



NOTICE OF TELECONFERENCE **GOVERNMENT AND PUBLIC AFFAIRS COMMITTEE MEETING**

Committee Members

Janette N.V. Cruz, Chair
Rafael Sweet

The Board of Chiropractic Examiners' (Board) Government and Public Affairs Committee will meet by teleconference on:

Monday, March 13, 2023

11:00 a.m. to 1:00 p.m.

(or until completion of business)

The Committee may take action on any agenda item.

Teleconference Instructions: The Government and Public Affairs Committee will hold a public meeting via Webex Events. Pursuant to the statutory provisions of Government Code section 11133, neither a public location nor teleconference locations are provided.

To access and participate in the meeting via teleconference, attendees will need to click on, or copy and paste into a URL field, the link below and enter their name, email address, and the event password, or join by phone using the access information below:

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m1daff47844b7f4db6b0233628d9e539e>

If joining using the link above

Webinar number: 2482 588 7158

Webinar password: BCE03132023

If joining by phone

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Access code: 248 258 87158

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Instructions to connect to the meeting can be found at the end of this agenda.

Members of the public may, but are not obligated to, provide their names or personal information as a condition of observing or participating in the meeting. When signing into the Webex platform, participants may be asked for their name and email address. Participants who choose not to provide their names will be required to provide a unique identifier, such as their initials or another alternative, so that the meeting moderator can identify individuals who wish to make a public comment. Participants who choose not to provide their email address may utilize a fictitious email address in the following sample format: XXXXX@mailinator.com.

Note: Members of the public may also submit written comments to the Committee on any agenda item by Thursday, March 9, 2023. Written comments should be directed to chiro.info@dca.ca.gov for Committee consideration.

AGENDA

- 1. Call to Order / Roll Call / Establishment of a Quorum**
- 2. Review and Possible Approval of December 5, 2022 Committee Meeting Minutes**
- 3. Update on Board's Administration Program, Including Budget and Fund Condition, Business Modernization and Implementation of Connect System, and Status of Board's Pending Rulemaking Packages and 2022–2026 Strategic Plan Objectives**
- 4. Review, Discussion, and Possible Recommendation on Legislation Related to the Board, the Chiropractic Profession, the Department of Consumer Affairs (DCA), and/or Other DCA Healing Arts Boards**
 - A. [Assembly Bill \(AB\) 477 \(Waldron\)](#) Legislative review of state boards.
 - B. [AB 765 \(Wood\)](#) Physicians and surgeons.
 - C. [AB 795 \(Flora\)](#) Unlawful sale of equipment, supplies, or services.
 - D. [AB 796 \(Weber\)](#) Athletic trainers.
 - E. [AB 814 \(Lowenthal\)](#) Veterinary medicine: animal physical rehabilitation.
 - F. [AB 820 \(Reyes\)](#) State boards and commissions: seniors.
 - G. [AB 883 \(Mathis\)](#) Business licenses: United States Department of Defense SkillBridge program.
 - H. [AB 913 \(Petrie-Norris\)](#) Professions and vocations.
 - I. [AB 996 \(Low\)](#) Department of Consumer Affairs: continuing education: conflict-of-interest policy.
 - J. [AB 1028 \(McKinnor\)](#) Reporting of crimes: mandated reporters.
 - K. [AB 1055 \(Bains\)](#) Alcohol drug counselors.
 - L. [AB 1101 \(Flora\)](#) Department of Consumer Affairs.
 - M. [AB 1369 \(Bauer-Kahan\)](#) Healing arts licensees.
 - N. [AB 1646 \(Nguyen, Stephanie\)](#) Healing arts boards.
 - O. [AB 1751 \(Gipson\)](#) Opioid prescriptions: information: nonpharmacological treatments for pain.
 - P. [Senate Bill \(SB\) 259 \(Seyarto\)](#) Reports submitted to legislative committees.
 - Q. [SB 358 \(Nguyen\)](#) Professional licenses: military service.
 - R. [SB 372 \(Menjivar\)](#) Department of Consumer Affairs: licensee and registrant records: name and gender changes.
 - S. [SB 764 \(Padilla\)](#) Department of Consumer Affairs: regulatory boards: removal of board members.
 - T. [SB 770 \(Wiener\)](#) State boards and commissions.
 - U. [SB 802 \(Roth\)](#) Licensing boards: disqualification from licensure: criminal conviction.
 - V. [SB 820 \(Alvarado-Gil\)](#) Consumer complaints.

5. Public Comment for Items Not on the Agenda

Note: Members of the public may offer public comment for items not on the agenda.

However, the Committee may not discuss or take action on any matter raised during this public comment section that is not included on this agenda, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125, 11125.7(a).]

6. Future Agenda Items

Note: Members of the Committee and the public may submit proposed agenda items for a future Committee meeting. However, the Committee may not discuss or take action on any proposed matter except to decide whether to place the matter on the agenda of a future meeting. [Government Code Section 11125.]

7. Adjournment

This agenda can be found on the Board’s website at www.chiro.ca.gov. The time and order of agenda items are subject to change at the discretion of the Committee Chair and may be taken out of order. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board are open to the public.

The Board plans to webcast this meeting at <https://thedcapage.wordpress.com/webcasts/>. Webcast availability cannot, however, be guaranteed due to limitations on resources or other technical difficulties that may arise. The meeting will not be canceled if webcast is not available. If you wish to participate or to have a guaranteed opportunity to observe, please attend the meeting via Webex Events.

Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Committee prior to it taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Committee, but the Committee Chair may, at their discretion, apportion available time among those who wish to speak. Members of the public will not be permitted to yield their allotted time to other members of the public to make comments. Individuals may appear before the Committee to discuss items not on the agenda; however, the Committee can neither discuss nor take official action on these items at the time of the same meeting (Government Code sections 11125 and 11125.7(a)).

This meeting is being held via Webex Events. The meeting is accessible to individuals with disabilities. A person who needs a disability-related accommodation or modification to participate in the meeting may make a request by contacting the Board at:

Telephone: (916) 263-5355

Email: chiro.info@dca.ca.gov

Telecommunications Relay Service: Dial 711

Mailing Address:

Board of Chiropractic Examiners

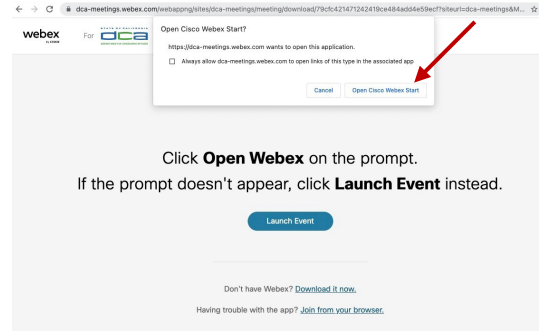
1625 N. Market Blvd., Suite N-327

Sacramento, CA 95834

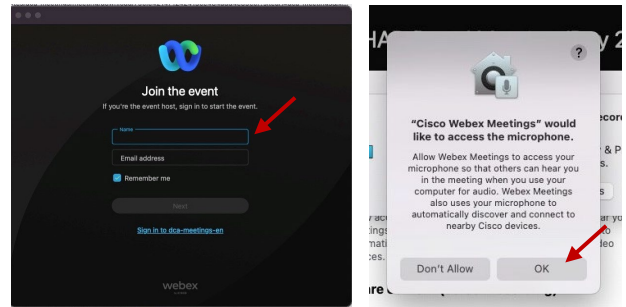
Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation.

If joining using the meeting link

- 1 Click on the meeting link. This can be found in the meeting notice you received.
- 2 If you have not previously used Webex on your device, your web browser may ask if you want to open Webex. Click "Open Cisco Webex Start" or "Open Webex", whichever option is presented. DO NOT click "Join from your browser", as you will not be able to participate during the meeting.



- 3 Enter your name and email address*. Click "Join as a guest". Accept any request for permission to use your microphone and/or camera.

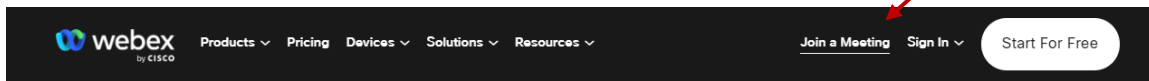


* Members of the public are not obligated to provide their name or personal information and may provide a unique identifier such as their initials or another alternative, and a fictitious email address like in the following sample format: XXXXX@mailinator.com.

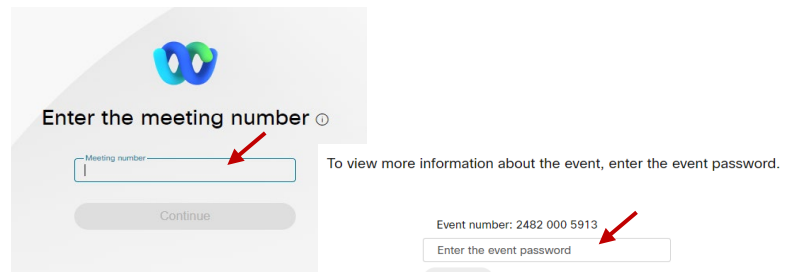
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If joining from Webex.com

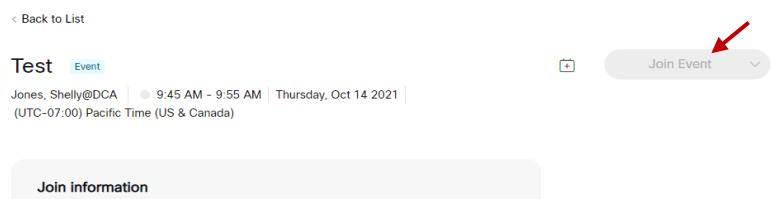
- 1 Click on "Join a Meeting" at the top of the Webex window.



- 2 Enter the meeting/event number and click "Continue". Enter the event password and click "OK". This can be found in the meeting notice you received.



- 3 The meeting information will be displayed. Click "Join Event".



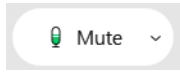
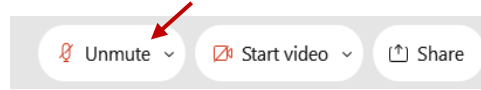
OR

Connect via telephone*:

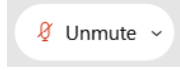
You may also join the meeting by calling in using the phone number, access code, and passcode provided in the meeting notice.

Microphone

Microphone control (mute/unmute button) is located on the command row.

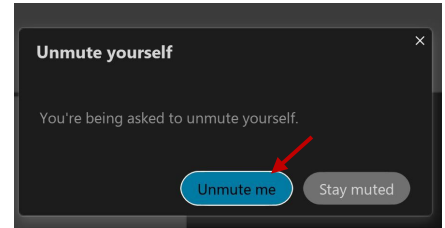


Green microphone = Unmuted: People in the meeting can hear you.



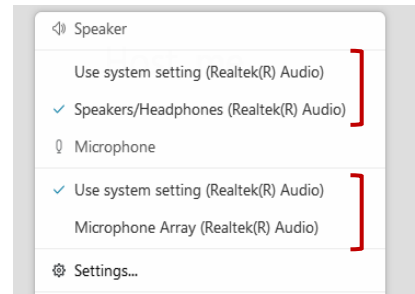
Red microphone = Muted: No one in the meeting can hear you.

Note: Only panelists can mute/unmute their own microphones. Attendees will remain muted unless the moderator enables their microphone at which time the attendee will be provided the ability to unmute their microphone by clicking on "Unmute Me".



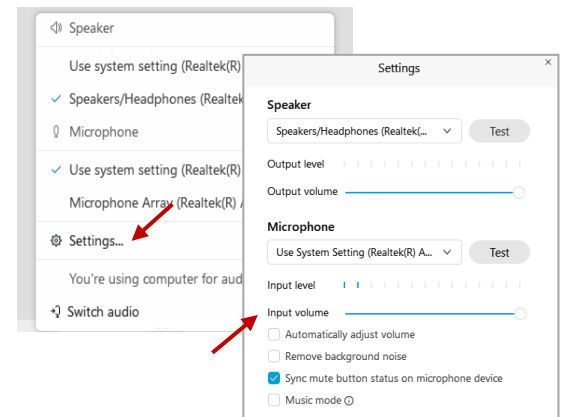
If you cannot hear or be heard

- 1 Click on the bottom facing arrow located on the Mute/Unmute button.
- 2 From the pop-up window, select a different:
 - Microphone option if participants can't hear you.
 - Speaker option if you can't hear participants.



If your microphone volume is too low or too high

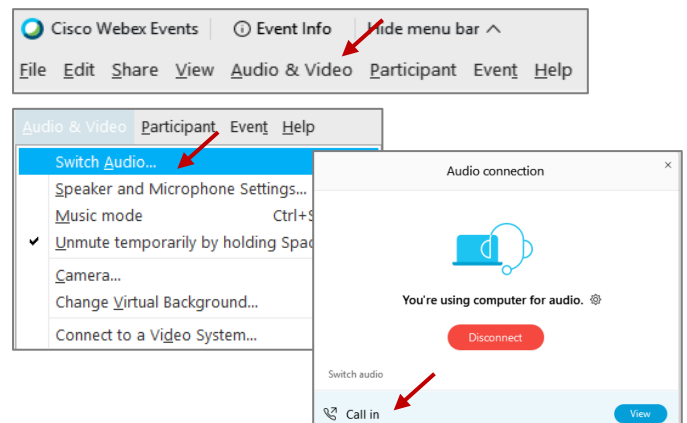
- 1 Locate the command row – click on the bottom facing arrow located on the Mute/Unmute button.
- 2 From the pop-up window:
 - Click on "Settings...":
 - Drag the "Input Volume" located under microphone settings to adjust your volume.



Audio Connectivity Issues

If you are connected by computer or tablet and you have audio issues or no microphone/speakers, you can link your phone through Webex. Your phone will then become your audio source during the meeting.

- 1 Click on "Audio & Video" from the menu bar.
- 2 Select "Switch Audio" from the drop-down menu.
- 3 Select the "Call In" option and following the directions.



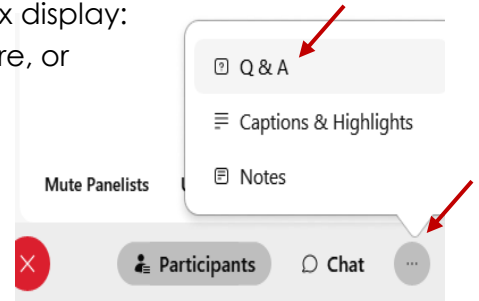
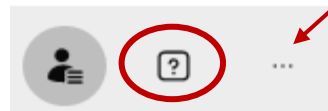
The question-and-answer (Q&A) and hand raise features are utilized for public comments.

NOTE: This feature is not accessible to those joining the meeting via telephone.

Q&A Feature

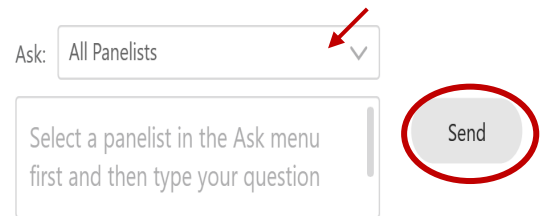
1 Access the Q&A panel at the bottom right of the Webex display:

- Click on the icon that looks like a “?” inside of a square, or
- Click on the 3 dots and select “Q&A”.



2 In the text box:

- Select “All Panelists” in the dropdown menu,
- Type your question/comment into the text box, and
- Click “Send”.



OR

Hand Raise Feature

- 1
- Hovering over your own name.
 - Clicking the hand icon that appears next to your name.
 - Repeat this process to lower your hand.

If connected via telephone:

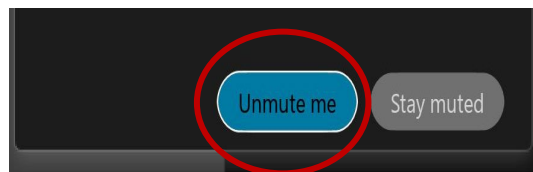
- Utilize the raise hand feature by pressing *3 to raise your hand.
- Repeat this process to lower your hand.

Unmuting Your Microphone



The moderator will call you by name and indicate a request has been sent to unmute your microphone. Upon hearing this prompt:

- Click the **Unmute me** button on the pop-up box that appears.

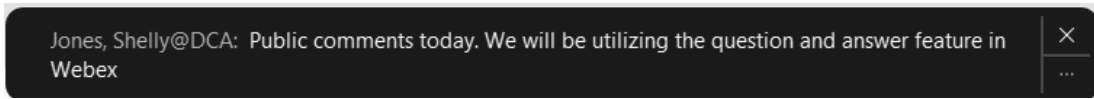


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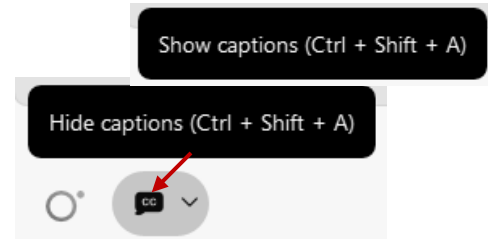
If connected via telephone:

- Press *3 to unmute your microphone.

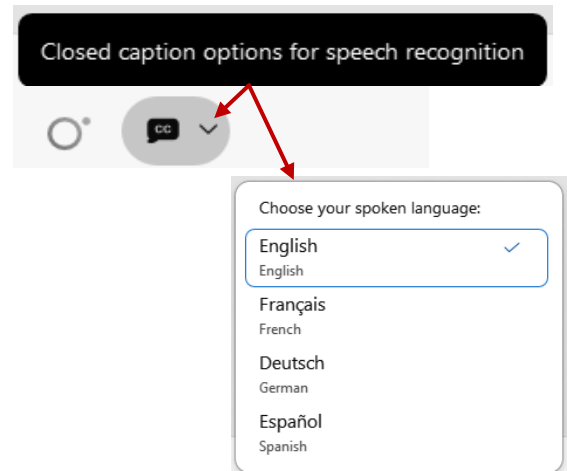
Webex provides real-time closed captioning displayed in a dialog box on your screen. The captioning box can be moved by clicking on the box and dragging it to another location on your screen.



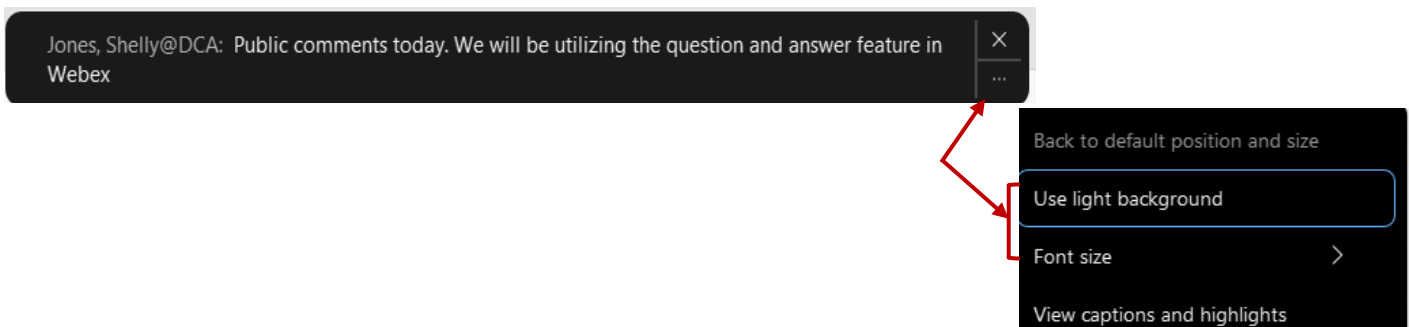
The closed captioning can be hidden from view by clicking on the closed captioning icon. You can repeat this action to unhide the dialog box.



You can select the language to be displayed by clicking the drop-down arrow next to the closed captioning icon.



You can view the closed captioning dialog box with a light or dark background or change the font size by clicking the 3 dots on the right side of the dialog box.





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Agenda Item 1
March 13, 2023

Call to Order, Roll Call, and Establishment of a Quorum

Purpose of the Item

Janette N.V. Cruz, Chair of the Board's Government and Public Affairs Committee, will call the meeting to order. Roll will be called by Rafael Sweet.

Committee Members

Janette N.V. Cruz, Chair
Rafael Sweet



Agenda Item 2
March 13, 2023

Review and Possible Approval of December 5, 2022 Committee Meeting Minutes

Purpose of the Item

The Committee will review and possibly approve the minutes of the previous meeting.

Action Requested

The Committee will be asked to make a motion to approve the December 5, 2022 Committee meeting minutes.

Attachment

- December 5, 2022 Government and Public Affairs Committee Meeting Minutes (Draft)



**BOARD OF CHIROPRACTIC EXAMINERS
GOVERNMENT AND PUBLIC AFFAIRS COMMITTEE
MEETING MINUTES
December 5, 2022**

In accordance with the statutory provisions of Government Code section 11133, the Government and Public Affairs Committee (Committee) of the Board of Chiropractic Examiners (Board) met via teleconference/Webex Events with no physical public locations on December 5, 2022.

Committee Members Present

Janette N.V. Cruz, Chair
Rafael Sweet

Staff Present

Kristin Walker, Executive Officer
Dixie Van Allen, Licensing & Administration Manager
William Walker III, Enforcement Manager
Tammi Pitto, Enforcement Analyst
Sabina Knight, Board Counsel, Attorney III, Department of Consumer Affairs (DCA)

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

Ms. Cruz called the meeting to order at 11:00 a.m. Mr. Sweet called the roll. All members were present, and a quorum was established.

2. Review and Possible Approval of October 4, 2022 Committee Meeting Minutes

Motion: Mr. Sweet moved to approve the minutes of the October 4, 2022 Government and Public Affairs Committee meeting.

Second: Ms. Cruz seconded the motion.

Public Comment: None.

Vote: 2-0 (Ms. Cruz-AYE and Mr. Sweet-AYE).

Motion: Carried.

3. Update on Board's Administration Program, Including Budget and Fund Condition, Business Modernization and Implementation of Connect System, and Status of Board's Pending Rulemaking Packages

Ms. Walker informed the Committee that staff has continued to focus on enhancements to the Connect system and in October 2022, the Board simplified the online renewal

process for the doctor of chiropractic license by removing the continuing education (CE) documentation upload section from the application and replacing it with the same certification question that can be found on the paper application. She indicated this change allows licensees to complete their online license renewal within minutes and submit their application prior to completing their CE, as they certify that it will be completed by their license expiration date. She also stated that the satellite certificate renewal button was placed on the user dashboard for direct access and the prior functionality that required renewal of the doctor of chiropractic license before accessing the satellite certificate renewal application had been removed. Ms. Walker shared that the next software release is planned for January 2023 to fully implement cashiering in the system, make the user dashboard more intuitive for users to navigate, and allow licensees to store their CE records in the system.

Ms. Cruz asked if any system changes were necessary to implement Senate Bill 1237 (Newman, Chapter 386, Statutes of 2022). Ms. Walker replied that no system changes were needed in response to that bill. Ms. Cruz inquired about external user acceptance testing or opportunities for early adopters to provide feedback on software releases. Ms. Walker replied that she had discussed that concept with DCA and the Office of Information Services (OIS), and the only issue is potential security concerns. She explained that she is working with OIS to identify alternative options such as utilizing staff from other programs who are not familiar with the Board's internal processes to act as external users.

Ms. Walker updated the Committee on staff's participation in action planning sessions with DCA's SOLID Training and Planning Solutions on November 29 and 30, 2022, to identify the specific tasks that staff must complete to implement each of the objectives within the Board's 2022–2026 Strategic Plan. She shared that the final action plan will be presented to the Board at the next meeting and future Committee meetings will include updates on staff's progress toward completing those tasks as part of the Committee's oversight activities. Mr. Sweet thanked staff for their work on these objectives.

Ms. Walker explained that staff has been working with DCA regulatory counsel to prioritize the Board's pending regulatory proposals, discuss strategies to effectively move them forward in 2023, and develop the Board's 2023 rulemaking calendar. She updated the Committee on the following proposals:

- **Annual CE Requirements for Licensees and CE Course Approval Process (Amend California Code of Regulations [CCR], Title 16, Sections 360-364):** This proposal would amend the annual CE requirements for licensees and create a new reapproval process for previously approved courses. The Continuing Education Committee will continue their discussion of this proposal at their January 4, 2023 meeting.

- **Approval of Chiropractic Schools and Educational Requirements (Amend CCR, Title 16, Sections 330-331.16):** This proposal would align the curriculum standards with the Council on Chiropractic Education (CCE). Staff is developing the rulemaking file and may bring some additional changes to the Licensing Committee for review and discussion in 2023.
- **Basic Life Support Certification for All Licensees (Amend CCR, Title 16, Section 371 and Add CCR, Title 16, Section 371.1):** This proposal would require basic life support or cardiopulmonary resuscitation certification for all licensees as a condition of licensure in active status. Staff plans to present the proposal to the Continuing Education Committee at their January 4, 2023 meeting.
- **CE Exemptions and Reduction of Requirements (Add CCR, Title 16, Section 364.1):** This proposal would specify criteria for granting a hardship exemption from the annual CE requirement to a licensee who has been affected by a natural disaster or state of emergency. The proposal is being developed by staff.
- **CE Provider Approval Process and Appeal Process for Denial of CE Courses and Providers:** This proposal would update the appeal process for the denial of CE courses and provider applications and is planned to be addressed after the Continuing Education Committee completes the other three CE proposals.

Ms. Cruz asked if staff is aligning the CE exemption proposal with existing definitions of a natural disaster and a state of emergency. Ms. Walker responded affirmatively and explained that staff referenced existing definitions within statute.

Mr. Sweet asked for additional information regarding CCE and the chiropractic college curriculum proposal. Ms. Walker explained CCE is the national accrediting body for the doctor of chiropractic degree program and in July 2020, the Board had approved proposed language to eliminate overly prescriptive requirements within the Board's regulations, and instead, require that chiropractic colleges meet CCE's standards. She added that staff is developing a rulemaking package based on that language but will likely need to return a few policy questions to the Licensing Committee for further discussion.

Ms. Walker continued summarizing the pending regulatory proposals:

- **Delegation of Authority to the Assistant Executive Officer and Citation Program (Amend CCR, Title 16, Sections 306, 389, 390, 390.3, 390.4, and 390.5):** This proposal would delegate to the Assistant Executive Officer the authority to expedite enforcement and administrative functions on behalf of the Executive Officer. Staff is finalizing the rulemaking package for submission to DCA.

- **Disciplinary Guidelines and Uniform Standards for Substance Abusing Licensees (Amend CCR, Title 16, Section 384):** The Enforcement Committee reviewed and discussed the standard and optional terms and conditions of probation at the October 6, 2022 meeting. The remaining portion of the language that needs to be completed is the penalty guidelines for violations of the specific statutes and regulations within the Board's jurisdiction.
- **Proposals Related to Consumer Protection Enforcement Initiative (CPEI):** Two CPEI proposals relate to licensing issues and will be referred to the Licensing Committee for discussion. Staff is working with the Enforcement Committee to develop the remaining proposals.
- **Record Keeping Requirements for Chiropractic Patient Records, Including Retention and Disposition of Records Upon Closure of Practice or Death/Incapacity of Licensee (Amend CCR, Title 16, Section 318):** Staff is working with the Enforcement Committee to develop this proposal to update the Board's record keeping requirements.

Ms. Cruz asked if Assembly Bill (AB) 2188 (Quirk, Chapter 392, Statutes of 2022), which prohibits employment discrimination based on the use of cannabis on and after January 1, 2024, would affect the implementation of the Uniform Standards for Substance Abusing Licensees. Ms. Walker replied that staff will research that issue.

Ms. Walker highlighted the Board's budget and fund condition and noted that while the budget is stable, the months in reserve is projected to decline over time if the Board spends its entire budget each fiscal year. She informed the Committee that staff is continuing to closely monitor expenditures this fiscal year, particularly expenses for legal services provided by the Attorney General's office. She also stated the fund condition statement assumes no payments toward the outstanding loan from the Bureau of Automotive Repair (BAR), and staff will work with the Budget Office to assess whether annual payments can begin in spring 2023. She explained the Continuing Education Committee is also discussing a proposal for a three-year CE course approval period and a reapproval process with a lower fee, so staff will need to assess the impact of those changes to the Board's revenue and fund condition. Ms. Walker also noted the Committee will begin studying the Board's license fee structure and discussing potential recommendations for the required report to the Legislature in late 2023.

Mr. Sweet asked why the Board spent its full budgeted amount for the Attorney General's office during fiscal year 2021-22. Ms. Walker explained the COVID-19 pandemic resulted in the delay of cases at the Attorney General's office during fiscal year 2020-21 and many were adjudicated during 2021-22, which resulted in significantly higher expenses compared to the Board's historical average. Mr. Sweet asked if the Board will continue to see that level of spending going forward. Ms. Walker replied that staff does not expect the same spending level as fiscal year 2021-22 but the increase in the hourly billing rate continues to affect the Board's fund. Ms. Cruz asked if the fund

condition reflects the Board's assumptions for the updated fee schedule. Ms. Walker responded affirmatively. Ms. Cruz requested information regarding the Board's operational budget in addition to the fund condition for future discussion.

Mr. Sweet asked if there is a deadline for the Board to repay the BAR loan. Ms. Walker replied that there is no hard deadline for repayment of the loan but the Board is accruing interest on it and the goal is to begin making \$250,000 annual payments to repay the loan within six years.

Public Comment: None.

4. Update and Discussion on New Issues and Recommendations from the Board's 2022 Sunset Review

Ms. Walker provided the Committee with an update on the specific issues and recommendations for the Board that were identified during the 2022 Sunset Review process:

- **Issue #1 (Board Composition):** Staff will gather information on the composition of other DCA healing arts boards and chiropractic boards in other states, and present that information to the Committee for review and discussion at a future meeting.
- **Issue #2 (Regulations):** Staff is working with DCA regulatory counsel to identify strategies to move the pending regulatory proposals forward. In addition, new mandatory training requirements on regulations are being implemented for all staff at or above the Associate Governmental Program Analyst level.
- **Issue #3 (Strategic Plan):** No further action is necessary at this time, as the Board adopted its 2022–2026 Strategic Plan at the October 27, 2022 meeting.
- **Issue #4 (Fund Condition and Fees):** Staff will work with the Committee to monitor the impact of the Board's new fee schedule and develop the required report to the Legislature on the Board's license fee structure.
- **Issue #5 (Fee Increases and Barriers to Chiropractic Professionals):** The Board is reducing the cost of initial licensure for applicants through the updated fee schedule and the Licensing Committee will discuss the impacts of licensing fees and potential barriers to licensure at a future meeting.
- **Issue #6 (Reciprocal License Requirements):** Staff will research and compile detailed information on the chiropractic licensure requirements in other states and reciprocity requirements for other DCA healing arts boards in 2023.

- **Issue #7 (CE):** The Continuing Education Committee has made substantial progress in the development of updates to the annual CE requirements and course approval processes.
- **Issue #8 (Performance-Based Assessment of Licensee Competency):** Staff is researching similar competency assessments by other boards for discussion by the Continuing Education Committee at a future meeting.
- **Issue #9 (Enforcement Timeframes):** The Enforcement Unit participated in a project with DCA's Organizational Improvement Office (OIO) to evaluate the complaint intake, desk investigation, and field investigation processes and identify strategies to reduce timeframes. The recommendations from this project will be implemented throughout fiscal year 2022-23.
- **Issue #10 (Practice Violations):** The Board continues to encourage licensees and the public to report any misinformation within the chiropractic profession so the Enforcement Unit can investigate and take appropriate action.
- **Issue #11 (Enforcement Disclosures):** Staff will develop recommendations regarding additional measures that can be taken to ensure consumers are aware of licensees' probationary status.
- **Issue #12 (Impacts of the COVID-19 Pandemic):** Staff will work with the Committee on a retrospective review of the impacts of the COVID-19 pandemic and develop recommendations.
- **Issue #13 (Technical Changes May Improve Effectiveness of Board Operations):** This will be discussed at a future Committee meeting.

Ms. Cruz suggested contacting representatives from the chiropractic colleges to get their perspective on potential barriers facing those seeking to enter the profession in California. Ms. Walker agreed and shared that staff also plans to utilize the QBIRT data reporting tool to study access to chiropractic services within the state.

Ms. Cruz asked if staff is monitoring the implementation of AB 2098 (Low, Chapter 938, Statutes of 2022) related to COVID-19 misinformation. Ms. Walker responded affirmatively and noted that staff believes the Board already has sufficient regulatory authority to address the issue.

Public Comment: Falkyn Luouxmout, a chiropractic college student, asked if Issue #2 from the 2022 Sunset Review needs to be addressed prior to the approval of the proposed revisions to the chiropractic college curriculum requirements.

Ms. Walker explained that Issue #2 from the 2022 Sunset Review focuses on the need to make the Board's rulemaking process more efficient and does not affect the progress of any regulatory proposal.

5. Review, Discussion, and Possible Recommendation Regarding the Onboarding Process for New Board Members

Ms. Walker outlined the proposed onboarding and orientation process for new Board members:

- Within the first week of appointment, the Executive Officer places an introductory call to the new member, explains the oath of office completion requirement, confirms the member's availability to participate in the next Board meeting, informs them that a welcome package will be sent to them, and schedules the initial meet-and-greet session. The Board liaison then ships the welcome package consisting of a letter from the Board chair, all mandatory paperwork and training information, and the Board Member Resource Binder, to the new member.
- Within the first two weeks, the Executive Officer hosts the meet-and-greet session for the new member with the Board chair and staff. The Board chair then designates a current Board member to act as a mentor and identifies committee assignments for the new member.
- Within 30-45 days of appointment, the Executive Officer conducts an orientation session with the new member.
- Before the new member's first meeting, the Executive Officer schedules a call with the new member and mentor to review and discuss the meeting agenda and materials and answer any questions they may have.
- At least annually, the Board liaison distributes a copy of any new or updated policies, procedures, or guidance documents to the Board for inclusion in their resource binder and posts the information in a shared cloud folder for electronic access by Board members.

Ms. Walker shared that staff is working to develop a comprehensive Board Member Resource Binder with a description of the Board's processes, as the prior version of that binder is just a compilation of various materials.

Mr. Sweet commented that the proposed process provides a good outline for future Board members and asked if there is a specific position for a Board liaison. Ms. Walker replied that the duty statement for the Board's policy analyst position will be updated as a lead administrative analyst and that position will be assigned as the Board liaison.

Ms. Cruz expressed her interest in reviewing the contents of the existing Board member binder, an outline of the structured orientation session for the new member, and the responsibilities of the assigned mentor. She also suggested conducting a brief meeting with the new member prior to their first mail vote and developing an online Board member portal or shared drive within the next year.

Public Comment: None.

6. Review, Discussion, and Possible Recommendation Regarding Proposed Updates to the Board Member Administrative Procedure Manual

Ms. Walker informed the Committee that staff made technical updates to the Board Member Administrative Procedure Manual to reflect recent changes to the Board's mission statement, composition, and standing committees. She shared staff's suggestion that the Committee consider amending the meeting attendance policy to allow the Board chair to excuse a member who is unable to attend a meeting that has been called with less than 30 days' notice due to a scheduling conflict.

Ms. Cruz asked how Board members are notified when a disciplinary case has been held for discussion. Ms. Walker replied that in the past, the case has been brought to the Board's attention through the meeting materials. She noted staff could begin notifying the Board at the time the case is held and suggested clarifying the mail vote procedure in the manual. Ms. Cruz agreed and asked if there may be an opportunity for discussion of the specific issue at the committee level prior to the Board meeting. Ms. Walker indicated the policy issues could be routed through the appropriate committee, but the disciplinary case discussion would need to occur during closed session at a Board meeting. Ms. Cruz added that the manual could specify when the Board member will receive their identification card in the onboarding procedures.

Mr. Sweet expressed his support for amending the attendance policy to excuse a member from a meeting that was scheduled due to limited notice.

Ms. Cruz requested that the Board's mission, vision, and values and background information about the Chiropractic Initiative Act be added to the introductory section of the manual.

Public Comment: None.

7. Public Comment for Items Not on the Agenda

Public Comment: None.

8. Future Agenda Items

Public Comment: None.

9. Schedule 2023 Committee Meetings

The Committee scheduled the following meetings:

Meeting Date	Time	Location
Monday, March 13, 2023	11:00 a.m. to 1:00 p.m.	Teleconference (Webex)
Monday, June 12, 2023	11:00 a.m. to 1:00 p.m.	Teleconference (Webex)
Monday, September 18, 2023	11:00 a.m. to 1:00 p.m.	Teleconference (Webex)
Monday, December 4, 2023	11:00 a.m. to 1:00 p.m.	Teleconference (Webex)

Public Comment: None.

10. Adjournment

Ms. Cruz adjourned the meeting at 12:29 p.m.



**Agenda Item 3
March 13, 2023**

Update on Board's Administration Program, Including Budget and Fund Condition, Business Modernization and Implementation of Connect System, and Status of Board's Pending Rulemaking Packages and 2022–2026 Strategic Plan Objectives

Purpose of the Item

The Executive Officer and Board staff will provide the Committee with an update on the Board's Administration Program activities, including:

- Budget and Fund Condition
- Business Modernization and Implementation of the Connect System
- Board's Pending Rulemaking Packages
- Board's 2022–2026 Strategic Plan Objectives

Action Requested

This agenda item is informational only and provided as a status update to the Committee. No action is required or requested at this time.

Attachments

1. Executive Officer's March 8, 2023 Memo to Committee Members Regarding Administration Program Activities
2. BCE Fund Condition Statement
3. Staff Action Plan to Implement 2022–2026 Strategic Plan Objectives



MEMORANDUM

Agenda Item 3 Attachment 1

DATE	March 8, 2023
TO	Members of the Board of Chiropractic Examiners' Government and Public Affairs Committee
FROM	Kristin Walker, Executive Officer
SUBJECT	Update on Board's Administration Program

This report provides an overview of recent Board of Chiropractic Examiners' (BCE) Administration Program activities.

BCE Board and Committee Meetings

The following meetings have been scheduled:

- March 13, 2023 – Government and Public Affairs Committee
- April 20-21, 2023 – Board
- May 12, 2023 – Licensing Committee
- June 12, 2023 – Government and Public Affairs Committee
- July 20, 2023 – Board
- August 18, 2023 – Licensing Committee
- September 18, 2023 – Government and Public Affairs Committee
- October 19-20, 2023 – Board
- December 4, 2023 – Government and Public Affairs Committee

Business Modernization Project and Implementation of the Connect System

BCE continues to collaborate with the Department of Consumer Affairs (DCA) Office of Information Services and three other programs (California Acupuncture Board; Board for Professional Engineers, Land Surveyors, and Geologists; and Bureau for Private Postsecondary Education) in the first cohort of a Business Modernization Project to develop and implement a new application, licensing, and enforcement system known as Connect.

Through three phased software releases from September 2020 through June 2021, BCE implemented these licensing functions:

- Initial license applications (doctor of chiropractic and satellite certificates)
- License renewals (doctor of chiropractic and satellite certificates)
- Address changes and cancellation of satellite certificates
- Online payment for all other paper applications

On July 1, 2022, BCE added functionality to the system to waive the application and initial license fees for spouses of active duty members of the military who are assigned to a duty station in California and hold a current license to practice in another state, as required by [Business and Professions Code \(BPC\) section 115.5](#).

In August 2022, BCE implemented the Department of Health Care Access and Information (HCAI) health workforce data survey for licensees to complete during their electronic license renewal process, as required by [BPC section 502](#).

Through a software release on February 28, 2023, BCE updated the user dashboards for applicants and licensees, provided the ability for licensees to maintain and store their continuing education records in the system, and added a list of BCE links, resources, and direct contact information for each of BCE's units to the user dashboard.

BCE is currently working to fully implement cashiering functionality in the system for all business processes and develop the continuing education module to process course applications electronically.

Proposed Regulations

- 1. Licensing and Regulatory Fees (Changes Without Regulatory Effect: Amend California Code of Regulations [CCR], Title 16, Sections 310.1, 317.1, 321, 323, 360, 362, 363, 367.5, 367.10, 370, and 371):** This action under CCR, title 1, section 100 will update the licensing and regulatory fee amounts within the Board's regulations and forms for consistency with the fee amounts codified in BPC section 1006.5. This package is planned to be submitted to the Office of Administrative Law (OAL) in March 2023.
- 2. Addition of Licensee Telephone Numbers and Email Addresses to Board Directory (Amend CCR, Title 16, Section 303):** This proposal will implement the requirement from SB 1434 for the Board to include licensees' telephone numbers and email addresses in the Board's directory and clarify the requirement for the filing of a public "address of record." This proposal was discussed by the Licensing Committee at its February 24, 2023 meeting and is planned to be presented to the Board for approval at its April 21, 2023 meeting.
- 3. Repeal Sponsored Free Health Care Events (Changes Without Regulatory Effect: Repeal CCR, Title 16, Sections 309–309.4):** This action under CCR, title 16, section 100 will repeal the Board's sponsored free health care events

regulations to reflect the repeal of the underlying statutory authority for these regulatory provisions effective January 1, 2018. This package is planned to be submitted to OAL in March 2023.

- 4. Delegation of Authority to the Assistant Executive Officer and Citation Program (Amend CCR, Title 16, Sections 306, 389, 390, 390.3, 390.4, and 390.5):** This regulatory proposal will delegate to the Assistant Executive Officer the authority to expedite enforcement and administrative functions on behalf of the Executive Officer. Additionally, this proposal will ensure consistency with BPC section 125.9 regarding BCE's citation program and criteria established for evaluating compliance with a citation and order of abatement. BCE plans to notice this package in spring 2023.
- 5. Annual Continuing Education Requirements for Licensees and Continuing Education Course Approval Process (Amend CCR, Title 16, Sections 360–364):** This proposal will amend the annual continuing education (CE) requirements for licensees, establish five course competency areas that will be approved by the Board, define the three recognized learning formats for CE courses, update the CE course review and approval process, and create a re-approval process for CE courses that have been previously approved by the Board. This proposal will be presented to the Board at its April 21, 2023 meeting.
- 6. Basic Life Support Certification for All Licensees (Add CCR, Title 16, Section 371.1):** This proposal will mandate the maintenance of basic life support certification, including cardiopulmonary resuscitation (CPR), for all licensees as a condition of licensure in active status. Staff is gathering additional information regarding possible accommodations for individuals with temporary or permanent disabilities from the certifying entities and will present that information to the Continuing Education Committee for discussion at a future meeting.
- 7. Temporary Licensure for Military Spouses (Amend CCR, Title 16, Section 320):** This proposal will update CCR, title 16, section 320 for consistency with the provisions of [Assembly Bill 107 \(Salas, Chapter 693, Statutes of 2021\)](#), which provide for temporary licensure of military spouses. This proposal is being developed by staff and is planned to be presented to the Board for review and discussion at its April 21, 2023 meeting.
- 8. Repeal Successful Examination (Obsolete Provision) [Repeal CCR, Title 16, Section 354]:** This proposal will repeal an obsolete provision in the Board's regulations that conflicts with other existing laws and regulations that prohibit the unlicensed practice of chiropractic. Staff is preparing the regulatory package for this proposal and plans to submit it to DCA for review in March 2023.
- 9. Sexual Contact with a Patient and Required Actions Against Registered Sex Offenders (Add CCR, Title 16, Sections 384.1 and 384.2):** This Consumer

Protection Enforcement Initiative (CPEI) proposal will require any proposed decision containing a finding of fact that a licensee engaged in any act of sexual contact, as defined, or is subject to registration as a sex offender in any tier, to contain an order of revocation and prohibit the decision from containing a stay of the revocation. In addition, this proposal will require any Board decision containing a finding of fact that a licensee engaged in any act of sexual contact to contain an order of revocation, and require the Board to deny or revoke a license for any applicant, licensee, or petitioner who is subject to registration as a sex offender in any tier and prohibit the Board from issuing a stay of the revocation for any individual who is subject to registration as a tier two or three offender. Staff is preparing proposed language for the Board's review at its April 21, 2023 meeting.

- 10. Record Keeping Requirements for Chiropractic Patient Records, Including Retention and Disposition of Records Upon Closure of Practice or Death/Incapacity of Licensee (Amend CCR, Title 16, Section 318):** This proposal will update the record keeping requirements to specify the necessary documentation for the patient history, complaint, diagnosis/analysis, and treatment and to differentiate between an initial patient encounter and an established patient visit. In addition, this proposal will specify the retention period and requirements for the disposition of patient records. Staff is updating this proposal based on feedback provided by the Enforcement Committee during its March 2, 2023 meeting.
- 11. Discipline by Other Public Agencies and Licensee Reporting Requirements (Amend CCR, Title 16, Sections 304 and 314):** This CPEI proposal will update the reporting of licensee discipline by other public agencies and clarify a licensee's duty to report any violation of the statutes and regulations governing the practice of chiropractic to the Board. This proposal is being developed by staff and is planned to be presented to the Enforcement Committee for review and discussion in summer 2023.
- 12. Disciplinary Guidelines and Uniform Standards for Substance Abusing Licensees (Amend CCR, Title 16, Section 384):** This proposal will update the *Disciplinary Guidelines and Model Disciplinary Orders* and implement the Uniform Standards for Substance Abusing Licensees. Staff is developing necessary updates and revisions to BCE's *Disciplinary Guidelines* and the proposed language to amend CCR, title 16, section 384, incorporate the revised *Disciplinary Guidelines* by reference, and implement the Uniform Standards. Staff is updating this proposal based on feedback provided by the Enforcement Committee during its March 2, 2023 meeting.
- 13. Filing and Evaluation Process for Petitions for Reinstatement, Reduction of Penalty, or Early Termination of Probation (Add CCR, Title 16, Section 385):** This CPEI proposal will update and enhance the process for petitions for reinstatement, reduction of penalty, and early termination of probation before the

Board. This proposal is being developed by staff and is planned to be presented to the Enforcement Committee for review and discussion in summer 2023.

- 14. Approval of Chiropractic Schools and Educational Requirements (Amend CCR, Title 16, Sections 330-331.16):** This proposal will amend the regulations regarding approval of chiropractic colleges to align with the accrediting body, the Council on Chiropractic Education, and eliminate any unduly prescriptive content that could be restrictive to the evolving nature of higher education. This rulemaking package is being developed by staff.
- 15. Chiropractic College Curriculum Requirements (Amend CCR, Title 16, Section 331.12.2 and Add CCR, Title 16, Section 331.12.3):** This proposal will update the minimum curriculum and clinical experience requirements for Board-approved chiropractic colleges. At the January 20, 2023 meeting, the Board voted to return these proposed changes to the Licensing Committee for further study and discussion. Staff is compiling additional background information on this issue, and the proposal is planned to be discussed by the Licensing Committee at its May 12, 2023 meeting.
- 16. Order for Physical or Mental Examination of Applicants (Add CCR, Title 16, Section 324):** This CPEI proposal will allow the Board to order an applicant to complete a physical or mental examination when evidence exists that the applicant may be unable to practice safely due to a mental or physical condition affecting their competency. This proposal is being developed by staff and is planned to be presented to the Licensing Committee for review and discussion in summer 2023.
- 17. Supervision of Unlicensed Individuals at Chiropractic Practices (Amend CCR, Title 16, Section 312):** This CPEI proposal will clarify the role of and delineate the activities that can be performed by unlicensed individuals within a chiropractic practice, define and establish the supervision requirements by a licensed doctor of chiropractic, and require that unlicensed individuals follow and provide only the treatment defined in the supervising doctor's treatment plan. Staff is updating this proposal based on feedback provided by the Enforcement Committee during its March 2, 2023 meeting.
- 18. Chiropractic Practice Locations and Display of License (Amend CCR, Title 16, Sections 303, 306.3, and 308 and Add CCR, Title 16, Section 308.1):** This CPEI proposal will update the requirements for filing practice locations with the Board and displaying a license/certificate and notice to patients at each practice location. This proposal is being developed by staff and the Licensing Committee.
- 19. CE Exemptions and Reduction of Requirements (Add CCR, Title 16, Section 364.1):** This proposal will create a process for granting an exemption from the annual CE requirement for a licensee who provides satisfactory proof to the Board that they have been adversely affected by a natural disaster or a state or federal

declared state of emergency. This proposal is being developed by staff and is planned to be presented to the Continuing Education Committee for further discussion at a future meeting.

- 20. CE Provider Approval Process and Appeal Process for Denial of CE Courses and Providers:** This proposal will establish minimum requirements for approval of CE providers and update the process for appealing the denial of a CE course or provider application. This proposal is currently being developed by staff and the Continuing Education Committee.

Records Retention Schedule

At the October 27, 2022 Board meeting, the Board approved the Government and Public Affairs Committee's recommendation to retain meeting minutes for 100 years, continuing education records for five years, and disciplinary case files resulting in revoked or surrendered licenses for 75 years. BCE staff is compiling an inventory of its current paper and electronic records and will work with DCA's records management coordinator to implement an updated records retention schedule in spring 2023.

Review of Existing Licensing, CE, and Enforcement Processes

BCE staff has been conducting a comprehensive review of its existing paper-based licensing and CE processes to identify and remove any duplicative or unnecessary steps, improve processing timeframes, and prepare for the integration of these processes into the Connect system.

In addition, staff from each of BCE's units have been cross-trained on most of the licensing functions to better assist applicants, licensees, and members of the public who contact BCE.

BCE's Enforcement Unit also began a project with DCA's Organizational Improvement Office (OIO) to evaluate BCE's complaint intake, desk investigation, and field investigation processes and to identify strategies that will improve productivity, reduce investigation timeframes, and provide excellent customer service to those involved in the consumer complaint process. The recommendations from this project are expected to be fully implemented throughout fiscal year 2022-23.

Strategic Plan

At the October 27, 2022 meeting, the Board adopted its [2022–2026 Strategic Plan](#). On November 29-30, 2022, and December 5, 2022, BCE staff participated in action planning sessions with SOLID to identify the specific tasks and actions that staff will take to implement each objective within the strategic plan. Staff presented the action plan to the Board at the January 20, 2023 meeting.

Agenda Item 3 Attachment 2

**0152 - Board of Chiropractic Examiners Analysis of Fund Condition
(Dollars in Thousands)
2023-24 Governor's Budget with FM 6 Projections**

Prepared 1.30.2023

	Actuals	CY	BY	BY +1	BY +2
	2021-22	2022-23	2023-24	2024-25	2025-26
BEGINNING BALANCE	\$ 2,168	\$ 1,725	\$ 1,730	\$ 1,463	\$ 1,034
Prior Year Adjustment	\$ 201	\$ 0	\$ 0	\$ 0	\$ 0
Adjusted Beginning Balance	\$ 2,369	\$ 1,725	\$ 1,730	\$ 1,463	\$ 1,034
 REVENUES, TRANSFERS AND OTHER ADJUSTMENTS					
Revenues					
4121200 - Delinquent fees	\$ 58	\$ 57	\$ 56	\$ 56	\$ 56
4127400 - Renewal fees	\$ 3,871	\$ 4,016	\$ 4,156	\$ 4,156	\$ 4,156
4129200 - Other regulatory fees	\$ 121	\$ 116	\$ 129	\$ 129	\$ 129
4129400 - Other regulatory licenses and permits	\$ 428	\$ 517	\$ 981	\$ 981	\$ 981
4163000 - Income from surplus money investments	\$ 8	\$ 1	\$ 18	\$ 15	\$ 8
4171100 - Other Revenue Cost Recoveries	\$ 4	\$ 0	\$ 0	\$ 0	\$ 0
4171400 - Escheat of unclaimed checks and warrants	\$ 4	\$ 7	\$ 7	\$ 7	\$ 7
4172500 - Miscellaneous revenues	\$ 20	\$ 8	\$ 8	\$ 8	\$ 8
Totals, Revenues	\$ 4,514	\$ 4,722	\$ 5,355	\$ 5,352	\$ 5,345
Operating Transfers To General Fund 0001 per EO E 21/22-276 Revised (AB 84)	\$ -152	\$ 0	\$ 0	\$ 0	\$ 0
Totals, Transfers and Other Adjustments	\$ -152	\$ 0	\$ 0	\$ 0	\$ 0
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	\$ 4,362	\$ 4,722	\$ 5,355	\$ 5,352	\$ 5,345
 TOTAL RESOURCES	\$ 6,731	\$ 6,447	\$ 7,085	\$ 6,815	\$ 6,379
Expenditures:					
1111 Department of Consumer Affairs Regulatory Boards, Bureaus, Divisions (State Operations)	\$ 4,624	\$ 4,253	\$ 5,295	\$ 5,454	\$ 5,617
9892 Supplemental Pension Payments (State Operations)	\$ 85	\$ 85	\$ 85	\$ 85	\$ 0
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 297	\$ 379	\$ 242	\$ 242	\$ 242
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	\$ 5,006	\$ 4,717	\$ 5,622	\$ 5,781	\$ 5,859
 FUND BALANCE					
Reserve for economic uncertainties	\$ 1,725	\$ 1,730	\$ 1,463	\$ 1,034	\$ 520
Months in Reserve	4.4	3.7	3.0	2.1	1.1

NOTES:

Assumes workload and revenue projections are realized in BY +1 and ongoing.
Expenditure growth projected at 3% beginning BY +1.



Action Plan 2022-2026

Prepared by
SOLID Planning Solutions
Department of Consumer Affairs

STATE OF CALIFORNIA



DEPARTMENT OF CONSUMER AFFAIRS

SOLID TRAINING AND
PLANNING SOLUTIONS

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Goal 1: Licensing and Professional Qualification

Objective 1.1: Complete comprehensive updates to the Board’s continuing education program and regulations to provide clarity and accessibility, and to ensure continuing licensee competency and public protection.

Start Date: Q1 2023

End Date: Q1 2024

Oversight by: Continuing Education Committee

Success Measure: Promulgated updated continuing education regulations and educated licensees and continuing education providers on those regulations.

Number	Major Tasks	Responsible Party	Completion Date
1.1.1	Identify proposed framework for licensee continuing education (CE) requirements and course approval process and obtain CE Committee and Board approval.	EO	Q1 2023
1.1.2	Draft proposed language for updated regulations and obtain approval from DCA regulatory counsel.	EO	Q1 2023
1.1.3	Conduct fiscal analysis of CE regulations and develop proposed fee amounts for course approval and reapproval.	EO	Q1 2023
1.1.4	Present final regulatory proposal (language and fee amounts) to Board for approval.	EO	Q2 2023
1.1.5	Finalize regulatory package and initiate the rulemaking process.	EO	Q2 2023
1.1.6	Inform licensees and CE providers of changes through written notices, outreach, and information sessions.	EO	Q3 2023 – ongoing
1.1.7	Complete regulatory process.	EO	Q1 2024

Objective 1.2: Establish a robust, effective Licensing Committee to identify issues and increase efficiency.

Start Date: Q1 2023

End Date: Q3 2023

Oversight by: Licensing Committee

Success Measure: The completion of the action plan for all current pending licensing issues.

Number	Major Tasks	Responsible Party	Completion Date
1.2.1	Gather background information to educate Licensing Committee members on pending licensing issues.	Licensing Manager	Q1 2023
1.2.2	Train Licensing Lead (staff member) as a Licensing Committee liaison (calendar, meeting agendas, etc.).	EO and AEO	Q2 2023
1.2.3	Educate Licensing Committee members on background and history of prior actions.	EO	Q2 2023 – ongoing
1.2.4	Identify current issues, discuss possible solutions, and present recommendations to the Licensing Committee Chair.	AEO	Q2 2023
1.2.5	Staff works with the Licensing Committee Chair to create an action plan for pending and current issues identified above.	AEO and Licensing Lead/Licensing Liaison	Q3 2023

Objective 1.3: Review reciprocity requirements to minimize barriers to licensure in California.

Start Date: Q2 2023

End Date: Q3 2024

Oversight by: Licensing Committee

Success Measure: The Board has identified how they are going to minimize any potential barriers to licensure through reciprocity.

Number	Major Tasks	Responsible Party	Completion Date
1.3.1	Conduct an environmental scan of reciprocity requirements (1. BCE, 2. Other states, and 3. Other DCA healing art boards).	AEO	Q2 2023
1.3.2	Analyze the data that has been collected.	AEO	Q3 2023
1.3.3	Develop potential options and recommendation for the Licensing Committee on how to minimize barriers to licensure.	AEO	Q3 2023
1.3.4	Summarize environmental scan, analysis, potential options, and recommendation.	AEO	Q4 2023
1.3.5	Present findings and recommendations to the Licensing Committee.	Licensing Lead/Licensing Committee Liaison	Q1 2024
1.3.6	Present Licensing Committee's recommendation to the Board.	EO	Q3 2024

Objective 1.4: Continue to monitor the Board’s license fee structure to ensure the Board’s financial stability, maintain access to the Board’s services, and determine whether the Board needs to consider plans for restructuring its fees.

Start Date: Q3 2022

End Date: Q4 2025

Oversight by: Government and Public Affairs Committee

Success Measure: The Board has delivered its report on its fee structure with recommendations to the Legislature.

Number	Major Tasks	Responsible Party	Completion Date
1.4.1	Bring any budget issues to the Board’s attention.	EO	Q3 2022 – ongoing
1.4.2	Establish regular and thorough monthly process to monitor BCE’s budget and fund condition.	Lead Administrative Analyst	Q1 2023
1.4.3	Establish quarterly budget meetings with budget analyst at DCA.	Lead Administrative Analyst	Q1 2023
1.4.4	Conduct analysis of the impact of recent fee restructuring.	Lead Administrative Analyst	Q3 2023 – ongoing
1.4.5	Provide reports to the Government and Public Affairs Committee on the impact of recent fee restructuring.	Lead Administrative Analyst	Q3 2023 – ongoing
1.4.6	Create report on license fee structure (due to Legislature by January 1, 2027).	EO and AEO	Q2 2025
1.4.7	Submit license fee structure report to the Legislature with 2025 Sunset Review Report.	EO	Q4 2025

Goal 2: Enforcement

Objective 2.1: Implement updated disciplinary guidelines, Uniform Standards for Substance Abusing Licensees, and Consumer Protection Enforcement Initiative (CPEI) regulations, to provide consistency and clarity in disciplinary penalties, help educate licensees and the public, and deter violations.

Start Date: Q1 2023

End Date: Q4 2025

Oversight by: Enforcement Committee

Success Measure: Completed regulation process for all three areas (Disciplinary Guidelines, Uniform Standards for Substance Abusing Licensees, and CPEI regulations).

Number	Major Tasks	Responsible Party	Completion Date
2.1.1	Disciplinary Guidelines & Uniform Standards – finish developing the proposed guidelines.	AEO	Q1 2023
2.1.2	Disciplinary Guidelines & Uniform Standards – vet through Regulatory Counsel and DAG Liaison (AGs office).	AEO	Q1 2023
2.1.3	Disciplinary Guidelines & Uniform Standards – present proposal to Enforcement Committee.	Enforcement Lead	Q2 2023
2.1.4	Disciplinary Guidelines & Uniform Standards – present proposal to Board.	Enforcement Lead	Q4 2023
2.1.5	Disciplinary Guidelines & Uniform Standards – begin regulatory process.	AEO	Q1 2024
2.1.6	Disciplinary Guidelines & Uniform Standards – complete regulatory process.	AEO	Q1 2025
2.1.7	CPEI (12 regulations) – develop an action plan for the different regulations (assign to committees) and formalize plans with committee chairs to clarify assignments.	EO	Q1 2023
2.1.8	CPEI – develop proposals.	AEO	Q4 2023
2.1.9	CPEI – vet through DCA Regulatory Counsel.	AEO	Q4 2023
2.1.10	CPEI – present proposals to appropriate Committees.	Enforcement Lead / Licensing Lead	Q1 2024

Table continued on next page

Number	Major Tasks	Responsible Party	Completion Date
2.1.11	CPEI – present proposals to Board.	Enforcement Lead / Licensing Lead	Q3 2024
2.1.12	CPEI – begin regulatory process.	AEO	Q4 2024
2.1.13	CPEI – complete regulatory process.	AEO	Q4 2025

Objective 2.2: Streamline internal enforcement processes and standards, including complaint intake, investigations, and case management activities, to increase efficiency and ensure timely action.

Start Date: Q4 2022

End Date: Q2 2025

Oversight by: Enforcement Committee

Success Measure: Enforcement Program is meeting the established performance measure targets.

Number	Major Tasks	Responsible Party	Completion Date
2.2.1	Conduct process review with OIO.	Enforcement Analysts	Q4 2022
2.2.2	Document baseline processing times.	EO	Q1 2023
2.2.3	Standardize internal enforcement process – make sure all standards are met each time – considering OIO recommendations.	AEO and Enforcement Manager	Q1 2023
2.2.4	Update duty statements for staff in Enforcement Unit, separating case management from investigations (increasing specialization).	EO	Q1 2023
2.2.5	Update and document all processes/ procedures.	AEO and Enforcement Manager	Q2 2023
2.2.6	Update training of all staff, cross-train on all tasks.	Enforcement Manager	Q2 2023
2.2.7	Measure impact of process improvements on enforcement timeframes.	EO	Q2 2025

Objective 2.3: Improve the effectiveness of the Enforcement Program by implementing Expert Witness program enhancements, including recruitment, training, and ongoing assessment of subject matter experts in specific areas of chiropractic practice.

Start Date: Q1 2023

End Date: Q4 2025

Oversight by: Enforcement Committee

Success Measure: Program enhancements implemented, observed improvement in expert reports and higher success rate at hearings.

Number	Major Tasks	Responsible Party	Completion Date
2.3.1	Begin recruitment process for new SMEs.	EO	Q1 2023
2.3.2	Staff review SME applications.	Enforcement Manager	Q1 2023
2.3.3	Enforcement Committee members interview and vet potential SMEs.	Enforcement Committee	Q2 2023 – ongoing
2.3.4	Contract with SMEs selected.	Enforcement Lead	Q2 2023 – ongoing
2.3.5	Train SMEs.	EO and AEO	Q3 2023 – ongoing
2.3.6	Measure effectiveness of expert witnesses (success ratio, input from Deputy Attorney General (DAG)).	AEO and Enforcement Manager	Q4 2023 – ongoing
2.3.7	Report on effectiveness of SMEs to Enforcement Committee and provide any further recommendations.	Enforcement Lead	Q4 2023 – ongoing
2.3.8	Continue monitoring effectiveness of Expert Witness Program (identify benchmarks - outcomes and hearing success).	EO and Enforcement Committee	Q4 2025 – ongoing

Objective 2.4: Develop and implement clearly defined standards for licensee recordkeeping by updating regulations to provide consistency and clarity to licensees, the public, and other stakeholders.

Start Date: Q4 2022

End Date: Q4 2024

Oversight by: Enforcement Committee

Success Measure: Adopted updated standards for licensee recordkeeping into regulation.

Number	Major Tasks	Responsible Party	Completion Date
2.4.1	Review and discuss requirements in other states.	EO and Enforcement Committee	Q4 2022
2.4.2	Develop a regulatory proposal for consideration by Enforcement Committee.	EO	Q1 2023
2.4.3	Have Legal/Regulations Counsel review proposal.	EO	Q1 2023
2.4.4	Present proposal to Enforcement Committee for review, discussion, and possible recommendation to Board.	EO	Q2 2023
2.4.5	Obtain Board approval of proposal.	EO	Q4 2023
2.4.6	Begin regulatory process (formally submitting to DCA for approval, ready for Director’s Review).	AEO and Enforcement Lead	Q4 2023
2.4.7	Complete regulatory process.	AEO and Enforcement Lead	Q4 2024

Goal 3: Public Relations and Outreach

Objective 3.1: Continue to foster relationships with legislators, healing arts boards, professional organizations, and government agencies to allow stakeholders to share ideas and perspectives.

Start Date: Q1 2023

End Date: Q4 2023

Oversight by: Government and Public Affairs Committee

Success Measure: Improved at least five relationships with stakeholders across all above groups.

Number	Major Tasks	Responsible Party	Completion Date
3.1.1	Identify relationships (existing and potential).	EO and AEO	Q1 2023
3.1.2	Define each relationship’s plan (avenues, content) (include dialogues).	EO and AEO	Q2 2023
3.1.3	Arrange introductions/open channels of communication when needed.	EO	Q2 2023
3.1.4	Schedule meetings/forums (develop MOUs if needed).	EO	Q4 2023 – ongoing
3.1.5	Managers network/regularly communicate with other healing arts peers (include staff as appropriate).	Enforcement and Licensing Managers	Q4 2023 – ongoing

Objective 3.2: Continue to increase the Board’s presence and availability through outreach opportunities where the Board can collaborate and engage with stakeholders to allow for sharing of feedback, input, and suggestions.

Start Date: Q1 2023

End Date: Q3 2023

Oversight by: Government and Public Affairs Committee

Success Measure: Participated in at least three external outreach opportunities and hosted at least three listening sessions.

Number	Major Tasks	Responsible Party	Completion Date
3.2.1	Identify existing outreach opportunities where the Board can participate.	EO	Q1 2023
3.2.2	Publicize opportunities to provide feedback to the Board.	AEO	Q1 2023
3.2.3	Host roundtable discussions / listening sessions (document feedback).	EO	Q2 2023 – ongoing
3.2.4	Review feedback given.	EO and AEO	Q2 2023 – ongoing
3.2.5	Communicate feedback to appropriate policy committee chair, determine action (address in public meeting, etc.).	EO and AEO	Q3 2023 – ongoing

Objective 3.3: Create an outreach plan to improve communication with stakeholders, share helpful information, and clarify the Board’s role and duties.

Start Date: Q1 2023

End Date: Q1 2024

Oversight by: Government and Public Affairs Committee

Success Measure: Board has approved its outreach plan and released at least three updated materials.

Number	Major Tasks	Responsible Party	Completion Date
3.3.1	Document existing communication challenges, opportunities.	EO and AEO	Q1 2023
3.3.2	Discern what stakeholder groups would like to know (internal, anecdotal, environmental scan feedback).	Licensing/Admin Manager	Q1 2023
3.3.3	Touch base with DCA outreach/communications unit (what’s available, state fair booths, etc.).	EO	Q1 2023
3.3.4	Develop plan for modes of communication (social media, events, brochures, etc.).	AEO	Q2 2023
3.3.5	Get plan approval from Government & Public Affairs Committee, then to Board for approval.	AEO	Q3 2023
3.3.6	Create/maintain outreach calendar.	AEO	Q4 2023
3.3.7	Create/update materials (printed materials, PDE) (get Board and legal review).	AEO	Q1 2024

Objective 3.4: Build an interactive social media presence to engage with stakeholders and assess stakeholder sentiment of the Board.

Start Date: Q1 2023

End Date: Q2 2024

Oversight by: Government and Public Affairs Committee

Success Measure: Board has developed a presence with at least bi-weekly posts across all accounts.

Number	Major Tasks	Responsible Party	Completion Date
3.4.1	Brainstorm among staff on what to share, identify priority items, clarify audiences.	EO	Q1 2023
3.4.2	Establish internal procedure for use and management of social media accounts.	EO	Q1 2023
3.4.3	Meet with DCA Office of Public Affairs (strategy and graphics).	EO	Q1 2023
3.4.4	Discuss social media outreach with Government & Public Affairs Committee, get feedback on what to share.	Lead Admin Analyst	Q2 2023
3.4.5	Get input from Board members about information to share (events of interest).	Lead Admin Analyst	Q2 2023
3.4.6	Develop bank of material to share on an ongoing basis.	AEO	Q2 2023 – ongoing
3.4.7	Develop a system to track other accounts to monitor for sharing potential.	AEO	Q2 2023
3.4.8	Ask Board-approved colleges for material to share.	Licensing Manager	Q4 2023
3.4.9	Review and determine how to measure stakeholder sentiment.	AEO	Q2 2024

Objective 3.5: Improve the Board’s website by providing informative content for applicants, licensees, the public, and other stakeholders and enhancing the functionality and user experience.

Start Date: Q1 2023

End Date: Q4 2024

Oversight by: Government and Public Affairs Committee

Success Measure: Updated format and content included for all business areas.

Number	Major Tasks	Responsible Party	Completion Date
3.5.1	Meet with OIS to determine process, timeline.	EO	Q1 2023
3.5.2	Assess current site - Get and review metrics from OIS, identify structure and updates needed.	EO	Q1 2023
3.5.3	Review other DCA boards’ websites to get layout ideas, identify a template to adopt.	AEO	Q1 2023
3.5.4	Prioritize easy fixes and removing any obsolete information.	AEO	Q2 2023
3.5.5	Identify what informative content should appear on site (including FAQs, requirements in plain language, and steps).	AEO	Q2 2023
3.5.6	Review all current forms to improve them (verify ADA compliance, ensure fillable pdf versions, optimize for Connect, and confirm mobile device access).	EO	Q2 2023
3.5.7	Communicate website redesign request to OIS.	AEO	Q3 2023
3.5.8	Update forms.	AEO	Q2 2024
3.5.9	Obtain feedback from external users on new website functionality through polls, listening sessions, and informal discussions.	EO and AEO	Q4 2024

Goal 4: Laws and Regulations

Objective 4.1: Increase efficiency in rulemaking processes to move pending regulatory packages forward, prevent a backlog of packages, and improve staff and Board effectiveness.

Start Date: Q1 2023

End Date: Q2 2026

Oversight by: Government and Public Affairs Committee

Success Measure: No current regulatory package older than two years.

Number	Major Tasks	Responsible Party	Completion Date
4.1.1	Implement regular (monthly) monitoring and reporting progress for pending regulations to maintain visibility.	EO	Q1 2023
4.1.2	Identify challenges observed in regulatory process.	EO	Q1 2023
4.1.3	Develop action plan to address all pending regulatory workload items.	EO	Q1 2023
4.1.4	Discuss proposals as a team to get staff input.	EO	Q1 2023 – ongoing
4.1.5	Train all AGPA and higher staff on rulemaking through DCA and OAL.	AEO	Q2 2023
4.1.6	Thoroughly research and develop background information and justification for all regulatory proposals before submitting to a committee for consideration.	AEO and Committee Liaisons	Q2 2023 – ongoing
4.1.7	Develop initial package as proposals make their way through the committee process (to catch issues before final Board approval).	AEO	Q2 2023 – ongoing
4.1.8	Educate Board and Committee members on rulemaking process and best practices (include in onboarding).	EO and DCA Regulatory Counsel	Q3 2023
4.1.9	Monitor pending regulatory workload volume and completion time.	EO	Q3 2023 – Q2 2026 and ongoing

Objective 4.2: Perform a comprehensive review of existing regulations to identify and address any unnecessary or obsolete regulations and to clarify current regulations as needed.

Start Date: Q1 2023

End Date: Q4 2026

Oversight by: Government and Public Affairs Committee

Success Measure: Board has addressed issues identified during comprehensive review.

Number	Major Tasks	Responsible Party	Completion Date
4.2.1	Create action plan for review of regulations (possibly group by topic – licensing, enforcement, general).	EO	Q1 2023
4.2.2	Review all existing regulations to identify unnecessary, obsolete, or unclear regulations (as grouped by topic with staff SMEs).	AEO	Q4 2023
4.2.3	Develop recommendations to address identified issue(s) for each regulation.	AEO	Q2 2024
4.2.4	Consult with DCA Regulatory Counsel.	AEO	Q3 2024
4.2.5	Present final recommendations to appropriate committee for review and discussion.	AEO, Committee Liaisons	Q1 2025
4.2.6	Committee makes recommendation to full Board.	Committees	Q4 2025
4.2.7	Board approves proposal to amend or repeal as appropriate.	Board	Q4 2025
4.2.8	Begin regulatory process.	AEO and Lead Admin Analyst	Q1 2026
4.2.9	Complete regulatory process.	AEO and Lead Admin Analyst	Q4 2026

Goal 5: Organizational Development

Objective 5.1: Update processes and procedures, key staff roles, and staff organizational structure to establish clear responsibilities and increase efficiency.

Start Date: Q4 2022

End Date: Q3 2023

Oversight by: Government and Public Affairs Committee

Success Measure: Completed reorganization and have up-to-date documentation for all staff roles.

Number	Major Tasks	Responsible Party	Completion Date
5.1.1	Ensure all staff duties are accounted for.	EO	Q4 2022
5.1.2	Finalize reorganization plan and submit it to DCA Office of Human Resources for approval.	EO	Q1 2023
5.1.3	Conduct change management activities.	Enforcement Manager and Licensing Manager	Q1 2023
5.1.4	Issue updated duty statements to staff.	Enforcement Manager and Licensing Manager	Q1 2023
5.1.5	Implement new organizational structure.	EO	Q1 2023
5.1.6	Document current processes and ask for staff feedback and recommendations on proposed improvements (i.e., paperless, customer-focused).	AEO	Q1 2023
5.1.7	Standardize, document, and store updated processes and procedures.	AEO	Q2 2023
5.1.8	Train staff on the updated processes and procedures.	AEO	Q3 2023

Objective 5.2: Maintain a high-performance and engaged culture focused on effective training, individual development, and continuous improvement, to recruit and retain quality staff.

Start Date: Q4 2022

End Date: Q4 2024

Oversight by: Government and Public Affairs Committee

Success Measure: Improvement in employee engagement scores.

Number	Major Tasks	Responsible Party	Completion Date
5.2.1	Encourage an open, receptive, and problem-solving mindset.	EO	Q4 2022
5.2.2	Put together methods to solicit feedback and suggestions on the different processes. Possible method = role play activities during meetings for staff to better understand and serve stakeholders including consumers, licensees.	EO	Q4 2022
5.2.3	Conduct employee engagement survey to assess staff morale and establish baseline.	EO	Q1 2023
5.2.4	Conduct listening sessions to obtain feedback (concerns, problems, etc.) from staff.	EO	Q1 2023
5.2.5	Review and update job announcements (include telework opportunity).	EO	Q1 2023
5.2.6	Conduct all staff meetings to maintain line of communication and follow up on concerns, questions, etc. from listening sessions.	EO	Q1 2023 – ongoing
5.2.7	Identify potential training topics for staff and management.	AEO	Q1 2023 – ongoing
5.2.8	Implement basic cross-training for all Board processes (including Connect training).	AEO	Q1 2023 – ongoing
5.2.9	Develop and deliver and/or sign up for staff trainings as a team.	AEO	Q2 2023
5.2.10	Develop and disseminate customer satisfaction survey.	AEO	Q2 2023 – ongoing
5.2.11	Encourage Individual Development Plans (IDP) and conduct regular check ins to help staff to be effective and well-rounded in their own position and develop additional areas of interest.	EO	Q4 2023 – ongoing

Table continued on next page

Number	Major Tasks	Responsible Party	Completion Date
5.2.12	Conduct second employee engagement survey to assess staff morale and identify additional opportunities for improvement (from 5.2.3).	EO	Q1 2024
5.2.13	Create action plan for improvement based on engagement survey results.	EO	Q2 2024
5.2.14	Implement action plan to address employee engagement results and improvements.	EO and AEO	Q4 2024

Objective 5.3: Improve communication amongst staff and board members to facilitate effective collaboration.

Start Date: Q4 2022

End Date: Q4 2023

Oversight by: Government and Public Affairs Committee

Success Measure: Positive results on the annual communication survey.

Number	Major Tasks	Responsible Party	Completion Date
5.3.1	Encourage staff feedback and two-way communication during unit meetings.	EO	Q4 2022 – ongoing
5.3.2	Implement and share a monthly structured report (follow through on updates and decisions) with Board members and staff.	EO	Q1 2023
5.3.3	Present monthly report highlights during Board meetings.	EO	Q1 2023
5.3.4	Re-establish regular unit meetings.	Licensing Manager, Enforcement Manager	Q1 2023
5.3.5	Encourage staff to review Board and committee meeting agendas, meeting minutes, and relevant meeting materials.	EO	Q1 2023
5.3.6	Create a resource list for liaisons to know which staff members to reach out to regarding specific topics.	AEO	Q1 2023
5.3.7	Introduce committee liaison to committees' chairs.	EO	Q1 2023
5.3.8	Introduce Board liaison to Board members.	EO	Q1 2023
5.3.9	Add liaison contact information to existing rosters and the Board's website.	EO	Q1 2023
5.3.10	Communicate any updates (new Board members) to staff.	AEO	Q2 2023
5.3.11	Create and distribute an annual survey to get feedback from staff and Board members regarding communication and collaboration.	AEO	Q4 2023 – ongoing

Objective 5.4: Re-design the board member onboarding procedures and orientation process to create effective board members.

Start Date: Q4 2022

End Date: Q2 2023

Oversight by: Government and Public Affairs Committee

Success Measure: Board has implemented the new onboarding and orientation process and the new materials have been shared with all Board members.

Number	Major Tasks	Responsible Party	Completion Date
5.4.1	Present proposed framework for a new orientation and onboarding process for new Board members to Government and Public Affairs Committee	EO	Q4 2022
5.4.2	Create welcome package (include forms).	Board Liaison/EO	Q1 2023
5.4.3	Update Board member resource binder.	Board Liaison/EO	Q1 2023
5.4.4	Update new Board member training session materials.	Board Liaison/EO	Q1 2023
5.4.5	Outline Board member mentor responsibilities.	Board Liaison/EO	Q1 2023
5.4.6	Familiarize staff with mandatory Board member paperwork that needs to be completed upon appointment and annually.	Board Liaison/EO	Q2 2023
5.4.7	Create desk manual/guidelines for Board Liaison and share with all staff.	Board Liaison/EO	Q2 2023
5.4.8	Update Board Member Administrative Procedure Manual with updated framework.	Board Liaison/EO	Q2 2023

Strategic Planning Process

To understand the environment in which the Board operates, as well as identify factors that could impact the Board's success in carrying out its regulatory duties, the Department of Consumer Affairs' SOLID Planning unit conducted a SWOT analysis (Strengths, Weaknesses, Opportunities, and Threats) of the Board's current situation, including assessing internal and external environments, by collecting information through the following methods:

- Interviews were conducted with all board members and board executive management during the month of March 2022.
- Two focus groups were held with staff on March 2, 2022.
- An online survey was available to external stakeholders from March 1 – 29, 2022. A total of 446 external stakeholders participated in the survey.

All board members and board executive staff were provided the results of the environmental scan in preparation for an August 2022 strategic planning session. These results and information guided the Board in the review of its mission, vision, and values while directing the strategic goals and objectives outlined in its new strategic plan. The plan was approved by the board in October 2022.

Board leadership and staff participated in action planning sessions in November and December 2022 to determine appropriate tasks and assign responsible parties and target completion dates as shown in this document. SOLID will provide a tracking tool for the Board's use in monitoring and reporting progress.

Board of Chiropractic Examiners
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Strategic plan adopted 2022.

This strategic plan is based on stakeholder information and discussions facilitated by SOLID for the Board of Chiropractic Examiners on August 18, 2022. Subsequent amendments may have been made after the adoption of this plan.

STATE OF CALIFORNIA



DEPARTMENT OF CONSUMER AFFAIRS

**SOLID TRAINING AND
PLANNING SOLUTIONS**

Prepared by:
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**Agenda Item 4
March 13, 2023**

Review, Discussion, and Possible Recommendation on Legislation Related to the Board, the Chiropractic Profession, the Department of Consumer Affairs (DCA), and/or Other DCA Healing Arts Boards

Purpose of the Item

Staff will provide the Committee with an update on bills related to the Board, the chiropractic profession, DCA, and other DCA healing arts boards that have been introduced during the 2023-24 legislative session.

Action Requested

The Committee will be asked to review and discuss the substantive bills listed below and consider recommending a position on those bills to the Board.

Staff will continue to monitor the spot bills for any amendments; no discussion is necessary.

Background

Below is an overview of the bills that will be discussed during the meeting.

Hyperlinks to the legislation, status, and analyses are included in this document to ensure access to current information, as legislation is frequently amended.

A. [Assembly Bill \(AB\) 477 \(Waldron\)](#) Legislative review of state boards.

Status: Referred to the Assembly Committee on Business and Professions

Bill Analysis: N/A

Next Hearing Date: TBA

Summary: This is a spot bill relating to reports prepared by the Joint Sunset Review Committee.

Staff Recommendation: WATCH

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B. [AB 765 \(Wood\)](#) Physicians and surgeons.

Status: Referred to the Assembly Committee on Business and Professions

Bill Analysis: N/A

Next Hearing Date: TBA

Summary: This bill, known as the California Patient Protection, Safety, Disclosure, and Transparency Act, would make legislative findings and declarations regarding the use of titles, advertising, and communications by health care providers and would make it a misdemeanor for any person who does not have a valid, unrevoked, and unsuspended physician and surgeon certificate to use any medical specialty title, as specified, or any titles, terms, letters, words, abbreviations, description of services, designations, or insignia, alone or in combination with any other title, indicating or implying that the person is licensed to practice as such.

The bill specifies that a medical specialty title includes the names or titles “anesthesiologist,” “cardiologist,” “dermatologist,” “doctor of osteopathy,” “emergency physician,” “endocrinologist,” “family physician,” “gastroenterologist,” “general practitioner,” “gynecologist,” “hematologist,” “hospitalist,” “internist,” “interventional pain medicine physician,” “laryngologist,” “medical doctor,” “nephrologist,” “neurologist,” “obstetrician,” “oncologist,” “ophthalmologist,” “orthopedic surgeon,” “orthopaedic surgeon,” “orthopedist,” “orthopaedist,” “osteopath,” “otologist,” “otolaryngologist,” “otorhinolaryngologist,” “pathologist,” “pediatrician,” “primary care physician,” “proctologist,” “psychiatrist,” “radiologist,” “rheumatologist,” “rhinologist,” “surgeon,” or “urologist.”

Staff Recommendation: WATCH

C. [AB 795 \(Flora\)](#) Unlawful sale of equipment, supplies, or services.

Status: Introduced; pending referral to a policy committee

Bill Analysis: N/A

Next Hearing Date: N/A

Summary: This bill would exclude cash sales of less than \$200 from the misdemeanor crime of selling equipment, supplies, or services to any person with knowledge that the equipment, supplies, or services will be used in the performance of a service or contract in violation of the licensing requirements of the Business and Professions Code. Existing law excludes cash sales of less than \$100.

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In addition, this bill would provide increase the penalty for this crime from a fine of not less than \$1,000 and imprisonment not exceeding six months to a fine of not less than \$2,000 and imprisonment not exceeding six months.

Staff Recommendation: WATCH

D. [AB 796 \(Weber\)](#) Athletic trainers.

Status: Referred to the Assembly Committee on Arts, Entertainment, Sports, and Tourism and the Assembly Committee on Business and Professions

Bill Analysis: N/A

Next Hearing Date: TBA

Summary: This bill would establish, until January 1, 2028, the California Board of Athletic Training as a healing arts board within DCA and enact the Athletic Training Practice Act for the licensing, regulation, and discipline of athletic trainers by this newly established board.

This bill would define an athletic trainer as a healing arts licensee who, upon the advice and collaboration of a licensed supervising physician and surgeon, carries out the practice of prevention, recognition, evaluation, management, disposition, treatment, or rehabilitation of injuries in the manner, means, and methods deemed necessary, and that are congruent with the athletic trainer's education, training, and competence.

Staff Recommendation: WATCH

E. [AB 814 \(Lowenthal\)](#) Veterinary medicine: animal physical rehabilitation.

Status: Introduced; pending referral to a policy committee

Bill Analysis: N/A

Next Hearing Date: N/A

Summary: This bill would state the intent of the Legislature to enact subsequent legislation to authorize a veterinarian to refer an animal to a licensed physical therapist holding an advanced certification in animal physical rehabilitation to provide animal physical rehabilitation under the supervision of the veterinarian.

Staff Recommendation: WATCH

F. **AB 820 (Reyes) State boards and commissions: seniors.**

Status: Introduced; pending referral to a policy committee

Bill Analysis: N/A

Next Hearing Date: N/A

Summary: This bill would state the intent of the Legislature to enact legislation that would increase representation for older adults on state boards and commissions.

Staff Recommendation: WATCH

G. **AB 883 (Mathis) Business licenses: United States Department of Defense SkillBridge program.**

Status: Referred to the Assembly Committee on Business and Professions

Bill Analysis: N/A

Next Hearing Date: TBA

Summary: This bill would require a DCA board to expedite, and authorize the board to assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that they are enrolled in the United States Department of Defense SkillBridge program.

The SkillBridge program is an opportunity for service members to gain civilian work experience through specific industry training, apprenticeships, or internships during the last 180 days of military service prior to release from active duty.

Staff Recommendation: SUPPORT

H. **AB 913 (Petrie-Norris) Professions and vocations.**

Status: Introduced; pending referral to a policy committee

Bill Analysis: N/A

Next Hearing Date: N/A

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Summary: This is a spot bill relating to DCA.

Staff Recommendation: WATCH

I. **AB 996 (Low)** Department of Consumer Affairs: continuing education: conflict-of-interest policy.

Status: Referred to the Assembly Committee on Business and Professions

Bill Analysis: N/A

Next Hearing Date: TBA

Summary: This bill would require any DCA board or bureau that is responsible for approving continuing education providers or courses to develop and maintain a conflict-of-interest policy that, at a minimum, discourages the qualification of any continuing education course if the provider of that course has an economic interest in a commercial product or enterprise directly or indirectly promoted in that course.

Staff Recommendation: SUPPORT

J. **AB 1028 (McKinnor)** Reporting of crimes: mandated reporters.

Status: Referred to the Assembly Committee on Public Safety

Bill Analysis: N/A

Next Hearing Date: March 28, 2023

Summary: This bill would, on or after January 1, 2025, remove the requirement that a health practitioner make a report to law enforcement when they suspect a patient has suffered physical injury caused by assaultive or abusive conduct, and instead, require a health practitioner who provides medical services to a patient whom the health practitioner knows or reasonably suspects is experiencing any form of domestic violence or sexual violence to provide brief counseling, education, or other support, and offer a warm handoff or referral to local and national domestic violence or sexual violence advocacy services before the end of the patient visit. In addition, this bill would specify that a health practitioner is not civilly or criminally liable for any report that is made in good faith and in compliance with these provisions.

Staff Recommendation: WATCH

K. [AB 1055 \(Bains\)](#) Alcohol drug counselors.

Status: Referred to the Assembly Committee on Business and Professions and the Assembly Committee on Health

Bill Analysis: N/A

Next Hearing Date: TBA

Summary: This bill would establish, upon appropriation by the Legislature, the Allied Behavioral Health Board within DCA for the licensure, regulation, and discipline of alcohol drug counselors. In addition, this bill would prohibit the use of the title “licensed alcohol drug counselor” by any person who is not licensed by the board.

Staff Recommendation: WATCH

L. [AB 1101 \(Flora\)](#) Department of Consumer Affairs.

Status: Introduced; pending referral to a policy committee

Bill Analysis: N/A

Next Hearing Date: N/A

Summary: This is a spot bill relating to DCA.

Staff Recommendation: WATCH

M. [AB 1369 \(Bauer-Kahan\)](#) Healing arts licensees.

Status: Introduced; pending referral to a policy committee

Bill Analysis: N/A

Next Hearing Date: N/A

Summary: This is a spot bill relating to healing arts licensees.

Staff Recommendation: WATCH

N. [AB 1646 \(Nguyen, Stephanie\)](#) Healing arts boards.

Status: Introduced; pending referral to a policy committee

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Bill Analysis: N/A

Next Hearing Date: N/A

Summary: This is a spot bill relating to DCA healing arts boards.

Staff Recommendation: **WATCH**

O. AB 1751 (Gipson) Opioid prescriptions: information: nonpharmacological treatments for pain.

Status: Introduced; pending referral to a policy committee

Bill Analysis: N/A

Next Hearing Date: N/A

Summary: This bill would require a prescriber to discuss all of the following with a patient, unless they meet certain exceptions, before directly dispensing or issuing the first prescription in a single course of treatment for a controlled substance containing an opioid: 1) the risks of addiction and overdose associated with the use of opioids; 2) the increased risk of addiction to an opioid for an individual who is suffering from both mental and substance abuse disorders; 3) the danger of taking an opioid with a benzodiazepine, alcohol, or another central nervous system depressant; 4) the availability of nonpharmacological treatments for pain; and 5) any other information required by law.

After discussing the required information with the patient, the prescriber would be required to: 1) obtain the patient's consent, as specified; and 2) offer, as deemed appropriate by the prescriber, a referral for a provider of nonpharmacological treatments for pain, such as acupuncture, chiropractic care, physical therapy, occupational therapy, and licensed mental health provider services.

In addition, this bill would make legislative findings and declarations relating to the importance of awareness of and access to nonpharmacological treatments for pain to combat the opioid crisis and providing that coverage of those treatments should be considered during the next update to the state's essential health benefits benchmark plan pursuant to Section 156.111 of Title 45 of the Code of Federal Regulations.

Staff Recommendation: **SUPPORT**

P. [Senate Bill \(SB\) 259 \(Seyarto\)](#) Reports submitted to legislative committees.

Status: Referred to the Senate Governmental Organization Committee

Bill Analysis: N/A

Next Hearing Date: March 14, 2023

Summary: This bill would require a state agency to post on its website any report that the agency submits to a committee of the Legislature.

Staff Recommendation: WATCH

Q. [SB 358 \(Nguyen\)](#) Professional licenses: military service.

Status: Referred to the Senate Rules Committee

Bill Analysis: N/A

Next Hearing Date: TBA

Summary: This is a spot bill relating to renewal requirements for licensees who are called to active duty as a member of the United States Armed Forces or the California National Guard.

Staff Recommendation: WATCH

R. [SB 372 \(Menjivar\)](#) Department of Consumer Affairs: licensee and registrant records: name and gender changes.

Status: Referred to the Senate Business, Professions and Economic Development Committee and the Senate Judiciary Committee

Bill Analysis: N/A

Next Hearing Date: March 27, 2023

Summary: This bill would require a DCA board to update a licensee or registrant's records, including records contained within an online license verification system, to include the licensee or registrant's updated legal name or gender if the board receives government-issued documentation, as described, from the licensee or registrant demonstrating that their legal name or gender has been changed. In

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addition, this bill would require a board, if requested by the licensee or registrant, to reissue specified documents conferred upon, or issued to, the licensee or registrant with their updated legal name or gender and prohibit a board from charging a higher fee for reissuing a document with a corrected or updated legal name or gender than the fee it charges for reissuing a document with other corrected or updated information.

Staff Recommendation: WATCH

S. **SB 764 (Padilla) Department of Consumer Affairs: regulatory boards: removal of board members.**

Status: Referred to the Senate Business, Professions and Economic Development Committee

Bill Analysis: N/A

Next Hearing Date: TBA

Summary: This is a spot bill relating to the authority to remove a board member for disclosure of confidential examination information.

Staff Recommendation: WATCH

T. **SB 770 (Wiener) State boards and commissions.**

Status: Referred to the Senate Rules Committee

Bill Analysis: N/A

Next Hearing Date: TBA

Summary: This is a spot bill related to the composition of state boards and commissions.

Staff Recommendation: WATCH

U. **SB 802 (Roth) Licensing boards: disqualification from licensure: criminal conviction.**

Status: Referred to the Senate Business, Professions and Economic Development Committee

Bill Analysis: N/A

Next Hearing Date: March 27, 2023

Summary: This bill would require a DCA board to notify an applicant in writing within 30 days after a decision is made to deny an application for licensure based solely or in part on the applicant's conviction history, of all of the following: 1) the denial or disqualification of licensure; 2) any existing procedure the board has for the applicant to challenge the decision or request reconsideration; 3) that the applicant has the right to appeal the board's decision; and 4) the processes for the applicant to request a copy of their complete conviction history and question the accuracy or completeness of the record pursuant to Penal Code sections 11122 through 11127.

Existing law requires this written notification to be sent to the applicant but does not specify a timeframe during which it must be transmitted.

Staff Recommendation: WATCH

V. **SB 820 (Alvarado-Gil)** Consumer complaints.

Status: Referred to the Senate Rules Committee

Bill Analysis: N/A

Next Hearing Date: TBA

Summary: This is a spot bill related to consumer complaint provisions within the Consumer Affairs Act.

Staff Recommendation: WATCH

Attachment

- Copy of the Above-Referenced Bills as Introduced

ASSEMBLY BILL

No. 477

Introduced by Assembly Member Waldron

February 7, 2023

An act to amend Section 9148.52 of the Government Code, relating to the Legislature.

LEGISLATIVE COUNSEL'S DIGEST

AB 477, as introduced, Waldron. Legislative review of state boards. Existing law requires the Joint Sunset Review Committee to review eligible agencies and prepare a report that is made available to the public and the Legislature on whether the agency should be terminated, or continued, or whether its functions should be revised or consolidated with those of another agency, as specified.

This bill would require the report prepared by the committee to be made available to the public online.

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

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

- 1 SECTION 1. Section 9148.52 of the Government Code is
- 2 amended to read:
- 3 9148.52. (a) The Joint Sunset Review Committee established
- 4 pursuant to Section 9147.7 shall review all eligible agencies.
- 5 (b) The committee shall evaluate and make determinations
- 6 pursuant to Article 7.5 (commencing with Section 9147.7).
- 7 (c) Pursuant to an evaluation made as specified in this section,
- 8 the committee shall make a report ~~which~~ *that* shall be available to

1 ~~the public~~ and the Legislature *and to the public, including by*
2 *posting the report online*, on whether an agency should be
3 terminated, or continued, or whether its functions should be revised
4 or consolidated with those of another agency, and include any
5 other recommendations as necessary to improve the effectiveness
6 and efficiency of the agency. If the committee deems it advisable,
7 the report may include proposed legislative proposals that would
8 carry out its recommendations.

O

ASSEMBLY BILL

No. 765

Introduced by Assembly Member Wood

February 13, 2023

An act to amend Section 2054 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 765, as introduced, Wood. Physicians and surgeons.

Existing law, the Medical Practice Act, provides for the licensure and regulation of physicians and surgeons by the Medical Board of California. Existing law makes it a misdemeanor for a person who is not licensed as a physician and surgeon under the act, except as specified, to use certain words, letters, and phrases or any other terms that imply that the person is authorized to practice medicine as a physician and surgeon.

This bill would enact the California Patient Protection, Safety, Disclosure, and Transparency Act. The bill would make it a misdemeanor for a person who does not have a valid, unrevoked, and unsuspended certificate as a physician and surgeon to use any medical specialty title, as specified, or any titles, terms, letters, words, abbreviations, description of services, designations, or insignia indicating or implying that the person is licensed to practice under the act. The bill would make related legislative findings and declarations. By creating a new crime, this bill would impose a state-mandated local program.

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

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

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

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

1 SECTION 1. This act shall be known, and may be cited, as the
2 California Patient Protection, Safety, Disclosure, and Transparency
3 Act.

4 SEC. 2. The Legislature finds and declares all of the following:
5 (a) Consumer protection is the highest priority of all boards,
6 bureaus, and commissions within the Department of Consumer
7 Affairs.

8 (b) Health care consumers can be confused and misled about
9 the differences between the qualifications and education of various
10 types of health care providers.

11 (c) Misuse of health care provider titles can cause patients to
12 mistakenly believe they are meeting with physicians and surgeons,
13 such as medical doctors or doctors of osteopathic medicine, when
14 they are not.

15 (d) According to the American Medical Association’s Truth in
16 Advertising surveys, patients want their health care professional
17 to clearly designate their education and training.

18 (e) According to the American Medical Association’s Truth in
19 Advertising surveys, 88 percent of patient respondents agree that
20 only licensed medical doctors or doctors of osteopathic medicine
21 should be able to use the title of physician.

22 (f) According to the American Medical Association’s Truth in
23 Advertising surveys, 79 percent of patient respondents would
24 support legislation in their state to require all health care advertising
25 materials to clearly designate the level of education, skills, and
26 training of all health care professionals promoting their services.

27 (g) Patients deserve to have increased clarity and transparency
28 in the education and training of their health care providers.

29 (h) Confusing or misleading health care advertising and
30 communications have the potential to put patient safety at risk.

31 (i) Requiring health care providers to communicate and display
32 their proper title, credentials, and capabilities allows patients to
33 make informed choices about their health care.

1 (j) Uninformed health care choices can lead to unintended and
2 potentially dangerous consequences.

3 SEC. 3. Section 2054 of the Business and Professions Code is
4 amended to read:

5 2054. (a) Any person who uses in any sign, business card, or
6 letterhead, or, in an advertisement, the words “doctor” or
7 “physician,” the letters or prefix “Dr.,” the initials ~~“M.D.”~~ “M.D.”
8 or “D.O.,” or any other terms or letters indicating or implying that
9 ~~he or she~~ *the person* is a physician and surgeon, physician, surgeon,
10 or practitioner under the terms of this or any other law, or that ~~he~~
11 ~~or she~~ *the person* is entitled to practice hereunder, or who
12 represents or holds ~~himself or herself~~ *themselves* out as a physician
13 and surgeon, physician, surgeon, or practitioner under the terms
14 of this or any other law, without having at the time of so doing a
15 valid, unrevoked, and unsuspended certificate as a physician and
16 surgeon under this chapter, is guilty of a misdemeanor.

17 (b) Notwithstanding subdivision (a), any of the following
18 persons may use the words “doctor” or “physician,” the letters or
19 prefix “Dr.,” or the initials ~~“M.D.”~~: “M.D.” or “D.O.”:

20 (1) A graduate of a medical *or an osteopathic medical* school
21 approved or recognized by the *medical or osteopathic medical*
22 board while enrolled in a postgraduate training program approved
23 by the board.

24 (2) A graduate of a medical *or an osteopathic medical* school
25 who does not have a certificate as a physician and surgeon under
26 this chapter if ~~he or she~~ *the individual* meets all of the following
27 requirements:

28 (A) If issued a license to practice medicine in any jurisdiction,
29 has not had that license revoked or suspended by that jurisdiction.

30 (B) Does not otherwise hold ~~himself or herself~~ *themselves* out
31 as a physician and surgeon entitled to practice medicine in this
32 state except to the extent authorized by this chapter.

33 (C) Does not engage in any of the acts prohibited by Section
34 2060.

35 (3) A person authorized to practice medicine under Section 2111
36 or 2113 subject to the limitations set forth in those sections.

37 (c) *A person shall not use any medical specialty title, including*
38 *the names or titles “anesthesiologist,” “cardiologist,”*
39 *“dermatologist,” “doctor of osteopathy,” “emergency physician,”*
40 *“endocrinologist,” “family physician,” “gastroenterologist,”*

1 “general practitioner,” “gynecologist,” “hematologist,”
 2 “hospitalist,” “internist,” “interventional pain medicine
 3 physician,” “laryngologist,” “medical doctor,” “nephrologist,”
 4 “neurologist,” “obstetrician,” “oncologist,” “ophthalmologist,”
 5 “orthopedic surgeon,” “orthopaedic surgeon,” “orthopedist,”
 6 “orthopaedist,” “osteopath,” “otologist,” “otolaryngologist,”
 7 “otorhinolaryngologist,” “pathologist,” “pediatrician,” “primary
 8 care physician,” “proctologist,” “psychiatrist,” “radiologist,”
 9 “rheumatologist,” “rhinologist,” “surgeon,” or “urologist,” or
 10 any other titles, terms, letters, words, abbreviations, description
 11 of services, designations, or insignia, alone or in combination with
 12 any other title, indicating or implying that the person is licensed
 13 under this chapter to practice as such, unless the person has at
 14 the time of so doing a valid, unrevoked, and unsuspended certificate
 15 as a physician and surgeon under this chapter. A person who
 16 violates this subdivision is guilty of a misdemeanor.

17 SEC. 4. No reimbursement is required by this act pursuant to
 18 Section 6 of Article XIII B of the California Constitution because
 19 the only costs that may be incurred by a local agency or school
 20 district will be incurred because this act creates a new crime or
 21 infraction, eliminates a crime or infraction, or changes the penalty
 22 for a crime or infraction, within the meaning of Section 17556 of
 23 the Government Code, or changes the definition of a crime within
 24 the meaning of Section 6 of Article XIII B of the California
 25 Constitution.

O

ASSEMBLY BILL

No. 795

Introduced by Assembly Member Flora

February 13, 2023

An act to amend Section 128 of the Business and Professions Code, relating to consumer affairs.

LEGISLATIVE COUNSEL'S DIGEST

AB 795, as introduced, Flora. Unlawful sale of equipment, supplies, or services.

Existing law makes it a misdemeanor to sell equipment, supplies, or services to any person with knowledge that the equipment, supplies, or services are to be used in the performance of a service or contract in violation of the licensing requirements provided by law. Existing law excludes cash sales of less than \$100 from these provisions. Existing law provides that a violation of these provisions is punishable by a fine of not less than \$1,000 and by imprisonment in the county jail not exceeding 6 months.

This bill would instead exclude cash sales of less than \$200 from these provisions. The bill would also provide that a violation of these provisions is punishable by a fine of not less than \$2,000 and by imprisonment in the county jail not exceeding 6 months. This bill would also make nonsubstantive changes to these provisions.

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

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

1 SECTION 1. Section 128 of the Business and Professions Code
2 is amended to read:

3 128. Notwithstanding any other ~~provision~~ of law, it is a
4 misdemeanor to sell equipment, supplies, or services to any person
5 with knowledge that the equipment, supplies, or services are to be
6 used in the performance of a service or contract in violation of the
7 licensing requirements of this code.

8 The provisions of this section ~~shall~~ *is* not be applicable to cash
9 sales of less than ~~one~~ *two* hundred dollars ~~(\$100)~~ *(\$200)*.

10 For the purposes of this section, “person” includes, but is not
11 limited to, a company, partnership, limited liability company, firm,
12 or corporation.

13 For the purposes of this section, “license” includes certificate
14 or registration.

15 A violation of this section ~~shall be~~ *is* punishable by a fine of not
16 less than ~~one~~ *two* thousand dollars ~~(\$1,000)~~ *(\$2,000)* and by
17 imprisonment in the county jail not exceeding six months.

O

ASSEMBLY BILL

No. 796

Introduced by Assembly Member Weber

February 13, 2023

An act to amend Sections 101 and 144 of, and to add and repeal Chapter 5.8 (commencing with Section 2697) of Division 2 of, the Business and Professions Code, relating to athletic trainers.

LEGISLATIVE COUNSEL'S DIGEST

AB 796, as introduced, Weber. Athletic trainers.

Existing law provides for the licensure and regulation of various professions and vocations by regulatory boards and entities within the Department of Consumer Affairs, including athlete agents.

This bill would enact the Athletic Training Practice Act, which would establish, until January 1, 2028, the California Board of Athletic Training within the Department of Consumer Affairs to exercise licensing, regulatory, and disciplinary functions under the act. The bill would prohibit a person from practicing as an athletic trainer or using certain titles or terms without being licensed by the board.

The bill would define the practice of athletic training, specify requirements for licensure as an athletic trainer, and would require a licensed athletic trainer to practice only under the supervision of a physician and surgeon.

The bill would provide that an athletic trainer license would be valid for 2 years and subject to renewal, and would authorize the board to deny, suspend, or revoke a license and to discipline a licensee for specified reasons. The bill would specify acts that constitute unprofessional conduct and would make it a misdemeanor for any person

to violate the act. By creating a new crime, this bill would impose a state-mandated local program.

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 bill would establish the Athletic Trainers Fund for the deposit of application and renewal fees and would make those fees available to the board upon appropriation by the Legislature for the purpose of implementing the act’s provisions. The bill would authorize the Director of Consumer Affairs to seek and receive donations from the California Athletic Trainers Association or any other private individual or entity for the initial costs of implementing the act, and would specify that, if private funds are unavailable, a general fund or special fund loan may be used and repaid with fee revenue. The bill would require the director to determine that sufficient funds for that purpose have been obtained and to provide notice to the Legislature, the Governor, and on the department’s internet website of the determination.

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

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

- 1 SECTION 1. Section 101 of the Business and Professions Code
- 2 is amended to read:
- 3 101. The department is comprised of the following:
- 4 (a) The Dental Board of California.
- 5 (b) The Medical Board of California.
- 6 (c) The California State Board of Optometry.
- 7 (d) The California State Board of Pharmacy.
- 8 (e) The Veterinary Medical Board.
- 9 (f) The California Board of Accountancy.
- 10 (g) The California Architects Board.
- 11 (h) The State Board of Barbering and Cosmetology.
- 12 (i) The Board for Professional Engineers, Land Surveyors, and
- 13 Geologists.
- 14 (j) The Contractors State License Board.
- 15 (k) The Bureau for Private Postsecondary Education.
- 16 (l) The Bureau of Household Goods and Services.

- 1 (m) The Board of Registered Nursing.
- 2 (n) The Board of Behavioral Sciences.
- 3 (o) The State Athletic Commission.
- 4 (p) The Cemetery and Funeral Bureau.
- 5 (q) The Bureau of Security and Investigative Services.
- 6 (r) The Court Reporters Board of California.
- 7 (s) The Board of Vocational Nursing and Psychiatric
- 8 Technicians.
- 9 (t) The Landscape Architects Technical Committee.
- 10 (u) The Division of Investigation.
- 11 (v) The Bureau of Automotive Repair.
- 12 (w) The Respiratory Care Board of California.
- 13 (x) The Acupuncture Board.
- 14 (y) The Board of Psychology.
- 15 (z) The Podiatric Medical Board of California.
- 16 (aa) The Physical Therapy Board of California.
- 17 (ab) The Arbitration Review Program.
- 18 (ac) The Physician Assistant Board.
- 19 (ad) The Speech-Language Pathology and Audiology and
- 20 Hearing Aid Dispensers Board.
- 21 (ae) The California Board of Occupational Therapy.
- 22 (af) The Osteopathic Medical Board of California.
- 23 (ag) The California Board of Naturopathic Medicine.
- 24 (ah) The Dental Hygiene Board of California.
- 25 (ai) The Professional Fiduciaries Bureau.
- 26 (aj) The State Board of Chiropractic Examiners.
- 27 (ak) The Bureau of Real Estate Appraisers.
- 28 (al) The Structural Pest Control Board.
- 29 (am) *The California Board of Athletic Training. This subdivision*
- 30 *shall become inoperative on January 1, 2028.*
- 31 ~~(an)~~
- 32 (an) Any other boards, offices, or officers subject to its
- 33 jurisdiction by law.
- 34 SEC. 2. Section 144 of the Business and Professions Code is
- 35 amended to read:
- 36 144. (a) Notwithstanding any other law, an agency designated
- 37 in subdivision (b) shall require an applicant to furnish to the agency
- 38 a full set of fingerprints for purposes of conducting criminal history
- 39 record checks. Any agency designated in subdivision (b) may
- 40 obtain and receive, at its discretion, criminal history information

- 1 from the Department of Justice and the United States Federal
2 Bureau of Investigation.
- 3 (b) Subdivision (a) applies to the following:
- 4 (1) California Board of Accountancy.
5 (2) State Athletic Commission.
6 (3) Board of Behavioral Sciences.
7 (4) Court Reporters Board of California.
8 (5) Dental Board of California.
9 (6) California State Board of Pharmacy.
10 (7) Board of Registered Nursing.
11 (8) Veterinary Medical Board.
12 (9) Board of Vocational Nursing and Psychiatric Technicians
13 of the State of California.
14 (10) Respiratory Care Board of California.
15 (11) Physical Therapy Board of California.
16 (12) Physician Assistant Board.
17 (13) Speech-Language Pathology and Audiology and Hearing
18 Aid Dispensers Board.
19 (14) Medical Board of California.
20 (15) California State Board of Optometry.
21 (16) Acupuncture Board.
22 (17) Cemetery and Funeral Bureau.
23 (18) Bureau of Security and Investigative Services.
24 (19) Division of Investigation.
25 (20) Board of Psychology.
26 (21) California Board of Occupational Therapy.
27 (22) Structural Pest Control Board.
28 (23) Contractors State License Board.
29 (24) Naturopathic Medicine Committee.
30 (25) Professional Fiduciaries Bureau.
31 (26) Board for Professional Engineers, Land Surveyors, and
32 Geologists.
33 (27) Podiatric Medical Board of California.
34 (28) Osteopathic Medical Board of California.
35 (29) California Architects Board, beginning January 1, 2021.
36 (30) Landscape Architects Technical Committee, beginning
37 January 1, 2022.
38 (31) Bureau of Household Goods and Services with respect to
39 household movers as described in Chapter 3.1 (commencing with
40 Section 19225) of Division 8.

1 (32) *California Board of Athletic Training*. This subdivision
2 shall become inoperative on January 1, 2028.

3 (c) For purposes of paragraph (26) of subdivision (b), the term
4 “applicant” shall be limited to an initial applicant who has never
5 been registered or licensed by the board or to an applicant for a
6 new licensure or registration category.

7 SEC. 3. Chapter 5.8 (commencing with Section 2697) is added
8 to Division 2 of the Business and Professions Code, to read:

9

10 CHAPTER 5.8. ATHLETIC TRAINERS

11

12 Article 1. Administration

13

14 2697. This chapter shall be known, and may be cited, as the
15 Athletic Training Practice Act.

16 2697.1. For the purposes of this chapter, the following
17 definitions apply:

18 (a) “Athletic trainer” means a person who meets the
19 requirements of this chapter, is licensed by the board, and upon
20 the advice and collaboration of a licensed supervising physician
21 and surgeon, carries out the practice of prevention, recognition,
22 evaluation, management, disposition, treatment, or rehabilitation
23 of injuries in the manner, means, and methods deemed necessary,
24 and that are congruent with the athletic trainer's education, training,
25 and competence. An athletic trainer is a healing arts licensee.

26 (1) The term “athletic trainer” shall not include any teacher,
27 coach, or other individual for an institution or organization, either
28 public or private, within this state, who does not hold themselves
29 out to the public as athletic trainers.

30 (2) Nothing in this chapter shall be construed to prevent any
31 person from serving as an athletic training student, assistant athletic
32 trainer, teacher athletic trainer, or any similar volunteer position
33 if such service is not primarily for compensation and is carried out
34 under the supervision of a physician or a licensed athletic trainer.

35 (3) The term “athletic trainer” shall not include any person who
36 serves as a first responder or other layman position providing basic
37 first aid within this state but who does not perform the duties of
38 an athletic trainer or hold themselves out as an athletic trainer. For
39 purposes of this chapter basic first aid includes the initial steps
40 taken to stabilize an injury or illness situation until more advanced

1 or professionally trained personnel can assume treatment measures.
2 This care generally consists of simple, life-saving or
3 injury-stabilizing techniques that a nonphysician or lay person can
4 be easily trained to perform with minimal equipment, and is
5 generally recognized as such by national organizations such as the
6 American Red Cross, National Safety Council, American Heart
7 Association, or other similar organization.

8 (b) “Board” means the California Board of Athletic Training.

9 (c) “Director” means the Director of Consumer Affairs.

10 (d) “Supervising physician” or “supervising physician and
11 surgeon” means a physician and surgeon licensed by the Medical
12 Board of California or by the Osteopathic Medical Board of
13 California who supervises one or more athletic trainers, who
14 possesses a current valid license to practice medicine, and who is
15 not currently on disciplinary probation prohibiting the employment
16 or supervision of a physician assistant.

17 (e) (1) “Supervision” means that a licensed physician and
18 surgeon oversees the activities of, and accepts responsibility for,
19 the medical services rendered by an athletic trainer. Supervision,
20 as defined in this subdivision, shall not be construed to require the
21 physical presence of the physician and surgeon, but does require
22 the following:

23 (A) Adherence to adequate supervision as agreed to in the
24 practice agreement.

25 (B) The physician and surgeon being available by telephone or
26 other electronic communication method.

27 (2) Nothing in this subdivision shall be construed as prohibiting
28 the board from requiring the physical presence of a physician and
29 surgeon as a term or condition of an Athletic Trainer’s
30 reinstatement, probation, or imposing discipline.

31 (f) “Regulations” means the rules and regulations as set forth
32 in Division 13.8 (commencing with Section 1399.500) of Title 16
33 of the California Code of Regulations.

34 2697.2. (a) There is established the California Board of
35 Athletic Training within the Department of Consumer Affairs.

36 (b) The board shall consist of seven members, as follows:

37 (1) Three licensed athletic trainers, except that initially, the
38 board shall include three athletic trainers certified by the Board of
39 Certification, Inc. or another nationally accredited athletic trainer
40 certification agency, or its predecessors or successors, who shall

1 satisfy the remainder of the licensure requirements described in
2 Section 2697.4 as soon as it is practically possible.

3 (2) Three public members.

4 (3) One physician and surgeon licensed by the Medical Board
5 of California or one osteopathic physician and surgeon licensed
6 by the Osteopathic Medical Board of California.

7 (c) Subject to confirmation by the Senate, the Governor shall
8 appoint the licensed athletic trainers, one of the public members,
9 and the physician and surgeon or osteopathic physician and
10 surgeon. The Senate Committee on Rules and the Speaker of the
11 Assembly shall each appoint a public member.

12 (1) The athletic trainers shall be appointed from the following:

13 (A) Two members shall be actively practicing athletic training
14 and engaged primarily in direct patient care as an athletic trainer
15 with at least five continuous years of experience.

16 (B) One member shall be active primarily as an educator or
17 administrator in a program to educate athletic trainers.

18 (2) The physician and surgeon or osteopathic physician and
19 surgeon shall be appointed from persons who have supervised or
20 are currently supervising athletic trainers.

21 (3) Each public member shall satisfy all of the following:

22 (A) Chapter 6 (commencing with Section 450) of Division 1.

23 (B) Shall not be or have ever been an athletic trainer or in
24 training to become an athletic trainer.

25 (C) Shall not be a current or former licensee of any board under
26 this division or of any board referred to in Section 1000 or 3600.

27 (D) Shall not be an officer or faculty member of any college,
28 school, or institution involved in another profession defined as a
29 healing art education.

30 (E) Shall have no pecuniary interests in the provision of health
31 care services.

32 (d) (1) All appointments shall be for a term of four years and
33 shall expire on June 30 of the year in which the term expires.
34 Appointees may be reappointed once. Vacancies shall be filled for
35 any unexpired term.

36 (2) Notwithstanding paragraph (1), for initial appointments to
37 the board, one public member appointed by the Governor, the
38 physician and surgeon or osteopathic physician and surgeon, and
39 one of the licensed athletic trainers shall serve terms of two years,
40 and the remaining members shall serve terms of four years.

1 (e) Each of the board members shall receive per diem and
2 expenses, except as otherwise specified.

3 (f) The appointing power shall have the power to remove any
4 member of the board from office for neglect of any duty required
5 by law or for incompetency or unprofessional or dishonorable
6 conduct.

7 (g) No person may serve as a member of the board for more
8 than two consecutive terms. Vacancies shall be filled by
9 appointment for the unexpired term.

10 (h) Annually, the board shall elect one of its members as
11 president and one of its members as vice president.

12 (i) Subject to Sections 107 and 154, the board may employ an
13 executive officer and other officers and employees.

14 2697.3. (a) (1) The board shall adopt, repeal, and amend
15 regulations as may be necessary to administer and enforce this
16 chapter.

17 (2) Before adopting regulations, the board may consult the
18 professional standards issued by the National Athletic Trainers'
19 Association, the Board of Certification, Inc., the Commission on
20 Accreditation of Athletic Training Education, or any other
21 nationally recognized professional athletic training organization.

22 (b) The board shall confirm, to the extent practicable, the
23 information provided in an application before issuing a license to
24 an applicant pursuant to this chapter.

25 (c) The board shall give protection of the public the highest
26 priority in exercising its licensing, regulatory, and disciplinary
27 functions. Whenever the protection of the public is inconsistent
28 with other interests sought to be promoted, the protection of the
29 public shall be paramount.

30

31

Article 2. Licensure

32

33 2697.4. Except as otherwise provided in this chapter, the board
34 shall issue an athletic training license to an applicant who meets
35 all of the following requirements:

36 (a) At the time of application, the applicant is over 18 years of
37 age, is not addicted to alcohol or any controlled substance, and
38 has not committed acts or crimes constituting grounds for denial
39 of a license under Section 480.

1 (b) The applicant has submitted an application developed by
2 the board.

3 (c) The applicant passed an athletic training certification
4 examination offered by the Board of Certification, Inc., or its
5 predecessors or successors.

6 (d) The applicant has passed a criminal background check.

7 (e) The applicant has paid the application fee established by the
8 board.

9 2697.5. A license issued by the board pursuant to Section
10 2697.4 is valid for two years and thereafter is subject to the renewal
11 requirements described in Section 2697.7.

12 2697.7. The board shall renew a license if an applicant meets
13 both of the following requirements:

14 (a) Pays the renewal fee as established by the board as described
15 in this chapter.

16 (b) Submits proof of both of the following:

17 (1) Satisfactory completion of necessary continuing education,
18 consistent with the requirements of the Board of Certification, Inc.,
19 or its predecessors or successors.

20 (2) Has a current athletic training certification from a
21 certification body approved by the board, including, but not limited
22 to, the Board of Certification, Inc., or its predecessors or
23 successors.

24 2697.8. (a) The board may deny a license or discipline a
25 licensee who is described by any of the following:

26 (1) Does not meet the requirements of this chapter.

27 (2) Has had an athletic training license, certification, or
28 registration revoked or suspended by an accredited organization
29 or another state or country.

30 (3) Has been convicted of a crime that is substantially related
31 to the functions or duties of an athletic trainer.

32 (4) Has committed unprofessional conduct, as described in
33 Section 2697.10.

34 (b) The board may order any of the following actions regarding
35 an athletic training license after notice and a hearing to determine
36 unprofessional conduct:

37 (1) Placing the license on probation with terms and conditions.

38 (2) Suspending the license and the ability to practice athletic
39 training for a period not to exceed one year.

40 (3) Revoking the license.

1 (4) Suspending or staying the disciplinary order, or portions of
2 it, with or without conditions.

3 (5) Issuing an initial license on probation, with specific terms
4 and conditions, to an applicant who has violated this chapter or
5 the regulations adopted pursuant to it, but who has met all other
6 requirements for licensure.

7 (6) Taking any other action as the board, in its discretion, deems
8 proper to protect the public health and safety pursuant to
9 subdivision (c) of Section 2697.3.

10 (c) If a license is suspended, the holder may not practice as an
11 athletic trainer during the term of suspension. Upon the expiration
12 of the term of suspension, the license shall be reinstated and the
13 holder entitled to resume practice under any remaining terms of
14 the discipline, unless it is established to the satisfaction of the
15 board that the holder of the license practiced in this state during
16 the term of suspension. In this event, the board, after notice and a
17 hearing on this issue alone, may revoke the license.

18 (d) The board shall retain jurisdiction to proceed with any
19 investigation, action, or disciplinary proceeding against a license,
20 or to render a decision suspending or revoking a license, regardless
21 of the expiration, lapse, or suspension of the license by operation
22 of law, by order or decision of the board or a court of law, or by
23 the voluntary surrender of a license by the licensee.

24 2697.9. (a) A holder of a license that has been revoked,
25 suspended, or placed on probation, may petition the board for
26 reinstatement or modification of a penalty, including reduction or
27 termination of probation, after a period not less than the applicable
28 following minimum period has elapsed from either the effective
29 date of the decision ordering that disciplinary action, or, if the
30 order of the board or any portion of it was stayed, from the date
31 the disciplinary action was actually implemented in its entirety.
32 The minimum periods that shall elapse prior to a petition are as
33 follows:

34 (1) For a license that was revoked for any reason other than
35 mental or physical illness substantially related to the functions or
36 duties of an athletic trainer, at least three years.

37 (2) For early termination of probation scheduled for three or
38 more years, at least two years.

39 (3) For modification of a penalty, reinstatement of a license
40 revoked for mental or physical illness substantially related to the

1 functions or duties of an athletic trainer, or termination of probation
2 scheduled for less than three years, at least one year.

3 (b) The board may, in its discretion, specify in its disciplinary
4 order a lesser period of time, provided that the period shall not be
5 less than one year.

6 (c) The petition submitted shall contain any information required
7 by the board, which may include a current set of fingerprints
8 accompanied by the fingerprinting fee.

9 (d) The board shall give notice to the Attorney General of the
10 filing of the petition. The petitioner and the Attorney General shall
11 be given timely notice by letter of the time and place of the hearing
12 on the petition, and an opportunity to present both oral and
13 documentary evidence and argument to the board. The petitioner
14 shall at all times have the burden of proof to establish by clear and
15 convincing evidence that they are entitled to the relief sought in
16 the petition.

17 (e) The board, or the administrative law judge if one is
18 designated by the board, shall hear the petition and shall prepare
19 a written decision setting forth the reasons supporting the decision.

20 (f) The board may grant or deny the petition or may impose any
21 terms and conditions that it reasonably deems appropriate as a
22 condition of reinstatement or reduction of penalty.

23 (g) The board shall refuse to consider a petition while the
24 petitioner is under sentence for any criminal offense, including
25 any period during which the petitioner is on court-imposed
26 probation or parole or subject to an order of registration pursuant
27 to Section 290 of the Penal Code.

28 (h) No petition shall be considered while there is an accusation
29 or petition to revoke probation pending against the petitioner.

30 2697.10. For purposes of this chapter, unprofessional conduct
31 includes, but is not limited to, the following:

32 (a) Incompetence, negligence, or gross negligence in carrying
33 out usual athletic trainer functions.

34 (b) Repeated similar negligent acts in carrying out usual athletic
35 trainer functions.

36 (c) A conviction for practicing medicine without a license in
37 violation of Chapter 5 (commencing with Section 2000), in which
38 event a certified copy of the record of conviction shall be
39 conclusive evidence thereof.

- 1 (d) The use of advertising relating to athletic training which
- 2 violates Section 17500.
- 3 (e) Denial of licensure, revocation, suspension, restriction, or
- 4 any other disciplinary action against a licensee by another healing
- 5 arts board under the department, another state or territory of the
- 6 United States, or by any other government agency. A certified
- 7 copy of the decision, order, or judgment shall be conclusive
- 8 evidence thereof.
- 9 (f) Procuring a license by fraud, misrepresentation, or mistake.
- 10 (g) Violating or attempting to violate, directly or indirectly, or
- 11 assisting in or abetting the violation of, or conspiring to violate,
- 12 any provision or term of this chapter or any regulation adopted
- 13 pursuant to this chapter.
- 14 (h) Making or giving any false statement or information in
- 15 connection with the application for issuance or renewal of a license.
- 16 (i) Conviction of a crime or of any offense substantially related
- 17 to the qualifications, functions, or duties of a licensee, in which
- 18 event the record of the conviction shall be conclusive evidence
- 19 thereof.
- 20 (j) Impersonating an applicant or acting as proxy for an applicant
- 21 in any examination required under this chapter for the issuance of
- 22 a license.
- 23 (k) Impersonating a licensee, or permitting or allowing another
- 24 unlicensed person to use a license.
- 25 (l) Committing any fraudulent, dishonest, or corrupt act that is
- 26 substantially related to the qualifications, functions, or duties of a
- 27 licensee.
- 28 (m) Committing any act punishable as a sexually related crime,
- 29 if that act is substantially related to the qualifications, functions,
- 30 or duties of a licensee, in which event a certified copy of the record
- 31 of conviction shall be conclusive evidence thereof.
- 32 (n) Using excessive force upon or mistreating or abusing any
- 33 athlete or athlete patient. For purposes of this subdivision,
- 34 “excessive force” means force clearly in excess of that which
- 35 would normally be applied in similar clinical circumstances.
- 36 (o) Falsifying or making grossly incorrect, grossly inconsistent,
- 37 or unintelligible entries in an athlete or athlete patient or hospital
- 38 record or any other record.
- 39 (p) Changing the prescription of a physician and surgeon or
- 40 falsifying verbal or written orders for treatment or a diagnostic

1 regime received, whether or not that action resulted in actual harm
2 to the athlete or athlete patient.

3 (q) Failing to maintain the confidentiality of medical information
4 of an athlete or athlete patient, except as disclosure is otherwise
5 permitted or required by law.

6 (r) Delegating to an unlicensed employee or person a service
7 that requires the knowledge, skills, abilities, or judgment of a
8 licensee.

9 (s) Committing any act that would be grounds for denial of a
10 license under Section 480.

11 (t) Except for good cause, the knowing failure to protect athletes
12 or athlete patients by failing to follow infection control guidelines
13 of the committee, thereby risking transmission of infectious
14 diseases from licensee to athlete or athlete patient, from athlete or
15 athlete patient to athlete or athlete patient, or from athlete or athlete
16 patient to licensee.

17 (u) As a licensee, obtaining, possessing, or prescribing a
18 controlled substance in violation of Division 10 (commencing with
19 Section 11000) of the Health and Safety Code or any dangerous
20 drug or dangerous device in violation of Chapter 9 (commencing
21 with Section 4000).

22 (v) As a licensee, using to an extent or in a manner dangerous
23 or injurious to themselves, to any other person, or to the public,
24 or that impairs their ability to conduct with safety to the public the
25 practice authorized by their license, of any of the following:

26 (1) A controlled substance as defined in Division 10
27 (commencing with Section 11000) of the Health and Safety Code.

28 (2) A dangerous drug or dangerous device as defined in Section
29 4022.

30 (3) Alcoholic beverages.

31 (w) As a licensee, being convicted of a criminal offense
32 involving the prescription, consumption, or self-administration of
33 any of the substances described in paragraphs (1) and (2) of
34 subdivision (v), or the possession of, or falsification of a record
35 pertaining to, the substances described in paragraph (1) of
36 subdivision (v), in which event the record of the conviction is
37 conclusive evidence thereof.

38 (x) As a licensee, being committed or confined by a court of
39 competent jurisdiction for intemperate use of any of the substances
40 described in paragraphs (1) and (2) of subdivision (v), in which

1 event the court order of commitment or confinement is prima facie
2 evidence of the commitment or confinement.

3 (y) As a licensee, falsifying, or making grossly incorrect, grossly
4 inconsistent, or unintelligible entries in any athlete or athlete
5 patient’s record, or any other record.

6 2697.11. Any person who violates this chapter shall be guilty
7 of a misdemeanor.

8

9

Article 3. Revenue

10

11 2697.12. The Athletic Trainers Fund is hereby established in
12 the State Treasury. All fees collected pursuant to this chapter shall
13 be paid into the fund. Moneys in the fund shall be available to the
14 board, upon appropriation by the Legislature, for expenditure by
15 the board to defray its expenses for administering this chapter.

16 2697.13. Notwithstanding any other law, including Section
17 11005 of the Government Code, the director may seek and receive
18 funds from the California Athletic Trainers Association or any
19 other private individual or entity for the initial costs of
20 implementing this chapter. If private funds are unavailable to cover
21 the startup costs of implementing this act, a General Fund or special
22 fund loan may be used and shall be repaid with fee revenue.

23 2697.14. The director shall determine that sufficient funds for
24 that purpose of administering this chapter have been obtained and
25 shall provide notice to the Legislature, the Governor, and on the
26 department’s internet website of the determination.

27 2697.15. This chapter shall remain in effect only until January
28 1, 2028, and as of that date is repealed.

29 SEC. 4. No reimbursement is required by this act pursuant to
30 Section 6 of Article XIII B of the California Constitution because
31 the only costs that may be incurred by a local agency or school
32 district will be incurred because this act creates a new crime or
33 infraction, eliminates a crime or infraction, or changes the penalty
34 for a crime or infraction, within the meaning of Section 17556 of
35 the Government Code, or changes the definition of a crime within
36 the meaning of Section 6 of Article XIII B of the California
37 Constitution.

O

ASSEMBLY BILL

No. 814

Introduced by Assembly Member Lowenthal

February 13, 2023

An act relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 814, as introduced, Lowenthal. Veterinary medicine: animal physical rehabilitation.

Existing law, the Physical Therapy Practice Act, provides for the licensure and regulation of physical therapists by the Physical Therapy Board of California, which is within the Department of Consumer Affairs. That act defines physical therapy as the art and science of physical or corrective rehabilitation or of physical or corrective treatment of any bodily or mental condition of any person by the use of the physical, chemical, and other properties of heat, light, water, electricity, sound, massage, and active, passive, and resistive exercise.

Existing law, the Veterinary Medicine Practice Act, provides for the licensure and regulation of veterinarians and the practice of veterinary medicine by the Veterinary Medical Board, which is within the Department of Consumer Affairs. That act makes it unlawful for any person to practice veterinary medicine in this state without a license and provides that the practice of veterinary medicine includes, among other things, the treatment of whatever nature for the prevention, cure, or relief of a wound, fracture, bodily injury, or disease of an animal.

This bill would state the intent of the Legislature to enact subsequent legislation to authorize a veterinarian to refer an animal to a licensed physical therapist holding an advanced certification to provide animal physical rehabilitation under the supervision of the veterinarian.

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

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

- 1 SECTION 1. It is the intent of the Legislature to enact
- 2 subsequent legislation to authorize a veterinarian to refer an animal
- 3 to a licensed physical therapist holding an advanced certification
- 4 in animal physical rehabilitation to provide animal physical
- 5 rehabilitation under the supervision of the veterinarian.

O

ASSEMBLY BILL

No. 820

Introduced by Assembly Member Reyes

February 13, 2023

An act relating to state government.

LEGISLATIVE COUNSEL'S DIGEST

AB 820, as introduced, Reyes. State boards and commissions: seniors.

Existing law requires the Governor and every other appointing authority to, in making appointments to state boards and commissions, be responsible for nominating a variety of persons of different backgrounds, abilities, interests, and opinions in compliance with the policy that the composition of state boards and commissions shall be broadly reflective of the general public including ethnic minorities and women.

This bill would state the intent of the Legislature to enact legislation that would increase representation for older adults on state boards and commissions.

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

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

- 1 SECTION 1. It is the intent of the Legislature to enact
- 2 legislation that would increase representation for older adults on
- 3 state boards and commissions.

O

ASSEMBLY BILL

No. 883

Introduced by Assembly Member Mathis

February 14, 2023

An act to amend Section 115.4 of the Business and Professions Code, relating to business licenses.

LEGISLATIVE COUNSEL'S DIGEST

AB 883, as introduced, Mathis. Business licenses: United States Department of Defense SkillBridge program.

Existing law establishes the Department of Consumer Affairs under the direction of the Director of Consumer Affairs and sets forth its powers and duties relating to the administration of the various boards under its jurisdiction that license and regulate various professions and vocations.

Existing law requires a board to expedite, and authorizes a board to assist, in the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant has served as an active duty member of the Armed Forces of the United States and was honorably discharged. Existing law authorizes a board to adopt regulations necessary to administer those provisions.

This bill would additionally require a board to expedite, and authorize a board to assist, in the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant is enrolled in the United States Department of Defense SkillBridge program, as specified.

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

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

- 1 SECTION 1. Section 115.4 of the Business and Professions
- 2 Code is amended to read:
- 3 115.4. (a) Notwithstanding any other law, on and after July 1,
- 4 2016, a board within the department shall expedite, and may assist,
- 5 the initial licensure process for an applicant who supplies
- 6 satisfactory evidence to the board that the applicant *is enrolled in*
- 7 *the United States Department of Defense SkillBridge program as*
- 8 *authorized under Section 1143(e) of Title 10 of the United States*
- 9 *Code or has served as an active duty member of the Armed Forces*
- 10 *of the United States and was honorably discharged.*
- 11 (b) A board may adopt regulations necessary to administer this
- 12 section.

O

ASSEMBLY BILL

No. 913

Introduced by Assembly Member Petrie-Norris

February 14, 2023

An act to amend Section 9 of the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 913, as introduced, Petrie-Norris. Professions and vocations.

Existing law provides that division, part, chapter, article, and section headings contained in the Business and Professions Code shall not be deemed to govern, limit, modify, or in any manner affect the scope, meaning, or intent of the provisions of that law.

This bill would make nonsubstantive changes to that provision.

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

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

- 1 SECTION 1. Section 9 of the Business and Professions Code
2 is amended to read:
3 9. Division, part, chapter, ~~article~~ *article*, and section headings
4 contained ~~herein~~ *in this code* shall not be deemed to govern, limit,
5 modify, or in any manner affect the scope, meaning, or intent of
6 ~~the provisions of this code.~~

O

ASSEMBLY BILL

No. 996

Introduced by Assembly Member Low

February 15, 2023

An act to add Section 36 to the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 996, as introduced, Low. Department of Consumer Affairs: continuing education: conflict-of-interest policy.

Existing law provides for the licensure and regulation of professions and vocations by entities within the Department of Consumer Affairs. Under existing law, several of these entities may require licensees to satisfy continuing education course requirements, including, among others, licensed physicians and surgeons licensed by the Medical Board of California and certified public accountants and public accountants licensed by the California Board of Accountancy.

This bill would require those entities to develop and maintain a conflict-of-interest policy that, at minimum, discourages the qualification of any continuing education course if the provider of that course has an economic interest in a commercial product or enterprise directly or indirectly promoted in that course.

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

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

- 1 SECTION 1. Section 36 is added to the Business and
- 2 Professions Code, to read:

1 36. (a) Any entity listed in Section 101 that is responsible for
2 approving continuing education providers or courses shall develop
3 and maintain a conflict-of-interest policy in accordance with
4 subdivision (b).

5 (b) The conflict-of-interest policy required by this section shall,
6 at a minimum, discourage the qualification of any continuing
7 education course if the provider of that course has an economic
8 interest in a commercial product or enterprise directly or indirectly
9 promoted in that course.

O

ASSEMBLY BILL

No. 1028

Introduced by Assembly Member McKinnor

February 15, 2023

An act to amend, repeal, and add Sections 11160, 11161, 11163.2, and 11163.3 of the Penal Code, relating to reporting of crimes.

LEGISLATIVE COUNSEL'S DIGEST

AB 1028, as introduced, McKinnor. Reporting of crimes: mandated reporters.

Existing law requires a health practitioner, as defined, to make a report to law enforcement when they suspect a patient has suffered physical injury that is either self-inflicted, caused by a firearm, or caused by assaultive or abusive conduct, including elder abuse, sexual assault, or torture. A violation of these provisions is punishable as a misdemeanor.

This bill would, on and after January 1, 2025, remove the requirement that a health practitioner make a report to law enforcement when they suspect a patient has suffered physical injury caused by assaultive or abusive conduct.

The bill would, on and after January 1, 2025, instead require a health practitioner who suspects that a patient has suffered physical injury that is caused by domestic violence, as defined, to provide brief counseling, education, or other support, and a warm handoff, as defined, or referral to local and national domestic violence or sexual violence advocacy services, as specified. The bill would, on and after January 1, 2025, specify that a health practitioner is not civilly or criminally liable for any report that is made in good faith and in compliance with these provisions.

This bill would make other conforming changes.

Because a violation of these requirements would be a crime, this bill would impose a state-mandated local program.

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

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

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

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

- 1 SECTION 1. The Legislature finds and declares all of the
- 2 following:
- 3 (a) Recognizing that abuse survivors often need to access health
- 4 care and medical treatment apart from police reporting and criminal
- 5 legal involvement, this bill replaces mandated police reporting by
- 6 medical professionals with offering connection to survivor services.
- 7 (b) Health care providers play a critical role in prevention,
- 8 identification, and response to violence. However, current law
- 9 requiring health professionals in California to file reports to law
- 10 enforcement when treating patients for all suspected
- 11 violence-related injuries can have a chilling effect of preventing
- 12 domestic and sexual violence survivors from seeking medical care,
- 13 decreasing patient autonomy and trust, and resulting in health
- 14 providers being reluctant to address domestic and sexual violence
- 15 with their patients.
- 16 (c) Studies have shown that medical mandatory reporting of
- 17 adult domestic and sexual violence may increase patient danger
- 18 and insecurity, whereas being able to openly discuss abuse without
- 19 fear of police reporting can produce greater health and safety
- 20 outcomes.
- 21 (d) Because of the complexity of interpersonal violence and
- 22 impact of social inequities on safety, people who have experienced
- 23 violence should be provided survivor-centered support and health
- 24 care that results in better outcomes for patient safety. Doing so
- 25 can improve the health and safety of patients already in care,
- 26 decrease potential barriers to care, and promote trust between
- 27 survivors and health providers.

1 (e) Nothing in this act limits or overrides the ability of a health
2 practitioner to make reports permitted by subdivisions (c) or (j) of
3 Section 164.512 of Title 45 of the Code of Federal Regulations,
4 or at the patient’s request. Providers must still follow reporting
5 requirements for child abuse, pursuant to Section 11165 of the
6 Penal Code, and elder and vulnerable adult abuse, pursuant to
7 Section 15600 of the Welfare and Institutions Code. It is the intent
8 of the Legislature to promote partnership between health facilities
9 and domestic and sexual violence advocacy organizations, legal
10 aid, county forensic response teams, and other community-based
11 organizations that address social determinants of health in order
12 to better ensure the safety and wellness of their patients and provide
13 training for health practitioners. Health practitioners may refer to
14 their respective health facility policies developed pursuant to
15 Section 1259.5 of the Health and Safety Code for guidance on
16 identifying abuse, documentation of abuse, and health practitioner
17 training on abuse.

18 SEC. 2. Section 11160 of the Penal Code is amended to read:

19 11160. (a) A health practitioner, as defined in subdivision (a)
20 of Section 11162.5, employed by a health facility, clinic,
21 physician’s office, local or state public health department, local
22 government agency, or a clinic or other type of facility operated
23 by a local or state public health department who, in the health
24 practitioner’s professional capacity or within the scope of the health
25 practitioner’s employment, provides medical services for a physical
26 condition to a patient whom the health practitioner knows or
27 reasonably suspects is a person described as follows, shall
28 immediately make a report in accordance with subdivision (b):

29 (1) A person suffering from a wound or other physical injury
30 inflicted by the person’s own act or inflicted by another where the
31 injury is by means of a firearm.

32 (2) A person suffering from a wound or other physical injury
33 inflicted upon the person where the injury is the result of assaultive
34 or abusive conduct.

35 (b) A health practitioner, as defined in subdivision (a) of Section
36 11162.5, employed by a health facility, clinic, physician’s office,
37 local or state public health department, local government agency,
38 or a clinic or other type of facility operated by a local or state
39 public health department shall make a report regarding persons

1 described in subdivision (a) to a local law enforcement agency as
2 follows:

3 (1) A report by telephone shall be made immediately or as soon
4 as practically possible.

5 (2) A written report shall be prepared on the standard form
6 developed in compliance with paragraph (4), and adopted by the
7 Office of Emergency Services, or on a form developed and adopted
8 by another state agency that otherwise fulfills the requirements of
9 the standard form. The completed form shall be sent to a local law
10 enforcement agency within two working days of receiving the
11 information regarding the person.

12 (3) A local law enforcement agency shall be notified and a
13 written report shall be prepared and sent pursuant to paragraphs
14 (1) and (2) even if the person who suffered the wound, other injury,
15 or assaultive or abusive conduct has expired, regardless of whether
16 or not the wound, other injury, or assaultive or abusive conduct
17 was a factor contributing to the death, and even if the evidence of
18 the conduct of the perpetrator of the wound, other injury, or
19 assaultive or abusive conduct was discovered during an autopsy.

20 (4) The report shall include, but shall not be limited to, the
21 following:

- 22 (A) The name of the injured person, if known.
- 23 (B) The injured person’s whereabouts.
- 24 (C) The character and extent of the person’s injuries.
- 25 (D) The identity of any person the injured person alleges
26 inflicted the wound, other injury, or assaultive or abusive conduct
27 upon the injured person.

28 (c) For the purposes of this section, “injury” does not include
29 any psychological or physical condition brought about solely
30 through the voluntary administration of a narcotic or restricted
31 dangerous drug.

32 (d) For the purposes of this section, “assaultive or abusive
33 conduct” includes any of the following offenses:

- 34 (1) Murder, in violation of Section 187.
- 35 (2) Manslaughter, in violation of Section 192 or 192.5.
- 36 (3) Mayhem, in violation of Section 203.
- 37 (4) Aggravated mayhem, in violation of Section 205.
- 38 (5) Torture, in violation of Section 206.
- 39 (6) Assault with intent to commit mayhem, rape, sodomy, or
40 oral copulation, in violation of Section 220.

- 1 (7) Administering controlled substances or anesthetic to aid in
2 commission of a felony, in violation of Section 222.
- 3 (8) Battery, in violation of Section 242.
- 4 (9) Sexual battery, in violation of Section 243.4.
- 5 (10) Incest, in violation of Section 285.
- 6 (11) Throwing any vitriol, corrosive acid, or caustic chemical
7 with intent to injure or disfigure, in violation of Section 244.
- 8 (12) Assault with a stun gun or taser, in violation of Section
9 244.5.
- 10 (13) Assault with a deadly weapon, firearm, assault weapon, or
11 machinegun, or by means likely to produce great bodily injury, in
12 violation of Section 245.
- 13 (14) Rape, in violation of Section 261 or former Section 262.
- 14 (15) Procuring a person to have sex with another person, in
15 violation of Section 266, 266a, 266b, or 266c.
- 16 (16) Child abuse or endangerment, in violation of Section 273a
17 or 273d.
- 18 (17) Abuse of spouse or cohabitant, in violation of Section
19 273.5.
- 20 (18) Sodomy, in violation of Section 286.
- 21 (19) Lewd and lascivious acts with a child, in violation of
22 Section 288.
- 23 (20) Oral copulation, in violation of Section 287 or former
24 Section 288a.
- 25 (21) Sexual penetration, in violation of Section 289.
- 26 (22) Elder abuse, in violation of Section 368.
- 27 (23) An attempt to commit any crime specified in paragraphs
28 (1) to (22), inclusive.
- 29 (e) When two or more persons who are required to report are
30 present and jointly have knowledge of a known or suspected
31 instance of violence that is required to be reported pursuant to this
32 section, and when there is an agreement among these persons to
33 report as a team, the team may select by mutual agreement a
34 member of the team to make a report by telephone and a single
35 written report, as required by subdivision (b). The written report
36 shall be signed by the selected member of the reporting team. Any
37 member who has knowledge that the member designated to report
38 has failed to do so shall thereafter make the report.
- 39 (f) The reporting duties under this section are individual, except
40 as provided in subdivision (e).

1 (g) A supervisor or administrator shall not impede or inhibit the
 2 reporting duties required under this section and a person making
 3 a report pursuant to this section shall not be subject to any sanction
 4 for making the report. However, internal procedures to facilitate
 5 reporting and apprise supervisors and administrators of reports
 6 may be established, except that these procedures shall not be
 7 inconsistent with this article. The internal procedures shall not
 8 require an employee required to make a report under this article
 9 to disclose the employee’s identity to the employer.

10 (h) For the purposes of this section, it is the Legislature’s intent
 11 to avoid duplication of information.

12 (i) For purposes of this section only, “employed by a local
 13 government agency” includes an employee of an entity under
 14 contract with a local government agency to provide medical
 15 services.

16 (j) *This section shall remain in effect only until January 1, 2025,*
 17 *and as of that date is repealed.*

18 SEC. 3. Section 11160 is added to the Penal Code, to read:

19 11160. (a) A health practitioner, as defined in subdivision (a)
 20 of Section 11162.5, employed by a health facility, clinic,
 21 physician’s office, local or state public health department, local
 22 government agency, or a clinic or other type of facility operated
 23 by a local or state public health department who, in the health
 24 practitioner’s professional capacity or within the scope of the health
 25 practitioner’s employment, provides medical services for a physical
 26 condition to a patient whom the health practitioner knows or
 27 reasonably suspects is a person suffering from a wound or other
 28 physical injury inflicted by the person’s own act or inflicted by
 29 another where the injury is by means of a firearm shall immediately
 30 make a report in accordance with subdivision (b).

31 (b) A health practitioner, as defined in subdivision (a) of Section
 32 11162.5, employed by a health facility, clinic, physician’s office,
 33 local or state public health department, local government agency,
 34 or a clinic or other type of facility operated by a local or state
 35 public health department shall make a report regarding persons
 36 described in subdivision (a) to a local law enforcement agency as
 37 follows:

38 (1) A report by telephone shall be made immediately or as soon
 39 as practically possible.

1 (2) A written report shall be prepared on the standard form
2 developed in compliance with paragraph (4), and adopted by the
3 Office of Emergency Services, or on a form developed and adopted
4 by another state agency that otherwise fulfills the requirements of
5 the standard form. The completed form shall be sent to a local law
6 enforcement agency within two working days of receiving the
7 information regarding the person.

8 (3) A local law enforcement agency shall be notified and a
9 written report shall be prepared and sent pursuant to paragraphs
10 (1) and (2) even if the person who suffered the wound or other
11 injury has expired, regardless of whether or not the wound or other
12 injury was a factor contributing to the death, and even if the
13 evidence of the conduct of the perpetrator of the wound or other
14 injury was discovered during an autopsy.

15 (4) The report shall include, but shall not be limited to, the
16 following:

17 (A) The name of the injured person, if known.

18 (B) The injured person's whereabouts.

19 (C) The character and extent of the person's injuries.

20 (D) The identity of any person the injured person alleges
21 inflicted the wound or other injury upon the injured person.

22 (c) For the purposes of this section, "injury" does not include
23 any psychological or physical condition brought about solely
24 through the voluntary administration of a narcotic or restricted
25 dangerous drug.

26 (d) When two or more persons who are required to report are
27 present and jointly have knowledge of a known or suspected
28 instance of violence that is required to be reported pursuant to this
29 section, and when there is an agreement among these persons to
30 report as a team, the team may select by mutual agreement a
31 member of the team to make a report by telephone and a single
32 written report, as required by subdivision (b). The written report
33 shall be signed by the selected member of the reporting team. Any
34 member who has knowledge that the member designated to report
35 has failed to do so shall thereafter make the report.

36 (e) The reporting duties under this section are individual, except
37 as provided in subdivision (d).

38 (f) A supervisor or administrator shall not impede or inhibit the
39 reporting duties required under this section and a person making
40 a report pursuant to this section shall not be subject to any sanction

1 for making the report. However, internal procedures to facilitate
 2 reporting and apprise supervisors and administrators of reports
 3 may be established, except that these procedures shall not be
 4 inconsistent with this article. The internal procedures shall not
 5 require an employee required to make a report under this article
 6 to disclose the employee’s identity to the employer.

7 (g) A health practitioner, as defined in subdivision (a) of Section
 8 11162.5, employed by a health facility, clinic, physician’s office,
 9 local or state public health department, local government agency,
 10 or a clinic or other type of facility operated by a local or state
 11 public health department who, in the health practitioner’s
 12 professional capacity or within the scope of the health practitioner’s
 13 employment, provides medical services to a patient whom the
 14 health practitioner knows or reasonably suspects is experiencing
 15 any form of domestic violence, as set forth in Section 124250 of
 16 the Health and Safety Code, or sexual violence, as set forth in
 17 Sections 243.4 and 261, shall, to the degree that it is medically
 18 possible for the individual patient, provide brief counseling,
 19 education, or other support, and offer a warm handoff or referral
 20 to local and national domestic violence or sexual violence advocacy
 21 services, as described in Sections 1035.2 and 1037.1 of the
 22 Evidence Code, before the end of the patient visit. The health
 23 practitioner shall have met the requirements of this subdivision
 24 when the brief counseling, education, or other support is provided
 25 and warm handoff or referral is offered by a member of the health
 26 care team at the health facility.

27 (h) A health practitioner may offer a warm handoff and referral
 28 to other available victim services, including, but not limited to,
 29 legal aid, community-based organizations, behavioral health, crime
 30 victim compensation, forensic evidentiary exams, trauma recovery
 31 centers, family justice centers, and law enforcement to patients
 32 who are suspected to have suffered any nonaccidental injury.

33 (i) Nothing in this section limits or overrides the ability of a
 34 health practitioner to alert law enforcement to an imminent and
 35 serious threat to health or safety of an individual or the public,
 36 pursuant to the privacy rules of the federal Health Insurance
 37 Portability and Accountability Act of 1996 in subdivisions (c) and
 38 (j) of Section 164.512 of Title 45 of the Code of Federal
 39 Regulations, or at the patient’s request.

1 (j) For the purposes of this section, it is the Legislature’s intent
2 to avoid duplication of information.

3 (k) For purposes of this section only, “employed by a local
4 government agency” includes an employee of an entity under
5 contract with a local government agency to provide medical
6 services.

7 (l) For purposes of this section, the following terms have the
8 following meanings:

9 (1) “Warm handoff” may include, but is not limited to, the health
10 practitioner establishing direct and live connection through a call
11 with a survivor advocate, in-person onsite survivor advocate,
12 in-person on-call survivor advocate, or some other form of
13 teleadvocacy. The patient may decline the warm handoff.

14 (2) “Referral” may include, but is not limited to, the health
15 practitioner sharing information about how a patient can get in
16 touch with a local or national survivor advocacy organization,
17 information about how the survivor advocacy organization could
18 be helpful for the patient, what the patient could expect when
19 contacting the survivor advocacy organization, or the survivor
20 advocacy organization’s contact information.

21 (m) A health practitioner shall not be civilly or criminally liable
22 for any report that is made in good faith and in compliance with
23 this section and all other applicable state and federal laws.

24 (n) This section shall become operative on January 1, 2025.

25 SEC. 4. Section 11161 of the Penal Code is amended to read:

26 11161. Notwithstanding Section 11160, the following shall
27 apply to every physician ~~or~~ and surgeon who has under ~~his or her~~
28 *their* charge or care any person described in subdivision (a) of
29 Section 11160:

30 (a) The physician ~~or~~ and surgeon shall make a report in
31 accordance with subdivision (b) of Section 11160 to a local law
32 enforcement agency.

33 (b) It is recommended that any medical records of a person
34 about whom the physician ~~or~~ and surgeon is required to report
35 pursuant to subdivision (a) include the following:

36 (1) Any comments by the injured person regarding past domestic
37 violence, as defined in Section 13700, or regarding the name of
38 any person suspected of inflicting the wound, other physical injury,
39 or assaultive or abusive conduct upon the person.

1 (2) A map of the injured person’s body showing and identifying
2 injuries and bruises at the time of the health care.

3 (3) A copy of the law enforcement reporting form.

4 (c) It is recommended that the physician ~~or~~ and surgeon refer
5 the person to local domestic violence services if the person is
6 suffering or suspected of suffering from domestic violence, as
7 defined in Section 13700.

8 (d) *This section shall remain in effect only until January 1, 2025,*
9 *and as of that date is repealed.*

10 SEC. 5. Section 11161 is added to the Penal Code, to read:

11 11161. Notwithstanding Section 11160, the following shall
12 apply to every physician and surgeon who has under their charge
13 or care any person described in subdivision (a) of Section 11160:

14 (a) The physician and surgeon shall make a report in accordance
15 with subdivision (b) of Section 11160 to a local law enforcement
16 agency.

17 (b) It is recommended that any medical records of a person
18 about whom the physician and surgeon is required to report
19 pursuant to subdivision (a) include the following:

20 (1) Any comments by the injured person regarding past domestic
21 violence, as defined in Section 13700, or regarding the name of
22 any person suspected of inflicting the wound or other physical
23 injury upon the person.

24 (2) A map of the injured person’s body showing and identifying
25 injuries and bruises at the time of the health care.

26 (3) A copy of the law enforcement reporting form.

27 (c) The physician and surgeon shall offer a referral to local
28 domestic violence services if the person is suffering or suspected
29 of suffering from domestic violence, as defined in Section 13700.

30 (d) This section shall become operative on January 1, 2025.

31 SEC. 6. Section 11163.2 of the Penal Code is amended to read:

32 11163.2. (a) In any court proceeding or administrative hearing,
33 neither the physician-patient privilege nor the psychotherapist
34 privilege applies to the information required to be reported pursuant
35 to this article.

36 (b) The reports required by this article shall be kept confidential
37 by the health facility, clinic, or physician’s office that submitted
38 the report, and by local law enforcement agencies, and shall only
39 be disclosed by local law enforcement agencies to those involved
40 in the investigation of the report or the enforcement of a criminal

1 law implicated by a report. In no case shall the person suspected
2 or accused of inflicting the wound, other injury, or assaultive or
3 abusive conduct upon the injured person or ~~his or her~~ *their* attorney
4 be allowed access to the injured person's whereabouts. *Nothing*
5 *in this subdivision is intended to conflict with Section 1054.1 or*
6 *1054.2.*

7 (c) For the purposes of this article, reports of suspected child
8 abuse and information contained therein may be disclosed only to
9 persons or agencies with whom investigations of child abuse are
10 coordinated under the regulations promulgated under Section
11 11174.

12 (d) The Board of Prison Terms may subpoena reports that are
13 not unfounded and reports that concern only the current incidents
14 upon which parole revocation proceedings are pending against a
15 parolee.

16 (e) *This section shall remain in effect only until January 1, 2025,*
17 *and as of that date is repealed.*

18 SEC. 7. Section 11163.2 is added to the Penal Code, to read:

19 11163.2. (a) In any court proceeding or administrative hearing,
20 neither the physician-patient privilege nor the
21 psychotherapist-patient privilege applies to the information required
22 to be reported pursuant to this article.

23 (b) The reports required by this article shall be kept confidential
24 by the health facility, clinic, or physician's office that submitted
25 the report, and by local law enforcement agencies, and shall only
26 be disclosed by local law enforcement agencies to those involved
27 in the investigation of the report or the enforcement of a criminal
28 law implicated by a report. In no case shall the person suspected
29 or accused of inflicting the wound or other injury upon the injured
30 person, or the attorney of the suspect or accused, be allowed access
31 to the injured person's whereabouts. Nothing in this subdivision
32 is intended to conflict with Section 1054.1 or 1054.2.

33 (c) For the purposes of this article, reports of suspected child
34 abuse and information contained therein may be disclosed only to
35 persons or agencies with whom investigations of child abuse are
36 coordinated under the regulations promulgated under Section
37 11174.

38 (d) The Board of Prison Terms may subpoena reports that are
39 not unfounded and reports that concern only the current incidents

1 upon which parole revocation proceedings are pending against a
2 parolee.

3 (e) This section shall become operative on January 1, 2025.

4 SEC. 8. Section 11163.3 of the Penal Code is amended to read:

5 11163.3. (a) A county may establish an interagency domestic
6 violence death review team to assist local agencies in identifying
7 and reviewing domestic violence deaths and near deaths, including
8 homicides and suicides, and facilitating communication among
9 the various agencies involved in domestic violence cases.
10 Interagency domestic violence death review teams have been used
11 successfully to ensure that incidents of domestic violence and
12 abuse are recognized and that agency involvement is reviewed to
13 develop recommendations for policies and protocols for community
14 prevention and intervention initiatives to reduce and eradicate the
15 incidence of domestic violence.

16 (b) (1) For purposes of this section, “abuse” has the meaning
17 set forth in Section 6203 of the Family Code and “domestic
18 violence” has the meaning set forth in Section 6211 of the Family
19 Code.

20 (2) For purposes of this section, “near death” means the victim
21 suffered a life-threatening injury, as determined by a licensed
22 physician or licensed nurse, as a result of domestic violence.

23 (c) A county may develop a protocol that may be used as a
24 guideline to assist coroners and other persons who perform
25 autopsies on domestic violence victims in the identification of
26 domestic violence, in the determination of whether domestic
27 violence contributed to death or whether domestic violence had
28 occurred prior to death, but was not the actual cause of death, and
29 in the proper written reporting procedures for domestic violence,
30 including the designation of the cause and mode of death.

31 (d) County domestic violence death review teams shall be
32 comprised of, but not limited to, the following:

- 33 (1) Experts in the field of forensic pathology.
- 34 (2) Medical personnel with expertise in domestic violence abuse.
- 35 (3) Coroners and medical examiners.
- 36 (4) Criminologists.
- 37 (5) District attorneys and city attorneys.
- 38 (6) Representatives of domestic violence victim service
39 organizations, as defined in subdivision (b) of Section 1037.1 of
40 the Evidence Code.

1 (7) Law enforcement personnel.

2 (8) Representatives of local agencies that are involved with
3 domestic violence abuse reporting.

4 (9) County health department staff who deal with domestic
5 violence victims' health issues.

6 (10) Representatives of local child abuse agencies.

7 (11) Local professional associations of persons described in
8 paragraphs (1) to (10), inclusive.

9 (e) An oral or written communication or a document shared
10 within or produced by a domestic violence death review team
11 related to a domestic violence death review is confidential and not
12 subject to disclosure or discoverable by a third party. An oral or
13 written communication or a document provided by a third party
14 to a domestic violence death review team, or between a third party
15 and a domestic violence death review team, is confidential and not
16 subject to disclosure or discoverable by a third party. This includes
17 a statement provided by a survivor in a near-death case review.
18 Notwithstanding the foregoing, recommendations of a domestic
19 violence death review team upon the completion of a review may
20 be disclosed at the discretion of a majority of the members of the
21 domestic violence death review team.

22 (f) Each organization represented on a domestic violence death
23 review team may share with other members of the team information
24 in its possession concerning the victim who is the subject of the
25 review or any person who was in contact with the victim and any
26 other information deemed by the organization to be pertinent to
27 the review. Any information shared by an organization with other
28 members of a team is confidential. This provision shall permit the
29 disclosure to members of the team of any information deemed
30 confidential, privileged, or prohibited from disclosure by any other
31 statute.

32 (g) Written and oral information may be disclosed to a domestic
33 violence death review team established pursuant to this section.
34 The team may make a request in writing for the information sought
35 and any person with information of the kind described in paragraph
36 (2) may rely on the request in determining whether information
37 may be disclosed to the team.

38 (1) An individual or agency that has information governed by
39 this subdivision shall not be required to disclose information. The

1 intent of this subdivision is to allow the voluntary disclosure of
2 information by the individual or agency that has the information.

3 (2) The following information may be disclosed pursuant to this
4 subdivision:

5 (A) Notwithstanding Section 56.10 of the Civil Code, medical
6 information.

7 (B) Notwithstanding Section 5328 of the Welfare and
8 Institutions Code, mental health information.

9 (C) Notwithstanding Section 15633.5 of the Welfare and
10 Institutions Code, information from elder abuse reports and
11 investigations, except the identity of persons who have made
12 reports, which shall not be disclosed.

13 (D) Notwithstanding Section 11167.5 of the Penal Code,
14 information from child abuse reports and investigations, except
15 the identity of persons who have made reports, which shall not be
16 disclosed.

17 (E) State summary criminal history information, criminal
18 offender record information, and local summary criminal history
19 information, as defined in Sections 11075, 11105, and 13300 of
20 the Penal Code.

21 (F) Notwithstanding Section 11163.2 of the Penal Code,
22 information pertaining to reports by health practitioners of persons
23 suffering from physical injuries inflicted by means of a firearm or
24 of persons suffering physical injury where the injury is a result of
25 assaultive or abusive conduct, and information relating to whether
26 a physician referred the person to local domestic violence services
27 as recommended by Section 11161 of the Penal Code.

28 (G) Notwithstanding Section 827 of the Welfare and Institutions
29 Code, information in any juvenile court proceeding.

30 (H) Information maintained by the Family Court, including
31 information relating to the Family Conciliation Court Law pursuant
32 to Section 1818 of the Family Code, and Mediation of Custody
33 and Visitation Issues pursuant to Section 3177 of the Family Code.

34 (I) Information provided to probation officers in the course of
35 the performance of their duties, including, but not limited to, the
36 duty to prepare reports pursuant to Section 1203.10 of the Penal
37 Code, as well as the information on which these reports are based.

38 (J) Notwithstanding Section 10850 of the Welfare and
39 Institutions Code, records of in-home supportive services, unless
40 disclosure is prohibited by federal law.

1 (3) The disclosure of written and oral information authorized
2 under this subdivision shall apply notwithstanding Sections 2263,
3 2918, 4982, and 6068 of the Business and Professions Code, or
4 the lawyer-client privilege protected by Article 3 (commencing
5 with Section 950) of Chapter 4 of Division 8 of the Evidence Code,
6 the physician-patient privilege protected by Article 6 (commencing
7 with Section 990) of Chapter 4 of Division 8 of the Evidence Code,
8 the psychotherapist-patient privilege protected by Article 7
9 (commencing with Section 1010) of Chapter 4 of Division 8 of
10 the Evidence Code, the sexual assault counselor-victim privilege
11 protected by Article 8.5 (commencing with Section 1035) of
12 Chapter 4 of Division 8 of the Evidence Code, the domestic
13 violence counselor-victim privilege protected by Article 8.7
14 (commencing with Section 1037) of Chapter 4 of Division 8 of
15 the Evidence Code, and the human trafficking caseworker-victim
16 privilege protected by Article 8.8 (commencing with Section 1038)
17 of Chapter 4 of Division 8 of the Evidence Code.

18 (4) In near-death cases, representatives of domestic violence
19 victim service organizations, as defined in subdivision (b) of
20 Section 1037.1 of the Evidence Code, shall obtain an individual's
21 informed consent in accordance with all applicable state and federal
22 confidentiality laws, before disclosing confidential information
23 about that individual to another team member as specified in this
24 section. In death review cases, representatives of domestic violence
25 victim service organizations shall only provide client-specific
26 information in accordance with both state and federal
27 confidentiality requirements.

28 (5) Near-death case reviews shall only occur after any
29 prosecution has concluded.

30 (6) Near-death survivors shall not be compelled to participate
31 in death review team investigations; their participation is voluntary.
32 In cases of death, the victim's family members may be invited to
33 participate, however they shall not be compelled to do so; their
34 participation is voluntary. Members of the death review teams
35 shall be prepared to provide referrals for services to address the
36 unmet needs of survivors and their families when appropriate.

37 *(h) This section shall remain in effect only until January 1, 2025,*
38 *and as of that date is repealed.*

39 SEC. 9. Section 11163.3 is added to the Penal Code, to read:

1 11163.3. (a) A county may establish an interagency domestic
2 violence death review team to assist local agencies in identifying
3 and reviewing domestic violence deaths and near deaths, including
4 homicides and suicides, and facilitating communication among
5 the various agencies involved in domestic violence cases.
6 Interagency domestic violence death review teams have been used
7 successfully to ensure that incidents of domestic violence and
8 abuse are recognized and that agency involvement is reviewed to
9 develop recommendations for policies and protocols for community
10 prevention and intervention initiatives to reduce and eradicate the
11 incidence of domestic violence.

12 (b) (1) For purposes of this section, “abuse” has the meaning
13 set forth in Section 6203 of the Family Code and “domestic
14 violence” has the meaning set forth in Section 6211 of the Family
15 Code.

16 (2) For purposes of this section, “near death” means the victim
17 suffered a life-threatening injury, as determined by a licensed
18 physician or licensed nurse, as a result of domestic violence.

19 (c) A county may develop a protocol that may be used as a
20 guideline to assist coroners and other persons who perform
21 autopsies on domestic violence victims in the identification of
22 domestic violence, in the determination of whether domestic
23 violence contributed to death or whether domestic violence had
24 occurred prior to death, but was not the actual cause of death, and
25 in the proper written reporting procedures for domestic violence,
26 including the designation of the cause and mode of death.

27 (d) County domestic violence death review teams shall be
28 comprised of, but not limited to, the following:

- 29 (1) Experts in the field of forensic pathology.
- 30 (2) Medical personnel with expertise in domestic violence abuse.
- 31 (3) Coroners and medical examiners.
- 32 (4) Criminologists.
- 33 (5) District attorneys and city attorneys.
- 34 (6) Representatives of domestic violence victim service
35 organizations, as defined in subdivision (b) of Section 1037.1 of
36 the Evidence Code.
- 37 (7) Law enforcement personnel.
- 38 (8) Representatives of local agencies that are involved with
39 domestic violence abuse reporting.

1 (9) County health department staff who deal with domestic
2 violence victims' health issues.

3 (10) Representatives of local child abuse agencies.

4 (11) Local professional associations of persons described in
5 paragraphs (1) to (10), inclusive.

6 (e) An oral or written communication or a document shared
7 within or produced by a domestic violence death review team
8 related to a domestic violence death review is confidential and not
9 subject to disclosure or discoverable by a third party. An oral or
10 written communication or a document provided by a third party
11 to a domestic violence death review team, or between a third party
12 and a domestic violence death review team, is confidential and not
13 subject to disclosure or discoverable by a third party. This includes
14 a statement provided by a survivor in a near-death case review.
15 Notwithstanding the foregoing, recommendations of a domestic
16 violence death review team upon the completion of a review may
17 be disclosed at the discretion of a majority of the members of the
18 domestic violence death review team.

19 (f) Each organization represented on a domestic violence death
20 review team may share with other members of the team information
21 in its possession concerning the victim who is the subject of the
22 review or any person who was in contact with the victim and any
23 other information deemed by the organization to be pertinent to
24 the review. Any information shared by an organization with other
25 members of a team is confidential. This provision shall permit the
26 disclosure to members of the team of any information deemed
27 confidential, privileged, or prohibited from disclosure by any other
28 statute.

29 (g) Written and oral information may be disclosed to a domestic
30 violence death review team established pursuant to this section.
31 The team may make a request in writing for the information sought
32 and any person with information of the kind described in paragraph
33 (2) may rely on the request in determining whether information
34 may be disclosed to the team.

35 (1) An individual or agency that has information governed by
36 this subdivision shall not be required to disclose information. The
37 intent of this subdivision is to allow the voluntary disclosure of
38 information by the individual or agency that has the information.

39 (2) The following information may be disclosed pursuant to this
40 subdivision:

1 (A) Notwithstanding Section 56.10 of the Civil Code, medical
2 information.

3 (B) Notwithstanding Section 5328 of the Welfare and
4 Institutions Code, mental health information.

5 (C) Notwithstanding Section 15633.5 of the Welfare and
6 Institutions Code, information from elder abuse reports and
7 investigations, except the identity of persons who have made
8 reports, which shall not be disclosed.

9 (D) Notwithstanding Section 11167.5, information from child
10 abuse reports and investigations, except the identity of persons
11 who have made reports, which shall not be disclosed.

12 (E) State summary criminal history information, criminal
13 offender record information, and local summary criminal history
14 information, as defined in Sections 11075, 11105, and 13300.

15 (F) Notwithstanding Section 11163.2, information pertaining
16 to reports by health practitioners of persons suffering from physical
17 injuries inflicted by means of a firearm or abuse, if reported, and
18 information relating to whether a physician referred the person to
19 local domestic violence services, as recommended by Section
20 11161.

21 (G) Notwithstanding Section 827 of the Welfare and Institutions
22 Code, information in any juvenile court proceeding.

23 (H) Information maintained by the Family Court, including
24 information relating to the Family Conciliation Court Law pursuant
25 to Section 1818 of the Family Code, and Mediation of Custody
26 and Visitation Issues pursuant to Section 3177 of the Family Code.

27 (I) Information provided to probation officers in the course of
28 the performance of their duties, including, but not limited to, the
29 duty to prepare reports pursuant to Section 1203.10, as well as the
30 information on which these reports are based.

31 (J) Notwithstanding Section 10850 of the Welfare and
32 Institutions Code, records of in-home supportive services, unless
33 disclosure is prohibited by federal law.

34 (3) The disclosure of written and oral information authorized
35 under this subdivision shall apply notwithstanding Sections 2263,
36 2918, 4982, and 6068 of the Business and Professions Code, or
37 the lawyer-client privilege protected by Article 3 (commencing
38 with Section 950) of Chapter 4 of Division 8 of the Evidence Code,
39 the physician-patient privilege protected by Article 6 (commencing
40 with Section 990) of Chapter 4 of Division 8 of the Evidence Code,

1 the psychotherapist-patient privilege protected by Article 7
2 (commencing with Section 1010) of Chapter 4 of Division 8 of
3 the Evidence Code, the sexual assault counselor-victim privilege
4 protected by Article 8.5 (commencing with Section 1035) of
5 Chapter 4 of Division 8 of the Evidence Code, the domestic
6 violence counselor-victim privilege protected by Article 8.7
7 (commencing with Section 1037) of Chapter 4 of Division 8 of
8 the Evidence Code, and the human trafficking caseworker-victim
9 privilege protected by Article 8.8 (commencing with Section 1038)
10 of Chapter 4 of Division 8 of the Evidence Code.

11 (4) In near-death cases, representatives of domestic violence
12 victim service organizations, as defined in subdivision (b) of
13 Section 1037.1 of the Evidence Code, shall obtain an individual's
14 informed consent in accordance with all applicable state and federal
15 confidentiality laws, before disclosing confidential information
16 about that individual to another team member as specified in this
17 section. In death review cases, representatives of domestic violence
18 victim service organizations shall only provide client-specific
19 information in accordance with both state and federal
20 confidentiality requirements.

21 (5) Near-death case reviews shall only occur after any
22 prosecution has concluded.

23 (6) Near-death survivors shall not be compelled to participate
24 in death review team investigations; their participation is voluntary.
25 In cases of death, the victim's family members may be invited to
26 participate, however they shall not be compelled to do so; their
27 participation is voluntary. Members of the death review teams
28 shall be prepared to provide referrals for services to address the
29 unmet needs of survivors and their families when appropriate.

30 (h) This section shall become operative on January 1, 2025.

31 SEC. 10. No reimbursement is required by this act pursuant
32 to Section 6 of Article XIII B of the California Constitution because
33 the only costs that may be incurred by a local agency or school
34 district will be incurred because this act creates a new crime or
35 infraction, eliminates a crime or infraction, or changes the penalty
36 for a crime or infraction, within the meaning of Section 17556 of
37 the Government Code, or changes the definition of a crime within

- 1 the meaning of Section 6 of Article XIII B of the California
- 2 Constitution.

O

ASSEMBLY BILL

No. 1055

Introduced by Assembly Member Bains

February 15, 2023

An act to add Chapter 9.7 (commencing with Section 4450) to Division 2 of the Business and Professions Code, and to amend Section 11833 of the Health and Safety Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 1055, as introduced, Bains. Alcohol drug counselors.

Existing law requires the State Department of Health Care Services to license and regulate adult alcoholism or drug abuse recovery or treatment facilities. Existing law also requires the department to require that an individual providing counseling services within a program be certified by a certifying organization approved by the department. Existing law authorizes the department to charge a fee to all programs for licensure or certification by the department, and establishes the Residential and Outpatient Program Licensing Fund to hold these fees.

This bill would create, upon appropriation by the Legislature, the Allied Behavioral Health Board within the Department of Consumer Affairs. The bill would require the board to establish regulations and standards for the licensure of alcohol drug counselors, as specified. The bill would authorize the board to collaborate with the Department of Health Care Access and Information regarding behavioral health professions, review sunrise review applications for emerging behavioral health license and certification programs, and refer complaints regarding behavioral health workers to appropriate agencies, as specified. The bill would require an applicant to satisfy certain requirements, including, among other things, possession of a master's degree in alcohol and drug

counseling or a related counseling master’s degree, as specified. The bill would, commencing 18 months after the board commences approving licenses, impose additional requirements on an applicant, including completion of a supervised practicum from an approved educational institution, and documentation that either the applicant is certified by a certifying organization or the applicant has completed 2,000 hours of postgraduate supervised work experience. The bill would impose requirements related to continuing education and discipline of licensees. The bill would prohibit a person from using the title of “Licensed Alcohol Drug Counselor” unless the person has applied for and obtained a license from the board, and would make a violation of that provision punishable by an administrative penalty not to exceed \$10,000.

The bill would specify that it does not require a person employed or volunteering at an outpatient treatment program or residential treatment facility certified or licensed by the State Department of Health Care Services to be licensed by the board. The bill would require the board to establish fees for licensure, as specified, and would revert all unencumbered funds appropriated from fees in the Residential and Outpatient Program Licensing Fund to the State Department of Health Care Services for the purpose of certification oversight of substance use disorder counselors to that fund.

Existing law requires, by December 31, 2025, the State Department of Health Care Services to adopt regulations to implement changes made by legislation during the 2021–22 Legislative Session relating to the qualifications and registration or certification of personnel working within alcoholism or drug abuse recovery and treatment programs licensed, certified, or funded under state law.

This bill would instead require the State Department of Health Care Services to adopt those regulations by December 31, 2027.

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

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

- 1 SECTION 1. Chapter 9.7 (commencing with Section 4450) is
- 2 added to Division 2 of the Business and Professions Code, to read:

1 CHAPTER 9.7. ALLIED BEHAVIORAL HEALTH BOARD

2
3 Article 1. General Provisions

4
5 4450. (a) “Board” means the Allied Behavioral Health Board.

6 (b) “Certifying organization” means a certifying organization
7 approved by the State Department of Health Care Services pursuant
8 to Chapter 7 (commencing with Section 11830) of Part 2 of
9 Division 10.5 of the Health and Safety Code.

10 (c) “Core functions” means the performance parameters utilized
11 by alcohol drug counselors as established by the International
12 Certification and Reciprocity Consortium and identified in
13 subdivision (a) of Section 4456.

14 (d) “Intern” means an unlicensed person who meets the
15 educational requirements for licensure and is registered with the
16 board.

17 (e) “Licensed Alcohol Drug Counselor” means a person licensed
18 by the board pursuant to this chapter to use the title “Licensed
19 Alcohol Drug Counselor,” conduct an independent practice of
20 alcohol drug counseling, and provide supervision to other alcohol
21 drug counselors.

22 (f) “Trainee” means an unlicensed person who is currently
23 enrolled in a course of education that is designed to qualify the
24 individual for licensure under this chapter and who has completed
25 no less than 12 semester units or 18 quarter units of coursework
26 in a qualifying educational program.

27 4451. (a) There is in the Department of Consumer Affairs the
28 Allied Behavioral Health Board that consists of the following
29 members:

30 (1) Five members appointed by the Governor as follows:

31 (A) Except as provided in subparagraph (B), a member
32 appointed pursuant to this paragraph shall be an alcohol drug
33 counselor licensed pursuant to this chapter and shall have at least
34 five years of experience in their profession.

35 (B) From the commencement of appointments and until licenses
36 for alcohol drug counselors are issued, the Governor shall appoint
37 alcohol and drug addiction counselors certified by a certifying
38 organization.

39 (C) Three of the members appointed by the Governor shall
40 represent each certifying organization. In the event more than three

1 certifying organizations exist, certifying organizations shall rotate
2 on and off of the board according to the date of approval by the
3 State Department of Health Care Services, with the most recent
4 appointed last so as not to exceed three members of the board. In
5 the event less than three certifying organizations exist, one member
6 per organization shall be appointed and the Governor shall appoint
7 any remaining members pursuant to subparagraphs (A) and (B).

8 (2) Five public members who are not licensed pursuant to this
9 chapter or certified by a certifying organization, appointed as
10 follows:

11 (A) Three members appointed by the Governor.

12 (B) One member appointed by the Senate Committee on Rules.

13 (C) One member appointed by the Speaker of the Assembly.

14 (3) One member, appointed by the Governor, who is a licensed
15 physician and surgeon and who specializes in addiction medicine.

16 (b) Each member shall reside in the State of California.

17 (c) Each member of the board shall be appointed for a term of
18 four years. A member shall hold office until the appointment and
19 qualification of their successor or until one year from the expiration
20 date of the term for which they were appointed, whichever occurs
21 first.

22 (d) A vacancy on the board shall be filled by appointment for
23 the unexpired term by the authority who appointed the member
24 whose membership was vacated.

25 (e) On or before June 1 of each calendar year, the board shall
26 elect a chairperson and a vice chairperson from its membership.

27 4452. (a) The board shall appoint an executive officer. This
28 position is designated as a confidential position and is exempt from
29 civil service under subdivision (e) of Section 4 of Article VII of
30 the California Constitution.

31 (b) The executive officer serves at the pleasure of the board.

32 (c) The executive officer shall exercise the powers and perform
33 the duties delegated by the board and vested in them by this
34 chapter.

35 (d) With the approval of the director, the board shall fix the
36 salary of the executive officer.

37 (e) The chairperson and executive officer may call meetings of
38 the board and any duly appointed committee at a specified time
39 and place. For purposes of this section, “call meetings” means

1 setting the agenda, time, date, or place for any meeting of the board
2 or any committee.

3 4452. Subject to the State Civil Service Act (Part 2
4 (commencing with Section 18500) of Division 5 of Title 2 of the
5 Government Code) and except as provided by Sections 155, 156,
6 and 159.5, the board may employ any clerical, technical, and other
7 personnel as it deems necessary to carry out the provisions of this
8 chapter, within budget limitations.

9 4453. The board shall keep an accurate record of all of its
10 proceedings and a record of all applicants for licensure and all
11 individuals to whom it has issued a license.

12 4454. The duty of administering and enforcing this chapter is
13 vested in the board and the executive officer subject to, and under
14 the direction of, the board. In the performance of this duty, the
15 board and the executive officer have all the powers and are subject
16 to all the responsibilities vested in, and imposed upon, the head of
17 a department by Chapter 2 (commencing with Section 11150) of
18 Part 1 of Division 3 of Title 2 of the Government Code.

19 4455. (a) In order to carry out the provisions of this chapter,
20 the board shall do, but shall not be limited to, all of the following:

- 21 (1) Adopt rules and regulations to implement this chapter.
- 22 (2) Issue licenses and register interns and trainees.
- 23 (3) Establish procedures for the receipt, investigation, and
24 resolution of complaints against licensees, interns, and trainees.
- 25 (4) Take disciplinary action against a licensee, intern, or trainee
26 where appropriate, including, but not limited to, censure or
27 reprimand, probation, suspension, or revocation of the license or
28 registration, or imposition of fines or fees.
- 29 (5) Establish continuing education requirements for licensees.
- 30 (6) Establish criteria to determine whether the curriculum of an
31 educational institution satisfies the licensure requirements imposed
32 by this chapter.
- 33 (7) Select one or more license examinations to qualify applicants
34 for licensure.
- 35 (8) Establish parameters of unprofessional conduct for licensees
36 that are consistent with generally accepted ethics codes for the
37 profession.
- 38 (9) Establish reinstatement procedures for an expired or revoked
39 license.
- 40 (10) Establish supervisory requirements for interns.

1 (11) Establish a process for approving supervised work
2 experience hours earned by applicants that were obtained while
3 certified by an approved certification organization, prior to
4 completion of a master’s degree.

5 (12) Align licensure requirements to the Substance Abuse and
6 Mental Health Services Administration’s career ladder for
7 substance use disorder counselors.

8 (13) Establish procedures for approving reciprocity for licenses
9 obtained in other states or nations.

10 (b) The board may perform the following activities:

11 (1) Collaborate with the Department of Health Care Access and
12 Information concerning workforce development strategies that
13 impact behavioral health professions.

14 (2) Assist the relevant committee in reviewing and making
15 determinations regarding sunrise review applications, pursuant to
16 Article 8 (commencing with Section 9148) of Chapter 1.5 of Part
17 1 of Division 2 of Title 2 of the Government Code, for emerging
18 behavioral health license or certification programs.

19 (3) Refer complaints about licensed and certified behavioral
20 health workers to appropriate agencies and private organizations
21 and catalog complaints about unlicensed behavioral health workers.

22 (c) The board shall consult the public, especially people in
23 recovery, providers of substance use disorder services, and
24 organizations that certify substance use disorder counselors before
25 adopting regulations and standards pursuant to subdivision (a).

26 4456. (a) A licensee may engage in the practice of alcohol and
27 drug counseling. For purposes of this chapter, the “practice of
28 alcohol and drug counseling” means performing any of the
29 following 12 core functions for the purpose of treating substance
30 use disorder:

31 (1) Screening. The process by which a client is determined to
32 be eligible for admission to a particular alcohol and drug treatment
33 program.

34 (2) Initial Intake. The administrative and initial assessment
35 procedures for admission to an alcohol and drug treatment program.
36 Assessment shall not include psychological testing intended to
37 measure or diagnose mental illness.

38 (3) Orientation. Describing to the client the general nature and
39 goals of the alcohol and drug treatment program, including rules

1 governing client conduct and infractions that can lead to
2 disciplinary action or discharge from the program.

3 (4) Alcohol and drug counseling, including individual, group,
4 and significant others. The utilization of special skills to assist
5 individuals, families, or groups in achieving objectives through
6 exploration of a problem and its ramifications, examination of
7 attitudes and feelings, considerations of alternative solutions, and
8 decisionmaking as each relates to substance abuse. Counseling
9 shall be limited to assisting a client in learning more about
10 themselves for the purposes of understanding how to effectuate
11 clearly perceived, realistically defined goals related to abstinence.
12 Counseling is limited to assisting the client to learn or acquire new
13 skills that will enable the client to cope and adjust to life situations
14 without the use of substances.

15 (5) Case management. Activities that bring services, agencies,
16 resources, or individuals together within a planned framework of
17 action toward achievement of established goals. It may involve
18 liaison activities and collateral contacts.

19 (6) Crisis intervention. Those services that respond to an alcohol
20 or drug abuser's needs during acute emotional or physical distress.

21 (7) Assessment. Those procedures by which a counselor or
22 program identifies and evaluates an individual's strengths,
23 weaknesses, problems, and needs for the development of the
24 alcohol and drug treatment plan.

25 (8) Treatment planning. The process by which the counselor
26 and the client identify and rank problems needing resolution,
27 establish agreed-upon immediate and long-term goals, and decide
28 on a treatment process and the resources to be utilized.

29 (9) Client education. Providing information to individuals and
30 groups concerning alcohol and other drugs of abuse and the
31 services and resources available.

32 (10) Referral. Identifying the needs of the client that cannot be
33 met by the counselor or agency, as well as assisting the client in
34 utilizing the support systems and community resources available.

35 (11) Reports and recordkeeping. Documenting the client's
36 progress in achieving the client's goals.

37 (12) Consultation with other professionals in regard to client
38 treatment or services. Communicating with other professionals to
39 ensure comprehensive, quality care for the client.

1 (b) Unless otherwise licensed, a licensee may perform the acts
2 listed in this section only for the purpose of treating a substance
3 use disorder.

4 (c) This section shall not be construed to constrict or limit a
5 person duly licensed by the Medical Practice Act (Chapter 5
6 (commencing with Section 2000)), the Nursing Practice Act
7 (Chapter 6 (commencing with Section 2700)), the Psychology
8 Licensing Law (Chapter 6.6 (commencing with Section 2900)),
9 the Licensed Marriage and Family Therapist Act (Chapter 13
10 (commencing with Section 4980)), or the Clinical Social Worker
11 Practice Act (Chapter 14 (commencing with Section 4991)) from
12 providing a core function, provided the individual does not use
13 the title “Licensed Alcohol Drug Counselor.”

14
15 Article 2. Licensure

16
17 4457. (a) For a period not to exceed 18 months from the time
18 the board commences issuing licenses, the board may issue an
19 alcohol drug counselor license if the applicant satisfies the
20 following requirements:

- 21 (1) Completion of an application for a license.
- 22 (2) Payment of the fees prescribed by the board.
- 23 (3) Possession of a master’s degree in alcohol and drug
24 counseling or related counseling master’s degree that meets the
25 board’s requirements to sit for an exam described in paragraph
26 (4).
- 27 (4) Passing the International Certification and Reciprocity
28 Consortium Advanced Alcohol and Other Drug Abuse Counselor
29 written examination, the National Certification Commission for
30 Addiction Professionals Master of Addiction Counseling written
31 examination, or another equivalent examination, as determined by
32 the board.

33 (b) No later than 18 months from the time the board commences
34 approving licenses, the board may issue an alcohol drug counselor
35 license if the applicant satisfies the following requirements:

- 36 (1) Completion of an application for a license.
- 37 (2) Payment of the fees prescribed by the board.
- 38 (3) Documentation of both of the following:
39 (A) Possession of a master’s degree in alcohol and drug
40 counseling or related counseling master’s degree obtained from a

1 school, college, or university that, at the time the degree was
2 conferred, was approved by the board and was accredited by the
3 Western Association of Schools and Colleges or a nationally
4 accredited learning institution approved by the board.

5 (B) The master’s degree required pursuant to subparagraph (A)
6 or the master’s degree and additional coursework include at least
7 315 hours of core education in alcohol drug counseling that aligns
8 with national standards of competence approved by the board.

9 (4) Completion of a supervised practicum from an educational
10 institution approved by the board.

11 (5) Passing a written examination approved by the board.

12 (6) Documentation of either of the following:

13 (A) The applicant, at the time of application, is certified by a
14 certifying organization.

15 (B) The applicant has completed 2,000 hours of postgraduate
16 supervised work experience.

17 4458. A licensee shall attest to the board every two years, on
18 a form prescribed by the board, that they have completed
19 continuing education coursework that is offered by a
20 board-approved provider and that is in or relevant to the field of
21 alcohol drug counseling. The board may require licensees to take
22 specific coursework, including, but not limited to, coursework
23 concerning supervisory training, as a condition of license renewal.

24 (a) The board may audit the records of a licensee to verify the
25 completion of the continuing education requirement.

26 (b) A licensee shall maintain records of completion of required
27 continuing education coursework for a minimum of five years and
28 shall make these records available to the board for auditing
29 purposes upon request.

30 (c) An attestation made pursuant to this section shall not be
31 subject to penalty of perjury.

32 4459. The board shall renew an unexpired license of a licensee
33 who meets the following qualifications:

34 (a) The licensee has applied for renewal on a form prescribed
35 by the board and paid the required renewal fee.

36 (b) The licensee attests compliance with continuing education
37 requirements pursuant to Section 4458. An attestation made
38 pursuant to this subdivision shall not be subject to penalty of
39 perjury.

1 (c) The licensee has notified the board whether they have been
2 subject to, or whether another board has taken, disciplinary action
3 since the last renewal.

4 4460. The board may renew an expired license of a former
5 licensee who meets the following qualifications:

6 (a) The former licensee has applied for renewal on a form
7 prescribed by the board within three years of the expiration date
8 of the license.

9 (b) The former licensee has paid the renewal fees that would
10 have been paid if the license had not been delinquent.

11 (c) The former licensee has paid all delinquency fees.

12 (d) The former licensee attests compliance with continuing
13 education requirements, including for the time the license was
14 expired. An attestation made pursuant to this subdivision shall not
15 be subject to penalty of perjury.

16 (e) The former licensee notifies the board whether they have
17 been subject to, or whether another board has taken, disciplinary
18 action against the former licensee since the last renewal.

19 4461. (a) A license that is not renewed within three years after
20 its expiration may not be renewed, restored, reinstated, or reissued
21 thereafter, but the former licensee may apply for and obtain a new
22 license if all of the following are satisfied:

23 (1) No fact, circumstance, or condition exists that, if the license
24 were issued, would justify its revocation or suspension.

25 (2) The former licensee pays the fees that would be required if
26 they were applying for a license for the first time.

27 (3) The former licensee meets the corresponding requirements
28 for licensure as a licensed alcohol drug counselor at the time of
29 application.

30 (b) A suspended license is subject to expiration and may be
31 renewed as provided in this article, but the renewal does not entitle
32 the licensee, while it remains suspended and until it is reinstated,
33 to engage in the activity for which the license related, or in any
34 other activity or conduct in violation of the order or judgment by
35 which it was suspended.

36 (c) A revoked license is subject to expiration, but it may not be
37 renewed. If it is reinstated after its expiration, the licensee shall,
38 as a condition precedent to its reinstatement, pay a reinstatement
39 fee in an amount equal to the renewal fee in effect on the last

1 regular renewal date before the date on which it is reinstated, plus
2 the delinquency fee, if any, accrued at the time of its revocation.

3 4462. (a) A licensed alcohol drug counselor may apply to the
4 board to request that their license be placed on inactive status. A
5 licensee who holds an inactive license shall pay a biennial fee of
6 one-half of the active renewal fee and shall be exempt from
7 continuing education requirements, but shall otherwise be subject
8 to this chapter and shall not engage in the practice of alcohol drug
9 counseling in this state.

10 (b) A licensee on inactive status who has not committed any
11 acts or crimes constituting grounds for denial of licensure may,
12 upon their request, have their license placed on active status. A
13 licensee requesting their license to be placed on active status at
14 any time between a renewal cycle shall pay one-half of the renewal
15 fee.

16
17 Article 3. Enforcement
18

19 4463. (a) Before issuing a license pursuant to Section 4457,
20 the board shall review the state, national, and federal criminal
21 history of the applicant.

22 (b) (1) (A) The board shall deny, suspend, delay, or set aside
23 a person’s license application if, at the time of the board’s
24 determination, the person has a criminal conviction or criminal
25 charge pending, relating to an offense for which the circumstances
26 substantially relate to actions as a licensed alcohol and drug
27 counselor.

28 (B) An applicant who has a criminal conviction or pending
29 criminal charge shall request the appropriate authorities to provide
30 information about the conviction or charge directly to the board
31 in sufficient specificity to enable the board to make a determination
32 as to whether the conviction or charge is substantially related to
33 actions as a licensed alcohol and drug counselor.

34 (2) After a hearing or review of documentation demonstrating
35 that the applicant meets all of the following criteria for a waiver,
36 the board may waive the requirements of this subdivision:

37 (A) Either of the following:

38 (i) For waiver of a felony conviction, more than five years has
39 elapsed since the date of the conviction, and at the time of the
40 application, the applicant is not incarcerated, on work release, on

1 probation, on parole, on postrelease community supervision, or
2 serving any part of a suspended sentence and the applicant is in
3 substantial compliance with all court orders pertaining to fines,
4 restitution, or community service.

5 (ii) For waiver of a misdemeanor conviction or violation, at the
6 time of the application, the applicant is not incarcerated, on work
7 release, on probation, on parole, on postrelease community
8 supervision, or serving any part of a suspended sentence and the
9 applicant is in substantial compliance with all court orders
10 pertaining to fines, restitution, or community service.

11 (B) The applicant is capable of practicing licensed alcohol and
12 drug treatment counselor services in a competent and professional
13 manner.

14 (C) Granting the waiver will not endanger the public health,
15 safety, or welfare.

16 (3) A past criminal conviction shall not serve as an automatic
17 exclusion for licensure. The board shall evaluate the circumstances
18 leading to conviction and determine if the person meets the
19 conditions in subparagraphs (B) and (C) of paragraph (2) in
20 determining approval or denial of the application.

21 4464. (a) A person shall not use the title of “Licensed Alcohol
22 Drug Counselor” unless the person has applied for and obtained
23 a license from the board pursuant to Section 4457.

24 (b) A violation of subdivision (a) shall be punishable by an
25 administrative penalty not to exceed ten thousand dollars (\$10,000).

26 4465. (a) This chapter does not constrict, limit, or withdraw
27 the Medical Practice Act (Chapter 5 (commencing with Section
28 2000)), the Nursing Practice Act (Chapter 6 (commencing with
29 Section 2700)), the Psychology Licensing Law (Chapter 6.6
30 (commencing with Section 2900)), the Licensed Marriage and
31 Family Therapist Act (Chapter 13 (commencing with Section
32 4980)), or the Clinical Social Worker Practice Act (Chapter 14
33 (commencing with Section 4991)).

34 (b) This chapter does not require a person employed or
35 volunteering at a certified outpatient treatment program or licensed
36 residential treatment facility to obtain a license.

37 (c) A licensee shall display their license in a conspicuous place
38 in the licensee’s primary place of practice.

39 (d) A licensed alcohol and drug counselor who conducts a
40 private practice under a fictitious business name shall not use any

1 name that is false, misleading, or deceptive and shall inform the
2 patient, prior to the commencement of treatment, of the name and
3 license designation of the owner or owners of the practice.

4 (e) A licensee or registrant shall give written notice to the board
5 of a name change within 30 days after each change, giving both
6 the old and new names. A copy of the legal document authorizing
7 the name change, such as a court order or marriage certificate,
8 shall be submitted with the notice.

9 4466. The board may refuse to issue a registration or license,
10 or may suspend or revoke the license or registration of any
11 registrant or licensee, if the applicant, licensee, or registrant has
12 been guilty of unprofessional conduct. Unprofessional conduct
13 shall include, but not be limited to, all of the following:

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

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

- 1 (c) Administering to themselves any controlled substance or
2 using any of the dangerous drugs specified in Section 4022, or any
3 alcoholic beverage to the extent, or in a manner, as to be dangerous
4 or injurious to the person applying for a registration or license or
5 holding a registration or license under this chapter, or to any other
6 person, or to the public, or, to the extent that the use impairs the
7 ability of the person applying for or holding a registration or license
8 to conduct with safety to the public the practice authorized by the
9 registration or license, or the conviction of more than one
10 misdemeanor or any felony involving the use, consumption, or
11 self-administration of a substance referred to in this subdivision
12 after becoming licensed. The board shall deny an application for
13 a registration or license or revoke the license or registration of a
14 person who uses or offers to use drugs in the course of performing
15 alcoholism and drug abuse counseling services.
- 16 (d) Gross negligence or incompetence in the performance of
17 alcoholism and drug abuse counseling services.
- 18 (e) Violating, attempting to violate, or conspiring to violate this
19 chapter or a regulation adopted by the board.
- 20 (f) Misrepresentation as to the type or status of a license or
21 registration held by the person, or otherwise misrepresenting or
22 permitting misrepresentation of their education, professional
23 qualifications, or professional affiliations to a person or entity.
- 24 (g) Impersonation of another by a licensee, registrant, or
25 applicant for a license or registration, or, in the case of a licensee,
26 allowing any other person to use their license or registration.
- 27 (h) Aiding or abetting, or employing, directly or indirectly, an
28 unlicensed or unregistered person to engage in conduct for which
29 a license or registration is required under this chapter.
- 30 (i) Intentionally or recklessly causing physical or emotional
31 harm to a client.
- 32 (j) The commission of any dishonest, corrupt, or fraudulent act
33 substantially related to the qualifications, functions, or duties of a
34 licensee or registrant.
- 35 (k) Engaging in sexual relations with a client, or a former client
36 within two years following termination of services, soliciting sexual
37 relations with a client, or committing an act of sexual abuse, or
38 sexual misconduct with a client, or committing an act punishable
39 as a sexually related crime, if that act or solicitation is substantially

1 related to the qualifications, functions, or duties of an alcoholism
2 and drug abuse counselor.

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

8 (m) Before the commencement of treatment, failing to disclose
9 to the client or prospective client the fee to be charged for the
10 professional services, or the basis upon which that fee will be
11 computed.

12 (n) Paying, accepting, or soliciting consideration, compensation,
13 or remuneration, whether monetary or otherwise, for the referral
14 of professional clients. All consideration, compensation, or
15 remuneration shall be in relation to professional counseling services
16 actually provided by the licensee. Nothing in this subdivision shall
17 prevent collaboration among two or more licensees in a case or
18 cases. However, a fee shall not be charged for that collaboration,
19 except when disclosure of the fee has been made in compliance
20 with subdivision (n).

21 (o) Advertising in a manner that is false, misleading, or
22 deceptive.

23 (p) Conduct in the supervision of a registered intern by a licensee
24 that violates this chapter or rules or regulations adopted by the
25 board.

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

31 (r) Permitting a registered intern, trainee, or applicant for
32 licensure under one's supervision or control to perform, or
33 permitting the registered intern, trainee, or applicant for licensure
34 to hold themselves out as competent to perform, professional
35 services beyond the registered intern's, trainee's, or applicant for
36 licensure's level of education, training, or experience.

37 (s) The violation of a statute or regulation governing the training,
38 supervision, or experience required by this chapter.

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

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

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

9 (w) Willful violation of Chapter 1 (commencing with Section
10 123100) of Part 1 of Division 106 of the Health and Safety Code.

11 4467. The board may deny an application, or may suspend or
12 revoke a license or registration issued under this chapter, for any
13 of the following:

14 (a) Denial of licensure, revocation, suspension, restriction, or
15 any other disciplinary action imposed by another state or territory
16 or possession of the United States, or by any other governmental
17 agency, on a license, certificate, or registration to practice
18 alcoholism and drug abuse counseling, or any other healing art,
19 shall constitute unprofessional conduct. A certified copy of the
20 disciplinary action decision or judgment shall be conclusive
21 evidence of that action.

22 (b) Revocation, suspension, or restriction by the board of a
23 license, certificate, or registration to practice as a marriage and
24 family therapist, clinical social worker, or educational psychologist
25 shall also constitute grounds for disciplinary action for
26 unprofessional conduct against the licensee or registrant under this
27 chapter.

28 (c) Written documentation from the State Department of Health
29 Care Services demonstrating that the department has ruled that a
30 certification should be revoked by a private certifying organization.

31 4468. The board shall revoke a license issued under this chapter
32 upon a decision made in accordance with the procedures set forth
33 in Chapter 5 (commencing with Section 11500) of Part 1 of
34 Division 3 of Title 2 of the Government Code that contains any
35 finding of fact that the licensee or registrant engaged in any act of
36 sexual contact, as defined in Section 729, when that act is with a
37 patient, or with a former patient when the relationship was
38 terminated primarily for the purpose of engaging in that act. The
39 revocation shall not be stayed by the administrative law judge or
40 the board.

1 4469. The proceedings conducted under this article shall be
2 held in accordance with Chapter 5 (commencing with Section
3 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

4
5 Article 4. Revenue
6

7 4470. (a) The board may establish fees for licensure under this
8 chapter. The total amount of fees collected pursuant to this chapter
9 shall not exceed the reasonable regulatory cost to the board for
10 administering this chapter. The license fee for an original license
11 and license renewal shall not exceed two hundred dollars (\$200)
12 for the first 10 years of operation or until the board is self-funded,
13 whichever is later.

14 (b) All unencumbered funds appropriated from licensing or
15 certification fees in the Residential and Outpatient Program
16 Licensing Fund to the State Department of Health Care Services
17 for the purpose of certification oversight of substance use disorder
18 counselors are hereby reverted to the fund.

19
20 Article 5. Operation
21

22 4471. This chapter shall become operative upon the
23 appropriation by the Legislature of funds allocated to the state
24 from any of the following:

25 (a) Current or future substance use disorder workforce expansion
26 funds received by the Department of Health Care Access and
27 Information.

28 (b) Current or future substance use disorder workforce expansion
29 funds received by the State Department of Health Care Services.

30 (c) Current or future allocations from the Opioid Settlement
31 Fund.

32 (d) State opioid response grant funding.

33 (e) Other funding provided to the state to address addiction and
34 overdose.

35 (f) Adult use of marijuana funding.

36 SEC. 2. Section 11833 of the Health and Safety Code is
37 amended to read:

38 11833. (a) The department shall have the sole authority in
39 state government to determine the qualifications, including the
40 appropriate skills, education, training, and ~~experience~~ *experience*,

1 of personnel working within alcoholism or drug abuse recovery
2 and treatment programs licensed, certified, or funded under this
3 part.

4 (b) (1) The department shall determine the required core
5 competencies for registered and certified counselors working within
6 an alcoholism or drug abuse recovery and treatment program
7 described in subdivision (a). The department shall consult with
8 affected stakeholders in developing these requirements.

9 (2) Core competencies shall include all of the following
10 elements:

11 (A) Knowledge of the current Diagnostic and Statistical Manual
12 of Mental Disorders.

13 (B) Knowledge of the American Society of Addiction Medicine
14 (ASAM) criteria and continuum of ASAM levels of care, or other
15 similar criteria and standards as approved by the department.

16 (C) Cultural competence, including for people with disabilities,
17 and its implication for treatment.

18 (D) Case management.

19 (E) Utilization of electronic health records systems.

20 (F) Knowledge of medications for addiction treatment.

21 (G) Clinical documentation.

22 (H) Knowledge of cooccurring substance use and mental health
23 conditions.

24 (I) Confidentiality.

25 (J) Knowledge of relevant law and ethics.

26 (K) Understanding and practicing professional boundaries.

27 (L) Delivery of services in the behavioral health delivery system.

28 (3) Core competency requirements described in paragraph (2)
29 shall align with national certification domains and competency
30 exams. The hours completed for the core competency requirements
31 under paragraph (2) shall count toward the education requirements
32 for substance use disorder counselor certification.

33 (4) Hour requirements for registered counselors shall not be
34 lower than the hour requirements approved by the department for
35 certified peer support specialists.

36 (5) Counselors shall have six months from the time of
37 registration to complete the core competency requirements under
38 paragraph (2). A counselor shall provide to the certifying
39 organization that they are registered with proof of completion of
40 the required hours within that timeframe.

1 (6) The department shall not implement the core competency
2 requirements described in paragraph (2) for registered and certified
3 counselors registering or certifying with a state-approved substance
4 use disorder counselor certifying organization before July 1, 2025.

5 (7) Counselors in good standing that registered with a
6 state-approved substance use disorder counselor certifying
7 organization prior to July 1, 2025, are exempt from the
8 requirements detailed in paragraph (4).

9 (8) For the purposes of this subdivision, “in good standing”
10 means registrants with an active registration status.

11 (9) Counselors in good standing that are registered with a
12 state-approved substance use disorder counselor certifying
13 organization and have a master’s degree in psychology, social
14 work, marriage and family therapy, or counseling are exempt from
15 the core competency requirements in paragraph (2).

16 (10) The department shall not specify and implement the hour
17 requirements pursuant to paragraph (4) before July 1, 2025.

18 (c) (1) Except as set forth in subdivision (d), an individual
19 providing counseling services working within a program described
20 in subdivision (a) shall be registered with, or certified by, a
21 certifying organization approved by the department to register and
22 certify counselors.

23 (2) The department shall not approve a certifying organization
24 that does not, prior to registering or certifying an individual, contact
25 other department-approved certifying organizations to determine
26 whether the individual has ever had their registration or
27 certification revoked or has been removed from a postgraduate
28 practicum for an ethical or professional violation.

29 (d) (1) The following individuals are exempt from the
30 requirement in paragraph (1) of subdivision (c) to be registered or
31 certified by a department-approved certifying organization:

32 (A) A graduate student affiliated with university programs in
33 psychology, social work, marriage and family therapy, or
34 counseling, who is completing their supervised practicum hours
35 to meet postgraduate requirements.

36 (B) An associate registered with the Board of Behavioral
37 Sciences.

38 (C) A licensed professional, as defined by the department.

39 (2) A program providing practicum for graduate students
40 exempted from registration or certification in paragraph (1) shall

1 notify department-approved certifying organizations if a graduate
2 student is removed from the practicum as a result of an ethical or
3 professional conduct violation, as determined by either the
4 university or the program.

5 (e) If a counselor’s registration or certification has been
6 previously revoked or the individual has been removed from a
7 postgraduate practicum for an ethical or professional conduct
8 violation, the certifying organization shall deny the request for
9 registration and shall send the counselor a written notice of denial.
10 The notice shall specify the counselor’s right to appeal the denial
11 in accordance with applicable statutes and regulations.

12 (f) The department shall have the authority to conduct periodic
13 reviews of certifying organizations to determine compliance with
14 all applicable laws and regulations, including subdivision (e), and
15 to take actions for noncompliance, including revocation of the
16 department’s approval.

17 (g) (1) Notwithstanding Chapter 3.5 (commencing with Section
18 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
19 the department, without taking any further regulatory action, shall
20 implement, interpret, or make specific the changes made to this
21 section in the 2021–22 Legislative Session by means of all-county
22 letters, plan letters, plan or provider bulletins, or similar
23 instructions.

24 (2) The department shall adopt regulations ~~to implement the~~
25 ~~changes made to this section in the 2021–22 Legislative Session~~
26 ~~by December 31, 2025, 2027,~~ in accordance with the requirements
27 of Chapter 3.5 (commencing with Section 11340) of Part 1 of
28 Division 3 of Title 2 of the Government Code.

O

ASSEMBLY BILL

No. 1101

Introduced by Assembly Member Flora

February 15, 2023

An act to amend Section 462 of the Business and Professions Code, relating to consumer affairs.

LEGISLATIVE COUNSEL'S DIGEST

AB 1101, as introduced, Flora. Department of Consumer Affairs.

Existing law establishes the Department of Consumer Affairs in the Business, Consumer Services, and Housing Agency. The department consists of various boards, bureaus, and commissions that are created to ensure that private businesses and professions that engage in activities that may affect the health, safety, and welfare of the public are adequately regulated. Existing law authorizes any of the boards, bureaus, commissions, or programs within the department to establish a system for an inactive category of licensure for persons who are not actively engaged in the practice of their profession or vocation.

This bill would make a nonsubstantive change to the provision authorizing establishment of an inactive category of licensure.

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

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

- 1 SECTION 1. Section 462 of the Business and Professions Code
- 2 is amended to read:
- 3 462. (a) Any of the boards, bureaus, commissions, or programs
- 4 within the department may establish, by regulation, a system for

1 an inactive category of licensure for persons who are not actively
2 engaged in the practice of their profession or vocation.

3 (b) The regulation shall contain the following provisions:

4 (1) The holder of an inactive license issued pursuant to this
5 section shall not engage in any activity for which a license is
6 required.

7 (2) An inactive license issued pursuant to this section shall be
8 renewed during the same time period in which an active license
9 is renewed. The holder of an inactive license need not comply with
10 any continuing education requirement for renewal of an active
11 license.

12 (3) The renewal fee for a license in an active status shall apply
13 also for a renewal of a license in an inactive status, unless a lesser
14 renewal fee is specified by the board.

15 (4) In order for the holder of an inactive license issued pursuant
16 to this section to restore ~~his or her~~ *the person's* license to an active
17 status, the holder of an inactive license shall comply with all the
18 following:

19 (A) Pay the renewal fee.

20 (B) If the board requires completion of continuing education
21 for renewal of an active license, complete continuing education
22 equivalent to that required for renewal of an active license, unless
23 a different requirement is specified by the board.

24 (c) This section shall not apply to any healing arts board as
25 specified in Section 701.

O

ASSEMBLY BILL

No. 1369

Introduced by Assembly Member Bauer-Kahan

February 17, 2023

An act to amend Section 683 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 1369, as introduced, Bauer-Kahan. Healing arts licensees.

Existing law relating to health care practitioners requires a board, as defined, to report to the State Department of Health Care Services the name and license number of a person whose license has been revoked, suspended, surrendered, made inactive by the licensee, or placed in another category that prohibits the licensee from practicing the licensee's profession, to prevent reimbursement by the state for Medi-Cal and Denti-Cal services provided after the cancellation of a provider's professional license.

This bill would make nonsubstantive changes to that reporting provision.

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

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

- 1 SECTION 1. Section 683 of the Business and Professions Code
- 2 is amended to read:
- 3 683. (a) A board shall report, within 10 working days, to the
- 4 State Department of Health Care Services the name and license
- 5 number of a person whose license has been revoked, suspended,

1 surrendered, made inactive by the licensee, or placed in another
2 category that prohibits the licensee from practicing their profession.
3 The purpose of the reporting requirement is to prevent
4 reimbursement by the state for Medi-Cal and Denti-Cal services
5 provided after the cancellation of a provider’s professional license.

6 (b) “Board,” as used in this section, means the Dental Board of
7 California, the Medical Board of California, the Board of
8 Psychology, the California State Board of Optometry, the
9 California State Board of Pharmacy, the Osteopathic Medical
10 Board of California, the State Board of Chiropractic Examiners,
11 the Board of Behavioral Sciences, the ~~California Podiatric Medical~~
12 ~~Board of Podiatric Medicine, California,~~ and the California Board
13 of Occupational Therapy.

14 (c) This section shall become operative on January 1, 2015.

O

ASSEMBLY BILL

No. 1646

Introduced by Assembly Member Stephanie Nguyen

February 17, 2023

An act to amend Section 104 of the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 1646, as introduced, Stephanie Nguyen. Healing arts boards.

Existing law creates various regulatory boards within the Department of Consumer Affairs. Existing law authorizes health-related boards to adopt regulations requiring licensees to display their licenses in the locality in which they are treating patients and to make specified disclosures to patients.

This bill would make a nonsubstantive change to the license display and disclosure provision.

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

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

- 1 SECTION 1. Section 104 of the Business and Professions Code
- 2 is amended to read:
- 3 104. All boards or other regulatory entities within the
- 4 department's jurisdiction that the department determines to be
- 5 health-related may adopt regulations to require licensees to display
- 6 their licenses or registrations in the locality in which they are
- 7 treating patients, and to inform patients as to the identity of the
- 8 regulatory agency they may contact if they have any questions or

1 complaints regarding the licensee. In complying with this
2 requirement, those boards may take into consideration the particular
3 settings in which licensees practice, or other circumstances ~~which~~
4 *that* may make the displaying or providing of information to the
5 consumer extremely difficult for the licensee in their particular
6 type of practice.

O

ASSEMBLY BILL

No. 1751

Introduced by Assembly Member Gipson

February 17, 2023

An act to amend Section 11158.1 of the Health and Safety Code, relating to controlled substances.

LEGISLATIVE COUNSEL'S DIGEST

AB 1751, as introduced, Gipson. Opioid prescriptions: information: nonpharmacological treatments for pain.

Existing law requires a prescriber, with certain exceptions, before directly dispensing or issuing for a minor the first prescription for a controlled substance containing an opioid in a single course of treatment, to discuss specified information with the minor, the minor's parent or guardian, or another adult authorized to consent to the minor's medical treatment.

This bill would extend that requirement for the prescriber by applying it to any patient, not only a minor, under those circumstances. The bill would also require the prescriber to discuss the availability of nonpharmacological treatments for pain, as defined.

Existing law makes an exception to the requirement for the prescriber in the case of a patient who is being treated for a diagnosis of chronic intractable pain, as specified.

This bill would remove that exception and would instead make an exception in the case of a patient who is currently receiving hospice care.

The bill would require the prescriber, after discussing the information, to offer, as deemed appropriate by the prescriber, a referral for a provider of nonpharmacological treatments for pain, and to obtain consent from

the patient, a minor patient’s parent or guardian, or another authorized adult, as specified.

Existing federal law, the federal Patient Protection and Affordable Care Act (PPACA), requires a health benefit plan issuer that offers coverage in the small group or individual market to ensure that the coverage includes the essential health benefits package, as defined.

This bill would make legislative findings and declarations relating to addiction associated with overreliance on prescription medication for pain management, and providing that nonpharmacological treatments for pain should be considered during the next update to the state’s essential health benefits benchmark plan.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: no.

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

1 SECTION 1. The Legislature finds and declares all of the
2 following:

3 (a) The opioid crisis has devastated communities within
4 California, which has prompted an urgent discussion about the
5 risks of addiction associated with overreliance on prescription
6 medication for pain management.

7 (b) A growing body of research indicates that certain
8 nonpharmacological therapies are proven to be equally effective
9 to treat certain causes of pain as prescription opioids, without
10 placing patients at risk for addiction or overdose.

11 (c) To this end, awareness of, and access to, nonpharmacological
12 treatments for pain are vitally important to the state’s efforts to
13 combat the opioid crisis, and that coverage of these treatments
14 should be considered during the next update to the state’s essential
15 health benefits benchmark plan pursuant to Section 156.111 of
16 Title 45 of the Code of Federal Regulations.

17 SEC. 2. Section 11158.1 of the Health and Safety Code is
18 amended to read:

19 11158.1. (a) Except when a patient is being treated as set forth
20 in Sections 11159, 11159.2, and 11167.5, and Article 2
21 (commencing with Section 11215) of Chapter 5, pertaining to the
22 treatment of addicts, or ~~for a diagnosis of chronic intractable pain~~
23 ~~as used in Section 124960 of this code and Section 2241.5 of the~~
24 ~~Business and Professions Code~~, *except when a patient is currently*

1 *receiving hospice care*, a prescriber shall discuss all of the
2 following ~~with information with the patient, or, if the patient is a~~
3 *minor*, the minor, the minor's parent or guardian, or another adult
4 authorized to consent to the minor's medical ~~treatment~~ *treatment*,
5 before directly dispensing or issuing ~~for a minor to a patient~~ the
6 first prescription in a single course of treatment for a controlled
7 substance containing an opioid:

8 (1) The risks of addiction and overdose associated with the use
9 of opioids.

10 (2) The increased risk of addiction to an opioid ~~to~~ *for* an
11 individual who is suffering from both mental and substance abuse
12 disorders.

13 (3) The danger of taking an opioid with a benzodiazepine,
14 alcohol, or another central nervous system depressant.

15 (4) *The availability of nonpharmacological treatments for pain.*

16 ~~(4)~~

17 (5) Any other information required by law.

18 (b) *After discussing the information required by subdivision*
19 *(a), the prescriber shall do both of the following:*

20 (1) *Obtain consent from the patient, a minor patient's parent*
21 *or guardian, or another adult authorized to consent to the minor*
22 *patient's medical treatment, which shall be placed in the patient's*
23 *medical record and shall contain all of the following:*

24 (A) *The name and quantity of the controlled substance being*
25 *prescribed or issued to the patient, and the amount of the initial*
26 *dose.*

27 (B) *A statement certifying that the prescriber discussed with the*
28 *patient, a minor patient's parent or guardian, or another adult*
29 *authorized to consent to the minor patient's medical treatment,*
30 *the information required by subdivision (a).*

31 (C) *A space for the signature of the patient, a minor patient's*
32 *parent or guardian, or another adult authorized to consent to the*
33 *minor patient's medical treatment.*

34 (2) *Offer, as deemed appropriate by the prescriber, a referral*
35 *for a provider of nonpharmacological treatments for pain.*

36 ~~(b)~~

37 (c) This section does not apply in any of the following
38 circumstances:

39 (1) If the ~~minor's~~ *patient's* treatment includes emergency
40 services and care as defined in Section 1317.1.

1 (2) If the ~~minor's~~ *patient's* treatment is associated ~~with or~~
2 ~~incident to~~ *with, or incidental to*, an emergency surgery, regardless
3 of whether the surgery is performed on an inpatient or outpatient
4 basis.

5 (3) If, in the prescriber's professional judgment, fulfilling the
6 requirements of subdivision (a) *or (b)* would be detrimental to the
7 ~~minor's~~ *patient's* health or safety, or in violation of the ~~minor's~~
8 *patient's* legal rights regarding confidentiality.

9 (d) *For purposes of this section, "nonpharmacological*
10 *treatments for pain" include, but are not limited to, acupuncture,*
11 *chiropractic care, physical therapy, occupational therapy, and*
12 *licensed mental health provider services.*

13 (e) *This section shall not be construed as requiring health care*
14 *coverage, or changing existing health care coverage requirements,*
15 *for nonpharmacological treatments for pain.*

16 (e)

17 (f) Notwithstanding any other law, including Section 11374,
18 failure to comply with this section shall not constitute a criminal
19 offense.

O

Introduced by Senator Seyarto

(Principal coauthor: Assembly Member Alanis)

(Coauthor: Senator Niello)

(Coauthors: Assembly Members Chen, Megan Dahle, and Mathis)

January 30, 2023

An act to add Section 9796 to the Government Code, relating to state government.

LEGISLATIVE COUNSEL'S DIGEST

SB 259, as introduced, Seyarto. Reports submitted to legislative committees.

Existing law requires a state agency that is required or requested by law to submit a report to the Members of either house of the Legislature generally to submit the report in a specified manner and to post the report on the state agency's internet website.

This bill would additionally require a state agency to post on its internet website any report, as defined, that the state agency submits to a committee of the Legislature.

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

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

- 1 SECTION 1. Section 9796 is added to the Government Code,
- 2 to read:
- 3 9796. (a) A state agency shall post on its internet website any
- 4 report that the state agency submits to a committee of the
- 5 Legislature.

- 1 (b) For purposes of this section, “report” includes a study, audit,
- 2 or any report identified in the Legislative Analyst’s Supplemental
- 3 Report of the Budget Act.

O

Introduced by Senator Nguyen

February 8, 2023

An act to amend Section 114.3 of the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

SB 358, as introduced, Nguyen. Professional licenses: military service.

Existing law provides for the regulation of various professions and vocations by boards within the Department of Consumer Affairs and for the licensure or registration of individuals in this context. Existing law requires these professional and vocational boards, except as specified, to waive renewal fees, continuing education requirements, and other renewal requirements as may be determined applicable by the board, of any licensee or registrant who is called to active duty as a member of the United States Armed Forces or the California National Guard if certain requirements are met.

This bill would make a nonsubstantive change in the above-described provisions relating to licensees and registrants who are called to active duty, as specified.

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

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

- 1 SECTION 1. Section 114.3 of the Business and Professions
- 2 Code, as amended by Section 1 of Chapter 386 of the Statutes of
- 3 2022, is amended to read:

1 114.3. (a) Notwithstanding any other law, ~~every~~ *each* board,
2 as defined in Section 22, within the department shall waive the
3 renewal fees, continuing education requirements, and other renewal
4 requirements as determined by the board, if any are applicable,
5 for a licensee or registrant called to active duty as a member of
6 the United States Armed Forces or the California National Guard
7 if all of the following requirements are met:

8 (1) The licensee or registrant possessed a current and valid
9 license with the board at the time the licensee or registrant was
10 called to active duty.

11 (2) The renewal requirements are waived only for the period
12 during which the licensee or registrant is on active duty service.

13 (3) Written documentation that substantiates the licensee or
14 registrant's active duty service is provided to the board.

15 (b) For purposes of this section, the phrase "called to active
16 duty" shall have the same meaning as "active duty" as defined in
17 Section 101 of Title 10 of the United States Code and shall
18 additionally include individuals who are on active duty in the
19 California National Guard, whether due to proclamation of a state
20 of insurrection pursuant to Section 143 of the Military and Veterans
21 Code or due to a proclamation of a state extreme emergency or
22 when the California National Guard is otherwise on active duty
23 pursuant to Section 146 of the Military and Veterans Code.

24 (c) (1) Except as specified in paragraph (2), the licensee or
25 registrant shall not engage in any activities requiring a license
26 during the period that the waivers provided by this section are in
27 effect.

28 (2) If the licensee or registrant will provide services for which
29 the licensee or registrant is licensed while on active duty, the board
30 shall convert the license status to military active and no private
31 practice of any type shall be permitted.

32 (d) In order to engage in any activities for which the licensee
33 or registrant is licensed once discharged from active duty, the
34 licensee or registrant shall meet all necessary renewal requirements
35 as determined by the board within six months from the licensee's
36 or registrant's date of discharge from active duty service.

37 (e) After a licensee or registrant receives notice of the licensee
38 or registrant's discharge date, the licensee or registrant shall notify
39 the board of their discharge from active duty within 60 days of
40 receiving their notice of discharge.

- 1 (f) A board may adopt regulations to carry out the provisions
- 2 of this section.
- 3 (g) This section shall not apply to any board that has a similar
- 4 license renewal waiver process statutorily authorized for that board.

O

Introduced by Senator Menjivar
(Coauthor: Senator Wiener)
(Coauthor: Assembly Member Pellerin)

February 9, 2023

An act to add Section 27.5 to the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

SB 372, as introduced, Menjivar. Department of Consumer Affairs: licensee and registrant records: name and gender changes.

Existing law establishes in the Business, Consumer Services, and Housing Agency the Department of Consumer Affairs. Under existing law, the department is composed of various boards, bureaus, committees, and commissions. Existing law establishes various boards within the department for the licensure, regulation, and discipline of various professions and vocations. Existing law defines "board" for purposes of the Business and Professions Code to include bureau, commission, committee, department, division, examining committee, program, and agency, unless otherwise expressly provided.

This bill would require a board to update a licensee or registrant's records, including records contained within an online license verification system, to include the licensee or registrant's updated legal name or gender if the board receives government-issued documentation, as described, from the licensee or registrant demonstrating that the licensee or registrant's legal name or gender has been changed. The bill would require the board, if requested by a licensee or registrant, to reissue specified documents conferred upon, or issued to, the licensee or registrant with their updated legal name or gender. The bill would prohibit a board from charging a higher fee for reissuing a document

with a corrected or updated legal name or gender than the fee it charges for reissuing a document with other corrected or updated information.

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

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

1 SECTION 1. Section 27.5 is added to the Business and
2 Professions Code, to read:

3 27.5. (a) (1) Notwithstanding any other law, if a board receives
4 government-issued documentation, as described in subdivision
5 (b), from a licensee or registrant demonstrating that the licensee
6 or registrant’s legal name or gender has been changed, the board
7 shall update their records, including any records contained within
8 an online license verification system, to include the updated legal
9 name or gender. If requested by the licensee or registrant, the board
10 shall reissue any documents conferred upon the licensee or
11 registrant with the licensee or registrant’s updated legal name or
12 gender.

13 (2) A board shall not charge a higher fee for reissuing a
14 document with a corrected or updated legal name or gender than
15 the fee it charges for reissuing a document with other corrected or
16 updated information.

17 (b) The documentation of a licensee or registrant sufficient to
18 demonstrate a legal name or gender change includes, but is not
19 limited to, any of the following:

- 20 (1) State-issued driver’s license or identification card.
- 21 (2) Birth certificate.
- 22 (3) Passport.
- 23 (4) Social security card.
- 24 (5) Court order indicating a name change or a gender change.

25 (c) This section does not require a board to modify records that
26 the licensee or registrant has not requested for modification or
27 reissuance.

O

Introduced by Senator Padilla

February 17, 2023

An act to amend Section 106.5 of the Business and Professions Code, relating to the Department of Consumer Affairs.

LEGISLATIVE COUNSEL'S DIGEST

SB 764, as introduced, Padilla. Department of Consumer Affairs: regulatory boards: removal of board members.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law authorizes the appointing authority to remove from office any member of any board within the department appointed by them for continued neglect of duties, incompetence, or unprofessional or dishonorable conduct. Existing law authorizes the Governor to remove a member of a board or other licensing entity in the department from office if it is shown that the member has knowledge of the specific questions to be asked on the licensing entity's next examination and directly or indirectly discloses those questions in advance of or during the examination to any exam applicant.

This bill would instead authorize the appointing authority to remove a member that discloses questions in advance of or during an examination, as described above.

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

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

- 1 SECTION 1. Section 106.5 of the Business and Professions
- 2 Code is amended to read:

1 106.5. Notwithstanding any other provision of law, the
2 ~~Governor~~ *appointing authority* may remove from office a member
3 of a board or other licensing entity in the department if it is shown
4 that ~~such~~ *the* member has knowledge of the specific questions to
5 be asked on the licensing entity's next examination and directly
6 or indirectly discloses ~~any~~ ~~such~~ *the* question or questions in
7 advance of or during the examination to any applicant for that
8 examination.

9 The proceedings for removal shall be conducted in accordance
10 with the provisions of Chapter 5 of Part 1 of Division 3 of Title 2
11 of the Government Code, and the ~~Governor~~ *appointing authority*
12 shall have all the powers granted therein.

O

Introduced by Senator Wiener

February 17, 2023

An act to amend Section 11140 of the Government Code, relating to state government.

LEGISLATIVE COUNSEL'S DIGEST

SB 770, as introduced, Wiener. State boards and commissions.

Existing law states that it is the policy of the State of California that the composition of state boards and commissions shall be broadly reflective of the general public including ethnic minorities and women.

This bill would make a nonsubstantive change to those provisions.

Vote: majority. Appropriation: no. Fiscal committee: no.

State-mandated local program: no.

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

1 SECTION 1. Section 11140 of the Government Code is
2 amended to read:

3 11140. It is the policy of the ~~State of California~~ *state* that the
4 composition of state boards and commissions shall be broadly
5 reflective of the general public including ethnic minorities and
6 women.

O

Introduced by Senator Roth

February 17, 2023

An act to amend Section 480 of the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

SB 802, as introduced, Roth. Licensing boards: disqualification from licensure: criminal conviction.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law authorizes a board to deny a license on the grounds that the applicant or licensee has been subject to formal discipline, as specified, or convicted of a crime substantially related to the qualifications, functions, or duties of the business or profession for which the application is made, as specified. Existing law requires a board to notify the applicant in writing, as specified, if a board decides to deny an application for licensure based solely or in part on the applicant's conviction history.

If a board decides to deny an application for licensure based solely or in part on the applicant's conviction history, this bill would require a board to notify the applicant in writing within 30 days after a decision is made, as specified.

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

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

- 1 SECTION 1. Section 480 of the Business and Professions Code
- 2 is amended to read:

1 480. (a) Notwithstanding any other provision of this code, a
2 board may deny a license regulated by this code on the grounds
3 that the applicant has been convicted of a crime or has been subject
4 to formal discipline only if either of the following conditions are
5 met:

6 (1) The applicant has been convicted of a crime within the
7 preceding seven years from the date of application that is
8 substantially related to the qualifications, functions, or duties of
9 the business or profession for which the application is made,
10 regardless of whether the applicant was incarcerated for that crime,
11 or the applicant has been convicted of a crime that is substantially
12 related to the qualifications, functions, or duties of the business or
13 profession for which the application is made and for which the
14 applicant is presently incarcerated or for which the applicant was
15 released from incarceration within the preceding seven years from
16 the date of application. However, the preceding seven-year
17 limitation shall not apply in either of the following situations:

18 (A) The applicant was convicted of a serious felony, as defined
19 in Section 1192.7 of the Penal Code or a crime for which
20 registration is required pursuant to paragraph (2) or (3) of
21 subdivision (d) of Section 290 of the Penal Code.

22 (B) The applicant was convicted of a financial crime currently
23 classified as a felony that is directly and adversely related to the
24 fiduciary qualifications, functions, or duties of the business or
25 profession for which the application is made, pursuant to
26 regulations adopted by the board, and for which the applicant is
27 seeking licensure under any of the following:

28 (i) Chapter 6 (commencing with Section 6500) of Division 3.

29 (ii) Chapter 9 (commencing with Section 7000) of Division 3.

30 (iii) Chapter 11.3 (commencing with Section 7512) of Division
31 3.

32 (iv) Licensure as a funeral director or cemetery manager under
33 Chapter 12 (commencing with Section 7600) of Division 3.

34 (v) Division 4 (commencing with Section 10000).

35 (2) The applicant has been subjected to formal discipline by a
36 licensing board in or outside California within the preceding seven
37 years from the date of application based on professional misconduct
38 that would have been cause for discipline before the board for
39 which the present application is made and that is substantially
40 related to the qualifications, functions, or duties of the business or

1 profession for which the present application is made. However,
2 prior disciplinary action by a licensing board within the preceding
3 seven years shall not be the basis for denial of a license if the basis
4 for that disciplinary action was a conviction that has been dismissed
5 pursuant to Section 1203.4, 1203.4a, 1203.41, 1203.42, or 1203.425
6 of the Penal Code or a comparable dismissal or expungement.
7 Formal discipline that occurred earlier than seven years preceding
8 the date of application may be grounds for denial of a license only
9 if the formal discipline was for conduct that, if committed in this
10 state by a physician and surgeon licensed pursuant to Chapter 5
11 (commencing with Section 2000) of Division 2, would have
12 constituted an act of sexual abuse, misconduct, or relations with
13 a patient pursuant to Section 726 or sexual exploitation as defined
14 in subdivision (a) of Section 729.

15 (b) Notwithstanding any other provision of this code, a person
16 shall not be denied a license on the basis that the person has been
17 convicted of a crime, or on the basis of acts underlying a conviction
18 for a crime, if that person has obtained a certificate of rehabilitation
19 under Chapter 3.5 (commencing with Section 4852.01) of Title 6
20 of Part 3 of the Penal Code, has been granted clemency or a pardon
21 by a state or federal executive, or has made a showing of
22 rehabilitation pursuant to Section 482.

23 (c) Notwithstanding any other provision of this code, a person
24 shall not be denied a license on the basis of any conviction, or on
25 the basis of the acts underlying the conviction, that has been
26 dismissed pursuant to Section 1203.4, 1203.4a, 1203.41, 1203.42,
27 or 1203.425 of the Penal Code, or a comparable dismissal or
28 expungement. An applicant who has a conviction that has been
29 dismissed pursuant to Section 1203.4, 1203.4a, 1203.41, or 1203.42
30 of the Penal Code shall provide proof of the dismissal if it is not
31 reflected on the report furnished by the Department of Justice.

32 (d) Notwithstanding any other provision of this code, a board
33 shall not deny a license on the basis of an arrest that resulted in a
34 disposition other than a conviction, including an arrest that resulted
35 in an infraction, citation, or a juvenile adjudication.

36 (e) A board may deny a license regulated by this code on the
37 ground that the applicant knowingly made a false statement of fact
38 that is required to be revealed in the application for the license. A
39 board shall not deny a license based solely on an applicant's failure

1 to disclose a fact that would not have been cause for denial of the
2 license had it been disclosed.

3 (f) A board shall follow the following procedures in requesting
4 or acting on an applicant's criminal history information:

5 (1) A board issuing a license pursuant to Chapter 3 (commencing
6 with Section 5500), Chapter 3.5 (commencing with Section 5615),
7 Chapter 10 (commencing with Section 7301), Chapter 20
8 (commencing with Section 9800), or Chapter 20.3 (commencing
9 with Section 9880), of Division 3, or Chapter 3 (commencing with
10 Section 19000) or Chapter 3.1 (commencing with Section 19225)
11 of Division 8 may require applicants for licensure under those
12 chapters to disclose criminal conviction history on an application
13 for licensure.

14 (2) Except as provided in paragraph (1), a board shall not require
15 an applicant for licensure to disclose any information or
16 documentation regarding the applicant's criminal history. However,
17 a board may request mitigating information from an applicant
18 regarding the applicant's criminal history for purposes of
19 determining substantial relation or demonstrating evidence of
20 rehabilitation, provided that the applicant is informed that
21 disclosure is voluntary and that the applicant's decision not to
22 disclose any information shall not be a factor in a board's decision
23 to grant or deny an application for licensure.

24 (3) If a board decides to deny an application for licensure based
25 solely or in part on the applicant's conviction history, the board
26 shall notify the applicant in ~~writing~~ *writing, within 30 days after*
27 *a decision is made*, of all of the following:

28 (A) The denial or disqualification of licensure.

29 (B) Any existing procedure the board has for the applicant to
30 challenge the decision or to request reconsideration.

31 (C) That the applicant has the right to appeal the board's
32 decision.

33 (D) The processes for the applicant to request a copy of the
34 applicant's complete conviction history and question the accuracy
35 or completeness of the record pursuant to Sections 11122 to 11127
36 of the Penal Code.

37 (g) (1) For a minimum of three years, each board under this
38 code shall retain application forms and other documents submitted
39 by an applicant, any notice provided to an applicant, all other

1 communications received from and provided to an applicant, and
2 criminal history reports of an applicant.

3 (2) Each board under this code shall retain the number of
4 applications received for each license and the number of
5 applications requiring inquiries regarding criminal history. In
6 addition, each licensing authority shall retain all of the following
7 information:

8 (A) The number of applicants with a criminal record who
9 received notice of denial or disqualification of licensure.

10 (B) The number of applicants with a criminal record who
11 provided evidence of mitigation or rehabilitation.

12 (C) The number of applicants with a criminal record who
13 appealed any denial or disqualification of licensure.

14 (D) The final disposition and demographic information,
15 consisting of voluntarily provided information on race or gender,
16 of any applicant described in subparagraph (A), (B), or (C).

17 (3) (A) Each board under this code shall annually make
18 available to the public through the board's internet website and
19 through a report submitted to the appropriate policy committees
20 of the Legislature deidentified information collected pursuant to
21 this subdivision. Each board shall ensure confidentiality of the
22 individual applicants.

23 (B) A report pursuant to subparagraph (A) shall be submitted
24 in compliance with Section 9795 of the Government Code.

25 (h) "Conviction" as used in this section shall have the same
26 meaning as defined in Section 7.5.

27 (i) This section does not in any way modify or otherwise affect
28 the existing authority of the following entities in regard to
29 licensure:

30 (1) The State Athletic Commission.

31 (2) The Bureau for Private Postsecondary Education.

32 (3) The California Horse Racing Board.

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Introduced by Senator Alvarado-Gil

February 17, 2023

An act to amend Section 326 of the Business and Professions Code, relating to consumer complaints.

LEGISLATIVE COUNSEL'S DIGEST

SB 820, as introduced, Alvarado-Gil. Consumer complaints.

The Consumer Affairs Act requires the Director of the Department of Consumer Affairs to administer and enforce that act to protect and promote the interests of consumers regarding the purchase of goods or services. The director, upon receipt of a consumer complaint relating to specified violations, is required to transmit any valid complaint to the local, state, or federal agency whose authority provides the most effective means to secure the relief. The act requires the director to advise the consumer of the action taken on the complaint, as appropriate, and of any other means that may be available to the consumer to secure relief.

This bill would make nonsubstantive changes to those consumer complaint provisions.

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

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

- 1 SECTION 1. Section 326 of the Business and Professions Code
- 2 is amended to read:
- 3 326. (a) Upon receipt of ~~any~~ a complaint pursuant to Section
- 4 325, the director may notify the person against whom the complaint

1 is made of the nature of the complaint and may request appropriate
2 relief for the consumer.

3 (b) (1) The director shall also transmit any valid complaint to
4 the local, ~~state~~ *state*, or federal agency whose authority provides
5 the most effective means to secure the relief.

6 ~~The~~
7 (2) *The* director shall, if appropriate, advise the consumer of
8 the action taken on the complaint and of any other means ~~which~~
9 *that* may be available to the consumer to secure relief.

10 (c) If the director receives a complaint or receives information
11 from any source indicating a probable violation of any law, rule,
12 or order of any regulatory agency of the state, or if a pattern of
13 complaints from consumers develops, the director shall transmit
14 any complaint ~~he or she~~ *the director* considers to be valid to any
15 appropriate law enforcement or regulatory agency and any evidence
16 or information ~~he or she~~ *the director* may have concerning the
17 probable violation or pattern of complaints or request the Attorney
18 General to undertake appropriate legal action. It shall be the
19 continuing duty of the director to discern patterns of complaints
20 and to ascertain the nature and extent of action taken with respect
21 to the probable violations or pattern of complaints.

O



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Agenda Item 5
March 13, 2023

Public Comment for Items Not on the Agenda

Purpose of the Item

At this time, members of the public may offer public comment for items not on the meeting agenda.

The Committee may not discuss or take action on any matter raised during this public comment section that is not included on the agenda, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125, 11125.7, subd. (a).]



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Agenda Item 6
March 13, 2023

Future Agenda Items

Purpose of the Item

At this time, members of the Committee and the public may submit proposed agenda items for a future Committee meeting.

The Committee may not discuss or take action on any proposed matter except to decide whether to place the matter on the agenda of a future meeting. [Government Code Section 11125.]



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Agenda Item 7
March 13, 2023

Adjournment

Time: _____