NOTICE OF PUBLIC MEETING – Notice is hereby given that a public meeting of the Legislative and Regulatory Committee of the Dental Board of California will be held as follows:

NOTICE OF LEGISLATIVE AND REGULATORY COMMITTEE MEETING
Thursday, August 11, 2011
Upon Conclusion of Dental Assisting Committee Meeting
1625 North Market Blvd., 1st Floor Hearing Room, S-102
Sacramento, CA 95834

CALL TO ORDER
ROLL CALL AND ESTABLISHMENT OF QUORUM
LEG 1 – Approval of the May 19, 2011 Legislative and Regulatory Committee Meeting Minutes

LEG 2 – 2011 Tentative Legislative Calendar – Information Only

LEG 3 – Discussion and Possible Action on the Following Legislation:
- AB 127 (Logue) Regulations: effective date
- AB 991 (Olsen) State government: licenses: California Licensing and Permit Center
- AB 1088 (Eng) State agencies: collection of demographic data
- SB 103 (Liu) State government: meetings
- SB 540 (Price) Dentistry
- SB 541 (Price) Regulatory boards: expert consultants (SME contracts)
- SB 544 (Price) Professions and vocations: regulatory boards
- SB 694 (Padilla) Dental care
- SB 943 (Committee on Business, Professions and Economic Development) Healing Arts
- Other legislation impacting the Board that staff becomes aware of between the time the meeting notice is posted and the Board meeting.

PUBLIC COMMENT
ADJOURNMENT

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 President. For verification of the meeting, call (916) 263-2300 or access the Board’s Web Site 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 Richard DeCuir, 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.
LEGISLATIVE AND REGULATORY COMMITTEE MEETING MINUTES
Thursday, May 19, 2011
Embassy Suites SFO, 150 Anza Blvd.
Burlingame, CA 94010

DRAFT

Members Present:
Fran Burton, Public Member, Chair
Stephen Casagrande, DDS, Vice Chair
Steven Afriat, Public Member
Luis Dominicos, DDS
Huong Le, DDS
Suzanne McCormick, DDS
Steven Morrow, DDS

Members Absent:

Staff Present:
Richard DeCuir, Executive Officer
Kim A. Trefry, Enforcement Chief
Jocelyn Campos, Enforcement Coordinator
Karen Fischer, Licensing Analyst
Sarah Wallace, Legislation and Regulations Analyst
Linda Byers, Executive Assistant
Kristy Shellans, DCA Senior Staff Counsel
Greg Salute, Deputy Attorney General

ROLL CALL AND ESTABLISHMENT OF QUORUM
Ms. Burton, chair called the meeting to order at 4:15. Roll was called and a quorum was established.

LEG 1 – Approval of the February 24, 2011 Legislative and Regulatory Committee Meeting Minutes
M/S/C (Afriat/McCormick) to approve the February 24, 2011 Legislative and Regulatory Committee meeting minutes. The motion passed unanimously.

LEG 2 – 2011 Tentative Legislative Calendar – Information Only
Sarah Wallace stated that the 2011 Tentative Legislative Calendar was provided in the meeting packet for informational purposes. She noted that May 27th is the last day for fiscal committees to hear and report to the floor bills introduced in their house and it is the last day for fiscal committees to meet prior to June 6th.

LEG 3 – Discussion and Possible Action on the Following Legislation:
AB 127 (Logue) Regulations: effective date – This bill would require that a regulation or an order of repeal of a regulation become effective on January 1 next following a 90-day period after the date it is file with the Secretary of State. This bill is proposed to closely follow the effective dates for legislation. Ms. Wallace reported that the current rulemaking process takes an estimated twelve to eighteen months to complete and that extending the time before a regulation may become effective could unnecessarily endanger the public. Ms. Wallace reported that the bill had failed passage out of committee. M/S/C (Burton/Afriat) to watch this bill. The motion passed unanimously.

AB 991 (Olsen) State government: licenses: California Licensing and Permit Center – This bill would require the Governor, or his or her designee, in cooperation with the California Technology

6/7/2011
Agency, to establish the California Licensing and Permit Center and corresponding user friendly web site to assist the public with licensing, permitting, and registration requirements of state agencies. The web site would be accessible from the Governor’s web site and would be required to contain information on licensing, permitting, and registration requirements of state agencies. Each state agency determined by the Governor to have licensing authority would be required to participate fully with this program by providing accurate updated information about licensing requirements. The bill would require the Governor, or designee, to operate a help center to assist applicants with licensing, permitting, and registration requirements. The bill establishes the California License and Permit Fund and requires each state agency required to participate to reallocate funds annually from its operating budget to fund the amount necessary to pay for the agency’s proportionate share. This bill would require the Dental Board of California to provide the Center accurate information regarding licensing requirements, digital copies of applications, forms, or any other documents an applicant may need. The information is currently available on the Dental Board’s web site. This bill would create a significant fiscal impact for the Dental Board and would serve a duplicate function. Ms. Wallace reported that the bill was in the Assembly Appropriations Suspense file. M/S/C (Dominicis/ McCormick) to watch this bill. The motion passed unanimously.

AB 1088 (Eng) State agencies: collection of demographic data – This bill would require every state agency, board, or commission that directly or by contract, collects demographic data as to the ancestry or ethnic origin of Californians to use additional separate collection categories and tabulations for each major Asian group as specified. The bill requires the information to be included in every demographic report on ancestry or ethnic origins of Californians it publishes. Ms. Wallace reported that existing law, Business and Professions Code Section 1715.5, requires the Board to collect specific data from all licensees with the purpose of identifying areas in California that are underserved with professionals with cultural or linguistic competencies in the dental health care fields. This bill would require additional workload to revise renewal forms, compile information, modify the Board’s web site, and maintain the reports on the web site. Ms. Wallace reported that the bill was set for hearing on May 18th and was referred to the Assembly Appropriations Suspense file. M/S/C (Casagrande/McCormick) to watch this bill. The motion passed unanimously. Dr. Le requested that staff begin quantifying the fiscal impact of this bill.

SB 100 (Price) Healing arts – This bill makes various amendments to the provisions of the Medical Board of California’s Practice Act and its requirements for regulatory oversight. The provisions that had previously affected the Dental Board’s Oral and Maxillofacial Surgery (OMS) permit holders had been deleted. The Board took a “watch” position on this bill at a previous meeting. The Committee did not take action to change its position on this bill.

SB 103 (Liu) State government: meetings – This bill makes changes to the provisions of the Bagley-Keene Open Meetings Act (Act) relating to teleconference meetings. This bill deletes language from the Act that expressly does not prohibit a state body from holding an open or closed meeting by teleconference for the benefit of the public and instead authorizes a state body, to the extent practicable, to conduct teleconference meetings for the benefit of the public and the body. The bill provides that, upon the request of a member of a state body, the body must hold an open or closed meeting by teleconference, unless the Chair of the body determines that it would be more costly to hold the meeting by teleconference than it would be to hold it in person. The bill requires a state body that operates an Internet Web Site to provide a supplemental live audio or video web-broadcast of each of its meetings that are open to the public. The bill stipulates that if a technical failure prevents the body from providing a live web-broadcast, that failure shall not constitute a violation of the Act if the body exercised reasonable diligence in providing the live broadcast. The bill also, stipulates that failure to provide a live broadcast due to a technical failure shall not prohibit the body from meeting and taking actions as otherwise provided by law. Ms. Wallace reported that the Dental Board of California holds at least four meetings per year. The Board is required by statute, Business and Professions Code Section 1607, to hold one meeting in San Francisco and one meeting in Los Angeles each year. The Board currently holds teleconference meetings when legally and financially possible. The Board has also been
Ms. Krisly Shellans clarified that this bill would now authorize any member of the Board to call a teleconference meeting rather than the Board President or Executive Officer. The Board took a “watch” position on this bill at a previous meeting. The Committee did not take action to change its position on this bill.

**SB 540 (Price) Dentistry** – This bill extends the operation of provisions related to the Dental Board of California until January 1, 2016, and instead specifies that the board would be subject to review by the appropriate policy committees of the Legislature. The bill would change the membership of the board to include a new public member to be appointed by the Governor, and, on and after January 1, 2012, would delete the dental hygienist member and the dental assistant member and add 2 additional public members to the board, to be appointed by the Governor. The bill would make technical, conforming changes to related provisions. The bill would also create a Dental Assisting Council of the board to consider matters relating to dental assistants and make recommendations to the board, as specified. This bill contains other related provisions and other existing laws. Ms. Wallace reported that the discussion and analysis of this bill would be discussed on Friday during the full board session.

**SB 541 (Price) Regulatory boards: expert consultants** – This bill is an urgency measure that authorizes any board, within the Department of Consumer Affairs, the State Board of Chiropractic Examiners, and the Osteopathic Medical Board of California to enter into an agreement with an expert consultant to do any of the following: provide an expert opinion on enforcement-related matters, including providing testimony at an administrative hearing; assist the board as a subject matter expert in examination development, examination validation, or occupational analyses; evaluate the mental or physical health of a licensee or an applicant for a license as may be necessary to protect the public health and safety. The bill provides that an executed contract between a board and an expert consultant shall be exempt from the State Contract Act. The bill requires each board to establish policies and procedures for the selection and use of expert consultants. This bill will enable the Dental Board of California to continue to utilize essential subject matter experts without going through the lengthy formal contracting process for consulting services. The Board uses subject matter experts in enforcement matters, examination development, and evaluation of applicants and licensees. The utilization of these experts strengthens the Boards ability to provide better public protection. Without this bill, the formal contracting process will create a considerable backlog for both the Department of Consumer Affairs and the Board, and will significantly impact the timeframes for investigating complaints, developing examinations, and evaluating applicants and licensees. The Board may be required to promulgate regulations to establish policies and procedures for the selection and use of expert consultants. The regulatory process can take twelve to eighteen months to complete. The Board took a support position at the previous meeting. Staff sent a letter of support to the author on April 28, 2011. The Committee did not take action to change its position on this bill.

**SB 544 (Price) Professions and vocations: regulatory boards** – This bill would require cooperation between state agencies and all boards within the department when investigating a licensee, and would require a state agency to provide to the board all licensee records in the custody of the state agency. The bill would require all local and state law enforcement agencies, state and local governments, state agencies, licensed health care facilities, and any employers of any licensee to provide licensee records to any board within the department upon request by that board, and would make an additional requirement specific to the Department of Justice. By imposing additional duties on local agencies, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws. Ms. Wallace reported that the discussion and analysis of this bill would be discussed on Friday during the full board session.

**SB 694 (Padilla) Dental care** – This bill would require the Director of the Department of Consumer Affairs, in collaboration with the board, to convene a working group to conduct an analysis of the dental care needs of California residents. The workgroup would be responsible for analyzing the populations of children who would be newly eligible to receive dental health services under the federal Patient Protection and Affordable Care Act. The workgroup will be responsible for determining the workforce
requirements to meet the needs of these newly insured children, considering the regional needs and capabilities required. The bill authorizes the work group to engage the expertise of stakeholders to assist in the analysis. It is anticipated that the enactment of this bill will require the hiring of an additional analyst to handle the administration of the work group, analyze the dental care needs, and develop a report to submit to the legislature. In addition to needing an additional analyst, staff anticipates that the Board will require to utilization of six (6) subject matter experts to participate in the work group and work with community health organizations, professional organizations, government agencies, and the public. The hiring of an additional analyst and contracting with six subject matter experts will cause a significant fiscal impact on the Board. The Board had taken a “watch” position at a previous meeting. The Committee did not take action to change its position on this bill.

SB 943 (Committee on Business, Professions and Economic Development) Healing arts – This bill makes several non-controversial, minor, non-substantive or technical changes to various miscellaneous provisions pertaining to regulatory boards of the Department of Consumer Affairs (DCA) and professions regulated under the Business and Professions Code (BPC). The bill makes changes relating to the Dental Hygiene Committee of California. This is one of three omnibus bills authored by the Senate Business, Professions, and Economic Development Committee (Committee). This bill is specific to the healing arts boards within the Department of Consumer Affairs. It is the Committee’s intent to consolidate a number of non-controversial provisions related to various regulatory programs and professions governed by the Business and Professions Code. Consolidating the provisions in one bill is designed to relieve the various licensing boards, bureaus and professions from the necessity and burden of having separate measures for a number of non-controversial revisions. The Committee analysis states that many of the provisions of this bill are minor, technical and updating changes, while other provisions are substantive changes intended to improve the ability of various licensing programs and other entities to efficiently and effectively administer their respective laws. However, as a Committee bill, if controversy or opposition should arise regarding any provision that cannot be resolved, then that provision will be removed from the bill to eliminate the chance of placing any of the other provisions in jeopardy. Hygienists were licensed under the Committee on Dental Auxiliaries (COMDA) which was under the jurisdiction of the Dental Board of California. Senate Bill 853 (Perata, Chapter 31, Statutes of 2008) brought the hygienists under the jurisdiction of the Dental Hygiene Committee of California. The intent of the law was to create an autonomous Dental Hygiene Committee of California responsible for promulgating its own regulations, conduct and develop examinations, licensing and enforcement. This bill makes changes to include clarifying language, address licensee’s responsibilities and requirements and enhance consumer protection. This bill only amends sections of the Dental Practice Act that relate to the Dental Hygiene Committee of California. This bill does not amend or repeal Business and Professions Code § 1901 which states “There is hereby created within the jurisdiction of the Dental Board of California a Dental Hygiene Committee of California in which the administration of this article is vested.” M/S/C (Afriat/McCormick) to direct staff to send a letter to the Committee to seek clarification on the applicability of the proposed amendments to Section 1955 to various licensees.

LEG 4 – Update on Pending Regulatory Packages

A. Retroactive Fingerprinting (California Code of Regulations, Title 16, Sections 1007, 1008, and 1017.2

Ms. Wallace reported that the rulemaking file was submitted to the Office of Administrative Law (OAL) on January 28, 2011 and was approved on March 9, 2011. The regulation is effective on July 1, 2011 and is applicable to all licensees beginning in the July 2011 renewal cycle.

B. Dental Assisting Educational Programs and Courses (California Code of Regulations, Title 16, Sections 1070, 1070.1, 1070.2, 1070.6, 1070.7, 1070.8 and 1071

Ms. Wallace reported that the Board adopted the final regulatory language as noticed in the third modified text at its February 25, 2011 meeting. The rulemaking file is in the process of being finalized and will be submitted to the Department of Consumer Affairs (DCA) by the end of May 2011. Ms. Wallace stated that the one-year deadline to submit the final rulemaking to OAL is June 3, 2011. Staff
has notified the Director of DCA of the impending deadline, and has requested a letter of extension for the final submission of the rulemaking to OAL.

C. Minimum Standards for Infection Control *(California Code of Regulations, Title 16, Section 1005)*
Ms. Wallace reported that the final rulemaking package was submitted to DCA on April 4, 2011. The rulemaking is required to be approved by the Director of DCA, the Secretary of the State and Consumer Services Agency, and the Director of the Department of Finance. Staff anticipates the approval process to take thirty to ninety days. Ms. Wallace stated that the one-year deadline to submit the final rulemaking to OAL is August 26, 2011.

D. Consumer Protection Enforcement Initiative *(California Code of Regulations, Title 16, Sections 1018.05 and 1020)*
Ms. Wallace reported that the initial rulemaking file was submitted to OAL on February 7, 2011. The proposed action was published on February 18, 2011 and was noticed on the Board’s web site and mailed to interested parties. The 45-day public comment period began on February 18, 2011 and ended on April 4, 2011. A regulatory hearing was held on April 4, 2011 and the Board received comments from the California Dental Association.

E. Uniform Standards Relating to Substance Abusing Licensees and Disciplinary Guidelines *(California Code of Regulations, Title 16, Sections 1018 and 1020.5)*
Ms. Wallace reported that the initial rulemaking file was submitted to OAL on March 11, 2011. The proposed action was published on March 25, 2011 and was noticed on the Board’s web site and mailed to interested parties. The 45-day public comment period began on March 25, 2011 and ended on May 9, 2011. A regulatory hearing was held on May 10, 2011. The Board received written comments from Julianne D’Angelo Fellmeth, Center for Public Interest Law, and oral testimony from Bill Lewis, California Dental Association.

F. Sponsored Free Health Care Events *(California Code of Regulations, Title 16, Sections 1023.15, 1023.16, 1023.17, and 1023.18)*
Ms. Wallace reported that the Board approved proposed regulatory language at its February 25, 2011 meeting. She stated that staff is currently drafting the initial rulemaking documents and will be filing the proposed regulation with OAL in the near future.

LEG 5 – Prospective Legislative Proposals Request for 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
No prospective legislative proposals were submitted to the Committee.

Public Comment
There was no public comment.

Adjournment
The committee adjourned at 5:05 p.m.
MEMORANDUM

DATE       June 29, 2011

TO         Legislative and Regulatory Committee, Dental Board of California

FROM       Sarah Wallace, Legislative & Regulatory Analyst
            Dental Board of California

SUBJECT    Agenda Item LEG 2: 2011 Tentative Legislative Calendar – Information Only

Background
The 2011 Tentative Legislative Calendar is enclosed.

Action Requested:
No action necessary.
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1, 2011</td>
<td>Statutes take effect</td>
</tr>
<tr>
<td>January 3</td>
<td>Legislature reconvenes</td>
</tr>
<tr>
<td>January 10</td>
<td>Budget must be submitted by Governor</td>
</tr>
<tr>
<td>January 17</td>
<td>Martin Luther King, Jr. Day</td>
</tr>
<tr>
<td>January 21</td>
<td>Last day to submit bill requests to the Office of Legislative Counsel</td>
</tr>
<tr>
<td>February 18</td>
<td>Last day for bills to be introduced</td>
</tr>
<tr>
<td>February 21</td>
<td>Presidents’ Day observed</td>
</tr>
<tr>
<td>March 28</td>
<td>Cesar Chavez Day observed</td>
</tr>
<tr>
<td>April 14</td>
<td>Spring Recess begins at end of this day’s session</td>
</tr>
<tr>
<td>April 25</td>
<td>Legislature reconvenes from Spring Recess</td>
</tr>
<tr>
<td>May 6</td>
<td>Last day for policy committees to hear and report to fiscal committees</td>
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<tr>
<td>May 13</td>
<td>Last day for policy committees to hear and report to the floor</td>
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<tr>
<td>May 20</td>
<td>Last day for policy committees to meet prior to June 6</td>
</tr>
<tr>
<td>May 27</td>
<td>Last day for fiscal committees to hear and report to the floor</td>
</tr>
<tr>
<td>May 30</td>
<td>Memorial Day observed</td>
</tr>
<tr>
<td>May 31 - June 3</td>
<td>Floor session only. No committee may meet for any purpose</td>
</tr>
<tr>
<td>June 3</td>
<td>Last day to pass bills out of house of origin</td>
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<tr>
<td>June 6</td>
<td>Committee meetings may resume</td>
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<tr>
<td>June 15</td>
<td>Budget Bill must be passed by midnight</td>
</tr>
<tr>
<td>July 4</td>
<td>Independence Day observed</td>
</tr>
<tr>
<td>July 8</td>
<td>Last day for policy committees to meet and report bills.</td>
</tr>
<tr>
<td>July 15</td>
<td>Summer Recess begins at the end of this day’s session, provided</td>
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<tr>
<td>August 15</td>
<td>Legislature reconvenes from Summer Recess</td>
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<tr>
<td>August 26</td>
<td>Last day for fiscal committees to meet and report bills to the Floor</td>
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<tr>
<td>August 26 -</td>
<td>Floor session only. No committees, other than conference committees</td>
</tr>
<tr>
<td>September 9</td>
<td>and Rules Committee, may meet for any purpose.</td>
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<tr>
<td>September 2</td>
<td>Last day to amend bills on the Floor</td>
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<tr>
<td>September 5</td>
<td>Labor Day Observed</td>
</tr>
<tr>
<td>September 9</td>
<td>Last day for each house to pass bills. Interim Study Recess begins at</td>
</tr>
<tr>
<td>October 9</td>
<td>Last day for Governor to sign or veto bills passed by the Legislature</td>
</tr>
<tr>
<td>January 1, 2012</td>
<td>Statutes take effect</td>
</tr>
<tr>
<td>January 4, 2012</td>
<td>Legislature reconvenes.</td>
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MEMORANDUM

DATE       July 19, 2011

TO         Legislative and Regulatory Committee,
            Dental Board of California

FROM       Sarah Wallace, Legislative & Regulatory Analyst
            Dental Board of California

SUBJECT    Agenda Item LEG 3: Discussion and Possible Action on Legislation

Background
Staff has enclosed a matrix summarizing the status, location, and current Board position
for the following proposed legislation:
- AB 127 (Logue) Regulations: effective date
- AB 991 (Olsen) State government: licenses: California Licensing and Permit Center
- AB 1088 (Eng) State agencies: collection of demographic data
- SB 103 (Liu) State government: meetings
- SB 540 (Price) Dentistry
- SB 541 (Price) Contractors’ State License Regulatory boards: expert consultants
- SB 544 (Price) Professions and vocations: regulatory boards
- SB 694 (Padilla) Dental care
- SB 943 (Committee on Business, Professions and Economic Development) Healing arts

Copies of the staff analysis and proposed language for each bill are enclosed for the
Committee’s review. Other legislation impacting the Board that staff becomes aware of
before the meeting will be hand-carried to the Board meeting.

Senate Bill 540 (Price) and Senate Bill 544 (Price) will be discussed by the full board.

Action Requested:
The Committee may take action to recommend a position of support, oppose, watch, or
neutral to the full Board on each bill.
# ASSEMBLY BILLS

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>AUTHOR</th>
<th>TOPIC</th>
<th>CURRENT TEXT VERSION</th>
<th>INTRODUCED</th>
<th>STATUS</th>
<th>LOCATION</th>
<th>BOARD POSITION</th>
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SUMMARY
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. Under existing law, a regulation or an order of repeal of a regulation becomes effective on the 30th day after it is filed with the Secretary of State, except as provided.

This bill would require that a regulation or an order of repeal of a regulation become effective, instead, on January 1 next following a 90-day period after the date it is filed with the Secretary of State, except as provided.

ANALYSIS
The current rulemaking process takes an estimated 12 to 18 months to complete. The Dental Board of California’s (Board) highest priority is the protection of the public when exercising its licensing, regulatory, and disciplinary functions. The primary methods by which the Board achieves this goal are: issuing licenses to eligible applicants; investigating complaints against licensees and disciplining licensees for violating of the Dental Practice Act (DPA); monitoring licensees whose license has been placed on probation; and managing the Diversion Program for licensees, whose practice may be impaired due to abuse of dangerous drugs or alcohol. The Board is authorized to adopt reasonably necessary rules to implement, interpret, or make specific the statutes that govern the Dental Practice Act. Extending the time before a regulation may become effective could unnecessarily endanger the public.
**REGISTERED SUPPORT/OPPOSITION**

Support (As of May 3, 2011):
American Council of Engineering Companies of California
Associated Builders and Contractors of California
California Building Industry Association
California Business Properties Association
California Forestry Association
California Grocers Association
California League of Food Processors
California Manufacturers & Technology Association
California Retailers Association
Chemical Industry Council of California
Consumer Specialty Products Association
Engineering and Utility Contractors Association
Golden State Builders Exchanges
Industrial Environmental Association
National Federation of Independent Business
USANA Health Sciences, Inc.
Western Growers

**Opposition:** None on file as of 5/3/2011.

**BOARD POSITION**
The Committee and the Board took a “watch” position at the May 2011 meeting.
ASSEMBLY BILL No. 127

Introduced by Assembly Member Logue

January 11, 2011

An act to amend Section 11343.4 of the Government Code, relating to regulations.

LEGISLATIVE COUNSEL’S DIGEST

AB 127, as introduced, Logue. Regulations: effective date.

Existing law, the Administrative Procedure Act, governs the procedure for the adoption, amendment, or repeal of regulations by state agencies and for the review of those regulatory actions by the Office of Administrative Law. Under existing law, a regulation or an order of repeal of a regulation becomes effective on the 30th day after it is filed with the Secretary of State, except as provided.

This bill would require that a regulation or an order of repeal of a regulation become effective, instead, on January 1 next following a 90-day period after the date it is filed with the Secretary of State, except as provided.


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

SECTION 1. Section 11343.4 of the Government Code is amended to read:

11343.4. A regulation or an order of repeal required to be filed with the Secretary of State shall become effective on the 30th day after it is filed.
January 1 next following a 90-day period after the date of filing unless:

(a) Otherwise specifically provided by the statute pursuant to which the regulation or order of repeal was adopted, in which event it becomes effective on the day prescribed by the statute.

(b) A later date is prescribed by the state agency in a written instrument filed with, or as part of, the regulation or order of repeal.

(c) The agency makes a written request to the office demonstrating good cause for an earlier effective date, in which case the office may prescribe an earlier date.
SUMMARY
This bill would require the Governor, or his or her designee, in cooperation with the California Technology Agency, to establish the California Licensing and Permit Center (CLPC) and corresponding user friendly Web site to assist the public with licensing, permitting, and registration requirements of state agencies. The CLPC’s Web site shall be accessible from the Governor’s Web site and shall be provided to the public free of charge. This bill requires the Web site to contain information on the licensing, permitting, and registration requirements of state agencies, including the following information:

a) Assisting potential applicants with identifying the type of applications, forms, or other similar documents an applicant may need;

b) Providing a digital copy of all state applications, forms, or other similar documents; and,

c) Instructing potential applicants where to transmit applications, forms, or other similar documents.

Each state agency determined by the Governor to have licensing authority to participate fully with this program by providing accurate updated information about its licensing requirements.
This bill requires the Governor, or his or her designee, to operate, via electronic mail and telephone methods, a help center that will assist applicants with licensing, permitting, and registration requirements.

This bill establishes the California License and Permit Fund (Fund) in the State Treasury, and provides that all moneys in the Fund shall, upon appropriation by the Legislature, be used by the Governor only for the purposes of this bill. Each state agency required to participate in the CLPC to reallocate funds annually from its operating budget to the Fund in the amount necessary to pay for the agency's proportionate share of establishing and operating the CLPC.

**ANALYSIS**

As introduced, this bill requires the Board to provide CLPC accurate updated information regarding our licensing requirements, digital copies of the various type of applications, forms, or any other documents an applicant may need, and instructions on where to transmit applications. This information is currently available via the Board’s Web site and readily available to forward to another agency, if needed.

This bill also requires the Board to reallocate the necessary funds annually from its operating budget to fund this program. It is anticipated that the Board would experience a significant fiscal impact as a result of this bill. In addition, this bill appears to be create a licensing center with duplicate functions, as this information is already available via the Board’s Web site.

**REGISTERED SUPPORT/Opposition**


Opposition: California Board of Accountancy as of 5/10/2011.

**BOARD POSITION**

The Committee and the Board took a “watch” position at the May 2011 meeting.
An act to add Section 12019.5 to the Government Code, relating to state government.

LEGISLATIVE COUNSEL’S DIGEST

AB 991, as amended, Olsen. State government: licenses: California Licensing and Permit Center.

Existing law requires members of the public to obtain license, permits, or to register with state agencies prior to undertaking certain types of tasks.

This bill would require the Governor to establish a Internet Web site, known as the California Licensing and Permit Center (CLPC), to assist the public with licensing, permitting, and registration requirements of state agencies. This bill would require the Governor to operate, via both e-mail and telephone methods, a help center to assist applicants with licensing, permitting, and registration requirements. This bill would require state agencies that the Governor determines has licensing authority to cooperate with this program by providing accurate updated information about their licensing requirements.
This bill would create the California License and Permit Fund in the State Treasury, and require state agencies that are required to participate in the CLPC to reallocate a portion of their operating budget, as specified, to pay for the operating cost of the CLPC. This bill would state that upon appropriation by the Legislature, revenues from the fund will be used only for purposes of the bill.

This bill would require the CLPC to be provided to the public free of charge.


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

SECTION 1. Section 12019.5 is added to the Government Code, to read:

12019.5. (a) The Governor, or his or her designee, shall, in cooperation with the California Technology Agency, establish an Internet Web site to assist the public with licensing, permitting, and registration requirements. This Internet Web site shall be known as the California Licensing and Permit Center (CLPC) and shall be accessible from the Governor’s Web site. This Internet Web site shall contain information on the licensing, permitting, and registration requirements of state agencies, and shall include, but not be limited to, information that does all of the following:

(1) Assists potential applicants with identifying the type of applications, forms, or other similar documents an applicant may need.

(2) Provides a digital copy of all state applications, forms, or other similar documents.

(3) Instructs potential applicants where to transmit applications, forms, or other similar documents.

(b) The Governor, or his or her designee, shall operate, via both e-mail and telephone methods, a help center that will assist applicants with licensing, permitting, and registration requirements.

(c) The Governor, in cooperation with the California Technology Agency, shall ensure that the Internet Web site is user friendly and provides accurate, updated resources.

(d) Each state agency that the Governor determines has licensing authority shall participate fully with this program by providing accurate updated information about its licensing requirements.
(e) (1) The California License and Permit Fund is hereby created in the State Treasury. Each state agency that is required to participate in the CLPC shall reallocate funds annually from its operating budget to the fund in the amount necessary to pay for the agency’s proportionate share of establishing and operating the CLPC.

(2) All moneys in the fund shall, upon appropriation by the Legislature, be used by the Governor only for the purposes of this section.

(f) The CLPC shall be provided to the public free of any charges.
**SUMMARY**

This bill would require every state agency, board, or commission that directly or by contract, collects demographic data as to the ancestry or ethnic origin of Californians shall use additional separate collection categories and tabulations for each major Asian groups, including, but not limited to, Bangladeshi, Fijian, Hmong, Indonesian, Malaysian, Pakistani, Sri Lankan, Taiwanese, Thai, and Tongan Asian Indian, Bangladeshi, Cambodian, Chinese, Filipino, Hmong, Indonesian, Japanese, Korean, Laotian, Malaysian, Pakistani, Sri Lankan, Taiwanese, Thai, Vietnamese, Fijian, Native Hawaiian, Guamanian (also known as Chamorro), Samoan, and Tongan. This information shall be included in every demographic report on ancestry or ethnic origins of Californians that it publishes or releases on or after July 1, 2012, and be available to the public in accordance with state and federal law. A state agency shall, within 18 months after the United States Census is released to the public; update their data collection to reflect the additional Asian groups and additional Native Hawaiian and Pacific Islander groups as they are reported by the United States Census Bureau.

This bill would further require the State Department of Health Care Services, the State Department of Public Health, the Department of Industrial Relations, and the Department of Fair Employment and Housing to make this information publicly available, except for personal identifying information, which shall be deemed confidential, by posting the data on the Internet Website of the agency on or before July 1, 2012, and annually thereafter. This would not prevent any other state agency from posting the information on their Internet Web site.
ANALYSIS
This bill would require the Board to use additional separate collection categories and
tabulations for other major Asian groups and Native Hawaiian and other Pacific Islander
groups as to the ancestry or ethnic origin of Californians. The Board would be required
to update this information to reflect any additional Asian groups, Native Hawaiian, and
Pacific Islander groups as they are reported by the United States Census Bureau, within
18 months after it is released to the public. This information is required be included in
every demographic report on ancestry or ethnic origins of Californians that it publishes
or releases on or after July 1, 2012, and be available to the public in accordance with
state and federal law.

Existing law, Business and Professions Code Section 1715.5, requires the Board to
collect specific data from all licensees with the purpose of identifying areas in California
that are under served with professionals with cultural or linguistic competencies in the
dental health care field, effective January 1, 2009. The data currently collected includes
cultural background and foreign language proficiency and is published on the Board’s
web site annually. The provisions of this bill will require additional workload to revise
applications/renewal forms, compile information, modify the Board’s web site, and
maintain the reports on the web site.

REGISTERED SUPPORT/OPPOSITION
Support: as of 5/3/2011:
Asian Americans for Civil Rights and Equality (co-sponsor)
Asian Pacific American Legal Center (co-sponsor)
Asian Pacific Islanders Community Action Network (co-sponsor)
Advancement Project
American Cancer Society
Asian Pacific Policy & Planning Council
Asian & Pacific Islander American Health Forum
Asian & Pacific Islanders California Action Network
Asian Business Association
Asian Pacific Health Corps at UCLA
Asian Pacific Liver Center
Asian Resources, Inc.
Asian Law Alliance
Asian Youth Center
California Association for Bilingual Education
California Health Nail Salon Collaborative
California Pan-Ethnic Health Network
Californians Together Coalition
Center for Asian American Wellness
Chinatown Service Center
Council on American-Islamic Relations California
Department of Adult Education, Montebello Unified School District
Empowering Pacific Islander Communities
EndOil and Communities for Clean Ports
Families in Good Health at St. Mary Medical Center
First 5 LA
Guam Communications Network
Having Our Say!
International Children Assistance Network
Korean American Family Service Center
Koreatown Immigrant Workers Alliance
Koreatown Youth & Community Center
La Casa de San Gabriel Community Center
National Asian Pacific American Families Against Substance Abuse
National Cambodian American Organization
NICOS Chinese Health Coalition
Orange County Asian and Pacific Islander Community Alliance, Inc.
Pacific Asian Counseling Services
Pacific Clinics
Pacific Islander Consortium in Employment
PELE, The Sorority of Oceania
Search to Involve Pilipino Americans
South Asian Network
Special Service for Groups, Inc./PALS for Health
Taiwanese American Citizens League
TOA Institute
Tongan Community Service Center
Union of Pan Asian Communities
Viet Dreams
Vietnamese American Cancer Foundation
Numerous individuals

**Opposition:** None on file as of 5/3/2011.

**BOARD POSITION**
The Board took a “watch” position on this bill at the May 2011 meeting.
An act to amend Section 8310.5 of, and to add Section 8310.7 to, the Government Code, relating to state agencies.

LEGISLATIVE COUNSEL’S DIGEST


Existing law requires any state agency, board, or commission that directly or by contract collects demographic data as to the ancestry or ethnic origin of Californians to use separate collection categories and tabulations for each major Asian and Pacific Islander group, including, but not limited to, Chinese, Japanese, Filipino, Korean, Vietnamese, Asian Indian, Hawaiian, Guamanian, Samoan, Laotian, and Cambodian. This bill would revise and recast the specified categories. This bill would require a state agency, board, or commission that directly or by contract collects demographic data to include data on specified collection categories and tabulations in every demographic report on ancestry or ethnic origins of California residents that it publishes or releases on or after July 1, 2012.

This bill would require specified agencies to use additional separate collection categories and tabulations for other major Asian groups and Native Hawaiian and other Pacific Islander groups, including, but not
limited to, Asian Indian, Bangladeshi, Cambodian, Chinese, Filipino, Hmong, Indonesian, Japanese, Korean, Laotian, Malaysian, Pakistani, Sri Lankan, Taiwanese, Thai, Vietnamese, Fijian, Native Hawaiian, Guamanian (also known as Chamorro), Samoan, and Tongan. This bill would also require these agencies to update their data collection categories to match those used by the United States Census Bureau. This bill would further require these agencies to make the collected data available to the public, in accordance with state and federal law, except for personal identifying information, which shall be deemed confidential, by requiring these state agencies, on or before July 1, 2012, to post, and annually update, the demographic data on their Internet Web sites.


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

1 SECTION 1. The Legislature hereby finds and declares all of the following:
2 (a) One-third of the nation’s Asians and Pacific Islanders, totaling 5.4 million people, live in California, making the state home to more Asians and Pacific Islanders than any other state in the nation.
3 (b) Asians and Pacific Islanders represent 15.5 percent of the state’s population, and grew by 33.6 percent from 2000 to 2010.
4 (c) Asians and Pacific Islanders are an incredibly diverse group. Due to this diversity, the United States Office of Management and Budget’s Statistical Policy Directive No. 15, entitled Race and Ethnic Standards for Federal Statistics and Administrative Reporting, separated the “Asian and Pacific Islander” category into two distinct and separate categories, now called “Asians” and “Native Hawaiians and Other Pacific Islanders,” and these two distinct categories were used in the 2000 United States Census. The United States Census Bureau currently reports data for more than 20 different ethnicities within these two categories.
5 (d) While Asians and Pacific Islanders are often misrepresented as a homogeneous group, they are an extremely diverse group, with ethnicities from over 30 different countries. Although Asian and Pacific Islander communities in this state share geographical and cultural commonalities, they also experience diverse social,
educational, health, and economic differences that are unique to their respective communities.

(e) Existing state law requires state demographic data to be collected for Asian and some Native Hawaiian and Pacific Islander ethnic groups. However, additional ethnic groups reported by the United States Census Bureau are not included that reflect changing demographics and intrastate migration patterns. Most state agencies are currently not in compliance with existing state law or have not made the collected data accessible. Data should be updated on a regular basis and made accessible to the public so that regional and local governments, elected officials, decisionmakers, and other stakeholders can use the information to strategically target programs for those most in need.

(f) Given the diversity of languages and cultures, separating data for additional Asian and additional Native Hawaiian and Pacific Islander ethnic groups and making the data publicly accessible are critical for enhancing our state’s understanding of the needs and experiences of these different communities.

SEC. 2. Section 8310.5 of the Government Code is amended to read:

8310.5. (a) A state agency, board, or commission that directly or by contract collects demographic data as to the ancestry or ethnic origin of Californians shall use separate collection categories and tabulations for each major Asian group, including, but not limited to, Chinese, Japanese, Filipino, Korean, Vietnamese, Asian Indian, Laotian, and Cambodian, and each major Native Hawaiian and Pacific Islander group, including, but not limited to, Native Hawaiian, Guamanian (also known as Chamorro), and Samoan.

(b) The data collected pursuant to the different collection categories and tabulations described in subdivision (a) shall be included in every demographic report on ancestry or ethnic origins of Californians by the state agency, board, or commission published or released on or after July 1, 2012. The data shall be made available to the public in accordance with state and federal law, except for personal identifying information, which shall be deemed confidential.

SEC. 3. Section 8310.7 is added to the Government Code, to read:

8310.7. (a) In addition to the duties imposed under Section 8310.5, the following state agencies, in the course of collecting
demographic data directly or by contract as to the ancestry or ethnic
origin of California residents, shall collect and tabulate data for
additional major Asian groups, including, but not limited to,
Bangladeshi, Hmong, Indonesian, Malaysian, Pakistani, Sri
Lankan, Taiwanese, and Thai, and additional major Native
Hawaiian and other Pacific Islander groups, including, but not
limited to, Fijian and Tongan:
(1) The State Department of Health Care Services.
(2) The State Department of Public Health.
(3) The Department of Industrial Relations.
(4) The Department of Fair Employment and Housing.
(b) The state agencies identified in subdivision (a) shall make
any data collected pursuant to subdivision (a) publicly available,
except for personal identifying information, which shall be deemed
confidential, by posting the data on the Internet Web site of the
agency on or before July 1, 2012, and annually thereafter. This
subdivision shall not be construed to prevent any other state agency
from posting data collected pursuant to subdivision (a) on the
agency’s Internet Web site, in the manner prescribed by this
section.
(c) The state agencies identified in subdivision (a) shall, within
18 months after the United States Census decennial United States
Census for the year 2020 is released to the public, update their
data collection to reflect the additional Asian groups and additional
Native Hawaiian and Pacific Islander groups as they are reported
by the United States Census Bureau.
BILL NUMBER: SB 103

AUTHOR: Senator Carol Liu

SPONSOR:

VERSION: Amended 7/12/2011

INTRODUCED: 1/12/2011

BILL STATUS: 7/12/11 From committee with author's amendments. Read second time and amended. Re-referred to Com. on APPR.

BILL LOCATION: 7/12/11 A-APPR.

SUBJECT: State government: meetings

RELATED BILLS:

SUMMARY
Existing law, The Bagley-Keene Open Meeting Act, set forth in Government Code Sections 11120-11132, applies to all state boards and commissions and generally requires these bodies to publicly notice their meetings, prepare agendas, accept public testimony and conduct their meetings in public unless specifically authorized by the Act to meet in closed session.

The Act provides for audio or audio and visual teleconference meetings for the benefit of the public body (Government Code Section 11123). When a teleconference meeting is held, each site from which a member of the body participates must be accessible to the public. All proceedings must be audible and votes must be taken by roll call. All other provisions of the Act also apply to teleconference meetings. Government Code Section 11123 does not prevent the body from providing additional locations from which the public may observe the proceedings or address the state body by electronic means.

This bill makes the following changes to the provisions of the Bagley-Keene Open Meeting Act relating to teleconference meetings:

1. Deletes language from the Act that expressly does not prohibit a state body from holding an open or closed meeting by teleconference for the benefit of the public and instead authorizes a state body, to the extent practicable, to conduct teleconference meetings for the benefit of the public and the body.

2. Provides that, upon the request of a member of a state body, the body must hold an open or closed meeting by teleconference, unless the Chair of the body determines that it would be more costly to hold the meeting by teleconference than it would be to hold it in person.
3. Prohibits a member of a state body from requesting a meeting by teleconference solely because it would be more convenient than holding a meeting.

4. Specifies compliance requirements for teleconference meetings.

5. Requires a state body that operates an Internet Web Site to provide a supplemental live audio or video web-broadcast of each of its meetings that are open to the public and provide information on how to access the live audio or video broadcast in a convenient location on its Internet Web site.

6. Stipulates that if a technical failure prevents the body from providing a live web-broadcast, that failure shall not constitute a violation of the Act if the body exercised reasonable diligence in providing the live broadcast.

7. Also, stipulates that failure to provide a live broadcast due to a technical failure shall not prohibit the body from meeting and taking actions as otherwise provided by law.

ANALYSIS
This bill would allow state organizations to use teleconferencing when it is more cost effective than travel. According to the author, state organizations should conduct meetings electronically in an effort to save resources and reduce costs. The use of video and teleconferencing allows for a reduction in administrative costs and transportation.

The Dental Board of California (Board) holds at least four meetings per year. The Board is required by statute, Business and Professions Code Section 1607, to hold one meeting in San Francisco and one meeting in Los Angeles each year. The Board currently holds teleconference meetings when legally and financially possible. The Board web casts meetings and notices the web casts on its Internet Web site.

Note: At its March 25, 2011 meeting, the California Board of Accountancy (CBA) voted to oppose Senate Bill 103. The CBA currently pursues a policy that if a member has a reason that they cannot attend a meeting in person, the option of a teleconference is available. However, the CBA is concerned that, should this bill pass, it would be possible for a member of a state body to abuse the privilege and never attend a meeting in person. The CBA expressed its belief that meeting attendance is important so that members are exposed to the views and scrutiny of the public. Even with recent amendments, the CBA voted to maintain their position of opposition at its July 21, 2011 meeting.

REGISTERED SUPPORT/OPPOSITION
Support:
American Federation of State, County and Municipal Employees
Sierra Club California

Opposition:
None on file. (Even though CBA sent a letter of opposition to the author, the CBA is not listed as registered in opposition in the Committee or Floor analysis.)

BOARD POSITION
The Board took a “watch” position on this bill at the February 2011 meeting.
An act to amend Section 11123 of the Government Code, relating to state government.

LEGISLATIVE COUNSEL’S DIGEST

Existing law authorizes a state body to conduct teleconference meetings.
This bill would authorize a state body, to the extent practicable, to conduct teleconference meetings.
This bill would require, upon the request of a member of a state body, a state body to hold an open or closed meeting by teleconference, unless the chair of that state body determines that it would be more costly to hold the meeting by teleconference than it would be to hold it in person.
This bill would prohibit a member of a state body from requesting a meeting by teleconference solely because it would be more convenient than holding a meeting in person.
This bill would require a state body that operates an Internet Web site to provide a supplemental live audio or video broadcast on the Internet Web site of its board meetings that are open to the public, and
would specify that a technical failure to provide a live broadcast would not prohibit the body from meeting and taking actions.


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

SECTION 1. The Legislature finds and declares the following:
(a) That teleconferencing is a green technology, allowing organizations to mitigate energy use by dramatically reducing the need to travel.
(b) By communicating over video or telephone, organizations can also substantially reduce their carbon footprint by reducing the need to travel via high-emission methods, such as flying or driving.
(c) Teleconferencing saves money by reducing the number of trips taken annually, and this monetary savings is multiplied by the cost of transportation to and from the airport, the flight, per diem expenses, salary of time lost in traveling, and other incidental expenses of travel.
(d) The amount saved by teleconferencing greatly exceeds the minimal cost of investing and implementing teleconferencing solutions, such as the cost for new equipment, services, and training.
(e) Therefore, it is the intent of the Legislature that state bodies, to the extent possible, conduct teleconference meetings in order to save the environment and save the state money.

SEC. 2. Section 11123 of the Government Code is amended to read:
(a) All meetings of a state body shall be open and public and all persons shall be permitted to attend any meeting of a state body except as otherwise provided in this article.
(b) (1) A state body may, to the extent practicable, hold an open or closed meeting by teleconference for the benefit of the public and the state body.
(2) Upon the request of a member of a state body, the state body shall hold an open or closed meeting by teleconference, unless the chair of the state body determines that it would be more costly to hold the meeting by teleconference than it would be to hold it in person.
A member of a state body shall not request a meeting by teleconference solely because it would be more convenient than holding a meeting in person.

(4) The meeting or proceeding held by teleconference pursuant to this subdivision shall otherwise comply with all applicable requirements or laws relating to a specific type of meeting or proceeding, including all of the following:

(A) The teleconferencing meeting shall comply with all requirements of this article applicable to other meetings.

(B) The portion of the teleconferenced meeting that is required to be open to the public shall be audible to the public at the location specified in the notice of the meeting.

(C) If the state body elects to conduct a meeting or proceeding by teleconference, it shall post agendas at all teleconference locations and conduct teleconference meetings in a manner that protects the rights of any party or member of the public appearing before the state body. Each teleconference location shall be identified in the notice and agenda of the meeting or proceeding, and each teleconference location shall be accessible to the public. The agenda shall provide an opportunity for members of the public to address the state body directly pursuant to Section 11125.7 at each teleconference location.

(D) All votes taken during a teleconferenced meeting shall be by rollcall.

(E) The portion of the teleconferenced meeting that is closed to the public may not include the consideration of any agenda item being heard pursuant to Section 11125.5.

(F) At least one member of the state body shall be physically present at the location specified in the notice of the meeting.

(5) For the purposes of this subdivision, “teleconference” means a meeting of a state body, the members of which are at different locations, connected by electronic means, through either audio or both audio and video. This section does not prohibit a state body from providing members of the public with additional locations in which the public may observe or address the state body by electronic means, through either audio or both audio and video.

(c) (1) If a state body operates an Internet Web site, the state body shall, subject to all otherwise applicable requirements of this article, provide a supplemental live audio or video broadcast on its Internet Web site of each of its meetings that are open to the
public. The state body shall provide information on how to access
the live audio or video broadcast in a convenient location on its
Internet Web site.

(2) If a technical failure prevents the body from providing a live
broadcast on its Internet Web site pursuant to this subdivision, that
failure shall not constitute a violation of this section if the body
exercised reasonable diligence in providing the live broadcast.

(3) Failure to provide a live broadcast due to a technical failure
shall not prohibit the body from meeting and taking actions as
otherwise provided by law.
BILL NUMBER: SB 540

AUTHOR: Senator Curren Price

SPONSOR:

VERSION: Amended 7/12/2011

INTRODUCED: 2/17/2011

BILL STATUS: 7/12/2011 - Read second time and amended. Re-referred to Com. on APPR.

BILL LOCATION: 7/12/2011 - A . APPR.

SUBJECT: Dentistry

RELATED BILLS:

SUMMARY
Existing law, until January 1, 2012, provides for the Dental Board of California within the Department of Consumer Affairs. Existing law requires the membership of the board to consist of 8 practicing dentists, a registered dental hygienist, a registered dental assistant, and 4 public members. Existing law requires the Governor to appoint all of the members of the board, except that the Senate Committee on Rules and the Speaker of the Assembly each appoint a public member. Existing law, until January 1, 2012, allows the board, with the approval of the Director of Consumer Affairs, to appoint a person exempt from civil service as the executive officer of the board. Under existing law, boards scheduled for repeal are required to be evaluated by the Joint Sunset Review Committee.

This bill would extend the operation of those provisions until January 1, 2016, and instead specify that the board would be subject to review by the appropriate policy committees of the Legislature. The bill would change the membership of the board to include one additional public member, to be appointed by the Governor. The bill would also create a Dental Assisting Council of the board, to be appointed by the board, to consider matters relating to dental assistants and make recommendations to the board and standing committees of the board, as specified. This bill contains other related provisions and other existing laws.

ANALYSIS
A complete copy of the bill and an analysis of the bill will be discussed by the full Board during Agenda Item 6.

BOARD POSITION
The Board took a “support” position at the May 2011 meeting. A letter was sent to Senator Price on May 24, 2011 to express the Board’s support and provide an outline of the Board’s concerns regarding the legislation.
DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS
AUGUST 11-12, 2011 BOARD MEETING

BILL NUMBER: SB 541

AUTHOR: Senator Curren Price

SPONSOR: Contractors State License Board & Medical Board of California

VERSION: Amended 6/21/2011

INTRODUCED: 2/17/2011

BILL STATUS: 6/28/2011 - From committee: Do pass and re-refer to Com. on APPR. (Ayes 9. Noes 0.) (June 28). Re-referred to Com. on APPR.


SUBJECT: Regulatory boards: expert consultants

RELATED BILLS:

SUMMARY
Existing law establishes standards relating to personal services contracts in state employment and authorizes their use under specified circumstances. Existing law specifies that the services contracted are not available within civil service and cannot be performed satisfactorily by civil service employees or are of such a highly and specialized or technical nature that the necessary expert knowledge, experience, and ability are not available through the state employment system. Existing law requires, under the State Contract Act, state agencies to meet certain conditions before entering into a consulting services contract (personal services contract).

This is an urgency measure that authorizes any board, within the Department of Consumer Affairs, the State Board of Chiropractic Examiners, and the Osteopathic Medical Board of California to enter into an agreement with an expert consultant to do any of the following:

- Provide an expert opinion on enforcement-related matters, including providing testimony at an administrative hearing.
- Assist the board as a subject matter expert in examination development, examination validation, or occupational analyses.
- Evaluate the mental or physical health of a licensee or an applicant for a license as may be necessary to protect the public health and safety.

The bill provides that an executed contract between a board and an expert consultant shall be exempt from the State Contract Act. The bill requires each board to establish policies and procedures for the selection and use of expert consultants. Nothing in this
bill should be construed to expand the scope of practice of an expert consultant providing services pursuant to this section.

**ANALYSIS**
This bill will enable the Board to continue to utilize essential subject matter experts without going through the lengthy formal contracting process for consulting services. The Board uses subject matter experts in enforcement matters, examination development, and evaluation of applicants and licensees. The utilization of these experts strengthens the Board’s ability to provide better public protection. Without this bill, the formal contracting process will create a considerable backlog for both the Department of Consumer Affairs and the Board, and will significantly impact the timeframes for investigating complaints, developing examinations, and evaluating applicants and licensees. The Board may be required to promulgate regulations to establish policies and procedures for the selection and use of expert consultants. The regulatory process can take twelve to eighteen months to complete.

**REGISTERED SUPPORT/OPPOSITION**
Support (Based on text dated 6/21/2011):
California State Pipe Trades Council
Respiratory Care Board of California
Western States Council of Sheet Metal Workers
California Board of Accountancy
Board of Behavioral Sciences
Board of Registered Nursing
Dental Board of California
Board of Optometry
State Board of Guide Dogs for the Blind
Board of Pharmacy
International Brotherhood of Electrical Workers
Board of Vocational Nursing and Psychiatric Technicians
Board of Podiatric Medicine
Court Reporters Board of California
Board of Psychology
Medical Board of California (sponsor)
Contractors State License Board (sponsor)
Board of Barbering and Cosmetology
Physician Assistant Committee

**Opposition:**
None on file as of April 27, 2011.

**BOARD POSITION**
At the February 25, 2011 meeting, the Board voted to support proposed legislation to exempt the contracting of subject matter experts from provisions of the State Contract Act. Board staff hand-carried a letter of support for SB 541 to Senator Price on April 29, 2011.
SENATE BILL No. 541

Introduced by Senator Price

February 17, 2011

An act to add Section 40 to the Business and Professions Code, relating to professions and vocation, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL’S DIGEST


Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law, the Chiropractic Act, enacted by initiative, provides for the licensure and regulation of chiropractors by the State Board of Chiropractic Examiners. Existing law, the Osteopathic Act, requires the Osteopathic Medical Board of California to regulate osteopathic physicians and surgeons. Existing law generally requires applicants for a license to pass an examination and authorizes boards to take disciplinary action against licensees for violations of law. Existing law establishes standards relating to personal service contracts in state employment.

This bill would authorize these boards to enter into an agreement with an expert consultant, subject to the standards regarding personal service contracts described above, to provide enforcement and examination assistance. The bill would require each board to establish policies and procedures for the selection and use of these consultants.
This bill would declare that it is to take effect immediately as an urgency statute.

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

SECTION 1. Section 40 is added to the Business and Professions Code, to read:

40. (a) Subject to the standards described in Section 19130 of the Government Code, any board, as defined in Section 22, the State Board of Chiropractic Examiners, or the Osteopathic Medical Board of California may enter into an agreement with an expert consultant to do any of the following:

(1) Provide an expert opinion on enforcement-related matters, including providing testimony at an administrative hearing.
(2) Assist the board as a subject matter expert in examination development, examination validation, or occupational analyses.
(3) Evaluate the mental or physical health of a licensee or an applicant for a license as may be necessary to protect the public health and safety.

(b) An executed contract between a board and an expert consultant shall be exempt from the provisions of Part 2 (commencing with Section 10100) of Division 2 of the Public Contract Code.

(c) Each board shall establish policies and procedures for the selection and use of expert consultants.

(d) Nothing in this section shall be construed to expand the scope of practice of an expert consultant providing services pursuant to this section.

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

To ensure that licensees engaging in certain professions and vocations are adequately regulated at the earliest possible time in order to protect and safeguard consumers and the public in this state, it is necessary that this act take effect immediately.
BILL NUMBER: SB 544

AUTHOR: Senator Curren Price

SPONSOR: 

VERSION: Amended 4/14/2011

(Last location was B., P. & E.D. on 4/14/2011)

INTRODUCED: 2/17/2011

BILL LOCATION: 5/10/2011 - Senate 2 Year

SUBJECT: Professions and vocations: regulatory boards

RELATED BILLS: 

SUMMARY

This bill creates the Consume Health Protection Enforcement Act to improve efficiency and increase accountability within the healing arts boards of the Department of Consumer Affairs. This bill contains provisions that intend to provide the healing arts boards within the Department of Consumer Affairs with the tools and authorities necessary to reduce the timeframe for investigating and prosecuting violations of the law to between 12 and 18 months.

ANALYSIS

The Board will be discussing the impact of this proposed legislation over the course of the August 2011 meeting and the November 2011 meeting. A complete copy of the bill and first part of the analysis will be discussed during Agenda Item 7

REGISTERED SUPPORT/OPPOSITION

Support: None on file as of April 27, 2011.

Oppose Unless Amended: California Nurses Association

Opposition: None on file as of April 27, 2011.
BILL NUMBER:  SB 694  

AUTHOR:  Senator Alex Padilla  

VERSION:  Amended 3/29/2011  

INTRODUCED:  2/18/2011  

BILL STATUS:  5/10/2011 - Failed deadline pursuant to Rule (61(a)(2)  
(Last location was Business, Professions, & Economic Development on 4/7/2011)  

BILL LOCATION:  5/10/2011 - Senate 2 Year  

SUBJECT:  Dental care  

RELATED BILLS:  

SUMMARY  
Existing law establishes within the Department of Consumer Affairs, a Dental Board of California. Existing law provides for the licensure and regulation of dentists by the Dental Board of California. 

This bill would require the Director of the Department of Consumer Affairs, in collaboration with the board, to convene a working group to conduct an analysis of the dental care needs of California residents. The workgroup would be responsible for analyzing the populations of children who would be newly eligible to receive dental health services under the federal Patient Protection and Affordable Care Act. The workgroup will be responsible for determining the workforce requirements to meet the needs of these newly insured children, considering the regional needs and capabilities required. The bill authorizes the work group to engage the expertise of stakeholders to assist in the analysis.  

ANALYSIS  
Staff anticipates that the enactment of this bill will the hiring of an additional analyst to handle the administration of the work group, analyze the dental care needs, and develop a report to submit to the legislature. In addition to needing an additional analyst, staff anticipates that the Board will require to utilization of six (6) subject matter experts to participate in the work group and work with community health organizations, professional organizations, government agencies, and the public. The hiring of an additional analyst and contracting with six subject matter experts may cause a significant fiscal impact on the Board.
REGISTERED SUPPORT/OPPOSITION
Support: None on file as of May 3, 2011.
Opposition: None on file as of May 3, 2011.

BOARD POSITION
At the February 25, 2011 meeting, the Board voted to take a “watch” position on Senate Bill 694.
An act to add and repeal Section 1622 of the Business and Professions Code, relating to dental care.

LEGISLATIVE COUNSEL'S DIGEST

SB 694, as amended, Padilla. Dental care.

Existing law establishes within the Department of Consumer Affairs, a Dental Board of California. Existing law provides for the licensure and regulation of dentists by the Dental Board of California.

This bill would require the Director of Consumer Affairs to report to the Legislature, by September 1, 2012, regarding access to dental care. The bill would make specified findings and declarations in that regard, in collaboration with the board, to convene a working group to conduct an analysis of the dental care needs of California residents, subject to specified criteria and standards.


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

SECTION 1. Section 1622 is added to the Business and Professions Code, to read:

1622. (a) The Director of Consumer Affairs, in collaboration with the board, shall convene a working group to advise the state on solutions to address the growing dental care needs of California residents.
The working group shall analyze the population of children who would be newly eligible to receive dental health services under the federal Patient Protection and Affordable Care Act (Public Law 111-148). The working group shall determine the workforce requirements to meet the needs of these newly insured children, considering the regional needs and capabilities required. The working group may engage the expertise of stakeholders to assist in this analysis.

(c) The analysis completed pursuant to this section shall be made available to the Legislature and the public upon request.

SECTION 1. The Legislature finds and declares all of the following:
(a) Many Californians do not have adequate access to dental care.
(b) Tooth decay is the single most common chronic childhood disease in the United States.
(c) Nearly one-quarter of all children under 12 years of age in California have never been to a dentist.
(d) More than 1.8 million adults have not been to a dentist in five or more years.
(e) It is the intent of the Legislature to enact legislation that would identify the best solutions to meet the current and growing dental care needs of California’s residents.

SEC. 2. Section 1622 is added to the Business and Professions Code, to read:
1622. (a) The Director of Consumer Affairs shall compile information regarding access to dental care in California. The director shall submit a report of its findings to the Legislature by September 1, 2012.
(b) The report to be submitted pursuant to subdivision (a) shall be submitted in compliance with Section 9795 of the Government Code.
(c) Pursuant to Section 10231.5 of the Government Code, this section shall become inoperative on September 1, 2016, and shall be repealed as of January 1, 2017.
This bill makes several non-controversial, minor, non-substantive or technical changes to various miscellaneous provisions pertaining to healing arts boards of the Department of Consumer Affairs and professions regulated under the Business and Professions Code, including the Dental Hygiene Committee of California.

This is one of three omnibus bills authored by the Senate Business, Professions, and Economic Development Committee (Committee). This bill is specific to the healing arts boards within the Department of Consumer Affairs. It is the Committee’s intent to consolidate a number of non-controversial provisions related to various regulatory programs and professions governed by the Business and Professions Code. Consolidating the provisions in one bill is designed to relieve the various licensing boards, bureaus and professions from the necessity and burden of having separate measures for a number of non-controversial revisions.

The Committee analysis states that many of the provisions of this bill are minor, technical and updating changes, while other provisions are substantive changes intended to improve the ability of various licensing programs and other entities to efficiently and effectively administer their respective laws. However, as a Committee bill, if controversy or opposition should arise regarding any provision that cannot be resolved, then that provision will be removed from the bill to eliminate the chance of placing any of the other provisions in jeopardy.

Hygienists were licensed under the Committee on Dental Auxiliaries (COMDA) which
was under the jurisdiction of the Dental Board of California. Senate Bill 853 (Perata, Chapter 31, Statutes of 2008) brought the hygienists under the jurisdiction of the Dental Hygiene Committee of California. The intent of the law was to create an autonomous Dental Hygiene Committee of California responsible for promulgating its own regulations, conduct and develop examinations, licensing and enforcement. This bill makes changes to include clarifying language, address licensee’s responsibilities and requirements and enhance consumer protection.

This bill only amends sections of the Dental Practice Act that relate to the Dental Hygiene Committee of California. The provisions relating to the Dental Hygiene Committee of California do not affect licensed dentists of the Board.

**REGISTERED SUPPORT/Opposition**

Support:
Contractors State License Board (CSLB)
Engineering Contractors Association
State Board of Guide Dogs for the Blind
Board of Behavioral Sciences

Opposition: None on file.

**Board Position**
The Committee may take action to recommend a position of support, oppose, watch, or neutral to the full Board on Senate Bill 943.

LEGISLATIVE COUNSEL’S DIGEST

SB 943, as amended, Committee on Business, Professions and Economic Development. Healing arts.

Existing law provides for the licensure and regulation of various healing arts licensees by boards within the Department of Consumer Affairs.

(1) Existing law, the Dental Practice Act, provides for the licensure and regulation of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions by the Dental Hygiene Committee of California
within the Dental Board of California. Existing law provides that no person other than those licensees or a licensed dentist may engage in the practice of dental hygiene or perform dental hygiene procedures on patients, including, but not limited to, supragingival and subgingival scaling, dental hygiene assessment, and treatment and planning.

This bill would add to that enumerated list periodontal record evaluation, administration of local anesthesia, nitrous oxide-oxygen analgesia, and gingival soft tissue curettage.

Existing law requires applicants for licensure to provide fingerprint images for submission to governmental agencies, in order to, among other things, establish the identity of the applicant.

This bill would require applicants to submit electronic fingerprint images.

Existing law requires the committee to license as a registered dental hygienist, a registered dental hygienist in extended functions, or a registered dental hygienist in alternative practice a person who meets certain educational, training, and examination requirements.

This bill would additionally require these applicants to complete an application and pay required application fees. The bill would also require a registered dental hygienist to have completed committee-approved instruction in gingival soft tissue curettage, nitrous oxide oxygen analgesia, and local anesthesia.

Existing law, until January 1, 2012, requires the committee to license as a registered dental hygienist a 3rd- or 4th-year dental student who is in good standing at an accredited California dental school, who satisfactorily performs on a clinical examination and an examination in California law and ethics as prescribed by the committee, and who satisfactorily completes a national written dental hygiene examination approved by the committee.

This bill would extend those provisions until January 1, 2014.

Under existing law, a licensee may have his or her license revoked or suspended, or may be reprimanded or placed on probation by the committee, for conviction of a crime substantially related to the licensee’s qualifications, functions, or duties. Existing law authorizes the committee to order a license suspended or revoked or to decline to issue a license if certain procedural events occur.

This bill would additionally authorize the committee to reprimand a licensee or order a license placed on probation.

Under existing law, a licensee or health care facility that fails to comply with a specified request from the committee for a patient’s
dental hygiene records is subject to a $250 per day civil penalty for each day that the records have not been produced, as specified.

This bill would additionally require licensees and health care facilities to comply with a request for a patient’s dental records and would make them subject to a civil or administrative penalty or fine up to a maximum of $250 per day for each day that the records have not been produced, as specified.

(2) Existing law, the Nursing Practice Act, provides for the licensure and regulation of registered nurses by the Board of Registered Nursing.

Existing law requires applicants for licensure as a registered nurse to meet certain educational requirements, to have completed specified courses of instruction, and to not be subject to denial of licensure under specified circumstances. Existing law authorizes applicants who have served on active duty in the medical corps in the United States Armed Forces to submit a record of specified training to the board for evaluation in order to satisfy the courses of instruction requirement. Under existing law, if the applicant satisfies the other general licensure requirements and if the board determines that both education and experience establish competency to practice registered nursing, the applicant shall be granted a license upon passing a certain examination.

This bill would limit that board determination to be based on education only.

(3) Existing law, the Physician Assistant Practice Act, provides for the licensure and regulation of physician assistants by the Physician Assistant Committee. Existing law requires the committee to issue a license to a physician assistant applicant who, among other things, provides evidence of either successful completion of an approved program, as defined, or a resident course of professional instruction meeting certain requirements.

This bill would instead require applicants to provide evidence of successful completion of an approved program, as defined.

(4) Existing law provides for the registration and regulation of polysomnographic technologists by the Medical Board of California. Existing law requires the board to promulgate regulations relative to the qualifications for the registration of individuals as certified polysomnographic technologists. Existing law specifies that the qualifications for a certified polysomnographic technologist includes meeting certain educational requirements and the passage of a national certifying examination. Existing law authorizes, for a specified period, the examination requirement to be satisfied if the applicant submits
proof that he or she has been practicing polysomnography for at least 5 years, as specified.

This bill would authorize, for a specified period, all of these qualifications to be satisfied if the applicant submits proof that he or she has been practicing polysomnography for at least 5 years, as specified.

(5) Existing law, the Veterinary Medicine Practice Act, until January 1, 2012, authorizes a registered veterinary technician and an unregistered assistant to administer a drug, including, but not limited to, a drug that is a controlled substance, except for the induction of anesthesia, under the direct or indirect supervision of a licensed veterinarian when done pursuant to the order, control, and full professional responsibility of the veterinarian.

This bill would extend the operation of that provision to January 1, 2013.

(6) Under existing law, the Board of Behavioral Sciences is responsible for the licensure, registration, and regulation of, among others, marriage and family therapists, licensed clinical social workers, and licensed professional clinical counselors.

(A) Existing law, the Marriage and Family Therapist Act, provides for the licensure and regulation of marriage and family therapists and makes a violation of the act a crime. Existing law, with respect to marriage and family therapists and marriage and family therapist interns, requires an applicant to possess a doctoral or master’s degree in any of various disciplines, including, but not limited to, marriage, family, and child counseling.

This bill would add couple and family therapy to that list of acceptable disciplines.

Existing law requires that degree to contain a specified number of units of instruction that includes practicum involving direct client contact of a specified number of hours of face-to-face experience counseling individuals, couples, families, or groups and authorizes a portion of those hours to be gained performing client centered advocacy, as defined.

This bill would revise and recast that requirement and would authorize that portion of hours to be gained performing either client centered advocacy or face-to-face experience counseling individuals, couples, families, or groups.

Existing law authorizes a licensed professional in private practice meeting certain requirements to supervise or employ no more than a
total of 2 individuals registered as either a marriage and family therapist intern or associate clinical social worker.

This bill would authorize such a licensed professional to supervise or employ no more than a total of 3 individuals and would add clinical counsel interns to that list. Because the bill would change the definition of a crime, it would thereby impose a state-mandated local program.

Under existing law, a marriage and family therapy corporation may employ no more than a total of 2 individuals registered as either a marriage and family therapist intern or associate clinical social worker for each employee. Existing law prohibits the corporation from employing more than 10 individuals registered as either a marriage and family therapist intern or associate clinical social worker.

This bill would authorize the corporation to employ no more than a total of 3 individuals and would add clinical counsel interns to that list. The bill would also authorize the corporation to employ no more than 15 registrants and would include clinical counsel interns.

(B) The Clinical Social Worker Practice Act provides for the licensure and regulation of social workers and makes a violation of the act a crime. Under existing law, qualified members of other professional groups may do work of a psychosocial nature consistent with the standards and ethics of their respective professions.

This bill would specify that licensed professional clinical counselors may do such work.

Existing law authorizes a licensee in private practice meeting certain requirements to supervise or employ no more than a total of 2 individuals registered as either a marriage and family therapist intern or associate clinical social worker.

This bill would authorize that licensed professional to supervise or employ no more than a total of 3 individuals and would add clinical counsel interns to that list.

Under existing law, a licensed clinical social workers’ corporation may employ no more than a total of 2 individuals registered as either a marriage and family therapist intern or associate clinical social worker for each employee who has satisfied certain requirements. Existing law prohibits the corporation from employing more than 10 individuals registered as either a marriage and family therapist intern or associate clinical social worker.

This bill would authorize the corporation to employ no more than a total of 3 individuals and would add clinical counsel interns to that list.
The bill would also authorize the corporation to employ no more than 15 registrants and would include clinical counsel interns.

By changing the definition of crimes, the bill would impose a state-mandated local program.

(C) Existing law, the Licensed Professional Clinical Counselor Act, provides for the licensure and regulation of professional clinical counselors and makes a violation of the act a crime. Existing law generally authorizes the board to take certain enforcement actions against licensees for a violation of the act.

This bill would authorize the board to deny any application, or to suspend or revoke any license or registration, for specified reasons.

The bill would also authorize a licensee in private practice meeting certain requirements to supervise or employ no more than a total of 3 individuals registered as a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker. The bill would authorize professional clinical counselor corporation to employ no more than a total of 3 individuals registered as a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker for each employee. The bill would prohibit the corporation from employing more than 15 individuals registered as a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker. Because a violation of these requirements would constitute a crime, the bill would impose a state-mandated local program.

The bill would make other conforming and technical changes, including technical changes to the Psychology Licensing Law and the Pharmacy Law.

(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.


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

SECTION 1. Section 1902.1 is added to the Business and Professions Code, to read:
1902.1. Protection of the public shall be the highest priority for the committee in exercising its licensing, regulatory, and
disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

SEC. 2. Section 1915 of the Business and Professions Code is amended to read:

1915. No person other than a registered dental hygienist, registered dental hygienist in alternative practice or registered dental hygienist in extended functions, or a licensed dentist may engage in the practice of dental hygiene or perform dental hygiene procedures on patients, including, but not limited to, supragingival and subgingival scaling, dental hygiene assessment, periodontal record evaluation, administration of local anesthesia, nitrous oxide oxygen analgesia, gingival soft tissue curettage, and treatment planning, except for the following persons:

(a) A student enrolled in a dental or a dental hygiene school who is performing procedures as part of the regular curriculum of that program under the supervision of the faculty of that program.

(b) A dental assistant acting in accordance with the rules of the dental board in performing the following procedures:

(1) Applying nonaerosol and noneaustic topical agents;

(2) Applying topical fluoride;

(3) Taking impressions for bleaching trays.

(c) A registered dental assistant acting in accordance with the rules of the dental board in performing the following procedures:

(1) Polishing the coronal surfaces of teeth;

(2) Applying bleaching agents;

(3) Activating bleaching agents with a nonlaser light-curing device.

(d) A registered dental assistant in extended functions acting in accordance with the rules of the dental board in applying pit and fissure sealants.

(e) A registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions licensed in another jurisdiction, performing a clinical demonstration for educational purposes.

SEC. 3.

SEC. 2. Section 1916 of the Business and Professions Code is amended to read:
1916. (a) An applicant for licensure under this article shall furnish electronic fingerprint images for submission to state and federal criminal justice agencies, including, but not limited to, the Federal Bureau of Investigation, in order to establish the identity of the applicant and for the other purposes described in this section.

(b) The committee shall submit the fingerprint images to the Department of Justice for the purposes of obtaining criminal offender record information regarding state and federal level convictions and arrests, including arrests for which the Department of Justice establishes that the person is free on bail or on his or her own recognizance pending trial or appeal.

(c) When received, the Department of Justice shall forward to the Federal Bureau of Investigation requests for federal summary criminal history information received pursuant to this section. The Department of Justice shall review the information returned from the Federal Bureau of Investigation and compile and disseminate the response to the committee.

(d) The Department of Justice shall provide a response to the committee pursuant to subdivision (p) of Section 11105 of the Penal Code.

(e) The committee shall request from the Department of Justice subsequent arrest notification service, as provided pursuant to Section 11105.2 of the Penal Code.

(f) The information obtained as a result of the fingerprinting shall be used in accordance with Section 11105 of the Penal Code, and to determine whether the applicant is subject to denial of licensure pursuant to Division 1.5 (commencing with Section 475) or Section 1943.

(g) The Department of Justice shall charge a fee sufficient to cover the cost of processing the request described in this section.

SEC. 4.

SEC. 3. Section 1917 of the Business and Professions Code is amended to read:

SEC. 3. Section 1917 of the Business and Professions Code is amended to read:

1917. The committee shall grant initial licensure as a registered dental hygienist to a person who satisfies all of the following requirements:

(a) Completion of an educational program for registered dental hygienists, approved by the committee, accredited by the Commission on Dental Accreditation, and conducted by a degree-granting, postsecondary institution.
(b) Satisfactory performance on the state clinical examination, or satisfactory completion of the dental hygiene examination given by the Western Regional Examining Board or any other clinical dental hygiene examination approved by the committee.
(c) Satisfactory completion of the National Dental Hygiene Board examination.
(d) Satisfactory completion of the examination in California law and ethics as prescribed by the committee.
(e) Submission of a completed application form and all fees required by the committee.
(f) Satisfactory completion of committee-approved instruction in gingival soft tissue curettage, nitrous oxide-oxygen analgesia, and local anesthesia.

SEC. 5.
SEC. 4. Section 1917.2 of the Business and Professions Code is amended to read:
1917.2. (a) The committee shall license as a registered dental hygienist a third- or fourth-year dental student who is in good standing at an accredited California dental school and who satisfies the following requirements:
(1) Satisfactorily performs on a clinical examination and an examination in California law and ethics as prescribed by the committee.
(2) Satisfactorily completes a national written dental hygiene examination approved by the committee.
(b) A dental student who is granted a registered dental hygienist license pursuant to this section may only practice in a dental practice that serves patients who are insured under Denti-Cal, the Healthy Families Program, or other government programs, or a dental practice that has a sliding scale fee system based on income.
(c) Upon receipt of a license to practice dentistry pursuant to Section 1634, a registered dental hygienist license issued pursuant to this subdivision is automatically revoked.
(d) The dental hygienist license is granted for two years upon passage of the dental hygiene examination, without the ability for renewal.
(e) Notwithstanding subdivision (d), if a dental student fails to remain in good standing at an accredited California dental school, or fails to graduate from the dental program, a registered dental hygienist license issued pursuant to this section shall be revoked.
The student shall be responsible for submitting appropriate verifying documentation to the committee.

(f) The provisions of this section shall be reviewed pursuant to Division 1.2 (commencing with Section 473). However, the review shall be limited to the fiscal feasibility and impact on the committee.

(g) This section shall become inoperative as of January 1, 2014.

SEC. 6.

SEC. 5. Section 1918 of the Business and Professions Code is amended to read:

1918. The committee shall license as a registered dental hygienist in extended functions a person who meets all of the following requirements:

(a) Holds a current license as a registered dental hygienist in California.

(b) Completes clinical training approved by the committee in a facility affiliated with a dental school under the direct supervision of the dental school faculty.

(c) Performs satisfactorily on an examination required by the committee.

(d) Completes an application form and pays all application fees required by the committee.

SEC. 7.

SEC. 6. Section 1922 of the Business and Professions Code is amended to read:

1922. The committee shall license as a registered dental hygienist in alternative practice a person who demonstrates satisfactory performance on an examination in California law and ethics required by the committee and who completes an application form and pays all application fees required by the committee and meets either of the following requirements:

(a) Holds a current California license as a registered dental hygienist and meets the following requirements:

1. Has been engaged in the practice of dental hygiene, as defined in Section 1908, as a registered dental hygienist in any setting, including, but not limited to, educational settings and public health settings, for a minimum of 2,000 hours during the immediately preceding 36 months.

2. Has successfully completed a bachelor’s degree or its equivalent from a college or institution of higher education that is
accredited by a national or regional accrediting agency recognized
by the United States Department of Education, and a minimum of
150 hours of additional educational requirements, as prescribed
by the committee by regulation, that are consistent with good dental
and dental hygiene practice, including, but not necessarily limited
to, dental hygiene technique and theory including gerontology and
medical emergencies, and business administration and practice
management.
(b) Has received a letter of acceptance into the employment
utilization phase of the Health Manpower Pilot Project No. 155
established by the Office of Statewide Health Planning and
Development pursuant to Article 1 (commencing with Section
128125) of Chapter 3 of Part 3 of Division 107 of the Health and
Safety Code.

SEC. 8.
SEC. 7. Section 1927 of the Business and Professions Code is
amended to read:
1927. A registered dental hygienist in alternative practice shall
not do any of the following:
(a) Infer, purport, advertise, or imply that he or she is in any
way able to provide dental services or make any type of dental
diagnosis beyond evaluating a patient’s dental hygiene status,
providing a dental hygiene treatment plan, and providing the
associated dental hygiene services.
(b) Hire a registered dental hygienist to provide direct patient
services other than a registered dental hygienist in alternative
practice.

SEC. 9.
SEC. 8. Section 1945 of the Business and Professions Code is
repealed.

SEC. 10.
SEC. 9. Section 1950 of the Business and Professions Code is
amended to read:
1950. (a) A licensee may have his or her license revoked or
suspended, or may be reprimanded or placed on probation by the
committee, for conviction of a crime substantially related to the
licensee’s qualifications, functions, or duties. The record of
conviction or a copy certified by the clerk of the court or by the
judge in whose court the conviction occurred shall be conclusive
evidence of conviction.
(b) The committee shall undertake proceedings under this section upon the receipt of a certified copy of the record of conviction. A plea or verdict of guilty or a conviction following a plea of nolo contendere made to a charge of a felony or of any misdemeanor substantially related to the licensee’s qualifications, functions, or duties is deemed to be a conviction within the meaning of this section.

(c) The committee may reprimand a licensee or order a license suspended or revoked, or placed on probation or may decline to issue a license, when any of the following occur:

(1) The time for appeal has elapsed.
(2) The judgment of conviction has been affirmed on appeal.
(3) An order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under any provision of the Penal Code, including, but not limited to, Section 1203.4 of the Penal Code, allowing a person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or indictment.

SEC. 11. Section 1952 of the Business and Professions Code is amended to read:

1952. It is unprofessional conduct for a person licensed under this article to do any of the following:

(a) Obtain or possess in violation of law, or except as directed by a licensed physician and surgeon, dentist, or podiatrist, a controlled substance, as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code, or any dangerous drug as defined in Section 4022.

(b) Use a controlled substance, as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code, or a dangerous drug as defined in Section 4022, or alcoholic beverages or other intoxicating substances, to an extent or in a manner dangerous or injurious to himself or herself, to any person, or the public to the extent that the use impairs the licensee’s ability to conduct with safety to the public the practice authorized by his or her license.

(c) Be convicted of a charge of violating any federal statute or rules, or any statute or rule of this state, regulating controlled substances, as defined in Division 10 (commencing with Section...
(1) The record of conviction or a copy certified by the clerk of the court or by the judge in whose court the conviction is had, shall be conclusive evidence of a violation of this section. A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this section.

(2) The committee may order the license suspended or revoked, or may decline to issue a license, when the time for appeal has elapsed or the judgment of conviction has been affirmed on appeal, or when an order granting probation is made suspending imposition of sentence, irrespective of a subsequent order under any provision of the Penal Code, including, but not limited to, Section 1203.4 of the Penal Code, allowing a person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or indictment.

SEC. 12.
SEC. 11. Section 1955 of the Business and Professions Code is amended to read:

(a) (1) A licensee who fails or refuses to comply with a request for a patient’s dental or dental hygiene records that is accompanied by that patient’s written authorization for release of the records to the committee, within 15 days of receiving the request and authorization, shall pay to the committee a civil or administrative penalty or fine up to a maximum of two hundred fifty dollars ($250) per day for each day that the documents have not been produced after the 15th day, up to a maximum of five thousand dollars ($5,000) unless the licensee is unable to provide the documents within this time period for good cause.

(2) A health care facility shall comply with a request for the dental or dental hygiene records of a patient that is accompanied by that patient’s written authorization for release of records to the committee together with a notice citing this section and describing the penalties for failure to comply with this section. Failure to provide the authorizing patient’s dental hygiene records to the committee within 30 days of receiving this request, authorization, and notice shall subject the health care facility to a civil or
administrative penalty or fine, payable to the committee, of up to a maximum of two hundred fifty dollars ($250) per day for each day that the documents have not been produced after the 30th day, up to a maximum of five thousand dollars ($5,000), unless the health care facility is unable to provide the documents within this time period for good cause. This paragraph shall not require health care facilities to assist the committee in obtaining the patient’s authorization. The committee shall pay the reasonable cost of copying the dental hygiene records.

(b) (1) A licensee who fails or refuses to comply with a court order issued in the enforcement of a subpoena mandating the release of records to the committee shall pay to the committee a civil penalty of one thousand dollars ($1,000) per day for each day that the documents have not been produced after the date by which the court order requires the documents to be produced, unless it is determined that the order is unlawful or invalid. Any statute of limitations applicable to the filing of an accusation by the committee shall be tolled during the period the licensee is out of compliance with the court order and during any related appeals.

(2) A licensee who fails or refuses to comply with a court order issued in the enforcement of a subpoena mandating the release of records to the committee is guilty of a misdemeanor punishable by a fine payable to the committee not to exceed five thousand dollars ($5,000). The fine shall be added to the licensee’s renewal fee if it is not paid by the next succeeding renewal date. Any statute of limitations applicable to the filing of an accusation by the committee shall be tolled during the period the licensee is out of compliance with the court order and during any related appeals.

(3) A health care facility that fails or refuses to comply with a court order issued in the enforcement of a subpoena mandating the release of patient records to the committee, that is accompanied by a notice citing this section and describing the penalties for failure to comply with this section, shall pay to the committee a civil penalty of up to one thousand dollars ($1,000) per day for each day that the documents have not been produced, up to ten thousand dollars ($10,000), after the date by which the court order requires the documents to be produced, unless it is determined that the order is unlawful or invalid. Any statute of limitations applicable to the filing of an accusation by the committee against a licensee shall be tolled during the period the health care facility
is out of compliance with the court order and during any related
appeals.

(4) A health care facility that fails or refuses to comply with a
court order, issued in the enforcement of a subpoena, mandating
the release of records to the committee is guilty of a misdemeanor
punishable by a fine payable to the committee not to exceed five
thousand dollars ($5,000). Any statute of limitations applicable to
the filing of an accusation by the committee against a licensee
shall be tolled during the period the health care facility is out of
compliance with the court order and during any related appeals.

(c) Multiple acts by a licensee in violation of subdivision (b)
shall be punishable by a fine not to exceed five thousand dollars
($5,000) or by imprisonment in a county jail not exceeding six
months, or by both that fine and imprisonment. Multiple acts by
a health care facility in violation of subdivision (b) shall be
punishable by a fine not to exceed five thousand dollars ($5,000)
and shall be reported to the State Department of Public Health and
shall be considered as grounds for disciplinary action with respect
to licensure, including suspension or revocation of the license or
permit.

(d) A failure or refusal to comply with a court order issued in
the enforcement of a subpoena mandating the release of records
to the committee constitutes unprofessional conduct and is grounds
for suspension or revocation of his or her license.

(e) Imposition of the civil or administrative penalties authorized
by this section shall be in accordance with the Administrative
Procedure Act (Chapter 5 (commencing with Section 11500) of
Division 3 of Title 2 of the Government Code).

(f) For the purposes of this section, a “health care facility” means
a clinic or health care facility licensed or exempt from licensure
pursuant to Division 2 (commencing with Section 1200) of the
Health and Safety Code.

SEC. 13.

SEC. 12. Section 1957 of the Business and Professions Code
is amended to read:

1957. (a) A person whose license has been revoked or
suspended, who has been placed on probation, or whose license
was surrendered pursuant to a stipulated settlement as a condition
to avoid a disciplinary administrative hearing, may petition the
committee for reinstatement or modification of the penalty,
including modification or termination of probation, after a period of not less than the following minimum periods have elapsed from the effective date of the decision ordering disciplinary action:

1. At least three years for reinstatement of a license revoked for unprofessional conduct or surrendered pursuant to a stipulated settlement as a condition to avoid an administrative disciplinary hearing.
2. At least two years for early termination, or modification of a condition, of a probation of three years or more.
3. At least one year for modification of a condition, or reinstatement of a license revoked for mental or physical illness, or termination, or modification of a condition, of a probation of less than three years.

(b) The petition shall state any fact required by the committee.
(c) The petition may be heard by the committee, or the committee may assign the petition to an administrative law judge designated in Section 11371 of the Government Code.
(d) In considering reinstatement or modification or penalty, the committee or the administrative law judge hearing the petition may consider the following:
1. All activities of the petitioner since the disciplinary action was taken.
2. The offense for which the petitioner was disciplined.
3. The petitioner’s activities during the time the license or permit was in good standing.
4. The petitioner’s rehabilitative efforts, general reputation for truth, and professional ability.
(e) The hearing may be continued from time to time as the committee or the administrative law judge as designated in Section 11371 of the Government Code finds necessary.
(f) The committee or the administrative law judge may impose necessary terms and conditions on the licentiate in reinstating a license or permit or modifying a penalty.
(g) A petition shall not be considered while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole.
(h) A petition shall not be considered while there is an accusation or petition to revoke probation pending against the person.
(i) The committee may deny without a hearing or argument any petition filed pursuant to this section within a period of two years from the effective date of the prior decision following a hearing under this section. Nothing in this section shall be deemed to alter Sections 822 and 823.

SEC. 13. Section 1959 of the Business and Professions Code is amended to read:

1959. A person who holds a valid, unrevoked, and unsuspended license as a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions under this article may append the letters “R.D.H.,” “R.D.H.A.P.,” or “R.D.H.E.F.,” respectively, to his or her name.

SEC. 14. Section 1959 of the Business and Professions Code is amended to read:

SEC. 13. Section 1959 of the Business and Professions Code is amended to read:

1959. A person who holds a valid, unrevoked, and unsuspended license as a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions under this article may append the letters “R.D.H.,” “R.D.H.A.P.,” or “R.D.H.E.F.,” respectively, to his or her name.

SEC. 14. Section 1961 of the Business and Professions Code is amended to read:

1961. A person who willfully, under circumstances that cause risk of bodily harm, serious physical or mental illness, or death, practices, attempts to practice, advertises, or holds himself or herself out as practicing dental hygiene without having at the time of so doing a valid, unrevoked, and unsuspended license as provided in this article, is guilty of a crime, punishable by imprisonment in a county jail for up to one year. The remedy provided in this section shall not preclude any other remedy provided by law.

SEC. 15. Section 1962 of the Business and Professions Code is amended to read:

SEC. 14. Section 1962 of the Business and Professions Code is amended to read:

SEC. 15. Section 1962 of the Business and Professions Code is amended to read:

SEC. 15. Section 1962 of the Business and Professions Code is amended to read:

(a) An association, partnership, corporation, or group of three or more registered dental hygienists in alternative practice engaging in practice under a name that would otherwise be in violation of Section 1960 may practice under that name if the association, partnership, corporation, or group holds an unexpired, unsuspended, and unrevoked permit issued by the committee under this section.

(b) An individual registered dental hygienist in alternative practice or a pair of registered dental hygienists in alternative practice who practice dental hygiene under a name that would otherwise violate Section 1960 may practice under that name if the licensees hold a valid permit issued by the committee under
this section. The committee shall issue a written permit authorizing
the holder to use a name specified in the permit in connection with
the holder’s practice if the committee finds all of the following:
(1) The applicant or applicants are duly licensed registered
dental hygienists in alternative practice.
(2) The place where the applicant or applicants practice is owned
or leased by the applicant or applicants, and the practice conducted
at the place is wholly owned and entirely controlled by the
applicant or applicants and is an approved area or practice setting
pursuant to Section 1926.
(3) The name under which the applicant or applicants propose
to operate contains at least one of the following designations:
“dental hygiene group,” “dental hygiene practice,” or “dental
hygiene office,” contains the family name of one or more of the
past, present, or prospective associates, partners, shareholders, or
members of the group, and is in conformity with Section 651 and
not in violation of subdivisions (i) and (l) of Section 1950.5.
(4) All licensed persons practicing at the location designated in
the application hold valid licenses and no charges of unprofessional
conduct are pending against any person practicing at that location.
(c) A permit issued under this section shall expire and become
invalid unless renewed in the manner provided for in this article
for the renewal of permits issued under this article.
(d) A permit issued under this section may be revoked or
suspended if the committee finds that any requirement for original
issuance of a permit is no longer being fulfilled by the
permitholder. Proceedings for revocation or suspension shall be
governed by the Administrative Procedure Act.
(e) If charges of unprofessional conduct are filed against the
holder of a permit issued under this section, or a member of an
association, partnership, group, or corporation to whom a permit
has been issued under this section, proceedings shall not be
commenced for revocation or suspension of the permit until a final
determination of the charges of unprofessional conduct, unless the
charges have resulted in revocation or suspension of a license.
SEC. 16. Section 1963 of the Business and Professions Code
is amended to read:
1963. The committee may file a complaint for violation of any
part of this article with any court of competent jurisdiction and
may, by its officers, counsel and agents, assist in presenting the
law or facts at the trial. The district attorney of each county in this
state shall prosecute all violations of this article in their respective
counties in which the violations occur.

SEC. 17.

is amended to read:

1966.1. (a) The committee shall establish criteria for the
acceptance, denial, or termination of licensees in a diversion
program. Unless ordered by the committee as a condition of a
licensee’s disciplinary probation, only those licensees who have
voluntarily requested diversion treatment and supervision by a
diversion evaluation committee shall participate in a diversion
program.

(b) A licensee who is not the subject of a current investigation
may self-refer to the diversion program on a confidential basis,
except as provided in subdivision (f).

(c) A licensee under current investigation by the committee may
also request entry into a diversion program by contacting the
committee. The committee may refer the licensee requesting
participation in the program to a diversion evaluation committee
for evaluation of eligibility. Prior to authorizing a licensee to enter
into the diversion program, the committee may require the licensee,
while under current investigation for any violations of this article
or other violations, to execute a statement of understanding that
states that the licensee understands that his or her violations of this
article or other statutes, that would otherwise be the basis for
discipline, may still be investigated and the subject of disciplinary
action.

(d) If the reasons for a current investigation of a licensee are
based primarily on the self-administration of any controlled
substance or dangerous drugs or alcohol under Section 1951, or
the illegal possession, prescription, or nonviolent procurement of
any controlled substance or dangerous drugs for self-administration
that does not involve actual, direct harm to the public, the
committee shall close the investigation without further action if
the licensee is accepted into the committee’s diversion program
and successfully completes the requirements of the program. If
the licensee withdraws or is terminated from the program by a
diversion evaluation committee, the investigation shall be reopened
and disciplinary action imposed, if warranted, as determined by
the committee.
(e) Neither acceptance nor participation in the diversion program
shall preclude the committee from investigating or continuing to
investigate, or taking disciplinary action or continuing to take
disciplinary action against, any licensee for any unprofessional
conduct committed before, during, or after participation in the
diversion program.
(f) All licensees shall sign an agreement of understanding that
the withdrawal or termination from the diversion program at a time
when a diversion evaluation committee determines the licensee
presents a threat to the public’s health and safety shall result in the
utilization by the committee of diversion treatment records in
disciplinary or criminal proceedings.
(g) Any licensee terminated from the diversion program for
failure to comply with program requirements is subject to
disciplinary action by the committee for acts committed before,
during, and after participation in the diversion program. A licensee
who has been under investigation by the committee and has been
terminated from the diversion program by a diversion evaluation
committee shall be reported by the diversion evaluation committee
to the committee.

SEC. 18. Section 2736.5 of the Business and Professions Code
is amended to read:
2736.5. (a) Any person who has served on active duty in the
medical corps of any of the Armed Forces of the United States and
who has successfully completed the course of instruction required
to qualify him or her for rating as a medical service
technician—-independent duty, or other equivalent rating in his
particular branch of the Armed Forces, and whose service in the
Armed Forces has been under honorable conditions, may submit
the record of such training to the board for evaluation.
(b) If such person meets the qualifications of paragraphs (1)
and (3) of subdivision (a) of Section 2736, and if the board
determines that his or her education would give reasonable
assurance of competence to practice as a registered nurse in this
state, he or she shall be granted a license upon passing the standard
examination for such licensure.
(c) The board shall, by regulation, establish criteria for evaluating the education of applicants under this section.

(d) The board shall maintain records of the following categories of applicants under this section:

(1) Applicants who are rejected for examination, and the areas of such applicants’ preparation which are the causes of rejection.

(2) Applicants who are qualified by their military education alone to take the examination, and the results of their examinations.

(3) Applicants who are qualified to take the examination by their military education plus supplementary education, and the results of their examinations.

(e) The board shall attempt to contact by mail or other means individuals meeting the requirements of subdivision (a) who have been or will be discharged or separated from the Armed Forces of the United States, in order to inform them of the application procedure provided by this section. The board may enter into an agreement with the federal government in order to secure the names and addresses of such individuals.

SEC. 20.

SEC. 19. Section 2836.2 of the Business and Professions Code is amended to read:

2836.2. Furnishing or ordering of drugs or devices by nurse practitioners is defined to mean the act of making a pharmaceutical agent or agents available to the patient in strict accordance with a standardized procedure. All nurse practitioners who are authorized pursuant to Section 2836.1 to furnish or issue drug orders for controlled substances shall register with the United States Drug Enforcement Administration.

SEC. 21.

SEC. 20. Section 2936 of the Business and Professions Code is amended to read:

2936. The board shall adopt a program of consumer and professional education in matters relevant to the ethical practice of psychology. The board shall establish as its standards of ethical conduct relating to the practice of psychology, the “Ethical Principles and Code of Conduct” published by the American Psychological Association (APA). Those standards shall be applied by the board as the accepted standard of care in all licensing examination development and in all board enforcement policies and disciplinary case evaluations.
To facilitate consumers in receiving appropriate psychological services, all licensees and registrants shall be required to post, in a conspicuous location in their principal psychological business office, a notice which reads as follows:

“NOTICE TO CONSUMERS: The Department of Consumer Affairs’s Board of Psychology receives and responds to questions and complaints regarding the practice of psychology. If you have questions or complaints, you may contact the board on the Internet at www.psychboard.ca.gov, by calling 1-866-503-3221, or by writing to the following address:

Board of Psychology
2005 Evergreen Street, Suite 1400
Sacramento, California 95815-3894”

SEC. 22.
SEC. 21. Section 3519 of the Business and Professions Code is amended to read:
3519. The committee shall issue under the name of the Medical Board of California a license to all physician assistant applicants who meet all of the following requirements:
(a) Provide evidence of successful completion of an approved program.
(b) Pass any examination required under Section 3517.
(c) Not be subject to denial of licensure under Division 1.5 (commencing with Section 475) or Section 3527.
(d) Pay all fees required under Section 3521.1.

SEC. 23.
SEC. 22. Section 3575 of the Business and Professions Code is amended to read:
3575. (a) For the purposes of this chapter, the following definitions shall apply:
(1) “Board” means the Medical Board of California.
(2) “Polysomnography” means the treatment, management, diagnostic testing, control, education, and care of patients with sleep and wake disorders. Polysomnography shall include, but not be limited to, the process of analysis, monitoring, and recording of physiologic data during sleep and wakefulness to assist in the treatment of disorders, syndromes, and dysfunctions that are sleep-related, manifest during sleep, or disrupt normal sleep.
activities. Polysomnography shall also include, but not be limited
to, the therapeutic and diagnostic use of oxygen, the use of positive
airway pressure including continuous positive airway pressure
(CPAP) and bilevel modalities, adaptive servo-ventilation, and
maintenance of nasal and oral airways that do not extend into the
trachea.
(3) “Supervision” means that the supervising physician and
surgeon shall remain available, either in person or through
telephonic or electronic means, at the time that the
polysomnographic services are provided.
(b) (1) Within one year after the effective date of this chapter,
the board shall promulgate regulations relative to the qualifications
for the registration of individuals as certified polysomnographic
technologists, polysomnographic technicians, and
polysomnographic trainees. The qualifications for a certified
polysomnographic technologist shall include all of the following:
(A) He or she shall have valid, current credentials as a
polysomnographic technologist issued by a national accrediting
agency approved by the board.
(B) He or she shall have graduated from a polysomnographic
educational program that has been approved by the board.
(C) He or she shall have passed a national certifying examination
that has been approved by the board.
(2) An applicant for registration as a certified polysomnographic
technologist may satisfy the qualifications described in paragraph
(1) by submitting proof to the board that he or she has been
practicing polysomnography for at least five years in a manner
that is acceptable to the board. However, beginning three years
after the effective date of this chapter, all individuals seeking to
obtain certification as a polysomnographic technologist shall have
passed a national certifying examination that has been approved
by the board.
(c) In accordance with Section 144, any person seeking
registration from the board as a certified polysomnographic
technologist, a polysomnographic technician, or a
polysomnographic trainee shall be subject to a state and federal
level criminal offender record information search conducted
through the Department of Justice as specified in paragraphs (1)
to (5), inclusive, of this subdivision.
(1) The board shall submit to the Department of Justice fingerprint images and related information required by the Department of Justice of all polysomnographic technologist, technician, or trainee certification candidates for the purposes of obtaining information as to the existence and content of a record of state or federal convictions and state or federal arrests and also information as to the existence and content of a record of state or federal arrests for which the Department of Justice establishes that the person is free on bail or on his or her recognizance pending trial or appeal.

(2) When received, the Department of Justice shall forward to the Federal Bureau of Investigation requests for federal summary criminal history information received pursuant to this subdivision. The Department of Justice shall review the information returned from the Federal Bureau of Investigation and compile and disseminate a response to the board.

(3) The Department of Justice shall provide state and federal responses to the board pursuant to paragraph (1) of subdivision (p) of Section 11105 of the Penal Code.

(4) The board shall request from the Department of Justice subsequent arrest notification service, pursuant to Section 11105.2 of the Penal Code, for persons described in this subdivision.

(5) The Department of Justice shall charge a fee sufficient to cover the cost of processing the request described in this subdivision. The individual seeking registration shall be responsible for this cost.

(d) An individual may use the title “certified polysomnographic technologist” and may engage in the practice of polysomnography only under the following circumstances:

1. He or she is registered with the board and has successfully undergone a state and federal level criminal offender record information search pursuant to subdivision (c).

2. He or she works under the supervision and direction of a licensed physician and surgeon.

3. He or she meets the requirements of this chapter.

(e) Within one year after the effective date of this chapter, the board shall adopt regulations that establish the means and circumstances in which a licensed physician and surgeon may employ polysomnographic technicians and polysomnographic trainees. The board may also adopt regulations specifying the scope
of services that may be provided by a polysomnographic technician
or polysomnographic trainee. Any regulation adopted pursuant to
this section may specify the level of supervision that
polysomnographic technicians and trainees are required to have
when working under the supervision of a certified
polysomnographic technologist or licensed health care professional.
(f) This section shall not apply to California licensed allied
health professionals, including, but not limited to, respiratory care
practitioners, working within the scope of practice of their license.
(g) Nothing in this chapter shall be interpreted to authorize a
polysomnographic technologist, technician, or trainee to treat,
manage, control, educate, or care for patients other than those with
sleep disorders or to provide diagnostic testing for patients other
than those with suspected sleep disorders.

SEC. 24.
SEC. 23. Section 4200 of the Business and Professions Code
is amended to read:

4200. (a) The board may license as a pharmacist an applicant
who meets all the following requirements:
(1) Is at least 18 years of age.
(2) (A) Has graduated from a college of pharmacy or
department of pharmacy of a university recognized by the board;
or
(B) If the applicant graduated from a foreign pharmacy school,
the foreign-educated applicant has been certified by the Foreign
Pharmacy Graduate Examination Committee.
(3) Has completed at least 150 semester units of collegiate study
in the United States, or the equivalent thereof in a foreign country.
No less than 90 of those semester units shall have been completed
while in resident attendance at a school or college of pharmacy.
(4) Has earned at least a baccalaureate degree in a course of
study devoted to the practice of pharmacy.
(5) Has completed 1,500 hours of pharmacy practice experience
or the equivalent in accordance with Section 4209.
(6) Has passed the North American Pharmacist Licensure
Examination and the California Practice Standards and
Jurisprudence Examination for Pharmacists on or after January 1,
2004.
(b) Proof of the qualifications of an applicant for licensure as a
pharmacist shall be made to the satisfaction of the board and shall
be substantiated by affidavits or other evidence as may be required by the board.

(c) Each person, upon application for licensure as a pharmacist under this chapter, shall pay to the executive officer of the board the fees provided by this chapter. The fees shall be compensation to the board for investigation or examination of the applicant.

SEC. 24. Section 4836.1 of the Business and Professions Code is amended to read:

4836.1. (a) Notwithstanding any other provision of law, a registered veterinary technician or an unregistered assistant may administer a drug, including, but not limited to, a drug that is a controlled substance, under the direct or indirect supervision of a licensed veterinarian when done pursuant to the order, control, and full professional responsibility of a licensed veterinarian. However, no person, other than a licensed veterinarian, may induce anesthesia unless authorized by regulation of the board.

(b) For purposes of this section, the following definitions apply:

(1) “Controlled substance” has the same meaning as that term is defined in Section 11007 of the Health and Safety Code.

(2) “Direct supervision” has the same meaning as that term is defined in subdivision (e) of Section 2034 of Title 16 of the California Code of Regulations.

(3) “Drug” has the same meaning as that term is defined in Section 11014 of the Health and Safety Code.

(4) “Indirect supervision” has the same meaning as that term is defined in subdivision (f) of Section 2034 of Title 16 of the California Code of Regulations.

(c) This section shall remain in effect until January 1, 2013, and as of that date is repealed, unless a later enacted statute, which is enacted before January 1, 2013, deletes or extends that date.

SEC. 26. Section 4980.36 of the Business and Professions Code is amended to read:

4980.36. (a) This section shall apply to the following:

(1) Applicants for licensure or registration who begin graduate study before August 1, 2012, and do not complete that study on or before December 31, 2018.
(2) Applicants for licensure or registration who begin graduate study before August 1, 2012, and who graduate from a degree program that meets the requirements of this section.

(3) Applicants for licensure or registration who begin graduate study on or after August 1, 2012.

(b) To qualify for a license or registration, applicants shall possess a doctor’s or master’s degree meeting the requirements of this section in marriage, family, and child counseling, marriage and family therapy, couple and family therapy, psychology, clinical psychology, counseling psychology, or counseling with an emphasis in either marriage, family, and child counseling or marriage and family therapy, obtained from a school, college, or university approved by the Bureau for Private Postsecondary Education or accredited by either the Commission on the Accreditation of Marriage and Family Therapy Education or a regional accrediting agency recognized by the United States Department of Education. The board has the authority to make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements, regardless of accreditation or approval.

(c) A doctor’s or master’s degree program that qualifies for licensure or registration shall do the following:

(1) Integrate all of the following throughout its curriculum:

(A) Marriage and family therapy principles.

(B) The principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments, among others.

(C) An understanding of various cultures and the social and psychological implications of socioeconomic position, and an understanding of how poverty and social stress impact an individual’s mental health and recovery.

(2) Allow for innovation and individuality in the education of marriage and family therapists.

(3) Encourage students to develop the personal qualities that are intimately related to effective practice, including, but not limited to, integrity, sensitivity, flexibility, insight, compassion, and personal presence.

(4) Permit an emphasis or specialization that may address any one or more of the unique and complex array of human problems,
provide students with the opportunity to meet with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.

(d) The degree described in subdivision (b) shall contain no less than 60 semester or 90 quarter units of instruction that includes, but is not limited to, the following requirements:

(1) Both of the following:

(A) No less than 12 semester or 18 quarter units of coursework in theories, principles, and methods of a variety of psychotherapeutic orientations directly related to marriage and family therapy and marital and family systems approaches to treatment and how these theories can be applied therapeutically with individuals, couples, families, adults, including elder adults, children, adolescents, and groups to improve, restore, or maintain healthy relationships.

(B) Practicum that involves direct client contact, as follows:

(i) A minimum of six semester or nine quarter units of practicum in a supervised clinical placement that provides supervised fieldwork experience.

(ii) A minimum of 150 hours of face-to-face experience counseling individuals, couples, families, or groups.

(iii) A student must be enrolled in a practicum course while counseling clients.

(iv) The practicum shall provide training in all of the following areas:

(I) Applied use of theory and psychotherapeutic techniques.

(II) Assessment, diagnosis, and prognosis.

(III) Treatment of individuals and premarital, couple, family, and child relationships, including trauma and abuse, dysfunctions, healthy functioning, health promotion, illness prevention, and working with families.

(IV) Professional writing, including documentation of services, treatment plans, and progress notes.

(V) How to connect people with resources that deliver the quality of services and support needed in the community.

(v) Educational institutions are encouraged to design the practicum required by this subparagraph to include marriage and
family therapy experience in low-income and multicultural mental health settings.

(vi) In addition to the 150 hours required in clause (ii), 75 hours of either of the following:

(I) Client-centered advocacy, as defined in Section 4980.03.

(II) Face-to-face experience counseling individuals, couples, families, or groups.

(2) Instruction in all of the following:

(A) Diagnosis, assessment, prognosis, and treatment of mental disorders, including severe mental disorders, evidence-based practices, psychological testing, psychopharmacology, and promising mental health practices that are evaluated in peer-reviewed literature.

(B) Developmental issues from infancy to old age, including instruction in all of the following areas:

(i) The effects of developmental issues on individuals, couples, and family relationships.

(ii) The psychological, psychotherapeutic, and health implications of developmental issues and their effects.

(iii) Aging and its biological, social, cognitive, and psychological aspects.

(iv) A variety of cultural understandings of human development.

(v) The understanding of human behavior within the social context of socioeconomic status and other contextual issues affecting social position.

(vi) The understanding of human behavior within the social context of a representative variety of the cultures found within California.

(vii) The understanding of the impact that personal and social insecurity, social stress, low educational levels, inadequate housing, and malnutrition have on human development.

(C) The broad range of matters and life events that may arise within marriage and family relationships and within a variety of California cultures, including instruction in all of the following:

(i) Child and adult abuse assessment and reporting.

(ii) Spousal or partner abuse assessment, detection, intervention strategies, and same-gender abuse dynamics.

(iii) Cultural factors relevant to abuse of partners and family members.

(iv) Childbirth, child rearing, parenting, and stepparenting.
(v) Marriage, divorce, and blended families.
(vi) Long-term care.
(vii) End of life and grief.
(viii) Poverty and deprivation.
(ix) Financial and social stress.
(x) Effects of trauma.
(xi) The psychological, psychotherapeutic, community, and health implications of the matters and life events described in clauses (i) to (x), inclusive.

(D) Cultural competency and sensitivity, including a familiarity with the racial, cultural, linguistic, and ethnic backgrounds of persons living in California.

(E) Multicultural development and cross-cultural interaction, including experiences of race, ethnicity, class, spirituality, sexual orientation, gender, and disability, and their incorporation into the psychotherapeutic process.

(F) The effects of socioeconomic status on treatment and available resources.

(G) Resilience, including the personal and community qualities that enable persons to cope with adversity, trauma, tragedy, threats, or other stresses.

(H) Human sexuality, including the study of physiological, psychological, and social cultural variables associated with sexual behavior and gender identity, and the assessment and treatment of psychosexual dysfunction.

(I) Substance use disorders, co-occurring disorders, and addiction, including, but not limited to, instruction in all of the following:

(i) The definition of substance use disorders, co-occurring disorders, and addiction. For purposes of this subparagraph, “co-occurring disorders” means a mental illness and substance abuse diagnosis occurring simultaneously in an individual.

(ii) Medical aspects of substance use disorders and co-occurring disorders.

(iii) The effects of psychoactive drug use.

(iv) Current theories of the etiology of substance abuse and addiction.

(v) The role of persons and systems that support or compound substance abuse and addiction.
(vi) Major approaches to identification, evaluation, and treatment of substance use disorders, co-occurring disorders, and addiction, including, but not limited to, best practices.
(vii) Legal aspects of substance abuse.
(viii) Populations at risk with regard to substance use disorders and co-occurring disorders.
(ix) Community resources offering screening, assessment, treatment, and followup for the affected person and family.
(x) Recognition of substance use disorders, co-occurring disorders, and addiction, and appropriate referral.
(xi) The prevention of substance use disorders and addiction.
(J) California law and professional ethics for marriage and family therapists, including instruction in all of the following areas of study:
(i) Contemporary professional ethics and statutory, regulatory, and decisional laws that delineate the scope of practice of marriage and family therapy.
(ii) The therapeutic, clinical, and practical considerations involved in the legal and ethical practice of marriage and family therapy, including, but not limited to, family law.
(iii) The current legal patterns and trends in the mental health professions.
(iv) The psychotherapist-patient privilege, confidentiality, the patient dangerous to self or others, and the treatment of minors with and without parental consent.
(v) A recognition and exploration of the relationship between a practitioner’s sense of self and human values and his or her professional behavior and ethics.
(vi) Differences in legal and ethical standards for different types of work settings.
(vii) Licensing law and licensing process.
(e) The degree described in subdivision (b) shall, in addition to meeting the requirements of subdivision (d), include instruction in case management, systems of care for the severely mentally ill, public and private services and supports available for the severely mentally ill, community resources for persons with mental illness and for victims of abuse, disaster and trauma response, advocacy for the severely mentally ill, and collaborative treatment. This instruction may be provided either in credit level coursework or
through extension programs offered by the degree-granting institution.

(f) The changes made to law by this section are intended to improve the educational qualifications for licensure in order to better prepare future licentiates for practice, and are not intended to expand or restrict the scope of practice for marriage and family therapists.

SEC. 27.

SEC. 26. Section 4980.37 of the Business and Professions Code is amended to read:

4980.37. (a) This section shall apply to applicants for licensure or registration who begin graduate study before August 1, 2012, and complete that study on or before December 31, 2018. Those applicants may alternatively qualify under paragraph (2) of subdivision (a) of Section 4980.36.

(b) To qualify for a license or registration, applicants shall possess a doctor’s or master’s degree in marriage, family, and child counseling, marriage and family therapy, couple and family therapy, psychology, clinical psychology, counseling psychology, or counseling with an emphasis in either marriage, family, and child counseling or marriage and family therapy, obtained from a school, college, or university accredited by a regional accrediting agency recognized by the United States Department of Education or approved by the Bureau for Private Postsecondary Education. The board has the authority to make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements, regardless of accreditation or approval.

In order to qualify for licensure pursuant to this section, a doctor’s or master’s degree program shall be a single, integrated program primarily designed to train marriage and family therapists and shall contain no less than 48 semester or 72 quarter units of instruction. This instruction shall include no less than 12 semester units or 18 quarter units of coursework in the areas of marriage, family, and child counseling, and marital and family systems approaches to treatment. The coursework shall include all of the following areas:

(1) The salient theories of a variety of psychotherapeutic orientations directly related to marriage and family therapy, and marital and family systems approaches to treatment.
(2) Theories of marriage and family therapy and how they can be utilized in order to intervene therapeutically with couples, families, adults, children, and groups.

(3) Developmental issues and life events from infancy to old age and their effect on individuals, couples, and family relationships. This may include coursework that focuses on specific family life events and the psychological, psychotherapeutic, and health implications that arise within couples and families, including, but not limited to, childbirth, child rearing, childhood, adolescence, adulthood, marriage, divorce, blended families, stepparenting, abuse and neglect of older and dependent adults, and geropsychology.

(4) A variety of approaches to the treatment of children.

The board shall, by regulation, set forth the subjects of instruction required in this subdivision.

(c) (1) In addition to the 12 semester or 18 quarter units of coursework specified in subdivision (b), the doctor’s or master’s degree program shall contain not less than six semester or nine quarter units of supervised practicum in applied psychotherapeutic technique, assessments, diagnosis, prognosis, and treatment of premarital, couple, family, and child relationships, including dysfunctions, healthy functioning, health promotion, and illness prevention, in a supervised clinical placement that provides supervised fieldwork experience within the scope of practice of a marriage and family therapist.

(2) For applicants who enrolled in a degree program on or after January 1, 1995, the practicum shall include a minimum of 150 hours of face-to-face experience counseling individuals, couples, families, or groups.

(3) The practicum hours shall be considered as part of the 48 semester or 72 quarter unit requirement.

(d) As an alternative to meeting the qualifications specified in subdivision (b), the board shall accept as equivalent degrees those master’s or doctor’s degrees granted by educational institutions whose degree program is approved by the Commission on Accreditation for Marriage and Family Therapy Education.

(e) In order to provide an integrated course of study and appropriate professional training, while allowing for innovation and individuality in the education of marriage and family therapists, a degree program that meets the educational qualifications for
licensure or registration under this section shall do all of the following:

(1) Provide an integrated course of study that trains students generally in the diagnosis, assessment, prognosis, and treatment of mental disorders.

(2) Prepare students to be familiar with the broad range of matters that may arise within marriage and family relationships.

(3) Train students specifically in the application of marriage and family relationship counseling principles and methods.

(4) Encourage students to develop those personal qualities that are intimately related to the counseling situation such as integrity, sensitivity, flexibility, insight, compassion, and personal presence.

(5) Teach students a variety of effective psychotherapeutic techniques and modalities that may be utilized to improve, restore, or maintain healthy individual, couple, and family relationships.

(6) Permit an emphasis or specialization that may address any one or more of the unique and complex array of human problems, symptoms, and needs of Californians served by marriage and family therapists.

(7) Prepare students to be familiar with cross-cultural mores and values, including a familiarity with the wide range of racial and ethnic backgrounds common among California’s population, including, but not limited to, Blacks, Hispanics, Asians, and Native Americans.

(f) Educational institutions are encouraged to design the practicum required by this section to include marriage and family therapy experience in low-income and multicultural mental health settings.

(g) This section shall remain in effect only until January 1, 2019, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2019, deletes or extends that date.

SEC. 28.

SEC. 27.

Section 4980.40.5 of the Business and Professions Code is amended to read: 4980.40.5. (a) A doctoral or master’s degree in marriage, family, and child counseling, marital and family therapy, couple and family therapy, psychology, clinical psychology, counseling psychology, or counseling with an emphasis in either marriage, family, and child counseling, or marriage and family therapy, obtained from a school, college, or university approved by the
Bureau for Private Postsecondary Education as of June 30, 2007, shall be considered by the board to meet the requirements necessary for licensure as a marriage and family therapist and for registration as a marriage and family therapist intern provided that the degree is conferred on or before July 1, 2010.

(b) As an alternative to meeting the qualifications specified in subdivision (a) of Section 4980.40, the board shall accept as equivalent degrees those doctoral or master’s degrees that otherwise meet the requirements of this chapter and are conferred by educational institutions accredited by any of the following associations:

1. Northwest Commission on Colleges and Universities.
2. Middle States Association of Colleges and Secondary Schools.
5. Southern Association of Colleges and Schools.

SEC. 28. Section 4980.42 of the Business and Professions Code is amended to read:

4980.42. (a) Trainees performing services in any work setting specified in subdivision (d) of Section 4980.43 may perform those activities and services as a trainee, provided that the activities and services constitute part of the trainee’s supervised course of study and that the person is designated by the title “trainee.” Trainees may gain hours of experience outside the required practicum. Those hours shall be subject to the requirements of subdivision (b) and to the other requirements of this chapter.

(b) On and after January 1, 1995, all hours of experience gained as a trainee shall be coordinated between the school and the site where the hours are being accrued. The school shall approve each site and shall have a written agreement with each site that details each party’s responsibilities, including the methods by which supervision shall be provided. The agreement shall provide for regular progress reports and evaluations of the student’s performance at the site. If an applicant has gained hours of experience while enrolled in an institution other than the one that confers the qualifying degree, it shall be the applicant’s responsibility to provide to the board satisfactory evidence that
those hours of trainee experience were gained in compliance with
this section.

SEC. 30.  Section 4980.45 of the Business and Professions Code
is amended to read:

4980.45. (a) A licensed professional in private practice who
has satisfied the requirements of subdivision (g) of Section 4980.03
may supervise or employ, at any one time, no more than a total of
three individuals registered as a marriage and family therapist
intern, clinical counselor intern, or associate clinical social worker
in that private practice.

(b) A marriage and family therapy corporation may employ, at
any one time, no more than a total of three individuals registered
as a marriage and family therapist intern, clinical counselor intern,
or associate clinical social worker for each employee or shareholder
who has satisfied the requirements of subdivision (g) of Section
4980.03. In no event shall any marriage and family therapy
corporation employ, at any one time, more than a total of 15
individuals registered as a marriage and family therapist intern,
clinical counselor intern, or associate clinical social worker. In no
event shall any supervisor supervise, at any one time, more than
a total of three individuals registered as either a marriage and
family therapist intern, clinical counselor intern, or associate
clinical social worker. Persons who supervise individuals registered
as either a marriage and family therapist intern or associate clinical
social worker shall be employed full time by the marriage and
family therapy corporation and shall be actively engaged in
performing professional services at and for the marriage and family
therapy corporation. Employment and supervision within a
marriage and family therapy corporation shall be subject to all
laws and regulations governing experience and supervision gained
in a private practice setting.

SEC. 31.  Section 4982.25 of the Business and Professions Code
is amended to read:

4982.25. The board may deny an application, or may suspend
or revoke a license or registration issued under this chapter, for
any of the following:

(a) Denial of licensure, revocation, suspension, restriction, or
any other disciplinary action imposed by another state or territory
or possession of the United States, or by any other governmental agency, on a license, certificate, or registration to practice marriage and family therapy, or any other healing art, shall constitute unprofessional conduct. A certified copy of the disciplinary action decision or judgment shall be conclusive evidence of that action.

(b) Revocation, suspension, or restriction by the board of a license, certificate, or registration to practice marriage and family therapy, clinical social worker, professional clinical counselor, or educational psychologist shall also constitute grounds for disciplinary action for unprofessional conduct against the licensee or registrant under this chapter.

SEC. 31. Section 4989.54 of the Business and Professions Code is amended to read:

4989.54. The board may deny a license or may suspend or revoke the license of a licensee if he or she has been guilty of unprofessional conduct. Unprofessional conduct includes, but is not limited to, the following:

(a) Conviction of a crime substantially related to the qualifications, functions, and duties of an educational psychologist.

1. The record of conviction shall be conclusive evidence only of the fact that the conviction occurred.

2. The board may inquire into the circumstances surrounding the commission of the crime in order to fix the degree of discipline or to determine if the conviction is substantially related to the qualifications, functions, or duties of a licensee under this chapter.

3. A plea or verdict of guilty or a conviction following a plea of nolo contendere made to a charge substantially related to the qualifications, functions, or duties of a licensee under this chapter shall be deemed to be a conviction within the meaning of this section.

4. The board may order a license suspended or revoked, or may decline to issue a license when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4 of the Penal Code allowing the person to withdraw a plea of guilty and enter a plea of not guilty or setting aside the verdict of guilty or dismissing the accusation, information, or indictment.
(b) Securing a license by fraud, deceit, or misrepresentation on an application for licensure submitted to the board, whether engaged in by an applicant for a license or by a licensee in support of an application for licensure.

c) Administering to himself or herself a controlled substance or using any of the dangerous drugs specified in Section 4022 or an alcoholic beverage to the extent, or in a manner, as to be dangerous or injurious to himself or herself or to any other person or to the public or to the extent that the use impairs his or her ability to safely perform the functions authorized by the license. The board shall deny an application for a license or revoke the license of any person, other than one who is licensed as a physician and surgeon, who uses or offers to use drugs in the course of performing educational psychology.

d) Failure to comply with the consent provisions in Section 2290.5.

e) Advertising in a manner that is false, fraudulent, misleading, or deceptive, as defined in Section 651.

(f) Violating, attempting to violate, or conspiring to violate any of the provisions of this chapter or any regulation adopted by the board.

g) Commission of any dishonest, corrupt, or fraudulent act substantially related to the qualifications, functions, or duties of a licensee.

(h) Denial of licensure, revocation, suspension, restriction, or any other disciplinary action imposed by another state or territory or possession of the United States or by any other governmental agency, on a license, certificate, or registration to practice educational psychology or any other healing art. A certified copy of the disciplinary action, decision, or judgment shall be conclusive evidence of that action.

(i) Revocation, suspension, or restriction by the board of a license, certificate, or registration to practice as an educational psychologist, a clinical social worker, professional clinical counselor, or marriage and family therapist.

(j) Failure to keep records consistent with sound clinical judgment, the standards of the profession, and the nature of the services being rendered.

(k) Gross negligence or incompetence in the practice of educational psychology.
(l) Misrepresentation as to the type or status of a license held by the licensee or otherwise misrepresenting or permitting misrepresentation of his or her education, professional qualifications, or professional affiliations to any person or entity.
(m) Intentionally or recklessly causing physical or emotional harm to any client.
(n) Engaging in sexual relations with a client or a former client within two years following termination of professional services, soliciting sexual relations with a client, or committing an act of sexual abuse or sexual misconduct with a client or committing an act punishable as a sexually related crime, if that act or solicitation is substantially related to the qualifications, functions, or duties of a licensed educational psychologist.
(o) Prior to the commencement of treatment, failing to disclose to the client or prospective client the fee to be charged for the professional services or the basis upon which that fee will be computed.
(p) Paying, accepting, or soliciting any consideration, compensation, or remuneration, whether monetary or otherwise, for the referral of professional clients.
(q) Failing to maintain confidentiality, except as otherwise required or permitted by law, of all information that has been received from a client in confidence during the course of treatment and all information about the client that is obtained from tests or other means.
(r) Performing, holding himself or herself out as being able to perform, or offering to perform any professional services beyond the scope of the license authorized by this chapter or beyond his or her field or fields of competence as established by his or her education, training, or experience.
(s) Reproducing or describing in public, or in any publication subject to general public distribution, any psychological test or other assessment device the value of which depends in whole or in part on the naivete of the subject in ways that might invalidate the test or device. An educational psychologist shall limit access to the test or device to persons with professional interests who can be expected to safeguard its use.
(t) Aiding or abetting an unlicensed person to engage in conduct requiring a license under this chapter.
(u) When employed by another person or agency, encouraging, either orally or in writing, the employer’s or agency’s clientele to utilize his or her private practice for further counseling without the approval of the employing agency or administration.

(v) Failing to comply with the child abuse reporting requirements of Section 11166 of the Penal Code.

(w) Failing to comply with the elder and adult dependent abuse reporting requirements of Section 15630 of the Welfare and Institutions Code.

(x) Willful violation of Chapter 1 (commencing with Section 123100) of Part 1 of Division 106 of the Health and Safety Code.

(y) (1) Engaging in an act described in Section 261, 286, 288a, or 289 of the Penal Code with a minor or an act described in Section 288 or 288.5 of the Penal Code regardless of whether the act occurred prior to or after the time the registration or license was issued by the board. An act described in this subdivision occurring prior to the effective date of this subdivision shall constitute unprofessional conduct and shall subject the licensee to refusal, suspension, or revocation of a license under this section.

(2) The Legislature hereby finds and declares that protection of the public, and in particular minors, from sexual misconduct by a licensee is a compelling governmental interest, and that the ability to suspend or revoke a license for sexual conduct with a minor occurring prior to the effective date of this section is equally important to protecting the public as is the ability to refuse a license for sexual conduct with a minor occurring prior to the effective date of this section.

(z) Engaging in any conduct that subverts or attempts to subvert any licensing examination or the administration of the examination as described in Section 123.

(aa) Impersonation of another by any licensee or applicant for a license, or, in the case of a licensee, allowing any other person to use his or her license.

(ab) Permitting a person under his or her supervision or control to perform, or permitting that person to hold himself or herself out as competent to perform, professional services beyond the level of education, training, or experience of that person.

SEC. 32. Section 4990.38 of the Business and Professions Code is amended to read:
4990.38. The board may deny an application or may suspend or revoke a license or registration issued under the chapters it administers and enforces for any disciplinary action imposed by this state or another state or territory or possession of the United States, or by a governmental agency on a license, certificate or registration to practice marriage and family therapy, clinical social work, educational psychology, professional clinical counseling, or any other healing art. The disciplinary action, which may include denial of licensure or revocation or suspension of the license or imposition of restrictions on it, constitutes unprofessional conduct. A certified copy of the disciplinary action decision or judgment shall be conclusive evidence of that action.

SEC. 34.

SEC. 33. Section 4992.3 of the Business and Professions Code is amended to read:

4992.3. The board may deny a license or a registration, or may suspend or revoke the license or registration of a licensee or registrant if he or she has been guilty of unprofessional conduct. Unprofessional conduct includes, but is not limited to, the following:

(a) The conviction of a crime substantially related to the qualifications, functions, or duties of a licensee or registrant under this chapter. The record of conviction shall be conclusive evidence only of the fact that the conviction occurred. The board may inquire into the circumstances surrounding the commission of the crime in order to fix the degree of discipline or to determine if the conviction is substantially related to the qualifications, functions, or duties of a licensee or registrant under this chapter. A plea or verdict of guilty or a conviction following a plea of nolo contendere made to a charge substantially related to the qualifications, functions, or duties of a licensee or registrant under this chapter is a conviction within the meaning of this section. The board may order any license or registration suspended or revoked, or may decline to issue a license or registration when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or, when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4 of the Penal Code allowing the person to withdraw a plea of guilty and enter a plea of not guilty, or setting aside the
verdict of guilty, or dismissing the accusation, information, or indictment.

(b) Securing a license or registration by fraud, deceit, or misrepresentation on any application for licensure or registration submitted to the board, whether engaged in by an applicant for a license or registration, or by a licensee in support of any application for licensure or registration.

(c) Administering to himself or herself any controlled substance or using any of the dangerous drugs specified in Section 4022 or any alcoholic beverage to the extent, or in a manner, as to be dangerous or injurious to the person applying for a registration or license or holding a registration or license under this chapter, or to any other person, or to the public, or, to the extent that the use impairs the ability of the person applying for or holding a registration or license to conduct with safety to the public the practice authorized by the registration or license. The board shall deny an application for a registration or license or revoke the license or registration of any person who uses or offers to use drugs in the course of performing clinical social work. This provision does not apply to any person also licensed as a physician and surgeon under Chapter 5 (commencing with Section 2000) or the Osteopathic Act who lawfully prescribes drugs to a patient under his or her care.

(d) Incompetence in the performance of clinical social work.

(e) An act or omission that falls sufficiently below the standard of conduct of the profession as to constitute an act of gross negligence.

(f) Violating, attempting to violate, or conspiring to violate this chapter or any regulation adopted by the board.

(g) Misrepresentation as to the type or status of a license or registration held by the person, or otherwise misrepresenting or permitting misrepresentation of his or her education, professional qualifications, or professional affiliations to any person or entity. For purposes of this subdivision, this misrepresentation includes, but is not limited to, misrepresentation of the person’s qualifications as an adoption service provider pursuant to Section 8502 of the Family Code.

(h) Impersonation of another by any licensee, registrant, or applicant for a license or registration, or, in the case of a licensee, allowing any other person to use his or her license or registration.
Aiding or abetting any unlicensed or unregistered person to engage in conduct for which a license or registration is required under this chapter.

(j) Intentionally or recklessly causing physical or emotional harm to any client.

(k) The commission of any dishonest, corrupt, or fraudulent act substantially related to the qualifications, functions, or duties of a licensee or registrant.

(l) Engaging in sexual relations with a client or with a former client within two years from the termination date of therapy with the client, soliciting sexual relations with a client, or committing an act of sexual abuse, or sexual misconduct with a client, or committing an act punishable as a sexually related crime, if that act or solicitation is substantially related to the qualifications, functions, or duties of a clinical social worker.

(m) Performing, or holding one’s self out as being able to perform, or offering to perform or permitting, any registered associate clinical social worker or intern under supervision to perform any professional services beyond the scope of one’s competence, as established by one’s education, training, or experience. This subdivision shall not be construed to expand the scope of the license authorized by this chapter.

(n) Failure to maintain confidentiality, except as otherwise required or permitted by law, of all information that has been received from a client in confidence during the course of treatment and all information about the client that is obtained from tests or other means.

(o) Prior to the commencement of treatment, failing to disclose to the client or prospective client the fee to be charged for the professional services, or the basis upon which that fee will be computed.

(p) Paying, accepting, or soliciting any consideration, compensation, or remuneration, whether monetary or otherwise, for the referral of professional clients. All consideration, compensation, or remuneration shall be in relation to professional counseling services actually provided by the licensee. Nothing in this subdivision shall prevent collaboration among two or more licensees in a case or cases. However, no fee shall be charged for that collaboration, except when disclosure of the fee has been made in compliance with subdivision (o).
(q) Advertising in a manner that is false, fraudulent, misleading, or deceptive, as defined in Section 651.

(r) Reproduction or description in public, or in any publication subject to general public distribution, of any psychological test or other assessment device, the value of which depends in whole or in part on the naivete of the subject, in ways that might invalidate the test or device. A licensee shall limit access to that test or device to persons with professional interest who are expected to safeguard its use.

(s) Any conduct in the supervision of any registered associate clinical social worker, intern, or trainee by any licensee that violates this chapter or any rules or regulations adopted by the board.

(t) Failure to keep records consistent with sound clinical judgment, the standards of the profession, and the nature of the services being rendered.

(u) Failure to comply with the child abuse reporting requirements of Section 11166 of the Penal Code.

(v) Failure to comply with the elder and dependent adult abuse reporting requirements of Section 15630 of the Welfare and Institutions Code.

(w) Willful violation of Chapter 1 (commencing with Section 123100) of Part 1 of Division 106 of the Health and Safety Code.

(x) Failure to comply with Section 2290.5.

(y) (1) Engaging in an act described in Section 261, 286, 288a, or 289 of the Penal Code with a minor or an act described in Section 288 or 288.5 of the Penal Code regardless of whether the act occurred prior to or after the time the registration or license was issued by the board. An act described in this subdivision occurring prior to the effective date of this subdivision shall constitute unprofessional conduct and shall subject the licensee to refusal, suspension, or revocation of a license under this section.

(2) The Legislature hereby finds and declares that protection of the public, and in particular minors, from sexual misconduct by a licensee is a compelling governmental interest, and that the ability to suspend or revoke a license for sexual conduct with a minor occurring prior to the effective date of this section is equally important to protecting the public as is the ability to refuse a license for sexual conduct with a minor occurring prior to the effective date of this section.
(z) Engaging in any conduct that subverts or attempts to subvert any licensing examination or the administration of the examination as described in Section 123.

SEC. 34. Section 4992.36 of the Business and Professions Code is amended to read:

4992.36. The board may deny an application, or may suspend or revoke a license or registration issued under this chapter, for any of the following:
(a) Denial of licensure, revocation, suspension, restriction, or any other disciplinary action imposed by another state or territory of the United States, or by any other governmental agency, on a license, certificate, or registration to practice clinical social work or any other healing art shall constitute grounds for disciplinary action for unprofessional conduct. A certified copy of the disciplinary action decision or judgment shall be conclusive evidence of that action.
(b) Revocation, suspension, or restriction by the board of a license, certificate, or registration to practice clinical social work, marriage and family therapy, professional clinical counseling, or educational psychology against a licensee or registrant shall also constitute grounds for disciplinary action for unprofessional conduct under this chapter.

SEC. 36. Section 4996.13 of the Business and Professions Code is amended to read:

4996.13. Nothing in this article shall prevent qualified members of other professional groups from doing work of a psychosocial nature consistent with the standards and ethics of their respective professions. However, they shall not hold themselves out to the public by any title or description of services incorporating the words psychosocial, or clinical social worker, or that they shall not state or imply that they are licensed to practice clinical social work. These qualified members of other professional groups include, but are not limited to, the following:
(a) A physician and surgeon certified pursuant to Chapter 5 (commencing with Section 2000).
(b) A psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900).
(c) Members of the State Bar of California.
(d) Marriage and family therapists licensed pursuant to Chapter 13 (commencing with Section 4980).

(e) Licensed professional clinical counselors pursuant to Chapter 16 (commencing with Section 4999.10).

(f) A priest, rabbi, or minister of the gospel of any religious denomination.

SEC. 37.

SEC. 36. Section 4996.24 of the Business and Professions Code is amended to read:

4996.24. (a) A licensee in private practice who has satisfied the requirements of Section 1870 of Title 16 of the California Code of Regulations may supervise or employ, at any one time, no more than a total of three individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker in that private practice.

(b) A licensed clinical social workers’ corporation may employ, at any one time, no more than a total of three individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker for each employee or shareholder who has satisfied the requirements of Section 1870 of Title 16 of the California Code of Regulations.

(c) In no event shall any licensed clinical social workers’ corporation employ, at any one time, more than a total of 15 individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker. In no event shall any supervisor supervise, at any one time, more than a total of three individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker. Persons who supervise individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker shall be employed full time by the licensed clinical social workers’ corporation and shall be actively engaged in performing professional services at and for the licensed clinical social workers’ corporation. Employment and supervision within the licensed clinical social workers’ corporation shall be subject to all laws and regulations governing experience and supervision gained in a private practice setting.

SEC. 38.

SEC. 37. Section 4999.12 of the Business and Professions Code is amended to read:
4999.12. For purposes of this chapter, the following terms have the following meanings:

(a) “Board” means the Board of Behavioral Sciences.

(b) “Accredited” means a school, college, or university accredited by the Western Association of Schools and Colleges, or its equivalent regional accrediting association.

(c) “Approved” means a school, college, or university that possessed unconditional approval by the Bureau for Private Postsecondary Education at the time of the applicant’s graduation from the school, college, or university.

(d) “Applicant” means an unlicensed person who has completed a master’s or doctoral degree program, as specified in Section 4999.32 or 4999.33, as applicable, and whose application for registration as an intern is pending or who has applied for examination eligibility, or an unlicensed person who has completed the requirements for licensure specified in this chapter and is no longer registered with the board as an intern.

(e) “Licensed professional clinical counselor” or “LPCC” means a person licensed under this chapter to practice professional clinical counseling, as defined in Section 4999.20.

(f) “Intern” means an unlicensed person who meets the requirements of Section 4999.42 and is registered with the board.

(g) “Clinical counselor trainee” means an unlicensed person who is currently enrolled in a master’s or doctoral degree program, as specified in Section 4999.32 or 4999.33, as applicable, that is designed to qualify him or her for licensure under this chapter, and who has completed no less than 12 semester units or 18 quarter units of coursework in any qualifying degree program.

(h) “Approved supervisor” means an individual who meets the following requirements:

1. Has documented two years of clinical experience as a licensed professional clinical counselor, licensed marriage and family therapist, licensed clinical psychologist, licensed clinical social worker, or licensed physician and surgeon who is certified in psychiatry by the American Board of Psychiatry and Neurology.

2. Has received professional training in supervision.

3. Has not provided therapeutic services to the clinical counselor trainee or intern.

4. Has a current and valid license that is not under suspension or probation.
(i) “Client centered advocacy” includes, but is not limited to, researching, identifying, and accessing resources, or other activities, related to obtaining or providing services and supports for clients or groups of clients receiving psychotherapy or counseling services.

(j) “Advertising” or “advertise” includes, but is not limited to, the issuance of any card, sign, or device to any person, or the causing, permitting, or allowing of any sign or marking on, or in, any building or structure, or in any newspaper or magazine or in any directory, or any printed matter whatsoever, with or without any limiting qualification. It also includes business solicitations communicated by radio or television broadcasting. Signs within church buildings or notices in church bulletins mailed to a congregation shall not be construed as advertising within the meaning of this chapter.

(k) “Referral” means evaluating and identifying the needs of a client to determine whether it is advisable to refer the client to other specialists, informing the client of that judgment, and communicating that determination as requested or deemed appropriate to referral sources.

(l) “Research” means a systematic effort to collect, analyze, and interpret quantitative and qualitative data that describes how social characteristics, behavior, emotion, cognitions, disabilities, mental disorders, and interpersonal transactions among individuals and organizations interact.

(m) “Supervision” includes the following:

1. Ensuring that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the person being supervised.

2. Reviewing client or patient records, monitoring and evaluating assessment, diagnosis, and treatment decisions of the clinical counselor trainee.

3. Monitoring and evaluating the ability of the intern or clinical counselor trainee to provide services to the particular clientele at the site or sites where he or she will be practicing.

4. Ensuring compliance with laws and regulations governing the practice of licensed professional clinical counseling.

5. That amount of direct observation, or review of audio or videotapes of counseling or therapy, as deemed appropriate by the supervisor.
SEC. 39.

SEC. 38. Section 4999.90 of the Business and Professions Code is amended to read:

4999.90. The board may refuse to issue any registration or license, or may suspend or revoke the registration or license of any intern or licensed professional clinical counselor, if the applicant, licensee, or registrant has been guilty of unprofessional conduct. Unprofessional conduct includes, but is not limited to, the following:

(a) The conviction of a crime substantially related to the qualifications, functions, or duties of a licensee or registrant under this chapter. The record of conviction shall be conclusive evidence only of the fact that the conviction occurred. The board may inquire into the circumstances surrounding the commission of the crime in order to fix the degree of discipline or to determine if the conviction is substantially related to the qualifications, functions, or duties of a licensee or registrant under this chapter. A plea or verdict of guilty or a conviction following a plea of nolo contendere made to a charge substantially related to the qualifications, functions, or duties of a licensee or registrant under this chapter shall be deemed to be a conviction within the meaning of this section. The board may order any license or registration suspended or revoked, or may decline to issue a license or registration when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or, when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4 of the Penal Code allowing the person to withdraw a plea of guilty and enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or indictment.

(b) Securing a license or registration by fraud, deceit, or misrepresentation on any application for licensure or registration submitted to the board, whether engaged in by an applicant for a license or registration, or by a licensee in support of any application for licensure or registration.

(c) Administering to himself or herself any controlled substance or using any of the dangerous drugs specified in Section 4022, or any alcoholic beverage to the extent, or in a manner, as to be dangerous or injurious to the person applying for a registration or license or holding a registration or license under this chapter, or
to any other person, or to the public, or, to the extent that the use
impairs the ability of the person applying for or holding a
registration or license to conduct with safety to the public the
practice authorized by the registration or license, or the conviction
of more than one misdemeanor or any felony involving the use,
consumption, or self-administration of any of the substances
referred to in this subdivision, or any combination thereof. The
board shall deny an application for a registration or license or
revoke the license or registration of any person, other than one
who is licensed as a physician and surgeon, who uses or offers to
use drugs in the course of performing licensed professional clinical
counseling services.
(d) Gross negligence or incompetence in the performance of
licensed professional clinical counseling services.
(e) Violating, attempting to violate, or conspiring to violate any
of the provisions of this chapter or any regulation adopted by the
board.
(f) Misrepresentation as to the type or status of a license or
registration held by the person, or otherwise misrepresenting or
permitting misrepresentation of his or her education, professional
qualifications, or professional affiliations to any person or entity.
(g) Impersonation of another by any licensee, registrant, or
applicant for a license or registration, or, in the case of a licensee
or registrant, allowing any other person to use his or her license
or registration.
(h) Aiding or abetting, or employing, directly or indirectly, any
unlicensed or unregistered person to engage in conduct for which
a license or registration is required under this chapter.
(i) Intentionally or recklessly causing physical or emotional
harm to any client.
(j) The commission of any dishonest, corrupt, or fraudulent act
substantially related to the qualifications, functions, or duties of a
licensee or registrant.
(k) Engaging in sexual relations with a client, or a former client
within two years following termination of therapy, soliciting sexual
relations with a client, or committing an act of sexual abuse, or
sexual misconduct with a client, or committing an act punishable
as a sexually related crime, if that act or solicitation is substantially
related to the qualifications, functions, or duties of a licensed
professional clinical counselor.
Performing, or holding oneself out as being able to perform, or offering to perform, or permitting any clinical counselor trainee or intern under supervision to perform, any professional services beyond the scope of the license authorized by this chapter.

(m) Failure to maintain confidentiality, except as otherwise required or permitted by law, of all information that has been received from a client in confidence during the course of treatment and all information about the client which is obtained from tests or other means.

(n) Prior to the commencement of treatment, failing to disclose to the client or prospective client the fee to be charged for the professional services, or the basis upon which that fee will be computed.

(o) Paying, accepting, or soliciting any consideration, compensation, or remuneration, whether monetary or otherwise, for the referral of professional clients. All consideration, compensation, or remuneration shall be in relation to professional clinical counseling services actually provided by the licensee. Nothing in this subdivision shall prevent collaboration among two or more licensees in a case or cases. However, no fee shall be charged for that collaboration, except when disclosure of the fee has been made in compliance with subdivision (n).

(p) Advertising in a manner that is false, fraudulent, misleading, or deceptive, as defined in Section 651.

(q) Reproduction or description in public, or in any publication subject to general public distribution, of any psychological test or other assessment device, the value of which depends in whole or in part on the naivete of the subject, in ways that might invalidate the test or device.

(r) Any conduct in the supervision of a registered intern, associate clinical social worker, or clinical counselor trainee by any licensee that violates this chapter or any rules or regulations adopted by the board.

(s) Performing or holding oneself out as being able to perform professional services beyond the scope of one’s competence, as established by one’s education, training, or experience. This subdivision shall not be construed to expand the scope of the license authorized by this chapter.

(t) Permitting a clinical counselor trainee or intern under one’s supervision or control to perform, or permitting the clinical
counselor trainee or intern to hold himself or herself out as competent to perform, professional services beyond the clinical counselor trainee’s or intern’s level of education, training, or experience.

(u) The violation of any statute or regulation of the standards of the profession, and the nature of the services being rendered, governing the gaining and supervision of experience required by this chapter.

(v) Failure to keep records consistent with sound clinical judgment, the standards of the profession, and the nature of the services being rendered.

(w) Failure to comply with the child abuse reporting requirements of Section 11166 of the Penal Code.

(x) Failing to comply with the elder and dependent adult abuse reporting requirements of Section 15630 of the Welfare and Institutions Code.

(y) Repeated acts of negligence.

(z) (1) Engaging in an act described in Section 261, 286, 288a, or 289 of the Penal Code with a minor or an act described in Section 288 or 288.5 of the Penal Code regardless of whether the act occurred prior to or after the time the registration or license was issued by the board. An act described in this subdivision occurring prior to the effective date of this subdivision shall constitute unprofessional conduct and shall subject the licensee to refusal, suspension, or revocation of a license under this section.

(2) The Legislature hereby finds and declares that protection of the public, and in particular minors, from sexual misconduct by a licensee is a compelling governmental interest, and that the ability to suspend or revoke a license for sexual conduct with a minor occurring prior to the effective date of this section is equally important to protecting the public as is the ability to refuse a license for sexual conduct with a minor occurring prior to the effective date of this section.

(aa) Engaging in any conduct that subverts or attempts to subvert any licensing examination or the administration of an examination as described in Section 123.

(ab) Revocation, suspension, or restriction by the board of a license, certificate, or registration to practice as a professional clinical counselor, clinical social worker, educational psychologist, or marriage and family therapist.
(ac) Failing to comply with the procedures set forth in Section 2290.5 when delivering health care via telemedicine.

SEC. 39. Section 4999.91 is added to the Business and Professions Code, to read:

4999.91. The board may deny any application, or may suspend or revoke any license or registration issued under this chapter, for any of the following:
(a) Denial of licensure, revocation, suspension, restriction, or any other disciplinary action imposed by this state or another state or territory of the United States, or by any other governmental agency, on a license, certificate, or registration to practice professional clinical counseling or any other healing art shall constitute grounds for disciplinary action for unprofessional conduct. A certified copy of the disciplinary action decision or judgment shall be conclusive evidence of that action.
(b) Revocation, suspension, or restriction by the board of a license, certificate, or registration to practice clinical counseling, clinical social work, professional clinical counseling, marriage and family therapy, or educational psychology shall also constitute grounds for disciplinary action for unprofessional conduct under this chapter.

SEC. 40. Section 4999.455 is added to the Business and Professions Code, to read:

4999.455. (a) A licensed professional in private practice who has satisfied the requirements of subdivision (h) of Section 4999.12 may supervise or employ, at any one time, no more than a total of three individuals registered as a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker in that private practice.
(b) A professional clinical counselor corporation may employ, at any one time, no more than three individuals registered as a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker for each employee or shareholder who has satisfied the requirements of subdivision (h) of Section 4999.12. In no event shall any professional clinical counselor corporation employ, at any one time, more than 15 individuals registered as a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker. In no event
shall any supervisor supervise, at any one time, more than three
individuals registered as a marriage and family therapist intern,
clinical counselor intern, or associate clinical social worker.
Persons who supervise individuals registered as a marriage and
family therapist intern, clinical counselor intern, or associate
clinical social worker shall be employed full time by the
professional clinical counselor corporation and shall be actively
engaged in performing professional services at and for the
professional clinical counselor corporation. Employment and
supervision within a professional clinical counselor corporation
shall be subject to all laws and regulations governing experience
and supervision gained in a private practice setting.
SEC. 42.
SEC. 41.
No reimbursement is required by this act pursuant to
Section 6 of Article XIIIB of the California Constitution because
the only costs that may be incurred by a local agency or school
district will be incurred because this act creates a new crime or
infraction, eliminates a crime or infraction, or changes the penalty
for a crime or infraction, within the meaning of Section 17556 of
the Government Code, or changes the definition of a crime within
the meaning of Section 6 of Article XIII B of the California
Constitution.