Budget Report**

Ms. Fischer provided an overview of the current budget and the Governor's budget for fiscal year 2016/17.

15. **Discussion and Possible Action to Initiate a Rulemaking to Amend California Code of Regulations, Title 16 Sections 1021 and 1022, Dentistry and Dental Assisting Licensing and Permitting Fee Increase.**

Ms. Wallace gave an overview of the information provided.

16. **Enforcement Committee Report**

Dr. Whitcher gave a report on the Enforcement Committee meeting.

M/S/C (Burton/Dominicis) to approve the Enforcement Committee's recommendation to appoint to the Southern Diversion Evaluation Committee, George Shinn, DDS to fill the Dentist vacancy and Shannon Chavez, MD to fill the Public Member vacancy.

Support: Morrow, Forsythe, Burton, Casagrande, Chappell-Ingram, Dawson, Dominicis, King, Lai, Le, McKenzie, Stewart, Whitcher. **Oppose: 0 Abstain: 0**
The motion passed.

M/S/C (Burton/Domicis) to approve the Enforcement Committee's request to direct staff to work with Legal Counsel to prepare proposed regulatory language to define "filing" and "discovery" in California Code of Regulations, Title 16, and Division 10 to bring to the Board for consideration of initiation of a rulemaking at a future meeting.

Support: Morrow, Forsythe, Burton, Casagrande, Chappell-Ingram, Dawson, Dominicis, King, Lai, Le, McKenzie, Stewart, Whitcher. **Oppose: 0 Abstain: 0**

The motion passed.

Public comment: Cara Myasaki, Foothill College commented that some schools do background checks prior to admittance into their programs. Gayle Mathe, CDA, commented that many licensees obtain continuing education credit at the Law and Ethics class that CDA presents. She suggested collaborating with Teri Lane the Enforcement Chief on enforcement trends. Dr. Lori Gagliardi, California Association of Dental Assisting Teachers (CADAT) commented that one problem may be unlicensed dental assistants. People who may have gone through a dental assisting program but never obtained a Registered Dental Assisting (RDA) license. She encouraged all dental offices to do background checks prior to employment. Lisa Okamoto, California Dental Hygienists Association (CDHA) commented that they encourage licensees to report violations of the Dental Practice Act. Clarifying and making law and ethics easier to understand may be a solution. Zena Delling, JNZ, commented that licensees report that what they are taught and what their employer dentist wants them to do are not always the same. They feel that they must do what the doctor wants. Dr. Lori Gagliardi further commented that the required signage that states that dentists are licensed by the Dental Board of California doesn't include that Registered Dental Assistants are also licensed by the Dental Board.

17. **Legislative and Regulatory Committee Report**

Fran Burton gave a report on the legislative and Regulatory Committee meeting. Catherine Scott, American Board of Dental Examiners (ADEX), provided clarification regarding the changes to the proposed language.

M/S/C (Burton/Le) to accept the Legislative Committee report and recommendation to "Watch" all of the bills mentioned.

Support: Morrow, Forsythe, Burton, Chappell-Ingram, Dawson, Dominicis, King, Lai, Le, McKenzie, Stewart, Whitcher. **Oppose: 0 Abstain: 0**

The motion passed.

18. **Public Comment on Items Not on the Agenda.**

Dr. Eric Wong, Academy of General Dentistry (AGD), commented that he would like to open a dialogue regarding acceptance of the AGD transcript for continuing education credit.

19. **Board Member Comments on Items Not on the Agenda.**

Kathleen King requested a future agenda item regarding the 1115 waiver. Ms. Fischer stated that staff is already working on this issue.

20. **Adjournment.**

The meeting was adjourned at 12:40pm.

DRAFT



MEMORANDUM

DATE	April 27, 2016
TO	Dental Board of California
FROM	Dr. Steven Morrow, President, Dental Board of California
SUBJECT	Agenda Item 4: Presidents Report.

A SNAPSHOT OF DENTAL EDUCATION 2015-2016

The information in this report is taken from data compiled by The American Dental Education Association (ADEA) and the American Dental Association (ADA).

NUMBER OF DENTAL SCHOOLS IN THE UNITED STATES:

- ▶ Public = 40
- ▶ Private = 22
- ▶ Private State-related = 4

NUMBER OF DENTAL SCHOOLS IN UNITED STATES BY STATE:

- 6 – California
- 4 – New York
- 3 – Florida, Illinois, Massachusetts, Pennsylvania, Texas
- 2 – Arizona, Kentucky, Missouri, Nebraska, New Jersey, North Carolina, Ohio, Tennessee, Utah
- 1 – Alabama, Colorado, Connecticut, District of Columbia, Georgia, Indiana, Iowa, Louisiana, Main, Maryland, Minnesota, Nevada, Oklahoma, Oregon, Virginia, Washington, West Virginia, Wisconsin

NUMBER OF STATES WITHOUT DENTAL SCHOOLS:

- ▶ 16

NUMBER OF GRADUATES FROM UNITED STATES DENTAL SCHOOLS IN 2015:

- ▶ 5,729

FINANCIAL DEBT (Sum of College and Dental School) GRADUATING CLASS 2015:

- ▶ Average Educational Debt = \$255,567
- ▶ > \$300,000 = 34%
- ▶ \$200,000 - \$300,000 = 27%
- ▶ < \$200,000 = 27%
- ▶ No Debt = 12%

INTENDED PRIMARY PROFESSIONAL ACTIVITY FOLLOWING GRADUATION:

- ▶ Private Practice of Dentistry = 49.3%
- ▶ Intended Private Practice Type:
 - Establish New Private Practice = 3.9%
 - Purchase An Existing Private Practice = 4.9%
 - Purchase Partnership in Existing Private Practice As Partner = 4.9%
 - Employed As Independent Contractor in Private Practice = 4%
 - Employed In Group Practice With Single Location = 7.3%
 - Employed in Corporate Owned Group Practice = 11.7%
 - Employed In Group Practice with Multiple Locations = 17.8%
 - Employed As Associate In Existing Private Practice With A Sole Proprietor = 44.6%
 - Undecided = 0.9%

INTENDED PRIMARY PROFESSIONAL ACTIVITY FOLLOWING GRADUATION (CONT.):

- ▶ Advanced Dental Education Program = 34.3%
- ▶ Type of Program:
 - AEGD/GPR
 - ✓ Number of Programs = 299
 - ✓ Number of Applications = 17,491
 - ✓ Number of Positions = 1,912
 - Pediatric Dentistry
 - ✓ Number of Programs = 77
 - ✓ Number of Applications = 10,663
 - ✓ Number of Positions = 436
 - Oral and Maxillofacial Surgery
 - ✓ Number of Programs = 101
 - ✓ Number of Applications = 10,656
 - ✓ Number of Positions = 254
 - Orthodontics
 - ✓ Number of Programs = 66
 - ✓ Number of Applications = 10,275
 - ✓ Number of Positions = 363
 - Endodontics
 - ✓ Number of Programs = 56
 - ✓ Number of Applications = 3,358
 - ✓ Number of Positions = 221
 - Periodontics
 - ✓ Number of Programs = 56
 - ✓ Number of Applications = 2,215

- ✓ Number of Positions = 185
- Prosthodontics
 - ✓ Number of Programs = 47
 - ✓ Number of Applications = 2,153
 - ✓ Number of Positions = 153
- Dental Public Health
 - ✓ Number of Programs = 15
 - ✓ Number of Applications = 168
 - ✓ Number of Positions = 37
- Oral And Maxillofacial Radiology
 - ✓ Number of Programs = 8
 - ✓ Number of Applications = 155
 - ✓ Number of Positions = 17
- Oral And Maxillofacial Pathology
 - ✓ Number of Programs = 16
 - ✓ Number of Applications = 78
 - ✓ Number of Positions = 14

DENTAL SCHOOL ENROLLEES BY RACE/ETHNICITY (2010 Data):

- ▶ White = 53.7% (58.3%)
- ▶ Asian = 23.4% (23.0%)
- ▶ Hispanic or Latino = 8.5% (7.2%)
- ▶ Black or African American = 4.3% (5.4%)
- ▶ Non-Resident Alien = 3.7% (Not Reported)
- ▶ Did Not Report = 3.1% (3.3%)
- ▶ Two or More Races = 3.0% (2.4%)
- ▶ American Indian or Alaska Native = 0.3% (0.2%)
- ▶ Native Hawaiian or Pacific Islander = 0.1% (0.1%)

NUMBER OF DENTAL SCHOOL APPLICATIONS/GRADUATES BY GENDER:

- ▶ Female = 28,831/2,607
- ▶ Male = 33,064/2,884



MEMORANDUM

DATE	April 21, 2016
TO	Dental Board of California
FROM	Linda Byers, Executive Assistant
SUBJECT	Agenda Item 5: Executive Officer Report

Karen M. Fischer, Executive Officer, will provide a verbal report.



MEMORANDUM

DATE	April 21, 2016
TO	Dental Board Members
FROM	Linda Byers, Executive Assistant
SUBJECT	Agenda Item 6: Discussion and Possible Action Regarding Appointments to the Dental Assisting Council

Background

The Dental Board of California (Board) established a seven member Dental Assisting Council which considers all matters relating to dental assistants in California and makes appropriate recommendations to the Board and the standing Committees of the Board.

In March 2016, the initial term of the Registered Dental Assistant in Extended Functions (RDAEF) member of the Dental Assisting Council expired. The Board posted a recruitment notice on its website and sent out an email blast. There was a low response, so the subcommittee recommends that the recruitment continue until such time as additional applications are received. Board staff will be asked to expand the outreach to include recruitment notifications be mailed to licensees, associations, and RDAEF programs.

The candidate is required to have possessed a current and active Registered Dental Assistant in Extended Functions (RDAEF) license for at least the prior five years; and to be employed clinically in a private dental practice or public safety net or dental health care clinic, and shall have been so employed for at least the prior five years. The candidate shall not be employed by a current member of the Dental Board, shall not have served on the Dental Assisting Forum and shall not have any financial interest in any Registered Dental Assistant school.

Each member shall comply with conflict of interest requirements that apply to Dental Board members. Such requirements include prohibitions against members making, participating in making or in any way attempting to use his or her official position to influence a governmental decision in which he or she knows or has reason to know he or she has a financial interest. Any council member who has a financial interest shall disqualify him or herself from making or attempting to use his or her official position to influence the decision. (Gov. Code, § 87100.)

TERM OF OFFICE:

The term of office for this appointment will be four years.

Action Requested:

- Subcommittee recommends that the recruitment for an RDAEF member of the Dental Assisting Council continue until such time as additional applications are received; and that the outreach be expanded to include recruitment notifications be mailed to licensees, associations, and RDAEF school programs.

**JOINT MEETING OF
THE DENTAL BOARD
AND DENTAL
ASSISTING COUNCIL**



JOINT MEETING OF THE DENTAL BOARD AND DENTAL ASSISTING COUNCIL

Wednesday, May 11, 2016

Upon Conclusion of Agenda Item 6

Wyndham Anaheim Garden Grove

12021 Harbor Boulevard, Garden Grove, CA 92840
714-867-5555 (Hotel) or 916-263-2300 (Board Office)

Members of the Board

Steven Morrow, DDS, MS, President

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Steven Afriat, Public Member, Secretary

Fran Burton, MSW, Public Member

Stephen Casagrande, DDS

Yvette Chappell-Ingram, Public Member

Katie Dawson, RDH

Luis Dominicis, DDS

Kathleen King, Public Member

Ross Lai, DDS

Huong Le, DDS, MA

Meredith McKenzie, Public Member

Thomas Stewart, DDS

*Bruce Witcher, DDS, (Also a Council member)

Debra Woo, DDS

Members of the Dental Assisting Council

Chair – Anne Contreras, RDA

Vice Chair – Emma Ramos, RDA

Pamela Davis-Washington, RDA

Teresa Lua, RDAEF

Tamara McNealy, RDA

Judith Forsythe, RDA

Bruce Witcher, DDS

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JNT 1 - Call to Order/Roll Call/Establishment of Quorum

**The Board meeting is still in progress. Therefore, it is necessary to take roll call of the Dental Assisting Council members only, for the purpose of joining the Board meeting.*

**The Board may take action on any Council recommendations during this joint meeting.*

JNT 2 - Approval of the March 3, 2016 Joint Dental Board and Dental Assisting Council Meeting Minutes.

JNT 3 - Dental Assisting Staff Update.

JNT 4 – Update on Dental Assisting Programs and Courses

JNT 5 - Update on Dental Assisting Examinations Statistics.

- Practical
- Written
- Orthodontic Assistant (OA)
- Dental Sedation Assistant (DSA)

JNT 6 – Update on Dental Assisting Licensing Statistics.

- Registered Dental Assistant (RDA)
- Registered Dental Assistant in Extended Functions (RDAEF)
- Orthodontic Assistant (OA)
- Dental Sedation Assistant (DSA)

JNT 7 – Report on the Results of the Department of Consumer Affairs (DCA) Office of Professional Examination Services (OPES) Occupational Analysis of the Registered Dental Assistant (RDA) and Registered Dental Assistant in Extended Functions (RDAEF) Practical Examinations.

JNT 8 – Discussion and Possible Action Regarding the Update of the Registered Dental Assistant (RDA) Law & Ethics and Written Examinations in Accordance with Business and Professions Code Section 139 Requirements.

JNT 9 – Discussion and Possible Action Regarding the Registered Dental Assistant in Extended Functions (RDAEF) Written Examination in Accordance with Business and Professions Code Section 139 Requirements.

JNT 10 – Update on Dental Assisting Council Regulatory Workshops.

JNT 11 – Discussion and Possible Action Regarding the Suspension of the Registered Dental Assistant (RDA) Practical Examination in Accordance with Business and Professions Code Section 1752.1(i)(j).

JNT 12 – Discussion and Possible Action Regarding the Subcommittee Recommendation Relating to Dental Assisting Fee Increases.

JNT 13 – Update Regarding Regulatory Language Development to Implement Provisions of AB 1174 (Chapter 662, Statutes of 2014).

JNT 14 - Public Comment on Items Not on the Agenda

The Board 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 and 11125.7(a)).

JNT 15 - Adjourn Joint Meeting of the Dental Board and the Dental Assisting Council.

Call to Order

Roll Call

**Establishment of
Quorum**



MINUTES FROM THE JOINT MEETING OF THE DENTAL BOARD AND DENTAL ASSISTING COUNCIL

Thursday, March 3, 2016

Humphreys Half Moon Inn & Suites
2303 Shelter Island Drive
San Diego, CA 92106

DRAFT

Members of the Board

Steven Morrow, DDS, MS, President
*Judith Forsythe, RDA, Vice President (Also a Council member)
Fran Burton, MSW, Public Member
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Yvette Chappell-Ingram, Public Member
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Ross Lai, DDS
Huong Le, DDS, MA
Meredith McKenzie, Public Member
Thomas Stewart, DDS
*Bruce Whitcher, DDS, (Also a Council member)
Debra Woo, DDS

Members Absent

Steven Afriat, Public Member, Secretary

Members of the Dental Assisting Council

Chair – Anne Contreras, RDA
Vice Chair – Emma Ramos, RDA
Pamela Davis-Washington, RDA
Teresa Lua, RDAEF
Tamara McNealy, RDA
Judith Forsythe, RDA
Bruce Whitcher, DDS

Members Absent

JNT 1 - Call to Order/Roll Call/Establishment of Quorum

President Steven Morrow called the meeting to order at 1:45 p.m. Anne Contreras, Dental Assisting Council Chair, called the roll and a quorum was established.

JNT 2 - Approval of the December 3, 2015 Joint Dental Board and Dental Assisting Council Meeting Minutes.

A comment was made by Fran Burton that the word “spelling” in page 1 of the minutes was misspelled, and the words “introduced”, “occupational”, “recipient”, “subject”, “environments”, and “consistency” in page 4 of the minutes were also misspelled.

President Morrow asked that the motion be ammended to approve the corrected minutes.

The motioner (Dr. Whitcher) and seconder (Yvette Chappell-Ingram) agreed.

Support: Morrow, Forsythe, Burton, Casagrande, Chappelle-Ingram, Dawson, Dominicis, King, Lai, Le, McKenzie, Stewart, Whitcher, Woo, Contreras, Ramos, Davis-Washington Lua, McNealy. **Oppose:** 0 **Abstain:** 0

The motion passes.

JNT 3 - Dental Assisting Staff Update.

Sarah Wallace, Assistant Executive Officer gave a staff update. Ms. Wallace reported there are currently no vacancies in the dental assisting unit, two staff members are on leave of absence, and since the last Board meeting, two AGPA positions have been filled. Katie Le will be running the Educational and Course oversight program and Leslie Campaz will be running the Dental Assisting Regulatory Program. Ms. Wallace went on to mention that Katie will be responsible for planning the upcoming site-visits for Dental Assisting programs that need re-evaluations and will be working closely with Leslie Campaz regarding regulations and outlining areas of concern. Leslie will be taking the lead on the development of the regulatory workshops.

Ms. Wallace added that with the launch of Breeze in January 2016, the dental assisting unit is undergoing learning experiences and is trying to get acclimated to the new licensing program, but that she is pleased to report that the learning process is coming along quite well. Ms. Wallace also pointed out that because of the new licensing system in place, it is imperative that examination applicants submit their applications by the final filling date.

Questions:

Tamara McNealy, DAC member, asked for an update on the fulfillment of the dental assisting unit manager position per Business and Professions Code 1616.6. or if there exists a different provision to enable the Board to hire a manager solely dedicated to the dental assisting unit. Ms. Wallace responded there is currently no single manager overseeing the dental assisting unit due to not having position authority at this moment. Ms. Fischer commented that even though in statutes there are provisions for managers, often times the personnel department doesn't necessarily agree with that. Therefore it's been determined and stated as state policy that the dental assisting unit needs to have oversight, but not necessarily from a manager. In previous years there was a manager position overseeing the dental assisting unit, but that position was taken from the Board. However, in the future we will be trying to make the necessary changes to obtain that position back because we agree that the dental assisting unit needs a manager dedicated to that unit.

JNT 4 - Update on Registered Dental Assistants (RDAs) and Registered Dental Assistants in Extended Functions (RDAEFs) Practical Examinations Statistics.

Ms. Wallace gave an overview of the information provided. She explained that as was requested, the written examination and the law and ethics examination statistics information was compiled into one table that outlines the scores for each of the individual programs so it's easily accessible. She also disclosed that the statistics were pulled during the conversion period from the previous licensing system to Breeze and that there might be errors or inconsistencies in the information. She apologized and stated that staff is still getting acclimated to the new licensing and reports system.

Board Comment:

An inconsistency in the examination statistics was pointed out. Ms. Wallace confirmed it to be a typographical error and that it would be corrected.

President Morrow pointed out that the pass rate on the RDA written examination is not really showing a significant difference from the RDA practical examination pass rate and went on to pose the question if the Board considers the written examination pass rates satisfactory. Ms. Wallace responded that the Board contracts with the Office of Professional Examination Services (OPES) to develop our written examination and that it's a continual workshop process. Subject matter experts continually work on developing new questions and releasing different series of questions out into the PSI examination. She went on to state that based on the information she's been given by the Chief of OPES, a passing score of 65% to 72% is within the psychometrically valid range and that there is nothing in the statistics that would warrant concern at this moment.

Fran Burton commented that since the board presents the practical examination statistics broken up by month and by north, south and central regions, and since the question has been raised in the past about disparity between the past failures between the northern and southern regions, it would be helpful to see something else that shows a grand total.

Ms. Fisher added a comment and directed the Board and DAC members to look at the written examination statistics. She pointed out that it's the repeat examinees who continue to re-take the exam, that bring the overall pass rate down. She also stated that the question whether or not staff feels the pass rates are appropriate is really what all the Board and DAC members need to be looking at here. She asked if the Board and the Council feel that these pass rates are appropriate. Dr. Witcher commented that his understanding is that our pass rate on repeat exams should be much less if it's a valid exam. He added that the "exam people" are telling us that the exam should be a competency exam where the board is not grading to a curve but to a standard which should be tied back to the clinical duties at least in the practical exam. He doesn't believe we are quite there yet but he believes if we do the exam review through OPES we might be better able to answer that question.

Public Comment:

Zannia Delling, J and Z Dental Rentals and Seminars, asked why the 2015 written exam statistics report starts in April verses January through December. Ms. Wallace responded that she believes it is because we had already presented the statistics up

until the April meeting held last year. Therefore the present statistics are from April 2015 up until now.

JNT 5 – Update on Registered Dental Assistants (RDAs) and Registered Dental Assistants in Extended Functions (RDAEFs) Licensing Statistics.

Ms. Wallace gave an overview of the information provided.

Board Comment:

Fran Burton asked if the number of delinquencies is accurate and if there is any mechanism that can be utilized, to know if delinquent licensees are practicing or not. Ms. Wallace responded that if we receive a complaint then we would know or if one of our inspectors out in the field certifies they've got the licenses valid. She went on to say that it comes of no surprise to see such a high number of delinquencies due to the nature of the profession where a high percentage of the population often times stops practicing and does not renew their license. She added that the high number can also have something to do with the conversion over to Breeze and it's a possibility that it's not a true number, but that we are in the process of doing a lot of cleanup by running reports and identifying areas where there's deficiency's. Ms. Burton also asked if Breeze will facilitate something that alerts staff on approaching delinquencies. Ms. Wallace responded that one of our main goals for the dental assisting unit is to become more proactive when it comes to licensure, applications and better tracking of these to reduce the amount of calls we get. She believes that Breeze will afford us that opportunity; however she is still in the process of reviewing the types of information that can be pulled out of Breeze. Ms. Wallace also pointed out that licensees are required to notify the Board of their address changes, however there has been issues with licentiates failing to notify the Board of their address changes and therefore do not receive their renewal notices. She also mentioned that staff is currently working on collecting email addresses from licentiates which will help get in contact with the licensees and inform them of their delinquencies.

Ms. Fischer commented as a follow up to Ms. Burton's question as to if whether or not there is a mechanism to inform Board staff if there are delinquent licensees practicing or not. She stated that the responsibility falls on the supervising dentist to track that information. Dentists should be periodically checking that their employee's licenses are up to date because the Board doesn't have a way of tracking that. However she is hopeful that the gathering of email address will better enable us to contact licensees. Ms. Fisher added that we've had traditionally high statistics on delinquency rates and that another reason behind it could be that RDAEFs don't renew their RDA licenses because they're under the impression it's not necessary.

Anne Contreras asked if there's any way to reduce the delinquencies by notifying the dentists or perhaps place an announcement on our website or send out a newsletter informing the dentists how they can go online and check the license status of their staff. Ms. Wallace responded she would look into that and added that Breeze does allow dental auxiliaries to renew online, something which in the past was not feasible, but with Breeze up and running, we have seen a lot of people take advantage of this new online tool which makes the renewal process quicker. If there are no deficiencies at time or renewal, then the renewal is instantaneous, it is a live update and it will be reflected in

the license verification tool. Ms. Wallace went on to disclose a trend that staff has been seeing. There have been numerous cases of applicants that renew online or on paper format that answer “yes” to the renewal question that relates to fingerprints, but go out and spend money to get re-fingerprinted. If a licensee has already submitted a live scan form to the Board then there is no need to get re-fingerprinted every time they renew.

Tamara McNealy commented that she’s noticed that a lot of dental hygienists let their RDA license lapse once they obtain their RDH license because they don’t see the need to have a dual license. She went on to ask if in the mix of delinquencies are possibly 1st time licensees who don’t seem to understand even though they don’t have to submit their CE units the 1st time they renew, they do have to renew their license when they get the renewal form which will be before the 2 year mark. Ms. Wallace responded that is information we can pull from Breeze and that staff will look into this.

Dr. Dominicis asked if there’s a box on the renewal form that gives licensees the option to opt out of renewing their license. Ms. Wallace responded there is an option to renew as inactive but there is not an option to cancel the license. Dr. Casagrande mentioned that is probably another cause of why there are so many delinquent licenses.

Tamara McNealy pointed out that when she tried to register online through Breeze, her social security number could not be found. Therefore she wasn’t able to register online and rather she had to fill out a paper registration. She asked if any other licentiates have run into this problem. Ms. Wallace responded she would look into this issue.

JNT 6 – Staff Update on the Department of Consumer Affairs (DCA) Office of Professional Examination Services (OPES) Occupational Analysis of the Registered Dental Assistant (RDA) and Registered Dental Assistant in Extended Functions (RDAEF) Practical Examinations.

Ms. Wallace reported that the Board was able to meet the required goal of the percentage of responses needed in order for OPES to continue on with the analysis. The survey was successful according to OPES. Additionally, OPES moved forward and conducted 2 additional workshops, one in January and the other in February. Ms. Wallace went on to say that now that the workshops have been concluded, OPES will start to compile all the results from the surveys and the workshops that have been conducted over the last 6 to 8 months. Staff anticipates having a final report to the Board at the May 2016 Board meeting.

Questions:

Dr. Casagrande asked if OPES, when conducting their analyses, looks to other states to see how they license their registered dental assistants? Ms. Wallace responded that it’s to her understanding OPES surveys out the occupational analysis to all licentiates and educators in California. Dr. Casagrande additionally asked what is done in the workshops OPES conducts. Ms. Wallace responded they discuss the occupation and that they have dentist attend the workshop.

Dr. Whitcher asked if we are getting the word out to the programs so they can schedule the practical exam. He gets asked all the time what the timeline is for the practical exam to remain in place. Ms. Wallace responded that at this time she cannot comment on

how long the practical exam has still left to go. It will all depend on the findings we get back from the occupational analysis and the action the Board and the Dental Assisting Council will take.

Dr. Casagrande asked if during the occupational analysis the question is being asked whether the clinical exam is necessary or not. Is the practical clinical exam a necessary licensure feature for an RDA? Additionally, is it being asked whether the clinical exam itself is being given in a fair manner.

Ms. Fischer commented that Heidi the chief of OPES gave a presentation at the December meeting that addressed the questions that Dr. Casagrande had asked and that she would be happy to explain them to him offline. She went on to mention that staff is moving forward assuming that the practical exam might not be suspended and is carrying on as normal. Once the Board receives a report from OPES, it can continue to discuss the challenges that may arise. Because this occupational analysis is not going to necessarily address all of the challenges that have been discussed throughout the years which are standardization of locations, equipment that's being used, and if we have an equitable examination across the state based on how we currently administer the examination. Those things still need to be discussed however that's a separate topic for another time.

JNT 7 - Discussion and Possible Action Regarding Legislative Counsel's Opinion, Dated February 10, 2016, Relating to the Registered Dental Assistant Practical Examination.

Ms. Fischer gave an overview of the information provided. She briefly discussed the legislative process that took place for Assembly Bills 178 and 179. She went on to state she expressed her concern to assembly woman Bonillas office that there may be some confusion about whether or not the Board can continue issuing RDA licenses if the Board did indeed suspend the RDA practical examination. Assemblywoman Bonilla office and staff always believed that would be the case and therefore requested a legal opinion by way of Legal Counsel to essentially define that. At that point Spencer Walker, Legal Counsel, clarified that even though it's not written clearly in statute, the Board has the authority to continue issuing RDA licenses without the requirement of applicants passing the practical examination. The Board can continue to issue RDA licenses to applicants whom pass the written examination and fulfill all of the requirements without having to pass the practical examination.

Ms. Fischer added a comment recommending that applicants not hold off to apply for licensure until the RDA practical exam is suspended in the hopes of not having to take the practical exam. Because there is the possibility that the practical exam will continue in place and will not be suspended. In the event that the practical is suspended, it would only be for a short period of time, at which point staff and the Board will work toward composing another practical exam, finding other ways to test the skills that might come out of this occupational analysis, or developing a stronger written exam.

Questions:

It was asked that in the event that the Board does vote to suspend the practical examination, what would happen to those candidates who took the written exam before

the suspension. Would they be able to apply for licensure? Also, for those who took the written exam and passed, but took the practical exam and failed it before the suspension, would they be able to apply for licensure?

Ms. Fischer responded affirmatively to both questions. She added that as long as all other exams and requirements are passed and fulfilled, the applicant would be able to get licensed. Even if they fail the practical exam before the suspension period, if they have successfully passed the other exams and have fulfilled all the other requirements, their application for licensure is still “alive”, and they would get a notice in the mail confirming their eligibility for licensure.

Claudia Pohl, CDAA, asked if there’s a timeframe in which people will be grandfathered in using the criteria discussed. In other words, how far back of a period would the Board allow applicants who have failed the practical exam, to now apply for licensure meeting all other requirements?

Ms. Wallace responded that applicants would have to have a “live” application in order to qualify. However staff would have to review this in a case-by-case basis.

President Morrow asked if the results of the written examination are valid for a specified period of time before having to re-take it if a given applicant hasn’t completed the application process.

Ms. Wallace responded that the current process is that if an applicant passes both written exams but fails to take the practical exam within 2 years, then that would be considered abandonment of application and applicant would have to re-apply for licensure and take all exams and fulfill all requirements again.

Ms. Fischer added that once the newly proposed regulations on Abandonment of Applications pass, then staff will have a better idea on how to monitor how much activity has been on an application and after a certain period of time it will be deemed abandoned. At that point the applicant would have to start all over again.

President Morrow asked once the abandonment of application regulations come into effect, would they be retroactive applying to previous applicants.

Spencer Walker confirmed they would be retroactive.

Pam Baldwin, RDA 4U, asked if the practical examination does get suspended, would the Board discontinue the examination dates immediately and would it send notices to candidates. She also asked how long would the practical exam be suspended for.

Ms. Wallace confirmed that the suspension of the practical exam would be immediate and staff would start the process of sending out notices to exam candidates.

Ms. Fischer stated that unless there’s a statutory change, the practical exam goes back into effect July 1, 2017.

JNT 8 – Update on Dental Assisting Council Regulatory Workshops.

Sarah Wallace gave an overview of the Boards plan to conduct regulatory workshops throughout 2016 for the purpose of developing the dental assisting comprehensive rulemaking package. She went on to describe how these meetings will be conducted and what the topics of discussion would be for the upcoming workshop as well as the possibility of having workshops in Southern California if staff is able to secure a location that would meet the Board's needs.

Questions:

It was asked if the workshops would only focus on RDA programs and not the RDAEF programs.

Ms. Wallace responded that both programs would be discussed.

Tamara McNealy asked how the Board wants stakeholders and others involved to implement their suggestions in the regulations.

Ms. Wallace responded that if a group of stakeholders has amendments they want considered they need to submit these in a written form to herself or Leslie Campaz. If the suggested amendments are received before the scheduled workshops, we will be able to bring these to the table during the workshop for discussion. No action will be taken at the workshops. The intention of the workshops is to discuss and get feedback from the council to be able to further develop the regulations and to bring back a solid regulatory proposal to the full board and the council for consideration.

Tamara McNealy commented for clarification purposes that there would be a timeframe to submit recommendations to staff and that the purpose of the workshop is strictly for discussion and not to take action on any single item.

Ms. Wallace responded affirmatively to both notions.

JNT 9 – Update on Dental Assisting Council Recruitment.

Sarah Wallace reported that effective the month of March, the initial term for one of the DAC members expired. Therefore the recruitment process has begun and concurrently staff has posted the announcement on the Boards website. At the May meeting, the Board can begin to consider appointments to fill that vacancy.

Dr. Whitcher commented that a change was implemented allowing for "term limits" for DAC members which will be implemented going forward. He then asked if a member served 1 term and applied for another term, would they presumably be able to serve for 2 terms.

Ms. Fisher responded that if a member has not served two full 4-year terms, then they are still eligible to apply to serve another term.

It was asked if the language found on page 2 applicable to an RDA applies to an RDAEF applicant as well.

Spencer Walker and Ms. Fischer confirmed the language to be applicable to an RDAEF as well.

JNT 10 - Public Comment on Items Not on the Agenda

Cara Miyasaki, Foothill College and Northern CA Educators Group, asked if it would be possible for educators to work collaboratively with the calibration or the examiners in regards to the grading criteria for the RDA written exam. As an educator it's really difficult to teach somebody how to fulfill the requirements but not know what the criterion is.

President Morrow thanked Ms. Miyasaki for her comment but let her know the Board cannot discuss her comment at this time except to agree to place it on the agenda at a future meeting.

JNT 11 - Adjourn Joint Meeting of the Dental Board and the Dental Assisting Council.

President Morrow adjourned the council meeting at 2:40 p.m.



MEMORANDUM

DATE	April 28, 2016
TO	Dental Board of California
FROM	Linda Byers, Executive Assistant
SUBJECT	JNT 3: Dental Assisting Staff Update.

Sarah Wallace, Assistant Executive Officer will provide a verbal report.



MEMORANDUM

DATE	April 21, 2016
TO	Members of the Dental Board of California Members of the Dental Assisting Council
FROM	Leslie Campaz, Educational Program Analyst
SUBJECT	JNT 4: Update on Approval, Site Visits/Re-Evaluations of Dental Assisting Programs and Courses for 2015 and 2016

Staff Update

In an effort to meet the requirements of CCR, Title 16, Section 1070(a)(2), the Board started to conduct site visits in the latter part of 2015. The re-evaluation of programs and courses may include a site visit or may require written documentation that ensures compliance with all regulations. Additionally, the Board will soon begin recruiting and training additional subject matter experts (SME's) in the dental assisting program and course evaluation process.

Tables 1a and 2a identify the total number of DA Program/Course curriculum applications that were approved in 2015 and 2016. Tables 1b and 2b list the number of DA Programs and Course site visits conducted in 2015 and 2016.

Table 1a										
Total DA Program and Course Applications Approved in 2015										
	RDA Programs	RDAEF	Radiation Safety	Coronal Polish	Pit and Fissure Sealants	Ultrasonic Scaler	Infection Control	Orthodontic Assistant	Dental Sedation Assistant	Grand Total
Course Totals	3	0	12	12	8	2	14	24	0	75

Table 1b											
Total DA Program and Course Site Visits/Re-evaluations conducted in 2015											
	RDA Programs		RDAEF	Radiation Safety	Coronal Polish	Pit and Fissure Sealants	Ultrasonic Scaler	Infection Control	Orthodontic Assistant	Dental Sedation Assistant	Grand Total
	Provisional	Full									
Site Visit Totals	3	0	0	0	0	0	0	0	0	0	3

Table 2a										
Total DA Program and Course Applications Approved in 2016										
	RDA Programs	RDAEF Programs	Radiation Safety Course	Coronal Polish Course	Pit and Fissure Sealants	Ultrasonic Scaler	Infection Control	Orthodontic Assistant	Dental Sedation Assistant	Grand Total
Course Totals	3	0	3	5	6	0	4	3	0	24

Table 2b											
Total DA Program and Course Site Visits/Re-evaluations conducted in 2016											
	RDA Programs		RDAEF	Radiation Safety	Coronal Polish	Pit and Fissure Sealants	Ultrasonic Scaler	Infection Control	Orthodontic Assistant	Dental Sedation Assistant	Grand Total
	Provisional	Full									
Site Visit Totals	4	1	0	0	0	0	0	0	0	0	5



MEMORANDUM

DATE	April 22, 2016
TO	Dental Assisting Council Members, Dental Board of California
FROM	Katie Le, Dental Assisting Educational Program Coordinator Dental Board of California
SUBJECT	JNT 5: Dental Assisting Program Examination Statistics

The following table provides the written examination pass and fails rates by examination type of candidates who took the examinations from January 1, 2016 to March 31, 2016.

Written Examination Statistics for January – March 2016 All Candidates

Written Exam	Total Candidates Tested	# of Examinee Passed	# of Examinee Failed	% Passed	% Failed
RDA	1449	945	504	65%	35%
RDA Law & Ethics	1626	855	771	53%	47%
RDAEF	0	-	-	-	-
Orthodontic Assistant	82	34	48	41%	59%
Dental Sedation Assistant	0	-	-	-	-

Staff is not including a breakdown of first-time and repeat test takers for the written examination statistics shown above. Since the implementation of BreEZe, this is the first time that staff has requested statistics for first-time and repeat-test takers for the written examinations. Although staff received a report generated from BreEZe, staff felt that there were too many discrepancies in the report. Therefore, staff is choosing not to report the data since it does not reflect accurate data. Staff may or may not have an update at the meeting.

The following tables provide the RDA practical examination statistics for the month of February 2016 which are broken down by overall, first-time, and repeat candidates.

RDA Practical Examination Statistics for 2016 All Candidates

Practical Exam	Total Candidates Tested	% Passed	% Failed
RDA – February North	304	69%	31%
RDA – February South	501	41%	59%
Total for Year	805	51%	49%

RDA Practical Examination Statistics for 2016 First Time Candidates

Practical Exam	Total Candidates Tested	% Passed	% Failed
RDA – February North	171	70%	30%
RDA – February South	285	42%	58%
Total for Year	456	56%	44%

RDA Practical Examination Statistics for 2016 Repeat Candidates

Practical Exam	Total Candidates Tested	% Passed	% Failed
RDA – February North	133	67%	33%
RDA – February South	216	38%	62%
Total for Year	349	53%	47%

The following tables provide the RDAEF practical examination statistics for the month of January 2016 which are broken down by overall, first-time, and repeat candidates.

RDAEF Clinical/Practical Examination Statistics for 2016 All Candidates

Clinical/Practical Exam	Total Candidates Tested	% Passed	% Failed
RDAEF – Jan North	15	10	5
Total for Year	15	67%	33%

RDAEF Clinical/Practical Examination Statistics for 2016 First Time Candidates

Clinical/Practical Exam	Total Candidates Tested	% Passed	% Failed
RDAEF – Jan North	3	3	0
Total for Year	3	100%	0%

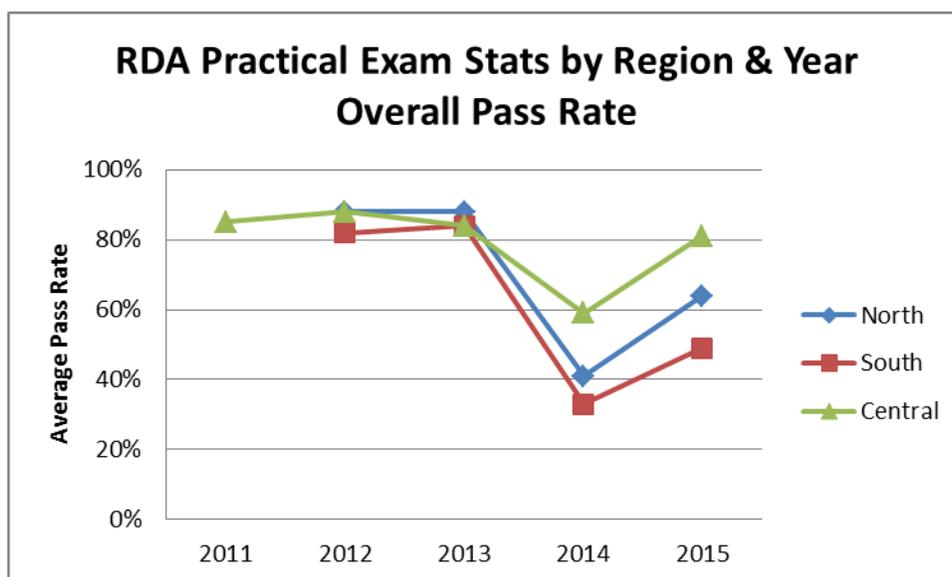
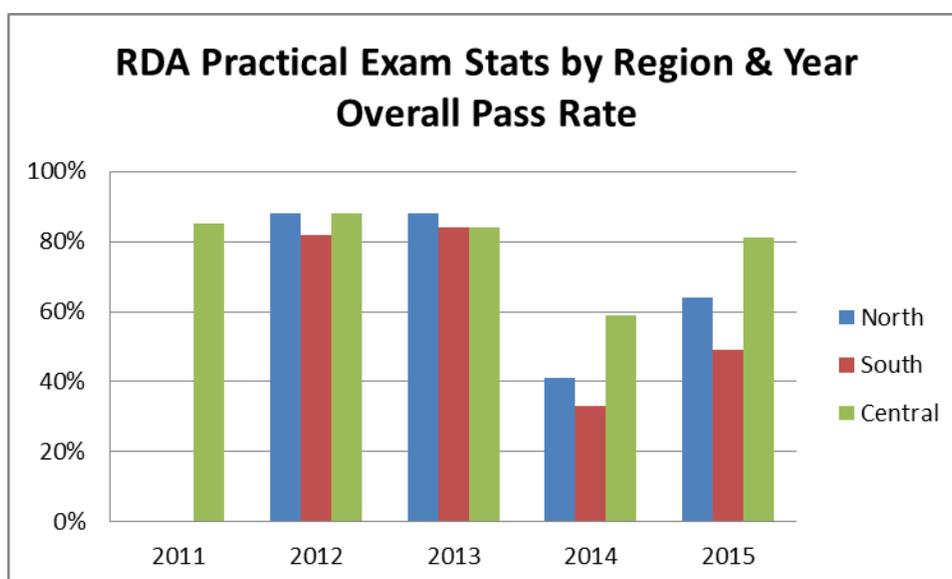
RDAEF Clinical/Practical Examination Statistics for 2016 Repeat Candidates

Clinical/Practical Exam	Total Candidates Tested	% Passed	% Failed
RDAEF – Jan North	12	7	5
Total for Year	12	58%	42%

The following tables provide RDA Practical Examination Pass and Fail Rates of overall, first, and repeat candidates from 2011 through 2015 broken down by the North, South and Central region.

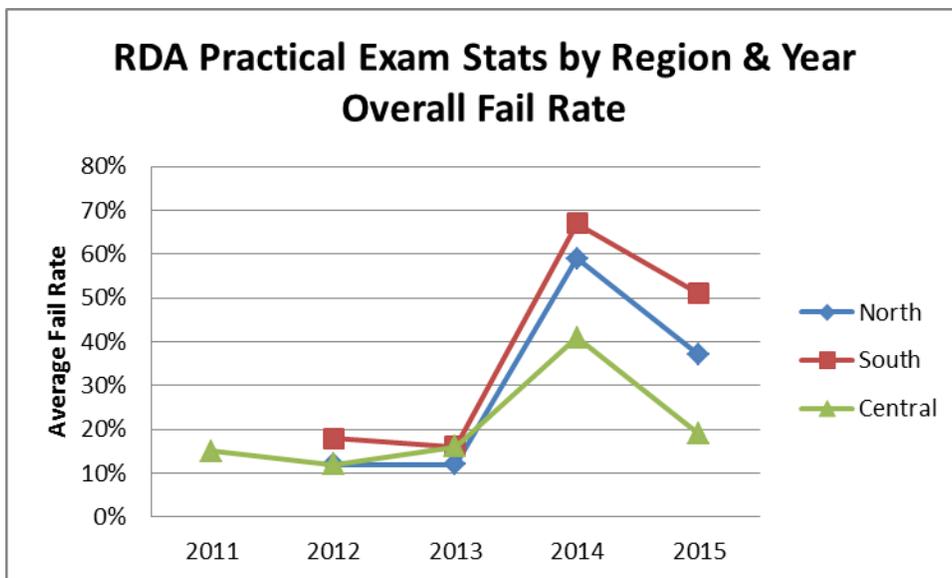
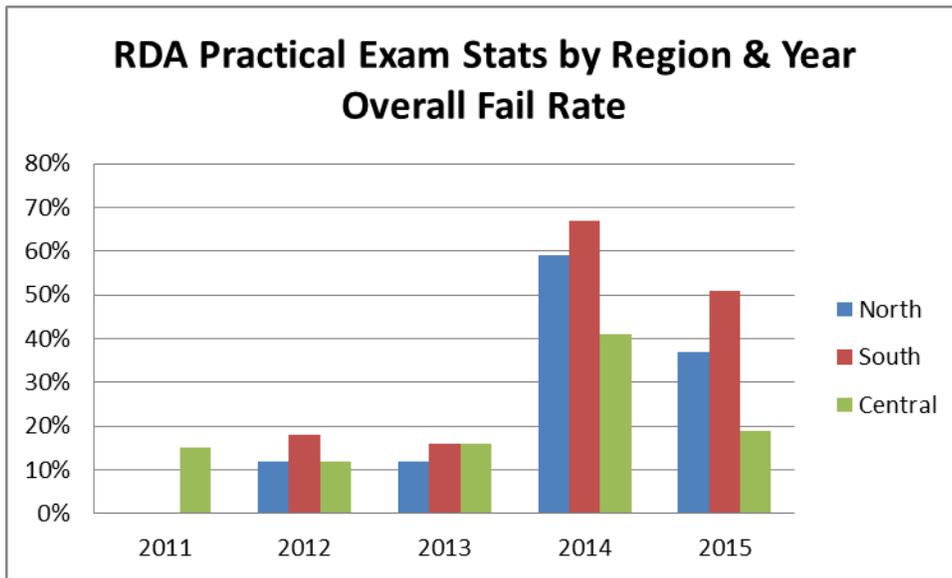
RDA Practical Examination Statistics for **2011-2015 Overall Pass Rates**

	North	South	Central
2011			85%
2012	88%	82%	88%
2013	88%	84%	84%
2014	41%	33%	59%
2015	64%	49%	81%



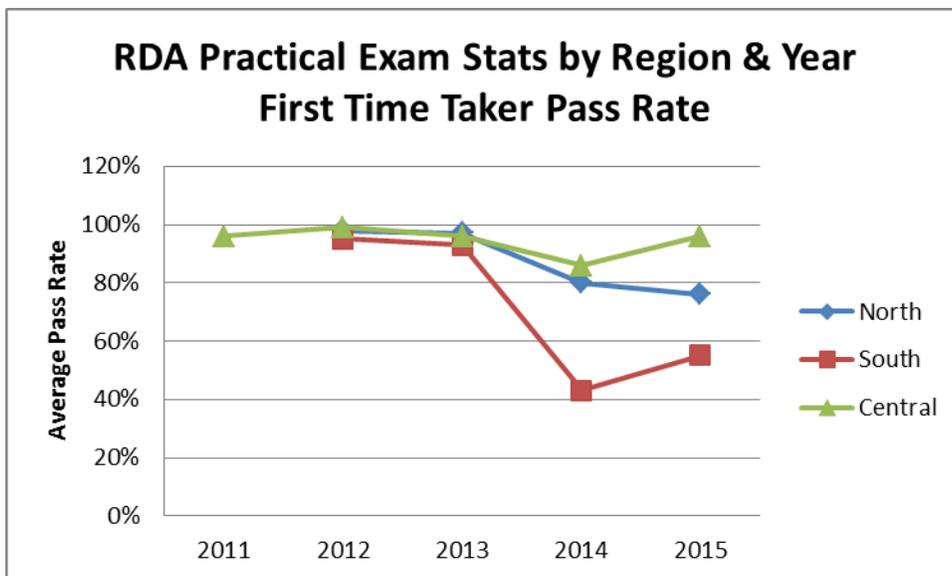
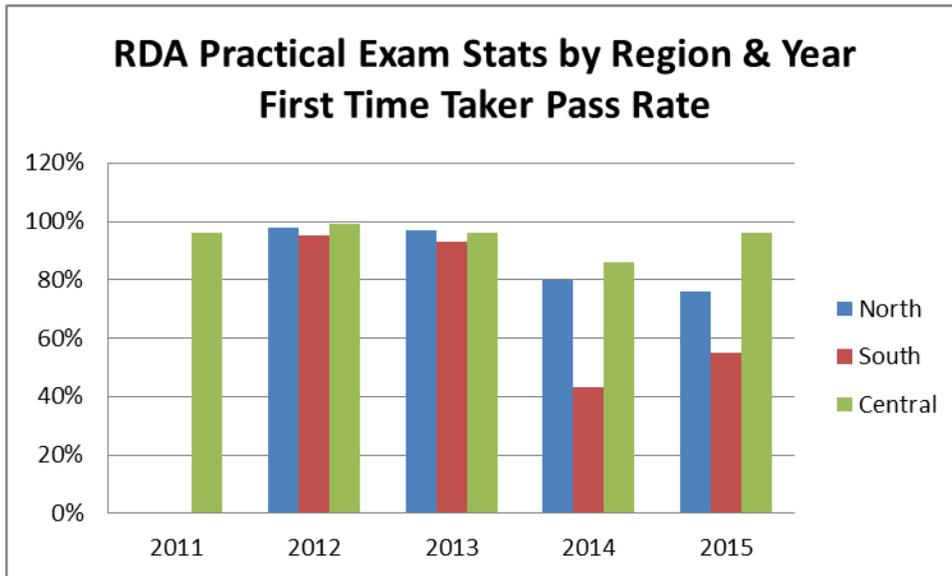
RDA Practical Examination Statistics for 2011-2015 Overall Fail Rates

	North	South	Central
2011			15%
2012	12%	18%	12%
2013	12%	16%	16%
2014	59%	67%	41%
2015	37%	51%	19%



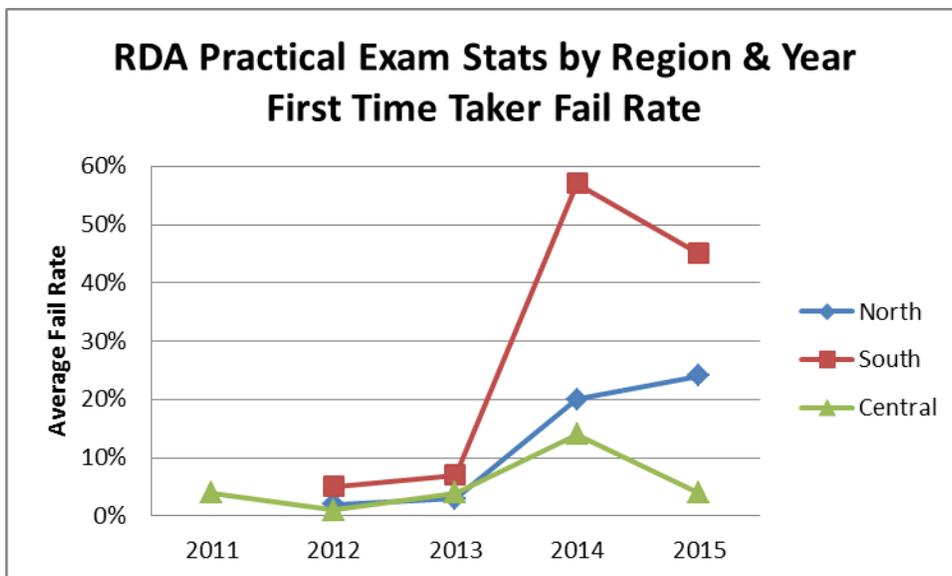
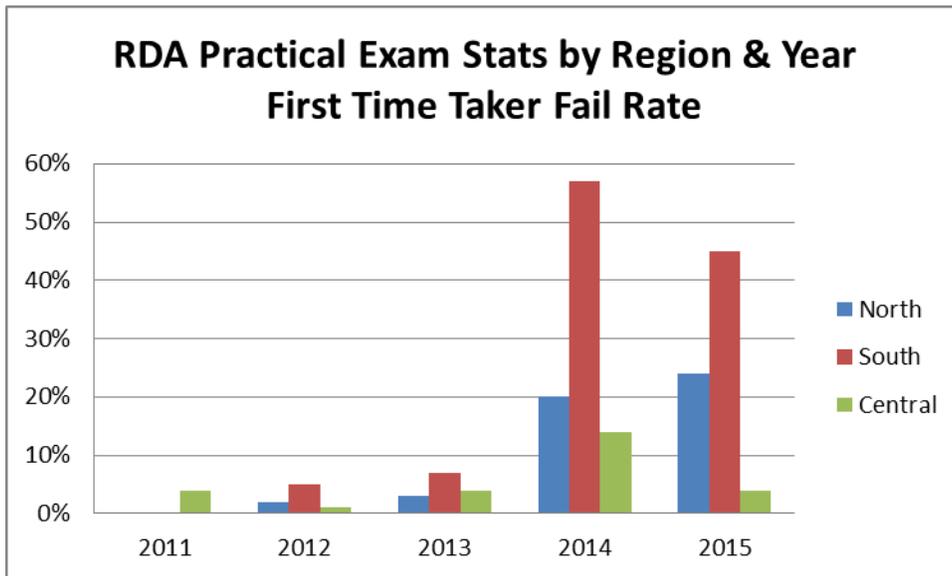
**RDA Practical Examination Statistics for 2011-2015 First-Time Test Takers
Pass Rates**

	North	South	Central
2011			96%
2012	98%	95%	99%
2013	97%	93%	96%
2014	80%	43%	86%
2015	76%	55%	96%



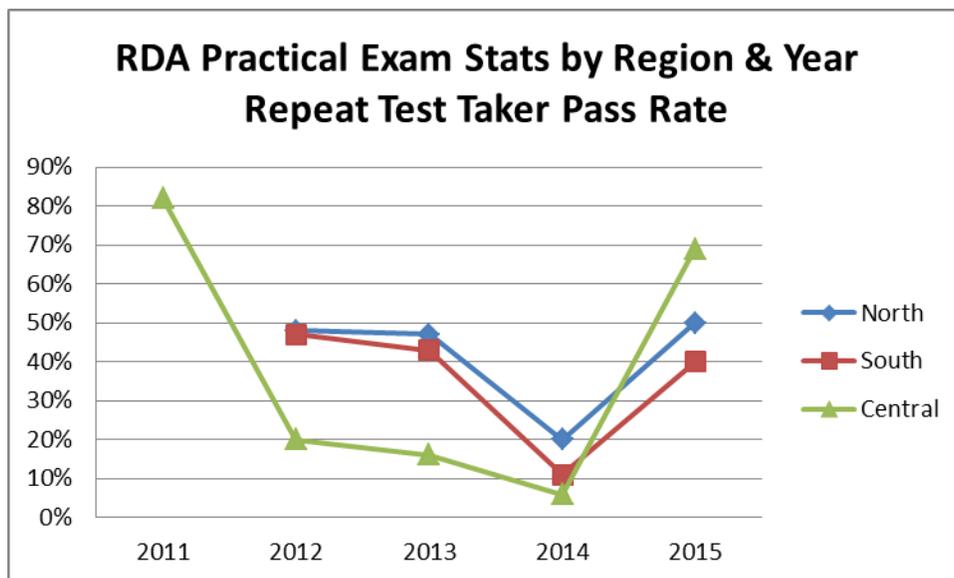
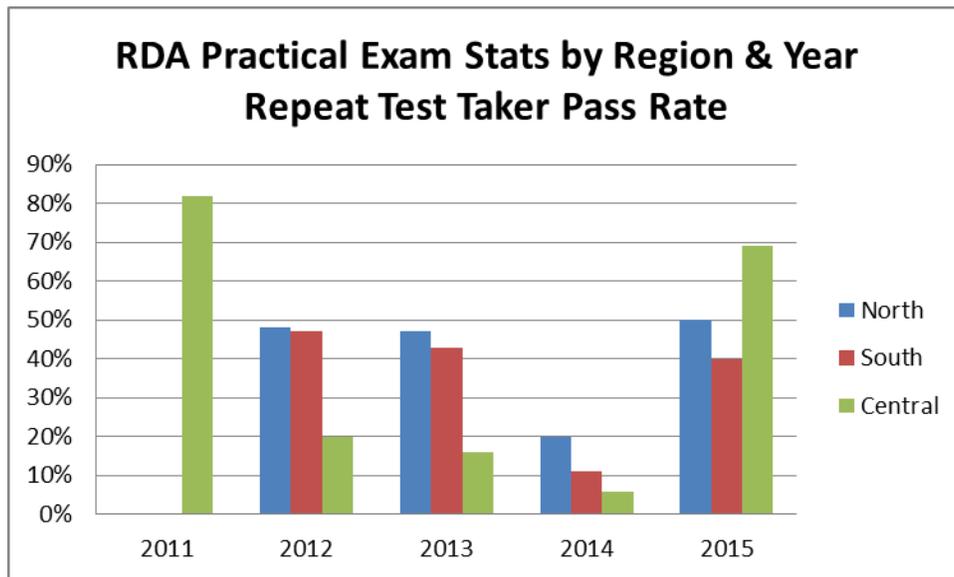
**RDA Practical Examination Statistics for 2011-2015 First-Time Test Takers
Fail Rates**

	North	South	Central
2011			4%
2012	2%	5%	1%
2013	3%	7%	4%
2014	20%	57%	14%
2015	24%	45%	4%



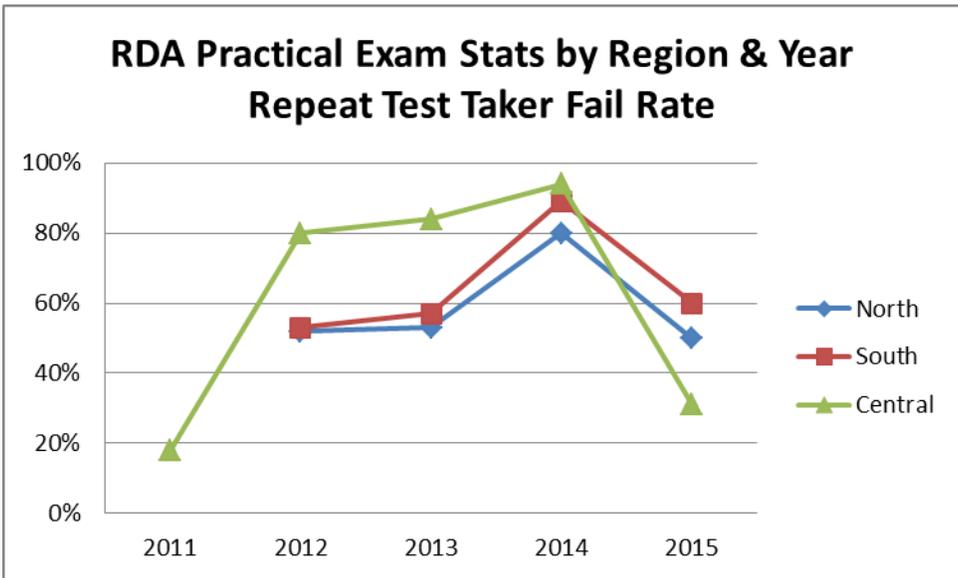
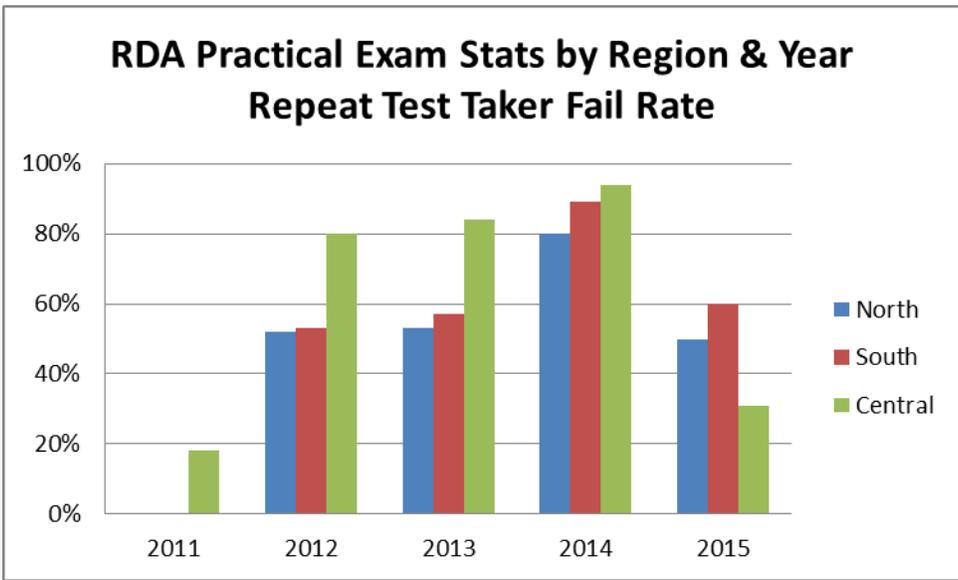
**RDA Practical Examination Statistics for 2011 – 2015 Repeat Test Takers
Pass Rates**

	North	South	Central
2011			82%
2012	48%	47%	20%
2013	47%	43%	16%
2014	20%	11%	6%
2015	50%	40%	69%



**RDA Practical Examination Statistics for 2011 – 2015 Repeat Test Takers
Fail Rates**

	North	South	Central
2011			18%
2012	52%	53%	80%
2013	53%	57%	84%
2014	80%	89%	94%
2015	50%	60%	31%



RDA PRACTICAL EXAMINATION SCHOOL STATISTICS

Program	Feb-16	Total
4D College - Victorville (914)	100%	100%
pass	1	1
fail	0	0
Allan Hancock (508)	50%	50%
pass	1	1
fail	1	1
American Career - Anaheim (896)	30%	30%
pass	3	3
fail	7	7
American Career - Los Angeles (867)	75%	75%
pass	3	3
fail	1	1
American Career - Ontario (905)	50%	50%
pass	7	7
fail	7	7
Anthem College (503)	100%	100%
pass	1	1
fail	0	0
Bakersfield College (509)		
pass		
fail		
Baldy View ROP (590)	0%	0%
pass	0	0
fail	1	1
Blake Austin College (897)	86%	86%
pass	12	12
fail	2	2
Butte County ROP (605)	100%	100%
pass	2	2
fail	0	0
CA Coll of Voc Careers (878)	0%	0%

RDA PRACTICAL EXAMINATION SCHOOL STATISTICS

Program	Feb-16	Total
pass	0	0
fail	1	1
Cabrillo College, Aptos (510) (001)	0%	0%
pass	0	0
fail	1	1
Carrington - Antioch (886)	0%	0%
pass	0	0
fail	1	1
Carrington - Citrus Heights (882)	76%	76%
pass	13	13
fail	4	4
Carrington - Pleasant Hill (868)	86%	86%
pass	12	12
fail	2	2
Carrington - Pomona (908)	50%	50%
pass	2	2
fail	2	2
Carrington - Sacramento (436)	60%	60%
pass	18	18
fail	12	12
Carrington - San Jose (876)	43%	43%
pass	3	3
fail	4	4
Carrington - San Leandro (609)	50%	50%
pass	6	6
fail	6	6
Carrington - Stockton (902)	86%	86%
pass	6	6
fail	1	1
Carrington - Emeryville (904)		
pass		
fail		

RDA PRACTICAL EXAMINATION SCHOOL STATISTICS

Program	Feb-16	Total
Cerritos College (511)	30%	
pass	3	3
fail	7	7
Chaffey College (514)	50%	50%
pass	2	2
fail	2	2
Charter College - Canyon Country (401)	100%	100%
pass	2	2
fail	0	0
Citrus College (515)		
pass		
fail		
City College of SF (534)		
pass		
fail		
College of Alameda (506)	0%	0%
pass	0	0
fail	3	3
College of Marin (523)	0%	0%
pass	0	0
fail	2	2
College of the Redwoods (838)	100%	100%
pass	2	2
fail	0	0
College of San Mateo (536)	100%	100%
pass	3	3
fail	0	0
Concorde Career - Garden Grove (425)	31%	31%
pass	5	5
fail	11	11
Concorde Career - North Hollywood (435)	50%	50%

RDA PRACTICAL EXAMINATION SCHOOL STATISTICS

Program	Feb-16	Total
pass	3	3
fail	3	3
Concorde Career - San Bernardino (430)	23%	23%
pass	6	6
fail	20	20
Concorde Career - San Diego (421)	55%	55%
pass	6	6
fail	5	5
Concorde Career - Contra Costa (745)		
pass		
fail		
Cypress College (518)	75%	75%
pass	3	3
fail	1	1
Diablo Valley College (516)	80%	80%
pass	4	4
fail	1	1
East Los Angeles Occ Cntr (855)		
pass		
fail		
Eden ROP (608) (856)	100%	100%
pass	1	1
fail	0	0
Everest - Alhambra (406)	50%	50%
pass	1	1
fail	1	1
Everest - Anaheim (403)/(600)	100%	100%
pass	2	2
fail	0	0
Everest - City of Industry (875)	50%	50%
pass	1	1
fail	1	1

RDA PRACTICAL EXAMINATION SCHOOL STATISTICS

Program	Feb-16	Total
Everest - Gardena (870)	0%	0%
pass	0	0
fail	1	1
Everest - Los Angeles (410)	100%	100%
pass	1	1
fail	0	0
Everest - Ontario (501)	75%	75%
pass	3	3
fail	1	1
Everest - Reseda (404)	25%	25%
pass	1	1
fail	3	3
Everest - San Bern (881)	20%	20%
pass	1	1
fail	4	4
Everest - San Fran (407)	100%	100%
pass	1	1
fail	0	0
Everest - San Jose (408)		
pass		
fail		
Everest - Torrance (409)		
pass		
fail		
Everest - W LA (874) (formerly Nova)		
pass		
fail		
Foothill College (517)	100%	100%
pass	1	1
fail	0	0
Galen - Fresno (413)	100%	100%
pass	1	1

RDA PRACTICAL EXAMINATION SCHOOL STATISTICS

Program	Feb-16	Total
fail	0	0
Galen - Modesto (497)		
pass		
fail		
Galen - Visalia (445)		
pass		
fail		
Grossmont Com Coll - El Cajon (519)	50%	50%
pass	3	3
fail	3	3
Grossmont Health Oc (610)		
pass		
fail		
Hacienda La Puente (776)	25%	25%
pass	1	1
fail	3	3
Heald - Concord (891)	0%	0%
pass	0	0
fail	1	1
Heald - Hayward (889)	75%	75%
pass	3	3
fail	1	1
Heald - Roseville (911)	40%	40%
pass	2	2
fail	3	3
Heald - Salida (910)	0%	0%
pass	0	0
fail	2	2
Heald - Stockton (887)	100%	100%
pass	1	1
fail	0	0

RDA PRACTICAL EXAMINATION SCHOOL STATISTICS

Program	Feb-16	Total
Kaplan - Bakersfield (884)	50%	50%
pass	4	4
fail	4	4
Kaplan - Clovis (885)	78%	78%
pass	7	7
fail	2	2
Kaplan - Modesto (499)/(890)	86%	86%
pass	12	12
fail	2	2
Kaplan - Palm Springs (901)	25%	25%
pass	1	1
fail	3	3
Kaplan - Riverside (898)	60%	60%
pass	3	3
fail	2	2
Kaplan - Sacramento (888)	80%	80%
pass	4	4
fail	1	1
Kaplan - San Diego (899)	17%	17%
pass	1	1
fail	5	5
Kaplan - Stockton (611)	0%	0%
pass	0	0
fail	1	1
Kaplan - Vista (900)	50%	50%
pass	4	4
fail	4	4
Milan Institute - Indio (906)	0%	0%
pass	0	0
fail	5	5
Milan Institute - Visalia (907)	70%	70%

RDA PRACTICAL EXAMINATION SCHOOL STATISTICS

Program	Feb-16	Total
pass	7	7
fail	3	3
Modesto Junior College (526)		
pass		
fail		
Monterey Peninsula (527)	50%	50%
pass	1	1
fail	1	1
Moreno Valley College (903)	0%	0%
pass	0	0
fail	3	3
Mt. Diablo/Loma Vista (500)	78%	78%
pass	7	7
fail	2	2
National Education Center (604)	0%	0%
pass	0	0
fail	1	1
Newbridge College - SD (883) (formerly Valley Career College)	0%	0%
pass	0	0
fail	2	2
North Orange Co (495)	47%	47%
pass	7	7
fail	8	8
North-West - Pomona (420)	100%	100%
pass	1	1
fail	0	0
North-West - West Covina (419)	0%	0%
pass	0	0
fail	4	4
Orange Coast (528)	10%	10%
pass	1	1
fail	9	9

RDA PRACTICAL EXAMINATION SCHOOL STATISTICS

Program	Feb-16	Total
Palomar College (721)	75%	75%
pass	3	3
fail	1	1
Pasadena City College (529)	0%	0%
pass	0	0
fail	2	2
Pima - Chula Vista (871)	54%	54%
pass	7	7
fail	6	6
Reedley College (530)	80%	80%
pass	4	4
fail	1	1
Riverside County Office of Edu. (921)		
pass		
fail		
Riverside ROP (498)	29%	29%
pass	4	4
fail	10	10
Sac City College (532)	0%	0%
pass	0	0
fail	1	1
San Bernardino Cty ROP - Hesperia (454)	14%	14%
pass	1	1
fail	6	6
San Bernardino Cty ROP - Morongo USD (913)	0%	0%
pass	0	0
fail	1	1
San Diego Mesa (533)	33%	33%
pass	1	1
fail	2	2
SJVC - Bakersfield (601)	100%	100%

RDA PRACTICAL EXAMINATION SCHOOL STATISTICS

Program	Feb-16	Total
pass	1	1
fail	0	0
SJVC - Fresno (602)	71%	71%
pass	5	5
fail	2	2
SJVC - Rancho Cordova (880)		
pass		
fail		
SJVC - Temecula (919)		
pass		
fail		
SJVC - Visalia (446)	63%	63%
pass	5	5
fail	3	3
San Jose City College (535)	67%	67%
pass	4	4
fail	2	2
Santa Barbara City College (537)		100%
pass		1
fail		0
Santa Rosa JC (538)	100%	100%
pass	4	4
fail	0	0
Shasta/Trinity ROP (455)		
pass		
fail		
Southern Cal ROC (612)	0%	0%
pass	0	0
fail	1	1
Southland College (428)		
pass		
fail		

RDA PRACTICAL EXAMINATION SCHOOL STATISTICS

Program	Feb-16	Total
The Valley School of DA (920)		
pass		
fail		
Tri Cities ROP (877)	100%	100%
pass	1	1
fail	0	0
UEI - Chula Vista (879)	75%	75%
pass	6	6
fail	2	2
UEI - El Monte (909)	20%	20%
pass	1	1
fail	4	4
UEI - Huntington Park (448)	14%	14%
pass	1	1
fail	6	6
UEI - LA (449)		
pass		
fail		
UEI - Ontario (450)	50%	50%
pass	3	3
fail	3	3
UEI - San Diego (451)		
pass		
fail		
UEI - Riverside (917)	67%	67%
pass	8	8
fail	4	4
UEI - Van Nuys (453)	20%	20%
pass	1	1
fail	4	4
UEI - Gardena (915)	60%	60%
pass	3	3

RDA PRACTICAL EXAMINATION SCHOOL STATISTICS

Program	Feb-16	Total
fail	2	2
UEI - Anaheim (916)		
pass		
fail		
RDA Schools (ACE)	52%	52%
pass	274	274
fail	258	258
ADA Education	53%	53%
pass	23	23
fail	20	20
MIX OJT & ED (MEO)	55%	55%
pass	23	23
fail	19	19
O-J-T	100%	100%
pass	2	2
fail	0	0
PERCENT PASS	52%	52%
TOTAL PASS	322	322
TOTAL FAIL	297	297

RDA LAW ETHICS EXAMINATION SCHOOL STATISTICS

Program	Jan-16	Feb-16	Mar-16	Total
4D College - Victorville (914)	100%	N/A	0%	50%
pass	1		0	1
fail	0		1	1
Allan Hancock (508)	N/A	N/A	N/A	
pass				
fail				
American Career - Anaheim (896)	N/A	17%	25%	20%
pass		1	1	2
fail		5	3	8
American Career - Los Angeles (867)	50%	100%	0%	50%
pass	2	1	0	3
fail	2	0	1	3
American Career - Ontario (905)	N/A	75%	50%	67%
pass		3	1	4
fail		1	1	2
Anthem College (503)	50%	40%	33%	42%
pass	2	2	1	5
fail	2	3	2	7
Bakersfield College	N/A	N/A	N/A	
pass				
fail				
Baldy View ROP (590)	N/A	N/A	0%	0%
pass			0	0
fail			2	2
Blake Austin College (897)	50%	60%	100%	73%
pass	1	3	4	8
fail	1	2	0	3
Butte County ROP (605)	100%	N/A	100%	
pass	1		1	2
fail	0		0	0
CA Coll of Voc Careers (878)	N/A	N/A	N/A	
pass				
fail				
Carrington - Antioch (886)	N/A	100%	N/A	
pass		1		1
fail		0		0
Carrington - Citrus Heights (882)	33%	83%	33%	58%
pass	1	5	1	7
fail	2	1	2	5
Carrington - Pleasant Hill (868)	100%	100%	67%	89%
pass	1	5	2	8
fail	0	0	1	1

RDA LAW ETHICS EXAMINATION SCHOOL STATISTICS

Program	Jan-16	Feb-16	Mar-16	Total
Carrington - Pomona (908)	N/A	100%	N/A	100%
pass		1		1
fail		0		0
Carrington - Sacramento (436)	50%	57%	33%	42%
pass	2	4	5	11
fail	2	3	10	15
Carrington - San Jose (876)	0%	100%	100%	80%
pass	0	3	1	4
fail	1	0	0	1
Carrington - San Leandro (609)	0%	50%	75%	57%
pass	0	1	3	4
fail	1	1	1	3
Carrington - Stockton (902)	67%	100%	0%	67%
pass	2	4	0	6
fail	1	0	2	3
Carrington - Emeryville (904)	N/A	N/A	N/A	
pass				
fail				
Cerritos College (511)	100%	0%	100%	50%
pass	1	0	1	2
fail	0	2	0	2
Chaffey College (514)	100%	N/A	100%	
pass	2		2	4
fail	0		0	0
Charter College - Canyon Country (401)	N/A	100%	100%	100%
pass		1	1	2
fail		0	0	0
Citrus College (515)	100%	100%	100%	100%
pass	3	2	1	6
fail	0	0	0	0
City College of SF (534)	50%	N/A	100%	80%
pass	1		3	4
fail	1		0	1
College of Alameda (506)	100%	0%	33%	33%
pass	1	0	1	2
fail	0	2	2	4
College of Marin (523)	0%	100%	N/A	67%
pass	0	2		2
fail	1	0		1
College of the Redwoods (838)	N/A	N/A	0%	0%
pass			0	0
fail			1	1

RDA LAW ETHICS EXAMINATION SCHOOL STATISTICS

Program	Jan-16	Feb-16	Mar-16	Total
College of San Mateo (536)	0%	100%	50%	57%
pass	0	2	2	4
fail	1	0	2	3
Concorde Career - Garden Grove (425)	67%	0%	67%	57%
pass	2	0	2	4
fail	1	1	1	3
Concorde Career - North Hollywood (435)	N/A	N/A	N/A	
pass				
fail				
Concorde Career - San Bernardino (430)	50%	50%	100%	59%
pass	3	4	3	10
fail	3	4	0	7
Concorde Career - San Diego (421)	67%	17%	67%	42%
pass	2	1	2	5
fail	1	5	1	7
Contra Costa (745)	N/A	N/A	N/A	
pass				
fail				
Cypress College (518)	100%	N/A	67%	75%
pass	1		2	3
fail	0		1	1
Diablo Valley College (516)	N/A	25%	75%	58%
pass		1	6	7
fail		3	2	5
East Los Angeles Occ Cntr (855)	N/A	N/A	N/A	
pass				
fail				
Eden ROP (608) (856)	N/A	N/A	N/A	
pass				
fail				
Everest - Alhambra (406)	100%	N/A	N/A	100%
pass	1			1
fail	0			0
Everest - Anaheim (403)/(600)	N/A	N/A	0%	0%
pass			0	0
fail			1	1
Everest - City of Industry (875)	N/A	N/A	N/A	
pass				
fail				
Everest - Gardena (870)	N/A	50%	N/A	50%
pass		1		1
fail		1		1

RDA LAW ETHICS EXAMINATION SCHOOL STATISTICS

Program	Jan-16	Feb-16	Mar-16	Total
Everest - Los Angeles (410)	N/A	N/A	N/A	
pass				
fail				
Everest - Ontario (501)	33%	0%	50%	33%
pass	1	0	1	2
fail	2	1	1	4
Everest - Reseda (404)	N/A	0%	0%	0%
pass		0	0	0
fail		3	2	5
Everest - San Bern(881)	100%	0%	N/A	33%
pass	1	0		1
fail	0	2		2
Everest - San Fran (407)	N/A	N/A	50%	50%
pass			1	1
fail			1	1
Everest - San Jose (408)	0%	N/A	N/A	0%
pass	0			0
fail	1			1
Everest - Torrance (409)	N/A	N/A	N/A	
pass				
fail				
Everest - W LA (874) (formerly Nova)	N/A	0%	N/A	0%
pass		0		0
fail		1		1
Foothill College - Los Altos (007)	N/A	N/A	N/A	
pass				
fail				
Foothill Community College - Los Altos Hills (517)	100%	0%	100%	75%
pass	1	0	2	3
fail	0	1	0	1
Galen - Fresno (413)	N/A	N/A	N/A	
pass				
fail				
Galen - Modesto (497)	N/A	N/A	N/A	
pass				
fail				
Galen - Visalia (445)	N/A	N/A	N/A	
pass				
fail				
Grossmont Com Coll - El Cajon (519)	75%	N/A	N/A	
pass	3			
fail	1			

RDA LAW ETHICS EXAMINATION SCHOOL STATISTICS

Program	Jan-16	Feb-16	Mar-16	Total
Grossmont Health Oc (610)	N/A	N/A	N/A	
pass				
fail				
Hacienda La Puente (776)	N/A	N/A	N/A	
pass				
fail				
Heald - Concord (891)	N/A	0%	100%	50%
pass		0	1	1
fail		1	0	1
Heald - Hayward (889)	50%	N/A	100%	67%
pass	1		1	2
fail	1		0	1
Heald - Roseville (911)	N/A	100%	100%	100%
pass		1	1	2
fail		0	0	0
Heald - Salida (910)	N/A	100%	0%	50%
pass		1	0	1
fail		0	1	1
Heald - Stockton (887)	100%	100%	100%	100%
pass	1	1	1	3
fail	0	0	0	0
Kaplan - Bakersfield (884)	N/A	0%	100%	25%
pass		0	1	1
fail		3	0	3
Kaplan - Clovis (885)	50%	17%	43%	37%
pass	3	1	3	7
fail	3	5	4	12
Kaplan - Modesto (499)/(890)	33%	20%	56%	40%
pass	2	1	5	8
fail	4	4	4	12
Kaplan - Palm Springs (901)	N/A	50%	N/A	50%
pass		1		1
fail		1		1
Kaplan - Riverside (898)	N/A	100%	N/A	100%
pass		1		1
fail		0		0
Kaplan - Sacramento (888)	0%	N/A	100%	50%
pass	0		1	1
fail	1		0	1
Kaplan - San Diego (899)	50%	N/A	0%	33%
pass	1		0	1
fail	1		1	2

RDA LAW ETHICS EXAMINATION SCHOOL STATISTICS

Program	Jan-16	Feb-16	Mar-16	Total
Kaplan - Stockton (611)	N/A	50%	100%	67%
pass		1	1	2
fail		1	0	1
Kaplan - Vista (900)	75%	N/A	50%	67%
pass	3		1	4
fail	1		1	2
Los Angeles City College (522)	N/A	N/A	N/A	
pass				
fail				
Milan Institute - Indio (906)	0%	0%	0%	0%
pass	0	0	0	0
fail	1	1	1	3
Milan Institute - Visalia (907)	N/A	100%	0%	50%
pass		1	0	1
fail		0	1	1
Modesto Junior College (526)	N/A	N/A	N/A	
pass				
fail				
Monterey Peninsula (527)	N/A	N/A	100%	100%
pass			2	2
fail			0	0
Moreno Valley College (903)	N/A	100%	N/A	100%
pass		1		1
fail		0		0
Mt. Diablo/Loma Vista (500)	100%	67%	50%	67%
pass	1	2	1	4
fail	0	1	1	2
National Education Center (604)	N/A	N/A	N/A	
pass				
fail				
Newbridge College - SD (883) (formerly Valley Career Coll)	100%	N/A	N/A	100%
pass	1			1
fail	0			0
North Orange Co (495)	100%	N/A	25%	40%
pass	1		1	2
fail	0		3	3
North-West - Pomona (420)	0%	0%	67%	40%
pass	0	0	2	2
fail	1	1	1	3
North-West - West Covina (419)	N/A	0%	33%	25%
pass		0	1	1

RDA LAW ETHICS EXAMINATION SCHOOL STATISTICS

Program	Jan-16	Feb-16	Mar-16	Total
fail		1	2	3
Orange Coast (528)		100%	N/A	100%
pass		1		1
fail		0		0
Palomar College (721)	100%	N/A	100%	100%
pass	2		1	3
fail	0		0	0
Pasadena City College (529)	N/A	100%	N/A	100%
pass		3		3
fail		0		0
Pima - Chula Vista (871)	100%	100%	100%	100%
pass	3	1	1	5
fail	0	0	0	0
Reedley College (530)	100%	0%	80%	78%
pass	3	0	4	7
fail	0	1	1	2
Riverside County Office of Education (921)	100%	N/A	100%	100%
pass	1		1	2
fail	0		0	0
Riverside ROP (498)	100%	29%	40%	38%
pass	1	2	2	5
fail	0	5	3	8
Sac City College (532)	100%	N/A	100%	100%
pass	1		2	3
fail	0		0	0
San Bernardino Cty ROP - Hesperia (454)	0%	25%	0%	14%
pass	0	1	0	1
fail	2	3	1	6
San Bernardino Cty ROP - Morongo USD (913)	N/A	N/A	N/A	
pass				
fail				
San Diego Mesa (533)	N/A	100%	N/A	100%
pass		1		1
fail		0		0
SJVC - Bakersfield (601)	100%	75%	N/A	80%
pass	1	3		4
fail	0	1		1
SJVC - Fresno (602)	100%	33%	80%	73%
pass	3	1	4	8
fail	0	2	1	3
SJVC - Rancho Cordova (880)	N/A	N/A	N/A	
pass				

RDA LAW ETHICS EXAMINATION SCHOOL STATISTICS

Program	Jan-16	Feb-16	Mar-16	Total
fail				
SJVC - Temecula (919)	100%	60%	0%	50%
pass	1	3	0	4
fail	0	2	2	4
SJVC - Visalia (446)	83%	0%	40%	58%
pass	5	0	2	7
fail	1	1	3	5
San Jose City College (535)	100%	40%	50%	64%
pass	5	2	2	9
fail	0	3	2	5
Santa Barbara City College (537)	N/A	N/A	N/A	
pass				
fail				
Santa Rosa JC (538)	60%	100%	100%	75%
pass	3	1	2	6
fail	2	0	0	2
Shasta/Trinity ROP (455)	N/A	N/A	N/A	
pass				
fail				
Southern Cal ROC - Torrance (612)	100%	100%	N/A	100%
pass	2	1		3
fail	0	0		0
Southland College (428)	N/A	N/A	N/A	
pass				
fail				
Tri Cities ROP (877)	N/A	0%	N/A	0%
pass		0		0
fail		1		1
UEI - Chula Vista (879)	0%	0%	50%	25%
pass	0	0	1	1
fail	1	1	1	3
UEI - El Monte (909)	N/A	100%	0%	33%
pass		1	0	1
fail		0	2	2
UEI - Huntington Park (448)	0%	67%	0%	29%
pass	0	2	0	2
fail	3	1	1	5
UEI - LA (449)	N/A	N/A	N/A	
pass				
fail				
UEI - Ontario (450)	0%	0%	50%	17%
pass	0	0	1	1

RDA LAW ETHICS EXAMINATION SCHOOL STATISTICS

Program	Jan-16	Feb-16	Mar-16	Total
fail	2	2	1	5
UEI - San Diego (451)	N/A	N/A	N/A	
pass				
fail				
UEI - Riverside (917)	0%	0%	0%	0%
pass	0	0	0	0
fail	2	2	1	5
UEI - Van Nuys (453)	33%	N/A	0%	25%
pass	1		0	1
fail	2		1	3
UEI - Gardena (915)	100%	50%	100%	71%
pass	1	2	2	5
fail	0	2	0	2
UEI - Anaheim (916)	N/A	N/A	N/A	
pass				
fail				
RDA Schools (ACE)	60%	49%	54%	54%
pass	79	85	94	258
fail	52	88	80	220
ADA Education	33%	38%	45%	38%
pass	5	6	5	16
fail	10	10	6	26
PERCENT PASS	58%	48%	54%	53%
TOTAL PASS	84	91	99	274
TOTAL FAIL	62	98	86	246

RDA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jan-16	Feb-16	Mar-16	Total
4D College - Victorville (914)	N/A	N/A	N/A	
pass				
fail				
Allan Hancock (508)	N/A	N/A	N/A	
pass				
fail				
American Career - Anaheim (896)	0%	67%	60%	56%
pass	0	2	3	5
fail	1	1	2	4
American Career - Los Angeles (867)	0%	75%	100%	63%
pass	0	3	2	5
fail	2	1	0	3
American Career - Ontario (905)	N/A	67%	33%	44%
pass		2	2	4
fail		1	4	5
Anthem College (503)	67%	33%	33%	44%
pass	2	1	1	4
fail	1	2	2	5
Bakersfield College	N/A	N/A	N/A	
pass				
fail				
Baldy View ROP (590)	N/A	N/A	0%	0%
pass			0	0
fail			3	3
Blake Austin College (897)	80%	100%	100%	88%
pass	4	1	2	7
fail	1	0	0	1
Butte County ROP (605)	100%	N/A	100%	100%
pass	1		1	2
fail	0		0	0
Cabrillo College (001)	N/A	N/A	100%	100%
pass			1	1
fail			0	0
CA Coll of Voc Careers (878)	N/A	N/A	N/A	
pass				
fail				
Carrington - Antioch (886)	N/A	100%	N/A	100%
pass		1		1
fail		0		0
Carrington - Citrus Heights (882)	N/A	100%	N/A	100%
pass		1		1

RDA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jan-16	Feb-16	Mar-16	Total
fail		0		0
Carrington - Pleasant Hill (868)	100%	60%	60%	69%
pass	3	3	3	9
fail	0	2	2	4
Carrington - Pomona (908)	N/A	100%	0%	40%
pass		2	0	2
fail		0	3	3
Carrington - Sacramento (436)	67%	67%	71%	70%
pass	2	4	10	16
fail	1	2	4	7
Carrington - San Jose (876)	100%	50%	100%	80%
pass	1	1	2	4
fail	0	1	0	1
Carrington - San Leandro (609)	100%	N/A	100%	100%
pass	4		1	5
fail	0		0	0
Carrington - Stockton (902)	100%	100%	50%	75%
pass	1	3	2	6
fail	0	0	2	2
Carrington - Emeryville (904)	N/A	N/A	N/A	
pass				
fail				
Cerritos College (511)	100%	0%	100%	60%
pass	2	0	1	3
fail	0	2	0	2
Chaffey College (514)	100%	100%	N/A	100%
pass	1	2		3
fail	0	0		0
Charter College - Canyon Country (401)	N/A	100%	100%	100%
pass		1	1	2
fail		0	0	0
Citrus College (515)	80%	50%	100%	75%
pass	4	1	1	6
fail	1	1	0	2
City College of SF (534)	N/A	100%	100%	100%
pass		2	2	4
fail		0	0	0
College of Alameda (506)	100%	N/A	50%	60%
pass	1		2	3
fail	0		2	2
College of Marin (523)	50%	N/A	N/A	50%
pass	1			1

RDA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jan-16	Feb-16	Mar-16	Total
fail	1			1
College of the Redwoods (838)	N/A	N/A	100%	100%
pass			1	1
fail			0	0
College of San Mateo (536)	0%	50%	25%	29%
pass	0	1	1	2
fail	1	1	3	5
Concorde Career - Garden Grove (425)	0%	67%	33%	33%
pass	0	2	1	3
fail	3	1	2	6
Concorde Career - North Hollywood (435)	N/A	0%	N/A	0%
pass		0		0
fail		2		2
Concorde Career - San Bernardino (430)	40%	67%	67%	57%
pass	2	2	4	8
fail	3	1	2	6
Concorde Career - San Diego (421)	N/A	57%	50%	55%
pass		4	2	6
fail		3	2	5
Contra Costa (745)	N/A	N/A	N/A	
pass				
fail				
Cypress College (518)	0%	100%	100%	75%
pass	0	2	1	3
fail	1	0	0	1
Diablo Valley College (516)	N/A	100%	100%	100%
pass		3	1	4
fail		0	0	0
East Los Angeles Occ Cntr (855)	N/A	N/A	N/A	
pass				
fail				
Eden ROP (608) (856)	N/A	N/A	N/A	
pass				
fail				
Everest - Alhambra (406)	100%	N/A	N/A	100%
pass	2			2
fail	0			0
Everest - Anaheim (403)/(600)	0%	N/A	100%	50%
pass	0		1	1
fail	1		0	1
Everest - City of Industry (875)	N/A	100%	N/A	100%
pass		1		1

RDA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jan-16	Feb-16	Mar-16	Total
fail		0		0
Everest - Gardena (870)	0%	100%	0%	33%
pass	0	1	0	1
fail	1	0	1	2
Everest - Los Angeles (410)	N/A	100%	100%	100%
pass		1	1	2
fail		0	0	0
Everest - Ontario (501)	50%	80%	100%	75%
pass	1	4	1	6
fail	1	1	0	2
Everest - Reseda (404)	N/A	50%	100%	67%
pass		1	1	2
fail		1	0	1
Everest - San Bern (881)	100%	0%	N/A	33%
pass	1	0		1
fail	0	2		2
Everest - San Fran (407)	0%	N/A	100%	67%
pass	0		2	2
fail	1		0	1
Everest - San Jose (408)	N/A	N/A	N/A	
pass				
fail				
Everest - Torrance (409)	N/A	N/A	N/A	
pass				
fail				
Everest - W LA (Was Nova) (874)	N/A	N/A	N/A	
pass				
fail				
Foothill College (517)	100%	100%	100%	100%
pass	1	2	1	4
fail	0	0	0	0
Galen - Fresno (413)	N/A	50%	N/A	50%
pass		1		1
fail		1		1
Galen - Modesto (497)	N/A	N/A	N/A	
pass				
fail				
Galen - Visalia (445)	N/A	N/A	N/A	
pass				
fail				
Grossmont Com Coll - El Cajon (519)	67%	100%	100%	80%
pass	2	1	1	4

RDA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jan-16	Feb-16	Mar-16	Total
fail	1	0	0	1
Grossmont Health Oc (610)	N/A	N/A	100%	
pass			1	1
fail			0	0
Hacienda La Puente (776)	N/A	N/A	N/A	
pass				
fail				
Heald - Concord (891)	100%	100%	100%	100%
pass	2	1	1	4
fail	0	0	0	0
Heald - Hayward (889)	100%	N/A	0%	67%
pass	2		0	2
fail	0		1	1
Heald - Roseville (911)	N/A	100%	0%	50%
pass		1	0	1
fail		0	1	1
Heald - Salida (910)	100%	N/A	100%	100%
pass	1		1	2
fail	0		0	0
Heald - Stockton (887)	N/A	0%	100%	50%
pass		0	1	1
fail		1	0	1
Kaplan - Bakersfield (884)	N/A	67%	50%	57%
pass		2	2	4
fail		1	2	3
Kaplan - Clovis (885)	50%	50%	67%	54%
pass	3	2	2	7
fail	3	2	1	6
Kaplan - Modesto (499)/(890)	0%	50%	57%	43%
pass	0	2	4	6
fail	3	2	3	8
Kaplan - Palm Springs (901)	N/A	N/A	50%	50%
pass			1	1
fail			1	1
Kaplan - Riverside (898)	N/A	100%	N/A	100%
pass		1		1
fail		0		0
Kaplan - Sacramento (888)	0%	50%	0%	20%
pass	0	1	0	1
fail	1	1	2	4
Kaplan - San Diego (899)	67%	N/A	100%	75%
pass	2		1	3

RDA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jan-16	Feb-16	Mar-16	Total	
	fail	1		0	1
Kaplan - Stockton (611)	0%	N/A	100%	67%	
	pass	0		2	2
	fail	1		0	1
Kaplan - Vista (900)	100%	100%	100%	100%	
	pass	2	1	1	4
	fail	0	0	0	0
Milan Institute - Indio (906)	0%	33%	50%	33%	
	pass	0	1	1	2
	fail	1	2	1	4
Milan Institute - Visalia (907)	N/A	100%	0%	50%	
	pass		1	0	1
	fail		0	1	1
Modesto Junior College (526)	N/A	N/A	N/A		
	pass				
	fail				
Monterey Peninsula (527)	N/A	100%	100%	100%	
	pass		2	2	4
	fail		0	0	0
Moreno Valley College (903)	N/A	N/A	N/A		
	pass				
	fail				
Mt. Diablo/Loma Vista (500)	100%	100%	N/A	100%	
	pass	2	2		4
	fail	0	0		0
National Education Center (604)	N/A	N/A	N/A		
	pass				
	fail				
Newbridge College - SD (883)	N/A	100%	N/A	100%	
	pass		1		1
	fail		0		0
North Orange Co (formerly Valley Career Coll) (495)	50%	100%	25%	43%	
	pass	1	1	1	3
	fail	1	0	3	4
North-West - Pomona (420)	N/A	0%	N/A	0%	
	pass		0		0
	fail		1		1
North-West - West Covina (419)	N/A	N/A	60%	60%	
	pass		3		3
	fail		2		2
Orange Coast (528)	N/A	N/A	N/A		
	pass				

RDA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jan-16	Feb-16	Mar-16	Total
fail				
Palomar College (721)	N/A	100%	N/A	100%
pass		1		1
fail		0		0
Pasadena City College (529)	N/A	100%	100%	100%
pass		2	2	4
fail		0	0	0
Pima - Chula Vista (871)	100%	0%	100%	75%
pass	2	0	1	3
fail	0	1	0	1
Riverside County Office of Education (921)	N/A	N/A	100%	100%
pass			1	1
fail			0	0
Reedley College (530)	100%	0%	67%	67%
pass	2	0	4	6
fail	0	1	2	3
Riverside ROP (498)	100%	83%	67%	80%
pass	1	5	2	8
fail	0	1	1	2
Sac City College (532)	N/A	100%	0%	50%
pass		1	0	1
fail		0	1	1
San Bernardino Cty ROP - Hesperia (454)	N/A	0%	0%	0%
pass		0	0	0
fail		2	1	3
San Bernardino Cty ROP - Morongo USD (913)	N/A	N/A	N/A	
pass				
fail				
San Diego Mesa (533)	50%	100%	100%	75%
pass	1	1	1	3
fail	1	0	0	1
SJVC - Bakersfield (601)	N/A	100%	N/A	100%
pass		3		3
fail		0		0
SJVC - Fresno (602)	0%	100%	67%	70%
pass	0	3	4	7
fail	1	0	2	3
SJVC - Rancho Cordova (880)	N/A	N/A	N/A	
pass				
fail				
SJVC - Temecula (919)	100%	67%	0%	67%
pass	2	2	0	4

RDA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jan-16	Feb-16	Mar-16	Total
fail	0	1	1	2
SJVC - Visalia (446)	40%	100%	71%	69%
pass	2	4	5	11
fail	3	0	2	5
San Jose City College (535)	100%	33%	100%	85%
pass	7	1	3	11
fail	0	2	0	2
Santa Barbara City College (537)	N/A	N/A	N/A	
pass				
fail				
Santa Rosa JC (538)	50%	100%	100%	83%
pass	1	1	3	5
fail	1	0	0	1
Shasta/Trinity ROP (455)	N/A	N/A	N/A	
pass				
fail				
Southern Cal ROC - Torrance (612)	N/A	N/A	N/A	
pass				
fail				
Southland College (428)	N/A	N/A	N/A	
pass				
fail				
Tri Cities ROP (877)	N/A	N/A	N/A	
pass				
fail				
UEI - Chula Vista (879)	0%	N/A	100%	50%
pass	0		1	1
fail	1		0	1
UEI - El Monte (909)	N/A	100%	N/A	100%
pass		2		2
fail		0		0
UEI - Huntington Park (448)	67%	33%	100%	57%
pass	2	1	1	4
fail	1	2	0	3
UEI - LA (449)	N/A	N/A	N/A	
pass				
fail				
UEI - Ontario (450)	50%	100%	50%	60%
pass	1	1	1	3
fail	1	0	1	2
UEI - San Diego (451)	N/A	N/A	N/A	
pass				

RDA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jan-16	Feb-16	Mar-16	Total
fail				
UEI - Riverside (917)	75%	0%	100%	67%
pass	3	0	1	4
fail	1	1	0	2
UEI - Van Nuys (453)	0%	100%	0%	33%
pass	0	1	0	1
fail	1	0	1	2
UEI - Gardena (915)	100%	100%	100%	100%
pass	1	1	1	3
fail	0	0	0	0
UEI - Anaheim (916)	N/A	N/A	N/A	
pass				
fail				
RDA Schools	64%	69%	63%	65%
(ACE)				
pass	76	105	110	291
fail	43	47	64	154
ADA Education	33%	64%	64%	57%
pass	2	7	7	16
fail	4	4	4	12
PERCENT PASS	62%	69%	63%	65%
TOTAL PASS	78	112	117	307
TOTAL FAIL	47	51	68	166

RDA LAW ETHICS EXAMINATION SCHOOL STATISTICS

Program	Jan-16	Feb-16	Mar-16	Total
Andrea DeLurgio, DDS (032)	N/A	N/A	N/A	
pass				
fail				
Bart R. Boulton, DDS (038)	N/A	N/A	N/A	
pass				
fail				
Bella Smile (016)	N/A	N/A	N/A	
pass				
fail				
Dental Career Institute (006)	100%	N/A	N/A	100%
pass	1			1
fail	0			0
Dental Pros (007)	100%	0%	33%	33%
pass	1	0	1	2
fail	0	2	2	4
Dental Specialties Institute Inc. (015)	0%	67%	33%	36%
pass	0	2	2	4
fail	2	1	4	7
Diablo Orthodontic Specialities (096)	100%	100%	N/A	100%
pass	1	1		2
fail	0	0		0
Downey Adult School (004)	0%	N/A	N/A	0%
pass	0			0
fail	1			1
Dr. Brian C Crawford (086)	100%	N/A	N/A	100%
pass	1			1
fail	0			0
Dr. Christopher C. Cruz (081)	N/A	100%	N/A	100%
pass		1		1
fail		0		0
Dr. Douglas Nguyen (012)	N/A	N/A	N/A	
pass				
fail				
Dr. Efstatios Righellis (029)	N/A	N/A	N/A	
pass				
fail				
Dr. Jasmine Gordon (008)	N/A	N/A	N/A	
pass				
fail				
Dr. Jason M. Cohen (085)	100%	N/A	N/A	100%
pass	1			1
fail	0			0

RDA LAW ETHICS EXAMINATION SCHOOL STATISTICS

Program	Jan-16	Feb-16	Mar-16	Total
Dr. Joel Brodskey (013)	N/A	N/A	N/A	
pass				
fail				
Dr. Joseph Gray (009)	N/A	N/A	N/A	
pass				
fail				
Dr. Kurt Stromberg (014)	N/A	N/A	N/A	
pass				
fail				
Dr. Michael Payne/Cao (005)	N/A	0%	80%	67%
pass		0	4	4
fail		1	1	2
Dr. Waleed Soliman, Brite Dental Group (020)	N/A	N/A	N/A	
pass				
fail				
Expanded Functions Dental Assistant Assoc (001)	26%	60%	21%	33%
pass	5	6	3	14
fail	14	4	11	29
Howard Healthcare Academy, LLC (084)	N/A	100%	N/A	100%
pass		1		1
fail		0		0
J Productions (003)	N/A	N/A	N/A	
pass				
fail				
Joseph K. Buchanan DDS, Inc (036)	N/A	N/A	N/A	
pass				
fail				
Kubisch A Dental Corporation (028)	N/A	N/A	N/A	
pass				
fail				
M. John Redmond, DDS (024)	N/A	0%	67%	40%
pass		0	2	2
fail		2	1	3
Melanie Parker, DDS (049)	N/A	N/A	N/A	
pass				
fail				
Orthoworks Dental Group, Dr. David Shen (043)	N/A	N/A	N/A	
pass				
fail				
Parkside Dental (041)	N/A	N/A	N/A	
pass				
fail				

RDA LAW ETHICS EXAMINATION SCHOOL STATISTICS

Program	Jan-16	Feb-16	Mar-16	Total
Pasadena City College (011)	N/A	N/A	N/A	
pass				
fail				
Raymond J. Kieffer, DDS (069)	N/A	N/A	N/A	
pass				
fail				
Sacramento City College (002)	0%	50%	N/A	33%
pass	0	1		1
fail	1	1		2
Tal D. Jeregensen, DDS (042)	N/A	N/A	N/A	
pass				
fail				
Thao Nguyen, DDS (038)	N/A	N/A	N/A	
pass				
fail				
Thompson Tom, DDS (030)	N/A	N/A	N/A	
pass				
fail				
Valley School of Dental Assisting (027)	N/A	N/A	N/A	
pass				
fail				
Western Dental Services Los Angeles (052)	N/A	N/A	N/A	
pass				
fail				
Western Dental Services Manteca (062)	N/A	N/A	N/A	
pass				
fail				
Western Dental Services Modesto (064)	N/A	N/A	N/A	
pass				
fail				
Western Dental Services Oceanside (055)	N/A	N/A	N/A	
pass				
fail				
Western Dental Services Riverside (057)	N/A	N/A	N/A	
pass				
fail				
Western Dental Services Sacramento (051)	N/A	N/A	N/A	
pass				
fail				
Western Dental Services San Leandro (050)	N/A	N/A	N/A	
pass				
fail				

RDA LAW ETHICS EXAMINATION SCHOOL STATISTICS

Program	Jan-16	Feb-16	Mar-16	Total
Western Dental Services Santa Clara (054)	N/A	N/A	N/A	
pass				
fail				
Western Dental Services Tracy (063)	N/A	N/A	N/A	
pass				
fail				
PERCENT PASS	36%	52%	39%	41%
TOTAL PASS	10	12	12	34
TOTAL FAIL	18	11	19	48

RDA Practical Examination Pass and Fail Rates by Exam Cycle

Exam Cycle: August 2011 Central					
Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	193	186	96%	7	4%
2	30	3	10%	27	90%
3	3	3	100%	0	0%
4	1	0	0%	1	100%
Overall	227	192	85%	35	15%

Exam Cycle: February 2012 North					
Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	179	171	96%	8	4%
2	49	28	57%	21	43%
3	7	3	43%	4	57%
4	1	1	100%	0	0%
Overall	236	203	86%	33	14%

Exam Cycle: February 2012 South					
Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	168	158	94%	10	6%
2	77	44	57%	33	43%
3	20	6	30%	14	70%
4	3	2	67%	1	33%
6	1	0	0%	1	100%
Overall	269	210	78%	59	22%

Exam Cycle: April 2012 North					
Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	160	155	97%	5	3%
2	40	18	45%	22	55%
3	7	1	14%	6	86%
4	1	0	0%	1	100%
Overall	208	174	84%	34	16%

Exam Cycle: April 2012 South					
Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	183	165	90%	18	10%
2	75	42	56%	33	44%
3	23	8	35%	15	65%
4	4	2	50%	2	50%
6	1	0	0%	1	100%
7	1	0	0%	1	100%
Overall	287	217	76%	70	24%

Exam Cycle: August 2012 Central					
Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	105	104	99%	1	1%
2	8	1	13%	7	88%
3	1	1	100%	0	0%
6	1	0	0%	1	100%
Overall	115	106	92%	9	8%

Exam Cycle: August 2012 North					
Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	457	451	99%	6	1%
2	46	22	48%	24	52%
3	6	3	50%	3	50%
4	2	1	50%	1	50%
Overall	511	477	93%	34	7%

Exam Cycle: August 2012 South					
Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	470	457	97%	13	3%
2	72	31	43%	41	57%
3	14	5	36%	9	64%
4	2	0	0%	2	100%
5	1	0	0%	1	100%
7	1	1	100%	0	0%
Overall	560	494	88%	66	12%

Exam Cycle: November 2012 North					
Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	296	288	97%	8	3%
2	49	24	49%	25	51%
3	7	3	43%	4	57%
4	3	1	33%	2	67%
Overall	355	316	89%	39	11%

Exam Cycle: November 2012 South					
Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	291	285	98%	6	2%
2	78	37	47%	41	53%
3	14	3	21%	11	79%
4	1	0	0%	1	100%
5	2	0	0%	2	100%
6	1	1	100%	0	0%
Overall	387	326	84%	61	16%

Exam Cycle: February 2013 North					
Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	247	244	99%	3	1%
2	46	28	61%	18	39%
3	4	1	25%	3	75%
Overall	297	273	92%	24	8%

Exam Cycle: February 2013 South					
Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	221	207	94%	14	6%
2	70	41	59%	29	41%
3	19	10	53%	9	47%
4	2	1	50%	1	50%
5	1	0	0%	1	100%
7	1	0	0%	1	100%
Overall	314	259	82%	55	18%

Exam Cycle: April 2013 North					
Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	188	182	97%	6	3%
2	49	20	41%	29	59%
3	8	6	75%	2	25%
4	2	0	0%	2	100%
5	3	1	33%	2	67%
Overall	250	209	84%	41	16%

Exam Cycle: April 2013 South					
Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	222	200	90%	22	10%
2	67	30	45%	37	55%
3	13	5	38%	8	62%
5	1	0	0%	1	100%
7	1	0	0%	1	100%
Overall	304	235	35%	69	65%

Exam Cycle: August 2013 Central					
Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	187	180	96%	7	4%
2	28	5	18%	23	82%
3	3	0	0%	3	100%
4	1	0	0%	1	100%
Overall	219	185	84%	34	16%

Exam Cycle: August 2013 North					
Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	448	430	96%	18	4%
2	43	21	49%	22	51%
3	8	1	13%	7	87%
4	3	1	33%	2	67%
5	1	0	0%	1	100%
Overall	503	453	90%	50	10%

Exam Cycle: August 2013 South					
Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	364	347	95%	17	5%
2	76	29	38%	47	62%
3	17	7	41%	10	59%
4	1	0	0%	1	100%
5	2	0	0%	2	100%
6	1	0	0%	1	100%
7	1	0	0%	1	100%
Overall	462	383	83%	79	17%

Exam Cycle: November 2013 North					
Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	338	327	97%	11	3%
2	48	25	52%	23	48%
3	9	2	22%	7	78%
4	3	1	33%	2	67%
5	4	1	25%	3	75%
Overall	402	356	89%	56	14%

Exam Cycle: November 2013 South					
Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	360	328	91%	32	9%
2	97	43	44%	54	56%
3	22	4	18%	18	82%
4	10	2	20%	8	80%
5	3	1	33%	2	64%
Overall	492	378	77%	114	23%

Exam Cycle: February 2014 North

Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	165	159	96%	6	4%
2	52	48	92%	4	8%
3	5	1	20%	4	80%
4	5	1	20%	4	80%
5	2	0	0%	2	100%
Overall	229	209	91%	20	9%

Exam Cycle: February 2014 South

Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	178	161	90%	17	10%
2	62	45	73%	17	27%
3	21	4	19%	17	81%
4	2	1	50%	1	50%
5	6	1	17%	5	83%
6	1	0	0%	1	100%
7	1	0	0%	1	100%
Overall	271	212	78%	59	22%

Exam Cycle: April 2014 North

Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	227	215	95%	12	5%
2	35	14	40%	21	60%
3	18	3	17%	15	83%
4	9	0	0%	9	100%
5	3	0	0%	3	100%
Overall	292	232	79%	60	21%

Exam Cycle: April 2014 South					
Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	198	145	73%	53	27%
2	99	34	34%	65	66%
3	38	4	11%	34	89%
4	22	1	5%	21	95%
5	6	0	0%	6	100%
7	1	0	0%	1	100%
Overall	364	184	51%	180	49%

Exam Cycle: August 2014 Central					
Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	88	76	86%	12	14%
2	28	2	7%	26	93%
3	16	1	6%	15	94%
4	2	0	0%	2	100%
5	1	0	0%	1	100%
Overall	135	79	59%	56	41%

Exam Cycle: August 2014 North					
Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	268	221	82%	47	18%
2	126	13	10%	113	90%
3	73	1	1%	72	99%
4	25	0	0%	25	100%
5	6	0	0%	6	100%
Overall	498	235	47%	263	53%

Exam Cycle: August 2014 South					
Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	196	83	42%	113	58%
2	159	28	18%	131	82%
3	100	4	4%	96	96%
4	21	1	5%	20	95%
5	6	0	0%	6	100%
6	1	0	0%	1	100%
7	2	0	0%	2	100%
Overall	485	116	24%	369	76%

Exam Cycle: October 2014 South					
Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	23	10	44%	13	56%
2	18	0	0%	18	100%
3	2	0	0%	2	100%
4	1	0	0%	1	100%
Overall	44	10	23%	34	77%

Exam Cycle: November 2014 North					
Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	149	94	63%	55	37%
2	206	54	26%	152	74%
3	105	2	2%	103	98%
4	27	1	4%	26	96%
5	8	0	0%	8	100%
Overall	496	151	30%	345	70%

Exam Cycle: November 2014 South					
Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	178	21	12%	157	88%
2	200	9	5%	191	95%
3	82	2	2%	80	98%
4	12	0	0%	12	100%
5	1	0	0%	1	100%
6	1	0	0%	1	100%
7	1	0	0%	1	100%
Overall	475	32	7%	443	93%

Exam Cycle: February 2015 North					
Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	135	88	65%	47	35%
2	192	81	42%	111	58%
3	114	33	29%	81	71%
4	24	7	29%	17	71%
5	7	2	29%	5	71%
Overall	472	211	45%	261	55%

Exam Cycle: February 2015 South					
Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	112	30	27%	82	73%
2	186	39	21%	147	79%
3	105	9	9%	96	91%
4	18	0	0%	18	100%
5	5	1	20%	4	50%
6	1	0	0%	1	100%
7	2	0	0%	2	100%
Overall	429	79	18%	350	82%

Exam Cycle: April 2015 North					
Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	147	137	93%	10	7%
2	110	70	64%	40	36%
3	61	45	74%	16	26%
4	12	6	50%	6	50%
5	3	0	0%	3	100%
Overall	334	259	78%	75	22%

Exam Cycle: April 2015 South					
Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	247	195	79%	52	21%
2	163	10	63%	61	37%
3	51	23	45%	28	55%
4	5	2	40%	3	60%
5	1	0	0%	1	100%
Overall	467	322	69%	145	31%

Exam Cycle: August 2015 Central					
Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	47	45	96%	2	4%
2	34	22	65%	12	35%
3	22	16	73%	6	27%
4	2	2	100%	0	0%
Overall	105	85	81%	20	19%

Exam Cycle: August 2015 North					
Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	320	254	79%	66	21%
2	131	70	53%	61	47%
3	41	24	59%	17	41%
4	10	8	80%	2	20%
5	5	4	80%	1	20%
Overall	507	360	71%	147	29%

Exam Cycle: August 2015 South					
Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	287	148	52%	139	48%
2	130	63	48%	67	52%
3	78	44	56%	34	44%
4	16	10	63%	6	37%
5	4	2	50%	2	50%
7	2	1	50%	1	50%
Overall	517	268	52%	249	48%

Exam Cycle: November 2015 North					
Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	380	248	65%	132	35%
2	77	41	53%	36	47%
3	21	12	57%	9	43%
4	9	7	78%	2	22%
5	1	0	0%	1	100%
Overall	488	308	63%	180	37%

Exam Cycle: November 2015 South					
Number of Tries	Number of Examinees	Pass		Fail	
		Number	Percent	Number	Percent
1	442	267	60%	175	40%
2	89	49	55%	40	45%
3	37	17	46%	20	54%
4	9	4	44%	5	56%
5	1	0	0%	1	100%
6	1	0	0%	1	100%
Overall	579	337	58%	242	42%

RDAEF PRACTICAL EXAMINATION SCHOOL STATISTICS

Program	Jan-16	Total
Expanded Functions Dental Assistants Association (004)	67%	67%
pass	4	4
fail	2	2
J Production (005)		
pass		
fail		
Loma Linda University (007)		
pass		
fail		
University of California, Los Angeles (002)	100%	100%
pass	2	2
fail	0	0
University of the Pacific (006)	50%	50%
pass	6	6
fail	6	6
PERCENT PASS	60%	60%
TOTAL PASS	12	12
TOTAL FAIL	8	8



MEMORANDUM

DATE	April 25, 2016
TO	Dental Assisting Council Members, Dental Board of California
FROM	Katie Le, Dental Assisting Educational Program Coordinator Dental Board of California
SUBJECT	JNT 6: Dental Assisting Program Licensing Statistics

The following table provides current license status statistics by license type as of
April 25, 2016

License Type	Registered Dental Assistant (RDA)	Registered Dental Assistant in Extended Functions (RDAEF)	Total Licenses
Current & Active	29,079	1,328	30,407
Current & Inactive	4,755	78	4,833
Delinquent	11,474	204	11,678
Total Current Population	45,308	1,610	46,918
Total Cancelled Since Implementation	40,178	235	40,413

The following table provides current permit status statistics by permit type as of
April 25, 2016

Permit Type	Orthodontic Assistant (OA)	Dental Sedation Assistant (DSA)	Total Permits
Current & Active	454	30	484
Current & Inactive	2	1	3
Delinquent	28	5	33
Total Current Population	484	36	520
Total Cancelled Since Implementation	0	0	0

The following table provides current license status as of April 25, 2016 for licensees who possess dual **Registered Dental Assistant and Dentist Licensure**

License Status	Registered Dental Assistant (RDA)	Dentist (DDS)
Current & Active	18	642
Current & Inactive	16	5
Delinquent	48	17
Cancelled	598	8
Grand Total	680	672

The following table provides current license status as of April 25, 2016 for licensees who possess dual **Registered Dental Assistant and Registered Dental Assistant in Extended Functions Licensure**

License Status	Registered Dental Assistant (RDA)	Registered Dental Assistant in Extended Functions (RDAEF)
Current & Active	406	1235
Current & Inactive	24	60
Delinquent	208	176
Cancelled	1033	183
Grand Total	1671	1654

The following table provides current license status as of April 26, 2016 for licensees who possess dual **Registered Dental Assistant License and Orthodontic Assistant Permit**

License/Permit Status	Registered Dental Assistant (RDA)	Orthodontic Assistant (OA)
Current & Active	344	363
Current & Inactive	5	2
Delinquent	23	20
Cancelled	17	0
Grand Total	389	385

The following table provides current license status as of April 25, 2016 for licensees who possess dual **Registered Dental Assistant License and Dental Sedation Assistant Permit**

License/Permit Status	Registered Dental Assistant (RDA)	Dental Sedation Assistant (DSA)
Current & Active	10	12
Current & Inactive	1	1
Delinquent	2	1
Cancelled	1	0
Grand Total	14	14

*Grand Total for each license type/permit may not be equivalent due an issuance of a new license for reinstatement of cancelled licenses.



MEMORANDUM

DATE	April 27, 2016
TO	Dental Board of California
FROM	Linda Byers, Executive Assistant
SUBJECT	JNT 7: Report on the Results of the Department of Consumer Affairs (DCA) Office of Professional Examination Services (OPES) Occupational Analysis of the Registered Dental Assistant (RDA) and Registered Dental Assistant in Extended Functions (RDAEF) Practical Examinations.

This information will be provided in a supplemental package.



MEMORANDUM

DATE	April 27, 2016
TO	Dental Board of California
FROM	Linda Byers, Executive Assistant
SUBJECT	JNT 8: Discussion and Possible Action Regarding the Update of the Registered Dental Assistant (RDA) Law & Ethics and Written Examinations in Accordance with Business and Professions Code Section 139 Requirements.

This information will be provided in a supplemental package.



MEMORANDUM

DATE	April 27, 2016
TO	Dental Board of California
FROM	Linda Byers, Executive Assistant
SUBJECT	JNT 9: Discussion and Possible Action Regarding the Registered Dental Assistant in Extended Functions (RDAEF) Written Examination in Accordance with Business and Professions Code Section 139 Requirements.

This information will be provided in a supplemental package.



MEMORANDUM

DATE	April 21, 2016
TO	Members of the Dental Board of California Members of the Dental Assisting Council
FROM	Leslie Campaz, Educational Program Analyst
SUBJECT	JNT 10: Update on Dental Assisting Council Regulatory Workshops.

2016 Regulatory Development Workshops

The first of several regulatory workshops scheduled for 2016 was successfully held at the Dental Board's hearing room on March 18, 2016. The discussion on Radiation Safety regulations was finalized and the discussion on Infection Control regulations was initiated. The development of the language for both topics has begun in collaboration with the department's Legal Counsel. The topics of discussion at the next regulatory workshop will be Pit & Fissure Sealant Courses (CCR § 1070.3), Coronal Polishing Courses (CCR § 1070.4) and Ultrasonic Scaling Courses (CCR § 1070.5).

Date	Topics of Discussion	Location
April 29, 2016	Approval of Pit & Fissure Sealant Courses Approval of Coronal Polishing Courses Approval of Ultrasonic Scaling Courses	HQ 2 Building 1747 North Market Blvd. Sacramento, CA 95834 Emerald Training Room - Ste. 184
June 10, 2016	Approval of Orthodontic Assistant Permit Courses Approval of Dental Sedation Assistant Permit Courses	HQ 2 Building 1747 North Market Blvd. Sacramento, CA 95834 Emerald Training Room - Ste. 184
July 15, 2016	RDA Program	HQ 2 Building 1747 North Market Blvd. Sacramento, CA 95834 Emerald Training Room - Ste. 184
September 16, 2016	RDAEF Program	HQ 2 Building 1747 North Market Blvd. Sacramento, CA 95834 Emerald Training Room - Ste. 184
October 28, 2016	General Provisions Governing All Dental Assistant Programs and Courses Educational Program and Course Definitions and Instructor Ratios Definitions	HQ 2 Building 1747 North Market Blvd. Sacramento, CA 95834 Emerald Training Room - Ste. 184
December 16, 2016	Finalize discussion pertaining to any/all other pending sections	HQ 2 Building 1747 North Market Blvd. Sacramento, CA 95834 Emerald Training Room - Ste. 184



MEMORANDUM

DATE	April 27, 2016
TO	Dental Board of California
FROM	Linda Byers, Executive Assistant
SUBJECT	JNT 11: Discussion and Possible Action Regarding the Suspension of the Registered Dental Assistant (RDA) Practical Examination in Accordance with Business and Professions Code Section 1752.1(i)(j).

This information will be provided in a supplemental package.



MEMORANDUM

DATE	April 21, 2016
TO	Members of the Dental Board of California Members of the Dental Assisting Council
FROM	Lusine M Sarkisyan, Legislative and Regulatory Analyst
SUBJECT	JNT 12: Discussion and Possible Action Regarding the Subcommittee Recommendation Relating to Dental Assisting Fee Increases

Background:

Prior to 2012, the Dental Board of California (Board) was statutorily authorized to establish the licensing and permitting fees for dental assistants by Board resolution subject to specified fee maximums. In 2012, Business and Professions Code Section 1725 was amended removing the authority to establish fees by resolution and instead required the Board to promulgate regulations to establish fees subject to the statutorily authorized fee maximums.

During prior Board meetings, it was determined that the Dental Board of California is heading towards insolvency in Budget Year (BY) 17-18, more specifically the Dental Assisting Fund is heading towards a fiscal imbalance for BY 17-18. In order to address this fiscal imbalance, the Board sought to increase its statutorily authorized fee maximums, which was authorized by Assembly Bill 179 (Bonilla, Chapter 510, Statutes of 2015). An audit was provided by Capital Accounting Partners, and a Board Subcommittee was formed headed by Doctor Bruce Witcher and Kathleen King, who presented the findings of the Fee Audit Report and provided a Subcommittee recommendation for both the Dentistry and Dental Assisting Funds.

Staff took back the Board Subcommittee recommendations and determined that the recommendations were not sufficient enough to sustain expenditures for the Dental Assisting Fund. Because the Board strives to maintain a three month reserve in order to sustain expenditures, the Board's Subcommittee recommendations would only sustain the program for another year until fees would need to be increased again.

During the March 2016 Board meeting, staff presented a fee increase proposal, however recommended that the Board not initiate the rulemaking package, but instead appoint a Subcommittee of the Dental Assistant Council (Council) to work with staff to further develop the dental assisting fee increase regulatory proposal. As a result, Council President, Anne Contreras, and Council member, Tamara McNealy, were appointed to the Subcommittee to work with staff.

Staff held a teleconference with the Council Subcommittee members and presented recommendations regarding the dental assisting program fee increases for licensure and permitting. After discussing the staff recommendation, the Subcommittee accepted the proposal for the dental assisting licensing and permitting fees. The Subcommittee had concerns regarding the staff recommendation; however staff addressed those concerns after discussing the fee recommendations presented by Capitol Partners, LLC, and the Board's Subcommittee. As a result, the Council Subcommittee accepted staff's fee recommendation to present to the Dental Assisting Council staff's fee recommendation.

For your review of the Dental Assisting proposed fee increases, included are the following documents:

➤ **Dental Assisting Fund Fee Summary**

This document provides a table outlining the various fees that are currently assessed for the Dental Assisting Program's licenses, permits, and applications. The columns provide the following information:

- The fees currently being assessed.
- The new statutorily authorized fee caps as a result of last year's Sunset Review legislation.
- The recommended fees presented by the subcommittee, consisting of Dr. Witcher and Kathleen King, at the August 2015 Board meeting.
- The recommended fees presented by staff at the March 2016 Board meeting.
- The recommended fees as outlined in the Capital Accounting Partners Fee Audit conducted in 2014-15.

➤ **Current Fund Condition for DA Fund**

This fund condition provides a snapshot of the condition of the State Dental Assisting Fund without any fee increase.

➤ **Fund Condition for DA Fund with Subcommittee Recommendation**

This fund condition provides a snapshot of the condition of the State Dental Assisting Fund with increases to fees as recommended by Dr. Witcher and Kathleen King at the August 2015 Board meeting.

➤ **Fund Condition for DA Fund with Staff Recommended**

This fund condition provides a snapshot of the condition of the State Dental Assisting Fund with increases to fees as recommended by staff at the March 2016 Board meeting.

➤ **Proposed Regulatory Language** (California Code of Regulations, Title 16, §1022)

Below are tables of the current dental assisting fees in comparison with the staff fee recommendation.

Initial Application Fees		
Fee	Current Fee	Staff Recommendation
Coronal Polish Course Application	\$300.00	\$300.00
Dental Sedation Assistant Permit Application-1725	\$20.00	\$120.00
Dental Sedation Assistant Permit Course Application	\$300.00	\$300.00
Infection Control Course Application	\$300.00	\$300.00
Orthodontic Assistant Permit Application-1725	\$20.00	\$120.00
Orthodontic Assistant Permit Course Application	\$300.00	\$300.00
Pit & Fissure Sealant Course Application	\$300.00	\$300.00
Radiation Safety Course Application	\$300.00	\$ 300.00
RDA Application -1725	\$20.00	\$120.00
RDA Program Application	\$1,400.00	\$1,400.00
RDAEF Application - 1725	\$ 20.00	\$120.00
RDAEF Program Application	\$1,400.00	\$1,400.00
Ultrasonic Scaling Course Application	\$300.00	\$300.00

Initial Application Fees		
Fee	Current Fee	Staff Recommendation
Dental Sedation Assistant Permit Biennial Renewal	\$70.00	\$100.00
Dental Sedation Assistant Permit Delinquent Renewal	\$35.00	\$50.00

Orthodontic Assistant Permit Biennial Renewal	\$70.00	\$100.00
Orthodontic Assistant Permit Delinquent Renewal	\$35.00	\$50.00
RDA Biennial Renewal	\$70.00	\$100.00
RDA Delinquent Renewal	\$35.00	\$50.00
RDAEF Biennial Renewal	\$70.00	\$100.00
RDAEF Delinquent Renewal	\$35.00	\$50.00

Initial Application Fees		
Fee	Current Fee	Staff Recommendation
Duplicate License/Certification Fee		\$50.00
RDA Practical Exam	\$60.00	\$100.00
RDAEF Exam	\$250.00	\$500.00

Action Requested

At this time, staff requests that the Council accept the proposed regulatory language and request that the Board accept their recommendation to proceed with the initiation of the rulemaking package relating to the dental assisting fees.

Dental Assisting Fund Fee Summary

Statutorily Authorized Fee Maximum - Dental Assistant							
	Code Reference	Fee Name	Current Fee Assessed as of Jan 1 2015 (as a result of SB 1416)	New Statutorily Authorized Fee Maximum Update (as a result of AB 179)	Subcommittee Recommendation (August 2015 Board Meeting)	Staff Recommendation	Capital Partners Recommendation
INITIAL APPLICATIONS							
1	1725(p)	Coronal Polish Course Application	\$ 300.00	\$ 2,000.00	\$ 300.00	\$ 300.00	\$ 2,866.00
2	1725(c)	Dental Sedation Assistant Permit Application-1725	\$ 20.00	\$ 200.00	\$ 1,200.00	\$ 120.00	\$ 2,342.00
3	1725(p)	Dental Sedation Assistant Permit Course Application	\$ 300.00	\$ 2,000.00	\$ 300.00	\$ 300.00	\$ 2,342.00
4	1725(p)	Infection Control Course Application	\$ 300.00	\$ 2,000.00	\$ 300.00	\$ 300.00	\$ 2,866.00
5	1725(c)	Orthodontic Assistant Permit Application-1725	\$ 20.00	\$ 200.00	\$ 1,000.00	\$ 120.00	\$ 2,176.00
6	1725(p)	Orthodontic Assistant Permit Course Application	\$ 300.00	\$ 2,000.00	\$ 300.00	\$ 300.00	\$ 2,176.00
7	1725(p)	Pit & Fissure Sealant Course Application	\$ 300.00	\$ 2,000.00	\$ 300.00	\$ 300.00	\$ 2,977.00
8	1725(p)	Radiation Safety Course Application	\$ 300.00	\$ 2,000.00	\$ 300.00	\$ 300.00	\$ 2,977.00
9	1725(a)	RDA Application -1725	\$ 20.00	\$ 200.00	\$ 72.00	\$ 120.00	\$ 72.00
10	1725(o)	RDA Program Application	\$ 1,400.00	\$ 7,500.00	\$ 1,400.00	\$ 1,400.00	\$ 7,486.00
11	1725(a)	RDAEF Application - 1725	\$ 20.00	\$ 200.00	\$ 72.00	\$ 120.00	\$ 87.00
12	1725(o)	RDAEF Program Application	\$ 1,400.00	\$ 7,500.00	\$ 1,400.00	\$ 1,400.00	\$ 7,486.00
13	1725(p)	Ultrasonic Scaling Course Application	\$ 300.00	\$ 2,000.00	\$ 300.00	\$ 300.00	
RENEWAL APPLICATIONS							
14	1725(l)	Dental Sedation Assistant Permit Biennial Renewal	\$ 70.00	\$ 200.00	\$ 72.00	\$ 100.00	\$ 50.00
15	1725(m)	Dental Sedation Assistant Permit Delinquent Renewal	\$ 35.00	50% of renewal fee	\$ 100.00	\$ 50.00	\$ 52.00
16	1724(l)	Extramural Facility/Renewal		\$ 25.00			
17	1725(l)	Orthodontic Assistant Permit Biennial Renewal	\$ 70.00	\$ 200.00	\$ 72.00	\$ 100.00	\$ 50.00
18	1725(m)	Orthodontic Assistant Permit Delinquent Renewal	\$ 35.00	50% of renewal fee	\$ 72.00	\$ 50.00	\$ 52.00
19	1725(l)	RDA Biennial Renewal	\$ 70.00	\$ 200.00	\$ 72.00	\$ 100.00	\$ 50.00
20	1725(m)	RDA Delinquent Renewal	\$ 35.00	50% of renewal fee	\$ 100.00	\$ 50.00	\$ 52.00
21	1725(l)	RDAEF Biennial Renewal	\$ 70.00	\$ 200.00	\$ 72.00	\$ 100.00	\$ 50.00
22	1725(m)	RDAEF Delinquent Renewal	\$ 35.00	50% of renewal fee	\$ 100.00	\$ 50.00	\$ 52.00

	Code Reference	Fee Name	Current Fee Assessed as of Jan 1 2015 (as a result of SB 1416)	New Statutorily Authorized Fee Maximum Update (as a result of AB 179)	Subcommittee Recommendation (August 2015 Board Meeting)	Staff Recommendation	Capital Partners Recommendation
23	1724(l)	Referral Service Permit/Renewal		\$ 25.00			
MISC							
24	1725(n)	Duplicate License/Certification Fee		\$ 100.00	\$ 25.00	\$ 50.00	
25	1725(d)	Ortho & Sedation Assistant Written Exam		Actual Cost of Exam			
26	1725(f)	RDA Law & Ethics		Actual Cost of Exam			
27	1725(b)	RDA Practical Exam	\$ 60.00	actual cost of practical exam	\$ 100.00	\$ 100.00	\$ 355.00
28	1725 (e)	RDA Written		Actual Cost of Exam			
29	1725(g)	RDAEF Exam	\$ 250.00	actual cost of practical exam	\$ 500.00	\$ 500.00	\$ 2,112.00

Current Fund Condition for Dental Assistant Fund

3142 - Dental Assisting Program Analysis of Fund Condition

1/7/2016

(Dollars in Thousands)

Dental Assitant Fund Current
2016-17 Governor's Budget

	Actual 2014-15	CY 2015-16	BY 2016-17	BY + 1 2017-18	BY + 2 2018-19	BY + 3 2019-20
BEGINNING BALANCE	\$ 2,826	\$ 2,840	\$ 1,939	\$ 917	\$ -158	\$ -1,288
Prior Year Adjustment	\$ 33	\$ -	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 2,859	\$ 2,840	\$ 1,939	\$ 917	\$ -158	\$ -1,288
REVENUES AND TRANSFERS						
Revenues:						
125600 Other regulatory fees	\$ 18	\$ 18	\$ 18	\$ 18	\$ 18	\$ 18
125700 Other regulatory licenses and permits	\$ 264	\$ 301	\$ 278	\$ 278	\$ 278	\$ 278
125800 Renewal fees	\$ 1,275	\$ 1,265	\$ 1,270	\$ 1,270	\$ 1,270	\$ 1,270
125900 Delinquent fees	\$ 90	\$ 70	\$ 69	\$ 69	\$ 69	\$ 69
141200 Sales of documents	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
142500 Miscellaneous services to the public	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
150300 Income from surplus money investments	\$ 8	\$ 6	\$ 3	\$ -	\$ -	\$ -
160400 Sale of fixed assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
161000 Escheat of unclaimed checks and warrants	\$ 1	\$ 1	\$ 1	\$ 1	\$ 1	\$ 1
161400 Miscellaneous revenues	\$ 6	\$ 5	\$ 5	\$ 5	\$ 5	\$ 5
164300 Penalty Assessments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Totals, Revenues	\$ 1,662	\$ 1,666	\$ 1,644	\$ 1,641	\$ 1,641	\$ 1,641
Totals, Revenues and Transfers	\$ 1,662	\$ 1,666	\$ 1,644	\$ 1,641	\$ 1,641	\$ 1,641
Totals, Resources	\$ 4,521	\$ 4,506	\$ 3,583	\$ 2,558	\$ 1,483	\$ 353
EXPENDITURES						
Disbursements:						
0840 State Controller (State Operations)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8880 Financial Information System for CA (State Operations)	\$ 2	\$ 3	\$ 3	\$ -	\$ -	\$ -
1110 Program Expenditures (State Operations)	\$ 1,679	\$ 2,564	\$ -	\$ -	\$ -	\$ -
1111 Program Expenditures (State Operations)	\$ -	\$ -	\$ 2,663	\$ 2,716	\$ 2,771	\$ 2,826
Total Disbursements	\$ 1,681	\$ 2,567	\$ 2,666	\$ 2,716	\$ 2,771	\$ 2,826
FUND BALANCE						
Reserve for economic uncertainties	\$ 2,840	\$ 1,939	\$ 917	\$ -158	\$ -1,288	\$ -2,473
Months in Reserve	13.3	8.7	4.1	-0.7	-5.5	-10.3

NOTES:

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

Fund Condition for Dental Assistant Fund with Board Subcommittee Recommendation

3142 - Dental Assisting Program Analysis of Fund Condition

(Dollars in Thousands)

SUBCOMMITTEE RECOMMENDATION
2016-17 Governor's Budget

	Actual 2014-15	CY 2015-16	BY 2016-17	BY + 1 2017-18	BY + 2 2018-19	BY + 3 2019-20
BEGINNING BALANCE	\$ 2,826	\$ 2,840	\$ 1,939	\$ 917	\$ 87	\$ -798
Prior Year Adjustment	\$ 33	\$ -	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 2,859	\$ 2,840	\$ 1,939	\$ 917	\$ 87	\$ -798
REVENUES AND TRANSFERS						
Revenues:						
125600 Other regulatory fees	\$ 18	\$ 18	\$ 18	\$ 18	\$ 18	\$ 18
125700 Other regulatory licenses and permits	\$ 264	\$ 301	\$ 278	\$ 278	\$ 278	\$ 278
Fee Increase	\$ -	\$ -	\$ -	\$ 219	\$ 219	\$ 219
125800 Renewal fees	\$ 1,275	\$ 1,265	\$ 1,270	\$ 1,270	\$ 1,270	\$ 1,270
Fee Increase	\$ -	\$ -	\$ -	\$ 26	\$ 26	\$ 26
125900 Delinquent fees	\$ 90	\$ 70	\$ 69	\$ 69	\$ 69	\$ 69
141200 Sales of documents	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
142500 Miscellaneous services to the public	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
150300 Income from surplus money investments	\$ 8	\$ 6	\$ 3	\$ -	\$ -	\$ -
160400 Sale of fixed assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
161000 Escheat of unclaimed checks and warrants	\$ 1	\$ 1	\$ 1	\$ 1	\$ 1	\$ 1
161400 Miscellaneous revenues	\$ 6	\$ 5	\$ 5	\$ 5	\$ 5	\$ 5
164300 Penalty Assessments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Totals, Revenues	\$ 1,662	\$ 1,666	\$ 1,644	\$ 1,886	\$ 1,886	\$ 1,886
Totals, Revenues and Transfers	\$ 1,662	\$ 1,666	\$ 1,644	\$ 1,886	\$ 1,886	\$ 1,886
Totals, Resources	\$ 4,521	\$ 4,506	\$ 3,583	\$ 2,803	\$ 1,973	\$ 1,088
EXPENDITURES						
Disbursements:						
0840 State Controller (State Operations)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8880 Financial Information System for CA (State Operations)	\$ 2	\$ 3	\$ 3	\$ -	\$ -	\$ -
1110 Program Expenditures (State Operations)	\$ 1,679	\$ 2,564	\$ -	\$ -	\$ -	\$ -
1111 Program Expenditures (State Operations)	\$ -	\$ -	\$ 2,663	\$ 2,716	\$ 2,771	\$ 2,826
Total Disbursements	\$ 1,681	\$ 2,567	\$ 2,666	\$ 2,716	\$ 2,771	\$ 2,826
FUND BALANCE						
Reserve for economic uncertainties	\$ 2,840	\$ 1,939	\$ 917	\$ 87	\$ -798	\$ -1,738
Months in Reserve	13.3	8.7	4.1	0.4	-3.4	-7.2

NOTES:

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

Fund Condition for Dental Assistant Fund with Staff Recommendation

3142 - Dental Assisting Program Analysis of Fund Condition

(Dollars in Thousands)

STAFF RECOMMENDATION
2016-17 Governor's Budget

	Actual 2014-15	CY 2015-16	BY 2016-17	BY + 1 2017-18	BY + 2 2018-19	BY + 3 2019-20
BEGINNING BALANCE	\$ 2,826	\$ 2,840	\$ 1,939	\$ 917	\$ 920	\$ 868
Prior Year Adjustment	\$ 33	\$ -	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 2,859	\$ 2,840	\$ 1,939	\$ 917	\$ 920	\$ 868
REVENUES AND TRANSFERS						
Revenues:						
125600 Other regulatory fees	\$ 18	\$ 18	\$ 18	\$ 18	\$ 18	\$ 18
Fee Increase	\$ -	\$ -	\$ -	\$ 18	\$ 18	\$ 18
125700 Other regulatory licenses and permits	\$ 264	\$ 301	\$ 278	\$ 278	\$ 278	\$ 278
Fee Increase	\$ -	\$ -	\$ -	\$ 524	\$ 524	\$ 524
125800 Renewal fees	\$ 1,275	\$ 1,265	\$ 1,270	\$ 1,270	\$ 1,270	\$ 1,270
Fee Increase	\$ -	\$ -	\$ -	\$ 504	\$ 504	\$ 504
125900 Delinquent fees	\$ 90	\$ 70	\$ 69	\$ 69	\$ 69	\$ 69
Fee Increase	\$ -	\$ -	\$ -	\$ 29	\$ 29	\$ 29
141200 Sales of documents	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
142500 Miscellaneous services to the public	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
150300 Income from surplus money investments	\$ 8	\$ 6	\$ 3	\$ 3	\$ 3	\$ 2
160400 Sale of fixed assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
161000 Escheat of unclaimed checks and warrants	\$ 1	\$ 1	\$ 1	\$ 1	\$ 1	\$ 1
161400 Miscellaneous revenues	\$ 6	\$ 5	\$ 5	\$ 5	\$ 5	\$ 5
164300 Penalty Assessments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Totals, Revenues	\$ 1,662	\$ 1,666	\$ 1,644	\$ 2,719	\$ 2,719	\$ 2,718
Totals, Revenues and Transfers	\$ 1,662	\$ 1,666	\$ 1,644	\$ 2,719	\$ 2,719	\$ 2,718
Totals, Resources	\$ 4,521	\$ 4,506	\$ 3,583	\$ 3,636	\$ 3,639	\$ 3,586
EXPENDITURES						
Disbursements:						
0840 State Controller (State Operations)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8880 Financial Information System for CA (State Operations)	\$ 2	\$ 3	\$ 3	\$ -	\$ -	\$ -
1110 Program Expenditures (State Operations)	\$ 1,679	\$ 2,564	\$ -	\$ -	\$ -	\$ -
1111 Program Expenditures (State Operations)	\$ -	\$ -	\$ 2,663	\$ 2,716	\$ 2,771	\$ 2,826
Total Disbursements	\$ 1,681	\$ 2,567	\$ 2,666	\$ 2,716	\$ 2,771	\$ 2,826
FUND BALANCE						
Reserve for economic uncertainties	\$ 2,840	\$ 1,939	\$ 917	\$ 920	\$ 868	\$ 760
Months in Reserve	13.3	8.7	4.1	4.0	3.7	3.2

NOTES:

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

**TITLE 16. DENTAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS**

PROPOSED LANGUAGE

Amend Sections 1022 of Division 10 of Title 16 of the California Code of Regulations to read:

§ 1022. Dental Auxiliaries.

The following fees are fixed for dental auxiliaries licensed by the board:

(a) <u>RDA/RDAEF Application</u>	<u>\$20-120</u>
(b) <u>Dental Sedation Assistant Permit</u>	<u>\$120</u>
(c) <u>Orthodontic Assistant Permit Application</u>	<u>\$120</u>
(b) (d) <u>Nonclinical RDA Practical Examination or Reexamination</u>	<u>\$30 \$100</u>
(c) (e) <u>Clinical examination or reexamination RDAEF Examination</u>	<u>\$50 \$500</u>
(f) <u>Orthodontic Assistant and Sedation Assistant Written Examination</u>	
(d) (g) <u>RDA Biennial License Renewal</u> The biennial renewal fee for licensing periods beginning on or after January 1, 1988 shall be \$30.	<u>\$12 \$100</u>
(e) (h) <u>RDAEF Biennial License Renewal</u> The biennial renewal fee for licensing periods beginning on or after January 1, 1988 shall be \$30.	<u>\$10 \$100</u>
(f) RDH license renewal (i) <u>Dental Sedation Assistant Permit Biennial Renewal</u> The biennial renewal fee for licensing periods beginning on or after January 1, 1988 shall be \$30.	<u>\$24 \$100</u>
(g) RDHEF license renewal (j) <u>Orthodontic Assistant Permit Biennial Renewal</u> The biennial renewal fee for licensing periods beginning on or after January 1, 1988 shall be \$30.	<u>\$10 \$100</u>
(h) (k) <u>RDA Delinquency Renewal fee</u> The delinquency fee for licensing periods beginning on or after January 1, 1988 shall be \$15.	<u>\$6 \$50</u>

(i) <u>(l) RDAEF Delinquency Renewal fee</u> The delinquency fee for licensing periods beginning on or after January 1, 1988 shall be \$15.	\$5-\$50
(j) <u>RDH delinquency fee</u> (m) <u>Dental Sedation Assistant Permit Delinquency Renewal</u> The delinquency fee for licensing periods beginning on or after January 1, 1988 shall be \$15.	\$12-\$50
(k) <u>RDHEF delinquency fee</u> (n) <u>Orthodontic Assistant Permit Delinquency Renewal</u> The delinquency fee for licensing periods beginning on or after January 1, 1988 shall be \$15.	\$5-\$50
<u>(o) RDA Program Application</u>	<u>\$1400</u>
<u>(p) RDAEF Program Application</u>	<u>\$1400</u>
<u>(q) Orthodontic Assistant Permit Course Application</u>	<u>\$300</u>
<u>(r) Dental Sedation Assistant Permit Course Application</u>	<u>\$300</u>
<u>(s) Infection Control Course Application</u>	<u>\$300</u>
<u>(t) Coronal Polish Course Application</u>	<u>\$300</u>
<u>(u) Pit & Fissure Sealant Course Application</u>	<u>\$300</u>
<u>(v) Radiation Safety Course Application</u>	<u>\$300</u>
<u>(w) Ultrasonic Scaling Course Application</u>	<u>\$300</u>
(x) <u>Substitute Certificate Duplicate License/Certification Fee</u>	\$25-\$50

Note: Authority cited: Section 1614, Business and Professions Code.
Reference: Sections 1656 and 1725, Business and Professions Code.

HISTORY

1. Amendment filed 1-22-86; effective thirtieth day thereafter (Register 86, No. 4).
2. Amendment filed 9-18-87; operative 10-18-87 (Register 87, No. 39).
16 CA ADC s 1022



MEMORANDUM

DATE	April 27, 2016
TO	Dental Assisting Council Members Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer
SUBJECT	JNT 13: Update Regarding Regulatory Language Development to Implement Provisions of AB 1174 (Chapter 662, Statutes of 2014)

Assembly Bill 1174 (Chapter 662, Statutes of 2014) was signed by Governor Brown on September 27, 2014 and expanded the scope of practice for Registered Dental Assistants (RDA), Registered Dental Assistant in Extended Functions (RDAEF), and Registered Dental Hygienists (RDH) to better enable the practice of teledentistry in accordance with the findings of a Health Workforce Pilot Program (HWPP), and enables reimbursement by Medi-Cal for Virtual Dental Home (VDH) treatment.

The provisions of AB 1174 require the promulgation of regulations to implement the curriculum requirements. Board staff has been in contact with Dental Hygiene Committee of California regarding the need to begin the regulatory process. Staff recommends the Board consider the appointment of a subcommittee to work with staff to develop the draft proposed regulatory language to be presented to the Board for consideration of promulgation of a rulemaking at the August meeting.

Action Requested:

Board staff requests consideration of the appointment of a subcommittee to work with staff to develop draft regulatory language to bring to the Board for consideration at the August meeting.

Public Comment on Items Not on the Agenda.

The Board 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 and 11125.7(a)).

**Adjourn Joint Meeting
of the Dental Board
and the Dental
Assisting Council**

**LEGISLATIVE AND
REGULATORY
COMMITTEE**



NOTICE OF LEGISLATIVE AND REGULATORY COMMITTEE MEETING

Wednesday, May 11, 2016

Upon Conclusion of the Joint Meeting of the Dental Board and Dental Assisting Council

Wyndham Anaheim Garden Grove

12021 Harbor Boulevard, Garden Grove, CA 92840
714-867-5555 (Hotel) or 916-263-2300 (Board Office)

MEMBERS OF THE LEGISLATIVE AND REGULATORY COMMITTEE

Chair – Fran Burton, MSW, Public Member

Vice Chair – Kathleen King, Public Member

Katie Dawson, RDH

Huong Le, DDS, MA

Meredith McKenzie, Public Member

Bruce Witcher, DDS

Public comments will be taken on agenda items at the time the specific item is raised. The Committee may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. Time limitations for discussion and comment will be determined by the Committee Chair. Members of the board who are not members of this committee may be attending the meeting only as observers. For verification of the meeting, call (916) 263-2300 or access the Board's website at www.dbc.ca.gov. This Committee meeting is open to the public and is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Karen M. Fischer, MPA, Executive Officer, at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five business days before the meeting will help to ensure availability of the requested accommodation.

While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources or technical difficulties that may arise.

1. Call to Order/Roll Call/Establishment of Quorum
2. Approval of the March 3, 2016 Legislative and Regulatory Committee Meeting Minutes

3. 2016 Tentative Legislative Calendar – Information Only
4. Discussion and Possible Action on the Following Legislation
 - ❖ AB 1707 (Linder) Public Records: Response to Request
 - ❖ AB 2235 (Thurmond) Board of Dentistry: Pediatric Anesthesia: Committee
 - ❖ AB 2331 (Dababneh) Dentistry: Applicants to Practice
 - ❖ AB 2859 (Low) Professions and vocations: retired category: licenses
 - ❖ SB 482 (Lara) Controlled Substances: CURES database
 - ❖ SB 994 (Hill) Antimicrobial Stewardship Policies
 - ❖ SB 1033 (Hill) Medical Board: Disclosure of Probationary Status
 - ❖ SB 1039 (Senate Committee Business Professions and Economic Development) Professions and Vocations
 - ❖ SB 1155 (Morrell) Professions and Vocations: Licenses: Military Service
 - ❖ SB 1195 (Hill) Professions and Vocations: Board Actions: Competitive Impact
 - ❖ SB 1217 (Stone) Healing Arts: Reporting Requirements: Professional Liability
 - ❖ SB 1348 (Cannella) Licensure Applications: Military Experience
 - ❖ SB 1444 (Hertzberg) State Government: Computerized Personal Information Security Plans
 - ❖ SB 1478 (Senate Committee Business Professions and Economic Development) Healing Arts
5. Update on Pending Regulatory Packages
 - Abandonment of Applications (Cal. Code of Regs., Title 16, Section 1004)
 - Delegation of Authority to the Executive Officer (Cal. Code of Regs., Title 16, Section 1001)
 - Dental Assisting Comprehensive Regulatory Proposal; (Cal. Code of Regs., Title 16, Division 10, Chapter 3)
 - Elective Facial Cosmetic Surgery Permit Application and Renewal Requirements (New Regulation)
 - Licensure By Credential Application Requirements (New Regulation)
 - Continuing Education Requirements and Basic Life Support Equivalency Standards (Cal. Code of Regs., Title 16, Sections 1016 and 1017)
 - Mobile Dental Clinic and Portable Dental Unit Registration Requirements (Cal. Code of Regs., Title 16, Section 1049)
 - Dental and Dental Assistant Fee Increase (Cal. Code Regs., Title 16, Sections 1021 and 1022)
 - Definitions for Filing and Discovery (New Regulation)
6. Update Regarding Request for Consideration of Academy of General Dentistry State Licensure Transcript Acceptance.

7. Discussion of Prospective Legislative Proposals Stakeholders Are Encouraged to Submit Proposals in Writing to the Board Before or During the Meeting for Possible Consideration by the Board at a Future Meeting
8. Public Comment on Items Not on the Agenda
The Committee 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 and 11125.7(a)).
9. Future Agenda Items
Stakeholders are encouraged to propose items for possible consideration by the Committee at a future meeting.
10. Committee Member Comments for Items Not on the Agenda
The Committee may not discuss or take action on any matter raised during the Committee Member Comments 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 and 11125.7(a)).
11. Adjournment

Call to Order

Roll Call

**Establishment of
Quorum**



LEGISLATIVE AND REGULATORY COMMITTEE MEETING MINUTES

Thursday, March 3, 2016

Humphreys Half Moon Inn & Suites
2303 Shelter Island Drive
San Diego, CA 92106

DRAFT

MEMBERS PRESENT

Chair – Fran Burton, MSW, Public Member
Vice Chair – Kathleen King, Public Member
Katie Dawson, RDH
Huong Le, DDS, MA
Meredith McKenzie, Public Member
Bruce Whitcher, DDS

MEMBERS ABSENT

1. Call to Order/Roll Call/Establishment of Quorum

Fran Burton, Chair of the Legislative and Regulatory Committee called the meeting to order at 3:53pm. Roll was called and a quorum established.

2. Approval of the May 14, 2015 Legislative and Regulatory Committee Meeting Minutes

M/S/C (McKenzie/Le) to approve the May 14, 2015 Legislative and Regulatory Committee minutes. There was no public comment.

Support: Burton, Le, and McKenzie. **Oppose:** 0 **Abstain:** King, Dawson, Whitcher

The motion passed.

3. 2016 Tentative Legislative Calendar – Information Only

Ms. Burton gave an overview of the information provided.

4. Discussion and Possible Action on the Following Legislation:

Lusine M Sarkisyan, Legislative and Regulatory Analyst, gave an overview of the information provided.

It was decided Board would take a position at the end the discussion regarding all bills.

- **AB 2485(Santiago) Dental Corps Loan Repayment Program**

Ms. Sarkisyan recommended a watch position.

Public Comment:

Gayle Mathe, California Dental Association (CDA) stated that CDA is the sponsor of the bill and there will be some changes.

M/S/C (Burton/McKenzie) to continue “watch” position.

- **Designated Two-Year Legislative Bills**

Ms. Sarkisyan, Legislative and Regulatory Analyst, gave an overview of the status of the two-year bills and recommended that Board continue in its positions from 2015.

- **AB 12 (Cooley) State Government: Administrative Regulations: Review**
- **AB 648 (Low) Community – Based services: Virtual Dental Home Grant Program**
- **SB 482 (Lara) Controlled Substances: CURES Database**

M/S/C (Burton/McKenzie) to continue “watch” position.

- **Newly Introduced Legislation**

Ms. Sarkisyan recommended a watch position on all newly introduced bills.

- **SB 1033 (Hill) Medical Board: Disclosure of Probationary Status**
Dr. Witcher commented on the testimony in front of Medical Board of California (MBC) and raised concern relating to the unintended consequences of such a disciplinary process and its impact on licensees and consumers.

Burton commented that Senator Jerry Hill plans to include the Dental Board in this bill in addition to MBC.

M/S/C (Burton/McKenzie) to continue “watch” position.

- **SB 1039 (Hill) Professions and Vocations**
Omnibus Bill by the Senate Committee on Business, Professions and Economic Development relating to the Dental Corp Scholarship Program and the foreign dental school acceptance of findings of a commission or accredited agency.

M/S/C (Burton/McKenzie) to continue “watch” position.

- **SB 1217 (Stone) Healing Arts: Reporting Requirements: Professional Liability**

M/S/C (Burton/McKenzie) to continue “watch” position.

○ **AB 2048 (Gray) National Health Service Corps State Loan Repayment Program**

Spot bill.

M/S/C (Burton/McKenzie) to continue “watch” position.

○ **AB 2235 (Thurmond) Board of Dentistry: Pediatric Anesthesia: Committee**

Mirrors request made by Senator Jerry Hill as discussed during the President’s Report.

Ms. Fischer commented that she spoke with the author’s office.

Ms. Mathe, CDA, supportive of the bill.

M/S/C (Burton/McKenzie) to continue “watch” position.

○ **AB 2331 (Dababneh) Dentistry: Applicants to Practice**

Kathryn Austin Scott presenting American Dental Examiners, Inc. (ADEX)

Dr. Guy Champagne spoke regarding the Patient Centered Examination.

Dr. Le requested clarification regarding the Buffalo examination and the amendment proposed.

Public Comment

Ms. Mathe, CDA, asked clarifying questions regarding the ADEX examination.

1. Does the legislation require California to give the exam?

Ms. Scott responded: No

2. Does analysis of Office of Professional Examination Services apply to all aspects and scenarios of the ADEX examination?

Ms. Scott responded that she will research the question.

Further discussion on this item was moved to the Full Board.

M/S/C (Burton/McKenzie) to move the recommended positions and the ADEX presentation to the full Board.

Support: Burton, Le, and McKenzie, King, Dawson, Whitcher. **Oppose:** 0
Abstain: 0

The motion passed unanimously.

5. **Update on Pending Regulatory Packages:**

Ms. Sarkisyan gave an overview of the information provided.

6. **Discussion of Prospective Legislative Proposals**

There were no legislative proposals.

7. **Public Comment of Items Not on the Agenda**

There was no public comment.

8. **Future Agenda Items**

There were no future agenda items requested.

9. **Committee Member Comments for Items Not on the Agenda**

There were no Committee member comments.

10. **Adjournment**

The Committee adjourned at 5:03pm.

DRAFT

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						

- 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)).

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					

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

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		

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

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

- 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						
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				

- 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



MEMORANDUM

DATE	April 14, 2016
TO	Legislative & Regulatory Committee Members
FROM	Lusine M Sarkisyan, Legislative & Regulatory Analyst
SUBJECT	LEG 4: Discussion and Possible Action on Legislation

Board staff is currently tracking sixteen (16) bills, pertaining to the Dental Board, healing arts boards, and statutes within the Business and Professions Code.

The following legislation will most likely impact the Dental Practice Act:

Bill Number	Author	Bill Title
AB 1707	Linder	Public Records: Response to Request
AB 2235	Thurmond	Board of Dentistry. Pediatric Anesthesia: Committee
AB 2331	Dababneh	Dentistry: Applicants to Practice
AB 2859	Low	Professions and Vocations: Retired Category: Licenses
SB 482	Lara	Controlled Substances: CURES Database
SB 994	Hill	Antimicrobial Stewardship Policies
SB 1033	Hill	Medical Board: Disclosure of Probationary Status
SB 1039	Hill	Professions and Vocations
SB 1155	Morrell	Professions and Vocations: Licenses: Military Service
SB 1195	Hill	Professions and Vocations: Licenses: Military Service
SB 1217	Stone	Healing Arts: Reporting Requirements: Professional Liability
SB 1348	Cannella	Licensure Applications: Military Experience
SB 1448	Hertzberg	State Government: Computerized Personal Information Security Plans
SB 1478	Hill	Healing Arts

Staff has provided a matrix of the tracked legislation disclosing information regarding each bill's status and Board's positions. Staff has provided copies of each bill in their most recent version, accompanied by staff analyses.

The following Web sites are excellent resources for viewing proposed legislation and finding additional information:

- www.senate.ca.gov
- www.assembly.ca.gov
- www.leginfo.ca.gov

Action Requested:

The Legislative and Regulatory Committee may recommend the Board take one of the following actions regarding each bill:

- Support
- Support if Amended
- Oppose
- Watch
- Neutral
- No Action

Staff recommendations regarding Board action are included on the individual bill's analysis.

**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
MAY 11-12, 2016 BOARD MEETING**

BILL NUMBER:	Assembly Bill 1707	SPONSOR:	
AUTHOR:	Assembly Member Linder	INTRODUCED:	3/19/2016
VERSION:	Amended 3/28/2016	BILL LOCATION:	Assembly Committee on Local Government
BILL STATUS:	4/12 In Committee: Hearing cancelled at the request of author	RELATED BILLS:	
SUBJECT:	Public Records: Response to Request		

SUMMARY

Existing law requires an agency to justify withholding any record by demonstrating that the record is exempt under express provisions of the act or that the public interest served by not disclosing the record clearly outweighs the public interest served by disclosure.

This bill would require that a denial of a written request for inspection or copies of public records that is exempt under an express provision of the act must identify the type or types of record withheld and the specific exemption that justifies withholding that type of record.

ANALYSIS

This bill would essentially flesh out the existing requirement that an agency must "justify" a withholding by "demonstrating" that the record in question is subject to an express exemption. Under this bill, the agency would be required, in its written response, to identify the type or types of records withheld, and the specific exemption that applies to each type.

REGISTERED SUPPORT/OPPOSITION

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

BOARD POSITION

The Board has not taken a position on the bill. The Committee may consider recommending the Board take one of the following actions regarding this bill:

- Support
- Oppose
- Oppose if Amended
- Watch
- No Action

Staff recommends taking an "Watch" position on this bill.

AMENDED IN ASSEMBLY MARCH 28, 2016

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 1707

Introduced by Assembly Member Members Linder and Dababneh
(Principal coauthor: Assembly Member Cristina Garcia)
(Coauthors: Assembly Members Travis Allen, Brough, Hadley, Lackey,
and Olsen)

January 25, 2016

An act to amend Section 6255 of the Government Code, relating to public records.

LEGISLATIVE COUNSEL'S DIGEST

AB 1707, as amended, Linder. Public records: response to request.

The California Public Records Act requires state and local agencies to make public records available for inspection, unless an exemption from disclosure applies. *Existing law requires an agency to justify withholding any record by demonstrating that the record is exempt under express provisions of the act or that the public interest served by not disclosing the record clearly outweighs the public interest served by disclosure.* The act requires a response to a written request for public records that includes a denial of the request, in whole or in part, to be in writing.

~~This bill instead would require that response to be in writing regardless of whether the request was in writing. The bill would require that written response additionally to include a list that contains the title or other identification of each record requested but withheld due to an exemption and the specific exemption that applies to that record: the written response demonstrating that the record in question is exempt under an express provision of the act also to identify the type or types of record~~

withheld and the specific exemption that justifies withholding that type of record. Because local agencies would be required to comply with this new requirement, this bill would impose a state-mandated local program.

The California Constitution requires local agencies, for the purpose of ensuring public access to the meetings of public bodies and the writings of public officials and agencies, to comply with a statutory enactment that amends or enacts laws relating to public records or open meetings and contains findings demonstrating that the enactment furthers the constitutional requirements relating to this purpose.

This bill would make legislative findings to that effect.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

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

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

1 SECTION 1. Section 6255 of the Government Code is amended
2 to read:

3 6255. (a) The agency shall justify withholding any record by
4 demonstrating that the record in question is exempt under express
5 provisions of this chapter or that on the facts of the particular case
6 the public interest served by not disclosing the record clearly
7 outweighs the public interest served by disclosure of the record.

8 (b) A response to ~~any~~ *a written* request for inspection or copies
9 of public records that includes a determination that the request is
10 denied, in whole or in part, shall be in writing. ~~That written~~
11 ~~response also shall include a list that contains both of the following:~~
12 *The written response demonstrating that the record in question is*
13 *exempt under an express provision of this chapter also shall*
14 *identify the type or types of record withheld and the specific*
15 *exemption that justifies withholding that type of record.*

16 ~~(1) The title or other identification of each record requested but~~
17 ~~withheld due to an exemption.~~

18 ~~(2) The specific exemption that applies to that record.~~

1 SEC. 2. The Legislature finds and declares that Section 1 of
2 this act, which amends Section 6255 of the Government Code,
3 furthers, within the meaning of paragraph (7) of subdivision (b)
4 of Section 3 of Article I of the California Constitution, the purposes
5 of that constitutional section as it relates to the right of public
6 access to the meetings of local public bodies or the writings of
7 local public officials and local agencies. Pursuant to paragraph (7)
8 of subdivision (b) of Section 3 of Article I of the California
9 Constitution, the Legislature makes the following findings:

10 Because the people have the right of access to information
11 concerning the conduct of the people’s business, requiring local
12 agencies ~~to provide a written response to any request for public~~
13 ~~records that is denied and to include in that response a list of each~~
14 ~~record being withheld due to an exemption from disclosure and~~
15 ~~the specific exemption that applies furthers the purposes of Section~~
16 ~~3 of Article I. also to identify in the written response demonstrating~~
17 ~~that the record is exempt under an express provision of the~~
18 ~~California Public Records Act the type or types of record withheld,~~
19 ~~and the specific exemption that applies, furthers the purposes of~~
20 ~~Section 3 of Article I.~~

21 SEC. 3. No reimbursement is required by this act pursuant to
22 Section 6 of Article XIII B of the California Constitution because
23 the only costs that may be incurred by a local agency or school
24 district under this act would result from a legislative mandate that
25 is within the scope of paragraph (7) of subdivision (b) of Section
26 3 of Article I of the California Constitution.

**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
MAY 11-12, 2016 BOARD MEETING**

BILL NUMBER:	Assembly Bill 2235		
AUTHOR:	Assembly Member Tony Thurmond	SPONSOR:	
VERSION:	Amended in Assembly 04/11//2016	INTRODUCED:	2/18/2016
BILL STATUS:	04/20/2016 From Com. ON APPR. Do pass to consent calendar	BILL LOCATION:	Assembly
SUBJECT:	Board of Dentistry: Pediatric Anesthesia: Committee	RELATED BILLS:	

SUMMARY

This bill is known as “Caleb’s Law” and in amended form would require the Dental Board of California (Board) to do the following:

1. By March 31, 2017, establish a committee to investigate whether the current laws, regulations, and policies of the State of California are sufficient to minimize the potential for injury or death in minors from the administration of general anesthesia or deep sedation for dental patients;
2. By January 1, 2018, report to the Legislature the recommendations of the committee;
3. Post the report on the Board’s Internet Web Site; and
4. Approve form or forms for written consent that include specified statements regarding the risks of sedation and anesthesia medications and that use of appropriate monitoring equipment is required.

This bill, in amended form, would require the committee appointed by the Board to do the following:

1. By September 1, 2017, review all incident reports related to pediatric anesthesia in dentistry in the state for the years 2011 through 2016;
2. Review the policies of other states and dental associations to ensure that this state has regulation and policies in place to do everything feasible to protect young patients; and
3. By January 1, 2018, recommend to the Board any measures that would further reduce the potential for injury or death in minors from the administration of general anesthesia or deep sedation for dental patients.

This bill also requires that the Board provide a report on pediatric deaths related to general anesthesia or deep sedation in dentistry at the time of its sunset review by the appropriate policy committees of the Legislature.

ANALYSIS

This bill continues to mirror the request submitted to the Board President by Senate Committee on Business Professions and Economic Development Chair Jerry Hill. However the reporting time frames differ and additional requirements have been incorporated as a result of the new amendments made to this bill.

Senator Hill had requested a subcommittee to be formed, which was done on March 3, 2016, and the review to begin as soon as possible and a report submitted to him by January 1, 2017. This legislation requires the Board to establish a committee by March 31, 2017 and research the incident reports by the new amended date, September 1, 2017.

Additionally, the following new amendments have been added:

1. Committee to provide to the Board, by January 1, 2018, a recommendation of any measures to be taken to further reduce the potential injury or death in minors;
2. Board to report to the Legislature by January 1, 2018, of the Committee's findings;
3. Board to post the Committee report on the Board's Web Site;
4. Board to approve form or forms for written consent to include language as specified in proposed bill ; and
5. Board to provide a report on pediatric deaths to general anesthesia or deep sedation in dentistry at the time of its sunset review.

Board staff believes the costs associated with the review of the subcommittee would be absorbable; however, the additional amendments proposed by this bill would require additional staff resources and time. This is primarily for the amendments relating to the Board having to create a written consent form to provide to each licensee who administers general anesthesia or deep sedation, to continue to track data for the sunset review, and to promulgate regulations should there be recommendations for amendments to be implemented regarding dental sedation or deep sedation.

FISCAL

There are anticipated costs as a result of this bill. The hiring of a permanent half-time Staff Service Analyst would cost roughly \$48,000 for the first year and \$40,000 ongoing. There may be undetermined BreEZe costs associated with implementing this proposal

in order to accommodate or reconfigure the system to input data requested by the proposed bill.

PURPOSE

This bill is sponsored by the author and the intent of the author as this bill moves forward, is to make the data collected in the Board's review of pediatric anesthesia in dentistry available to the public and to facilitate epidemiological study of pediatric anesthesia and sedation. The author wishes to establish and maintain a database of adverse events related to pediatric anesthesia and sedation in outpatient settings.

Additionally, AB 2235 has been amended to require dentists to warn patients of the increased risks associated with dental anesthesia, if the dentist intends to perform a procedure requiring anesthesia without a person solely dedicated to the administration of anesthesia or without recommended monitoring technologies.

REGISTERED SUPPORT

PDI Surgery Center
California Society of Anesthesiologists
39 Individuals

REGISTERED OPPOSITION

California Dental Association
Oral & Facial Surgeons of California

ARGUMENTS IN SUPPORT

Increase in safety for children undergoing dental anesthesia or deep sedation is the primary fuel for this bill. This legislation came as a result of a tragic death of a young child in a dental office.

Proponents of this bill believe that priority in patient safety should be provided to children, because children should not die nor suffer injury when undergoing anesthesia. Primary concern is that per the warnings of the American Society of Anesthesiology, the same person performing a procedure should not be the same person administering anesthesia. Proponents argue that patients should be clearly informed if their dentist/oral surgeon is not going to follow basic safety requirement nor is using proper monitoring technology.

It is referenced that at least 20 other states have stronger regulations regarding the administration of dental anesthesia and sedation than California. Supporters call for California to immediately begin studying adverse events to determine appropriate solutions and safety precautions while simultaneously requiring dentists/oral surgeons to inform patients of the increased risk they face from dental anesthesia as it is currently practiced by many practitioners in dentistry.

ARGUMENTS IN OPPOSITION

Opponents of this bill support the approach directed by the Senate Business and Professions Committee to identify and resolve through legislation or regulation any gaps that may exist in the system relating to the administration of general anesthesia and deep sedation.

The unintended consequences that would follow the implementation of the proposed amendments would further limit access to a vulnerable population of children who are unable to receive dental care without the utilization of anesthesia.

The proposed notification that a dentist who is also administering anesthesia presents a “greater risk of adverse events, including death” is inaccurately portrayed, because there is no evidence that dental anesthesia under this model carries a greater risk than dental care with a second anesthesiologist present. Opponents further state that the proposed language relating to the monitoring technologies are not factually substantiated and codifying recommended technologies of a private professional health association may be problematic and is not an established legislative practice.

As a result, the proposed amendments will cause unnecessary concern and fear for parents and guardians, potentially dissuading them from taking care of their child’s serious oral health needs and could drastically increase the cost of care through the requested presence of a second, unnecessary and similarly licensed practitioner.

BOARD POSITION

The Board has not taken a position on the bill. The Committee may consider recommending the Board take one of the following actions regarding this bill:

- Support
- Support if Amended
- Oppose
- Watch
- Neutral
- No Action

Staff recommends taking a “WATCH” position on this bill.

AMENDED IN ASSEMBLY APRIL 11, 2016
AMENDED IN ASSEMBLY MARCH 31, 2016
CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 2235

Introduced by Assembly Member Thurmond

February 18, 2016

An act to amend Section 1682 of, and to add Section 1601.4 to, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 2235, as amended, Thurmond. Board of Dentistry: pediatric anesthesia: committee.

The Dental Practice Act provides for the licensure and regulation of dentists by the Dental Board of California. That act authorizes a committee of the board to evaluate all suggestions or requests for regulatory changes related to the committee and to hold informational hearings in order to report and make appropriate recommendations to the board, after consultation with departmental legal counsel and the board's chief executive officer. The act requires a committee to include in any report regarding a proposed regulatory change, at a minimum, the specific language or the proposed change or changes and the reasons therefor, and any facts supporting the need for the change.

The act governs the use of general anesthesia, conscious sedation, and oral conscious sedation for pediatric and adult patients. The act makes it unprofessional conduct for any dentist to fail to obtain the written informed consent of a patient prior to administering general anesthesia or conscious sedation. In the case of a minor, the act requires that the consent be obtained from the child's parent or guardian.

This bill, which would be known as “Caleb’s Law,” would require the board, on or before March 31, 2017, to establish a committee to investigate whether the current laws, regulations, and policies of the state are sufficient to minimize the potential for injury or death in minors from the administration of general anesthesia or deep sedation for dental patients. The bill would require the committee, on or before September 1, 2017, to review all incident reports related to pediatric anesthesia in dentistry in the state for the years 2011 through 2016, inclusive, and to review the policies of other states and dental associations to ensure that this state has regulation and policies in place to do everything feasible to protect young patients. The bill would require the committee, on or before January 1, 2018, to recommend to the board any measures that would further reduce the potential for injury or death in minors from the administration of general anesthesia or deep sedation for dental patients. The bill would require the board, on or before January 1, 2018, to report the committee’s recommendations to the Legislature and make the report publicly available on the board’s Internet Web site. *The bill also would require the board to provide a report on pediatric deaths related to general anesthesia or deep sedation in dentistry at the time of its sunset review by the appropriate policy committees of the Legislature.*

This bill, with regard to obtaining written informed consent for general anesthesia or conscious sedation in the case of a minor, would require that the written informed consent include a form or forms approved by the board, containing specified information regarding the ~~risk of an adverse event~~. *risks of sedation and anesthesia medications and that use of appropriate monitoring equipment is required.*

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. This act shall be known, and may be cited, as
- 2 “Caleb’s Law.”
- 3 SEC. 2. Section 1601.4 is added to the Business and Professions
- 4 Code, to read:
- 5 1601.4. (a) The board, on or before March 31, 2017, shall
- 6 establish a committee to investigate whether the current laws,
- 7 regulations, and policies of the state are sufficient to minimize the

1 potential for injury or death in minors from the administration of
2 general anesthesia or deep sedation for dental patients.

3 (b) On or before September 1, 2017, the committee shall review
4 all incident reports related to pediatric anesthesia in dentistry in
5 the state for the years 2011 through 2016, inclusive, and shall
6 review the policies of other states and dental associations *as well*
7 *as studies regarding the use of pediatric anesthesia* to ensure that
8 this state has regulation and policies in place to do everything
9 feasible to protect young patients.

10 (c) On or before January 1, 2018, the committee shall
11 recommend to the board any measures that would further reduce
12 the potential for injury or death in minors from the administration
13 of general anesthesia or deep sedation for dental patients.

14 (d) On or before January 1, 2018, the board shall report to the
15 Legislature the recommendations of the committee pursuant to
16 subdivision (c). The report shall be submitted in compliance with
17 Section 9795 of the Government Code. The requirement for
18 submitting a report imposed by this subdivision is inoperative on
19 December 1, 2021, pursuant to Section 10231.5 of the Government
20 Code. The board shall make the report publicly available on the
21 board's Internet ~~Web site~~. *Web site, and shall include, but is not*
22 *limited to, the following anonymized demographic data of each*
23 *patient reviewed: his or her age, weight, and sex; his or her*
24 *primary diagnosis; the procedures performed; the sedation setting;*
25 *the medications used; the monitoring equipment used; the provider*
26 *responsible for sedation oversight; the provider delivering*
27 *sedation; the provider monitoring the patient during sedation; and*
28 *whether the sedation supervision performed one or more of the*
29 *procedures.*

30 (e) *The board shall provide a report on pediatric deaths related*
31 *to general anesthesia or deep sedation in dentistry at the time of*
32 *its sunset review pursuant to subdivision (d) of Section 1601.1.*

33 SEC. 3. Section 1682 of the Business and Professions Code is
34 amended to read:

35 1682. In addition to other acts constituting unprofessional
36 conduct under this chapter, it is unprofessional conduct for:

37 (a) Any dentist performing dental procedures to have more than
38 one patient undergoing conscious sedation or general anesthesia
39 on an outpatient basis at any given time unless each patient is being
40 continuously monitored on a one-to-one ratio while sedated by

1 either the dentist or another licensed health professional authorized
2 by law to administer conscious sedation or general anesthesia.

3 (b) Any dentist with patients recovering from conscious sedation
4 or general anesthesia to fail to have the patients closely monitored
5 by licensed health professionals experienced in the care and
6 resuscitation of patients recovering from conscious sedation or
7 general anesthesia. If one licensed professional is responsible for
8 the recovery care of more than one patient at a time, all of the
9 patients shall be physically in the same room to allow continuous
10 visual contact with all patients and the patient to recovery staff
11 ratio should not exceed three to one.

12 (c) Any dentist with patients who are undergoing conscious
13 sedation to fail to have these patients continuously monitored
14 during the dental procedure with a pulse oximeter or similar or
15 superior monitoring equipment required by the board.

16 (d) Any dentist with patients who are undergoing conscious
17 sedation to have dental office personnel directly involved with the
18 care of those patients who are not certified in basic cardiac life
19 support (CPR) and recertified biennially.

20 (e) (1) Any dentist to fail to obtain the written informed consent
21 of a patient prior to administering general anesthesia or conscious
22 sedation. In the case of a minor, the *written informed* consent shall
23 ~~be obtained from the child’s parent or guardian.~~ *include a form or*
24 *forms approved by the board, which shall contain the following*
25 *information:*

26 (2) ~~The written informed consent, in the case of a minor, shall~~
27 ~~include a form or forms approved by the board, which shall contain~~
28 ~~the following information:~~

29 (A) ~~If the licensee will both perform the procedure and~~
30 ~~administer general anesthesia or deep sedation, that there is a~~
31 ~~greater risk of an adverse event, including but not limited to death,~~
32 ~~if the same person is performing the procedure and administering~~
33 ~~general anesthesia or deep sedation.~~

34 (B) ~~If the monitoring technologies recommended by the~~
35 ~~American Academy of Pediatric Dentistry will not be used, that~~
36 ~~doing so may increase the risk of an adverse event, including but~~
37 ~~not limited to death.~~

38 “*All sedation and anesthesia medications involve risks of*
39 *complications and serious possible damage to vital organs such*
40 *as the brain, heart, lung, liver, and kidney, and in some cases use*

1 *of these medications may result in paralysis, cardiac arrest, or*
2 *death from both known and unknown causes. Therefore, use of*
3 *appropriate monitoring equipment, as described in subdivision*
4 *(c) of Section 1682, is required.”*

5 ~~(3)~~

6 (2) For the purpose of this subdivision, administering general
7 anesthesia or deep sedation shall include, but is not limited to,
8 directing the administration of general anesthesia or deep sedation.
9 Nothing in this subdivision shall be construed to establish the
10 reasonable standard of care for administering general anesthesia
11 or deep sedation.

O

**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
MARCH 3-4, 2016 BOARD MEETING**

BILL NUMBER:	Assembly Bill 2331		
AUTHOR:	Assembly Member Matt Dababneh	SPONSOR:	
VERSION:	Amended 4/12/2016	INTRODUCED:	2/18/2016
BILL STATUS:	4/20 first hearing: Set on suspense file	BILL LOCATION:	Assembly Committee on Appropriations
SUBJECT:	Dentistry: Applicants to Practice	RELATED BILLS:	

SUMMARY

Existing law requires each applicant for a license to practice dentistry to successfully complete specified examinations, including receiving a passing score on either a portfolio examination, as specified, or a clinical and written examination administered by the Western Regional Examining Board (WREB).

Additionally, existing law authorizes the Director of Finance to accept on behalf of the state any gift of real or personal property whenever he or she deems the gift and the terms and conditions thereof to be in the best interest of the state.

This bill would require the Dental Board of California (Board) to recognize an additional pathway to dental licensure in California by allowing an applicant to satisfy a portion of the licensure examination requirements by taking and successfully passing the Patient Centered Curriculum Integrated Dental Examination Format developed by the American Board of Dental Examiners, Inc (ADEX). Additionally, this bill would authorize the Director of Finance to accept funds for the purpose of implementing the ADEX examination which would be deposited into the Special Deposit Fund.

ANALYSIS

At this time, the potential impact of this bill upon the Dental Board of California (Board) is significant, as it would require the Board to conduct an occupational analyses prior to a psychometric evaluation validation of ADEX as required by Business and Professions Code (Code) Section 139.

During a prior Board meeting, discussion took place in regards to the cost associated with the occupational analyses which is believed to be addressed in this proposed bill by the addition of language regarding the acceptance of funds by the Director of Finance. Prior to this legislation being introduced, discussion took place regarding whether ADEX could pay for the occupational analyses and the psychometric evaluation

validation. Legislative Counsel provided an opinion regarding this matter which addressed the matter.

Furthermore, there are costs undetermined relating to establishing the ADEX examination as a pathway within BreZE. Since candidate interest is unknown this may require the hiring of additional staff to process the ADEX examination.

During the March 2016 Board meeting, it was noted that if ADEX is planning to mirror the WREB examination then the following needed to be addressed:

- Language regarding compliance with Code Section 1632.5;
- Defining of the ADEX examination
- Identification of “Its successor organization” and its intent

At this time, ADEX has proposed language with the addition of Section 1632.55 that is similar to Code Section 1632.5; has defined the ADEX examination as being the Patient Centered Curriculum Integrated Dental Examination Format; and has decided to delete the reference to “its successor organization” thus no identification or intent is needed.

Furthermore, the proposed bill has made the necessary corrections that were referencing Section 1632.6, and has incorporated the previously proposed language under the addition of a new section, Section 1632.7.

REGISTERED SUPPORT/OPPOSITION

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

BOARD POSITION

The Board has not taken a position on the bill. The Committee may consider recommending the Board take one of the following actions regarding this bill:

- Support
- Support if Amended
- Oppose
- Watch
- Neutral
- No Action

Staff recommends taking a “WATCH” position on this bill.

AMENDED IN ASSEMBLY APRIL 12, 2016
AMENDED IN ASSEMBLY MARCH 28, 2016
CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 2331

Introduced by Assembly Member Dababneh

February 18, 2016

An act to amend Section 1632 of, and to add Sections 1632.55 and 1632.7 to, the Business and Professions Code, relating to dentistry, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 2331, as amended, Dababneh. Dentistry: applicants to practice.

The Dental Practice Act provides for the licensure and regulation of dentists and associated professions by the Dental Board of California within the Department of Consumer Affairs. The act requires each applicant for a license to practice dentistry to successfully complete specified examinations, including receiving a passing score on either a portfolio examination, as specified, or a clinical and written examination administered by the Western Regional Examining Board, which determines the passing score for that examination.

This bill would additionally allow an applicant to satisfy that examination requirement by receiving a passing score on ~~an examination developed by the American Board of Dental Examiners, Inc.~~ *the Patient Centered Curriculum Integrated Dental Examination Format, Format developed by the American Board of Dental Examiners, Inc.*, subject to prior review and approval of the examination by the Office of Professional Examination Services, as ~~provided.~~ *provided, and delivery of this review to the Dental Board of California.*

Existing law authorizes the Director of Finance to accept on behalf of the state any gift of real or personal property whenever he or she deems the gift and the terms and conditions thereof to be in the best interest of the state. Existing law establishes the Special Deposit Fund, a continuously appropriated fund, which consists of money that is paid into it in trust pursuant to law when no other fund has been created to receive that money.

This bill would authorize the Director of Finance to accept funds for the purposes of implementing the dental examination developed by the American Board of Dental Examiners, Inc., described above. Because these funds would be deposited in the Special Deposit Fund, a continuously appropriated fund, this bill would make an appropriation.

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

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

1 SECTION 1. Section 1632 of the Business and Professions
2 Code is amended to read:
3 1632. (a) The board shall require each applicant to successfully
4 complete the Part I and Part II written examinations of the National
5 Board Dental Examination of the Joint Commission on National
6 Dental Examinations.
7 (b) The board shall require each applicant to successfully
8 complete an examination in California law and ethics developed
9 and administered by the board. The board shall provide a separate
10 application for this examination. The board shall ensure that the
11 law and ethics examination reflects current law and regulations,
12 and ensure that the examinations are randomized. Applicants shall
13 submit this application and required fee to the board in order to
14 take this examination. In addition to the aforementioned
15 application, the only other requirement for taking this examination
16 shall be certification from the dean of the qualifying dental school
17 attended by the applicant that the applicant has graduated, or will
18 graduate, or is expected to graduate. Applicants who submit
19 completed applications and certification from the dean at least 15
20 days prior to a scheduled examination shall be scheduled to take
21 the examination. Successful results of the examination shall, as
22 established by board regulation, remain valid for two years from

1 the date that the applicant is notified of having passed the
2 examination.

3 (c) Except as otherwise provided in Section 1632.5, the board
4 shall require each applicant to have taken and received a passing
5 score on one of the following:

6 (1) A portfolio examination of the applicant's competence to
7 enter the practice of dentistry. This examination shall be conducted
8 while the applicant is enrolled in a dental school program at a
9 board-approved school located in California. This examination
10 shall utilize uniform standards of clinical experiences and
11 competencies, as approved by the board pursuant to Section 1632.1.
12 The applicant shall pass a final assessment of the submitted
13 portfolio at the end of his or her dental school program. Before
14 any portfolio assessment may be submitted to the board, the
15 applicant shall remit the required fee to the board to be deposited
16 into the State Dentistry Fund, and a letter of good standing signed
17 by the dean of his or her dental school or his or her delegate stating
18 that the applicant has graduated or will graduate with no pending
19 ethical issues.

20 (A) The portfolio examination shall not be conducted until the
21 board adopts regulations to carry out this paragraph. The board
22 shall post notice on its Internet Web site when these regulations
23 have been adopted.

24 (B) The board shall also provide written notice to the Legislature
25 and the Legislative Counsel when these regulations have been
26 adopted.

27 (2) ~~A~~ *Either one of the following examinations:*

28 (A) A clinical and written examination administered by the
29 Western Regional Examining Board, or an examination Board.

30 (B) *The Patient Centered Curriculum Integrated Dental*
31 *Examination Format* developed by the American Board of Dental
32 Examiners, Inc. ~~Patient Centered Curriculum Integrated Dental~~
33 ~~Examination Format, which board shall determine the passing~~
34 ~~score for that examination. Inc.~~

35 (d) Notwithstanding subdivision (b) of Section 1628, the board
36 is authorized to do either of the following:

37 (1) Approve an application for examination from, and to
38 examine an applicant who is enrolled in, but has not yet graduated
39 from, a reputable dental school approved by the board.

1 (2) Accept the results of an examination described in paragraph
2 (2) of subdivision (c) submitted by an applicant who was enrolled
3 in, but had not graduated from, a reputable dental school approved
4 by the board at the time the examination was administered.

5 In either case, the board shall require the dean of that school or
6 his or her delegate to furnish satisfactory proof that the applicant
7 will graduate within one year of the date the examination was
8 administered or as provided in paragraph (1) of subdivision (c).

9 SEC. 2. Section 1632.55 is added to the Business and
10 Professions Code, to read:

11 1632.55. (a) Prior to implementation of *subparagraph (B) of*
12 *paragraph (2) of subdivision (c) of Section 1632*, the department's
13 Office of Professional Examination Services shall review the
14 American Board of Dental Examiners, ~~Ine. Inc.~~, examination to
15 ensure compliance with the requirements of Section ~~139 and 139~~,
16 to certify that the examination process meets those ~~standards.~~
17 *standards, and to deliver this review to the Dental Board of*
18 *California*. If the department determines that the examination
19 process fails to meet those ~~standards, standards or does not deliver~~
20 *the review to the Dental Board of California, subparagraph (B)*
21 *of paragraph (2) of subdivision (c) shall not be implemented. The*
22 ~~review of the American Board of Dental Examiners, Ine.~~
23 ~~examination shall be conducted during or after the Dental Board~~
24 ~~of California's occupational.~~

25 (b) The American Board of Dental Examiners, Inc. examination
26 process shall be regularly reviewed by the department pursuant to
27 Section 139.

28 (c) The American Board of Dental Examiners, Inc. examination
29 shall meet the mandates of subdivision (a) of Section 12944 of the
30 Government Code.

31 SEC. 3. Section 1632.7 is added to the Business and Professions
32 Code, to read:

33 1632.7. The Department of Finance may accept funds pursuant
34 to Sections 11005.1 and 16302 of the Government Code for the
35 purposes of implementing the examination developed by the
36 American Board of Dental Examiners, Inc., as described in
37 paragraph (2) of subdivision (c) of Section 1632.

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**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
MAY 11-12, 2016 BOARD MEETING**

BILL NUMBER:	Assembly Bill 2859	SPONSOR:	
AUTHOR:	Assembly Member Low	INTRODUCED:	2/19/2016
VERSION:	Introduced 2/19/2016	BILL LOCATION:	Assembly Committee on Appropriations
BILL STATUS:	4/12 Do pass and re-refer to Com on APPR with recommendation: to consent calendar	RELATED BILLS:	
SUBJECT:	Professions and Vocations: Retired Category: Licenses		

SUMMARY

This bill would authorize any of the boards, bureaus, commissions, or programs within the Department of Consumer Affairs (DCA) to establish by regulations a system for a retired category of licensure for persons not actively engaged in the practice of their profession.

The retired licensee would not be able to engage in any activity for which a license is required unless the board by regulation specifies the criteria for a retired licensee to practice his or her profession or vocation.

This bill would also allow the holder of a retired license not to renew their license; and should a retired licensee want to restore his or her license to an active status then the holder of that license shall meet the specified requirements.

ANALYSIS

This bill would have significant impacts on the Dental Board, because we currently have a retired license status and this bill is proposing a new definition for that retired category which is inconsistent with the regulations and procedures currently in place.

The proposed language would adversely impact the Board, because the proposed language is creating a new definition for an existing category for licensees, and this would require the promulgation of regulations to implement the new change as well as amend the currently existing license category.

With the language of the proposed bill on its face, it would result in a significant fiscal impact, because the retired licensees that would need to biannually renew their licenses would under this proposed language, not be required to do so, which would cost the Board between \$270,519.75-\$529,213.50 annually.

REGISTERED SUPPORT/OPPOSITION

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

BOARD POSITION

The Board has not taken a position on the bill. The Committee may consider recommending the Board take one of the following actions regarding this bill:

- Support
- Oppose
- Oppose unless Amended
- Watch
- No Action

Staff recommends taking an “Oppose Unless Amended” position on this bill.

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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**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
March 3 - 4, 2016 BOARD MEETING**

BILL NUMBER:	Senate Bill 482		
AUTHOR:	Senate Member Ricardo Lara	SPONSOR:	
VERSION:	Amended 4/07/2016	INTRODUCED:	2/26/2015
BILL STATUS:	04/07 From committee with author's amendments. Read second time and amended. Re-referred to Com. On RLS	BILL LOCATION:	Assembly Committee on Rules
SUBJECT:	Controlled Substances: CURES Database	RELATED BILLS:	

SUMMARY

Existing law requires the Department of Justice to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by all practitioners authorized to prescribe or dispense these controlled substances. Existing law requires dispensing pharmacies and clinics to report specified information for each prescription of a Schedule II, Schedule III, or Schedule IV controlled substance to the department.

This bill would require prescribers of Schedule II or Schedule III controlled substances to consult with the CURES database before prescribing controlled substance to patient for the first time and annually thereafter if the substance remains part of the patient's treatment. Also, it prohibits the prescriber in prescribing additional Schedule II or Schedule III controlled substances to a patient who already has an existing prescription until there is a legitimate need for it. Additionally, the bill would provide that a prescriber is not in violation of the proposed requirements if at any time the CURES database is suspended or not accessible or there is some form of inability to access the CURES database in a timely manner due to an emergency, when the substance is prescribed to a patient receiving hospice care or when administered to the patient or other circumstances as specified.

ANALYSIS

Abuse of prescription drugs has become increasingly prevalent. Abuse can stem from the fact that prescription drugs are legal and potentially more easily accessible, as they can be found at home in a medicine cabinet.

According to the Senate Floor Analysis, at this time, the potential impact of this bill upon the Dental Board of California (Board) is the minor cost of notifying its licensees of the requirement to check the CURES System.

REGISTERED SUPPORT (Verified 5/20/15)

California Narcotic Officers' Association (co-source)
Consumer Attorneys of California (co-source)
Association for Los Angeles Deputy Sheriffs
California Association of Code Enforcement Officers
California Chamber of Commerce
California College and University Police Chiefs Association
California Conference Board of the Amalgamated Transit Union
California Conference of Machinists
California Congress of Seniors
California Correctional Supervisors Organization
California Teamsters Public Affairs Council
Consumer Federation of California
Consumer Watchdog
Engineers and Scientists of California, IFPTE Local 20, AFL-CIO
International Faith Based Coalition
International Longshore and Warehouse Union
Los Angeles Police Protective League
Pacific Compensation Insurance Company
Professional and Technical Engineers, IFPTE Local 21, AFL-CIO
Riverside Sheriffs Organization
Union of American Physicians and Dentists
UNITE-HERE, AFL-CIO
Utility Workers Union of America

REGISTERED OPPOSITION

Association of Northern California Oncologists
California Chapter of American Emergency Room Physicians
California Dental Association
California Medical Association
The Doctor's Company

ARGUMENTS IN SUPPORT

Supporters believe that the CURES database is an effective reference point in assuring that a patient is not engaged in prescription drug abuse and that this bill will save lives.

ARGUMENTS IN OPPOSITION

Opponents believe that this bill will create an unnecessary regulatory burden to prescribing and increase the threat of litigation, both of which would have a detrimental impact on patient care while adding limited value to addressing prescription drug abuse. Opponents argue that the mandate in this bill will fall disproportionately on patients with a legitimate medical issue and that once a functional CURES system is in place, the mandates imposed by this bill will not be necessary, as physicians support the CURES database and want to have it as a tool in their clinical practice.

BOARD POSITION

The Board has not taken a position on the bill. The Committee may consider recommending the Board take one of the following actions regarding this bill:

- Support
- Support if Amended
- Oppose
- Watch
- Neutral
- No Action

Staff recommends taking a “WATCH” position on this bill.

AMENDED IN ASSEMBLY APRIL 7, 2016

AMENDED IN SENATE APRIL 30, 2015

AMENDED IN SENATE APRIL 16, 2015

SENATE BILL

No. 482

Introduced by Senator Lara

February 26, 2015

An act to add Section 11165.4 to the Health and Safety Code, relating to controlled substances.

LEGISLATIVE COUNSEL'S DIGEST

SB 482, as amended, Lara. Controlled substances: CURES database.

Existing law classifies certain controlled substances into designated schedules. Existing law requires the Department of Justice to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by all practitioners authorized to prescribe or dispense these controlled substances. Existing law requires dispensing pharmacies and clinics to report specified information for each prescription of a Schedule II, Schedule III, or Schedule IV controlled substance to the department.

This bill would require all prescribers, as defined, prescribing a Schedule II or Schedule III controlled substance, to consult a patient's electronic history in the CURES database before prescribing the controlled substance to the patient for the first time. The bill would also require the prescriber to consult the CURES database at least annually when the prescribed controlled substance remains part of the patient's treatment. The bill would prohibit prescribing an additional Schedule II or Schedule III controlled substance to a patient with an existing

prescription until the prescriber determines that there is a legitimate need for the controlled substance.

The bill would make the failure to consult a patient’s electronic history in the CURES database a cause for disciplinary action by the prescriber’s licensing board and would require the licensing boards to notify all prescribers authorized to prescribe controlled substances of these requirements. The bill would provide that a prescriber is not in violation of these requirements ~~during any time that the CURES database is suspended or not accessible, or during any time that the Internet is not operational.~~ *if a specified condition exists, including any time that the CURES database is suspended or not accessible, an inability to access the CURES database in a timely manner because of an emergency, when the controlled substance is prescribed to a patient receiving hospice care, or when the controlled substance is directly administered to the patient by the person prescribing the controlled substance.* The bill would make its provisions operative upon the Department of Justice’s certification that the CURES database is ready for statewide use.

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 11165.4 is added to the Health and Safety
- 2 Code, to read:
- 3 11165.4. (a) A prescriber shall access and consult the CURES
- 4 database for the electronic history of controlled substances
- 5 dispensed to a patient under his or her care before prescribing a
- 6 Schedule II or Schedule III controlled substance for the first time
- 7 to that patient and at least annually when that prescribed controlled
- 8 substance remains part of his or her treatment. If the patient has
- 9 an existing prescription for a Schedule II or Schedule III controlled
- 10 substance, the prescriber shall not prescribe an additional controlled
- 11 substance until the prescriber determines that there is a legitimate
- 12 need for that controlled substance.
- 13 (b) Failure to consult a patient’s electronic history as required
- 14 by subdivision (a) is cause for disciplinary action by the
- 15 prescriber’s licensing board. The licensing boards of all prescribers
- 16 authorized to write or issue prescriptions for controlled substances
- 17 shall notify these licensees of the requirements of this section.

1 ~~(e) Notwithstanding any other law, a prescriber is not in~~
2 ~~violation of this section during any period of time in which the~~
3 ~~CURES database is suspended or not accessible or any period of~~
4 ~~time in which the Internet is not operational.~~

5 *(c) A prescriber is not liable in a civil action solely for failing*
6 *to consult the CURES database as required pursuant to subdivision*
7 *(a).*

8 *(d) The requirement in subdivision (a) does not apply, and a*
9 *prescriber is not in violation of this section, if any of the following*
10 *conditions are met:*

11 *(1) The CURES database is suspended or inaccessible, the*
12 *Internet is not operational, the data in the CURES database is*
13 *inaccurate or incomplete, or it is not possible to query the CURES*
14 *database in a timely manner because of an emergency.*

15 *(2) The controlled substance is prescribed to a patient receiving*
16 *hospice care.*

17 *(3) The controlled substance is prescribed to a patient as a part*
18 *of a surgical procedure that has or will occur in a licensed health*
19 *care facility and the prescription is nonrefillable.*

20 *(4) The controlled substance is directly administered to the*
21 *patient by the prescriber or another person authorized to prescribe*
22 *a controlled substance.*

23 ~~(e)~~

24 *(e) This section shall not become operative until the Department*
25 *of Justice certifies that the CURES database is ready for statewide*
26 *use. The department shall notify the Secretary of State and the*
27 *Office of Legislative Counsel of the date of that certification.*

28 ~~(e)~~

29 *(f) For purposes of this section, “prescriber” means a health care*
30 *practitioner who is authorized to write or issue prescriptions under*
31 *Section 11150, excluding veterinarians.*

32 ~~(f)~~

33 *(g) A violation of this section shall not be subject to the*
34 *provisions of Section 11374.*

35 *(h) All applicable state and federal privacy laws govern the*
36 *duties required by this section.*

37 *(i) The provisions of this section are severable. If any provision*
38 *of this section or its application is held invalid, that invalidity shall*

- 1 *not affect other provisions or applications that can be given effect*
- 2 *without the invalid provision or application.*

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**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
MAY 11-12, 2016 BOARD MEETING**

BILL NUMBER:	Senate Bill 994	SPONSOR:	
AUTHOR:	Senator Jerry Hill	INTRODUCED:	3/10/2016
VERSION:	Amended 04/14/2016	BILL LOCATION:	Senate Committee on BP & ED
BILL STATUS:	04/21/16 – Do pass (Health & SBPED) and Referred to Committee on APPR	RELATED BILLS:	
SUBJECT:	Antimicrobial Stewardship Policies		

SUMMARY

This bill proposes to adopt Business and Professions Code 1645.5 regarding the Antimicrobial Stewardship Policy.

The following are proposed to be defined:

1. “Antimicrobial stewardship policy”(ASP) refers to the efforts in promoting antimicrobials for patients with the goal of reducing antimicrobial overuse and misuse as consistent with the guidelines of various federal professional organizations similar to that of the Centers for Disease Control and Prevention and “evidence based methods” which refer to proven effective methods through evaluations or studies as specified.
2. “Covered licensee” refers to a dentist who practices dentistry in a setting other than a clinic, a general acute care hospital, or a skilled nursing facility.

This bill would require the following:

1. Covered licensees to adopt and implement an antimicrobial stewardship policy before applying for a renewal license and certify in writing that he/she has both adopted an ASP and is in compliance with that policy.
2. Dental Board of California (Board) to audit every year a random sample of covered licensees.
3. Covered licensee selected for audit to submit, on a prescribed Board form, a copy of his/ her ASP.
4. Board to require the covered licensee to adopt and implement an ASP during the following renewal period should the covered licensee not pass the audit. Also, if the covered licensee fails to comply again, then he/she would be deemed ineligible for a

subsequent license renewal until in compliance. Each covered licensee will be subjected to random audits once every four years.

ANALYSIS

The proposal will have a significant impact on the Board specifically relating to BreEZe costs associated with creating additional functionalities to identify covered licensees and audit histories. In order to conduct random audits, there is the need to develop a randomized auditing method in order to begin the audit.

This bill would require the hiring of additional staff members in order to do the following: process covered licensee applications; answer inquiries and provide notification; develop Board forms to provide to covered licensees when audits commence; audit randomized selection of covered licensees; develop regulations in implementing this statute; and conduct follow-up communication with those covered licensees who fail to satisfy audits.

There may be unforeseen costs associated with this proposed bill as we currently do not have data as to how many of the 46,000 licensees would fall under this category.

ARGUMENTS IN OPPOSITION

The Senate Committee on Health analysis states that the California Medical Association (CMA) is in opposition to this bill, because the most recent data from the CDC suggests that California is ahead of the curve as it relates to the issue of excessive antibiotic prescribing, and that California is one of the states at the low end of per capita antibiotic prescribing. CMA states that although well-intentioned, this bill would be onerous and confusing to comply with, and that the criteria for successfully meeting the bill's requirements are unclear and ripe for misinterpretation.

This bill is also opposed by the California Dental Association (CDA), which states that this bill is premature, confusing, and raises enforcement feasibility questions. CDA states that just five months ago, the CDC presented to the American Dental Association on antibiotic stewardship, and detailed the lack of data or evidence on the prescribing behaviors of dentists. According to CDA, the CDC discussed the challenges of implementing any interventions without the data from which to develop them, and stated that the next steps would be to measure and characterize antibiotic prescribing by dentists.

REGISTERED SUPPORT/OPPOSITION

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

Support: Alliance for the Prudent Use of Antibiotics
California Hospital Association
County Health Executives Association of California

Oppose: American Academy of Pediatrics

BOARD POSITION

The Board has not taken a position on the bill. The Committee may consider recommending the Board take one of the following actions regarding this bill:

- Support
- Support if Amended
- Oppose
- Watch
- Neutral
- No Action

Staff recommends taking a “WATCH” position on this bill.

AMENDED IN SENATE APRIL 14, 2016
AMENDED IN SENATE MARCH 28, 2016

SENATE BILL

No. 994

Introduced by Senator Hill

February 10, 2016

An act to amend the heading of Article 2.6 (commencing with Section 1645) of Chapter 4 of Division 2 of, to amend the heading of Article 10 (commencing with Section 2190) of Chapter 5 of Division 2 of, and to add Sections 1645.5, 2197, 2454.6, and 2496.5 to, the Business and Professions Code, and to add Article 2.7 (commencing with Section 1223) of Chapter 1 of Division 2 to the Health and Safety Code, relating to antimicrobial stewardship.

LEGISLATIVE COUNSEL'S DIGEST

SB 994, as amended, Hill. Antimicrobial stewardship policies.

(1) Under *the existing law, the Dental Practice Act, the Dental Board of California, among other things, establishes requirements pursuant to which an California licenses and regulates the practice of dentistry. The act provides that an applicant may obtain an initial 2-year license to practice dentistry and a 2-year renewal license, including that the board may require successful completion of continuing education as a condition to license renewal. license. The act also makes certain conduct unprofessional conduct and authorizes the board to revoke or suspend a license or reprimand or place on probation a dentist for that unprofessional conduct.*

Under *the existing law, the Medical Practice Act, the Medical Board of California, the Osteopathic Medical Board of California, and the California Board of Podiatric Medicine establish requirements pursuant to which an applicant may obtain an initial 2-year license or subsequent*

2-year renewal license to practice medicine as a podiatrist, as a physician and surgeon, osteopathic medicine as an osteopathic physician and surgeon, or podiatric medicine as a podiatrist, respectively. Under existing law, the Medical Board of California is required to adopt and administer standards for the continuing education of physicians and surgeons and each year audits a random sample of physicians and surgeons who have reported compliance with those requirements and requires a noncompliant licensee to make up the deficiency during the next renewal period. Under existing law, a licensee who fails to so comply is ineligible for a subsequent renewal license until he or she documents compliance to the board. Existing law provides for similar continuing education requirements as a condition of obtaining a renewal license to practice osteopathic medicine and podiatric medicine. *The act authorizes these boards to discipline a licensee for specified unprofessional conduct.*

This bill would require a “covered licensee,” defined as a dentist, physician and surgeon, osteopathic physician and surgeon, or person licensed to practice podiatric medicine, who practices in a setting other than a clinic, general acute care hospital, or skilled nursing facility, to adopt and implement an antimicrobial stewardship policy consistent with specified guidelines or methods of intervention, as defined, before applying for a renewal license and, upon applying for a renewal license, to certify in writing, on a form prescribed by the respective licensing board, that he or she has both adopted an antimicrobial stewardship policy and is in compliance with that policy. The bill would require those licensing boards to audit, during each year, a random sample of covered licensees who have certified compliance with these requirements and would limit the audit of an individual covered licensee to once every 4 years. The bill would require a covered licensee who is selected for audit to submit to the board, on a form prescribed by the board, a copy of his or her antimicrobial stewardship policy. The bill would require the respective licensing board, that determines that its audited covered licensee has failed to comply with these requirements, to require that covered licensee to comply with these requirements during the following renewal period. The bill would provide that ~~the failure of a covered licensee who fails to comply is ineligible for license renewal until he or she has documented compliance.~~ *to comply with those requirements during the renewal period constitutes unprofessional conduct.*

(2) Under existing law, health facilities, including, among others, general acute care hospitals, skilled nursing facilities, primary care clinics, and specialty clinics, are licensed and regulated by the State Department of Public Health, and a violation of those provisions is a crime. Existing law requires that each general acute care hospital, on or before July 1, 2015, adopt and implement an antimicrobial stewardship policy in accordance with guidelines established by the federal government and professional organizations that includes a process to evaluate the judicious use of antibiotics, as specified. Existing law requires each skilled nursing facility, on or before January 1, 2017, to adopt and implement an antimicrobial stewardship policy consistent with guidelines developed by the federal Centers for Disease Control and Prevention and other specified entities.

This bill would, beginning January 1, 2018, require a clinic to adopt and implement an antimicrobial stewardship policy consistent with specified guidelines or methods of intervention, as defined. Because this bill would create new crimes, the bill would impose a state-mandated local program.

(3) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

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

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

- 1 SECTION 1. The Legislature finds and declares all of the
2 following:
3 (a) The overuse and misuse of antibiotics can lead to the
4 development of antibiotic-resistant infections, a major public health
5 threat.
6 (b) The federal Centers for Disease Control and Prevention
7 (CDC) estimates that at least 2,000,000 Americans are infected
8 with, and at least 23,000 Americans die as a result of,
9 antibiotic-resistant infections every year, resulting in at least \$20
10 billion in direct health care costs and at least \$35 billion in lost
11 productivity in the United States.

1 (c) Antibiotic resistance is a growing threat. A recent study
2 commissioned by the United Kingdom determined that by 2050,
3 worldwide, more people will die from antibiotic-resistant infections
4 than from cancer.

5 (d) The overuse and misuse of antibiotics in human medicine
6 is a significant factor driving the development of antibiotic
7 resistance, and a majority of antibiotics are prescribed in outpatient
8 settings, including primary care physician offices, outpatient
9 settings where physician assistants and nurse practitioners work,
10 dentist offices, and other specialty health care providers.

11 (e) According to the CDC, in one year, 262.5 million courses
12 of antibiotics are written in outpatient settings. This equates to
13 more than five prescriptions written each year for every six people
14 in the United States. The CDC estimates that over one-half of the
15 antibiotics prescribed in outpatient settings are unnecessary.

16 (f) More than 10 million courses of antibiotics are prescribed
17 each year for viral conditions that do not benefit from antibiotics.

18 (g) Antibiotic stewardship programs, which are already required
19 in general acute care hospitals and skilled nursing facilities in the
20 state, but not in outpatient settings, are an effective way to reduce
21 inappropriate antibiotic use and the prevalence of
22 antibiotic-resistant infections.

23 (h) The President’s National Action Plan for Combating
24 Antibiotic-Resistant Bacteria calls for the establishment of
25 antibiotic stewardship activities in all health care delivery settings,
26 including outpatient settings, by 2020.

27 SEC. 2. The heading of Article 2.6 (commencing with Section
28 1645) of Chapter 4 of Division 2 of the Business and Professions
29 Code is amended to read:

30
31 Article 2.6. Continuing Education and Antimicrobial
32 Stewardship
33

34 SEC. 3. Section 1645.5 is added to the Business and Professions
35 Code, to read:

36 1645.5. (a) For purposes of this section the following
37 definitions apply:

38 (1) “Antimicrobial stewardship policy” means efforts to promote
39 the appropriate ~~and optimal selection, dosage, and duration~~
40 *prescribing* of antimicrobials for patients, with the goal of reducing

1 antimicrobial overuse and misuse and minimizing the development
2 of antimicrobial resistant infections, that is consistent with one of
3 the following parameters:

4 (A) Antimicrobial stewardship guidelines published by the
5 federal Centers for Disease Control and Prevention, the federal
6 Centers for Medicare and Medicaid Services, the Society for
7 Healthcare Epidemiology of America, the Infectious Diseases
8 Society of America, or similar recognized professional
9 organizations.

10 (B) Evidence-based methods. To the extent practicable,
11 antimicrobial stewardship policies based on proven, evidence-based
12 methods should include more than one intervention or component.

13 (2) A “covered licensee” means a dentist who practices dentistry
14 in a setting other than a clinic licensed pursuant to Section 1204
15 of the Health and Safety Code, a general acute care hospital as
16 defined in subdivision (a) of Section 1250 of the Health and Safety
17 Code, or a skilled nursing facility as defined in subdivision (c) of
18 Section 1250 of the Health and Safety Code.

19 (3) “Evidence-based methods” means antimicrobial prescribing
20 intervention methods that have been proven effective through
21 outcome evaluations or studies, including, but not limited to, audit
22 and feedback, academic detailing, clinical decision support, delayed
23 prescribing practices, poster-based interventions, accountable
24 justification, and peer comparison.

25 (b) A covered licensee shall adopt and implement an
26 antimicrobial stewardship policy before applying for a renewal
27 license.

28 (c) Upon filing an application with the board for a renewal
29 license, a covered licensee shall certify in writing, on a form
30 prescribed by the board, that he or she has both adopted an
31 antimicrobial stewardship policy pursuant to subdivision (b) and
32 is in compliance with that policy.

33 (d) (1) The board shall audit during each year a random sample
34 of covered licensees who have certified compliance pursuant to
35 subdivision (c). The board shall not audit an individual covered
36 licensee more than once every four years.

37 (2) A covered licensee who is selected for audit shall submit to
38 the board, on a form prescribed by the board, a copy of his or her
39 antimicrobial stewardship policy.

1 (e) If the board determines that an audited covered licensee has
 2 failed to comply with subdivision (b), the board shall require that
 3 covered licensee to comply with subdivision (b) during the
 4 following renewal period. If the covered licensee fails to comply
 5 within that *renewal* period, ~~he or she is ineligible for a subsequent~~
 6 ~~license renewal until he or she has documented compliance. that~~
 7 *failure constitutes unprofessional conduct subject to discipline*
 8 *pursuant to Section 1670.*

9 SEC. 4. The heading of Article 10 (commencing with Section
 10 2190) of Chapter 5 of Division 2 of the Business and Professions
 11 Code is amended to read:

12
 13 Article 10. Continuing Medical Education and Antimicrobial
 14 Stewardship
 15

16 SEC. 5. Section 2197 is added to the Business and Professions
 17 Code, to read:

18 2197. (a) For purposes of this section the following definitions
 19 apply:

20 (1) “Antimicrobial stewardship policy” means efforts to promote
 21 the appropriate ~~and optimal selection, dosage, and duration~~
 22 *prescribing* of antimicrobials for patients, with the goal of reducing
 23 antimicrobial overuse and misuse and minimizing the development
 24 of antimicrobial resistant infections, that is consistent with one of
 25 the following parameters:

26 (A) Antimicrobial stewardship guidelines published by the
 27 federal Centers for Disease Control and Prevention, the federal
 28 Centers for Medicare and Medicaid Services, the Society for
 29 Healthcare Epidemiology of America, the Infectious Diseases
 30 Society of America, or similar recognized professional
 31 organizations.

32 (B) Evidence-based methods. To the extent practicable,
 33 antimicrobial stewardship policies based on proven, evidence-based
 34 methods should include more than one intervention or component.

35 (2) A “covered licensee” means a physician and surgeon who
 36 practices medicine in a setting other than a clinic licensed pursuant
 37 to Section 1204 of the Health and Safety Code, a general acute
 38 care hospital as defined in subdivision (a) of Section 1250 of the
 39 Health and Safety Code, or a skilled nursing facility as defined in
 40 subdivision (c) of Section 1250 of the Health and Safety Code.

1 (3) “Evidence-based methods” means antimicrobial prescribing
2 intervention methods that have been proven effective through
3 outcome evaluations or studies, including, but not limited to, audit
4 and feedback, academic detailing, clinical decision support, delayed
5 prescribing practices, poster-based interventions, accountable
6 justification, and peer comparison.

7 (b) A covered licensee shall adopt and implement an
8 antimicrobial stewardship policy before applying for a renewal
9 license.

10 (c) Upon filing an application with the board for a renewal
11 license, a covered licensee shall certify in writing, on a form
12 prescribed by the board, that he or she has both adopted an
13 antimicrobial stewardship policy pursuant to subdivision (b) and
14 is in compliance with that policy.

15 (d) (1) The board shall audit during each year a random sample
16 of covered licensees who have certified compliance pursuant to
17 subdivision (c). The board shall not audit an individual covered
18 licensee more than once every four years.

19 (2) A covered licensee who is selected for audit shall submit to
20 the board, on a form prescribed by the board, a copy of his or her
21 antimicrobial stewardship policy.

22 (e) If the board determines that an audited covered licensee has
23 failed to comply with subdivision (b), the board shall require that
24 covered licensee to comply with subdivision (b) during the
25 following renewal period. If the covered licensee fails to comply
26 within that *renewal* period, ~~he or she is ineligible for a subsequent~~
27 ~~license renewal until he or she has documented compliance.~~ *that*
28 *failure constitutes unprofessional conduct subject to discipline*
29 *pursuant to Section 2234.*

30 SEC. 6. Section 2454.6 is added to the Business and Professions
31 Code, to read:

32 2454.6. (a) For purposes of this section the following
33 definitions apply:

34 (1) “Antimicrobial stewardship policy” means efforts to promote
35 the appropriate ~~and optimal~~ selection, dosage, and duration
36 *prescribing* of antimicrobials for patients, with the goal of reducing
37 antimicrobial overuse and misuse and minimizing the development
38 of antimicrobial resistant infections, that is consistent with one of
39 the following parameters:

1 (A) Antimicrobial stewardship guidelines published by the
2 federal Centers for Disease Control and Prevention, the federal
3 Centers for Medicare and Medicaid Services, the Society for
4 Healthcare Epidemiology of America, the Infectious Diseases
5 Society of America, or similar recognized professional
6 organizations.

7 (B) Evidence-based methods. To the extent practicable,
8 antimicrobial stewardship policies based on proven, evidence-based
9 methods should include more than one intervention or component.

10 (2) A “covered licensee” means an osteopathic physician and
11 surgeon who practices osteopathic medicine in a setting other than
12 a clinic licensed pursuant to Section 1204 of the Health and Safety
13 Code, a general acute care hospital as defined in subdivision (a)
14 of Section 1250 of the Health and Safety Code, or a skilled nursing
15 facility as defined in subdivision (c) of Section 1250 of the Health
16 and Safety Code.

17 (3) “Evidence-based methods” has the same meaning as in
18 paragraph (3) of subdivision (a) of Section 2197.

19 (b) A covered licensee shall adopt and implement an
20 antimicrobial stewardship policy before applying for a renewal
21 license.

22 (c) Upon filing an application with the board for a renewal
23 license, a covered licensee shall certify in writing, on a form
24 prescribed by the board, that he or she has both adopted an
25 antimicrobial stewardship policy pursuant to subdivision (b) and
26 is in compliance with that policy.

27 (d) (1) The board shall audit during each year a random sample
28 of covered licensees who have certified compliance pursuant to
29 subdivision (c). The board shall not audit an individual covered
30 licensee more than once every four years.

31 (2) A covered licensee who is selected for audit shall submit to
32 the board, on a form prescribed by the board, a copy of his or her
33 antimicrobial stewardship policy.

34 (e) If the board determines that an audited covered licensee has
35 failed to comply with subdivision (b), the board shall require that
36 licensee to comply with subdivision (b) during the following
37 renewal period. If the covered licensee fails to comply within that
38 *renewal period, he or she is ineligible for a subsequent license*
39 *renewal until he or she has documented compliance. that failure*

1 *constitutes unprofessional conduct subject to discipline pursuant*
2 *to Section 2234.*

3 SEC. 7. Section 2496.5 is added to the Business and Professions
4 Code, to read:

5 2496.5. (a) For purposes of this section the following
6 definitions apply:

7 (1) “Antimicrobial stewardship policy” means efforts to promote
8 the appropriate ~~and optimal~~ selection, dosage, and duration
9 *prescribing* of antimicrobials for patients, with the goal of reducing
10 antimicrobial overuse and misuse and minimizing the development
11 of antimicrobial resistant infections, that is consistent with one of
12 the following parameters:

13 (A) Antimicrobial stewardship guidelines published by the
14 federal Centers for Disease Control and Prevention, the federal
15 Centers for Medicare and Medicaid Services, the Society for
16 Healthcare Epidemiology of America, the Infectious Diseases
17 Society of America, or similar recognized professional
18 organizations.

19 (B) Evidence-based methods. To the extent practicable,
20 antimicrobial stewardship policies based on proven, evidence-based
21 methods should include more than one intervention or component.

22 (2) A “covered licensee” means a podiatrist who practices
23 podiatric medicine in a setting other than a clinic licensed pursuant
24 to Section 1204 of the Health and Safety Code, a general acute
25 care hospital as defined in subdivision (a) of Section 1250 of the
26 Health and Safety Code, or a skilled nursing facility as defined in
27 subdivision (c) of Section 1250 of the Health and Safety Code.

28 (3) “Evidence-based methods” has the same meaning as in
29 paragraph (3) of subdivision (a) of Section 2197.

30 (b) A covered licensee shall adopt and implement an
31 antimicrobial stewardship policy before applying for a renewal
32 license.

33 (c) Upon filing an application with the board for a renewal
34 license, a covered licensee shall certify in writing, on a form
35 prescribed by the board, that he or she has both adopted an
36 antimicrobial stewardship policy pursuant to subdivision (b) and
37 is in compliance with that policy.

38 (d) (1) The board shall audit during each year a random sample
39 of covered licensees who have certified compliance pursuant to

1 subdivision (c). The board shall not audit an individual covered
2 licensee more than once every four years.

3 (2) A covered licensee who is selected for audit shall submit to
4 the board, on a form prescribed by the board, a copy of his or her
5 antimicrobial stewardship policy.

6 (e) If the board determines that an audited covered licensee has
7 failed to comply with subdivision (b), the board shall require that
8 licensee to comply with subdivision (b) during the following
9 renewal period. If the covered licensee fails to comply within that
10 ~~renewal period, he or she is ineligible for a subsequent license~~
11 ~~renewal until he or she has documented compliance.~~ *that failure*
12 *constitutes unprofessional conduct subject to discipline pursuant*
13 *to Section 2234.*

14 SEC. 8. Article 2.7 (commencing with Section 1223) is added
15 to Chapter 1 of Division 2 of the Health and Safety Code, to read:

16
17 Article 2.7. Antimicrobial Stewardship Guidelines
18

19 1223. (a) For purposes of this article the following definitions
20 apply.

21 (1) “Antimicrobial stewardship policy” means efforts to promote
22 the ~~appropriate and optimal selection, dosage, and duration~~
23 *prescribing* of antimicrobials for patients, with the goal of reducing
24 antimicrobial overuse and misuse and minimizing the development
25 of antimicrobial resistant infections.

26 (2) “Evidence-based methods” means antimicrobial prescribing
27 intervention methods that have been proven effective through
28 outcome evaluations or studies, including, but not limited to, audit
29 and feedback, academic detailing, clinical decision support, delayed
30 prescribing practices, poster-based interventions, accountable
31 justification, and peer comparison.

32 (b) On or before January 1, 2018, a primary care clinic or
33 ~~specialty-clinic clinic, licensed pursuant to Section 1204,~~ shall
34 adopt and implement an antimicrobial stewardship policy that is
35 consistent with one of the following parameters:

36 (1) Antimicrobial stewardship guidelines published by the
37 federal Centers for Disease Control and Prevention, the federal
38 Centers for Medicare and Medicaid Services, the Society for
39 Healthcare Epidemiology of America, the Infectious Diseases

1 Society of America, or similar recognized professional
2 organizations.

3 (2) Evidence-based methods. To the extent practicable,
4 antimicrobial stewardship policies based on proven, evidence-based
5 methods should include more than one intervention or component.

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

**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
MAY 11-12, 2016 BOARD MEETING**

BILL NUMBER:	Senate Bill 1033	SPONSOR:	
AUTHOR:	Senate Member Jerry Hill	INTRODUCED:	2/12/2016
VERSION:	Amended 3/17/2016	BILL LOCATION:	Senate Com on Appropriations
BILL STATUS:	4/20 April 25 hearing cancelled at request of author	RELATED BILLS:	
SUBJECT:	Medical Board: Disclosure of Probationary Status		

SUMMARY

Existing law authorizes the Medical Board of California to discipline a physician or a surgeon 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, as specified. Also, current law requires the Medical Board to disclose to an inquiring member of the public and to post on its Internet Web site specified information concerning each physician and surgeon, including revocations, suspensions, probations, or limitations on practice.

This bill would require the Medical Board, the Osteopathic Medical Board, and Board of Podiatric Medicine to require a physician or surgeon to disclose her or his probationary status to patients before each visit while the physician or surgeon is on probation under specified circumstances, including the Board finding the physician or surgeon committed gross negligence or the physician or surgeon having been on probation repeatedly, among others. The bill would require the Boards, by July 1, 2018, to adopt related regulations that include requiring the physician or surgeon to obtain from the patient a signed receipt containing specified information following the disclosure.

Additionally, this bill requires the State Board of Chiropractic Examiners, the Acupuncture Board, and Naturopathic Medicine Committee to disclose his or her probationary status to a patient, patient's guardian, or health care surrogate prior to the patient's first visit following the probationary order while the naturopathic doctor is on probation for certain circumstances.

This bill would require those mentioned above, by July 1, 2018, to include in each order of probation a written summary containing specified information and to include the summary in the disclosure to an inquiring member of the public, on any board documents informing the public of probation orders, and on a specified profile web page of each physician and surgeon subject to probation.

ANALYSIS

At this time, the potential impact of this bill upon the Dental Board of California is unknown as this bill has not yet included the Board to its list of Boards as it continues to add additional boards to its list. The boards listed specifically relate to those professions within the Medical Board of California with the exception of the State Board of Chiropractic Examiners.

REGISTERED SUPPORT/OPPOSITION

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

BOARD POSITION

The Board has not taken a position on the bill. The Committee may consider recommending the Board take one of the following actions regarding this bill:

- Support
- Support if Amended
- Oppose
- Watch
- Neutral
- No Action

Staff recommends taking a “WATCH” position.

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 containing specified information 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 as certified 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 licentiate 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 BreZE profile Internet
17 Web page on the BreZE system pursuant to Section 210, in plain
18 view on the BreZE 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 BreZE 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 a specified 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.*

**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
MARCH 3-4, 2016 BOARD MEETING**

BILL NUMBER: Senate Bill 1039

AUTHOR: Senate Member Jerry Hill **SPONSOR:**

VERSION: Amended 04/21/2016 **INTRODUCED:** Introduced
2/12/2016

BILL STATUS: 4/21 Read second time and **BILL LOCATION:** Senate Committee
amended. Re-referred to on Appropriations
Com. On APPR.

SUBJECT: Professions and Vocations. **RELATED BILLS:**

SUMMARY

Existing law requires the Office of Statewide Health Planning and Development to establish the Health Professions Education Foundation to, among other things, solicit and receive funds for the purpose of providing scholarships, as specified.

This bill would state the intent of the legislature to enact future legislation that would establish a Dental Corps Scholarship Program, as specified, to increase the supply of dentists serving in medically underserved areas.

Existing law requires the Dental Board of California (Board) to be responsible for the approval of foreign dental schools by evaluating foreign dental schools based on specified criteria. The Dental Practice Act (DPA) authorizes the Board to contract with outside consultants or a national professional organization to survey and evaluate foreign dental schools, as specified. That act requires the board to establish a technical advisory group to review the survey and evaluation contracted for prior to the board taking any final action regarding a foreign dental school. It also requires periodic surveys and evaluations of all approved schools be made to ensure compliance with the DPA.

This bill essentially would have authorized the Board, in lieu of conducting its own survey and evaluation of a foreign dental school, to accept the findings of any commission or accreditation agency approved by the board, if the findings meet specified standards, and adopts those findings as the Board's own. This bill would have also deleted the requirement to establish a technical advisory group. This bill would have authorized periodic surveys and evaluations instead of requiring periodic surveys and evaluations to be made to ensure compliance with the DPA.

ANALYSIS

This legislation intended to address issues that arose during the sunset review for the Dental Board; however during the Senate Committee on Business, Professions and Economic Development hearing held in April, the author decided to amend by deleting the proposed language relating to the Dental Board, more specifically language relating to foreign dental schools.

REGISTERED OPPOSITION

Latin American Dental Association
Southern California Filipino Dental Society
Former Senator Richard Polanco
Luis R. Dominicus Jr, DDS

BOARD POSITION

The Board has not taken a position on the bill. The Committee may consider recommending the Board take one of the following actions regarding this bill:

- Support
- Support if Amended
- Oppose
- Watch
- Neutral
- No Action

AMENDED IN SENATE APRIL 12, 2016

AMENDED IN SENATE APRIL 7, 2016

SENATE BILL

No. 1039

Introduced by Senator Hill

February 12, 2016

An act to amend Sections 1636.4, 2423, 2460, 2461, 2475, 2479, 2486, 2488, 2492, 2499, 2733, 2746.51, 2786.5, 2811, 2811.5, 2815, 2815.5, 2816, 2830.7, 2836.3, 2838.2, 4128.2, 7137, 7153.3, 8031, 8516, ~~8518, and 8555~~ and 8518 of, to amend, repeal, and add Section 4400 of, to add Section 2499.7 to, and to repeal Chapter 15 (commencing with Section 4999) of Division 2 of, the Business and Professions Code, to repeal Section 1348.8 of the Health and Safety Code, and to repeal Section 10279 of the Insurance Code, relating to professions and vocations, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

SB 1039, as amended, Hill. Professions and vocations.

(1) Existing law requires the Office of Statewide Health Planning and Development to establish the Health Professions Education Foundation to, among other things, solicit and receive funds for the purpose of providing scholarships, as specified.

The bill would state the intent of the Legislature to enact future legislation that would establish a Dental Corps Scholarship Program, as specified, to increase the supply of dentists serving in medically underserved areas.

(2) The Dental Practice Act provides for the licensure and regulation of persons engaged in the practice of dentistry by the Dental Board of California, which is within the Department of Consumer Affairs, and requires the board to be responsible for the approval of foreign dental

schools by evaluating foreign dental schools based on specified criteria. That act authorizes the board to contract with outside consultants or a national professional organization to survey and evaluate foreign dental schools, as specified. That act requires the board to establish a technical advisory group to review the survey and evaluation contracted for prior to the board taking any final action regarding a foreign dental school. That act also requires periodic surveys and evaluations of all approved schools be made to ensure compliance with the act.

This bill would ~~delete the authorization to contract with outside consultants and would instead~~ authorize the board, in lieu of conducting its own survey and evaluation of a foreign dental school, to accept the findings of any commission or accreditation agency approved by the board, if the findings meet specified standards and the foreign dental school is not under review by the board on January 1, 2017, and adopt those findings as the board's own. The bill would delete the requirement to establish a technical advisory group. The bill would instead authorize periodic surveys and evaluations be made to ensure compliance with that act.

(3) The Medical Practice Act creates, within the jurisdiction of the Medical Board of California, the California Board of Podiatric Medicine. Under the act, certificates to practice podiatric medicine and registrations of spectacle lens dispensers and contact lens dispensers, among others, expire on a certain date during the second year of a 2-year term if not renewed.

This bill would instead create the California Board of Podiatric Medicine in the Department of Consumer Affairs, and would make conforming and related changes. The bill would discontinue the above-described requirement for the expiration of the registrations of spectacle lens dispensers and contact lens dispensers.

(4) The Nursing Practice Act provides for the licensure and regulation of nurse practitioners by the Board of Registered Nursing, which is within the Department of Consumer Affairs, and requires the board to adopt regulations establishing standards for continuing education for licensees, as specified. That act requires providers of continuing education programs approved by the board to make records of continuing education courses given to registered nurses available for board inspection. That act also prescribes various fees to be paid by licensees and applicants for licensure, and requires these fees to be credited to the Board of Registered Nursing Fund, which is a continuously appropriated fund as it pertains to fees collected by the board.

This bill would require that the content of a continuing education course be based on generally accepted scientific principles. The bill would also require the board to audit continuing education providers, at least once every 5 years, to ensure adherence to regulatory requirements, and to withhold or rescind approval from any provider that is in violation of regulatory requirements. The bill would raise specified fees, and would provide for additional fees, to be paid by licensees and applicants for licensure pursuant to that act. By increasing fees deposited into a continuously appropriated fund, this bill would make an appropriation.

(5) The Pharmacy Law provides for the licensure and regulation of pharmacists by the California State Board of Pharmacy within the Department of Consumer Affairs. That law prescribes various fees to be paid by licensees and applicants for licensure, and requires all fees collected on behalf of the board to be credited to the Pharmacy Board Contingent Fund, which is a continuously appropriated fund as it pertains to fees collected by the board.

~~This bill would discontinue the fee for issuance or annual renewal of a centralized hospital packaging pharmacy license. The bill would, on and after July 1, 2017, also modify other specified fees to be paid by licensees and applicants for licensure pursuant to that act. By increasing fees deposited into a continuously appropriated fund, this bill would make an appropriation.~~

(6) Existing law requires certain businesses that provide telephone medical advice services to a patient at a California address to be registered with the Telephone Medical Advice Services Bureau and further requires telephone medical advice services to comply with the requirements established by the Department of Consumer Affairs, among other provisions, as specified.

This bill would repeal those provisions.

(7) The Contractors' State License Law provides for the licensure and regulation of contractors by the Contractors' State License Board within the Department of Consumer Affairs. That law also prescribes various fees to be paid by licensees and applicants for licensure, and requires fees and civil penalties received under that law to be deposited in the Contractors' License Fund, which is a continuously appropriated fund as it pertains to fees collected by the board.

This bill would raise specified fees and would require the board to establish criteria for the approval of expedited processing of applications,

as specified. By increasing fees deposited into a continuously appropriated fund, this bill would make an appropriation.

(8) Existing law provides for the licensure and regulation of shorthand reporters by the Court Reporters Board of California within the Department of Consumer Affairs. That law authorizes the board, by resolution, to establish a fee for the renewal of a certificate issued by the board, and prohibits the fee from exceeding \$125, as specified. Under existing law, all fees and revenues received by the board are deposited into the Court Reporters' Fund, which is a continuously appropriated fund as it pertains to fees collected by the board.

This bill would raise that fee limit to \$250. By authorizing an increase in a fee deposited into a continuously appropriated fund, this bill would make an appropriation.

(9) Existing law provides for the licensure and regulation of structural pest control operators and registered companies by the Structural Pest Control Board, which is within the Department of Consumer Affairs, and requires a licensee to pay a specified license fee. Existing law makes any violation of those provisions punishable as a misdemeanor. Existing law places certain requirements on a registered company or licensee with regards to wood destroying pests or organisms, including that a registered company or licensee is prohibited from commencing work on a contract until an inspection has been made by a licensed Branch 3 field representative or operator, that the address of each property inspected or upon which work was completed is required to be reported to the board, as specified, and that a written inspection report be prepared and delivered to the person requesting the inspection or his or her agent. Existing law requires the original inspection report to be submitted to the board upon demand. Existing law requires that written report to contain certain information, including a foundation diagram or sketch of the structure or portions of the structure inspected, and requires the report, and any contract entered into, to expressly state if a guarantee for the work is made, and if so, the terms and time period of the guarantee. Existing law establishes the Structural Pest Control Fund, which is a continuously appropriated fund as it pertains to fees collected by the board.

This bill would require the operator who is conducting the inspection prior to the commencement of work to be employed by a registered company, except as specified. The bill would not require the address of an inspection report prepared for use by an attorney for litigation to be reported to the board or assessed a filing fee. The bill would require

instead that the written inspection report be prepared and delivered to the person requesting it, the property owner, or the property owner's designated agent, as specified. The bill would allow an inspection report to be a complete, limited, supplemental, or reinspection report, as defined. The bill would require all inspection reports to be submitted to the board and maintained with field notes, activity forms, and notices of completion until one year after the guarantee expires if the guarantee extends beyond 3 years. The bill would require the inspection report to clearly list the infested or infected wood members or parts of the structure identified in the required diagram or sketch. By placing new requirements on a registered company or licensee, this bill would expand an existing crime and would, therefore, impose a state-mandated local program.

Existing law requires a registered company to prepare a notice of work completed to give to the owner of the property when the work is completed.

This bill would make this provision only applicable to work relating to wood destroying pests and organisms.

~~Existing law provides that the laws governing structural pest control operators, including licensure, do not apply to persons engaged in the live capture and removal of vertebrate pests, bees, or wasps from a structure without the use of pesticides.~~

~~This bill would instead apply those laws to persons that engage in the live capture and removal of vertebrate pests without the use of pesticides. By requiring persons that engage in the live capture and removal of vertebrate pests without the use of pesticides to comply with the laws governing structural pest control operators, this bill would expand an existing crime, and would, therefore, impose a state-mandated local program. By requiring those persons to be licensed, this bill would require them to pay a license fee that would go into a continuously appropriated fund, which would, therefore, result in an appropriation.~~

(10) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: yes. Fiscal committee: yes.
State-mandated local program: yes.

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

1 SECTION 1. It is the intent of the Legislature to enact future
2 legislation that would establish a Dental Corps Scholarship
3 Program within the Health Professions Education Foundation to
4 increase the supply of dentists serving in medically underserved
5 areas.

6 SEC. 2. Section 1636.4 of the Business and Professions Code
7 is amended to read:

8 1636.4. (a) The Legislature recognizes the need to ensure that
9 graduates of foreign dental schools who have received an education
10 that is equivalent to that of accredited institutions in the United
11 States and that adequately prepares their students for the practice
12 of dentistry shall be subject to the same licensure requirements as
13 graduates of approved dental schools or colleges. It is the purpose
14 of this section to provide for the evaluation of foreign dental
15 schools and the approval of those foreign dental schools that
16 provide an education that is equivalent to that of similar accredited
17 institutions in the United States and that adequately prepare their
18 students for the practice of dentistry.

19 (b) The board shall be responsible for the approval of foreign
20 dental schools based on standards established pursuant to
21 subdivision (c). *The board may contract with outside consultants*
22 *or a national professional organization to survey and evaluate*
23 *foreign dental schools. The consultant or organization shall report*
24 *to the board regarding its findings in the survey and evaluation.*
25 The board may, in lieu of conducting its own survey and evaluation
26 of a foreign dental school, accept the findings of any commission
27 or accreditation agency approved by the board if the findings meet
28 the standards of subdivision (c) and adopt those findings as the
29 board's own. This subdivision shall not apply to foreign dental
30 schools seeking board approval that are under review by the board
31 on January 1, 2017.

32 (c) Any foreign dental school that wishes to be approved
33 pursuant to this section shall make application to the board for this
34 approval, which shall be based upon a finding by the board that
35 the educational program of the foreign dental school is equivalent
36 to that of similar accredited institutions in the United States and
37 adequately prepares its students for the practice of dentistry.
38 Curriculum, faculty qualifications, student attendance, plant and

1 facilities, and other relevant factors shall be reviewed and
2 evaluated. The board shall identify by rule the standards and review
3 procedures and methodology to be used in the approval process
4 consistent with this subdivision. The board shall not grant approval
5 if deficiencies found are of such magnitude as to prevent the
6 students in the school from receiving an educational base suitable
7 for the practice of dentistry.

8 (d) Periodic surveys and evaluations of all approved schools
9 may be made to ensure continued compliance with this section.
10 Approval shall include provisional and full approval. The
11 provisional form of approval shall be for a period determined by
12 the board, not to exceed three years, and shall be granted to an
13 institution, in accordance with rules established by the board, to
14 provide reasonable time for the school seeking permanent approval
15 to overcome deficiencies found by the board. Prior to the expiration
16 of a provisional approval and before the full approval is granted,
17 the school shall be required to submit evidence that deficiencies
18 noted at the time of initial application have been remedied. A
19 school granted full approval shall provide evidence of continued
20 compliance with this section. In the event that the board denies
21 approval or reapproval, the board shall give the school a specific
22 listing of the deficiencies that caused the denial and the
23 requirements for remedying the deficiencies, and shall permit the
24 school, upon request, to demonstrate by satisfactory evidence,
25 within 90 days, that it has remedied the deficiencies listed by the
26 board.

27 (e) A school shall pay a registration fee established by rule of
28 the board, not to exceed one thousand dollars (\$1,000), at the time
29 of application for approval and shall pay all reasonable costs and
30 expenses incurred for conducting the approval survey.

31 (f) The board shall renew approval upon receipt of a renewal
32 application, accompanied by a fee not to exceed five hundred
33 dollars (\$500). Each fully approved institution shall submit a
34 renewal application every seven years. Any approval that is not
35 renewed shall automatically expire.

36 SEC. 3. Section 2423 of the Business and Professions Code is
37 amended to read:

38 2423. (a) Notwithstanding Section 2422:

39 (1) All physician and surgeon's certificates and certificates to
40 practice midwifery shall expire at 12 midnight on the last day of

1 the birth month of the licensee during the second year of a two-year
2 term if not renewed.

3 (2) Registrations of dispensing opticians will expire at midnight
4 on the last day of the month in which the license was issued during
5 the second year of a two-year term if not renewed.

6 (b) The board shall establish by regulation procedures for the
7 administration of a birth date renewal program, including, but not
8 limited to, the establishment of a system of staggered license
9 expiration dates such that a relatively equal number of licenses
10 expire monthly.

11 (c) To renew an unexpired license, the licensee shall, on or
12 before the dates on which it would otherwise expire, apply for
13 renewal on a form prescribed by the licensing authority and pay
14 the prescribed renewal fee.

15 SEC. 4. Section 2460 of the Business and Professions Code is
16 amended to read:

17 2460. (a) There is created within the Department of Consumer
18 Affairs a California Board of Podiatric Medicine.

19 (b) This section shall remain in effect only until January 1, 2017,
20 and as of that date is repealed, unless a later enacted statute, that
21 is enacted before January 1, 2017, deletes or extends that date.
22 Notwithstanding any other provision of law, the repeal of this
23 section renders the California Board of Podiatric Medicine subject
24 to review by the appropriate policy committees of the Legislature.

25 SEC. 5. Section 2461 of the Business and Professions Code is
26 amended to read:

27 2461. As used in this article:

28 (a) "Board" means the California Board of Podiatric Medicine.

29 (b) "Podiatric licensing authority" refers to any officer, board,
30 commission, committee, or department of another state that may
31 issue a license to practice podiatric medicine.

32 SEC. 6. Section 2475 of the Business and Professions Code is
33 amended to read:

34 2475. Unless otherwise provided by law, no postgraduate
35 trainee, intern, resident postdoctoral fellow, or instructor may
36 engage in the practice of podiatric medicine, or receive
37 compensation therefor, or offer to engage in the practice of
38 podiatric medicine unless he or she holds a valid, unrevoked, and
39 unsuspended certificate to practice podiatric medicine issued by
40 the board. However, a graduate of an approved college or school

1 of podiatric medicine upon whom the degree doctor of podiatric
2 medicine has been conferred, who is issued a resident's license,
3 which may be renewed annually for up to eight years for this
4 purpose by the board, and who is enrolled in a postgraduate training
5 program approved by the board, may engage in the practice of
6 podiatric medicine whenever and wherever required as a part of
7 that program and may receive compensation for that practice under
8 the following conditions:

9 (a) A graduate with a resident's license in an approved
10 internship, residency, or fellowship program may participate in
11 training rotations outside the scope of podiatric medicine, under
12 the supervision of a physician and surgeon who holds a medical
13 doctor or doctor of osteopathy degree wherever and whenever
14 required as a part of the training program, and may receive
15 compensation for that practice. If the graduate fails to receive a
16 license to practice podiatric medicine under this chapter within
17 three years from the commencement of the postgraduate training,
18 all privileges and exemptions under this section shall automatically
19 cease.

20 (b) Hospitals functioning as a part of the teaching program of
21 an approved college or school of podiatric medicine in this state
22 may exchange instructors or resident or assistant resident doctors
23 of podiatric medicine with another approved college or school of
24 podiatric medicine not located in this state, or those hospitals may
25 appoint a graduate of an approved school as such a resident for
26 purposes of postgraduate training. Those instructors and residents
27 may practice and be compensated as provided in this section, but
28 that practice and compensation shall be for a period not to exceed
29 two years.

30 SEC. 7. Section 2479 of the Business and Professions Code is
31 amended to read:

32 2479. The board shall issue a certificate to practice podiatric
33 medicine to each applicant who meets the requirements of this
34 chapter. Every applicant for a certificate to practice podiatric
35 medicine shall comply with the provisions of Article 4
36 (commencing with Section 2080) which are not specifically
37 applicable to applicants for a physician's and surgeon's certificate,
38 in addition to the provisions of this article.

39 SEC. 8. Section 2486 of the Business and Professions Code is
40 amended to read:

1 2486. The board shall issue a certificate to practice podiatric
2 medicine if the applicant has submitted directly to the board from
3 the credentialing organizations verification that he or she meets
4 all of the following requirements:

5 (a) The applicant has graduated from an approved school or
6 college of podiatric medicine and meets the requirements of Section
7 2483.

8 (b) The applicant, within the past 10 years, has passed parts I,
9 II, and III of the examination administered by the National Board
10 of Podiatric Medical Examiners of the United States or has passed
11 a written examination that is recognized by the board to be the
12 equivalent in content to the examination administered by the
13 National Board of Podiatric Medical Examiners of the United
14 States.

15 (c) The applicant has satisfactorily completed the postgraduate
16 training required by Section 2484.

17 (d) The applicant has passed within the past 10 years any oral
18 and practical examination that may be required of all applicants
19 by the board to ascertain clinical competence.

20 (e) The applicant has committed no acts or crimes constituting
21 grounds for denial of a certificate under Division 1.5 (commencing
22 with Section 475).

23 (f) The board determines that no disciplinary action has been
24 taken against the applicant by any podiatric licensing authority
25 and that the applicant has not been the subject of adverse judgments
26 or settlements resulting from the practice of podiatric medicine
27 that the board determines constitutes evidence of a pattern of
28 negligence or incompetence.

29 (g) A disciplinary databank report regarding the applicant is
30 received by the board from the Federation of Podiatric Medical
31 Boards.

32 SEC. 9. Section 2488 of the Business and Professions Code is
33 amended to read:

34 2488. Notwithstanding any other law, the board shall issue a
35 certificate to practice podiatric medicine by credentialing if the
36 applicant has submitted directly to the board from the credentialing
37 organizations verification that he or she is licensed as a doctor of
38 podiatric medicine in any other state and meets all of the following
39 requirements:

1 (a) The applicant has graduated from an approved school or
2 college of podiatric medicine.

3 (b) The applicant, within the past 10 years, has passed either
4 part III of the examination administered by the National Board of
5 Podiatric Medical Examiners of the United States or a written
6 examination that is recognized by the board to be the equivalent
7 in content to the examination administered by the National Board
8 of Podiatric Medical Examiners of the United States.

9 (c) The applicant has satisfactorily completed a postgraduate
10 training program approved by the Council on Podiatric Medical
11 Education.

12 (d) The applicant, within the past 10 years, has passed any oral
13 and practical examination that may be required of all applicants
14 by the board to ascertain clinical competence.

15 (e) The applicant has committed no acts or crimes constituting
16 grounds for denial of a certificate under Division 1.5 (commencing
17 with Section 475).

18 (f) The board determines that no disciplinary action has been
19 taken against the applicant by any podiatric licensing authority
20 and that the applicant has not been the subject of adverse judgments
21 or settlements resulting from the practice of podiatric medicine
22 that the board determines constitutes evidence of a pattern of
23 negligence or incompetence.

24 (g) A disciplinary databank report regarding the applicant is
25 received by the board from the Federation of Podiatric Medical
26 Boards.

27 SEC. 10. Section 2492 of the Business and Professions Code
28 is amended to read:

29 2492. (a) The board shall examine every applicant for a
30 certificate to practice podiatric medicine to ensure a minimum of
31 entry-level competence at the time and place designated by the
32 board in its discretion, but at least twice a year.

33 (b) Unless the applicant meets the requirements of Section 2486,
34 applicants shall be required to have taken and passed the
35 examination administered by the National Board of Podiatric
36 Medical Examiners.

37 (c) The board may appoint qualified persons to give the whole
38 or any portion of any examination as provided in this article, who
39 shall be designated as examination commissioners. The board may

1 fix the compensation of those persons subject to the provisions of
2 applicable state laws and regulations.

3 (d) The provisions of Article 9 (commencing with Section 2170)
4 shall apply to examinations administered by the board except where
5 those provisions are in conflict with or inconsistent with the
6 provisions of this article.

7 SEC. 11. Section 2499 of the Business and Professions Code
8 is amended to read:

9 2499. There is in the State Treasury the Board of Podiatric
10 Medicine Fund. Notwithstanding Section 2445, the board shall
11 report to the Controller at the beginning of each calendar month
12 for the month preceding the amount and source of all revenue
13 received by the board, pursuant to this chapter, and shall pay the
14 entire amount thereof to the Treasurer for deposit into the fund.
15 All revenue received by the board from fees authorized to be
16 charged relating to the practice of podiatric medicine shall be
17 deposited in the fund as provided in this section, and shall be used
18 to carry out the provisions of this chapter relating to the regulation
19 of the practice of podiatric medicine.

20 SEC. 12. Section 2499.7 is added to the Business and
21 Professions Code, to read:

22 2499.7. (a) Certificates to practice podiatric medicine shall
23 expire at 12 midnight on the last day of the birth month of the
24 licensee during the second year of a two-year term.

25 (b) To renew an unexpired certificate, the licensee, on or before
26 the date on which the certificate would otherwise expire, shall
27 apply for renewal on a form prescribed by the board and pay the
28 prescribed renewal fee.

29 SEC. 13. Section 2733 of the Business and Professions Code
30 is amended to read:

31 2733. (a) (1) (A) Upon approval of an application filed
32 pursuant to subdivision (b) of Section 2732.1, and upon the
33 payment of the fee prescribed by subdivision (k) of Section 2815,
34 the board may issue a temporary license to practice professional
35 nursing, and a temporary certificate to practice as a certified public
36 health nurse for a period of six months from the date of issuance.

37 (B) Upon approval of an application filed pursuant to
38 subdivision (b) of Section 2732.1, and upon the payment of the
39 fee prescribed by subdivision (d) of Section 2838.2, the board may

1 issue a temporary certificate to practice as a certified clinical nurse
2 specialist for a period of six months from the date of issuance.

3 (C) Upon approval of an application filed pursuant to
4 subdivision (b) of Section 2732.1, and upon the payment of the
5 fee prescribed by subdivision (e) of Section 2815.5, the board may
6 issue a temporary certificate to practice as a certified nurse midwife
7 for a period of six months from the date of issuance.

8 (D) Upon approval of an application filed pursuant to
9 subdivision (b) of Section 2732.1, and upon the payment of the
10 fee prescribed by subdivision (d) of Section 2830.7, the board may
11 issue a temporary certificate to practice as a certified nurse
12 anesthetist for a period of six months from the date of issuance.

13 (E) Upon approval of an application filed pursuant to subdivision
14 (b) of Section 2732.1, and upon the payment of the fee prescribed
15 by subdivision (p) of Section 2815, the board may issue a
16 temporary certificate to practice as a certified nurse practitioner
17 for a period of six months from the date of issuance.

18 (2) A temporary license or temporary certificate shall terminate
19 upon notice thereof by certified mail, return receipt requested, if
20 it is issued by mistake or if the application for permanent licensure
21 is denied.

22 (b) Upon written application, the board may reissue a temporary
23 license or temporary certificate to any person who has applied for
24 a regular renewable license pursuant to subdivision (b) of Section
25 2732.1 and who, in the judgment of the board has been excusably
26 delayed in completing his or her application for or the minimum
27 requirements for a regular renewable license, but the board may
28 not reissue a temporary license or temporary certificate more than
29 twice to any one person.

30 SEC. 14. Section 2746.51 of the Business and Professions
31 Code is amended to read:

32 2746.51. (a) Neither this chapter nor any other provision of
33 law shall be construed to prohibit a certified nurse-midwife from
34 furnishing or ordering drugs or devices, including controlled
35 substances classified in Schedule II, III, IV, or V under the
36 California Uniform Controlled Substances Act (Division 10
37 (commencing with Section 11000) of the Health and Safety Code),
38 when all of the following apply:

39 (1) The drugs or devices are furnished or ordered incidentally
40 to the provision of any of the following:

- 1 (A) Family planning services, as defined in Section 14503 of
2 the Welfare and Institutions Code.
- 3 (B) Routine health care or perinatal care, as defined in
4 subdivision (d) of Section 123485 of the Health and Safety Code.
- 5 (C) Care rendered, consistent with the certified nurse-midwife’s
6 educational preparation or for which clinical competency has been
7 established and maintained, to persons within a facility specified
8 in subdivision (a), (b), (c), (d), (i), or (j) of Section 1206 of the
9 Health and Safety Code, a clinic as specified in Section 1204 of
10 the Health and Safety Code, a general acute care hospital as defined
11 in subdivision (a) of Section 1250 of the Health and Safety Code,
12 a licensed birth center as defined in Section 1204.3 of the Health
13 and Safety Code, or a special hospital specified as a maternity
14 hospital in subdivision (f) of Section 1250 of the Health and Safety
15 Code.
- 16 (2) The drugs or devices are furnished or ordered by a certified
17 nurse-midwife in accordance with standardized procedures or
18 protocols. For purposes of this section, standardized procedure
19 means a document, including protocols, developed and approved
20 by the supervising physician and surgeon, the certified
21 nurse-midwife, and the facility administrator or his or her designee.
22 The standardized procedure covering the furnishing or ordering
23 of drugs or devices shall specify all of the following:
 - 24 (A) Which certified nurse-midwife may furnish or order drugs
25 or devices.
 - 26 (B) Which drugs or devices may be furnished or ordered and
27 under what circumstances.
 - 28 (C) The extent of physician and surgeon supervision.
 - 29 (D) The method of periodic review of the certified
30 nurse-midwife’s competence, including peer review, and review
31 of the provisions of the standardized procedure.
- 32 (3) If Schedule II or III controlled substances, as defined in
33 Sections 11055 and 11056 of the Health and Safety Code, are
34 furnished or ordered by a certified nurse-midwife, the controlled
35 substances shall be furnished or ordered in accordance with a
36 patient-specific protocol approved by the treating or supervising
37 physician and surgeon. For Schedule II controlled substance
38 protocols, the provision for furnishing the Schedule II controlled
39 substance shall address the diagnosis of the illness, injury, or

1 condition for which the Schedule II controlled substance is to be
2 furnished.

3 (4) The furnishing or ordering of drugs or devices by a certified
4 nurse-midwife occurs under physician and surgeon supervision.
5 For purposes of this section, no physician and surgeon shall
6 supervise more than four certified nurse-midwives at one time.
7 Physician and surgeon supervision shall not be construed to require
8 the physical presence of the physician, but does include all of the
9 following:

10 (A) Collaboration on the development of the standardized
11 procedure or protocol.

12 (B) Approval of the standardized procedure or protocol.

13 (C) Availability by telephonic contact at the time of patient
14 examination by the certified nurse-midwife.

15 (b) (1) The furnishing or ordering of drugs or devices by a
16 certified nurse-midwife is conditional on the issuance by the board
17 of a number to the applicant who has successfully completed the
18 requirements of paragraph (2). The number shall be included on
19 all transmittals of orders for drugs or devices by the certified
20 nurse-midwife. The board shall maintain a list of the certified
21 nurse-midwives that it has certified pursuant to this paragraph and
22 the number it has issued to each one. The board shall make the list
23 available to the California State Board of Pharmacy upon its
24 request. Every certified nurse-midwife who is authorized pursuant
25 to this section to furnish or issue a drug order for a controlled
26 substance shall register with the United States Drug Enforcement
27 Administration.

28 (2) The board has certified in accordance with paragraph (1)
29 that the certified nurse-midwife has satisfactorily completed a
30 course in pharmacology covering the drugs or devices to be
31 furnished or ordered under this section. The board shall establish
32 the requirements for satisfactory completion of this paragraph.
33 The board may charge the applicant a fee to cover all necessary
34 costs to implement this section, that shall be not less than four
35 hundred dollars (\$400) nor more than one thousand five hundred
36 dollars (\$1,500) for an initial application, nor less than one hundred
37 fifty dollars (\$150) nor more than one thousand dollars (\$1,000)
38 for an application for renewal. The board may charge a penalty
39 fee for failure to renew a furnishing number within the prescribed

1 time that shall be not less than seventy-five dollars (\$75) nor more
2 than five hundred dollars (\$500).

3 (3) A physician and surgeon may determine the extent of
4 supervision necessary pursuant to this section in the furnishing or
5 ordering of drugs and devices.

6 (4) A copy of the standardized procedure or protocol relating
7 to the furnishing or ordering of controlled substances by a certified
8 nurse-midwife shall be provided upon request to any licensed
9 pharmacist who is uncertain of the authority of the certified
10 nurse-midwife to perform these functions.

11 (5) Certified nurse-midwives who are certified by the board and
12 hold an active furnishing number, who are currently authorized
13 through standardized procedures or protocols to furnish Schedule
14 II controlled substances, and who are registered with the United
15 States Drug Enforcement Administration shall provide
16 documentation of continuing education specific to the use of
17 Schedule II controlled substances in settings other than a hospital
18 based on standards developed by the board.

19 (c) Drugs or devices furnished or ordered by a certified
20 nurse-midwife may include Schedule II controlled substances
21 under the California Uniform Controlled Substances Act (Division
22 10 (commencing with Section 11000) of the Health and Safety
23 Code) under the following conditions:

24 (1) The drugs and devices are furnished or ordered in accordance
25 with requirements referenced in paragraphs (2) to (4), inclusive,
26 of subdivision (a) and in paragraphs (1) to (3), inclusive, of
27 subdivision (b).

28 (2) When Schedule II controlled substances, as defined in
29 Section 11055 of the Health and Safety Code, are furnished or
30 ordered by a certified nurse-midwife, the controlled substances
31 shall be furnished or ordered in accordance with a patient-specific
32 protocol approved by the treating or supervising physician and
33 surgeon.

34 (d) Furnishing of drugs or devices by a certified nurse-midwife
35 means the act of making a pharmaceutical agent or agents available
36 to the patient in strict accordance with a standardized procedure
37 or protocol. Use of the term “furnishing” in this section shall
38 include the following:

39 (1) The ordering of a drug or device in accordance with the
40 standardized procedure or protocol.

1 (2) Transmitting an order of a supervising physician and
2 surgeon.

3 (e) “Drug order” or “order” for purposes of this section means
4 an order for medication or for a drug or device that is dispensed
5 to or for an ultimate user, issued by a certified nurse-midwife as
6 an individual practitioner, within the meaning of Section 1306.03
7 of Title 21 of the Code of Federal Regulations. Notwithstanding
8 any other provision of law, (1) a drug order issued pursuant to this
9 section shall be treated in the same manner as a prescription of the
10 supervising physician; (2) all references to “prescription” in this
11 code and the Health and Safety Code shall include drug orders
12 issued by certified nurse-midwives; and (3) the signature of a
13 certified nurse-midwife on a drug order issued in accordance with
14 this section shall be deemed to be the signature of a prescriber for
15 purposes of this code and the Health and Safety Code.

16 SEC. 15. Section 2786.5 of the Business and Professions Code
17 is amended to read:

18 2786.5. (a) An institution of higher education or a private
19 postsecondary school of nursing approved by the board pursuant
20 to subdivision (b) of Section 2786 shall remit to the board for
21 deposit in the Board of Registered Nursing Fund the following
22 fees, in accordance with the following schedule:

23 (1) The fee for approval of a school of nursing shall be fixed
24 by the board at not less than forty thousand dollars (\$40,000) nor
25 more than eighty thousand dollars (\$80,000).

26 (2) The fee for continuing approval of a nursing program
27 established after January 1, 2013, shall be fixed by the board at
28 not less than fifteen thousand dollars (\$15,000) nor more than
29 thirty thousand dollars (\$30,000).

30 (3) The processing fee for authorization of a substantive change
31 to an approval of a school of nursing shall be fixed by the board
32 at not less than two thousand five hundred dollars (\$2,500) nor
33 more than five thousand dollars (\$5,000).

34 (b) If the board determines that the annual cost of providing
35 oversight and review of a school of nursing, as required by this
36 article, is less than the amount of any fees required to be paid by
37 that institution pursuant to this article, the board may decrease the
38 fees applicable to that institution to an amount that is proportional
39 to the board’s costs associated with that institution.

1 SEC. 16. Section 2811 of the Business and Professions Code
2 is amended to read:

3 2811. (a) Each person holding a regular renewable license
4 under this chapter, whether in an active or inactive status, shall
5 apply for a renewal of his license and pay the biennial renewal fee
6 required by this chapter each two years on or before the last day
7 of the month following the month in which his birthday occurs,
8 beginning with the second birthday following the date on which
9 the license was issued, whereupon the board shall renew the
10 license.

11 (b) Each such license not renewed in accordance with this
12 section shall expire but may within a period of eight years
13 thereafter be reinstated upon payment of the fee required by this
14 chapter and upon submission of such proof of the applicant's
15 qualifications as may be required by the board, except that during
16 such eight-year period no examination shall be required as a
17 condition for the reinstatement of any such expired license which
18 has lapsed solely by reason of nonpayment of the renewal fee.
19 After the expiration of such eight-year period the board may require
20 as a condition of reinstatement that the applicant pass such
21 examination as it deems necessary to determine his present fitness
22 to resume the practice of professional nursing.

23 (c) A license in an inactive status may be restored to an active
24 status if the licensee meets the continuing education standards of
25 Section 2811.5.

26 SEC. 17. Section 2811.5 of the Business and Professions Code
27 is amended to read:

28 2811.5. (a) Each person renewing his or her license under
29 Section 2811 shall submit proof satisfactory to the board that,
30 during the preceding two-year period, he or she has been informed
31 of the developments in the registered nurse field or in any special
32 area of practice engaged in by the licensee, occurring since the
33 last renewal thereof, either by pursuing a course or courses of
34 continuing education in the registered nurse field or relevant to
35 the practice of the licensee, and approved by the board, or by other
36 means deemed equivalent by the board.

37 (b) For purposes of this section, the board shall, by regulation,
38 establish standards for continuing education. The standards shall
39 be established in a manner to ensure that a variety of alternative
40 forms of continuing education are available to licensees, including,

1 but not limited to, academic studies, in-service education, institutes,
2 seminars, lectures, conferences, workshops, extension studies, and
3 home study programs. The standards shall take cognizance of
4 specialized areas of practice, and content shall be relevant to the
5 practice of nursing and shall be related to the scientific knowledge
6 or technical skills required for the practice of nursing or be related
7 to direct or indirect patient or client care. The continuing education
8 standards established by the board shall not exceed 30 hours of
9 direct participation in a course or courses approved by the board,
10 or its equivalent in the units of measure adopted by the board.

11 (c) The board shall audit continuing education providers at least
12 once every five years to ensure adherence to regulatory
13 requirements, and shall withhold or rescind approval from any
14 provider that is in violation of the regulatory requirements.

15 (d) The board shall encourage continuing education in spousal
16 or partner abuse detection and treatment. In the event the board
17 establishes a requirement for continuing education coursework in
18 spousal or partner abuse detection or treatment, that requirement
19 shall be met by each licensee within no more than four years from
20 the date the requirement is imposed.

21 (e) In establishing standards for continuing education, the board
22 shall consider including a course in the special care needs of
23 individuals and their families facing end-of-life issues, including,
24 but not limited to, all of the following:

- 25 (1) Pain and symptom management.
- 26 (2) The psycho-social dynamics of death.
- 27 (3) Dying and bereavement.
- 28 (4) Hospice care.

29 (f) In establishing standards for continuing education, the board
30 may include a course on pain management.

31 (g) This section shall not apply to licensees during the first two
32 years immediately following their initial licensure in California
33 or any other governmental jurisdiction.

34 (h) The board may, in accordance with the intent of this section,
35 make exceptions from continuing education requirements for
36 licensees residing in another state or country, or for reasons of
37 health, military service, or other good cause.

38 SEC. 18. Section 2815 of the Business and Professions Code
39 is amended to read:

1 2815. Subject to the provisions of Section 128.5, the amount
2 of the fees prescribed by this chapter in connection with the
3 issuance of licenses for registered nurses under its provisions is
4 that fixed by the following schedule:

5 (a) (1) The fee to be paid upon the filing by a graduate of an
6 approved school of nursing in this state of an application for a
7 licensure by examination shall be fixed by the board at not less
8 than three hundred dollars (\$300) nor more than one thousand
9 dollars (\$1,000).

10 (2) The fee to be paid upon the filing by a graduate of a school
11 of nursing in another state, district, or territory of the United States
12 of an application for a licensure by examination shall be fixed by
13 the board at not less than three hundred fifty dollars (\$350) nor
14 more than one thousand dollars (\$1,000).

15 (3) The fee to be paid upon the filing by a graduate of a school
16 of nursing in another country of an application for a licensure by
17 examination shall be fixed by the board at not less than seven
18 hundred fifty dollars (\$750) nor more than one thousand five
19 hundred dollars (\$1,500).

20 (4) The fee to be paid upon the filing of an application for
21 licensure by a repeat examination shall be fixed by the board at
22 not less than two hundred fifty dollars (\$250) and not more than
23 one thousand dollars (\$1,000).

24 (b) The fee to be paid for taking each examination shall be the
25 actual cost to purchase an examination from a vendor approved
26 by the board.

27 (c) (1) The fee to be paid for application by a person who is
28 licensed or registered as a nurse in another state, district, or territory
29 of the United States for licensure by endorsement shall be fixed
30 by the board at not less than three hundred fifty dollars (\$350) nor
31 more than one thousand dollars (\$1,000).

32 (2) The fee to be paid for application by a person who is licensed
33 or registered as a nurse in another country for licensure by
34 endorsement shall be fixed by the board at not less than seven
35 hundred fifty dollars (\$750) nor more than one thousand five
36 hundred dollars (\$1,500).

37 (d) (1) The biennial fee to be paid upon the filing of an
38 application for renewal of the license shall be not less than one
39 hundred eighty dollars (\$180) nor more than seven hundred fifty
40 dollars (\$750). In addition, an assessment of ten dollars (\$10) shall

1 be collected and credited to the Registered Nurse Education Fund,
2 pursuant to Section 2815.1.

3 (2) The fee to be paid upon the filing of an application for
4 reinstatement pursuant to subdivision (b) of Section 2811 shall be
5 not less than three hundred fifty dollars (\$350) nor more than one
6 thousand dollars (\$1,000).

7 (e) The penalty fee for failure to renew a license within the
8 prescribed time shall be fixed by the board at not more than 50
9 percent of the regular renewal fee, but not less than ninety dollars
10 (\$90) nor more than three hundred seventy-five dollars (\$375).

11 (f) The fee to be paid for approval of a continuing education
12 provider shall be fixed by the board at not less than five hundred
13 dollars (\$500) nor more than one thousand dollars (\$1,000).

14 (g) The biennial fee to be paid upon the filing of an application
15 for renewal of provider approval shall be fixed by the board at not
16 less than seven hundred fifty dollars (\$750) nor more than one
17 thousand dollars (\$1,000).

18 (h) The penalty fee for failure to renew provider approval within
19 the prescribed time shall be fixed at not more than 50 percent of
20 the regular renewal fee, but not less than one hundred twenty-five
21 dollars (\$125) nor more than five hundred dollars (\$500).

22 (i) The penalty for submitting insufficient funds or fictitious
23 check, draft or order on any bank or depository for payment of
24 any fee to the board shall be fixed at not less than fifteen dollars
25 (\$15) nor more than thirty dollars (\$30).

26 (j) The fee to be paid for an interim permit shall be fixed by the
27 board at not less than one hundred dollars (\$100) nor more than
28 two hundred fifty dollars (\$250).

29 (k) The fee to be paid for a temporary license shall be fixed by
30 the board at not less than one hundred dollars (\$100) nor more
31 than two hundred fifty dollars (\$250).

32 (l) The fee to be paid for processing endorsement papers to other
33 states shall be fixed by the board at not less than one hundred
34 dollars (\$100) nor more than two hundred dollars (\$200).

35 (m) The fee to be paid for a certified copy of a school transcript
36 shall be fixed by the board at not less than fifty dollars (\$50) nor
37 more than one hundred dollars (\$100).

38 (n) (1) The fee to be paid for a duplicate pocket license shall
39 be fixed by the board at not less than fifty dollars (\$50) nor more
40 than seventy-five dollars (\$75).

1 (2) The fee to be paid for a duplicate wall certificate shall be
2 fixed by the board at not less than sixty dollars (\$60) nor more
3 than one hundred dollars (\$100).

4 (o) (1) The fee to be paid by a registered nurse for an evaluation
5 of his or her qualifications to use the title “nurse practitioner” shall
6 be fixed by the board at not less than five hundred dollars (\$500)
7 nor more than one thousand five hundred dollars (\$1,500).

8 (2) The fee to be paid by a registered nurse for a temporary
9 certificate to practice as a nurse practitioner shall be fixed by the
10 board at not less than one hundred fifty dollars (\$150) nor more
11 than five hundred dollars (\$500).

12 (3) The fee to be paid upon the filing of an application for
13 renewal of a certificate to practice as a nurse practitioner shall be
14 not less than one hundred fifty dollars (\$150) nor more than one
15 thousand dollars (\$1,000).

16 (4) The penalty fee for failure to renew a certificate to practice
17 as a nurse practitioner within the prescribed time shall be not less
18 than seventy-five dollars (\$75) nor more than five hundred dollars
19 (\$500).

20 (p) The fee to be paid by a registered nurse for listing as a
21 “psychiatric mental health nurse” shall be fixed by the board at
22 not less than three hundred fifty dollars (\$350) nor more than seven
23 hundred fifty dollars (\$750).

24 (q) The fee to be paid for duplicate National Council Licensure
25 Examination for registered nurses (NCLEX-RN) examination
26 results shall be not less than sixty dollars (\$60) nor more than one
27 hundred dollars (\$100).

28 (r) The fee to be paid for a letter certifying a license shall be
29 not less than twenty dollars (\$20) nor more than thirty dollars
30 (\$30).

31 No further fee shall be required for a license or a renewal thereof
32 other than as prescribed by this chapter.

33 SEC. 19. Section 2815.5 of the Business and Professions Code
34 is amended to read:

35 2815.5. The amount of the fees prescribed by this chapter in
36 connection with the issuance of certificates as nurse-midwives is
37 that fixed by the following schedule:

38 (a) The fee to be paid upon the filing of an application for a
39 certificate shall be fixed by the board at not less than five hundred

1 dollars (\$500) nor more than one thousand five hundred dollars
2 (\$1,500).

3 (b) The biennial fee to be paid upon the application for a renewal
4 of a certificate shall be fixed by the board at not less than one
5 hundred fifty dollars (\$150) nor more than one thousand dollars
6 (\$1,000).

7 (c) The penalty fee for failure to renew a certificate within the
8 prescribed time shall be 50 percent of the renewal fee in effect on
9 the date of the renewal of the license, but not less than seventy-five
10 dollars (\$75) nor more than five hundred dollars (\$500).

11 (d) The fee to be paid upon the filing of an application for the
12 nurse-midwife equivalency examination shall be fixed by the board
13 at not less than one hundred dollars (\$100) nor more than two
14 hundred dollars (\$200).

15 (e) The fee to be paid for a temporary certificate shall be fixed
16 by the board at not less than one hundred fifty dollars (\$150) nor
17 more than five hundred dollars (\$500).

18 SEC. 20. Section 2816 of the Business and Professions Code
19 is amended to read:

20 2816. The nonrefundable fee to be paid by a registered nurse
21 for an evaluation of his or her qualifications to use the title “public
22 health nurse” shall be equal to the fees set out in subdivision (o)
23 of Section 2815. The fee to be paid ~~for~~ upon the application for
24 renewal of the certificate to practice as a public health nurse shall
25 be fixed by the board at not less than one hundred twenty-five
26 dollars (\$125) and not more than five hundred dollars (\$500). All
27 fees payable under this section shall be collected by and paid to
28 the Registered Nursing Fund. It is the intention of the Legislature
29 that the costs of carrying out the purposes of this article shall be
30 covered by the revenue collected pursuant to this section.

31 SEC. 21. Section 2830.7 of the Business and Professions Code
32 is amended to read:

33 2830.7. The amount of the fees prescribed by this chapter in
34 connection with the issuance of certificates as nurse anesthetists
35 is that fixed by the following schedule:

36 (a) The fee to be paid upon the filing of an application for a
37 certificate shall be fixed by the board at not less than five hundred
38 dollars (\$500) nor more than one thousand five hundred dollars
39 (\$1,500).

1 (b) The biennial fee to be paid upon the application for a renewal
2 of a certificate shall be fixed by the board at not less than one
3 hundred fifty dollars (\$150) nor more than one thousand dollars
4 (\$1,000).

5 (c) The penalty fee for failure to renew a certificate within the
6 prescribed time shall be 50 percent of the renewal fee in effect on
7 the date of the renewal of the license, but not less than seventy-five
8 dollars (\$75) nor more than five hundred dollars (\$500).

9 (d) The fee to be paid for a temporary certificate shall be fixed
10 by the board at not less than one hundred fifty dollars (\$150) nor
11 more than five hundred dollars (\$500).

12 SEC. 22. Section 2836.3 of the Business and Professions Code
13 is amended to read:

14 2836.3. (a) The furnishing of drugs or devices by nurse
15 practitioners is conditional on issuance by the board of a number
16 to the nurse applicant who has successfully completed the
17 requirements of subdivision (g) of Section 2836.1. The number
18 shall be included on all transmittals of orders for drugs or devices
19 by the nurse practitioner. The board shall make the list of numbers
20 issued available to the Board of Pharmacy. The board may charge
21 the applicant a fee to cover all necessary costs to implement this
22 section, that shall be not less than four hundred dollars (\$400) nor
23 more than one thousand five hundred dollars (\$1,500) for an initial
24 application, nor less than one hundred fifty dollars (\$150) nor more
25 than one thousand dollars (\$1,000) for an application for renewal.
26 The board may charge a penalty fee for failure to renew a
27 furnishing number within the prescribed time that shall be not less
28 than seventy-five dollars (\$75) nor more than five hundred dollars
29 (\$500).

30 (b) The number shall be renewable at the time of the applicant's
31 registered nurse license renewal.

32 (c) The board may revoke, suspend, or deny issuance of the
33 numbers for incompetence or gross negligence in the performance
34 of functions specified in Sections 2836.1 and 2836.2.

35 SEC. 23. Section 2838.2 of the Business and Professions Code
36 is amended to read:

37 2838.2. (a) A clinical nurse specialist is a registered nurse with
38 advanced education, who participates in expert clinical practice,
39 education, research, consultation, and clinical leadership as the
40 major components of his or her role.

1 (b) The board may establish categories of clinical nurse
2 specialists and the standards required to be met for nurses to hold
3 themselves out as clinical nurse specialists in each category. The
4 standards shall take into account the types of advanced levels of
5 nursing practice that are or may be performed and the clinical and
6 didactic education, experience, or both needed to practice safety
7 at those levels. In setting the standards, the board shall consult
8 with clinical nurse specialists, physicians and surgeons appointed
9 by the Medical Board with expertise with clinical nurse specialists,
10 and health care organizations that utilize clinical nurse specialists.

11 (c) A registered nurse who meets one of the following
12 requirements may apply to become a clinical nurse specialist:

13 (1) Possession of a master's degree in a clinical field of nursing.

14 (2) Possession of a master's degree in a clinical field related to
15 nursing with course work in the components referred to in
16 subdivision (a).

17 (3) On or before July 1, 1998, meets the following requirements:

18 (A) Current licensure as a registered nurse.

19 (B) Performs the role of a clinical nurse specialist as described
20 in subdivision (a).

21 (C) Meets any other criteria established by the board.

22 (d) (1) A nonrefundable fee of not less than five hundred dollars
23 (\$500), but not to exceed one thousand five hundred dollars
24 (\$1,500) shall be paid by a registered nurse applying to be a clinical
25 nurse specialist for the evaluation of his or her qualifications to
26 use the title "clinical nurse specialist."

27 (2) The fee to be paid for a temporary certificate to practice as
28 a clinical nurse specialist shall be not less than thirty dollars (\$30)
29 nor more than fifty dollars (\$50).

30 (3) A biennial renewal fee shall be paid upon submission of an
31 application to renew the clinical nurse specialist certificate and
32 shall be established by the board at no less than one hundred fifty
33 dollars (\$150) and no more than one thousand dollars (\$1,000).

34 (4) The penalty fee for failure to renew a certificate within the
35 prescribed time shall be 50 percent of the renewal fee in effect on
36 the date of the renewal of the license, but not less than seventy-five
37 dollars (\$75) nor more than five hundred dollars (\$500).

38 (5) The fees authorized by this subdivision shall not exceed the
39 amount necessary to cover the costs to the board to administer this
40 section.

1 SEC. 24. Section 4128.2 of the Business and Professions Code
2 is amended to read:

3 4128.2. (a) In addition to the pharmacy license requirement
4 described in Section 4110, a centralized hospital packaging
5 pharmacy shall obtain a specialty license from the board prior to
6 engaging in the functions described in Section 4128.

7 (b) An applicant seeking a specialty license pursuant to this
8 article shall apply to the board on forms established by the board.

9 (c) Before issuing the specialty license, the board shall inspect
10 the pharmacy and ensure that the pharmacy is in compliance with
11 this article and regulations established by the board.

12 (d) A license to perform the functions described in Section 4128
13 may only be issued to a pharmacy that is licensed by the board as
14 a hospital pharmacy.

15 (e) A license issued pursuant to this article shall be renewed
16 annually and is not transferrable.

17 (f) An applicant seeking renewal of a specialty license shall
18 apply to the board on forms established by the board.

19 (g) A license to perform the functions described in Section 4128
20 shall not be renewed until the pharmacy has been inspected by the
21 board and found to be in compliance with this article and
22 regulations established by the board.

23 SEC. 25. Section 4400 of the Business and Professions Code
24 is amended to read:

25 4400. The amount of fees and penalties prescribed by this
26 chapter, except as otherwise provided, is that fixed by the board
27 according to the following schedule:

28 (a) The fee for a nongovernmental pharmacy license shall be
29 four hundred dollars (\$400) and may be increased to five hundred
30 twenty dollars (\$520). The fee for the issuance of a temporary
31 nongovernmental pharmacy permit shall be two hundred fifty
32 dollars (\$250) and may be increased to three hundred twenty-five
33 dollars (\$325).

34 (b) The fee for a nongovernmental pharmacy license annual
35 renewal shall be two hundred fifty dollars (\$250) and may be
36 increased to three hundred twenty-five dollars (\$325).

37 (c) The fee for the pharmacist application and examination shall
38 be two hundred dollars (\$200) and may be increased to two
39 hundred sixty dollars (\$260).

1 (d) The fee for regrading an examination shall be ninety dollars
2 (\$90) and may be increased to one hundred fifteen dollars (\$115).
3 If an error in grading is found and the applicant passes the
4 examination, the regrading fee shall be refunded.

5 (e) The fee for a pharmacist license and biennial renewal shall
6 be one hundred fifty dollars (\$150) and may be increased to one
7 hundred ninety-five dollars (\$195).

8 (f) The fee for a nongovernmental wholesaler or third-party
9 logistics provider license and annual renewal shall be seven
10 hundred eighty dollars (\$780) and may be decreased to no less
11 than six hundred dollars (\$600). The application fee for any
12 additional location after licensure of the first 20 locations shall be
13 three hundred dollars (\$300) and may be decreased to no less than
14 two hundred twenty-five dollars (\$225). A temporary license fee
15 shall be seven hundred fifteen dollars (\$715) and may be decreased
16 to no less than five hundred fifty dollars (\$550).

17 (g) The fee for a hypodermic license and renewal shall be one
18 hundred twenty-five dollars (\$125) and may be increased to one
19 hundred sixty-five dollars (\$165).

20 (h) (1) The fee for application, investigation, and issuance of
21 a license as a designated representative pursuant to Section 4053,
22 or as a designated representative-3PL pursuant to Section 4053.1,
23 shall be three hundred thirty dollars (\$330) and may be decreased
24 to no less than two hundred fifty-five dollars (\$255).

25 (2) The fee for the annual renewal of a license as a designated
26 representative or designated representative-3PL shall be one
27 hundred ninety-five dollars (\$195) and may be decreased to no
28 less than one hundred fifty dollars (\$150).

29 (i) (1) The fee for the application, investigation, and issuance
30 of a license as a designated representative for a veterinary
31 food-animal drug retailer pursuant to Section 4053 shall be three
32 hundred thirty dollars (\$330) and may be decreased to no less than
33 two hundred fifty-five dollars (\$255).

34 (2) The fee for the annual renewal of a license as a designated
35 representative for a veterinary food-animal drug retailer shall be
36 one hundred ninety-five dollars (\$195) and may be decreased to
37 no less than one hundred fifty dollars (\$150).

38 (j) (1) The application fee for a nonresident wholesaler or
39 third-party logistics provider license issued pursuant to Section

1 4161 shall be seven hundred eighty dollars (\$780) and may be
2 decreased to no less than six hundred dollars (\$600).

3 (2) For nonresident wholesalers or third-party logistics providers
4 that have 21 or more facilities operating nationwide the application
5 fees for the first 20 locations shall be seven hundred eighty dollars
6 (\$780) and may be decreased to no less than six hundred dollars
7 (\$600). The application fee for any additional location after
8 licensure of the first 20 locations shall be three hundred dollars
9 (\$300) and may be decreased to no less than two hundred
10 twenty-five dollars (\$225). A temporary license fee shall be seven
11 hundred fifteen dollars (\$715) and may be decreased to no less
12 than five hundred fifty dollars (\$550).

13 (3) The annual renewal fee for a nonresident wholesaler license
14 or third-party logistics provider license issued pursuant to Section
15 4161 shall be seven hundred eighty dollars (\$780) and may be
16 decreased to no less than six hundred dollars (\$600).

17 (k) The fee for evaluation of continuing education courses for
18 accreditation shall be set by the board at an amount not to exceed
19 forty dollars (\$40) per course hour.

20 (l) The fee for an intern pharmacist license shall be ninety dollars
21 (\$90) and may be increased to one hundred fifteen dollars (\$115).
22 The fee for transfer of intern hours or verification of licensure to
23 another state shall be twenty-five dollars (\$25) and may be
24 increased to thirty dollars (\$30).

25 (m) The board may waive or refund the additional fee for the
26 issuance of a license where the license is issued less than 45 days
27 before the next regular renewal date.

28 (n) The fee for the reissuance of any license, or renewal thereof,
29 that has been lost or destroyed or reissued due to a name change
30 shall be thirty-five dollars (\$35) and may be increased to forty-five
31 dollars (\$45).

32 (o) The fee for the reissuance of any license, or renewal thereof,
33 that must be reissued because of a change in the information, shall
34 be one hundred dollars (\$100) and may be increased to one hundred
35 thirty dollars (\$130).

36 (p) It is the intent of the Legislature that, in setting fees pursuant
37 to this section, the board shall seek to maintain a reserve in the
38 Pharmacy Board Contingent Fund equal to approximately one
39 year's operating expenditures.

1 (q) The fee for any applicant for a nongovernmental clinic
2 license shall be four hundred dollars (\$400) and may be increased
3 to five hundred twenty dollars (\$520) for each license. The annual
4 fee for renewal of the license shall be two hundred fifty dollars
5 (\$250) and may be increased to three hundred twenty-five dollars
6 (\$325) for each license.

7 (r) The fee for the issuance of a pharmacy technician license
8 shall be eighty dollars (\$80) and may be increased to one hundred
9 five dollars (\$105). The fee for renewal of a pharmacy technician
10 license shall be one hundred dollars (\$100) and may be increased
11 to one hundred thirty dollars (\$130).

12 (s) The fee for a veterinary food-animal drug retailer license
13 shall be four hundred five dollars (\$405) and may be increased to
14 four hundred twenty-five dollars (\$425). The annual renewal fee
15 for a veterinary food-animal drug retailer license shall be two
16 hundred fifty dollars (\$250) and may be increased to three hundred
17 twenty-five dollars (\$325).

18 (t) The fee for issuance of a retired license pursuant to Section
19 4200.5 shall be thirty-five dollars (\$35) and may be increased to
20 forty-five dollars (\$45).

21 (u) The fee for issuance or renewal of a nongovernmental sterile
22 compounding pharmacy license shall be six hundred dollars (\$600)
23 and may be increased to seven hundred eighty dollars (\$780). The
24 fee for a temporary license shall be five hundred fifty dollars (\$550)
25 and may be increased to seven hundred fifteen dollars (\$715).

26 (v) The fee for the issuance or renewal of a nonresident sterile
27 compounding pharmacy license shall be seven hundred eighty
28 dollars (\$780). In addition to paying that application fee, the
29 nonresident sterile compounding pharmacy shall deposit, when
30 submitting the application, a reasonable amount, as determined by
31 the board, necessary to cover the board's estimated cost of
32 performing the inspection required by Section 4127.2. If the
33 required deposit is not submitted with the application, the
34 application shall be deemed to be incomplete. If the actual cost of
35 the inspection exceeds the amount deposited, the board shall
36 provide to the applicant a written invoice for the remaining amount
37 and shall not take action on the application until the full amount
38 has been paid to the board. If the amount deposited exceeds the
39 amount of actual and necessary costs incurred, the board shall
40 remit the difference to the applicant.

1 (w) This section shall become inoperative on July 1, 2017, and
2 as of January 1, 2018, is repealed.

3 SEC. 26. Section 4400 is added to the Business and Professions
4 Code, to read:

5 4400. The amount of fees and penalties prescribed by this
6 chapter, except as otherwise provided, is that fixed by the board
7 according to the following schedule:

8 (a) The fee for a nongovernmental pharmacy license shall be
9 five hundred twenty dollars (\$520) and may be increased to five
10 hundred seventy dollars (\$570). The fee for the issuance of a
11 temporary nongovernmental pharmacy permit shall be two hundred
12 fifty dollars (\$250) and may be increased to three hundred
13 twenty-five dollars (\$325).

14 (b) The fee for a nongovernmental pharmacy license annual
15 renewal shall be six hundred sixty-five dollars (\$665) and may be
16 increased to nine hundred thirty dollars (\$930).

17 (c) The fee for the pharmacist application and examination shall
18 be two hundred sixty dollars (\$260) and may be increased to two
19 hundred eighty-five dollars (\$285).

20 (d) The fee for regrading an examination shall be ninety dollars
21 (\$90) and may be increased to one hundred fifteen dollars (\$115).
22 If an error in grading is found and the applicant passes the
23 examination, the regrading fee shall be refunded.

24 (e) The fee for a pharmacist license shall be one hundred
25 ninety-five dollars (\$195) and may be increased to two hundred
26 fifteen dollars (\$215). The fee for a pharmacist biennial renewal
27 shall be three hundred sixty dollars (\$360) and may be increased
28 to five hundred five dollars (\$505).

29 (f) The fee for a nongovernmental wholesaler or third-party
30 logistics provider license and annual renewal shall be seven
31 hundred eighty dollars (\$780) and may be increased to eight
32 hundred twenty dollars (\$820). The application fee for any
33 additional location after licensure of the first 20 locations shall be
34 three hundred dollars (\$300) and may be decreased to no less than
35 two hundred twenty-five dollars (\$225). A temporary license fee
36 shall be seven hundred fifteen dollars (\$715) and may be decreased
37 to no less than five hundred fifty dollars (\$550).

38 (g) The fee for a hypodermic license shall be one hundred
39 seventy dollars (\$170) and may be increased to two hundred forty
40 dollars (\$240). The fee for a hypodermic license renewal shall be

1 two hundred dollars (\$200) and may be increased to two hundred
2 eighty dollars (\$280).

3 (h) (1) The fee for application, investigation, and issuance of
4 a license as a designated representative pursuant to Section 4053,
5 or as a designated representative-3PL pursuant to Section 4053.1,
6 shall be one hundred fifty dollars (\$150) and may be increased to
7 two hundred ten dollars (\$210).

8 (2) The fee for the annual renewal of a license as a designated
9 representative or designated representative-3PL shall be two
10 hundred fifteen dollars (\$215) and may be increased to three
11 hundred dollars (\$300).

12 (i) (1) The fee for the application, investigation, and issuance
13 of a license as a designated representative for a veterinary
14 food-animal drug retailer pursuant to Section 4053 shall be one
15 hundred fifty dollars (\$150) and may be increased to two hundred
16 ten dollars (\$210).

17 (2) The fee for the annual renewal of a license as a designated
18 representative for a veterinary food-animal drug retailer shall be
19 two hundred fifteen dollars (\$215) and may be increased to three
20 hundred dollars (\$300).

21 (j) (1) The application fee for a nonresident wholesaler or
22 third-party logistics provider license issued pursuant to Section
23 4161 shall be seven hundred eighty dollars (\$780) and may be
24 increased to eight hundred twenty dollars (\$820).

25 (2) For nonresident wholesalers or third-party logistics providers
26 that have 21 or more facilities operating nationwide the application
27 fees for the first 20 locations shall be seven hundred eighty dollars
28 (\$780) and may be increased to eight hundred twenty dollars
29 (\$820). The application fee for any additional location after
30 licensure of the first 20 locations shall be three hundred dollars
31 (\$300) and may be decreased to no less than two hundred
32 twenty-five dollars (\$225). A temporary license fee shall be seven
33 hundred fifteen dollars (\$715) and may be decreased to no less
34 than five hundred fifty dollars (\$550).

35 (3) The annual renewal fee for a nonresident wholesaler license
36 or third-party logistics provider license issued pursuant to Section
37 4161 shall be seven hundred eighty dollars (\$780) and may be
38 increased to eight hundred twenty dollars (\$820).

- 1 (k) The fee for evaluation of continuing education courses for
2 accreditation shall be set by the board at an amount not to exceed
3 forty dollars (\$40) per course hour.
- 4 (l) The fee for an intern pharmacist license shall be one hundred
5 sixty-five dollars (\$165) and may be increased to two hundred
6 thirty dollars (\$230). The fee for transfer of intern hours or
7 verification of licensure to another state shall be twenty-five dollars
8 (\$25) and may be increased to thirty dollars (\$30).
- 9 (m) The board may waive or refund the additional fee for the
10 issuance of a license where the license is issued less than 45 days
11 before the next regular renewal date.
- 12 (n) The fee for the reissuance of any license, or renewal thereof,
13 that has been lost or destroyed or reissued due to a name change
14 shall be thirty-five dollars (\$35) and may be increased to forty-five
15 dollars (\$45).
- 16 (o) The fee for the reissuance of any license, or renewal thereof,
17 that must be reissued because of a change in the information, shall
18 be one hundred dollars (\$100) and may be increased to one hundred
19 thirty dollars (\$130).
- 20 (p) It is the intent of the Legislature that, in setting fees pursuant
21 to this section, the board shall seek to maintain a reserve in the
22 Pharmacy Board Contingent Fund equal to approximately one
23 year's operating expenditures.
- 24 (q) The fee for any applicant for a nongovernmental clinic
25 license shall be five hundred twenty dollars (\$520) for each license
26 and may be increased to five hundred seventy dollars (\$570). The
27 annual fee for renewal of the license shall be three hundred
28 twenty-five dollars (\$325) for each license and may be increased
29 to three hundred sixty dollars (\$360).
- 30 (r) The fee for the issuance of a pharmacy technician license
31 shall be one hundred forty dollars (\$140) and may be increased to
32 one hundred ninety-five dollars (\$195). The fee for renewal of a
33 pharmacy technician license shall be one hundred forty dollars
34 (\$140) and may be increased to one hundred ninety-five dollars
35 (\$195).
- 36 (s) The fee for a veterinary food-animal drug retailer license
37 shall be four hundred thirty-five dollars (\$435) and may be
38 increased to six hundred ten dollars (\$610). The annual renewal
39 fee for a veterinary food-animal drug retailer license shall be three

1 hundred thirty dollars (\$330) and may be increased to four hundred
2 sixty dollars (\$460).

3 (t) The fee for issuance of a retired license pursuant to Section
4 4200.5 shall be thirty-five dollars (\$35) and may be increased to
5 forty-five dollars (\$45).

6 (u) The fee for issuance of a nongovernmental sterile
7 compounding pharmacy license shall be one thousand six hundred
8 forty-five dollars (\$1,645) and may be increased to two thousand
9 three hundred five dollars (\$2,305). The fee for a temporary license
10 shall be five hundred fifty dollars (\$550) and may be increased to
11 seven hundred fifteen dollars (\$715). The annual renewal fee of
12 the license shall be one thousand three hundred twenty-five dollars
13 (\$1,325) and may be increased to one thousand eight hundred
14 fifty-five dollars (\$1,855).

15 (v) The fee for the issuance of a nonresident sterile compounding
16 pharmacy license shall be two thousand three hundred eighty
17 dollars (\$2,380) and may be increased to three thousand three
18 hundred thirty-five dollars (\$3,335). The annual renewal of the
19 license shall be two thousand two hundred seventy dollars (\$2,270)
20 and may be increased to three thousand one hundred eighty dollars
21 (\$3,180). In addition to paying that application fee, the nonresident
22 sterile compounding pharmacy shall deposit, when submitting the
23 application, a reasonable amount, as determined by the board,
24 necessary to cover the board's estimated cost of performing the
25 inspection required by Section 4127.2. If the required deposit is
26 not submitted with the application, the application shall be deemed
27 to be incomplete. If the actual cost of the inspection exceeds the
28 amount deposited, the board shall provide to the applicant a written
29 invoice for the remaining amount and shall not take action on the
30 application until the full amount has been paid to the board. If the
31 amount deposited exceeds the amount of actual and necessary
32 costs incurred, the board shall remit the difference to the applicant.

33 (w) The fee for the issuance of a centralized hospital packaging
34 license shall be eight hundred twenty dollars (\$820) and may be
35 increased to one thousand one hundred fifty dollars (\$1,150). The
36 annual renewal of the license shall be eight hundred five dollars
37 (\$805) and may be increased to one thousand one hundred
38 twenty-five dollars (\$1,125).

39 (x) This section shall become operative on July 1, 2017.

1 SEC. 27. Chapter 15 (commencing with Section 4999) of
2 Division 2 of the Business and Professions Code is repealed.

3 SEC. 28. Section 7137 of the Business and Professions Code
4 is amended to read:

5 7137. The board shall set fees by regulation. These fees shall
6 not exceed the following schedule:

7 (a) (1) The application fee for an original license in a single
8 classification shall not be more than three hundred sixty dollars
9 (\$360).

10 (2) The application fee for each additional classification applied
11 for in connection with an original license shall not be more than
12 seventy-five dollars (\$75).

13 (3) The application fee for each additional classification pursuant
14 to Section 7059 shall not be more than three hundred dollars
15 (\$300).

16 (4) The application fee to replace a responsible managing officer,
17 responsible managing manager, responsible managing member,
18 or responsible managing employee pursuant to Section 7068.2
19 shall not be more than three hundred dollars (\$300).

20 (5) The application fee to add personnel, other than a qualifying
21 individual, to an existing license shall not be more than one
22 hundred fifty dollars (\$150).

23 (b) The fee for rescheduling an examination for an applicant
24 who has applied for an original license, additional classification,
25 a change of responsible managing officer, responsible managing
26 manager, responsible managing member, or responsible managing
27 employee, or for an asbestos certification or hazardous substance
28 removal certification, shall not be more than sixty dollars (\$60).

29 (c) The fee for scheduling or rescheduling an examination for
30 a licensee who is required to take the examination as a condition
31 of probation shall not be more than sixty dollars (\$60).

32 (d) The initial license fee for an active or inactive license shall
33 not be more than two hundred twenty dollars (\$220).

34 (e) (1) The renewal fee for an active license shall not be more
35 than four hundred thirty dollars (\$430).

36 (2) The renewal fee for an inactive license shall not be more
37 than two hundred twenty dollars (\$220).

38 (f) The delinquency fee is an amount equal to 50 percent of the
39 renewal fee, if the license is renewed after its expiration.

1 (g) The registration fee for a home improvement salesperson
2 shall not be more than ninety dollars (\$90).

3 (h) The renewal fee for a home improvement salesperson
4 registration shall not be more than ninety dollars (\$90).

5 (i) The application fee for an asbestos certification examination
6 shall not be more than ninety dollars (\$90).

7 (j) The application fee for a hazardous substance removal or
8 remedial action certification examination shall not be more than
9 ninety dollars (\$90).

10 (k) In addition to any other fees charged to C-10 and C-7
11 contractors, the board may charge a fee not to exceed twenty dollars
12 (\$20), which shall be used by the board to enforce provisions of
13 the Labor Code related to electrician certification.

14 (l) The board shall, by regulation, establish criteria for the
15 approval of expedited processing of applications. Approved
16 expedited processing of applications for licensure or registration,
17 as required by other provisions of law, shall not be subject to this
18 subdivision.

19 SEC. 29. Section 7153.3 of the Business and Professions Code
20 is amended to read:

21 7153.3. (a) To renew a home improvement salesperson
22 registration, which has not expired, the registrant shall before the
23 time at which the registration would otherwise expire, apply for
24 renewal on a form prescribed by the registrar and pay a renewal
25 fee prescribed by this chapter. Renewal of an unexpired registration
26 shall continue the registration in effect for the two-year period
27 following the expiration date of the registration, when it shall
28 expire if it is not again renewed.

29 (b) An application for renewal of registration is delinquent if
30 the application is not postmarked or received via electronic
31 transmission as authorized by Section 7156.6 by the date on which
32 the registration would otherwise expire. A registration may,
33 however, still be renewed at any time within three years after its
34 expiration upon the filing of an application for renewal on a form
35 prescribed by the registrar and the payment of the renewal fee
36 prescribed by this chapter and a delinquent renewal penalty equal
37 to 50 percent of the renewal fee. If a registration is not renewed
38 within three years, the person shall make a new application for
39 registration pursuant to Section 7153.1.

1 (c) The registrar may refuse to renew a registration for failure
2 by the registrant to complete the application for renewal of
3 registration. If a registrant fails to return the application rejected
4 for insufficiency or incompleteness within 90 days from the
5 original date of rejection, the application and fee shall be deemed
6 abandoned. Any application abandoned may not be reinstated.
7 However, the person may file a new application for registration
8 pursuant to Section 7153.1.

9 The registrar may review and accept the petition of a person who
10 disputes the abandonment of his or her renewal application upon
11 a showing of good cause. This petition shall be received within 90
12 days of the date the application for renewal is deemed abandoned.

13 SEC. 30. Section 8031 of the Business and Professions Code
14 is amended to read:

15 8031. The amount of the fees required by this chapter is that
16 fixed by the board in accordance with the following schedule:

17 (a) The fee for filing an application for each examination shall
18 be no more than forty dollars (\$40).

19 (b) The fee for examination and reexamination for the written
20 or practical part of the examination shall be in an amount fixed by
21 the board, which shall be equal to the actual cost of preparing,
22 administering, grading, and analyzing the examination, but shall
23 not exceed seventy-five dollars (\$75) for each separate part, for
24 each administration.

25 (c) The initial certificate fee is an amount equal to the renewal
26 fee in effect on the last regular renewal date before the date on
27 which the certificate is issued, except that, if the certificate will
28 expire less than 180 days after its issuance, then the fee is 50
29 percent of the renewal fee in effect on the last regular renewal date
30 before the date on which the certificate is issued, or fifty dollars
31 (\$50), whichever is greater. The board may, by appropriate
32 regulation, provide for the waiver or refund of the initial certificate
33 fee where the certificate is issued less than 45 days before the date
34 on which it will expire.

35 (d) By a resolution adopted by the board, a renewal fee may be
36 established in such amounts and at such times as the board may
37 deem appropriate to meet its operational expenses and funding
38 responsibilities as set forth in this chapter. The renewal fee shall
39 not be more than two hundred fifty dollars (\$250) nor less than
40 ten dollars (\$10) annually, with the following exception:

1 Any person who is employed full time by the State of California
2 as a hearing reporter and who does not otherwise render shorthand
3 reporting services for a fee shall be exempt from licensure while
4 in state employment and shall not be subject to the renewal fee
5 provisions of this subdivision until 30 days after leaving state
6 employment. The renewal fee shall, in addition to the amount fixed
7 by this subdivision, include any unpaid fees required by this section
8 plus any delinquency fee.

9 (e) The duplicate certificate fee shall be no greater than ten
10 dollars (\$10).

11 (f) The penalty for failure to notify the board of a change of
12 name or address as required by Section 8024.6 shall be no greater
13 than fifty dollars (\$50).

14 SEC. 31. Section 8516 of the Business and Professions Code
15 is amended to read:

16 8516. (a) This section, and Section 8519, apply only to wood
17 destroying pests or organisms.

18 (b) A registered company or licensee shall not commence work
19 on a contract, or sign, issue, or deliver any documents expressing
20 an opinion or statement relating to the absence or presence of wood
21 destroying pests or organisms until an inspection has been made
22 by a licensed Branch 3 field representative or operator employed
23 by a registered company, except as provided in Section 8519.5.
24 The address of each property inspected or upon which work is
25 completed shall be reported on a form prescribed by the board and
26 shall be filed with the board no later than 10 business days after
27 the commencement of an inspection or upon completed work.

28 Every property inspected pursuant to this subdivision or Section
29 8518 shall be assessed a filing fee pursuant to Section 8674.

30 Failure of a registered company to report and file with the board
31 the address of any property inspected or work completed pursuant
32 to Section 8518 or this section is grounds for disciplinary action
33 and shall subject the registered company to a fine of not more than
34 two thousand five hundred dollars (\$2,500). The address of an
35 inspection report prepared for use by an attorney for litigation
36 purposes shall not be required to be reported to the board and shall
37 not be assessed a filing fee.

38 A written inspection report conforming to this section and a form
39 approved by the board shall be prepared and delivered to the person
40 requesting the inspection and the property owner, or to the property

1 owner's designated agent, within 10 business days from the start
2 of the inspection, except that an inspection report prepared for use
3 by an attorney for litigation purposes is not required to be reported
4 to the board or the property owner. An inspection report may be
5 a complete, limited, supplemental, or reinspection report, as defined
6 by Section 1993 of Title 16 of the California Code of Regulations.
7 The report shall be delivered before work is commenced on any
8 property. The registered company shall retain for three years all
9 inspection reports, field notes, and activity forms.

10 Reports shall be made available for inspection and reproduction
11 to the executive officer of the board or his or her duly authorized
12 representative during business hours. All inspection reports or
13 copies thereof shall be submitted to the board upon demand within
14 two business days. The following shall be set forth in the report:

15 (1) The start date of the inspection and the name of the licensed
16 field representative or operator making the inspection.

17 (2) The name and address of the person or firm ordering the
18 report.

19 (3) The name and address of the property owner and any person
20 who is a party in interest.

21 (4) The address or location of the property.

22 (5) A general description of the building or premises inspected.

23 (6) A foundation diagram or sketch of the structure or structures
24 or portions of the structure or structures inspected, including the
25 approximate location of any infested or infected areas evident, and
26 the parts of the structure where conditions that would ordinarily
27 subject those parts to attack by wood destroying pests or organisms
28 exist. Reporting of the infested or infected wood members, or parts
29 of the structure identified, shall be listed in the inspection report
30 to clearly identify them, as is typical in standard construction
31 components, including, but not limited to, siding, studs, rafters,
32 floor joists, fascia, subfloor, sheathing, and trim boards.

33 (7) Information regarding the substructure, foundation walls
34 and footings, porches, patios and steps, air vents, abutments, attic
35 spaces, roof framing that includes the eaves, rafters, fascias,
36 exposed timbers, exposed sheathing, ceiling joists, and attic walls,
37 or other parts subject to attack by wood destroying pests or
38 organisms. Conditions usually deemed likely to lead to infestation
39 or infection, such as earth-wood contacts, excessive cellulose

1 debris, faulty grade levels, excessive moisture conditions, evidence
2 of roof leaks, and insufficient ventilation are to be reported.

3 (8) One of the following statements, as appropriate, printed in
4 bold type:

5 (A) The exterior surface of the roof was not inspected. If you
6 want the water tightness of the roof determined, you should contact
7 a roofing contractor who is licensed by the Contractors' State
8 License Board.

9 (B) The exterior surface of the roof was inspected to determine
10 whether or not wood destroying pests or organisms are present.

11 (9) Indication or description of any areas that are inaccessible
12 or not inspected with recommendation for further inspection if
13 practicable. If, after the report has been made in compliance with
14 this section, authority is given later to open inaccessible areas, a
15 supplemental report on conditions in these areas shall be made.

16 (10) Recommendations for corrective measures.

17 (11) Information regarding the pesticide or pesticides to be used
18 for their control or prevention as set forth in subdivision (a) of
19 Section 8538.

20 (12) The inspection report shall clearly disclose that if requested
21 by the person ordering the original report, a reinspection of the
22 structure will be performed if an estimate or bid for making repairs
23 was given with the original inspection report, or thereafter.

24 An estimate or bid shall be given separately allocating the costs
25 to perform each and every recommendation for corrective measures
26 as specified in subdivision (c) with the original inspection report
27 if the person who ordered the original inspection report so requests,
28 and if the registered company is regularly in the business of
29 performing each corrective measure.

30 If no estimate or bid was given with the original inspection
31 report, or thereafter, then the registered company shall not be
32 required to perform a reinspection.

33 A reinspection shall be an inspection of those items previously
34 listed on an original report to determine if the recommendations
35 have been completed. Each reinspection shall be reported on an
36 original inspection report form and shall be labeled "Reinspection."
37 Each reinspection shall also identify the original report by date.

38 After four months from an original inspection, all inspections
39 shall be original inspections and not reinspections.

1 Any reinspection shall be performed for not more than the price
2 of the registered company's original inspection price and shall be
3 completed within 10 business days after a reinspection has been
4 ordered.

5 (13) The inspection report shall contain the following statement,
6 printed in boldface type:

7
8 “NOTICE: Reports on this structure prepared by various
9 registered companies should list the same findings (i.e. termite
10 infestations, termite damage, fungus damage, etc.). However,
11 recommendations to correct these findings may vary from company
12 to company. You have a right to seek a second opinion from
13 another company.”

14
15 (c) At the time a report is ordered, the registered company or
16 licensee shall inform the person or entity ordering the report, that
17 a separate report is available pursuant to this subdivision. If a
18 separate report is requested at the time the inspection report is
19 ordered, the registered company or licensee shall separately identify
20 on the report each recommendation for corrective measures as
21 follows:

22 (1) The infestation or infection that is evident.

23 (2) The conditions that are present that are deemed likely to
24 lead to infestation or infection.

25 If a registered company or licensee fails to inform as required
26 by this subdivision and a dispute arises, or if any other dispute
27 arises as to whether this subdivision has been complied with, a
28 separate report shall be provided within 24 hours of the request
29 but, in no event, later than the next business day, and at no
30 additional cost.

31 (d) When a corrective condition is identified, either as paragraph
32 (1) or (2) of subdivision (c), and the property owner or the property
33 owner's designated agent chooses not to correct those conditions,
34 the registered company or licensee shall not be liable for damages
35 resulting from a failure to correct those conditions or subject to
36 any disciplinary action by the board. Nothing in this subdivision,
37 however, shall relieve a registered company or a licensee of any
38 liability resulting from negligence, fraud, dishonest dealing, other
39 violations pursuant to this chapter, or contractual obligations

1 between the registered company or licensee and the responsible
2 parties.

3 (e) The inspection report form prescribed by the board shall
4 separately identify the infestation or infection that is evident and
5 the conditions that are present that are deemed likely to lead to
6 infestation or infection. If a separate form is requested, the form
7 shall explain the infestation or infection that is evident and the
8 conditions that are present that are deemed likely to lead to
9 infestation or infection and the difference between those conditions.
10 In no event, however, shall conditions deemed likely to lead to
11 infestation or infection be characterized as actual “defects” or as
12 actual “active” infestations or infections or in need of correction
13 as a precondition to issuing a certification pursuant to Section
14 8519.

15 (f) The report and any contract entered into shall also state
16 specifically when any guarantee for the work is made, and if so,
17 the specific terms of the guarantee and the period of time for which
18 the guarantee shall be in effect. If a guarantee extends beyond three
19 years, the registered company shall maintain all original inspection
20 reports, field notes, activity forms, and notices of completion for
21 the duration of the guarantee period and for one year after the
22 guarantee expires.

23 (g) For purposes of this section, “control service agreement”
24 means an agreement, including extended warranties, to have a
25 licensee conduct over a period of time regular inspections and
26 other activities related to the control or eradication of wood
27 destroying pests and organisms. Under a control service agreement
28 a registered company shall refer to the original report and contract
29 in a manner as to identify them clearly, and the report shall be
30 assumed to be a true report of conditions as originally issued,
31 except it may be modified after a control service inspection. A
32 registered company is not required to issue a report as outlined in
33 paragraphs (1) to (11), inclusive, of subdivision (b) after each
34 control service inspection. If after control service inspection, no
35 modification of the original report is made in writing, then it will
36 be assumed that conditions are as originally reported. A control
37 service contract shall state specifically the particular wood
38 destroying pests or organisms and the portions of the buildings or
39 structures covered by the contract.

- 1 (h) A registered company or licensee may enter into and
2 maintain a control service agreement provided the following
3 requirements are met:
 - 4 (1) The control service agreement shall be in writing, signed by
5 both parties, and shall specifically include the following:
 - 6 (A) The wood destroying pests and organisms covered by the
7 control service agreement.
 - 8 (B) Any wood destroying pest or organism that is not covered
9 must be specifically listed.
 - 10 (C) The type and manner of treatment to be used to correct the
11 infestations or infections.
 - 12 (D) The structures or buildings, or portions thereof, covered by
13 the agreement, including a statement specifying whether the
14 coverage for purposes of periodic inspections is limited or full.
15 Any exclusions from those described in the original report must
16 be specifically listed.
 - 17 (E) A reference to the original inspection report.
 - 18 (F) The frequency of the inspections to be provided, the fee to
19 be charged for each renewal, and the duration of the agreement.
 - 20 (G) Whether the fee includes structural repairs.
 - 21 (H) If the services provided are guaranteed, and, if so, the terms
22 of the guarantee.
 - 23 (I) A statement that all corrections of infestations or infections
24 covered by the control service agreement shall be completed within
25 six months of discovery, unless otherwise agreed to in writing by
26 both parties.
 - 27 (2) The original inspection report, the control service agreement,
28 and completion report shall be maintained for three years after the
29 cancellation of the control service agreement.
 - 30 (3) Inspections made pursuant to a control service agreement
31 shall be conducted by a Branch 3 licensee. Section 8506.1 does
32 not modify this provision.
 - 33 (4) A full inspection of the property covered by the control
34 service agreement shall be conducted and a report filed pursuant
35 to subdivision (b) at least once every three years from the date that
36 the agreement was entered into, unless the consumer cancels the
37 contract within three years from the date the agreement was entered
38 into.

1 (5) Under a control service agreement, a written report shall be
2 required for the correction of any infestation or infection unless
3 all of the following conditions are met:

4 (A) The infestation or infection has been previously reported.

5 (B) The infestation or infection is covered by the control service
6 agreement.

7 (C) There is no additional charge for correcting the infestation
8 or infection.

9 (D) Correction of the infestation or infection takes place within
10 45 days of its discovery.

11 (E) Correction of the infestation or infection does not include
12 fumigation.

13 (6) All notice requirements pursuant to Section 8538 shall apply
14 to all pesticide treatments conducted under control service
15 agreements.

16 (i) All work recommended by a registered company, where an
17 estimate or bid for making repairs was given with the original
18 inspection report, or thereafter, shall be recorded on this report or
19 a separate work agreement and shall specify a price for each
20 recommendation. This information shall be provided to the person
21 requesting the inspection, and shall be retained by the registered
22 company with the inspection report copy for three years.

23 SEC. 32. Section 8518 of the Business and Professions Code
24 is amended to read:

25 8518. (a) When a registered company completes work under
26 a contract, it shall prepare, on a form prescribed by the board, a
27 notice of work completed and not completed, and shall furnish
28 that notice to the owner of the property or the owner's agent within
29 10 business days after completing the work. The notice shall
30 include a statement of the cost of the completed work and estimated
31 cost of work not completed.

32 (b) The address of each property inspected or upon which work
33 was completed shall be reported on a form prescribed by the board
34 and shall be filed with the board no later than 10 business days
35 after completed work.

36 (c) A filing fee shall be assessed pursuant to Section 8674 for
37 every property upon which work is completed.

38 (d) Failure of a registered company to report and file with the
39 board the address of any property upon which work was completed
40 pursuant to subdivision (b) of Section 8516 or this section is

1 grounds for disciplinary action and shall subject the registered
2 company to a fine of not more than two thousand five hundred
3 dollars (\$2,500).

4 (e) The registered company shall retain for three years all
5 original notices of work completed, work not completed, and
6 activity forms.

7 (f) Notices of work completed and not completed shall be made
8 available for inspection and reproduction to the executive officer
9 of the board or his or her duly authorized representative during
10 business hours. Original notices of work completed or not
11 completed or copies thereof shall be submitted to the board upon
12 request within two business days.

13 (g) This section shall only apply to work relating to wood
14 destroying pests or organisms.

15 ~~SEC. 33. Section 8555 of the Business and Professions Code~~
16 ~~is amended to read:~~

17 ~~8555. This chapter does not apply to:~~

18 ~~(a) Public utilities operating under the regulations of the Public~~
19 ~~Utilities Commission, except to work performed upon property of~~
20 ~~the utilities not subject to the jurisdiction of the Public Utilities~~
21 ~~Commission or work done by the utility for hire.~~

22 ~~(b) Persons engaged only in agricultural pest control work under~~
23 ~~permit or license by the Department of Pesticide Regulation or a~~
24 ~~county agricultural commissioner.~~

25 ~~(c) Pest control performed by persons upon property that they~~
26 ~~own, lease, or rent, except that the persons shall be subject to the~~
27 ~~limitations imposed by Article 3 of this chapter.~~

28 ~~(d) Governmental agencies, state, federal, city, or county~~
29 ~~officials, and their employees while officially engaged.~~

30 ~~(e) Authorized representatives of an educational institution or~~
31 ~~state or federal agency engaged in research or study of pest control,~~
32 ~~or engaged in investigation or preparation for expert opinion or~~
33 ~~testimony. A professional engaging in research, study,~~
34 ~~investigation, or preparation for expert opinion or testimony on~~
35 ~~his or her own behalf shall comply with the requirements of this~~
36 ~~chapter.~~

37 ~~(f) Certified architects and registered civil engineers, acting~~
38 ~~solely within their professional capacity, except that they shall be~~
39 ~~subject to the limitations imposed by Article 3 of this chapter.~~

1 ~~(g) Persons engaged in the live capture and removal or exclusion~~
2 ~~of bees or wasps from a structure without the use of pesticides;~~
3 ~~provided those persons maintain insurance coverage as described~~
4 ~~in Section 8692.~~

5 ~~SEC. 34.~~

6 ~~SEC. 33.~~ Section 1348.8 of the Health and Safety Code is
7 repealed.

8 ~~SEC. 35.~~

9 ~~SEC. 34.~~ Section 10279 of the Insurance Code is repealed.

10 ~~SEC. 36.~~

11 ~~SEC. 35.~~ No reimbursement is required by this act pursuant to
12 Section 6 of Article XIII B of the California Constitution because
13 the only costs that may be incurred by a local agency or school
14 district will be incurred because this act creates a new crime or
15 infraction, eliminates a crime or infraction, or changes the penalty
16 for a crime or infraction, within the meaning of Section 17556 of
17 the Government Code, or changes the definition of a crime within
18 the meaning of Section 6 of Article XIII B of the California
19 Constitution.

**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
May 11-12, 2016 BOARD MEETING**

BILL NUMBER: Senate Bill 1155

AUTHOR: Senate Member Morrell

SPONSOR:

VERSION: Amended 03/28/2016

INTRODUCED: 03/18/2016

BILL STATUS: 4/15 Set for hearing 4/25

BILL LOCATION: Senate Committee
on Appropriations

SUBJECT: Professions and Vocations:
Licenses: Military Service

**RELATED
BILLS:**

SUMMARY

This bill proposes to require the Department of Consumer Affairs to establish and maintain a program that grants one fee waiver for the application and issuance of a license to an individual who is an honorably discharged veteran. This waiver is not applicable to the renewal of a license nor issuance of a license other than one initial license as well as not applicable to an application of or a license issued to a business or other entity.

ANALYSIS

Currently the Dental Board of California (Board) regulates 102,000 licensees. Of those licensees, according to the BreEZe system, there are a total of 547 military licensees.

At this time it is unknown how many honorably discharged veterans would be applying for licensure with the Board to determine what the potential impact would be should this bill be enacted.

The one time waiver in licensure fees will fiscally affect this Board, because the Board operates as a result of licensure and permitting fees, however it is dependent upon how many new military veterans seek licensure with the Board to determine the extent of such an impact.

At this time, considering the fund conditions of the Dental Program and Dental Assistant Program, it would be too premature to state that the impact of this bill would be negligible and absorbable.

REGISTERED SUPPORT/OPPOSITION

None at this time.

STAFF RECOMMENDATION

Staff recommends the Board "WATCH" the position.

BOARD 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.

O

**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
MAY 11-12, 2016 BOARD MEETING**

BILL NUMBER:	Senate Bill 1195	SPONSOR:	
AUTHOR:	Senator Hill	INTRODUCED:	3/19/2016
VERSION:	Amended 4/06/2016	BILL LOCATION:	Senate Committee on Appropriation
BILL STATUS:	4/18/2016 Do pass as amended and re-refer to Com on APPR (6-0)	RELATED BILLS:	
SUBJECT:	Professions and Vocations: Board Actions: Competitive Impact		

SUMMARY

This bill would grant authority to the Director of the Department of Consumer Affairs (DCA) to review a decision or other action, except as specified, of a board within the DCA to determine whether it unreasonably restrains trade and to approve, disapprove, or modify the board decision or action, as specified.

This bill would also clarify when potential liability damages would be granted for board members involved in possible antitrust litigation; provide for an additional standard for the Office of Administrative Law to follow when reviewing regulatory actions of state boards; and eliminate the requirement that the Executive Officer of the Board of Registered Nursing be a registered nurse.

This bill makes various changes that are intended to improve the effectiveness of the Veterinary Medical Board and extends their sunset dates.

ANALYSIS

SB 1195 is a sunset bill making changes to various boards as a result of their sunset review hearings, but also to the authority of the Director of the DCA to assure compliance with the United States Supreme Court Decision, North Carolina State Board of Dental Examiners v. Federal Trade Commission. This bill addresses the concerns raised by the DCA and its suggested changes and recommendations to comply with the Decision.

This bill would impact the Dental Board, because of the proposed expanded authority of the Director as well as the requirement of the Director to review and investigate as specified any complaint or inquiry as to the decisions of the Board. This proposal is overbroad and requires the authority expanded to the Director to be narrowly tailored in order to advance the intended legitimate state interest. The proposed expansion and requirement would undermine the role of the Board especially relating to disciplinary actions.

Below are following questions to be addressed:

- Should someone assert or inquire of the Director to review or investigate a disciplinary action taken by the Board as violating antitrust laws, would that:
 - Provide time to the licensee to practice until the Director finishes his review and investigation? or
 - Would the Board's decision stand, until the Director conducts his review/investigation?
- Will there be a timeline as to when a licensee or another would be able to challenge such a decision?
- Does an informal inquiry or complaint warrant the Director to review/investigate any Board decision?
 - Will a formal complaint process be established to conduct such reviews and investigations?
- Will there be any changes to BreEZe to accommodate the bill?
 - If so, who will be paying for the accommodation? DCA or the Boards?

REGISTERED SUPPORT/OPPOSITION

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

BOARD POSITION

The Board has not taken a position on the bill. The Committee may consider recommending the Board take one of the following actions regarding this bill:

- Support
- Oppose
- Oppose if Amended
- Watch
- No Action

Staff recommends taking an "Oppose unless amended" position on this bill.

AMENDED IN SENATE APRIL 6, 2016

SENATE BILL

No. 1195

Introduced by Senator Hill

February 18, 2016

An act to amend Sections ~~4800 and 4804.5~~ of 109, 116, 153, 307, 313.1, 2708, 4800, 4804.5, 4825.1, 4830, and 4846.5 of, and to add Sections 4826.3, 4826.5, 4826.7, 4848.1, and 4853.7 to, the Business and Professions Code, and to amend Sections 825, 11346.5, 11349, and 11349.1 of the Government Code, relating to ~~healing arts~~, professional regulation, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

SB 1195, as amended, Hill. ~~Veterinary Medical Board: executive officer.~~ *Professions and vocations: board actions: competitive impact.*

(1) Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs, and authorizes those boards to adopt regulations to enforce the laws pertaining to the profession and vocation for which they have jurisdiction. Existing law makes decisions of any board within the department pertaining to setting standards, conducting examinations, passing candidates, and revoking licenses final, except as specified, and provides that those decisions are not subject to review by the Director of Consumer Affairs. Existing law authorizes the director to audit and review certain inquiries and complaints regarding licensees, including the dismissal of a disciplinary case. Existing law requires the director to annually report to the chairpersons of certain committees of the Legislature information regarding findings from any audit, review, or monitoring and evaluation. Existing law authorizes the director to contract for services of experts and consultants where necessary.

Existing law requires regulations, except those pertaining to examinations and qualifications for licensure and fee changes proposed or promulgated by a board within the department, to comply with certain requirements before the regulation or fee change can take effect, including that the director is required to be notified of the rule or regulation and given 30 days to disapprove the regulation. Existing law prohibits a rule or regulation that is disapproved by the director from having any force or effect, unless the director's disapproval is overridden by a unanimous vote of the members of the board, as specified.

This bill would instead authorize the director, upon his or her own initiative, and require the director, upon the request of a consumer or licensee, to review a decision or other action, except as specified, of a board within the department to determine whether it unreasonably restrains trade and to approve, disapprove, or modify the board decision or action, as specified. The bill would require the director to post on the department's Internet Web site his or her final written decision and the reasons for the decision within 90 days from receipt of the request of a consumer or licensee. The bill would, commencing on March 1, 2017, require the director to annually report to the chairs of specified committees of the Legislature information regarding the director's disapprovals, modifications, or findings from any audit, review, or monitoring and evaluation. The bill would authorize the director to seek, designate, employ, or contract for the services of independent antitrust experts for purposes of reviewing board actions for unreasonable restraints on trade. The bill would also require the director to review and approve any regulation promulgated by a board within the department, as specified. The bill would authorize the director to modify any regulation as a condition of approval, and to disapprove a regulation because it would have an impermissible anticompetitive effect. The bill would prohibit any rule or regulation from having any force or effect if the director does not approve the regulation because it has an impermissible anticompetitive effect.

(2) Existing law, until January 1, 2018, provides for the licensure and regulation of registered nurses by the Board of Registered Nursing, which is within the Department of Consumer Affairs, and requires the board to appoint an executive officer who is a nurse currently licensed by the board.

This bill would instead prohibit the executive officer from being a licensee of the board.

~~The~~

(3) *The Veterinary Medicine Practice Act provides for the licensure and registration of veterinarians and registered veterinary technicians and the regulation of the practice of veterinary medicine by the Veterinary Medical Board, which is within the Department of Consumer Affairs, and authorizes the board to appoint an executive officer, as specified. Existing law repeals the provisions establishing the board and authorizing the board to appoint an executive officer as of January 1, 2017. That act exempts certain persons from the requirements of the act, including a veterinarian employed by the University of California or the Western University of Health Sciences while engaged in the performance of specified duties. That act requires all premises where veterinary medicine, dentistry, and surgery is being practiced to register with the board. That act requires all fees collected on behalf of the board to be deposited into the Veterinary Medical Board Contingent Fund, which continuously appropriates fees deposited into the fund. That act makes a violation of any provision of the act punishable as a misdemeanor.*

This bill would extend the operation of the board and the authorization of the board to appoint an executive officer to January 1, 2021. *The bill would authorize a veterinarian and registered veterinary technician who is under the direct supervision of a veterinarian with a current and active license to compound a drug for anesthesia, the prevention, cure, or relief of a wound, fracture, bodily injury, or disease of an animal in a premises currently and actively registered with the board, as specified. The bill would authorize the California State Board of Pharmacy and the board to ensure compliance with these requirements. The bill would instead require veterinarians engaged in the practice of veterinary medicine employed by the University of California or by the Western University of Health Sciences while engaged in the performance of specified duties to be licensed as a veterinarian in the state or hold a university license issued by the board. The bill would require an applicant for a university license to meet certain requirements, including that the applicant passes a specified exam. The bill would also prohibit a premise registration that is not renewed within 5 years after its expiration from being renewed, restored, reissued, or reinstated; however, the bill would authorize a new premise registration to be issued to an applicant if no fact, circumstance, or condition exists that would justify the revocation or suspension of the registration if the registration was issued and if specified fees are paid. By requiring*

additional persons to be licensed and pay certain fees that would go into a continuously appropriated fund, this bill would make an appropriation. By requiring additional persons to be licensed under the act that were previously exempt, this bill would expand the definition of an existing crime and would, therefore, result in a state-mandated local program.

(4) Existing law, except as provided, requires a public entity to pay any judgment or any compromise or settlement of a claim or action against an employee or former employee of the public entity if the employee or former employee requests the public entity to defend him or her against any claim or action against him or her for an injury arising out of an act or omission occurring within the scope of his or her employment as an employee of the public entity, the request is made in writing not less than 10 days before the day of trial, and the employee or former employee reasonably cooperates in good faith in the defense of the claim or action.

This bill would require a public entity to pay a judgment or settlement for treble damage antitrust awards against a member of a regulatory board for an act or omission occurring within the scope of his or her employment as a member of a regulatory board.

(5) 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. That act requires the review by the office to follow certain standards, including, among others, necessity, as defined. That act requires an agency proposing to adopt, amend, or repeal a regulation to prepare a notice to the public that includes specified information, including reference to the authority under which the regulation is proposed.

This bill would add competitive impact, as defined, as an additional standard for the office to follow when reviewing regulatory actions of a state board on which a controlling number of decisionmakers are active market participants in the market that the board regulates, and requires the office to, among other things, consider whether the anticompetitive effects of the proposed regulation are clearly outweighed by the public policy merits. The bill would authorize the office to designate, employ, or contract for the services of independent antitrust or applicable economic experts when reviewing proposed regulations for competitive impact. The bill would require state boards on which a controlling number of decisionmakers are active market participants

in the market that the board regulates, when preparing the public notice, to additionally include a statement that the agency has evaluated the impact of the regulation on competition and that the effect of the regulation is within a clearly articulated and affirmatively expressed state law or policy.

(6) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

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

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

1 SECTION 1. Section 109 of the Business and Professions Code
2 is amended to read:

3 109. ~~(a) The decisions of any of the boards comprising the~~
4 ~~department with respect to setting standards, conducting~~
5 ~~examinations, passing candidates, and revoking licenses, are not~~
6 ~~subject to review by the director, but are final within the limits~~
7 ~~provided by this code which are applicable to the particular board,~~
8 ~~except as provided in this section.~~

9 ~~(b)~~

10 109. (a) The director may initiate an investigation of any
11 allegations of misconduct in the preparation, administration, or
12 scoring of an examination which is administered by a board, or in
13 the review of qualifications which are a part of the licensing process
14 of any board. A request for investigation shall be made by the
15 director to the Division of Investigation through the chief of the
16 division or to any law enforcement agency in the jurisdiction where
17 the alleged misconduct occurred.

18 ~~(c)~~

19 (b) (1) The director may intervene in any matter of any board
20 where an investigation by the Division of Investigation discloses
21 probable cause to believe that the conduct or activity of a board,
22 or its members or employees constitutes a violation of criminal
23 law.

24 ~~The~~

1 (2) ~~The term “intervene,” as used in paragraph (c) of this section~~
2 (1) may include, but is not limited to, an application for a
3 restraining order or injunctive relief as specified in Section 123.5,
4 or a referral or request for criminal prosecution. For purposes of
5 this section, the director shall be deemed to have standing under
6 Section 123.5 and shall seek representation of the Attorney
7 General, or other appropriate counsel in the event of a conflict in
8 pursuing that action.

9 (c) *The director may, upon his or her own initiative, and shall,*
10 *upon request by a consumer or licensee, review any board decision*
11 *or other action to determine whether it unreasonably restrains*
12 *trade. Such a review shall proceed as follows:*

13 (1) *The director shall assess whether the action or decision*
14 *reflects a clearly articulated and affirmatively expressed state law.*
15 *If the director determines that the action or decision does not*
16 *reflect a clearly articulated and affirmatively expressed state law,*
17 *the director shall disapprove the board action or decision and it*
18 *shall not go into effect.*

19 (2) *If the action or decision is a reflection of clearly articulated*
20 *and affirmatively expressed state law, the director shall assess*
21 *whether the action or decision was the result of the board’s*
22 *exercise of ministerial or discretionary judgment. If the director*
23 *finds no exercise of discretionary judgment, but merely the direct*
24 *application of statutory or constitutional provisions, the director*
25 *shall close the investigation and review of the board action or*
26 *decision.*

27 (3) *If the director concludes under paragraph (2) that the board*
28 *exercised discretionary judgment, the director shall review the*
29 *board action or decision as follows:*

30 (A) *The director shall conduct a full review of the board action*
31 *or decision using all relevant facts, data, market conditions, public*
32 *comment, studies, or other documentary evidence pertaining to*
33 *the market impacted by the board’s action or decision and*
34 *determine whether the anticompetitive effects of the action or*
35 *decision are clearly outweighed by the benefit to the public. The*
36 *director may seek, designate, employ, or contract for the services*
37 *of independent antitrust or economic experts pursuant to Section*
38 *307. These experts shall not be active participants in the market*
39 *affected by the board action or decision.*

1 (B) If the board action or decision was not previously subject
2 to a public comment period, the director shall release the subject
3 matter of his or her investigation for a 30-day public comment
4 period and shall consider all comments received.

5 (C) If the director determines that the action or decision furthers
6 the public protection mission of the board and the impact on
7 competition is justified, the director may approve the action or
8 decision.

9 (D) If the director determines that the action furthers the public
10 protection mission of the board and the impact on competition is
11 justified, the director may approve the action or decision. If the
12 director finds the action or decision does not further the public
13 protection mission of the board or finds that the action or decision
14 is not justified, the director shall either refuse to approve it or
15 shall modify the action or decision to ensure that any restraints
16 of trade are related to, and advance, clearly articulated state law
17 or public policy.

18 (4) The director shall issue, and post on the department's
19 Internet Web site, his or her final written decision approving,
20 modifying, or disapproving the action or decision with an
21 explanation of the reasons and rationale behind the director's
22 decision within 90 days from receipt of the request from a
23 consumer or licensee. Notwithstanding any other law, the decision
24 of the director shall be final, except if the state or federal
25 constitution requires an appeal of the director's decision.

26 (d) The review set forth in paragraph (3) of subdivision (c) shall
27 not apply when an individual seeks review of disciplinary or other
28 action pertaining solely to that individual.

29 (e) The director shall report to the Chairs of the Senate Business,
30 Professions, and Economic Development Committee and the
31 Assembly Business and Professions Committee annually,
32 commencing March 1, 2017, regarding his or her disapprovals,
33 modifications, or findings from any audit, review, or monitoring
34 and evaluation conducted pursuant to this section. That report
35 shall be submitted in compliance with Section 9795 of the
36 Government Code.

37 (f) If the director has already reviewed a board action or
38 decision pursuant to this section or Section 313.1, the director
39 shall not review that action or decision again.

1 (g) *This section shall not be construed to affect, impede, or*
2 *delay any disciplinary actions of any board.*

3 *SEC. 2. Section 116 of the Business and Professions Code is*
4 *amended to read:*

5 116. (a) The director may audit and review, upon his or her
6 own initiative, or upon the request of a consumer or licensee,
7 inquiries and complaints regarding licensees, dismissals of
8 disciplinary cases, the opening, conduct, or closure of
9 investigations, informal conferences, and discipline short of formal
10 accusation by ~~the Medical Board of California, the allied health~~
11 ~~professional boards, and the California Board of Podiatric~~
12 ~~Medicine. The director may make recommendations for changes~~
13 ~~to the disciplinary system to the appropriate board, the Legislature,~~
14 ~~or both.~~ *any board or bureau within the department.*

15 (b) The director shall report to the ~~Chairpersons~~ *Chairs* of the
16 ~~Senate Business and Professions~~ *Business, Professions, and*
17 *Economic Development* Committee and the ~~Assembly Health~~
18 *Business and Professions* Committee annually, commencing March
19 1, ~~1995,~~ 2017, regarding his or her findings from any audit, review,
20 or monitoring and evaluation conducted pursuant to this section.
21 *This report shall be submitted in compliance with Section 9795 of*
22 *the Government Code.*

23 *SEC. 3. Section 153 of the Business and Professions Code is*
24 *amended to read:*

25 153. The director may investigate the work of the several
26 boards in his department and may obtain a copy of all records and
27 full and complete data in all official matters in possession of the
28 boards, their members, officers, or ~~employees, other than~~
29 ~~examination questions prior to submission to applicants at~~
30 ~~scheduled examinations.~~ *employees.*

31 *SEC. 4. Section 307 of the Business and Professions Code is*
32 *amended to read:*

33 307. The director may contract for the services of experts and
34 consultants where necessary to carry out ~~the provisions of this~~
35 chapter and may provide compensation and reimbursement of
36 expenses for ~~such~~ *those* experts and consultants in accordance with
37 state law.

38 *SEC. 5. Section 313.1 of the Business and Professions Code*
39 *is amended to read:*

1 313.1. (a) Notwithstanding any other ~~provision~~ of law to the
2 contrary, no rule or ~~regulation, except those relating to~~
3 ~~examinations and qualifications for licensure,~~ *regulation* and no
4 fee change proposed or promulgated by any of the boards,
5 commissions, or committees within the department, shall take
6 effect pending compliance with this section.

7 (b) The director shall be formally notified of and shall ~~be~~
8 ~~provided a full opportunity to~~ review, in accordance with the
9 requirements of Article 5 (commencing with Section 11346) of
10 Chapter 3.5 of Part 1 of Division 3 of Title 2 of the Government
11 Code, *the requirements in subdivision (c) of Section 109*, and this
12 section, all of the following:

13 (1) All notices of proposed action, any modifications and
14 supplements thereto, and the text of proposed regulations.

15 (2) Any notices of sufficiently related changes to regulations
16 previously noticed to the public, and the text of proposed
17 regulations showing modifications to the text.

18 (3) Final rulemaking records.

19 (4) *All relevant facts, data, public comments, market conditions,*
20 *studies, or other documentary evidence pertaining to the market*
21 *impacted by the proposed regulation. This information shall be*
22 *included in the written decision of the director required under*
23 *paragraph (4) of subdivision (c) of Section 109.*

24 (c) The submission of all notices and final rulemaking records
25 to the director and the ~~completion of the director's review,~~
26 *approval*, as authorized by this section, shall be a precondition to
27 the filing of any rule or regulation with the Office of Administrative
28 Law. The Office of Administrative Law shall have no jurisdiction
29 to review a rule or regulation subject to this section until after the
30 ~~completion of the director's review and only then if the director~~
31 ~~has not disapproved it.~~ *approval*. The filing of any document with
32 the Office of Administrative Law shall be accompanied by a
33 certification that the board, commission, or committee has complied
34 with the requirements of this section.

35 (d) Following the receipt of any final rulemaking record subject
36 to subdivision (a), the director shall have the authority for a period
37 of 30 days to *approve a proposed rule or regulation or disapprove*
38 *a proposed rule or regulation on the ground that it is injurious to*
39 *the public health, safety, or ~~welfare.~~ welfare, or has an*
40 *impermissible anticompetitive effect. The director may modify a*

1 rule or regulation as a condition of approval. Any modifications
2 to regulations by the director shall be subject to a 30-day public
3 comment period before the director issues a final decision
4 regarding the modified regulation. If the director does not approve
5 the rule or regulation within the 30-day period, the rule or
6 regulation shall not be submitted to the Office of Administrative
7 Law and the rule or regulation shall have no effect.

8 (e) Final rulemaking records shall be filed with the director
9 within the one-year notice period specified in Section 11346.4 of
10 the Government Code. If necessary for compliance with this
11 section, the one-year notice period may be extended, as specified
12 by this subdivision.

13 (1) In the event that the one-year notice period lapses during
14 the director's 30-day review period, or within 60 days following
15 the notice of the director's disapproval, it may be extended for a
16 maximum of 90 days.

17 (2) If the director approves the final rulemaking record or
18 declines to take action on it within 30 days, record, the board,
19 commission, or committee shall have five days from the receipt
20 of the record from the director within which to file it with the
21 Office of Administrative Law.

22 (3) If the director disapproves a rule or regulation, it shall have
23 no force or effect unless, within 60 days of the notice of
24 disapproval, (A) the disapproval is overridden by a unanimous
25 vote of the members of the board, commission, or committee, and
26 (B) the board, commission, or committee files the final rulemaking
27 record with the Office of Administrative Law in compliance with
28 this section and the procedures required by Chapter 3.5
29 (commencing with Section 11340) of Part 1 of Division 3 of Title
30 2 of the Government Code. *This paragraph shall not apply to any*
31 *decision disapproved by the director under subdivision (c) of*
32 *Section 109.*

33 (f) ~~Nothing in this~~ This section shall *not* be construed to prohibit
34 the director from affirmatively approving a proposed rule,
35 regulation, or fee change at any time within the 30-day period after
36 it has been submitted to him or her, in which event it shall become
37 effective upon compliance with this section and the procedures
38 required by Chapter 3.5 (commencing with Section 11340) of Part
39 1 of Division 3 of Title 2 of the Government Code.

1 *SEC. 6. Section 2708 of the Business and Professions Code is*
2 *amended to read:*

3 2708. (a) The board shall appoint an executive officer who
4 shall perform the duties delegated by the board and who shall be
5 responsible to it for the accomplishment of those duties.

6 (b) The executive officer shall *not* be a ~~nurse currently licensed~~
7 *licensee* under this chapter and shall possess other qualifications
8 as determined by the board.

9 (c) The executive officer shall not be a member of the board.

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

13 ~~SECTION 1.~~

14 *SEC. 7. Section 4800 of the Business and Professions Code is*
15 *amended to read:*

16 4800. (a) There is in the Department of Consumer Affairs a
17 Veterinary Medical Board in which the administration of this
18 chapter is vested. The board consists of the following members:

19 (1) Four licensed veterinarians.

20 (2) One registered veterinary technician.

21 (3) Three public members.

22 (b) This section shall remain in effect only until January 1, 2021,
23 and as of that date is repealed.

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

31 ~~SEC. 2.~~

32 *SEC. 8. Section 4804.5 of the Business and Professions Code*
33 *is amended to read:*

34 4804.5. (a) The board may appoint a person exempt from civil
35 service who shall be designated as an executive officer and who
36 shall exercise the powers and perform the duties delegated by the
37 board and vested in him or her by this chapter.

38 (b) This section shall remain in effect only until January 1, 2021,
39 and as of that date is repealed.

1 *SEC. 9. Section 4825.1 of the Business and Professions Code*
2 *is amended to read:*

3 4825.1. These definitions shall govern the construction of this
4 chapter as it applies to veterinary medicine.

5 (a) “Diagnosis” means the act or process of identifying or
6 determining the health status of an animal through examination
7 and the opinion derived from that examination.

8 (b) “Animal” means any member of the animal kingdom other
9 than humans, and includes fowl, fish, and reptiles, wild or
10 domestic, whether living or dead.

11 (c) “Food animal” means any animal that is raised for the
12 production of an edible product intended for consumption by
13 humans. The edible product includes, but is not limited to, milk,
14 meat, and eggs. Food animal includes, but is not limited to, cattle
15 (beef or dairy), swine, sheep, poultry, fish, and amphibian species.

16 (d) “Livestock” includes all animals, poultry, aquatic and
17 amphibian species that are raised, kept, or used for profit. It does
18 not include those species that are usually kept as pets such as dogs,
19 cats, and pet birds, or companion animals, including equines.

20 (e) “*Compounding*,” for the purposes of veterinary medicine,
21 shall have the same meaning given in Section 1735 of Title 16 of
22 the California Code of Regulations, except that every reference
23 therein to “pharmacy” and “pharmacist” shall be replaced with
24 “veterinary premises” and “veterinarian,” and except that only
25 a licensed veterinarian or a licensed registered veterinarian
26 technician under direct supervision of a veterinarian may perform
27 compounding and shall not delegate to or supervise any part of
28 the performance of compounding by any other person.

29 *SEC. 10. Section 4826.3 is added to the Business and*
30 *Professions Code, to read:*

31 4826.3. (a) *Notwithstanding Section 4051, a veterinarian or*
32 *registered veterinarian technician under the direct supervision of*
33 *a veterinarian with a current and active license may compound a*
34 *drug for anesthesia, the prevention, cure, or relief of a wound,*
35 *fracture, bodily injury, or disease of an animal in a premises*
36 *currently and actively registered with the board and only under*
37 *the following conditions:*

38 (1) *Where there is no FDA-approved animal or human drug*
39 *that can be used as labeled or in an appropriate extralabel manner*

1 to properly treat the disease, symptom, or condition for which the
2 drug is being prescribed.

3 (2) Where the compounded drug is not available from a
4 compounding pharmacy, outsourcing facility, or other
5 compounding supplier in a dosage form and concentration to
6 appropriately treat the disease, symptom, or condition for which
7 the drug is being prescribed.

8 (3) Where the need and prescription for the compounded
9 medication has arisen within an established
10 veterinarian-client-patient relationship as a means to treat a
11 specific occurrence of a disease, symptom, or condition observed
12 and diagnosed by the veterinarian in a specific animal that
13 threatens the health of the animal or will cause suffering or death
14 if left untreated.

15 (4) Where the quantity compounded does not exceed a quantity
16 demonstrably needed to treat a patient with which the veterinarian
17 has a current veterinarian-client-patient relationship.

18 (5) Except as specified in subdivision (c), where the compound
19 is prepared only with commercially available FDA-approved
20 animal or human drugs as active ingredients.

21 (b) A compounded veterinary drug may be prepared from an
22 FDA-approved animal or human drug for extralabel use only when
23 there is no approved animal or human drug that, when used as
24 labeled or in an appropriate extralabel manner will, in the
25 available dosage form and concentration, treat the disease,
26 symptom, or condition. Compounding from an approved human
27 drug for use in food-producing animals is not permitted if an
28 approved animal drug can be used for compounding.

29 (c) A compounded veterinary drug may be prepared from bulk
30 drug substances only when:

31 (1) The drug is compounded and dispensed by the veterinarian
32 to treat an individually identified animal patient under his or her
33 care.

34 (2) The drug is not intended for use in food-producing animals.

35 (3) If the drug contains a bulk drug substance that is a
36 component of any marketed FDA-approved animal or human drug,
37 there is a change between the compounded drug and the
38 comparable marketed drug made for an individually identified
39 animal patient that produces a clinical difference for that
40 individually identified animal patient, as determined by the

1 veterinarian prescribing the compounded drug for his or her
2 patient.

3 (4) There are no FDA-approved animal or human drugs that
4 can be used as labeled or in an appropriate extralabel manner to
5 properly treat the disease, symptom, or condition for which the
6 drug is being prescribed.

7 (5) All bulk drug substances used in compounding are
8 manufactured by an establishment registered under Section 360
9 of Title 21 of the United States Code and are accompanied by a
10 valid certificate of analysis.

11 (6) The drug is not sold or transferred by the veterinarian
12 compounding the drug, except that the veterinarian shall be
13 permitted to administer the drug to a patient under his or her care
14 or dispense it to the owner or caretaker of an animal under his or
15 her care.

16 (7) Within 15 days of becoming aware of any product defect or
17 serious adverse event associated with any drug compounded by
18 the veterinarian from bulk drug substances, the veterinarian shall
19 report it to the federal Food and Drug Administration on Form
20 FDA 1932a.

21 (8) In addition to any other requirements, the label of any
22 veterinary drug compounded from bulk drug substances shall
23 indicate the species of the intended animal patient, the name of
24 the animal patient, and the name of the owner or caretaker of the
25 patient.

26 (d) Each compounded veterinary drug preparation shall meet
27 the labeling requirements of Section 4076 and Sections 1707.5
28 and 1735.4 of Title 16 of the California Code of Regulations, except
29 that every reference therein to “pharmacy” and “pharmacist”
30 shall be replaced by “veterinary premises” and “veterinarian,”
31 and any reference to “patient” shall be understood to refer to the
32 animal patient. In addition, each label on a compounded veterinary
33 drug preparation shall include withdrawal and holding times, if
34 needed, and the disease, symptom, or condition for which the drug
35 is being prescribed. Any compounded veterinary drug preparation
36 that is intended to be sterile, including for injection, administration
37 into the eye, or inhalation, shall in addition meet the labeling
38 requirements of Section 1751.2 of Title 16 of the California Code
39 of Regulations, except that every reference therein to “pharmacy”
40 and “pharmacist” shall be replaced by “veterinary premises” and

1 “veterinarian,” and any reference to “patient” shall be understood
2 to refer to the animal patient.

3 (e) Any veterinarian, registered veterinarian technician who is
4 under the direct supervision of a veterinarian, and veterinary
5 premises engaged in compounding shall meet the compounding
6 requirements for pharmacies and pharmacists stated by the
7 provisions of Article 4.5 (commencing with Section 1735) of Title
8 16 of the California Code of Regulations, except that every
9 reference therein to “pharmacy” and “pharmacist” shall be
10 replaced by “veterinary premises” and “veterinarian,” and any
11 reference to “patient” shall be understood to refer to the animal
12 patient:

13 (1) Section 1735.1 of Title 16 of the California Code of
14 Regulations.

15 (2) Subdivisions (d),(e), (f), (g), (h), (i), (j), (k), and (l) of Section
16 1735.2 of Title 16 of the California Code of Regulations.

17 (3) Section 1735.3 of Title 16 of the California Code of
18 Regulations, except that only a licensed veterinarian or registered
19 veterinarian technician may perform compounding and shall not
20 delegate to or supervise any part of the performance of
21 compounding by any other person.

22 (4) Section 1735.4 of Title 16 of the California Code of
23 Regulations.

24 (5) Section 1735.5 of Title 16 of the California Code of
25 Regulations.

26 (6) Section 1735.6 of Title 16 of the California Code of
27 Regulations.

28 (7) Section 1735.7 of Title 16 of the California Code of
29 Regulations.

30 (8) Section 1735.8 of Title 16 of the California Code of
31 Regulations.

32 (f) Any veterinarian, registered veterinarian technician under
33 the direct supervision of a veterinarian, and veterinary premises
34 engaged in sterile compounding shall meet the sterile compounding
35 requirements for pharmacies and pharmacists under Article 7
36 (commencing with Section 1751) of Title 16 of the California Code
37 of Regulations, except that every reference therein to “pharmacy”
38 and “pharmacist” shall be replaced by “veterinary premises” and
39 “veterinarian,” and any reference to “patient” shall be understood
40 to refer to the animal patient.

1 (g) *The California State Board of Pharmacy shall have authority*
2 *with the board to ensure compliance with this section and shall*
3 *have the right to inspect any veterinary premises engaged in*
4 *compounding, along with or separate from the board, to ensure*
5 *compliance with this section. The board is specifically charged*
6 *with enforcing this section with regard to its licensees.*

7 SEC. 11. *Section 4826.5 is added to the Business and*
8 *Professions Code, to read:*

9 4826.5. *Failure by a licensed veterinarian, registered*
10 *veterinarian technician, or veterinary premises to comply with the*
11 *provisions of this article shall be deemed unprofessional conduct*
12 *and constitute grounds for discipline.*

13 SEC. 12. *Section 4826.7 is added to the Business and*
14 *Professions Code, to read:*

15 4826.7. *The board may adopt regulations to implement the*
16 *provisions of this article.*

17 SEC. 13. *Section 4830 of the Business and Professions Code*
18 *is amended to read:*

19 4830. (a) This chapter does not apply to:

20 (1) Veterinarians while serving in any armed branch of the
21 military service of the United States or the United States
22 Department of Agriculture while actually engaged and employed
23 in their official capacity.

24 (2) Regularly licensed veterinarians in actual consultation from
25 other states.

26 (3) Regularly licensed veterinarians actually called from other
27 states to attend cases in this state, but who do not open an office
28 or appoint a place to do business within this state.

29 ~~(4) Veterinarians employed by the University of California~~
30 ~~while engaged in the performance of duties in connection with the~~
31 ~~College of Agriculture, the Agricultural Experiment Station, the~~
32 ~~School of Veterinary Medicine, or the agricultural extension work~~
33 ~~of the university or employed by the Western University of Health~~
34 ~~Sciences while engaged in the performance of duties in connection~~
35 ~~with the College of Veterinary Medicine or the agricultural~~
36 ~~extension work of the university.~~

37 ~~(5)~~

38 (4) Students in the School of Veterinary Medicine of the
39 University of California or the College of Veterinary Medicine of
40 the Western University of Health Sciences who participate in

1 diagnosis and treatment as part of their educational experience,
2 including those in off-campus educational programs under the
3 direct supervision of a licensed veterinarian in good standing, as
4 defined in paragraph (1) of subdivision (b) of Section 4848,
5 appointed by the University of California, Davis, or the Western
6 University of Health Sciences.

7 ~~(6)~~

8 (5) A veterinarian who is employed by the Meat and Poultry
9 Inspection Branch of the California Department of Food and
10 Agriculture while actually engaged and employed in his or her
11 official capacity. A person exempt under this paragraph shall not
12 otherwise engage in the practice of veterinary medicine unless he
13 or she is issued a license by the board.

14 ~~(7)~~

15 (6) Unlicensed personnel employed by the Department of Food
16 and Agriculture or the United States Department of Agriculture
17 when in the course of their duties they are directed by a veterinarian
18 supervisor to conduct an examination, obtain biological specimens,
19 apply biological tests, or administer medications or biological
20 products as part of government disease or condition monitoring,
21 investigation, control, or eradication activities.

22 (b) (1) For purposes of paragraph (3) of subdivision (a), a
23 regularly licensed veterinarian in good standing who is called from
24 another state by a law enforcement agency or animal control
25 agency, as defined in Section 31606 of the Food and Agricultural
26 Code, to attend to cases that are a part of an investigation of an
27 alleged violation of federal or state animal fighting or animal
28 cruelty laws within a single geographic location shall be exempt
29 from the licensing requirements of this chapter if the law
30 enforcement agency or animal control agency determines that it
31 is necessary to call the veterinarian in order for the agency or
32 officer to conduct the investigation in a timely, efficient, and
33 effective manner. In determining whether it is necessary to call a
34 veterinarian from another state, consideration shall be given to the
35 availability of veterinarians in this state to attend to these cases.
36 An agency, department, or officer that calls a veterinarian pursuant
37 to this subdivision shall notify the board of the investigation.

38 (2) Notwithstanding any other provision of this chapter, a
39 regularly licensed veterinarian in good standing who is called from
40 another state to attend to cases that are a part of an investigation

1 described in paragraph (1) may provide veterinary medical care
2 for animals that are affected by the investigation with a temporary
3 shelter facility, and the temporary shelter facility shall be exempt
4 from the registration requirement of Section 4853 if all of the
5 following conditions are met:

6 (A) The temporary shelter facility is established only for the
7 purpose of the investigation.

8 (B) The temporary shelter facility provides veterinary medical
9 care, shelter, food, and water only to animals that are affected by
10 the investigation.

11 (C) The temporary shelter facility complies with Section 4854.

12 (D) The temporary shelter facility exists for not more than 60
13 days, unless the law enforcement agency or animal control agency
14 determines that a longer period of time is necessary to complete
15 the investigation.

16 (E) Within 30 calendar days upon completion of the provision
17 of veterinary health care services at a temporary shelter facility
18 established pursuant to this section, the veterinarian called from
19 another state by a law enforcement agency or animal control agency
20 to attend to a case shall file a report with the board. The report
21 shall contain the date, place, type, and general description of the
22 care provided, along with a listing of the veterinary health care
23 practitioners who participated in providing that care.

24 (c) For purposes of paragraph (3) of subdivision (a), the board
25 may inspect temporary facilities established pursuant to this
26 section.

27 *SEC. 14. Section 4846.5 of the Business and Professions Code*
28 *is amended to read:*

29 4846.5. (a) Except as provided in this section, the board shall
30 issue renewal licenses only to those applicants that have completed
31 a minimum of 36 hours of continuing education in the preceding
32 two years.

33 (b) (1) Notwithstanding any other law, continuing education
34 hours shall be earned by attending courses relevant to veterinary
35 medicine and sponsored or cosponsored by any of the following:

36 (A) American Veterinary Medical Association (AVMA)
37 accredited veterinary medical colleges.

38 (B) Accredited colleges or universities offering programs
39 relevant to veterinary medicine.

40 (C) The American Veterinary Medical Association.

1 (D) American Veterinary Medical Association recognized
2 specialty or affiliated allied groups.

3 (E) American Veterinary Medical Association's affiliated state
4 veterinary medical associations.

5 (F) Nonprofit annual conferences established in conjunction
6 with state veterinary medical associations.

7 (G) Educational organizations affiliated with the American
8 Veterinary Medical Association or its state affiliated veterinary
9 medical associations.

10 (H) Local veterinary medical associations affiliated with the
11 California Veterinary Medical Association.

12 (I) Federal, state, or local government agencies.

13 (J) Providers accredited by the Accreditation Council for
14 Continuing Medical Education (ACCME) or approved by the
15 American Medical Association (AMA), providers recognized by
16 the American Dental Association Continuing Education
17 Recognition Program (ADA CERP), and AMA or ADA affiliated
18 state, local, and specialty organizations.

19 (2) Continuing education credits shall be granted to those
20 veterinarians taking self-study courses, which may include, but
21 are not limited to, reading journals, viewing video recordings, or
22 listening to audio recordings. The taking of these courses shall be
23 limited to no more than six hours biennially.

24 (3) The board may approve other continuing veterinary medical
25 education providers not specified in paragraph (1).

26 (A) The board has the authority to recognize national continuing
27 education approval bodies for the purpose of approving continuing
28 education providers not specified in paragraph (1).

29 (B) Applicants seeking continuing education provider approval
30 shall have the option of applying to the board or to a
31 board-recognized national approval body.

32 (4) For good cause, the board may adopt an order specifying,
33 on a prospective basis, that a provider of continuing veterinary
34 medical education authorized pursuant to paragraph (1) or (3) is
35 no longer an acceptable provider.

36 (5) Continuing education hours earned by attending courses
37 sponsored or cosponsored by those entities listed in paragraph (1)
38 between January 1, 2000, and January 1, 2001, shall be credited
39 toward a veterinarian's continuing education requirement under
40 this section.

1 (c) Every person renewing his or her license issued pursuant to
2 Section 4846.4, or any person applying for relicensure or for
3 reinstatement of his or her license to active status, shall submit
4 proof of compliance with this section to the board certifying that
5 he or she is in compliance with this section. Any false statement
6 submitted pursuant to this section shall be a violation subject to
7 Section 4831.

8 (d) This section shall not apply to a veterinarian's first license
9 renewal. This section shall apply only to second and subsequent
10 license renewals granted on or after January 1, 2002.

11 (e) The board shall have the right to audit the records of all
12 applicants to verify the completion of the continuing education
13 requirement. Applicants shall maintain records of completion of
14 required continuing education coursework for a period of four
15 years and shall make these records available to the board for
16 auditing purposes upon request. If the board, during this audit,
17 questions whether any course reported by the veterinarian satisfies
18 the continuing education requirement, the veterinarian shall provide
19 information to the board concerning the content of the course; the
20 name of its sponsor and cosponsor, if any; and specify the specific
21 curricula that was of benefit to the veterinarian.

22 (f) A veterinarian desiring an inactive license or to restore an
23 inactive license under Section 701 shall submit an application on
24 a form provided by the board. In order to restore an inactive license
25 to active status, the veterinarian shall have completed a minimum
26 of 36 hours of continuing education within the last two years
27 preceding application. The inactive license status of a veterinarian
28 shall not deprive the board of its authority to institute or continue
29 a disciplinary action against a licensee.

30 (g) Knowing misrepresentation of compliance with this article
31 by a veterinarian constitutes unprofessional conduct and grounds
32 for disciplinary action or for the issuance of a citation and the
33 imposition of a civil penalty pursuant to Section 4883.

34 (h) The board, in its discretion, may exempt from the continuing
35 education requirement any veterinarian who for reasons of health,
36 military service, or undue hardship cannot meet those requirements.
37 Applications for waivers shall be submitted on a form provided
38 by the board.

39 (i) The administration of this section may be funded through
40 professional license and continuing education provider fees. The

1 fees related to the administration of this section shall not exceed
2 the costs of administering the corresponding provisions of this
3 section.

4 (j) For those continuing education providers not listed in
5 paragraph (1) of subdivision (b), the board or its recognized
6 national approval agent shall establish criteria by which a provider
7 of continuing education shall be approved. The board shall initially
8 review and approve these criteria and may review the criteria as
9 needed. The board or its recognized agent shall monitor, maintain,
10 and manage related records and data. The board may impose an
11 application fee, not to exceed two hundred dollars (\$200)
12 biennially, for continuing education providers not listed in
13 paragraph (1) of subdivision (b).

14 (k) (1) ~~On or after~~ Beginning January 1, 2018, a licensed
15 veterinarian who renews his or her license shall complete a
16 minimum of one credit hour of continuing education on the
17 judicious use of medically important antimicrobial drugs every
18 four years as part of his or her continuing education requirements.

19 (2) For purposes of this subdivision, “medically important
20 antimicrobial drug” means an antimicrobial drug listed in Appendix
21 A of the federal Food and Drug Administration’s Guidance for
22 Industry #152, including critically important, highly important,
23 and important antimicrobial drugs, as that appendix may be
24 amended.

25 *SEC. 15. Section 4848.1 is added to the Business and*
26 *Professions Code, to read:*

27 *4848.1. (a) A veterinarian engaged in the practice of veterinary*
28 *medicine, as defined in Section 4826, employed by the University*
29 *of California while engaged in the performance of duties in*
30 *connection with the School of Veterinary Medicine or employed*
31 *by the Western University of Health Sciences while engaged in the*
32 *performance of duties in connection with the College of Veterinary*
33 *Medicine shall be licensed in California or shall hold a university*
34 *license issued by the board.*

35 *(b) An applicant is eligible to hold a university license if all of*
36 *the following are satisfied:*

37 *(1) The applicant is currently employed by the University of*
38 *California or Western University of Health Sciences as defined in*
39 *subdivision (a).*

1 (2) *Passes an examination concerning the statutes and*
2 *regulations of the Veterinary Medicine Practice Act, administered*
3 *by the board, pursuant to subparagraph (C) of paragraph (2) of*
4 *subdivision (a) of Section 4848.*

5 (3) *Successfully completes the approved educational curriculum*
6 *described in paragraph (5) of subdivision (b) of Section 4848 on*
7 *regionally specific and important diseases and conditions.*

8 (c) *A university license:*

9 (1) *Shall be numbered as described in Section 4847.*

10 (2) *Shall cease to be valid upon termination of employment by*
11 *the University of California or by the Western University of Health*
12 *Sciences.*

13 (3) *Shall be subject to the license renewal provisions in Section*
14 *4846.4.*

15 (4) *Shall be subject to denial, revocation, or suspension pursuant*
16 *to Sections 4875 and 4883.*

17 (d) *An individual who holds a University License is exempt from*
18 *satisfying the license renewal requirements of Section 4846.5.*

19 SEC. 16. *Section 4853.7 is added to the Business and*
20 *Professions Code, to read:*

21 4853.7. *A premise registration that is not renewed within five*
22 *years after its expiration may not be renewed and shall not be*
23 *restored, reissued, or reinstated thereafter. However, an*
24 *application for a new premise registration may be submitted and*
25 *obtained if both of the following conditions are met:*

26 (a) *No fact, circumstance, or condition exists that, if the premise*
27 *registration was issued, would justify its revocation or suspension.*

28 (b) *All of the fees that would be required for the initial premise*
29 *registration are paid at the time of application.*

30 SEC. 17. *Section 825 of the Government Code is amended to*
31 *read:*

32 825. (a) *Except as otherwise provided in this section, if an*
33 *employee or former employee of a public entity requests the public*
34 *entity to defend him or her against any claim or action against him*
35 *or her for an injury arising out of an act or omission occurring*
36 *within the scope of his or her employment as an employee of the*
37 *public entity and the request is made in writing not less than 10*
38 *days before the day of trial, and the employee or former employee*
39 *reasonably cooperates in good faith in the defense of the claim or*
40 *action, the public entity shall pay any judgment based thereon or*

1 any compromise or settlement of the claim or action to which the
2 public entity has agreed.

3 If the public entity conducts the defense of an employee or
4 former employee against any claim or action with his or her
5 reasonable good-faith cooperation, the public entity shall pay any
6 judgment based thereon or any compromise or settlement of the
7 claim or action to which the public entity has agreed. However,
8 where the public entity conducted the defense pursuant to an
9 agreement with the employee or former employee reserving the
10 rights of the public entity not to pay the judgment, compromise,
11 or settlement until it is established that the injury arose out of an
12 act or omission occurring within the scope of his or her
13 employment as an employee of the public entity, the public entity
14 is required to pay the judgment, compromise, or settlement only
15 if it is established that the injury arose out of an act or omission
16 occurring in the scope of his or her employment as an employee
17 of the public entity.

18 Nothing in this section authorizes a public entity to pay that part
19 of a claim or judgment that is for punitive or exemplary damages.

20 (b) Notwithstanding subdivision (a) or any other provision of
21 law, a public entity is authorized to pay that part of a judgment
22 that is for punitive or exemplary damages if the governing body
23 of that public entity, acting in its sole discretion except in cases
24 involving an entity of the state government, finds all of the
25 following:

26 (1) The judgment is based on an act or omission of an employee
27 or former employee acting within the course and scope of his or
28 her employment as an employee of the public entity.

29 (2) At the time of the act giving rise to the liability, the employee
30 or former employee acted, or failed to act, in good faith, without
31 actual malice and in the apparent best interests of the public entity.

32 (3) Payment of the claim or judgment would be in the best
33 interests of the public entity.

34 As used in this subdivision with respect to an entity of state
35 government, “a decision of the governing body” means the
36 approval of the Legislature for payment of that part of a judgment
37 that is for punitive damages or exemplary damages, upon
38 recommendation of the appointing power of the employee or
39 former employee, based upon the finding by the Legislature and
40 the appointing authority of the existence of the three conditions

1 for payment of a punitive or exemplary damages claim. The
2 provisions of subdivision (a) of Section 965.6 shall apply to the
3 payment of any claim pursuant to this subdivision.

4 The discovery of the assets of a public entity and the introduction
5 of evidence of the assets of a public entity shall not be permitted
6 in an action in which it is alleged that a public employee is liable
7 for punitive or exemplary damages.

8 The possibility that a public entity may pay that part of a
9 judgment that is for punitive damages shall not be disclosed in any
10 trial in which it is alleged that a public employee is liable for
11 punitive or exemplary damages, and that disclosure shall be
12 grounds for a mistrial.

13 (c) Except as provided in subdivision (d), if the provisions of
14 this section are in conflict with the provisions of a memorandum
15 of understanding reached pursuant to Chapter 10 (commencing
16 with Section 3500) of Division 4 of Title 1, the memorandum of
17 understanding shall be controlling without further legislative action,
18 except that if those provisions of a memorandum of understanding
19 require the expenditure of funds, the provisions shall not become
20 effective unless approved by the Legislature in the annual Budget
21 Act.

22 (d) The subject of payment of punitive damages pursuant to this
23 section or any other provision of law shall not be a subject of meet
24 and confer under the provisions of Chapter 10 (commencing with
25 Section 3500) of Division 4 of Title 1, or pursuant to any other
26 law or authority.

27 (e) Nothing in this section shall affect the provisions of Section
28 818 prohibiting the award of punitive damages against a public
29 entity. This section shall not be construed as a waiver of a public
30 entity's immunity from liability for punitive damages under Section
31 1981, 1983, or 1985 of Title 42 of the United States Code.

32 (f) (1) Except as provided in paragraph (2), a public entity shall
33 not pay a judgment, compromise, or settlement arising from a
34 claim or action against an elected official, if the claim or action is
35 based on conduct by the elected official by way of tortiously
36 intervening or attempting to intervene in, or by way of tortiously
37 influencing or attempting to influence the outcome of, any judicial
38 action or proceeding for the benefit of a particular party by
39 contacting the trial judge or any commissioner, court-appointed
40 arbitrator, court-appointed mediator, or court-appointed special

1 referee assigned to the matter, or the court clerk, bailiff, or marshal
2 after an action has been filed, unless he or she was counsel of
3 record acting lawfully within the scope of his or her employment
4 on behalf of that party. Notwithstanding Section 825.6, if a public
5 entity conducted the defense of an elected official against such a
6 claim or action and the elected official is found liable by the trier
7 of fact, the court shall order the elected official to pay to the public
8 entity the cost of that defense.

9 (2) If an elected official is held liable for monetary damages in
10 the action, the plaintiff shall first seek recovery of the judgment
11 against the assets of the elected official. If the elected official's
12 assets are insufficient to satisfy the total judgment, as determined
13 by the court, the public entity may pay the deficiency if the public
14 entity is authorized by law to pay that judgment.

15 (3) To the extent the public entity pays any portion of the
16 judgment or is entitled to reimbursement of defense costs pursuant
17 to paragraph (1), the public entity shall pursue all available
18 creditor's remedies against the elected official, including
19 garnishment, until that party has fully reimbursed the public entity.

20 (4) This subdivision shall not apply to any criminal or civil
21 enforcement action brought in the name of the people of the State
22 of California by an elected district attorney, city attorney, or
23 attorney general.

24 (g) *Notwithstanding subdivision (a), a public entity shall pay*
25 *for a judgment or settlement for treble damage antitrust awards*
26 *against a member of a regulatory board for an act or omission*
27 *occurring within the scope of his or her employment as a member*
28 *of a regulatory board.*

29 *SEC. 18. Section 11346.5 of the Government Code is amended*
30 *to read:*

31 11346.5. (a) The notice of proposed adoption, amendment, or
32 repeal of a regulation shall include the following:

33 (1) A statement of the time, place, and nature of proceedings
34 for adoption, amendment, or repeal of the regulation.

35 (2) Reference to the authority under which the regulation is
36 proposed and a reference to the particular code sections or other
37 provisions of law that are being implemented, interpreted, or made
38 specific.

1 (3) An informative digest drafted in plain English in a format
2 similar to the Legislative Counsel’s digest on legislative bills. The
3 informative digest shall include the following:

4 (A) A concise and clear summary of existing laws and
5 regulations, if any, related directly to the proposed action and of
6 the effect of the proposed action.

7 (B) If the proposed action differs substantially from an existing
8 comparable federal regulation or statute, a brief description of the
9 significant differences and the full citation of the federal regulations
10 or statutes.

11 (C) A policy statement overview explaining the broad objectives
12 of the regulation and the specific benefits anticipated by the
13 proposed adoption, amendment, or repeal of a regulation, including,
14 to the extent applicable, nonmonetary benefits such as the
15 protection of public health and safety, worker safety, or the
16 environment, the prevention of discrimination, the promotion of
17 fairness or social equity, and the increase in openness and
18 transparency in business and government, among other things.

19 (D) An evaluation of whether the proposed regulation is
20 inconsistent or incompatible with existing state regulations.

21 (4) Any other matters as are prescribed by statute applicable to
22 the specific state agency or to any specific regulation or class of
23 regulations.

24 (5) A determination as to whether the regulation imposes a
25 mandate on local agencies or school districts and, if so, whether
26 the mandate requires state reimbursement pursuant to Part 7
27 (commencing with Section 17500) of Division 4.

28 (6) An estimate, prepared in accordance with instructions
29 adopted by the Department of Finance, of the cost or savings to
30 any state agency, the cost to any local agency or school district
31 that is required to be reimbursed under Part 7 (commencing with
32 Section 17500) of Division 4, other nondiscretionary cost or
33 savings imposed on local agencies, and the cost or savings in
34 federal funding to the state.

35 For purposes of this paragraph, “cost or savings” means
36 additional costs or savings, both direct and indirect, that a public
37 agency necessarily incurs in reasonable compliance with
38 regulations.

39 (7) If a state agency, in proposing to adopt, amend, or repeal
40 any administrative regulation, makes an initial determination that

1 the action may have a significant, statewide adverse economic
2 impact directly affecting business, including the ability of
3 California businesses to compete with businesses in other states,
4 it shall include the following information in the notice of proposed
5 action:

6 (A) Identification of the types of businesses that would be
7 affected.

8 (B) A description of the projected reporting, recordkeeping, and
9 other compliance requirements that would result from the proposed
10 action.

11 (C) The following statement: “The (name of agency) has made
12 an initial determination that the (adoption/amendment/repeal) of
13 this regulation may have a significant, statewide adverse economic
14 impact directly affecting business, including the ability of
15 California businesses to compete with businesses in other states.
16 The (name of agency) (has/has not) considered proposed
17 alternatives that would lessen any adverse economic impact on
18 business and invites you to submit proposals. Submissions may
19 include the following considerations:

20 (i) The establishment of differing compliance or reporting
21 requirements or timetables that take into account the resources
22 available to businesses.

23 (ii) Consolidation or simplification of compliance and reporting
24 requirements for businesses.

25 (iii) The use of performance standards rather than prescriptive
26 standards.

27 (iv) Exemption or partial exemption from the regulatory
28 requirements for businesses.”

29 (8) If a state agency, in adopting, amending, or repealing any
30 administrative regulation, makes an initial determination that the
31 action will not have a significant, statewide adverse economic
32 impact directly affecting business, including the ability of
33 California businesses to compete with businesses in other states,
34 it shall make a declaration to that effect in the notice of proposed
35 action. In making this declaration, the agency shall provide in the
36 record facts, evidence, documents, testimony, or other evidence
37 upon which the agency relies to support its initial determination.

38 An agency’s initial determination and declaration that a proposed
39 adoption, amendment, or repeal of a regulation may have or will
40 not have a significant, adverse impact on businesses, including the

1 ability of California businesses to compete with businesses in other
2 states, shall not be grounds for the office to refuse to publish the
3 notice of proposed action.

4 (9) A description of all cost impacts, known to the agency at
5 the time the notice of proposed action is submitted to the office,
6 that a representative private person or business would necessarily
7 incur in reasonable compliance with the proposed action.

8 If no cost impacts are known to the agency, it shall state the
9 following:

10 “The agency is not aware of any cost impacts that a
11 representative private person or business would necessarily incur
12 in reasonable compliance with the proposed action.”

13 (10) A statement of the results of the economic impact
14 assessment required by subdivision (b) of Section 11346.3 or the
15 standardized regulatory impact analysis if required by subdivision
16 (c) of Section 11346.3, a summary of any comments submitted to
17 the agency pursuant to subdivision (f) of Section 11346.3 and the
18 agency’s response to those comments.

19 (11) The finding prescribed by subdivision (d) of Section
20 11346.3, if required.

21 (12) (A) A statement that the action would have a significant
22 effect on housing costs, if a state agency, in adopting, amending,
23 or repealing any administrative regulation, makes an initial
24 determination that the action would have that effect.

25 (B) The agency officer designated in paragraph ~~(14)~~ (15) shall
26 make available to the public, upon request, the agency’s evaluation,
27 if any, of the effect of the proposed regulatory action on housing
28 costs.

29 (C) The statement described in subparagraph (A) shall also
30 include the estimated costs of compliance and potential benefits
31 of a building standard, if any, that were included in the initial
32 statement of reasons.

33 (D) For purposes of model codes adopted pursuant to Section
34 18928 of the Health and Safety Code, the agency shall comply
35 with the requirements of this paragraph only if an interested party
36 has made a request to the agency to examine a specific section for
37 purposes of estimating the costs of compliance and potential
38 benefits for that section, as described in Section 11346.2.

39 (13) *If the regulatory action is submitted by a state board on*
40 *which a controlling number of decisionmakers are active market*

1 *participants in the market the board regulates, a statement that*
2 *the adopting agency has evaluated the impact of the proposed*
3 *regulation on competition, and that the proposed regulation*
4 *further a clearly articulated and affirmatively expressed state law*
5 *to restrain competition.*

6 ~~(13)~~

7 (14) A statement that the adopting agency must determine that
8 no reasonable alternative considered by the agency or that has
9 otherwise been identified and brought to the attention of the agency
10 would be more effective in carrying out the purpose for which the
11 action is proposed, would be as effective and less burdensome to
12 affected private persons than the proposed action, or would be
13 more cost effective to affected private persons and equally effective
14 in implementing the statutory policy or other provision of law. For
15 a major regulation, as defined by Section 11342.548, proposed on
16 or after November 1, 2013, the statement shall be based, in part,
17 upon the standardized regulatory impact analysis of the proposed
18 regulation, as required by Section 11346.3, as well as upon the
19 benefits of the proposed regulation identified pursuant to
20 subparagraph (C) of paragraph (3).

21 ~~(14)~~

22 (15) The name and telephone number of the agency
23 representative and designated backup contact person to whom
24 inquiries concerning the proposed administrative action may be
25 directed.

26 ~~(15)~~

27 (16) The date by which comments submitted in writing must
28 be received to present statements, arguments, or contentions in
29 writing relating to the proposed action in order for them to be
30 considered by the state agency before it adopts, amends, or repeals
31 a regulation.

32 ~~(16)~~

33 (17) Reference to the fact that the agency proposing the action
34 has prepared a statement of the reasons for the proposed action,
35 has available all the information upon which its proposal is based,
36 and has available the express terms of the proposed action, pursuant
37 to subdivision (b).

38 ~~(17)~~

39 (18) A statement that if a public hearing is not scheduled, any
40 interested person or his or her duly authorized representative may

1 request, no later than 15 days prior to the close of the written
2 comment period, a public hearing pursuant to Section 11346.8.

3 ~~(18)~~

4 (19) A statement indicating that the full text of a regulation
5 changed pursuant to Section 11346.8 will be available for at least
6 15 days prior to the date on which the agency adopts, amends, or
7 repeals the resulting regulation.

8 ~~(19)~~

9 (20) A statement explaining how to obtain a copy of the final
10 statement of reasons once it has been prepared pursuant to
11 subdivision (a) of Section 11346.9.

12 ~~(20)~~

13 (21) If the agency maintains an Internet Web site or other similar
14 forum for the electronic publication or distribution of written
15 material, a statement explaining how materials published or
16 distributed through that forum can be accessed.

17 ~~(21)~~

18 (22) If the proposed regulation is subject to Section 11346.6, a
19 statement that the agency shall provide, upon request, a description
20 of the proposed changes included in the proposed action, in the
21 manner provided by Section 11346.6, to accommodate a person
22 with a visual or other disability for which effective communication
23 is required under state or federal law and that providing the
24 description of proposed changes may require extending the period
25 of public comment for the proposed action.

26 (b) The agency representative designated in paragraph~~(14)~~ (15)
27 of subdivision (a) shall make available to the public upon request
28 the express terms of the proposed action. The representative shall
29 also make available to the public upon request the location of
30 public records, including reports, documentation, and other
31 materials, related to the proposed action. If the representative
32 receives an inquiry regarding the proposed action that the
33 representative cannot answer, the representative shall refer the
34 inquiry to another person in the agency for a prompt response.

35 (c) This section shall not be construed in any manner that results
36 in the invalidation of a regulation because of the alleged inadequacy
37 of the notice content or the summary or cost estimates, or the
38 alleged inadequacy or inaccuracy of the housing cost estimates, if
39 there has been substantial compliance with those requirements.

1 *SEC. 19. Section 11349 of the Government Code is amended*
2 *to read:*

3 11349. The following definitions govern the interpretation of
4 this chapter:

5 (a) “Necessity” means the record of the rulemaking proceeding
6 demonstrates by substantial evidence the need for a regulation to
7 effectuate the purpose of the statute, court decision, or other
8 provision of law that the regulation implements, interprets, or
9 makes specific, taking into account the totality of the record. For
10 purposes of this standard, evidence includes, but is not limited to,
11 facts, studies, and expert opinion.

12 (b) “Authority” means the provision of law which permits or
13 obligates the agency to adopt, amend, or repeal a regulation.

14 (c) “Clarity” means written or displayed so that the meaning of
15 regulations will be easily understood by those persons directly
16 affected by them.

17 (d) “Consistency” means being in harmony with, and not in
18 conflict with or contradictory to, existing statutes, court decisions,
19 or other provisions of law.

20 (e) “Reference” means the statute, court decision, or other
21 provision of law which the agency implements, interprets, or makes
22 specific by adopting, amending, or repealing a regulation.

23 (f) “Nonduplication” means that a regulation does not serve the
24 same purpose as a state or federal statute or another regulation.
25 This standard requires that an agency proposing to amend or adopt
26 a regulation must identify any state or federal statute or regulation
27 which is overlapped or duplicated by the proposed regulation and
28 justify any overlap or duplication. This standard is not intended
29 to prohibit state agencies from printing relevant portions of
30 enabling legislation in regulations when the duplication is necessary
31 to satisfy the clarity standard in paragraph (3) of subdivision (a)
32 of Section 11349.1. This standard is intended to prevent the
33 indiscriminate incorporation of statutory language in a regulation.

34 (g) “Competitive impact” means that the record of the
35 rulemaking proceeding or other documentation demonstrates that
36 the regulation is authorized by a clearly articulated and
37 affirmatively expressed state law, that the regulation furthers the
38 public protection mission of the state agency, and that the impact
39 on competition is justified in light of the applicable regulatory
40 rationale for the regulation.

1 *SEC. 20. Section 11349.1 of the Government Code is amended*
2 *to read:*

3 11349.1. (a) The office shall review all regulations adopted,
4 amended, or repealed pursuant to the procedure specified in Article
5 5 (commencing with Section 11346) and submitted to it for
6 publication in the California Code of Regulations Supplement and
7 for transmittal to the Secretary of State and make determinations
8 using all of the following standards:

9 (1) Necessity.

10 (2) Authority.

11 (3) Clarity.

12 (4) Consistency.

13 (5) Reference.

14 (6) Nonduplication.

15 (7) *For those regulations submitted by a state board on which*
16 *a controlling number of decisionmakers are active market*
17 *participants in the market the board regulates, the office shall*
18 *review for competitive impact.*

19 In reviewing regulations pursuant to this section, the office shall
20 restrict its review to the regulation and the record of the rulemaking
21 ~~proceeding~~ *except as directed in subdivision (h)*. The office shall
22 approve the regulation or order of repeal if it complies with the
23 standards set forth in this section and with this chapter.

24 (b) In reviewing proposed regulations for the criteria in
25 subdivision (a), the office may consider the clarity of the proposed
26 regulation in the context of related regulations already in existence.

27 (c) The office shall adopt regulations governing the procedures
28 it uses in reviewing regulations submitted to it. The regulations
29 shall provide for an orderly review and shall specify the methods,
30 standards, presumptions, and principles the office uses, and the
31 limitations it observes, in reviewing regulations to establish
32 compliance with the standards specified in subdivision (a). The
33 regulations adopted by the office shall ensure that it does not
34 substitute its judgment for that of the rulemaking agency as
35 expressed in the substantive content of adopted regulations.

36 (d) The office shall return any regulation subject to this chapter
37 to the adopting agency if any of the following occur:

38 (1) The adopting agency has not prepared the estimate required
39 by paragraph (6) of subdivision (a) of Section 11346.5 and has not

1 included the data used and calculations made and the summary
2 report of the estimate in the file of the rulemaking.

3 (2) The agency has not complied with Section 11346.3.
4 “Noncompliance” means that the agency failed to complete the
5 economic impact assessment or standardized regulatory impact
6 analysis required by Section 11346.3 or failed to include the
7 assessment or analysis in the file of the rulemaking proceeding as
8 required by Section 11347.3.

9 (3) The adopting agency has prepared the estimate required by
10 paragraph (6) of subdivision (a) of Section 11346.5, the estimate
11 indicates that the regulation will result in a cost to local agencies
12 or school districts that is required to be reimbursed under Part 7
13 (commencing with Section 17500) of Division 4, and the adopting
14 agency fails to do any of the following:

15 (A) Cite an item in the Budget Act for the fiscal year in which
16 the regulation will go into effect as the source from which the
17 Controller may pay the claims of local agencies or school districts.

18 (B) Cite an accompanying bill appropriating funds as the source
19 from which the Controller may pay the claims of local agencies
20 or school districts.

21 (C) Attach a letter or other documentation from the Department
22 of Finance which states that the Department of Finance has
23 approved a request by the agency that funds be included in the
24 Budget Bill for the next following fiscal year to reimburse local
25 agencies or school districts for the costs mandated by the
26 regulation.

27 (D) Attach a letter or other documentation from the Department
28 of Finance which states that the Department of Finance has
29 authorized the augmentation of the amount available for
30 expenditure under the agency’s appropriation in the Budget Act
31 which is for reimbursement pursuant to Part 7 (commencing with
32 Section 17500) of Division 4 to local agencies or school districts
33 from the unencumbered balances of other appropriations in the
34 Budget Act and that this augmentation is sufficient to reimburse
35 local agencies or school districts for their costs mandated by the
36 regulation.

37 (4) The proposed regulation conflicts with an existing state
38 regulation and the agency has not identified the manner in which
39 the conflict may be resolved.

1 (5) The agency did not make the alternatives determination as
2 required by paragraph (4) of subdivision (a) of Section 11346.9.

3 (6) *The office decides that the record of the rulemaking*
4 *proceeding or other documentation for the proposed regulation*
5 *does not demonstrate that the regulation is authorized by a clearly*
6 *articulated and affirmatively expressed state law, that the*
7 *regulation does not further the public protection mission of the*
8 *state agency, or that the impact on competition is not justified in*
9 *light of the applicable regulatory rationale for the regulation.*

10 (e) The office shall notify the Department of Finance of all
11 regulations returned pursuant to subdivision (d).

12 (f) The office shall return a rulemaking file to the submitting
13 agency if the file does not comply with subdivisions (a) and (b)
14 of Section 11347.3. Within three state working days of the receipt
15 of a rulemaking file, the office shall notify the submitting agency
16 of any deficiency identified. If no notice of deficiency is mailed
17 to the adopting agency within that time, a rulemaking file shall be
18 deemed submitted as of the date of its original receipt by the office.
19 A rulemaking file shall not be deemed submitted until each
20 deficiency identified under this subdivision has been corrected.

21 (g) Notwithstanding any other law, return of the regulation to
22 the adopting agency by the office pursuant to this section is the
23 exclusive remedy for a failure to comply with subdivision (c) of
24 Section 11346.3 or paragraph (10) of subdivision (a) of Section
25 11346.5.

26 (h) *The office may designate, employ, or contract for the services*
27 *of independent antitrust or applicable economic experts when*
28 *reviewing proposed regulations for competitive impact. When*
29 *reviewing a regulation for competitive impact, the office shall do*
30 *all of the following:*

31 (1) *If the Director of Consumer Affairs issued a written decision*
32 *pursuant to subdivision (c) of Section 109 of the Business and*
33 *Professions Code, the office shall review and consider the decision*
34 *and all supporting documentation in the rulemaking file.*

35 (2) *Consider whether the anticompetitive effects of the proposed*
36 *regulation are clearly outweighed by the public policy merits.*

37 (3) *Provide a written opinion setting forth the office's findings*
38 *and substantive conclusions under paragraph (2), including, but*
39 *not limited to, whether rejection or modification of the proposed*
40 *regulation is necessary to ensure that restraints of trade are related*

1 *to and advance the public policy underlying the applicable*
2 *regulatory rationale.*

3 *SEC. 21. No reimbursement is required by this act pursuant*
4 *to Section 6 of Article XIII B of the California Constitution because*
5 *the only costs that may be incurred by a local agency or school*
6 *district will be incurred because this act creates a new crime or*
7 *infraction, eliminates a crime or infraction, or changes the penalty*
8 *for a crime or infraction, within the meaning of Section 17556 of*
9 *the Government Code, or changes the definition of a crime within*
10 *the meaning of Section 6 of Article XIII B of the California*
11 *Constitution.*

**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
MARCH 3-4, 2016 BOARD MEETING**

BILL NUMBER:	Senate Bill 1217	SPONSOR:	
AUTHOR:	Senate Member Jeff Stone	INTRODUCED:	2/18/2016
VERSION:	Amended in Senate 04/12/2016	BILL LOCATION:	Senate Committee on BP&ED
BILL STATUS:	4/19 Failed passage in committee (ayes 2 Noes 3) Reconsideration granted	RELATED BILLS:	
SUBJECT:	Healing Arts: Reporting Requirements: Professional Liability Resulting in Death or Personal Injury		

SUMMARY

Existing law requires various healing boards, including the Dental Board of California (Board) to create and maintain a central file of names of all persons who hold a license, certificate or similar authority from the Board as a way to provide an individual historical record for each licensee with respect to judgments or settlements requiring the licensee or his or her insurer to pay specified amount of damages. Additionally, existing law requires every insurer providing professional liability insurance to a person who holds a license, certificate, or similar authority from or under any agency as specified to send a complete report to that agency as to any settlement or arbitration award over a specified amount of a claim or action for damages for death or personal injury caused by that licensee's negligence, error, or omission in practice, or by his or her rendering of authorized professional services.

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

At this time, there is no potential impact upon the Board as a result of the amendments made to the bill. The Board would continue in its current operation of recording damages of its licensees.

REGISTERED SUPPORT/OPPOSITION

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

BOARD POSITION

The Board has not taken a position on the bill. The Committee may consider recommending the Board take one of the following actions regarding this bill:

- Support

- Support if Amended
- Oppose
- Watch
- Neutral
- No Action

Staff recommends taking “No Action” as it does not relate to the Board anymore.

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 licentiate 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).*

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**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
MAY 11-12, 2016 BOARD MEETING**

BILL NUMBER:	Senate Bill 1348		
AUTHOR:	Senate Member Anthony Cannella	SPONSOR:	
VERSION:	Introduced 2/19/2016	INTRODUCED:	2/19/2016
BILL STATUS:	04/15 –Set for Appropriations Hearing 4/25	BILL LOCATION:	Senate Committee on Appropriations
SUBJECT:	Licensure Applications: Military Experience	RELATED BILLS:	AB 1057 (Medina, Statutes of 2013)

SUMMARY

This proposed spot bill amends Business and Professions Code (Code) Section 114.5 by requiring a board to modify their application for licensure to advise veteran applicants about their ability to apply military experience and training towards licensure requirements, if the governing board authorizes veterans to apply military experience and training towards licensure requirements.

ANALYSIS

This proposed bill would require the Dental Board to incorporate on all applications and forms for licensure a statement advising veteran applicants of their ability to apply their military experience and training towards the licensure requirements. This would result in development of regulations in order to incorporate by reference each application and form within the Board's regulations. This would require the hiring of an additional staff member at least in a limited term position in order to carry out the regulatory package as is necessary should this bill be enacted.

In 2013, the legislature passed and the Governor signed AB 1057 (Medina) requiring licensing boards to ask on every application for licensure if the applicant is serving in or has previously served in the military.

Additionally, current law contains a provision where experience, knowledge, and skills obtained within the armed services should be permitted, if applicable, to apply to the requirements of the regulated profession. Current law requires boards to specify the method of implementation to meet the licensure requirements for the particular business, occupation, or profession regulated and requires boards to consult with the Department of Veteran Affairs and the Military Department before adopting the applicable rules and regulations as required by current law.

This bill intends to close the technical gap in the Code by ensuring veterans receive notification in writing when applying for licensure with boards that accept military

experience and training towards their licensure requirements. However, there exist provisions in place requiring boards to implement their own procedure as opposed to being directed how to implement procedures related to military veterans and active personnel.

Additionally, with the implementation of the BreEZe system, such a change or addition would require the Board to submit a Request for Change to the Change Control Board. The Change Control Board would determine the costs associated with placing additional information on the BreEZe system, as new and existing applicants and licensees are registering, renewing and proceeding with the licensure and permitting process. This would result in unknown additional BreEZe costs that would fiscally impact the Dental Board.

REGISTERED SUPPORT/OPPOSITION

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

BOARD POSITION

The Board has not taken a position on the bill. The Committee may consider recommending the Board take one of the following actions regarding this bill:

- Support
- Support if Amended
- Oppose
- Watch
- Neutral
- No Action

Staff recommends taking a “WATCH” position on this bill.

Introduced by Senator Cannella

February 19, 2016

An act to amend Section 114.5 of the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

SB 1348, as introduced, Cannella. Licensure applications: military experience.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law requires each board to inquire in every application for licensure if the individual applying for licensure is serving in, or has previously served in, the military.

This bill would require each board, with a governing law authorizing veterans to apply military experience and training towards licensure requirements, to modify their application for licensure to advise veteran applicants about their ability to apply that experience and training towards licensure requirements.

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 114.5 of the Business and Professions
- 2 Code is amended to read:
- 3 114.5. ~~Commencing January 1, 2015, each~~ (a) Each board
- 4 shall inquire in every application for licensure if the individual
- 5 applying for licensure is serving in, or has previously served in,
- 6 the military.

1 ***(b) If a board's governing law authorizes veterans to apply***
2 ***military experience and training towards licensure requirements,***
3 ***that board shall modify their application for licensure to advise***
4 ***veteran applicants about their ability to apply military experience***
5 ***and training towards licensure requirements.***

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**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
MAY 11-12, 2016 BOARD MEETING**

BILL NUMBER:	Senate Bill 1444	SPONSOR:	
AUTHOR:	Senator Hertzberg	INTRODUCED:	3/19/2016
VERSION:	Amended 3/31/2016	BILL LOCATION:	Senate Committee on Appropriation
BILL STATUS:	4/19/2016 Do pass as amended and re-refer to Com on APPR	RELATED BILLS:	
SUBJECT:	State Government: Computerized Personal Information Security Plans		

SUMMARY

The Legislature through this bill finds and declares that in the last four years malware and hacking attacks have risen dramatically and account for a vast majority of the records that have been breached and have resulted in the greatest risk for massive disclosure of sensitive personal information.

This bill proposes to require state agencies that own or license computerized data that includes personal information to prepare a computerized personal information security plan that details the agency's strategy to respond to a security breach of a computerized personal information and associated consequences caused by the such a disclosure.

The bill would require the computerized personal information security plan to include the following:

- A statement of purposes and objectives for the plan
- An inventory of the computerized personal information stored or transmitted by the agency
- Identification of resources necessary to implement the plan
- Identification of an incident response team tasked with mitigating and responding to a breach or an imminent threat of a breach
- Communication procedures with the incident response team, the agency and those outside of the agency in the event of a breach
- Policies for training the incident response team and the agency on implementation of this proposal
- Process to review and improve the plan

ANALYSIS

This would require the Department of Consumer Affairs (DCA) to create an incident response team and implement a strategy to respond to a security breach with the BreZze System. Under existing law, state agencies have a duty to protect personal

information entrusted to their care from a data breach and this bill would require state agencies like DCA to develop a response team and a strategy in addressing such breaches should they occur. Since, the Dental Board and its licensees utilize BreEZe for day to day functions and processing of licensure and permitting applications, personal information is constantly utilized and inputted.

Though the bill does not require the Dental Board to create and implement a team and strategy, the actions to be taken by DCA as a result of this bill would impact the Dental Board. Possible matters to think about are the following:

- How much feedback would the Board provide to DCA in order to implement this bill?
- Who would be included in the incident response team?
- Are there additional costs to be sustained by the Boards who are utilizing BreEZe and other computer based databases to pay for the implementation of this bill or would DCA absorb the costs?

REGISTERED SUPPORT/OPPOSITION

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

BOARD POSITION

The Board has not taken a position on the bill. The Committee may consider recommending the Board take one of the following actions regarding this bill:

- Support
- Support if Amended
- Oppose
- Watch
- Neutral
- No Action

Staff recommends taking a "WATCH" position on this bill.

AMENDED IN SENATE APRIL 19, 2016
AMENDED IN SENATE MARCH 31, 2016

SENATE BILL

No. 1444

Introduced by Senator Hertzberg

February 19, 2016

An act to add Section 1798.21.5 to the Civil Code, relating to personal information.

LEGISLATIVE COUNSEL'S DIGEST

SB 1444, as amended, Hertzberg. State government: computerized personal information security plans.

The Information Practices Act of 1977 requires an agency, as defined, to maintain in its records only that personal information, as defined, that is relevant and necessary to accomplish a purpose of the agency required or authorized by the California Constitution or statute or mandated by the federal government. That law requires each agency to establish appropriate and reasonable administrative, technical, and physical safeguards to ensure compliance with this law, to ensure the security and confidentiality of records, and to protect against anticipated threats or hazards to the security or integrity of the records that could result in any injury. Existing law requires an agency that owns or licenses computerized data that includes personal information to disclose a breach of the security of the system in the most expedient time possible and without unreasonable delay, as specified.

This bill would require an agency that owns or licenses computerized data that includes personal information to prepare a computerized personal information security plan that details the agency's strategy to respond to a security breach of computerized personal information and

associated consequences caused by the disclosed personal information. The bill would make legislative findings and declarations in this regard.

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

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

1 SECTION 1. The Legislature finds and declares all of the
2 following:

3 (a) The Attorney General reported that since 2012, 657 data
4 breaches of the kind affecting more than 500 Californians have
5 exposed over 49 million records to fraudulent use.

6 (b) Malware and hacking attacks have risen dramatically in the
7 past four years and account for a vast majority of the records that
8 have been breached. These types of attacks present the greatest
9 risk for massive disclosure of sensitive personal information,
10 including, among others, social security numbers, driver’s licenses,
11 and dates of birth.

12 (c) Numerous state agencies hold records of millions of
13 Californians and present the potential for large breaches of personal
14 information in the future.

15 (d) Information technology professionals consider data breaches
16 to be inevitable for organizations of all sizes and recommend the
17 development and regular updating of plans and procedures designed
18 to detect and halt breaches, notify affected Californians, and
19 mitigate the damage caused by the data breaches.

20 SEC. 2. Section 1798.21.5 is added to the Civil Code, to read:

21 1798.21.5. (a) An agency that owns or licenses computerized
22 data that includes personal information shall prepare a
23 computerized personal information security plan that details the
24 agency’s strategy to respond to a security breach of computerized
25 personal information and associated consequences caused by the
26 disclosed personal information. A computerized personal
27 information security plan shall include, but is not limited to, all of
28 the following:

29 ~~(a)~~

30 (1) A statement of the purpose and objectives for the plan.

31 ~~(b)~~

32 (2) An inventory of the computerized personal information
33 stored or transmitted by the agency.

- 1 ~~(e)~~
- 2 (3) Identification of resources necessary to implement the plan.
- 3 ~~(d)~~
- 4 (4) Identification of an incident response team tasked with
- 5 mitigating and responding to a breach, or an imminent threat of a
- 6 breach, to the security of computerized personal information.
- 7 ~~(e)~~
- 8 (5) Procedures for communications within the incident response
- 9 team and between the incident response team, other individuals
- 10 within the agency, and individuals outside the agency that need to
- 11 be notified in the event of a breach of the security of computerized
- 12 personal information.
- 13 ~~(f)~~
- 14 (6) Policies for training the incident response team and the
- 15 agency on the implementation of the computerized personal
- 16 information security plan, including, but not limited to, the use of
- 17 practice drills.
- 18 ~~(g)~~
- 19 (7) A process to review and improve the computerized personal
- 20 information security plan.
- 21 ***(b) For purposes of this section, “personal information”***
- 22 ***includes information described in subdivision (a) of Section 1798.3***
- 23 ***and subdivision (g) of Section 1798.29.***

**DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
MAY 11-12, 2016 BOARD MEETING**

BILL NUMBER:	Senate Bill 1478		
AUTHOR:	Senate Committee of Business, Professions, and Economic Development	SPONSOR:	
VERSION:	Introduced 3/10/2016	INTRODUCED:	3/10/2016
BILL STATUS:	04/19 From BPED do pass to APPR.	BILL LOCATION:	Senate Committee on Appropriations
SUBJECT:	Healing Arts	RELATED BILLS:	

SUMMARY

This bill would delete the provision relating to the establishment of the Task Force on Culturally and Linguistically Competent Physicians and Dentists and its corresponding tasks.

Additionally, this bill amends Business and Professions Code (Code) Sections 1632(a) and 1634.1(d) to make a technical update to the name of a Board required national examination for licensure due to the integration of the two parts of the National Board Dental Examination that is due to become effective in 2017.

ANALYSIS

The proposal to delete the provision relating to the Task Force on Culturally and Linguistically Competent Physicians and Dentists is a technical non-substantive change that would not impact the Dental Board, as this Task Force has not been active for some time.

Additionally, the amendment relating to the integration of the two parts of the National Board Dental Examination would be a technical non-substantive change in order to address the change that will take place in 2017 and as a result, it would not impact the Board.

REGISTERED SUPPORT/OPPOSITION

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

BOARD POSITION

The Board has not taken a position on the bill. The Committee may consider recommending the Board take one of the following actions regarding this bill:

- Support
- Support if Amended

- Oppose
- Watch
- Neutral
- No Action

Staff recommends taking a “WATCH” position on this bill.

Introduced by Committee on Business, Professions and Economic Development (Senators Hill (Chair), Bates, Berryhill, Block, Galgiani, Hernandez, Jackson, Mendoza, and Wieckowski)

March 10, 2016

An act to amend Sections 1632, 1634.1, 2467, 4980.36, 4980.37, 4980.43, 4980.78, 4980.79, 4992.05, 4996.18, 4996.23, 4999.12, 4999.40, 4999.47, 4999.52, 4999.60, 4999.61, and 4999.120 of, to add Sections 4980.09 and 4999.12.5 to, to repeal Sections 852, 2029, 4980.40.5, and 4999.54 of, and to repeal Article 16 (commencing with Section 2380) of Chapter 5 of Division 2 of, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL’S DIGEST

SB 1478, as introduced, Committee on Business, Professions and Economic Development. Healing arts.

Existing law provides for the licensure and regulation of healing arts professions and vocations by boards within the Department of Consumer Affairs.

(1) Existing law establishes the Task Force on Culturally and Linguistically Competent Physicians and Dentists. Existing law requires the task force to develop recommendations for a continuing education program that includes language proficiency standards of foreign language to be acquired to meet linguistic competency, identify the key cultural elements necessary to meet cultural competency by physicians, dentists, and their offices and assess the need for voluntary certification standards and examinations for cultural and linguistic competency.

This bill would delete those provisions.

(2) The Dental Practice Act provides for the licensure and regulation of dentists by the Dental Board of California. Existing law requires

each applicant to, among other things, successfully complete the Part I and Part II written examinations of the National Board Dental Examination of the Joint Commission on National Dental Examinations.

This bill would instead require the applicant to successfully complete the written examination of the National Board Dental Examination of the Joint Commission on National Dental Examinations.

(3) The Medical Practice Act provides for the licensure and regulation of physicians and surgeons by the Medical Board of California.

Existing law requires the board to keep a copy of a complaint it receives regarding the poor quality of care rendered by a licensee for 10 years from the date the board receives the complaint, as provided.

This bill would delete that requirement.

Existing law creates the Bureau of Medical Statistics within the board. Under existing law, the purpose of the bureau is to provide the board with statistical information necessary to carry out their functions of licensing, medical education, medical quality, and enforcement.

This bill would abolish that bureau.

(4) Under existing law, the California Board of Podiatric Medicine is responsible for the certification and regulation of the practice of podiatric medicine. Existing law requires the board to annually elect one of its members to act as president and vice president.

This bill would instead require the board to elect from its members a president, a vice president, and a secretary.

(5) The Board of Behavioral Sciences is responsible for administering, among others, the Licensed Marriage and Family Therapist Act, the Clinical Social Worker Practice Act, and the Licensed Professional Clinical Counselor Act.

(A) Existing law, the Licensed Marriage and Family Therapist Act, provides for the regulation of the practice of marriage and family therapy by the Board of Behavioral Sciences. A violation of the act is a crime. Existing law requires the licensure of marriage and family therapists and the registration of marriage and family therapist interns. Under existing law, an “intern” is defined as an unlicensed person who has earned his or her master’s or doctoral degree qualifying him or her for licensure and is registered with the board. Existing law prohibits the abbreviation “MFTI” from being used in an advertisement unless the title “marriage and family therapist registered intern” appears in the advertisement.

Existing law, the Licensed Professional Clinical Counselor Act, provides for the regulation of the practice of professional clinical

counseling by the Board of Behavioral Sciences. Existing law requires the licensure of professional clinical counselors and the registration of professional clinical counselor interns. Under existing law, an “intern” is defined as an unlicensed person who meets specified requirements for registration and is registered with the board.

This bill, commencing January 1, 2018, would provide that certain specified titles using the term “intern” or any reference to the term “intern” in those acts shall be deemed to be a reference to an “associate,” as specified. Because this bill would change the definition of a crime, it would impose a state-mandated local program.

(B) The Licensed Marriage and Family Therapist Act generally requires specified applicants for licensure and registration to meet certain educational degree requirements, including having obtained that degree from a school, college, or university that, among other things, is accredited by a regional accrediting agency recognized by the United States Department of Education.

This bill would authorize that accreditation to be by a regional or national institutional accrediting agency recognized by the United States Department of Education.

Under the Licensed Marriage and Family Therapist Act, a specified doctoral or master’s degree approved by the Bureau for Private Postsecondary and Vocational Education as of June 30, 2007, is considered by the Board of Behavioral Sciences to meet the specified licensure and registration requirements if the degree is conferred on or before July 1, 2010. As an alternative, existing law requires the Board of Behavioral Sciences to accept those doctoral or master's degrees as equivalent degrees if those degrees are conferred by educational institutions accredited by specified associations.

This bill would delete those provisions.

(C) Under the Licensed Marriage and Family Therapist Act, an applicant for licensure is required to complete experience related to the practice of marriage and family therapy under the supervision of a supervisor. Existing law requires applicants, trainees who are unlicensed persons enrolled in an educational program to qualify for licensure, and interns who are unlicensed persons who have completed an educational program and is registered with the board to be at all times under the supervision of a supervisor. Existing law requires interns and trainees to only gain supervised experience as an employee or volunteer and prohibits experience from being gained as an independent contractor. Similarly, the Licensed Professional Clinical Counselor Act requires

clinical counselor trainees, interns, and applicants to perform services only as an employee or as a volunteer. The Licensed Professional Clinical Counselor Act prohibits gaining mental health experience by interns or trainees as an independent contractor.

The Clinical Social Worker Practice Act requires applicants to complete supervised experience related to the practice of clinical social work.

This bill would prohibit these persons from being employed as independent contractors and from gaining experience for work performed as an independent contractor reported on a specified tax form.

(D) The Licensed Professional Clinical Counselor Act defines the term “accredited” for the purposes of the act to mean a school, college, or university accredited by the Western Association of Schools and Colleges, or its equivalent regional accrediting association. The act requires each educational institution preparing applicants to qualify for licensure to notify each of its students in writing that its degree program is designed to meet specified examination eligibility or registration requirements and to certify to the Board of Behavioral Sciences that it has provided that notice.

This bill would re-define “accredited” to mean a school, college, or university accredited by a regional or national institutional accrediting agency that is recognized by the United States Department of Education. The bill would additionally require an applicant for registration or licensure to submit to the Board of Behavioral Sciences a certification from the applicant’s educational institution specifying that the curriculum and coursework complies with those examination eligibility or registration requirements.

(6) This bill would additionally delete various obsolete provisions, make conforming changes, and make other nonsubstantive changes.

(7) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

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

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

1 SECTION 1. Section 852 of the Business and Professions Code
2 is repealed.

3 ~~852. (a) The Task Force on Culturally and Linguistically~~
4 ~~Competent Physicians and Dentists is hereby created and shall~~
5 ~~consist of the following members:~~

6 ~~(1) The State Director of Health Services and the Director of~~
7 ~~Consumer Affairs, who shall serve as cochairs of the task force.~~

8 ~~(2) The Executive Director of the Medical Board of California.~~

9 ~~(3) The Executive Director of the Dental Board of California.~~

10 ~~(4) One member appointed by the Senate Committee on Rules.~~

11 ~~(5) One member appointed by the Speaker of the Assembly.~~

12 ~~(b) Additional task force members shall be appointed by the~~
13 ~~Director of Consumer Affairs, in consultation with the State~~
14 ~~Director of Health Services, as follows:~~

15 ~~(1) Representatives of organizations that advocate on behalf of~~
16 ~~California licensed physicians and dentists.~~

17 ~~(2) California licensed physicians and dentists that provide~~
18 ~~health services to members of language and ethnic minority groups.~~

19 ~~(3) Representatives of organizations that advocate on behalf of,~~
20 ~~or provide health services to, members of language and ethnic~~
21 ~~minority groups.~~

22 ~~(4) Representatives of entities that offer continuing education~~
23 ~~for physicians and dentists.~~

24 ~~(5) Representatives of California's medical and dental schools.~~

25 ~~(6) Individuals with experience in developing, implementing,~~
26 ~~monitoring, and evaluating cultural and linguistic programs.~~

27 ~~(e) The duties of the task force shall include the following:~~

28 ~~(1) Developing recommendations for a continuing education~~
29 ~~program that includes language proficiency standards of foreign~~
30 ~~language to be acquired to meet linguistic competency.~~

31 ~~(2) Identifying the key cultural elements necessary to meet~~
32 ~~cultural competency by physicians, dentists, and their offices.~~

33 ~~(3) Assessing the need for voluntary certification standards and~~
34 ~~examinations for cultural and linguistic competency.~~

35 ~~(d) The task force shall hold hearings and convene meetings to~~
36 ~~obtain input from persons belonging to language and ethnic~~
37 ~~minority groups to determine their needs and preferences for having~~
38 ~~culturally competent medical providers. These hearings and~~

1 meetings shall be convened in communities that have large
2 populations of language and ethnic minority groups.

3 (e) ~~The task force shall report its findings to the Legislature and~~
4 ~~appropriate licensing boards within two years after creation of the~~
5 ~~task force.~~

6 (f) ~~The Medical Board of California and the Dental Board of~~
7 ~~California shall pay the state administrative costs of implementing~~
8 ~~this section.~~

9 (g) ~~Nothing in this section shall be construed to require~~
10 ~~mandatory continuing education of physicians and dentists.~~

11 SEC. 2. Section 1632 of the Business and Professions Code is
12 amended to read:

13 1632. (a) The board shall require each applicant to successfully
14 complete the ~~Part I and Part II written examinations~~ *written*
15 *examination* of the National Board Dental Examination of the Joint
16 Commission on National Dental Examinations.

17 (b) The board shall require each applicant to successfully
18 complete an examination in California law and ethics developed
19 and administered by the board. The board shall provide a separate
20 application for this examination. The board shall ensure that the
21 law and ethics examination reflects current law and regulations,
22 and ensure that the examinations are randomized. Applicants shall
23 submit this application and required fee to the board in order to
24 take this examination. In addition to the aforementioned
25 application, the only other requirement for taking this examination
26 shall be certification from the dean of the qualifying dental school
27 attended by the applicant that the applicant has graduated, or will
28 graduate, or is expected to graduate. Applicants who submit
29 completed applications and certification from the dean at least 15
30 days prior to a scheduled examination shall be scheduled to take
31 the examination. Successful results of the examination shall, as
32 established by board regulation, remain valid for two years from
33 the date that the applicant is notified of having passed the
34 examination.

35 (c) Except as otherwise provided in Section 1632.5, the board
36 shall require each applicant to have taken and received a passing
37 score on one of the following:

38 (1) A portfolio examination of the applicant's competence to
39 enter the practice of dentistry. This examination shall be conducted
40 while the applicant is enrolled in a dental school program at a

1 board-approved school located in California. This examination
2 shall utilize uniform standards of clinical experiences and
3 competencies, as approved by the board pursuant to Section 1632.1.
4 The applicant shall pass a final assessment of the submitted
5 portfolio at the end of his or her dental school program. Before
6 any portfolio assessment may be submitted to the board, the
7 applicant shall remit the required fee to the board to be deposited
8 into the State Dentistry Fund, and a letter of good standing signed
9 by the dean of his or her dental school or his or her delegate stating
10 that the applicant has graduated or will graduate with no pending
11 ethical issues.

12 (A) The portfolio examination shall not be conducted until the
13 board adopts regulations to carry out this paragraph. The board
14 shall post notice on its Internet Web site when these regulations
15 have been adopted.

16 (B) The board shall also provide written notice to the Legislature
17 and the Legislative Counsel when these regulations have been
18 adopted.

19 (2) A clinical and written examination administered by the
20 Western Regional Examining Board, which board shall determine
21 the passing score for that examination.

22 (d) Notwithstanding subdivision (b) of Section 1628, the board
23 is authorized to do either of the following:

24 (1) Approve an application for examination from, and to
25 examine an applicant who is enrolled in, but has not yet graduated
26 from, a reputable dental school approved by the board.

27 (2) Accept the results of an examination described in paragraph
28 (2) of subdivision (c) submitted by an applicant who was enrolled
29 in, but had not graduated from, a reputable dental school approved
30 by the board at the time the examination was administered.

31 In either case, the board shall require the dean of that school or
32 his or her delegate to furnish satisfactory proof that the applicant
33 will graduate within one year of the date the examination was
34 administered or as provided in paragraph (1) of subdivision (c).

35 SEC. 3. Section 1634.1 of the Business and Professions Code
36 is amended to read:

37 1634.1. Notwithstanding Section 1634, the board may grant a
38 license to practice dentistry to an applicant who submits all of the
39 following to the board:

1 (a) A completed application form and all fees required by the
2 board.

3 (b) Satisfactory evidence of having graduated from a dental
4 school approved by the board or by the Commission on Dental
5 Accreditation of the American Dental Association.

6 (c) Satisfactory evidence of having completed a clinically based
7 advanced education program in general dentistry or an advanced
8 education program in general practice residency that is, at
9 minimum, one year in duration and is accredited by either the
10 Commission on Dental Accreditation of the American Dental
11 Association or a national accrediting body approved by the board.
12 The advanced education program shall include a certification of
13 clinical residency program completion approved by the board, to
14 be completed upon the resident’s successful completion of the
15 program in order to evaluate his or her competence to practice
16 dentistry in the state.

17 (d) Satisfactory evidence of having successfully completed the
18 written ~~examinations~~ *examination* of the National Board Dental
19 Examination of the Joint Commission on National Dental
20 Examinations.

21 (e) Satisfactory evidence of having successfully completed an
22 examination in California law and ethics.

23 (f) Proof that the applicant has not failed the examination for
24 licensure to practice dentistry under this chapter within five years
25 prior to the date of his or her application for a license under this
26 chapter.

27 SEC. 4. Section 2029 of the Business and Professions Code is
28 repealed.

29 ~~2029. The board shall keep a copy of a complaint it receives
30 regarding the poor quality of care rendered by a licensee for 10
31 years from the date the board receives the complaint. For retrieval
32 purposes, these complaints shall be filed by the licensee’s name
33 and license number.~~

34 SEC. 5. Article 16 (commencing with Section 2380) of Chapter
35 5 of Division 2 of the Business and Professions Code is repealed.

36 SEC. 6. Section 2467 of the Business and Professions Code is
37 amended to read:

38 2467. (a) The board may convene from time to time as it deems
39 necessary.

1 (b) Four members of the board constitute a quorum for the
2 transaction of business at any meeting.

3 (c) It shall require the affirmative vote of a majority of those
4 members present at a meeting, those members constituting at least
5 a quorum, to pass any motion, resolution, or measure.

6 (d) The board shall ~~annually elect one of~~ *from* its members ~~to~~
7 ~~act as president and a member to act as a president, a vice-president~~
8 *president, and a secretary* who shall hold their respective positions
9 at the pleasure of the board. The president may call meetings of
10 the board and any duly appointed committee at a specified time
11 and place.

12 SEC. 7. Section 4980.09 is added to the Business and
13 Professions Code, to read:

14 4980.09. (a) The title “marriage and family therapist intern”
15 or “marriage and family therapist registered intern” is hereby
16 renamed “associate marriage and family therapist” or “registered
17 associate marriage and family therapist,” respectively. Any
18 reference in statute or regulation to a “marriage and family therapist
19 intern” or “marriage and family therapist registered intern” shall
20 be deemed a reference to an “associate marriage and family
21 therapist” or “registered associate marriage and family therapist.”

22 (b) Nothing in this section shall be construed to expand or
23 constrict the scope of practice of a person licensed or registered
24 pursuant to this chapter.

25 (c) This section shall become operative January 1, 2018.

26 SEC. 8. Section 4980.36 of the Business and Professions Code
27 is amended to read:

28 4980.36. (a) This section shall apply to the following:

29 (1) Applicants for licensure or registration who begin graduate
30 study before August 1, 2012, and do not complete that study on
31 or before December 31, 2018.

32 (2) Applicants for licensure or registration who begin graduate
33 study before August 1, 2012, and who graduate from a degree
34 program that meets the requirements of this section.

35 (3) Applicants for licensure or registration who begin graduate
36 study on or after August 1, 2012.

37 (b) To qualify for a license or registration, applicants shall
38 possess a doctoral or master’s degree meeting the requirements of
39 this section in marriage, family, and child counseling, marriage
40 and family therapy, couple and family therapy, psychology, clinical

1 psychology, counseling psychology, or counseling with an
2 emphasis in either marriage, family, and child counseling or
3 marriage and family therapy, obtained from a school, college, or
4 university approved by the Bureau for Private Postsecondary
5 Education, or accredited by either the Commission on Accreditation
6 for Marriage and Family Therapy Education, or a regional *or*
7 *national institutional* accrediting agency that is recognized by the
8 United States Department of Education. The board has the authority
9 to make the final determination as to whether a degree meets all
10 requirements, including, but not limited to, course requirements,
11 regardless of accreditation or approval.

12 (c) A doctoral or master's degree program that qualifies for
13 licensure or registration shall do the following:

14 (1) Integrate all of the following throughout its curriculum:

15 (A) Marriage and family therapy principles.

16 (B) The principles of mental health recovery-oriented care and
17 methods of service delivery in recovery-oriented practice
18 environments, among others.

19 (C) An understanding of various cultures and the social and
20 psychological implications of socioeconomic position, and an
21 understanding of how poverty and social stress impact an
22 individual's mental health and recovery.

23 (2) Allow for innovation and individuality in the education of
24 marriage and family therapists.

25 (3) Encourage students to develop the personal qualities that
26 are intimately related to effective practice, including, but not
27 limited to, integrity, sensitivity, flexibility, insight, compassion,
28 and personal presence.

29 (4) Permit an emphasis or specialization that may address any
30 one or more of the unique and complex array of human problems,
31 symptoms, and needs of Californians served by marriage and
32 family therapists.

33 (5) Provide students with the opportunity to meet with various
34 consumers and family members of consumers of mental health
35 services to enhance understanding of their experience of mental
36 illness, treatment, and recovery.

37 (d) The degree described in subdivision (b) shall contain no less
38 than 60 semester or 90 quarter units of instruction that includes,
39 but is not limited to, the following requirements:

40 (1) Both of the following:

- 1 (A) No less than 12 semester or 18 quarter units of coursework
2 in theories, principles, and methods of a variety of
3 psychotherapeutic orientations directly related to marriage and
4 family therapy and marital and family systems approaches to
5 treatment and how these theories can be applied therapeutically
6 with individuals, couples, families, adults, including elder adults,
7 children, adolescents, and groups to improve, restore, or maintain
8 healthy relationships.
- 9 (B) Practicum that involves direct client contact, as follows:
- 10 (i) A minimum of six semester or nine quarter units of practicum
11 in a supervised clinical placement that provides supervised
12 fieldwork experience.
- 13 (ii) A minimum of 150 hours of face-to-face experience
14 counseling individuals, couples, families, or groups.
- 15 (iii) A student must be enrolled in a practicum course while
16 counseling clients, except as specified in subdivision (c) of Section
17 4980.42.
- 18 (iv) The practicum shall provide training in all of the following
19 areas:
- 20 (I) Applied use of theory and psychotherapeutic techniques.
21 (II) Assessment, diagnosis, and prognosis.
22 (III) Treatment of individuals and premarital, couple, family,
23 and child relationships, including trauma and abuse, dysfunctions,
24 healthy functioning, health promotion, illness prevention, and
25 working with families.
- 26 (IV) Professional writing, including documentation of services,
27 treatment plans, and progress notes.
- 28 (V) How to connect people with resources that deliver the
29 quality of services and support needed in the community.
- 30 (v) Educational institutions are encouraged to design the
31 practicum required by this subparagraph to include marriage and
32 family therapy experience in low income and multicultural mental
33 health settings.
- 34 (vi) In addition to the 150 hours required in clause (ii), 75 hours
35 of either of the following, or a combination thereof:
- 36 (I) Client centered advocacy, as defined in Section 4980.03.
37 (II) Face-to-face experience counseling individuals, couples,
38 families, or groups.
- 39 (2) Instruction in all of the following:

- 1 (A) Diagnosis, assessment, prognosis, and treatment of mental
2 disorders, including severe mental disorders, evidence-based
3 practices, psychological testing, psychopharmacology, and
4 promising mental health practices that are evaluated in peer
5 reviewed literature.
- 6 (B) Developmental issues from infancy to old age, including
7 instruction in all of the following areas:
- 8 (i) The effects of developmental issues on individuals, couples,
9 and family relationships.
- 10 (ii) The psychological, psychotherapeutic, and health
11 implications of developmental issues and their effects.
- 12 (iii) Aging and its biological, social, cognitive, and
13 psychological aspects. This coursework shall include instruction
14 on the assessment and reporting of, as well as treatment related
15 to, elder and dependent adult abuse and neglect.
- 16 (iv) A variety of cultural understandings of human development.
- 17 (v) The understanding of human behavior within the social
18 context of socioeconomic status and other contextual issues
19 affecting social position.
- 20 (vi) The understanding of human behavior within the social
21 context of a representative variety of the cultures found within
22 California.
- 23 (vii) The understanding of the impact that personal and social
24 insecurity, social stress, low educational levels, inadequate housing,
25 and malnutrition have on human development.
- 26 (C) The broad range of matters and life events that may arise
27 within marriage and family relationships and within a variety of
28 California cultures, including instruction in all of the following:
- 29 (i) A minimum of seven contact hours of training or coursework
30 in child abuse assessment and reporting as specified in Section 28,
31 and any regulations promulgated thereunder.
- 32 (ii) Spousal or partner abuse assessment, detection, intervention
33 strategies, and same gender abuse dynamics.
- 34 (iii) Cultural factors relevant to abuse of partners and family
35 members.
- 36 (iv) Childbirth, child rearing, parenting, and stepparenting.
- 37 (v) Marriage, divorce, and blended families.
- 38 (vi) Long-term care.
- 39 (vii) End of life and grief.
- 40 (viii) Poverty and deprivation.

- 1 (ix) Financial and social stress.
- 2 (x) Effects of trauma.
- 3 (xi) The psychological, psychotherapeutic, community, and
- 4 health implications of the matters and life events described in
- 5 clauses (i) to (x), inclusive.
- 6 (D) Cultural competency and sensitivity, including a familiarity
- 7 with the racial, cultural, linguistic, and ethnic backgrounds of
- 8 persons living in California.
- 9 (E) Multicultural development and cross-cultural interaction,
- 10 including experiences of race, ethnicity, class, spirituality, sexual
- 11 orientation, gender, and disability, and their incorporation into the
- 12 psychotherapeutic process.
- 13 (F) The effects of socioeconomic status on treatment and
- 14 available resources.
- 15 (G) Resilience, including the personal and community qualities
- 16 that enable persons to cope with adversity, trauma, tragedy, threats,
- 17 or other stresses.
- 18 (H) Human sexuality, including the study of physiological,
- 19 psychological, and social cultural variables associated with sexual
- 20 behavior and gender identity, and the assessment and treatment of
- 21 psychosexual dysfunction.
- 22 (I) Substance use disorders, co-occurring disorders, and
- 23 addiction, including, but not limited to, instruction in all of the
- 24 following:
 - 25 (i) The definition of substance use disorders, co-occurring
 - 26 disorders, and addiction. For purposes of this subparagraph,
 - 27 “co-occurring disorders” means a mental illness and substance
 - 28 abuse diagnosis occurring simultaneously in an individual.
 - 29 (ii) Medical aspects of substance use disorders and co-occurring
 - 30 disorders.
 - 31 (iii) The effects of psychoactive drug use.
 - 32 (iv) Current theories of the etiology of substance abuse and
 - 33 addiction.
 - 34 (v) The role of persons and systems that support or compound
 - 35 substance abuse and addiction.
 - 36 (vi) Major approaches to identification, evaluation, and treatment
 - 37 of substance use disorders, co-occurring disorders, and addiction,
 - 38 including, but not limited to, best practices.
 - 39 (vii) Legal aspects of substance abuse.

- 1 (viii) Populations at risk with regard to substance use disorders
- 2 and co-occurring disorders.
- 3 (ix) Community resources offering screening, assessment,
- 4 treatment, and followup for the affected person and family.
- 5 (x) Recognition of substance use disorders, co-occurring
- 6 disorders, and addiction, and appropriate referral.
- 7 (xi) The prevention of substance use disorders and addiction.
- 8 (J) California law and professional ethics for marriage and
- 9 family therapists, including instruction in all of the following areas
- 10 of study:
- 11 (i) Contemporary professional ethics and statutory, regulatory,
- 12 and decisional laws that delineate the scope of practice of marriage
- 13 and family therapy.
- 14 (ii) The therapeutic, clinical, and practical considerations
- 15 involved in the legal and ethical practice of marriage and family
- 16 therapy, including, but not limited to, family law.
- 17 (iii) The current legal patterns and trends in the mental health
- 18 professions.
- 19 (iv) The psychotherapist-patient privilege, confidentiality, the
- 20 patient dangerous to self or others, and the treatment of minors
- 21 with and without parental consent.
- 22 (v) A recognition and exploration of the relationship between
- 23 a practitioner’s sense of self and human values and his or her
- 24 professional behavior and ethics.
- 25 (vi) Differences in legal and ethical standards for different types
- 26 of work settings.
- 27 (vii) Licensing law and licensing process.
- 28 (e) The degree described in subdivision (b) shall, in addition to
- 29 meeting the requirements of subdivision (d), include instruction
- 30 in case management, systems of care for the severely mentally ill,
- 31 public and private services and supports available for the severely
- 32 mentally ill, community resources for persons with mental illness
- 33 and for victims of abuse, disaster and trauma response, advocacy
- 34 for the severely mentally ill, and collaborative treatment. This
- 35 instruction may be provided either in credit level coursework or
- 36 through extension programs offered by the degree-granting
- 37 institution.
- 38 (f) The changes made to law by this section are intended to
- 39 improve the educational qualifications for licensure in order to
- 40 better prepare future licentiates for practice, and are not intended

1 to expand or restrict the scope of practice for marriage and family
2 therapists.

3 SEC. 9. Section 4980.37 of the Business and Professions Code
4 is amended to read:

5 4980.37. (a) This section shall apply to applicants for licensure
6 or registration who begin graduate study before August 1, 2012,
7 and complete that study on or before December 31, 2018. Those
8 applicants may alternatively qualify under paragraph (2) of
9 subdivision (a) of Section 4980.36.

10 (b) To qualify for a license or registration, applicants shall
11 possess a doctor's or master's degree in marriage, family, and child
12 counseling, marriage and family therapy, couple and family
13 therapy, psychology, clinical psychology, counseling psychology,
14 or counseling with an emphasis in either marriage, family, and
15 child counseling or marriage and family therapy, obtained from a
16 school, college, or university accredited by a regional *or national*
17 *institutional* accrediting agency that is recognized by the United
18 States Department of Education or approved by the Bureau for
19 Private Postsecondary Education. The board has the authority to
20 make the final determination as to whether a degree meets all
21 requirements, including, but not limited to, course requirements,
22 regardless of accreditation or approval. In order to qualify for
23 licensure pursuant to this section, a doctor's or master's degree
24 program shall be a single, integrated program primarily designed
25 to train marriage and family therapists and shall contain no less
26 than 48 semester or 72 quarter units of instruction. This instruction
27 shall include no less than 12 semester units or 18 quarter units of
28 coursework in the areas of marriage, family, and child counseling,
29 and marital and family systems approaches to treatment. The
30 coursework shall include all of the following areas:

31 (1) The salient theories of a variety of psychotherapeutic
32 orientations directly related to marriage and family therapy, and
33 marital and family systems approaches to treatment.

34 (2) Theories of marriage and family therapy and how they can
35 be utilized in order to intervene therapeutically with couples,
36 families, adults, children, and groups.

37 (3) Developmental issues and life events from infancy to old
38 age and their effect on individuals, couples, and family
39 relationships. This may include coursework that focuses on specific
40 family life events and the psychological, psychotherapeutic, and

1 health implications that arise within couples and families,
2 including, but not limited to, childbirth, child rearing, childhood,
3 adolescence, adulthood, marriage, divorce, blended families,
4 stepparenting, abuse and neglect of older and dependent adults,
5 and geropsychology.

6 (4) A variety of approaches to the treatment of children.

7 The board shall, by regulation, set forth the subjects of instruction
8 required in this subdivision.

9 (c) (1) In addition to the 12 semester or 18 quarter units of
10 coursework specified in subdivision (b), the doctor's or master's
11 degree program shall contain not less than six semester or nine
12 quarter units of supervised practicum in applied psychotherapeutic
13 technique, assessments, diagnosis, prognosis, and treatment of
14 premarital, couple, family, and child relationships, including
15 dysfunctions, healthy functioning, health promotion, and illness
16 prevention, in a supervised clinical placement that provides
17 supervised fieldwork experience within the scope of practice of a
18 marriage and family therapist.

19 (2) For applicants who enrolled in a degree program on or after
20 January 1, 1995, the practicum shall include a minimum of 150
21 hours of face-to-face experience counseling individuals, couples,
22 families, or groups.

23 (3) The practicum hours shall be considered as part of the 48
24 semester or 72 quarter unit requirement.

25 (d) As an alternative to meeting the qualifications specified in
26 subdivision (b), the board shall accept as equivalent degrees those
27 master's or doctor's degrees granted by educational institutions
28 whose degree program is approved by the Commission on
29 Accreditation for Marriage and Family Therapy Education.

30 (e) In order to provide an integrated course of study and
31 appropriate professional training, while allowing for innovation
32 and individuality in the education of marriage and family therapists,
33 a degree program that meets the educational qualifications for
34 licensure or registration under this section shall do all of the
35 following:

36 (1) Provide an integrated course of study that trains students
37 generally in the diagnosis, assessment, prognosis, and treatment
38 of mental disorders.

39 (2) Prepare students to be familiar with the broad range of
40 matters that may arise within marriage and family relationships.

1 (3) Train students specifically in the application of marriage
2 and family relationship counseling principles and methods.

3 (4) Encourage students to develop those personal qualities that
4 are intimately related to the counseling situation such as integrity,
5 sensitivity, flexibility, insight, compassion, and personal presence.

6 (5) Teach students a variety of effective psychotherapeutic
7 techniques and modalities that may be utilized to improve, restore,
8 or maintain healthy individual, couple, and family relationships.

9 (6) Permit an emphasis or specialization that may address any
10 one or more of the unique and complex array of human problems,
11 symptoms, and needs of Californians served by marriage and
12 family therapists.

13 (7) Prepare students to be familiar with cross-cultural mores
14 and values, including a familiarity with the wide range of racial
15 and ethnic backgrounds common among California's population,
16 including, but not limited to, Blacks, Hispanics, Asians, and Native
17 Americans.

18 (f) Educational institutions are encouraged to design the
19 practicum required by this section to include marriage and family
20 therapy experience in low income and multicultural mental health
21 settings.

22 (g) This section shall remain in effect only until January 1, 2019,
23 and as of that date is repealed, unless a later enacted statute, that
24 is enacted before January 1, 2019, deletes or extends that date.

25 SEC. 10. Section 4980.40.5 of the Business and Professions
26 Code is repealed.

27 ~~4980.40.5. (a) A doctoral or master's degree in marriage,~~
28 ~~family, and child counseling, marital and family therapy, couple~~
29 ~~and family therapy, psychology, clinical psychology, counseling~~
30 ~~psychology, or counseling with an emphasis in either marriage,~~
31 ~~family, and child counseling, or marriage and family therapy,~~
32 ~~obtained from a school, college, or university approved by the~~
33 ~~Bureau for Private Postsecondary Education as of June 30, 2007,~~
34 ~~shall be considered by the board to meet the requirements necessary~~
35 ~~for licensure as a marriage and family therapist and for registration~~
36 ~~as a marriage and family therapist intern provided that the degree~~
37 ~~is conferred on or before July 1, 2010.~~

38 ~~(b) As an alternative to meeting the qualifications specified in~~
39 ~~subdivision (a) of Section 4980.40, the board shall accept as~~
40 ~~equivalent degrees those doctoral or master's degrees that otherwise~~

1 ~~meet the requirements of this chapter and are conferred by~~
2 ~~educational institutions accredited by any of the following~~
3 ~~associations:~~
4 ~~(1) Northwest Commission on Colleges and Universities.~~
5 ~~(2) Middle States Association of Colleges and Secondary~~
6 ~~Schools.~~
7 ~~(3) New England Association of Schools and Colleges.~~
8 ~~(4) North Central Association of Colleges and Secondary~~
9 ~~Schools.~~
10 ~~(5) Southern Association of Colleges and Schools.~~
11 SEC. 11. Section 4980.43 of the Business and Professions
12 Code is amended to read:
13 4980.43. (a) To qualify for licensure as specified in Section
14 4980.40, each applicant shall complete experience related to the
15 practice of marriage and family therapy under a supervisor who
16 meets the qualifications set forth in Section 4980.03. The
17 experience shall comply with the following:
18 (1) A minimum of 3,000 hours of supervised experience
19 completed during a period of at least 104 weeks.
20 (2) A maximum of 40 hours in any seven consecutive days.
21 (3) A minimum of 1,700 hours obtained after the qualifying
22 master's or doctoral degree was awarded.
23 (4) A maximum of 1,300 hours obtained prior to the award date
24 of the qualifying master's or doctoral degree.
25 (5) A maximum of 750 hours of counseling and direct supervisor
26 contact prior to the award date of the qualifying master's or
27 doctoral degree.
28 (6) No hours of experience may be gained prior to completing
29 either 12 semester units or 18 quarter units of graduate instruction.
30 (7) No hours of experience may be gained more than six years
31 prior to the date the application for examination eligibility was
32 filed, except that up to 500 hours of clinical experience gained in
33 the supervised practicum required by subdivision (c) of Section
34 4980.37 and subparagraph (B) of paragraph (1) of subdivision (d)
35 of Section 4980.36 shall be exempt from this six-year requirement.
36 (8) A minimum of 1,750 hours of direct counseling with
37 individuals, groups, couples, or families, that includes not less than
38 500 total hours of experience in diagnosing and treating couples,
39 families, and children.

1 (9) A maximum of 1,250 hours of nonclinical practice,
2 consisting of direct supervisor contact, administering and
3 evaluating psychological tests, writing clinical reports, writing
4 progress or process notes, client centered advocacy, and workshops,
5 seminars, training sessions, or conferences directly related to
6 marriage and family therapy that have been approved by the
7 applicant's supervisor.

8 (10) It is anticipated and encouraged that hours of experience
9 will include working with elders and dependent adults who have
10 physical or mental limitations that restrict their ability to carry out
11 normal activities or protect their rights.

12 This subdivision shall only apply to hours gained on and after
13 January 1, 2010.

14 (b) An individual who submits an application for examination
15 eligibility between January 1, 2016, and December 31, 2020, may
16 alternatively qualify under the experience requirements that were
17 in place on January 1, 2015.

18 (c) All applicants, trainees, and registrants shall be at all times
19 under the supervision of a supervisor who shall be responsible for
20 ensuring that the extent, kind, and quality of counseling performed
21 is consistent with the training and experience of the person being
22 supervised, and who shall be responsible to the board for
23 compliance with all laws, rules, and regulations governing the
24 practice of marriage and family therapy. Supervised experience
25 shall be gained by an intern or trainee only as an employee or as
26 a volunteer. The requirements of this chapter regarding gaining
27 hours of experience and supervision are applicable equally to
28 employees and volunteers. ~~Experience shall not be gained by an~~
29 ~~intern or trainee as an independent contractor. Associates and~~
30 ~~trainees shall not be employed as independent contractors, and~~
31 ~~shall not gain experience for work performed as an independent~~
32 ~~contractor, reported on an IRS Form 1099, or both.~~

33 (1) If employed, an intern shall provide the board with copies
34 of the corresponding W-2 tax forms for each year of experience
35 claimed upon application for licensure.

36 (2) If volunteering, an intern shall provide the board with a letter
37 from his or her employer verifying the intern's employment as a
38 volunteer upon application for licensure.

39 (d) Except for experience gained by attending workshops,
40 seminars, training sessions, or conferences as described in

1 paragraph (9) of subdivision (a), supervision shall include at least
2 one hour of direct supervisor contact in each week for which
3 experience is credited in each work setting, as specified:

4 (1) A trainee shall receive an average of at least one hour of
5 direct supervisor contact for every five hours of client contact in
6 each setting. No more than six hours of supervision, whether
7 individual or group, shall be credited during any single week.

8 (2) An individual supervised after being granted a qualifying
9 degree shall receive at least one additional hour of direct supervisor
10 contact for every week in which more than 10 hours of client
11 contact is gained in each setting. No more than six hours of
12 supervision, whether individual or group, shall be credited during
13 any single week.

14 (3) For purposes of this section, “one hour of direct supervisor
15 contact” means one hour per week of face-to-face contact on an
16 individual basis or two hours per week of face-to-face contact in
17 a group.

18 (4) Direct supervisor contact shall occur within the same week
19 as the hours claimed.

20 (5) Direct supervisor contact provided in a group shall be
21 provided in a group of not more than eight supervisees and in
22 segments lasting no less than one continuous hour.

23 (6) Notwithstanding paragraph (3), an intern working in a
24 governmental entity, a school, a college, or a university, or an
25 institution that is both nonprofit and charitable may obtain the
26 required weekly direct supervisor contact via two-way, real-time
27 videoconferencing. The supervisor shall be responsible for ensuring
28 that client confidentiality is upheld.

29 (7) All experience gained by a trainee shall be monitored by the
30 supervisor as specified by regulation.

31 (8) The six hours of supervision that may be credited during
32 any single week pursuant to paragraphs (1) and (2) shall apply to
33 supervision hours gained on or after January 1, 2009.

34 (e) (1) A trainee may be credited with supervised experience
35 completed in any setting that meets all of the following:

36 (A) Lawfully and regularly provides mental health counseling
37 or psychotherapy.

38 (B) Provides oversight to ensure that the trainee’s work at the
39 setting meets the experience and supervision requirements set forth

1 in this chapter and is within the scope of practice for the profession
2 as defined in Section 4980.02.

3 (C) Is not a private practice owned by a licensed marriage and
4 family therapist, a licensed professional clinical counselor, a
5 licensed psychologist, a licensed clinical social worker, a licensed
6 physician and surgeon, or a professional corporation of any of
7 those licensed professions.

8 (2) Experience may be gained by the trainee solely as part of
9 the position for which the trainee volunteers or is employed.

10 (f) (1) An intern may be credited with supervised experience
11 completed in any setting that meets both of the following:

12 (A) Lawfully and regularly provides mental health counseling
13 or psychotherapy.

14 (B) Provides oversight to ensure that the intern's work at the
15 setting meets the experience and supervision requirements set forth
16 in this chapter and is within the scope of practice for the profession
17 as defined in Section 4980.02.

18 (2) An applicant shall not be employed or volunteer in a private
19 practice, as defined in subparagraph (C) of paragraph (1) of
20 subdivision (e), until registered as an intern.

21 (3) While an intern may be either a paid employee or a
22 volunteer, employers are encouraged to provide fair remuneration
23 to interns.

24 (4) Except for periods of time during a supervisor's vacation or
25 sick leave, an intern who is employed or volunteering in private
26 practice shall be under the direct supervision of a licensee that has
27 satisfied subdivision (g) of Section 4980.03. The supervising
28 licensee shall either be employed by and practice at the same site
29 as the intern's employer, or shall be an owner or shareholder of
30 the private practice. Alternative supervision may be arranged during
31 a supervisor's vacation or sick leave if the supervision meets the
32 requirements of this section.

33 (5) Experience may be gained by the intern solely as part of the
34 position for which the intern volunteers or is employed.

35 (g) Except as provided in subdivision (h), all persons shall
36 register with the board as an intern to be credited for postdegree
37 hours of supervised experience gained toward licensure.

38 (h) Postdegree hours of experience shall be credited toward
39 licensure so long as the applicant applies for the intern registration
40 within 90 days of the granting of the qualifying master's or doctoral

1 degree and is thereafter granted the intern registration by the board.
2 An applicant shall not be employed or volunteer in a private
3 practice until registered as an intern by the board.

4 (i) Trainees, interns, and applicants shall not receive any
5 remuneration from patients or clients, and shall only be paid by
6 their employers.

7 (j) Trainees, interns, and applicants shall only perform services
8 at the place where their employers regularly conduct business,
9 which may include performing services at other locations, so long
10 as the services are performed under the direction and control of
11 their employer and supervisor, and in compliance with the laws
12 and regulations pertaining to supervision. For purposes of
13 paragraph (3) of subdivision (a) of Section 2290.5, interns and
14 trainees working under licensed supervision, consistent with
15 subdivision (c), may provide services via telehealth within the
16 scope authorized by this chapter and in accordance with any
17 regulations governing the use of telehealth promulgated by the
18 board. Trainees and interns shall have no proprietary interest in
19 their employers' businesses and shall not lease or rent space, pay
20 for furnishings, equipment, or supplies, or in any other way pay
21 for the obligations of their employers.

22 (k) Trainees, interns, or applicants who provide volunteered
23 services or other services, and who receive no more than a total,
24 from all work settings, of five hundred dollars (\$500) per month
25 as reimbursement for expenses actually incurred by those trainees,
26 interns, or applicants for services rendered in any lawful work
27 setting other than a private practice shall be considered employees
28 and not independent contractors. The board may audit applicants
29 who receive reimbursement for expenses, and the applicants shall
30 have the burden of demonstrating that the payments received were
31 for reimbursement of expenses actually incurred.

32 (l) Each educational institution preparing applicants for licensure
33 pursuant to this chapter shall consider requiring, and shall
34 encourage, its students to undergo individual, marital or conjoint,
35 family, or group counseling or psychotherapy, as appropriate. Each
36 supervisor shall consider, advise, and encourage his or her interns
37 and trainees regarding the advisability of undertaking individual,
38 marital or conjoint, family, or group counseling or psychotherapy,
39 as appropriate. Insofar as it is deemed appropriate and is desired
40 by the applicant, the educational institution and supervisors are

1 encouraged to assist the applicant in locating that counseling or
2 psychotherapy at a reasonable cost.

3 SEC. 12. Section 4980.78 of the Business and Professions
4 Code is amended to read:

5 4980.78. (a) This section applies to persons who apply for
6 licensure or registration on or after January 1, 2016, and who do
7 not hold a license as described in Section 4980.72.

8 (b) For purposes of Section 4980.74, education is substantially
9 equivalent if all of the following requirements are met:

10 (1) The degree is obtained from a school, college, or university
11 accredited by ~~an~~ *a regional or national institutional* accrediting
12 agency that is recognized by the United States Department of
13 Education and consists of, at a minimum, the following:

14 (A) (i) For an applicant who obtained his or her degree within
15 the timeline prescribed by subdivision (a) of Section 4980.36, the
16 degree shall contain no less than 60 semester or 90 quarter units
17 of instruction.

18 (ii) Up to 12 semester or 18 quarter units of instruction may be
19 remediated, if missing from the degree. The remediation may occur
20 while the applicant is registered as an intern.

21 (B) For an applicant who obtained his or her degree within the
22 timeline prescribed by subdivision (a) of Section 4980.37, the
23 degree shall contain no less than 48 semester units or 72 quarter
24 units of instruction.

25 (C) Six semester or nine quarter units of practicum, including,
26 but not limited to, a minimum of 150 hours of face-to-face
27 counseling, and an additional 75 hours of either face-to-face
28 counseling or client-centered advocacy, or a combination of
29 face-to-face counseling and client-centered advocacy.

30 (D) Twelve semester or 18 quarter units in the areas of marriage,
31 family, and child counseling and marital and family systems
32 approaches to treatment, as specified in subparagraph (A) of
33 paragraph (1) of subdivision (d) of Section 4980.36.

34 (2) The applicant shall complete coursework in California law
35 and ethics as follows:

36 (A) An applicant who completed a course in law and
37 professional ethics for marriage and family therapists as specified
38 in paragraph (7) of subdivision (a) of Section 4980.81, that did not
39 contain instruction in California law and ethics, shall complete an
40 18-hour course in California law and professional ethics. The

1 content of the course shall include, but not be limited to,
2 advertising, scope of practice, scope of competence, treatment of
3 minors, confidentiality, dangerous patients, psychotherapist-patient
4 privilege, recordkeeping, patient access to records, state and federal
5 laws relating to confidentiality of patient health information, dual
6 relationships, child abuse, elder and dependent adult abuse, online
7 therapy, insurance reimbursement, civil liability, disciplinary
8 actions and unprofessional conduct, ethics complaints and ethical
9 standards, termination of therapy, standards of care, relevant family
10 law, therapist disclosures to patients, differences in legal and ethical
11 standards in different types of work settings, and licensing law
12 and licensing process. This coursework shall be completed prior
13 to registration as an intern.

14 (B) An applicant who has not completed a course in law and
15 professional ethics for marriage and family therapists as specified
16 in paragraph (7) of subdivision (a) of Section 4980.81 shall
17 complete this required coursework. The coursework shall contain
18 content specific to California law and ethics. This coursework shall
19 be completed prior to registration as an intern.

20 (3) The applicant completes the educational requirements
21 specified in Section 4980.81 not already completed in his or her
22 education. The coursework may be from an accredited school,
23 college, or university as specified in paragraph (1), from an
24 educational institution approved by the Bureau for Private
25 Postsecondary Education, or from a continuing education provider
26 that is acceptable to the board as defined in Section 4980.54.
27 Undergraduate courses shall not satisfy this requirement.

28 (4) The applicant completes the following coursework not
29 already completed in his or her education from an accredited
30 school, college, or university as specified in paragraph (1) from
31 an educational institution approved by the Bureau for Private
32 Postsecondary Education, or from a continuing education provider
33 that is acceptable to the board as defined in Section 4980.54.
34 Undergraduate courses shall not satisfy this requirement.

35 (A) At least three semester units, or 45 hours, of instruction
36 regarding the principles of mental health recovery-oriented care
37 and methods of service delivery in recovery-oriented practice
38 environments, including structured meetings with various
39 consumers and family members of consumers of mental health

1 services to enhance understanding of their experience of mental
2 illness, treatment, and recovery.

3 (B) At least one semester unit, or 15 hours, of instruction that
4 includes an understanding of various California cultures and the
5 social and psychological implications of socioeconomic position.

6 (5) An applicant may complete any units and course content
7 requirements required under paragraphs (3) and (4) not already
8 completed in his or her education while registered as an intern,
9 unless otherwise specified.

10 (6) The applicant's degree title need not be identical to that
11 required by subdivision (b) of Section 4980.36.

12 SEC. 13. Section 4980.79 of the Business and Professions
13 Code is amended to read:

14 4980.79. (a) This section applies to persons who apply for
15 licensure or registration on or after January 1, 2016, and who hold
16 a license as described in Section 4980.72.

17 (b) For purposes of Section 4980.72, education is substantially
18 equivalent if all of the following requirements are met:

19 (1) The degree is obtained from a school, college, or university
20 accredited by ~~an~~ *a regional or national institutional* accrediting
21 agency recognized by the United States Department of Education
22 and consists of, at a minimum, the following:

23 (A) (i) For an applicant who obtained his or her degree within
24 the timeline prescribed by subdivision (a) of Section 4980.36, the
25 degree shall contain no less than 60 semester or 90 quarter units
26 of instruction.

27 (ii) Up to 12 semester or 18 quarter units of instruction may be
28 remediated, if missing from the degree. The remediation may occur
29 while the applicant is registered as an intern.

30 (B) For an applicant who obtained his or her degree within the
31 timeline prescribed by subdivision (a) of Section 4980.37, the
32 degree shall contain no less than 48 semester or 72 quarter units
33 of instruction.

34 (C) Six semester or nine quarter units of practicum, including,
35 but not limited to, a minimum of 150 hours of face-to-face
36 counseling, and an additional 75 hours of either face-to-face
37 counseling or client-centered advocacy, or a combination of
38 face-to-face counseling and client-centered advocacy.

- 1 (i) An out-of-state applicant who has been licensed for at least
2 two years in clinical practice, as verified by the board, is exempt
3 from this requirement.
- 4 (ii) An out-of-state applicant who has been licensed for less
5 than two years in clinical practice, as verified by the board, who
6 does not meet the practicum requirement, shall remediate it by
7 obtaining 150 hours of face-to-face counseling, and an additional
8 75 hours of either face-to-face counseling or client-centered
9 advocacy, or a combination of face-to-face counseling and
10 client-centered advocacy. These hours are in addition to the 3,000
11 hours of experience required by this chapter, and shall be gained
12 while registered as an intern.
- 13 (D) Twelve semester or 18 quarter units in the areas of marriage,
14 family, and child counseling and marital and family systems
15 approaches to treatment, as specified in subparagraph (A) of
16 paragraph (1) of subdivision (d) of Section 4980.36.
- 17 (2) An applicant shall complete coursework in California law
18 and ethics as follows:
 - 19 (A) An applicant who completed a course in law and
20 professional ethics for marriage and family therapists as specified
21 in paragraph (7) of subdivision (a) of Section 4980.81 that did not
22 include instruction in California law and ethics, shall complete an
23 18-hour course in California law and professional ethics. The
24 content of the course shall include, but not be limited to,
25 advertising, scope of practice, scope of competence, treatment of
26 minors, confidentiality, dangerous patients, psychotherapist-patient
27 privilege, recordkeeping, patient access to records, state and federal
28 laws relating to confidentiality of patient health information, dual
29 relationships, child abuse, elder and dependent adult abuse, online
30 therapy, insurance reimbursement, civil liability, disciplinary
31 actions and unprofessional conduct, ethics complaints and ethical
32 standards, termination of therapy, standards of care, relevant family
33 law, therapist disclosures to patients, differences in legal and ethical
34 standards in different types of work settings, and licensing law
35 and licensing process. This coursework shall be completed prior
36 to registration as an intern.
 - 37 (B) An applicant who has not completed a course in law and
38 professional ethics for marriage and family therapists as specified
39 in paragraph (7) of subdivision (a) of Section 4980.81 shall
40 complete this required coursework. The coursework shall include

1 content specific to California law and ethics. An applicant shall
2 complete this coursework prior to registration as an intern.

3 (3) The applicant completes the educational requirements
4 specified in Section 4980.81 not already completed in his or her
5 education. The coursework may be from an accredited school,
6 college, or university as specified in paragraph (1), from an
7 educational institution approved by the Bureau for Private
8 Postsecondary Education, or from a continuing education provider
9 that is acceptable to the board as defined in Section 4980.54.
10 Undergraduate coursework shall not satisfy this requirement.

11 (4) The applicant completes the following coursework not
12 already completed in his or her education from an accredited
13 school, college, or university as specified in paragraph (1) above,
14 from an educational institution approved by the Bureau for Private
15 Postsecondary Education, or from a continuing education provider
16 that is acceptable to the board as defined in Section 4980.54.
17 Undergraduate coursework shall not satisfy this requirement.

18 (A) At least three semester units, or 45 hours, of instruction
19 pertaining to the principles of mental health recovery-oriented care
20 and methods of service delivery in recovery-oriented practice
21 environments, including structured meetings with various
22 consumers and family members of consumers of mental health
23 services to enhance understanding of their experience of mental
24 illness, treatment, and recovery.

25 (B) At least one semester unit, or 15 hours, of instruction that
26 includes an understanding of various California cultures and the
27 social and psychological implications of socioeconomic position.

28 (5) An applicant's degree title need not be identical to that
29 required by subdivision (b) of Section 4980.36.

30 (6) An applicant may complete any units and course content
31 requirements required under paragraphs (3) and (4) not already
32 completed in his or her education while registered as an intern,
33 unless otherwise specified.

34 SEC. 14. Section 4992.05 of the Business and Professions
35 Code is amended to read:

36 4992.05. (a) Effective January 1, 2016, an applicant for
37 licensure as a clinical social worker shall pass the following two
38 examinations as prescribed by the board:

39 (1) A California law and ethics examination.

40 (2) A clinical examination.

1 (b) Upon registration with the board, an associate *clinical* social
2 worker registrant shall, within the first year of registration, take
3 an examination on California law and ethics.

4 (c) A registrant may take the clinical examination only upon
5 meeting all of the following requirements:

- 6 (1) Completion of all education requirements.
- 7 (2) Passage of the California law and ethics examination.
- 8 (3) Completion of all required supervised work experience.

9 (d) This section shall become operative on January 1, 2016.

10 SEC. 15. Section 4996.18 of the Business and Professions
11 Code is amended to read:

12 4996.18. (a) A person who wishes to be credited with
13 experience toward licensure requirements shall register with the
14 board as an associate clinical social worker prior to obtaining that
15 experience. The application shall be made on a form prescribed
16 by the board.

17 (b) An applicant for registration shall satisfy the following
18 requirements:

19 (1) Possess a master’s degree from an accredited school or
20 department of social work.

21 (2) Have committed no crimes or acts constituting grounds for
22 denial of licensure under Section 480.

23 (3) Commencing January 1, 2014, have completed training or
24 coursework, which may be embedded within more than one course,
25 in California law and professional ethics for clinical social workers,
26 including instruction in all of the following areas of study:

27 (A) Contemporary professional ethics and statutes, regulations,
28 and court decisions that delineate the scope of practice of clinical
29 social work.

30 (B) The therapeutic, clinical, and practical considerations
31 involved in the legal and ethical practice of clinical social work,
32 including, but not limited to, family law.

33 (C) The current legal patterns and trends in the mental health
34 professions.

35 (D) The psychotherapist-patient privilege, confidentiality,
36 dangerous patients, and the treatment of minors with and without
37 parental consent.

38 (E) A recognition and exploration of the relationship between
39 a practitioner’s sense of self and human values, and his or her
40 professional behavior and ethics.

1 (F) Differences in legal and ethical standards for different types
2 of work settings.

3 (G) Licensing law and process.

4 (c) An applicant who possesses a master's degree from a school
5 or department of social work that is a candidate for accreditation
6 by the Commission on Accreditation of the Council on Social
7 Work Education shall be eligible, and shall be required, to register
8 as an associate clinical social worker in order to gain experience
9 toward licensure if the applicant has not committed any crimes or
10 acts that constitute grounds for denial of licensure under Section
11 480. That applicant shall not, however, be eligible ~~for~~ *to take the*
12 *clinical* examination until the school or department of social work
13 has received accreditation by the Commission on Accreditation
14 of the Council on Social Work Education.

15 (d) All applicants and registrants shall be at all times under the
16 supervision of a supervisor who shall be responsible for ensuring
17 that the extent, kind, and quality of counseling performed is
18 consistent with the training and experience of the person being
19 supervised, and who shall be responsible to the board for
20 compliance with all laws, rules, and regulations governing the
21 practice of clinical social work.

22 (e) Any experience obtained under the supervision of a spouse
23 or relative by blood or marriage shall not be credited toward the
24 required hours of supervised experience. Any experience obtained
25 under the supervision of a supervisor with whom the applicant has
26 a personal relationship that undermines the authority or
27 effectiveness of the supervision shall not be credited toward the
28 required hours of supervised experience.

29 (f) An applicant who possesses a master's degree from an
30 accredited school or department of social work shall be able to
31 apply experience the applicant obtained during the time the
32 accredited school or department was in candidacy status by the
33 Commission on Accreditation of the Council on Social Work
34 Education toward the licensure requirements, if the experience
35 meets the requirements of Section 4996.23. This subdivision shall
36 apply retroactively to persons who possess a master's degree from
37 an accredited school or department of social work and who
38 obtained experience during the time the accredited school or
39 department was in candidacy status by the Commission on
40 Accreditation of the Council on Social Work Education.

1 (g) An applicant for registration or licensure trained in an
2 educational institution outside the United States shall demonstrate
3 to the satisfaction of the board that he or she possesses a master’s
4 of social work degree that is equivalent to a master’s degree issued
5 from a school or department of social work that is accredited by
6 the Commission on Accreditation of the Council on Social Work
7 Education. These applicants shall provide the board with a
8 comprehensive evaluation of the degree and shall provide any
9 other documentation the board deems necessary. The board has
10 the authority to make the final determination as to whether a degree
11 meets all requirements, including, but not limited to, course
12 requirements regardless of evaluation or accreditation.

13 (h) A registrant shall not provide clinical social work services
14 to the public for a fee, monetary or otherwise, except as an
15 employee.

16 (i) A registrant shall inform each client or patient prior to
17 performing any professional services that he or she is unlicensed
18 and is under the supervision of a licensed professional.

19 SEC. 16. Section 4996.23 of the Business and Professions
20 Code is amended to read:

21 4996.23. (a) To qualify for licensure as specified in Section
22 4996.2, each applicant shall complete 3,200 hours of post-master’s
23 degree supervised experience related to the practice of clinical
24 social work. The experience shall comply with the following:

25 (1) At least 1,700 hours shall be gained under the supervision
26 of a licensed clinical social worker. The remaining required
27 supervised experience may be gained under the supervision of a
28 licensed mental health professional acceptable to the board as
29 defined by a regulation adopted by the board.

30 (2) A minimum of 2,000 hours in clinical psychosocial
31 diagnosis, assessment, and treatment, including psychotherapy or
32 counseling.

33 (3) A maximum of 1,200 hours in client centered advocacy,
34 consultation, evaluation, research, direct supervisor contact, and
35 workshops, seminars, training sessions, or conferences directly
36 related to clinical social work that have been approved by the
37 applicant’s supervisor.

38 (4) Of the 2,000 clinical hours required in paragraph (2), no less
39 than 750 hours shall be face-to-face individual or group

1 psychotherapy provided to clients in the context of clinical social
2 work services.

3 (5) A minimum of two years of supervised experience is required
4 to be obtained over a period of not less than 104 weeks and shall
5 have been gained within the six years immediately preceding the
6 date on which the application for licensure was filed.

7 (6) Experience shall not be credited for more than 40 hours in
8 any week.

9 (b) An individual who submits an application for examination
10 eligibility between January 1, 2016, and December 31, 2020, may
11 alternatively qualify under the experience requirements that were
12 in place on January 1, 2015.

13 (c) “Supervision” means responsibility for, and control of, the
14 quality of clinical social work services being provided.
15 Consultation or peer discussion shall not be considered to be
16 supervision.

17 (d) (1) Prior to the commencement of supervision, a supervisor
18 shall comply with all requirements enumerated in Section 1870 of
19 Title 16 of the California Code of Regulations and shall sign under
20 penalty of perjury the “Responsibility Statement for Supervisors
21 of an Associate Clinical Social Worker” form.

22 (2) Supervised experience shall include at least one hour of
23 direct supervisor contact for a minimum of 104 weeks. For
24 purposes of this subdivision, “one hour of direct supervisor contact”
25 means one hour per week of face-to-face contact on an individual
26 basis or two hours of face-to-face contact in a group conducted
27 within the same week as the hours claimed.

28 (3) An associate shall receive at least one additional hour of
29 direct supervisor contact for every week in which more than 10
30 hours of face-to-face psychotherapy is performed in each setting
31 in which experience is gained. No more than six hours of
32 supervision, whether individual or group, shall be credited during
33 any single week.

34 (4) Supervision shall include at least one hour of direct
35 supervisor contact during each week for which experience is gained
36 in each work setting. Supervision is not required for experience
37 gained attending workshops, seminars, training sessions, or
38 conferences as described in paragraph (3) of subdivision (a).

1 (5) The six hours of supervision that may be credited during
2 any single week pursuant to paragraph (3) shall apply only to
3 supervision hours gained on or after January 1, 2010.

4 (6) Group supervision shall be provided in a group of not more
5 than eight supervisees and shall be provided in segments lasting
6 no less than one continuous hour.

7 (7) Of the 104 weeks of required supervision, 52 weeks shall
8 be individual supervision, and of the 52 weeks of required
9 individual supervision, not less than 13 weeks shall be supervised
10 by a licensed clinical social worker.

11 (8) Notwithstanding paragraph (2), an associate clinical social
12 worker working for a governmental entity, school, college, or
13 university, or an institution that is both a nonprofit and charitable
14 institution, may obtain the required weekly direct supervisor
15 contact via live two-way videoconferencing. The supervisor shall
16 be responsible for ensuring that client confidentiality is preserved.

17 (e) The supervisor and the associate shall develop a supervisory
18 plan that describes the goals and objectives of supervision. These
19 goals shall include the ongoing assessment of strengths and
20 limitations and the assurance of practice in accordance with the
21 laws and regulations. The associate shall submit to the board the
22 initial original supervisory plan upon application for licensure.

23 (f) Experience shall only be gained in a setting that meets both
24 of the following:

25 (1) Lawfully and regularly provides clinical social work, mental
26 health counseling, or psychotherapy.

27 (2) Provides oversight to ensure that the associate's work at the
28 setting meets the experience and supervision requirements set forth
29 in this chapter and is within the scope of practice for the profession
30 as defined in Section 4996.9.

31 (g) Experience shall not be gained until the applicant has been
32 registered as an associate clinical social worker.

33 (h) Employment in a private practice as defined in subdivision
34 (i) shall not commence until the applicant has been registered as
35 an associate clinical social worker.

36 (i) A private practice setting is a setting that is owned by a
37 licensed clinical social worker, a licensed marriage and family
38 therapist, a licensed psychologist, a licensed professional clinical
39 counselor, a licensed physician and surgeon, or a professional
40 corporation of any of those licensed professions.

1 (j) Associates shall not be employed as independent contractors,
2 and shall not gain experience for work performed as an
3 independent contractor, reported on an IRS Form 1099, or both.

4 ~~(j)~~

5 (k) If volunteering, the associate shall provide the board with a
6 letter from his or her employer verifying his or her voluntary status
7 upon application for licensure.

8 ~~(k)~~

9 (l) If employed, the associate shall provide the board with copies
10 of his or her W-2 tax forms for each year of experience claimed
11 upon application for licensure.

12 ~~(l)~~

13 (m) While an associate may be either a paid employee or
14 volunteer, employers are encouraged to provide fair remuneration
15 to associates.

16 ~~(m)~~

17 (n) An associate shall not do the following:

18 (1) Receive any remuneration from patients or clients and shall
19 only be paid by his or her employer.

20 (2) Have any proprietary interest in the employer's business.

21 (3) Lease or rent space, pay for furnishings, equipment, or
22 supplies, or in any other way pay for the obligations of his or her
23 employer.

24 ~~(n)~~

25 (o) An associate, whether employed or volunteering, may obtain
26 supervision from a person not employed by the associate's
27 employer if that person has signed a written agreement with the
28 employer to take supervisory responsibility for the associate's
29 social work services.

30 ~~(o)~~

31 (p) Notwithstanding any other provision of law, associates and
32 applicants for examination shall receive a minimum of one hour
33 of supervision per week for each setting in which he or she is
34 working.

35 SEC. 17. Section 4999.12 of the Business and Professions
36 Code is amended to read:

37 4999.12. For purposes of this chapter, the following terms have
38 the following meanings:

39 (a) "Board" means the Board of Behavioral Sciences.

1 (b) “Accredited” means a school, college, or university
2 accredited by the ~~Western Association of Schools and Colleges,~~
3 ~~or its equivalent regional accrediting association.~~ *a regional or*
4 *national institutional accrediting agency that is recognized by the*
5 *United States Department of Education.*

6 (c) “Approved” means a school, college, or university that
7 possessed unconditional approval by the Bureau for Private
8 Postsecondary Education at the time of the applicant’s graduation
9 from the school, college, or university.

10 (d) “Applicant” means an unlicensed person who has completed
11 a master’s or doctoral degree program, as specified in Section
12 4999.32 or 4999.33, as applicable, and whose application for
13 registration as an intern is pending or who has applied for
14 examination eligibility, or an unlicensed person who has completed
15 the requirements for licensure specified in this chapter and is no
16 longer registered with the board as an intern.

17 (e) “Licensed professional clinical counselor” or “LPCC” means
18 a person licensed under this chapter to practice professional clinical
19 counseling, as defined in Section 4999.20.

20 (f) “Intern” means an unlicensed person who meets the
21 requirements of Section 4999.42 and is registered with the board.

22 (g) “Clinical counselor trainee” means an unlicensed person
23 who is currently enrolled in a master’s or doctoral degree program,
24 as specified in Section 4999.32 or 4999.33, as applicable, that is
25 designed to qualify him or her for licensure under this chapter, and
26 who has completed no less than 12 semester units or 18 quarter
27 units of coursework in any qualifying degree program.

28 (h) “Approved supervisor” means an individual who meets the
29 following requirements:

30 (1) Has documented two years of clinical experience as a
31 licensed professional clinical counselor, licensed marriage and
32 family therapist, licensed clinical psychologist, licensed clinical
33 social worker, or licensed physician and surgeon who is certified
34 in psychiatry by the American Board of Psychiatry and Neurology.

35 (2) Has received professional training in supervision.

36 (3) Has not provided therapeutic services to the clinical
37 counselor trainee or intern.

38 (4) Has a current and valid license that is not under suspension
39 or probation.

1 (i) “Client centered advocacy” includes, but is not limited to,
2 researching, identifying, and accessing resources, or other activities,
3 related to obtaining or providing services and supports for clients
4 or groups of clients receiving psychotherapy or counseling services.

5 (j) “Advertising” or “advertise” includes, but is not limited to,
6 the issuance of any card, sign, or device to any person, or the
7 causing, permitting, or allowing of any sign or marking on, or in,
8 any building or structure, or in any newspaper or magazine or in
9 any directory, or any printed matter whatsoever, with or without
10 any limiting qualification. It also includes business solicitations
11 communicated by radio or television broadcasting. Signs within
12 church buildings or notices in church bulletins mailed to a
13 congregation shall not be construed as advertising within the
14 meaning of this chapter.

15 (k) “Referral” means evaluating and identifying the needs of a
16 client to determine whether it is advisable to refer the client to
17 other specialists, informing the client of that judgment, and
18 communicating that determination as requested or deemed
19 appropriate to referral sources.

20 (l) “Research” means a systematic effort to collect, analyze, and
21 interpret quantitative and qualitative data that describes how social
22 characteristics, behavior, emotion, cognitions, disabilities, mental
23 disorders, and interpersonal transactions among individuals and
24 organizations interact.

25 (m) “Supervision” includes the following:

26 (1) Ensuring that the extent, kind, and quality of counseling
27 performed is consistent with the education, training, and experience
28 of the person being supervised.

29 (2) Reviewing client or patient records, monitoring and
30 evaluating assessment, diagnosis, and treatment decisions of the
31 clinical counselor trainee.

32 (3) Monitoring and evaluating the ability of the intern or clinical
33 counselor trainee to provide services to the particular clientele at
34 the site or sites where he or she will be practicing.

35 (4) Ensuring compliance with laws and regulations governing
36 the practice of licensed professional clinical counseling.

37 (5) That amount of direct observation, or review of audio or
38 videotapes of counseling or therapy, as deemed appropriate by the
39 supervisor.

1 SEC. 18. Section 4999.12.5 is added to the Business and
2 Professions Code, to read:

3 4999.12.5. (a) The title “professional clinical counselor intern”
4 or “professional clinical counselor registered intern” is hereby
5 renamed “associate professional clinical counselor” or “registered
6 associate professional clinical counselor,” respectively. Any
7 reference in any statute or regulation to a “professional clinical
8 counselor intern” or “professional clinical counselor registered
9 intern” shall be deemed a reference to an “associate professional
10 clinical counselor” or “registered associate professional clinical
11 counselor.”

12 (b) Nothing in this section shall be construed to expand or
13 constrict the scope of practice of a person licensed or registered
14 pursuant to this chapter.

15 (c) This section shall become operative January 1, 2018.

16 SEC. 19. Section 4999.40 of the Business and Professions
17 Code is amended to read:

18 4999.40. (a) Each educational institution preparing applicants
19 to qualify for licensure shall notify each of its students by means
20 of its public documents or otherwise in writing that its degree
21 program is designed to meet the requirements of Section 4999.32
22 or 4999.33 and shall certify to the board that it has so notified its
23 students.

24 (b) *An applicant for registration or licensure shall submit to*
25 *the board a certification by the applicant’s educational institution*
26 *that the institution’s required curriculum for graduation and any*
27 *associated coursework completed by the applicant does one of the*
28 *following:*

29 (1) *Meets all of the requirements set forth in Section 4999.32.*

30 (2) *Meets all of the requirements set forth in Section 4999.33.*

31 ~~(b)~~

32 (c) An applicant trained at an educational institution outside the
33 United States shall demonstrate to the satisfaction of the board
34 that he or she possesses a qualifying degree that is equivalent to a
35 degree earned from an institution of higher education that is
36 accredited or approved. These applicants shall provide the board
37 with a comprehensive evaluation of the degree performed by a
38 foreign credential evaluation service that is a member of the
39 National Association of Credential Evaluation Services and shall
40 provide any other documentation the board deems necessary.

1 SEC. 20. Section 4999.47 of the Business and Professions
2 Code is amended to read:

3 4999.47. (a) Clinical counselor trainees, interns, and applicants
4 shall perform services only as an employee or as a volunteer.

5 The requirements of this chapter regarding gaining hours of
6 clinical mental health experience and supervision are applicable
7 equally to employees and volunteers. ~~Experience shall not be~~
8 ~~gained by interns or trainees as an independent contractor.~~
9 *Associates and trainees shall not be employed as independent*
10 *contractors, and shall not gain experience for work performed as*
11 *an independent contractor, reported on an IRS Form 1099, or*
12 *both.*

13 (1) If employed, a clinical counselor intern shall provide the
14 board with copies of the corresponding W-2 tax forms for each
15 year of experience claimed upon application for licensure as a
16 professional clinical counselor.

17 (2) If volunteering, a clinical counselor intern shall provide the
18 board with a letter from his or her employer verifying the intern's
19 employment as a volunteer upon application for licensure as a
20 professional clinical counselor.

21 (b) Clinical counselor trainees, interns, and applicants shall not
22 receive any remuneration from patients or clients, and shall only
23 be paid by their employers.

24 (c) While an intern may be either a paid employee or a volunteer,
25 employers are encouraged to provide fair remuneration.

26 (d) Clinical counselor trainees, interns, and applicants who
27 provide voluntary services or other services, and who receive no
28 more than a total, from all work settings, of five hundred dollars
29 (\$500) per month as reimbursement for expenses actually incurred
30 by those clinical counselor trainees, interns, and applicants for
31 services rendered in any lawful work setting other than a private
32 practice shall be considered an employee and not an independent
33 contractor.

34 (e) The board may audit an intern or applicant who receives
35 reimbursement for expenses and the intern or applicant shall have
36 the burden of demonstrating that the payments received were for
37 reimbursement of expenses actually incurred.

38 (f) Clinical counselor trainees, interns, and applicants shall only
39 perform services at the place where their employer regularly
40 conducts business and services, which may include other locations,

1 as long as the services are performed under the direction and
2 control of the employer and supervisor in compliance with the
3 laws and regulations pertaining to supervision. Clinical counselor
4 trainees, interns, and applicants shall have no proprietary interest
5 in the employer's business.

6 (g) Each educational institution preparing applicants for
7 licensure pursuant to this chapter shall consider requiring, and
8 shall encourage, its students to undergo individual, marital or
9 conjoint, family, or group counseling or psychotherapy, as
10 appropriate. Each supervisor shall consider, advise, and encourage
11 his or her interns and clinical counselor trainees regarding the
12 advisability of undertaking individual, marital or conjoint, family,
13 or group counseling or psychotherapy, as appropriate. Insofar as
14 it is deemed appropriate and is desired by the applicant, the
15 educational institution and supervisors are encouraged to assist
16 the applicant in locating that counseling or psychotherapy at a
17 reasonable cost.

18 SEC. 21. Section 4999.52 of the Business and Professions
19 Code is amended to read:

20 ~~4999.52. (a) Except as provided in Section 4999.54, every~~
21 *Every* applicant for a license as a professional clinical counselor
22 shall be examined by the board. The board shall examine the
23 candidate with regard to his or her knowledge and professional
24 skills and his or her judgment in the utilization of appropriate
25 techniques and methods.

26 (b) The examinations shall be given at least twice a year at a
27 time and place and under supervision as the board may determine.

28 (c) The board shall not deny any applicant who has submitted
29 a complete application for examination admission to the licensure
30 examinations required by this section if the applicant meets the
31 educational and experience requirements of this chapter, and has
32 not committed any acts or engaged in any conduct that would
33 constitute grounds to deny licensure.

34 (d) The board shall not deny any applicant whose application
35 for licensure is complete admission to the examinations specified
36 by paragraph (2) of subdivision (a) of Section 4999.53, nor shall
37 the board postpone or delay this examination for any applicant or
38 delay informing the candidate of the results of this examination,
39 solely upon the receipt by the board of a complaint alleging acts
40 or conduct that would constitute grounds to deny licensure.

1 (e) If an applicant for the examination specified by paragraph
2 (2) of subdivision (a) of Section 4999.53, who has passed the
3 California law and ethics examination, is the subject of a complaint
4 or is under board investigation for acts or conduct that, if proven
5 to be true, would constitute grounds for the board to deny licensure,
6 the board shall permit the applicant to take this examination, but
7 may notify the applicant that licensure will not be granted pending
8 completion of the investigation.

9 (f) Notwithstanding Section 135, the board may deny any
10 applicant who has previously failed either the California law and
11 ethics examination, or the examination specified by paragraph (2)
12 of subdivision (a) of Section 4999.53, permission to retake either
13 examination pending completion of the investigation of any
14 complaints against the applicant.

15 (g) Nothing in this section shall prohibit the board from denying
16 an applicant admission to any examination, withholding the results,
17 or refusing to issue a license to any applicant when an accusation
18 or statement of issues has been filed against the applicant pursuant
19 to Section 11503 or 11504 of the Government Code, respectively,
20 or the application has been denied in accordance with subdivision
21 (b) of Section 485.

22 (h) Notwithstanding any other provision of law, the board may
23 destroy all examination materials two years following the date of
24 an examination.

25 (i) On and after January 1, 2016, the examination specified by
26 paragraph (2) of subdivision (a) of Section 4999.53 shall be passed
27 within seven years of an applicant's initial attempt.

28 (j) A passing score on the clinical examination shall be accepted
29 by the board for a period of seven years from the date the
30 examination was taken.

31 (k) No applicant shall be eligible to participate in the
32 examination specified by paragraph (2) of subdivision (a) of
33 Section 4999.53, if he or she fails to obtain a passing score on this
34 examination within seven years from his or her initial attempt. If
35 the applicant fails to obtain a passing score within seven years of
36 initial attempt, he or she shall obtain a passing score on the current
37 version of the California law and ethics examination in order to
38 be eligible to retake this examination.

39 (l) This section shall become operative on January 1, 2016.

1 SEC. 22. Section 4999.54 of the Business and Professions
2 Code is repealed.

3 ~~4999.54. (a) Notwithstanding Section 4999.50, the board may~~
4 ~~issue a license to any person who submits an application for a~~
5 ~~license between January 1, 2011, and December 31, 2011, provided~~
6 ~~that all documentation is submitted within 12 months of the board's~~
7 ~~evaluation of the application, and provided he or she meets one of~~
8 ~~the following sets of criteria:~~

9 (1) ~~He or she meets all of the following requirements:~~

10 (A) ~~Has a master's or doctoral degree from a school, college,~~
11 ~~or university as specified in Section 4999.32, that is counseling or~~
12 ~~psychotherapy in content. If the person's degree does not include~~
13 ~~all the graduate coursework in all nine core content areas as~~
14 ~~required by paragraph (1) of subdivision (c) of Section 4999.32,~~
15 ~~a person shall provide documentation that he or she has completed~~
16 ~~the required coursework prior to licensure pursuant to this chapter.~~
17 ~~Except as specified in clause (ii), a qualifying degree must include~~
18 ~~the supervised practicum or field study experience as required in~~
19 ~~paragraph (3) of subdivision (c) of Section 4999.32.~~

20 (i) ~~A counselor educator whose degree contains at least seven~~
21 ~~of the nine required core content areas shall be given credit for~~
22 ~~coursework not contained in the degree if the counselor educator~~
23 ~~provides documentation that he or she has taught the equivalent~~
24 ~~of the required core content areas in a graduate program in~~
25 ~~counseling or a related area.~~

26 (ii) ~~Degrees issued prior to 1996 shall include a minimum of~~
27 ~~30 semester units or 45 quarter units and at least six of the nine~~
28 ~~required core content areas specified in paragraph (1) of subdivision~~
29 ~~(c) of Section 4999.32 and three semester units or four and one-half~~
30 ~~quarter units of supervised practicum or field study experience.~~
31 ~~The total number of units shall be no less than 48 semester units~~
32 ~~or 72 quarter units.~~

33 (iii) ~~Degrees issued in 1996 and after shall include a minimum~~
34 ~~of 48 semester units or 72 quarter units and at least seven of the~~
35 ~~nine core content areas specified in paragraph (1) of subdivision~~
36 ~~(c) of Section 4999.32.~~

37 (B) ~~Has completed all of the coursework or training specified~~
38 ~~in subdivision (c) of Section 4999.32.~~

39 (C) ~~Has at least two years, full-time or the equivalent, of~~
40 ~~postdegree counseling experience, that includes at least 1,700 hours~~

1 of experience in a clinical setting supervised by a licensed marriage
2 and family therapist, a licensed clinical social worker, a licensed
3 psychologist, a licensed physician and surgeon specializing in
4 psychiatry, a professional clinical counselor or a person who is
5 licensed in another state to independently practice professional
6 clinical counseling, as defined in Section 4999.20, or a master's
7 level counselor or therapist who is certified by a national certifying
8 or registering organization, including, but not limited to, the
9 National Board for Certified Counselors or the Commission on
10 Rehabilitation Counselor Certification.

11 (D) Has a passing score on the following examinations:

12 (i) ~~The National Counselor Examination for Licensure and~~
13 ~~Certification or the Certified Rehabilitation Counselor~~
14 ~~Examination.~~

15 (ii) ~~The National Clinical Mental Health Counselor Examination.~~

16 (iii) ~~A California jurisprudence and ethics examination, when~~
17 ~~developed by the board.~~

18 (2) ~~Is currently licensed as a marriage and family therapist in~~
19 ~~the State of California, meets the coursework requirements~~
20 ~~described in subparagraph (A) of paragraph (1), and passes the~~
21 ~~examination described in subdivision (b).~~

22 (3) ~~Is currently licensed as a clinical social worker in the State~~
23 ~~of California, meets the coursework requirements described in~~
24 ~~subparagraph (A) of paragraph (1), and passes the examination~~
25 ~~described in subdivision (b).~~

26 (b) (1) ~~The board and the Office of Professional Examination~~
27 ~~Services shall jointly develop an examination on the differences,~~
28 ~~if any differences exist, between the following:~~

29 (A) ~~The practice of professional clinical counseling and the~~
30 ~~practice of marriage and family therapy.~~

31 (B) ~~The practice of professional clinical counseling and the~~
32 ~~practice of clinical social work.~~

33 (2) ~~If the board, in consultation with the Office of Professional~~
34 ~~Examination Services, determines that an examination is necessary~~
35 ~~pursuant to this subdivision, an applicant described in paragraphs~~
36 ~~(2) and (3) of subdivision (a) shall pass the examination as a~~
37 ~~condition of licensure.~~

38 (e) ~~Nothing in this section shall be construed to expand or~~
39 ~~constrict the scope of practice of professional clinical counseling,~~
40 ~~as defined in Section 4999.20.~~

1 SEC. 23. Section 4999.60 of the Business and Professions
2 Code is amended to read:

3 4999.60. (a) This section applies to persons who are licensed
4 outside of California and apply for examination eligibility on or
5 after January 1, 2016.

6 (b) The board may issue a license to a person who, at the time
7 of submitting an application for a license pursuant to this chapter,
8 holds a valid license as a professional clinical counselor, or other
9 counseling license that allows the applicant to independently
10 provide clinical mental health services, in another jurisdiction of
11 the United States, if all of the following conditions are satisfied:

12 (1) The applicant’s education is substantially equivalent, as
13 defined in Section 4999.63.

14 (2) The applicant complies with subdivision-~~(b)~~ (c) of Section
15 4999.40, if applicable.

16 (3) The applicant’s supervised experience is substantially
17 equivalent to that required for a license under this chapter. The
18 board shall consider hours of experience obtained outside of
19 California during the six-year period immediately preceding the
20 date the applicant initially obtained the license described above.
21 If the applicant has less than 3,000 hours of qualifying supervised
22 experience, time actively licensed as a professional clinical
23 counselor shall be accepted at a rate of 100 hours per month up to
24 a maximum of 1,200 hours if the applicant’s degree meets the
25 practicum requirement described in subparagraph (C) of paragraph
26 (1) of subdivision (b) of Section 4999.63 without exemptions or
27 remediation.

28 (4) The applicant passes the examinations required to obtain a
29 license under this chapter. An applicant who obtained his or her
30 license or registration under another jurisdiction may apply for
31 licensure with the board without taking the clinical examination
32 if both of the following conditions are met:

33 (A) The applicant obtained a passing score on the licensing
34 examination set forth in regulation as accepted by the board.

35 (B) The applicant’s license or registration in that jurisdiction is
36 in good standing at the time of his or her application and is not
37 revoked, suspended, surrendered, denied, or otherwise restricted
38 or encumbered.

39 SEC. 24. Section 4999.61 of the Business and Professions
40 Code is amended to read:

1 4999.61. (a) This section applies to persons who apply for
2 examination eligibility or registration on or after January 1, 2016,
3 and who do not hold a license as described in Section 4999.60.

4 (b) The board shall accept education gained while residing
5 outside of California for purposes of satisfying licensure or
6 registration requirements if the education is substantially
7 equivalent, as defined in Section 4999.62, and the applicant
8 complies with subdivision ~~(b)~~ (c) of Section 4999.40, if applicable.

9 (c) The board shall accept experience gained outside of
10 California for purposes of satisfying licensure or registration
11 requirements if the experience is substantially equivalent to that
12 required by this chapter.

13 SEC. 25. Section 4999.120 of the Business and Professions
14 Code is amended to read:

15 4999.120. The board shall assess fees for the application for
16 and the issuance and renewal of licenses and for the registration
17 of interns to cover administrative and operating expenses of the
18 board related to this chapter. Fees assessed pursuant to this section
19 shall not exceed the following:

20 (a) The fee for the application for examination eligibility shall
21 be up to two hundred fifty dollars (\$250).

22 (b) The fee for the application for intern registration shall be up
23 to one hundred fifty dollars (\$150).

24 (c) The fee for the application for licensure shall be up to one
25 hundred eighty dollars (\$180).

26 (d) The fee for the board-administered clinical examination, if
27 the board chooses to adopt this examination in regulations, shall
28 be up to two hundred fifty dollars (\$250).

29 (e) The fee for the law and ethics examination shall be up to
30 one hundred fifty dollars (\$150).

31 ~~(f) The fee for the examination described in subdivision (b) of~~
32 ~~Section 4999.54 shall be up to one hundred dollars (\$100).~~

33 ~~(g)~~

34 (f) The fee for the issuance of a license shall be up to two
35 hundred fifty dollars (\$250).

36 ~~(h)~~

37 (g) The fee for annual renewal of an intern registration shall be
38 up to one hundred fifty dollars (\$150).

39 (i)

1 (h) The fee for two-year renewal of licenses shall be up to two
2 hundred fifty dollars (\$250).

3 ~~(j)~~

4 (i) The fee for issuance of a retired license shall be forty dollars
5 (\$40).

6 ~~(k)~~

7 (j) The fee for rescoring an examination shall be twenty dollars
8 (\$20).

9 ~~(t)~~

10 (k) The fee for issuance of a replacement license or registration
11 shall be twenty dollars (\$20).

12 ~~(m)~~

13 (l) The fee for issuance of a certificate or letter of good standing
14 shall be twenty-five dollars (\$25).

15 SEC. 26. No reimbursement is required by this act pursuant to
16 Section 6 of Article XIII B of the California Constitution because
17 the only costs that may be incurred by a local agency or school
18 district will be incurred because this act creates a new crime or
19 infraction, eliminates a crime or infraction, or changes the penalty
20 for a crime or infraction, within the meaning of Section 17556 of
21 the Government Code, or changes the definition of a crime within
22 the meaning of Section 6 of Article XIII B of the California
23 Constitution.

2015-2016 DBC LEGISLATIVE BILL TRACKER

House	Bill No.	Bill Name	Author	Summary	Board Position
Assembly	1707	Public Records: Response to Request	Eric Linder	Requires that a public agency's written denial of a request for public records to provide a more specific explanation when it withholds requested public records	
Assembly	2235	Board of Dentistry: Pediatric Anesthesia: Committee (BPC add 1601.4)	Tony Thurmond	Require the board, on or before March 31, 2017, to establish a committee to investigate whether the current laws, regulations, and policies of the state are sufficient to guard against unnecessary use of anesthesia for young patients and potential injury or death. The bill would require the committee, on or before December 1, 2017, to review all incident reports related to pediatric anesthesia in dentistry in the state for the years 2011 through 2016, inclusive, and to review the policies of other states and dental associations to ensure that this state has regulation and policies in place to do everything feasible to protect young patients.	Watch/March 2016
Assembly	2331	Dentistry: Applicants to Practice (BPC 1632 & 1632.6)	Matt Dababneh	Authorizes an applicant to satisfy licensure examination requirement by taking and successfully passing an examination developed by the American Board of Dental Examiners, Inc (ADEX). Additionally, authorizes DOF to accept funds for the purpose of implementing the ADEX examination which would be deposited into the Special Fund.	Watch/March 2016
Assembly	2859	Professions and vocations: retired category: licenses	Evan Low	Allows all programs within the DCA to issue a retired license, with specific limitations	
Senate	482	Controlled Substances: CURES database	Ricardo Lara	Requires prescribers of Schedule II or Schedule III controlled substances to consult with CURES database before prescribing the controlled substance to the patient for the first time and annually thereafter if the substance is remains part of the patient's treatment. Also, it prohibits the prescriber in prescribing additional Schedule II or Schedule III controlled substances to a patient who already has an existing prescription until there is a legitimate need for it.	Watch/March 2016
Senate	994	Antimicrobial Stewardship Policies	Jerry Hill	Proposing to add Section 1645.5 to the BPC which states that a covered licensee must adopt and implement an antimicrobial stewardship policy before applying for a renewal of license. Also, it requires that the Board audit each year a random sample of "covered licensees" (dentist who practices in a setting other than a clinic licensed under Section 1204 of the Health and Safety Code) who have certified compliance.	
Senate	1033	Medical Board: Disclosure of Probationary Status (BPC 803.1, 2027, and 2228)	Jerry Hill	Require the Medical Board to require a physician or surgeon to disclose her or his probationary status to patients before each visit while the physician or surgeon is on probation	Watch/March 2016

House	Bill No.	Bill Name	Author	Summary	Board Position
Senate	1039	Professions and Vocations (Omnibus Bill)	Senate Committee on Business, Professions and Economic Development	Deletes the authorization to contract with outside consultants and would instead authorize the board, in lieu of conducting its own survey and evaluation of a foreign dental school, to accept the findings of any commission or accreditation agency approved by the board, if the findings meet specified standards, and adopt those findings as the board's own. The bill would delete the requirement to establish a technical advisory group. The bill would instead authorize periodic surveys and evaluations be made to ensure compliance with that act.	Watch/March 2016
senate	1155	Professions and Vocations: Licenses: Military Service	Mike Morrell	Requires DCA to develop a program to waive the initial application and license fees for veterans who have been honorably discharged from the CA National Guard or US Armed Forces	
Senate	1195	Professions and Vocations: Board Actions: Competitive Impact	Jerry Hill	Authorizes the Director to review any decision or action of a board within DCA to determine whether it unreasonably restrains trade and to approve, disapprove, or modify the board decisions or action as specified. Additionally requires the director to provide an annual report to the legislature about each decision made.	
Senate	1217	Healing Arts: Reporting Requirements: Professional Liability (BPC 800, 801, 801.1, 802)	Jeff Stone	Raises the minimum dollar amount triggering liability damage reporting requirements from \$3,000 to \$10,000.	Watch/March 2016
senate	1348	Licensure Applications: Military Experience	Anthony Cannella	Requires all DCA programs that accept military education, experience, or training to amend their applications to advise veteran applicants of the ability to apply that education, experience, or training.	
Senate	1444	State government: computerized personal information security plans	Bob Hertzberg	Requires state agencies that own or license personal information data to prepare a mitigation and response plan for breach of database	
Senate	1478	Healing arts	Senate Committee on Business, Professions and Economic Development	Replaces Part I and Part II written examinations NBDE with just written examination of National Board Dental Examination of the Joint Commission on National Dental Examinations	



MEMORANDUM

DATE	April 14, 2016
TO	Legislative & Regulatory Committee Members
FROM	Lusine M Sarkisyan, Legislative and Regulatory Analyst
SUBJECT	LEG 5: Update on 2016 Pending Regulatory Packages

Abandonment of Applications (California Code of Regulations, Title 16, Section 1004):

At its May 2013 meeting, the Dental Board of California (Board) approved proposed regulatory language relative to the abandonment of applications and directed staff to initiate the rulemaking. Board staff filed the initial rulemaking documents with the Office of Administrative Law (OAL) on July 23, 2015 and the proposal was published in the California Regulatory Notice Register on Friday, August 7, 2015. The 45-day public comment period began on August 7, 2015 and ended on September 21, 2015. A public regulatory hearing was held in Sacramento on September 22, 2015. The Board did not receive comments. Since, there were no comments the Board adopted the proposed language and directed staff to finalize the rulemaking file.

Staff submitted the final rulemaking file to the Department of Consumer Affairs (Department) on September 28, 2015. The rulemaking file is currently pending approval from the Director of the Department and the Secretary of the Business, Consumer Services and Housing Agency (Agency), and the Director of the Department of Finance (Finance).

Final rulemaking files are required to be approved by the Director of the Department, the Agency Secretary, and the Finance Director. Once approval signatures are obtained, the final rulemaking file will be submitted to the OAL. The OAL will have thirty (30) working days to review the file. Once approved, the rulemaking will be filed with the Secretary of State. Beginning January 1, 2013, new quarterly effective dates for regulations will be dependent upon the timeframe an OAL approved rulemaking is filed with the Secretary of State, as follows:

- The regulation would take effect on January 1 if the OAL approved rulemaking is filed with the Secretary of State on September 1 to November 30, inclusive.
- The regulation would take effect on April 1 if the OAL approved rulemaking is filed with the Secretary of State on December 1 to February 29, inclusive.
- The regulation would take effect on July 1 if the OAL approved rulemaking is filed with the Secretary of State on March 1 to May 31, inclusive.
- The regulation would take effect on October 1 if the OAL approved regulation is filed on June 1 to August 31, inclusive.

The deadline to submit this final rulemaking file to the Office of Administrative Law for review and determination of approval is August 6, 2016.

Delegation of Authority to the Executive Officer (California Code of Regulations, Title 16, Section 1001):

At its May 2014 meeting, the Board approved proposed regulatory language to delegate authority to the Board's Executive Officer to approve settlement agreements for the revocation, surrender, or interim suspension of a license without requiring the Board to vote to adopt the settlement. Board staff filed the initial rulemaking documents with OAL on February 10, 2015 and the proposal was published in the California Regulatory Notice on February 20, 2015. The 45-day public comment period began on February 20, 2015 and ended on April 6, 2015. A regulatory hearing was held on April 7, 2015 in Sacramento. No public comments were received in response to the proposal.

Staff submitted the final rulemaking file to the Department of Consumer Affairs (Department) on June 17, 2015. The final rulemaking file has been approved by the Director of the Department, Agency Secretary and the Director Finance. Thus, on January 22, 2016, the final rulemaking file was submitted to the OAL. The OAL reviewed and approved the rulemaking file on March 7, 2016 and the rulemaking file was filed with the Secretary of State on March 7, 2016 at 2:00p.m. Since, the rulemaking file was filed with the Secretary of State between March 1 to May 31, as a result of the January 1, 2013 quarterly effective dates, this regulation will take effect on July 1, 2016.

Dental Assisting Comprehensive Regulatory Proposal:

The Dental Assisting Council (Council) held two regulatory development workshops as part of the Dental Assisting Comprehensive Regulatory Proposal: March 18, 2016 to work on the Radiation Safety Course Requirements and Minimum Standards for Infection Control; and April 29, 2016 to work on Minimum Standards for Infection Control and regulatory language relating to the Approval of Pit & Fissure Sealant, Coronal Polishing, and Ultrasonic Scaling Courses. The workshops resulted in fruitful discussions and feedback from the Council and stakeholders. Board staff has scheduled a series of workshops to develop proposed regulatory language to present to the Board at a future meeting. Once completed, this rulemaking will include educational program and course requirements, examination requirements, and licensure requirements relating to dental assisting. The next workshop is scheduled for June 10, 2016.

Elective Facial Cosmetic Surgery Permit Application Requirements and Renewal:

Regulations are necessary to interpret and specify the provisions contained in Business and Professions Code Section 1638.1 relating to the application and approval process requirements for the issuance of an Elective Facial Cosmetic Surgery permit. Board staff scheduled a teleconference in October where further discussions took place regarding regulatory language. On April 20, 2016, the Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee considered the proposed language.

Licensure by Credential Application Requirements:

The Board added this rulemaking to its list of priorities for Fiscal Year (FY) 2015-16. Staff has been working with Board Legal Counsel to identify issues and develop regulatory language to implement, interpret, and specify the application requirements for the Licensure by Credential pathway to licensure. A subcommittee was appointed (Drs. Witcher and Woo) to work with staff to draft regulatory language and to determine if statutory changes are also necessary. Staff met with the subcommittee and the Board Legal Counsel in October 2015 and as a result of that meeting, staff presented a few policy issues to the Board for recommendation during the December 2015 Board meeting. Staff has been working to incorporate the recommendations in the development of regulatory language to proceed forward in the rulemaking process which will be presented to the Board at a future meeting.

Continuing Education Requirements and Basic Life Support Equivalency Standards:

In March 2013, the Board's Executive Officer received a letter from Mr. Ralph Shenefelt, Senior Vice President of the Health and Safety Institute, petitioning the Board to amend California Code of Regulations, Title 16, Sections 1016(b)(1)(C) and 1017(d) such that a Basic Life Support (BLS) certification issued by the American Safety and Health Institute (ASHI), which is a brand of the Health and Safety Institute, would satisfy the mandatory BLS certification requirement for license renewal, and the required advanced cardiac life support course required for the renewal of a general anesthesia permit. Additionally, the letter requested an amendment to Section 1017(d) to specify that an advanced cardiac life support course which is approved by the American Heart Association or the ASHI include an examination on the materials presented in the course or any other advanced cardiac life support course which is identical in all respects, except for the omission of materials that relate solely to hospital emergencies or neonatology, to the most recent "American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care" published by the American Heart Association.

Additionally, AB 836 (Skinner Chapter 299, statutes of 2013) restricted the continuing education requirement hours for active-retired dentists who provide only uncompensated care at a maximum of 60% of that required for non-retired active dentists, and requires the Board to report on the status of retired active dentists who provide only uncompensated care during its next sunset report. These new requirements will need to be implemented as part of this rulemaking proposal.

The Board deemed the development of a regulatory package relating to Continuing Education and Basic Life Support Equivalency Standards a priority for FY 2014-15. Board staff is working on the development of proposed language and will present it to the Board for consideration at a future meeting.

Mobile and Portable Dental Unit Registration Requirements (California Code of Regulations, Title 16, Section 1049):

Senate Bill 562 (Galgiani Chapter 562, Statute of 2013) eliminated the one mobile dental clinic or unit limit and required a mobile dental unit or a dental practice that routinely uses portable dental units, as defined, to be registered and operated in accordance with the regulations of the Board. The bill required any regulations adopted by the board pertaining to this matter to require the registrant to identify a licensed dentist responsible for the mobile dental unit or portable practice, and to include requirements for availability to follow-up and emergency care, maintenance and availability of provider and patient records, and treatment information to be provided to patients and other appropriate parties. At its November 2014 meeting, the Board directed staff to add Mobile and Portable Dental Units to its list of regulatory priorities in order to interpret and specify the provisions relating to the registration requirements for the issuance of a mobile and portable dental unit. In December 2015, staff met and worked with the California Dental Association (CDA) to further develop regulatory language that was presented to the Board for consideration during the March 2016 meeting.

At its March 2016 meeting, the Board approved proposed regulatory language for the Mobile Dental Clinic and Portable Dental Unit Registration Requirements. Board staff has been drafting the initial rulemaking documents which staff anticipates will be filed with OAL in May 2016.

Dentistry and Dental Assisting Licensing and Permitting Fee Increase (California Code of Regulation, Title 16, Sections 1021 and 1022):

In 2015, Capital Accounting Partners conducted an audit and determined that the Dental Board of California is heading towards insolvency in Budget Year 2017-2018. The Board sought to increase its statutorily authorized fee maximums for both dentists and dental auxiliaries. Assembly Bill 179 (Bonilla, Chapter 510, Statutes of 2015) was chaptered which authorized the increases in the statutorily authorized fee maximums relating to dentist and dental assistant licensure and permitting. A Subcommittee, consisting of Doctor Bruce Witcher and Kathleen

King, was established. During the August 2015 meeting, the Subcommittee provided recommendations which staff took back for purposes of developing the regulatory language. Staff has been working with the Subcommittee's recommendation as well as working with DCA's Budget Office to develop fund conditions to reflect what impact the Subcommittee's recommendation would have. It was determined the Subcommittee's recommendation was not sufficient to take the Board out of the anticipated insolvency. Thus, during the March 2016, staff provided recommendations regarding fees and requested the Board appoint a subcommittee from the members of the Dental Assisting Council to work with staff and the existing Board Subcommittee to determine fees for the licensing and permitting fees to further develop the regulatory proposal.

Defining Discovery and Filing (California Code of Regulation, Title 16, Sections 1001.1 and 1001.2):

At the March 2016 Board meeting, Assistant Executive Officer, Sarah Wallace, discussed the advisement of the Attorney General's Office regarding the promulgation of regulations, as done by the Medical Board of California, to define the terms "discovery" and "filing" as found in the Business and Professions Code Section 1670.2. This would provide a clearer understanding for both prosecutors, who have the duty to file accusations timely, and for respondents. As a result, staff has worked with the Board's Legal Counsel to draft language in defining "discovery" and "filing". Proposed language will be discussed as part of the initiation of rulemaking file in defining discovery and filing.

Action Requested:

No Action Requested.



MEMORANDUM

DATE	April 14, 2016
TO	Legislative & Regulatory Committee Members
FROM	Lusine M Sarkisyan, Legislative and Regulatory Analyst
SUBJECT	Agenda Item LEG 6: Update Regarding Request for Consideration of Academy of General Dentistry State Licensure Transcript Acceptance

During the Dental Board Meeting on March 4, 2016, Doctor Eric Wong, D.D.S. provided comments during Public Comment to the Dental Board of California (Board) on behalf of the Academy of General Dentistry (AGD) in Chicago regarding the consideration of the AGD State Licensure Transcript proposal.

According to Dr. Wong's testimony, since June 2005, the AGD transcript has been designed to be unique to each state and alert AGD members viewing their state transcripts what continuing education (CE) they would need to take in order to renew their licenses. Respective state transcripts will alert the licensee as to what state transcript lacks prior to renewal of a license. AGD requires verification of all CE credit if a member wants the CE to show up on their state transcript as accepted.

Additionally, AGD requires attendance verification issued by course providers to enter continuing education hours onto the AGD transcript. If the course provider is approved through the Program Approval for Continuing Education (PACE) program, then the course provider will most often submit the attendance verification directly to the AGD on behalf of an AGD member who attends a course offered. If the course provider is not approved through the PACE program, the AGD member will submit a copy of the attendance verification form received from the course provider. This copy is then scanned by the AGD and attached to the member's AGD CE record and can be printed from the member's online transcript.

Should the Dental Board require, AGD will be able to submit with a member's state transcript copies of rosters and certificates. By accepting the AGD state transcript for general dentists, the Board will make confirmation of continuing education compliance more effectively.

Currently, pursuant to Business and Professions Code (Code) Section 1645 and the California Code of Regulations (CCR), Title 16, Article 4 Sections 1015, the Dental

Board has the authority to require as a condition of license renewal, satisfactory assurances that all licensees complete continuing education courses in order to promote public health and safety. The Board at this time contains the authority to require licensees to retain for a period of three renewal periods the certificates of course completion issued at the time of attending a CE course, and only upon request, should the licensee forward those certificates to the Board (CCR §1017) .

Should the Board choose to consider the AGD transcript as sufficient evidence of CE compliance, then it would need to be included as part of a rulemaking, specifically a rulemaking relating to Continuing Education.