BOARD of CHIROPRACTIC EXAMINERS
STATE OF CALIFORNIA

State of California
Edmund G. Brown Jr., Governor

NOTICE OF PUBLIC MEETING

TELECONFERENCE - GOVERNMENT AFFAIRS & STRATEGIC PLANNING COMMITTEE

March 26, 2015, 10:00 a.m.

One or more Committee Members will participate in this meeting at the teleconference sites listed below. Each teleconference location is accessible to the public and the public will be given an opportunity to address the Government Affairs and Strategic Planning Committee at each teleconference location. The public teleconference sites for this meeting are as follows:

Teleconference Meeting Locations:

Julie Elginer, Dr. PH	Dionne McClain, D.C.	Frank Ruffino, Public Member
Board of Chiropractic Examiners	McClain Sports & Wellness Inc.	Department of Veterans Affairs
901 P Street, Suite 142A	6360 Wilshire Blvd. #410	700 E. Naples Court
Sacramento, CA 95814	Los Angeles, CA 90048	Chula Vista, CA 91911
(916) 263-5355	(323) 653-1014	(619) 205-1415

AGENDA

1. **CALL TO ORDER**

2. **Approval of Minutes**
   January 23, 2015

3. **Update on BCE Communications Assessment**

4. **Legislative Update**

   - SB 277 – Pan (Public Health: vaccinations)
   - AB 611 – Dahle (Controlled Substances: prescriptions: reporting)
   - AB 41 – Chau (Health Care Coverage: discrimination)
   - AB 1060 – Bonilla (Professions and vocations: licensure)
   - AB 750 – Low (Business and Professions: licenses)

5. **Review and Discussion of BCE Strategic Plan Goals Assigned to the Government Affairs & Strategic Plan Committee**

   - Goal 4 – Organizational Effectiveness

- Goal 7 - Government Affairs

6. Scheduling Future Government Affairs Committee Meetings for 2015

7. PUBLIC COMMENT FOR ITEMS NOT ON THE AGENDA

Note: 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).] Public comment is encouraged; however, if time constraints mandate, comments may be limited at the discretion of the Chair.

8. FUTURE AGENDA ITEMS

9. ADJOURNMENT

GOVERNMENT AFFAIRS COMMITTEE
Julie Elginer, Dr. PH, Chair
Dionne McClain, D.C.
Frank Ruffino, Public Member

The Board of Chiropractic Examiners' paramount responsibility is to protect the health, welfare, and safety of the public through licensure, education, and enforcement in chiropractic care.

Committee Meetings of the Board of Chiropractic Examiners are open to the public except when specifically noticed otherwise in accordance with the Open Meeting Act. Public comments will be taken on agenda items at the time the specific item is raised. The Committee may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. For verification of the meeting, call (916) 263-5355 or access the Board's Web Site at **www.chiro.ca.gov.**

The meeting facilities are accessible to individuals with physical disabilities. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Marlene Valencia at (916) 263-5355 ext. 5363 or e-mail marlene.valencia@dca.ca.gov or send a written request to the Board of Chiropractic Examiners, 901 P Street, Ste. 142A Sacramento, CA 95814. Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation.

Board of Chiropractic Examiners
MEETING MINUTES
Government Affairs Committee
January 23, 2015

Teleconference Locations

Board of Chiropractic Examiners
901 P Street, Suite 142A
Sacramento, CA 95814

McClain Sports & Wellness Inc.
6360 Wilshire Blvd. #410
Los Angeles, CA 90048

Department of Veterans Affairs
700 East Naples Court
Chula Vista, CA 91911

Committee Members Present
Julie Elginer, Dr.PH, Chair
Dionne McClain, D.C.
Frank Ruffino

Staff Present
Robert Puleo, Executive Officer
Dixie Van Allen, Policy Analyst

Call to Order

Dr. Elginer called the meeting to order at 9:03 a.m.

Roll Call

Dr. McClain called the roll. All committee members were present.

Approval of Minutes

MOTION: MR. RUFFINO MOVED TO APPROVE THE MINUTES OF THE JULY 1, 2014 GOVERNMENT AFFAIRS COMMITTEE MEETING.
SECOND: DR. MCCLAIN SECONDED THE MOTION
VOTE: 3-0 (DR. MCCLAIN – AYE, MR. RUFFINO – AYE, DR. ELGINER – AYE)
MOTION CARRIED

Review of the Board Member Administrative Manual

The Committee members discussed and recommended several amendments to the Board Member Administrative Manual and directed staff to make the changes to the manual for presentation at the next full board meeting for consideration.

Recently Enacted Legislation

Dixie Van Allen, Policy Analyst, provided the Committee with an update of recently enacted legislation and whether further action is required for implementation. Specifically, it was determined that information pertaining to AB 809 (Logue, Chapter 404) – Patient Consent for Telehealth Services, SB 1226 (Correa, Chapter 657) – Expediting Applicants from the Military, and SB 1256 (Mitchell, Chapter 256) – Third Party Medical Creditors should be posted on the Board's website. SB 1159 (Lara, Chapter 752) – Use of ITIN's on Licensure Applications and SB 1226 (Correa) are included in the Board's Licensing Application and CE Requirements rulemaking package. The rest of the legislation will be complied with through changes to the Board's procedures.

Review and Discussion of BCE Strategic Plan Goals Assigned to the Government Affairs & Strategic Plan Committee (See Attachment A)

- Goal 4 – Organizational Effectiveness

Action Items were discussed and amended as follows:

Action Item 4.1.6 – Completion date was amended to reflect this action item as completed.

Action Item 4.2.1 – Completion date was amended to reflect this action item as completed. Dr. Elginer recommended clarifying that Board member office visits are optional, but recommended.

Action Items 4.2.4 and 4.2.5 – Ms. Van Allen requested clarification on what staff can provide in order to satisfy these action items. Dr. Elginer will ask the Board members for clarification.

Action Item 4.3.1 – A list containing the steps the Board has taken to complete this action item was provided to the Committee. Completion date was amended to reflect this action item as completed.

Action Items 4.3.2, 4.3.3 and 4.3.4 – Completion dates were amended to reflect these action items as completed.

- Goal 7 – Government Affairs

Action Item 7.1.3 – Completion date was amended to reflect this action item as completed and ongoing.

Action Item 7.2.1 – Dr. Elginer inquired about target groups and public events for outreach. Mr. Puleo explained that State travel restrictions prohibit the Board from attending outreach events throughout the state. He suggested alternatives to physical travel such as sharing publications

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with consumer groups and associations for distribution to the public. Ms. Van Allen suggested having consumer guides to chiropractic services available at chiropractic offices to bypass the travel restrictions. She further explained that other professions have regulations requiring the profession to distribute consumer guides to consumers before providing services. Dr. Elginer volunteered to contact Russ Heimerich of DCA's Office of Publications, Design and Editing to explore the Board's options for consumer outreach.

Public Comment – None

Future Agenda Items –
Mr. Ruffino would like staff to research the possibility of having professional lapel pins created for Board members.

Mr. Ruffino suggested a follow up to the Board member mentoring procedures and whether there are suggestions for changes to the process.

Dr. Elginer adjourned the meeting at 10:31 a.m.

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GOAL 4: ORGANIZATIONAL EFFECTIVENESS

Efficiently utilize resources to meet goals and objectives.

The objectives and action items to meet this goal are listed below in order of priority:

4.1 Improve onboarding of new Board members by creating a Board specific orientation program.

Objective Measurement		
Updated onboarding program and materials for Board members.		
Action Item	**Responsible Party**	**Completion Date**
4.1.1 Establish a process to invite new Board members to visit the BCE office to gain understanding of office functions.	Administration Manager/ Executive Officer	Completed (Annually with appointment of new members.)
4.1.2 Develop a Board member mentor program.	Administration Manager/ Executive Officer	Completed
4.1.3 Survey Board members to assess needs and determine the types of materials to include in the new Board member manual.	Administration Manager/ Executive Officer	Completed
4.1.4 Based on the needs assessment results, develop a new employee/welcome binder for new Board members with BCE overview, BCE budget, administrative processes, and historical information.	Administration Manager/ Executive Officer	Completed
4.1.5 Work with the Government Affairs & Strategic Planning Committee to update the Board Administration Manual.	Administration Manager/ Executive Officer/	Completed Annually
4.1.6 Present the onboarding manuals for Board approval.	Administration Manager/ Executive Officer	Q4 2014

4.2 Increase Board awareness of staff functions, responsibilities, and timeframes for completing tasks.

Objective Measurement		
Board member satisfaction of materials and awareness of BCE staff functions.		
Action Item	**Responsible Party**	**Completion Date**
4.2.1 Schedule BCE office visits for Board members.	Administration Manager/ Executive Officer	Q3 2014 (Ongoing)
4.2.2 Implement email blasts of Board related events to notify Board members of BCE, DCA BMOT, and association meetings.	Administration Manager/ Executive Officer	Completed (Ongoing)
4.2.3 Survey Board members to determine the types of materials requested.	Administration Manager/ Executive Officer	Completed
4.2.4 Based on feedback, develop materials that provide overview of BCE staff functions.	Administration Manager/ Executive Officer	Q2 2016
4.2.5 Provide Board program overview information to Board members.	Administration Manager/ Executive Officer	Q3 2016

4.3 Explore alternative ways to engage public participation in Board and committee meetings that leverage new technologies.

Objective Measurement		
Increased public attendance and participation at Board Meetings.		
Action Item	**Responsible Party**	**Completion Date**
4.3.1 Establish a process that would encourage licensees to attend Board meetings (e.g., credit earned toward professional development).	Administration Manager/ Executive Officer	Q4 2014
4.3.2 Invite school representatives as guest speakers at Board meetings.	Administration Manager/ Executive Officer	Q4 2014 (Bi-annually)
4.3.3 Send Board meeting calendar to schools, colleges, and associations to disseminate.	Administration Manager/ Executive Officer	Q2 2014 (Quarterly)
4.3.4 Ask professional associations to publicize Board meeting dates.	Administration Manager/ Executive Officer	Q2 2014 (Quarterly)
4.3.5 Work with DCA's Office of Public Affairs to regularly update Twitter, Facebook, and other social media channels to increase awareness of Board meeting dates.	Administration Manager/ Executive Officer	Completed (Ongoing)
4.3.6 Identify and implement methods to increase accessibility to Board meetings.	Administration Manager/ Executive Officer	Q1 2017

GOAL 7: GOVERNMENT AFFAIRS

Establish and maintain collaborative partnerships in government to ensure the Board of Chiropractic Examiners is well informed regarding priorities and initiatives.

The objectives and action items to meet this goal are listed below in order of priority:

7.1 Establish open lines of communication with government stakeholders to ensure the Board is well informed about information relevant to the chiropractic profession.

Objective Measurement		
Subscription and identification of regulatory notices impacting BCE.		
Action Item	**Responsible Party**	**Completion Date**
7.1.1 Subscribe to other DCA health care boards email subscriptions to receive email blasts of information updates.	Executive Officer/ Administration Manager	Completed (Ongoing)
7.1.2 Review email updates and identify important information to communicate to Board members.	Executive Officer/ Administration Manager	Completed (Ongoing)
7.1.3 Participate in the Executive Officer Roundtable Meeting and forward information to Board members.	Executive Officer/ Administration Manager	Q4 2014 (Ongoing)
7.1.4 Monitor the Office of Administrative Law regulatory notices of current and pending regulation packages, and disapprovals from other DCA health care programs and boards.	Policy Analyst	Completed (Ongoing)
7.1.5 Report to the Board on regulatory notices impacting the BCE.	Policy Analyst	Ongoing (As needed)

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7.1.4 Monitor the Office of Administrative Law regulatory notices of current and pending regulation packages, and disapprovals from other DCA health care programs and boards.	Policy Analyst	Completed (Ongoing)
7.1.5 Report to the Board on regulatory notices impacting the BCE.	Policy Analyst	Ongoing (As needed)

Board of Chiropractic Examiners
Bill Analysis

Bill Number: SB 277
Author: Senator Richard Pan
Bill Version: Introduced February 19, 2015
Subject: Public Health: vaccinations
Sponsor: Vaccinate California

STATUS OF BILL: 03/05/15 Referred to the Health, Education and Judiciary Committees. Hearing set for April 8, 2015.

SUMMARY:

This bill would remove a personal belief exemption from school immunization law and require school district boards to notify parents of school immunization rates.

EXISTING LAW:

- Provides exemption from school immunizations for medical reasons or personal beliefs.
- Requires parents or guardians opting to exempt their child from school immunizations to provide a letter or affidavit that documents immunizations that have been given and those that have not been given on the basis that they are contrary to their beliefs. The following documents must accompany this letter or affidavit:
    - A signed attestation from the health care practitioner which indicates the parent or guardian of the student was given information by the health care practitioner on the benefits and risks of the immunization and health risks of communicable diseases.
    - A written statement by the parent or guardian of the student indicating that they received the information provided by the health care practitioner.

THIS BILL WOULD:

- Require school district boards to send a notification to all parents/guardians of students informing them of the vaccination rate of their children's school.
- Remove a pupil's exemption from immunization based upon personal beliefs.
- Provide schools or institutions with authority to temporarily exclude students who have not been vaccinated due to medical reasons and who are believed to have been exposed to a communicable disease, from the school or institution until the risk of infection has passed.

BACKGROUND:

According to the author, the number of families requesting a Personal Belief Exemption from vaccinations required for school entry have increased by 337% since the year

2000. In that same year, the United States declared that measles was eliminated from this country; however, the number of cases reported in other countries to which Americans travel have increased. In January of 2015, there were more cases of measles diagnosed in the U.S. than in any one month in the past 20 years.

High vaccine coverage at the community level is extremely important for people who cannot be vaccinated, including people who experience contraindications to vaccinations or are too young to be vaccinated. Protecting people from contracting vaccine-preventable diseases is a core function of public health. As such, this bill seeks to eliminate the personal belief exemption from school immunization law.

FISCAL IMPACT:
This bill would not impose a fiscal impact upon the Board. This bill does have any impact on the Board's licensing, enforcement or regulatory functions of the chiropractic profession.

SUPPORT & OPPOSITION:

Support: None on record

Opposition: None on record

ARGUMENTS:
Pro:

- According to the author's office, this bill would reduce the risk of spreading infectious diseases for which vaccinations exist by requiring students to be immunized unless exempted by a medical condition.
- This bill would require notification of immunization rates to parents of students, thereby enabling parents to make an informed decision regarding the health risks of their child's educational environment.

Con:

- Although there is no opposition on record at this point, the California Chiropractic Association (CCA) has publicly stated the following concerns:
    1. Chiropractors themselves choose to become chiropractors because they like to live a more natural lifestyle, free of drugs and surgery when possible. The idea of forced medical procedures goes against a lot of chiropractors' own personal values.
    2. Chiropractors like to pass their values on to their patients.
    3. The CCA's opposition is not meant to be construed as anti-vaccination, but rather they want to emphasize informed consent and freedom of choice.
- It could also be argued that this bill interferes with the rights of families utilizing complementary and alternative medicine, and promotes more vaccine use and profit from the pharmaceutical industry.

STAFF RECOMMENDED POSITION:

NEUTRAL – This bill would not have a fiscal or programmatic impact upon the BCE.

Chiropractors lobby against bill ending belief exemptions for vaccines

By Melanie Mason

March 5, 2015, 11:52 AM

Legislation that would do away with personal-belief exemptions for childhood vaccines, filed in response to the recent measles outbreak in California, has quickly emerged as one of this year's most polarizing bills.

One interest jumping into the fray: chiropractors.

The California Chiropractic Assn. visited with lawmakers this week to discuss their legislative agenda this year -- and opposing the vaccine bill, by state Sens. Richard Pan (D-Sacramento) and Ben Allen (D-Los Angeles) was on the top of their list.

"Chiropractors themselves choose to become chiropractors because they like to live a more natural lifestyle, free of drugs and surgery when possible," said Brian Stenzler, president of the 2,700-member association.

The idea of "forced medical procedures goes against a lot of chiropractors' own personal values," he added. "When we see our patients, the people we take care of, we like to pass those values on as well."

The group has weighed in on the question of immunizations before. They opposed a 2012 bill, also by Pan, that mandated parents who sought an exemption for their children's vaccination requirements submit a statement -- signed by themselves and a doctor -- saying they received information about the risks and benefits of vaccines from a healthcare provider. Gov. Jerry Brown signed it into law, but carved out an exception for those seeking a waiver due to their religious beliefs.

Public debate over vaccine requirements has risen in the wake of the largest measles outbreak in California in 15 years. The outbreak began in December and has spread to at least 157 people in eight states, Mexico and Canada, with 131 of the cases in California.

Unlike most groups opposing the bill, the chiropractors have a well-established Capitol presence: they spent more than $170,000 on lobbying and gave around $130,000 in campaign contributions in 2014.

That can be advantageous, Stenzler said, in getting meetings with lawmakers to talk about the vaccine issue. But, he said, there's also a risk that weighing in on such a fraught issue could turn legislators against the group.

"There are definitely members of our association that are not happy at all that we took this position because they're afraid we're going to lose political capital on this," said Stenzler, who practices in San Diego.

Stenzler said his group's opposition is not meant to be construed as anti-vaccination; he declined to share his own views on immunization and stressed that there are "many chiropractors that choose to vaccinate and many that choose not to."

Instead, the group's talking points emphasize choice, arguing that parents should be able to determine what's best for their children.

"We want the message to really be very clear about informed consent and about freedom of choice. We're really encouraging—when we do speak with other parent groups—we don't want them to get into the minutia of possible side effects.... We don't want them talking about conspiracy theories and all these other things."

"Other things" could include theories of links between vaccines and autism, which Stenzler went out of his way to avoid mentioning. Such theories have been thoroughly discredited by numerous scientific studies.

Asked about the chiropractors' opposition, Shannan Martinez, spokeswoman for Pan, a pediatrician and the bill's co-author, expressed confidence in the bill's fortunes.

"Dr. Pan has been working legislatively for several years to get vaccination rates up, and while he makes a point to always hear out opposition, he is confident this is the right approach for the health and safety of children and he and his fellow joint authors are working hard to convince their colleagues, 23 of whom have already signed on as early co-authors," Martinez said.

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SENATE BILL No. 277

Introduced by Senators Pan and Allen
(Principal coauthor: Assembly Member Gonzalez)
(Coauthors: Senators Beall, Block, De León, Hall, Hertzberg, Hill, Jackson, Leno, McGuire, Mitchell, Stone, Wieckowski, and Wolk)
(Coauthors: Assembly Members Baker, Chiu, Cooper, Low, McCarty, Nazarian, Rendon, Mark Stone, and Wood)

February 19, 2015

An act to add Section 48980.5 to the Education Code, and to amend Section 120325 of, and to repeal and add Section 120365 of, the Health and Safety Code, relating to public health.

LEGISLATIVE COUNSEL'S DIGEST

SB 277, as introduced, Pan. Public health: vaccinations.

(1) Existing law prohibits the governing authority of a school or other institution from unconditionally admitting any person as a pupil of any public or private elementary or secondary school, child care center, day nursery, nursery school, family day care home, or development center, unless prior to his or her admission to that institution he or she has been fully immunized against various diseases, including measles, mumps, and pertussis, subject to any specific age criteria. Existing law authorizes an exemption from those provisions for medical reasons or because of personal beliefs, if specified forms are submitted to the governing authority.

This bill would eliminate the exemption from immunization based upon personal beliefs. The bill would make conforming changes to related provisions.

(2) Existing law requires the governing board of a school district, at the beginning of the first semester or quarter of the regular school term, to make certain notifications to parents or guardians of minor pupils

including, among others, specified rights and responsibilities of a parent or guardian and specified school district policies and procedures.

This bill would require the governing board of a school district to also include in the notifications provided to parents or guardians of minor pupils at the beginning of the regular school term the immunization rates for the school in which a pupil is enrolled for each required immunization. By requiring school districts to notify parents or guardians of school immunization rates, the bill would impose a state-mandated local program.

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

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

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 48980.5 is added to the Education Code,
2 to read:
3 48980.5. The notification required pursuant to Section 48980
4 shall also include the immunization rates for the school in which
5 a pupil is enrolled for each of the immunizations required pursuant
6 to Section 120335 of the Health and Safety Code.
7 SEC. 2. Section 120325 of the Health and Safety Code is
8 amended to read:
9 120325. In enacting this chapter, but excluding Section 120380,
10 and in enacting Sections 120400, 120405, 120410, and 120415, it
11 is the intent of the Legislature to provide:
12 (a) A means for the eventual achievement of total immunization
13 of appropriate age groups against the following childhood diseases:
14 (1) Diphtheria.
15 (2) Hepatitis B.
16 (3) Haemophilus influenzae type b.
17 (4) Measles.
18 (5) Mumps.
19 (6) Pertussis (whooping cough).

(7) Poliomyelitis.
(8) Rubella.
(9) Tetanus.
(10) Varicella (chickenpox).
(11) Any other disease deemed appropriate by the department, taking into consideration the recommendations of the Advisory Committee on Immunization Practices of the United States Department of Health and Human Services, the American Academy of Pediatrics, and the American Academy of Family Physicians.

(b) That the persons required to be immunized be allowed to obtain immunizations from whatever medical source they so desire, subject only to the condition that the immunization be performed in accordance with the regulations of the department and that a record of the immunization is made in accordance with the regulations.

(c) Exemptions from immunization for medical reasons ~~or because of personal beliefs~~.

(d) For the keeping of adequate records of immunization so that health departments, schools, and other institutions, parents or guardians, and the persons immunized will be able to ascertain that a child is fully or only partially immunized, and so that appropriate public agencies will be able to ascertain the immunization needs of groups of children in schools or other institutions.

(e) Incentives to public health authorities to design innovative and creative programs that will promote and achieve full and timely immunization of children.

SEC. 3. Section 120365 of the Health and Safety Code is repealed.

~~120365. (a) Immunization of a person shall not be required for admission to a school or other institution listed in Section 120335 if the parent or guardian or adult who has assumed responsibility for his or her care and custody in the case of a minor, or the person seeking admission if an emancipated minor, files with the governing authority a letter or affidavit that documents which immunizations required by Section 120355 have been given and which immunizations have not been given on the basis that they are contrary to his or her beliefs.~~

~~(b) On and after January 1, 2014, a form prescribed by the State Department of Public Health shall accompany the letter or affidavit~~

~~filed pursuant to subdivision (a). The form shall include both of the following:~~

~~(1) A signed attestation from the health care practitioner that indicates that the health care practitioner provided the parent or guardian of the person who is subject to the immunization requirements of this chapter, the adult who has assumed responsibility for the care and custody of the person, or the person if an emancipated minor, with information regarding the benefits and risks of the immunization and the health risks of the communicable diseases listed in Section 120335 to the person and to the community. This attestation shall be signed not more than six months before the date when the person first becomes subject to the immunization requirement for which exemption is being sought.~~

~~(2) A written statement signed by the parent or guardian of the person who is subject to the immunization requirements of this chapter, the adult who has assumed responsibility for the care and custody of the person, or the person if an emancipated minor, that indicates that the signer has received the information provided by the health care practitioner pursuant to paragraph (1). This statement shall be signed not more than six months before the date when the person first becomes subject to the immunization requirements as a condition of admittance to a school or institution pursuant to Section 120335.~~

~~(c) The following shall be accepted in lieu of the original form:~~

~~(1) A photocopy of the signed form.~~

~~(2) A letter signed by a health care practitioner that includes all information and attestations included on the form.~~

~~(d) Issuance and revision of the form shall be exempt from the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).~~

~~(e) When there is good cause to believe that the person has been exposed to one of the communicable diseases listed in subdivision (a) of Section 120325, that person may be temporarily excluded from the school or institution until the local health officer is satisfied that the person is no longer at risk of developing the disease.~~

~~(f) For purposes of this section, "health care practitioner" means any of the following:~~

~~(1) A physician and surgeon, licensed pursuant to Section 2050 of the Business and Professions Code.~~

~~(2) A nurse practitioner who is authorized to furnish drugs pursuant to Section 2836.1 of the Business and Professions Code.~~

~~(3) A physician assistant who is authorized to administer or provide medication pursuant to Section 3502.1 of the Business and Professions Code.~~

~~(4) An osteopathic physician and surgeon, as defined in the Osteopathic Initiative Act.~~

~~(5) A naturopathic doctor who is authorized to furnish or order drugs under a physician and surgeon's supervision pursuant to Section 3640.5 of the Business and Professions Code.~~

~~(6) A credentialed school nurse, as described in Section 49426 of the Education Code.~~

SEC. 4. Section 120365 is added to the Health and Safety Code, to read:

120365. (a) Immunization of a person shall not be required for admission to a school or other institution listed in Section 120335 if the parent or guardian or adult who has assumed responsibility for his or her care and custody in the case of a minor, or the person seeking admission if an emancipated minor, files with the governing authority a letter or affidavit that documents which immunizations required by Section 120355 have been given and which immunizations have not been given pursuant to an exemption from immunization for medical reasons.

(b) When there is good cause to believe that the person has been exposed to one of the communicable diseases listed in subdivision (a) of Section 120325, that person may be temporarily excluded from the school or institution until the local health officer is satisfied that the person is no longer at risk of developing the disease.

SEC. 5. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

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2 **CORRECTIONS:**
3 **Heading—Line 4.**
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Board of Chiropractic Examiners
Bill Analysis

Bill Number: AB 611
Author: Assemblyman Brian Dahle
Bill Version: Introduced February 24, 2015
Subject: Controlled Substances: prescriptions: reporting
Sponsor: California Statewide Law Enforcement Association

STATUS OF BILL: 03/09/15 Referred to the Business and Professions Committee.

SUMMARY:

This bill would authorize DCA non-peace officer investigators with probable cause to request access to the CURES database when investigating licensees.

EXISTING LAW:

- The Department of Justice maintains the "Controlled Substance Utilization and Evaluation System" (CURES) database to track prescriptions for controlled substances.
- Peace Officers are authorized to seek permission to access the database for investigative purposes.
- The Chiropractic Initiative Act provides the Board with the authority to refuse to grant, or suspend or revoke, a license to practice chiropractic in this state, or place the licensee upon probation or issue a reprimand to him, for violation of the rules and regulations adopted by the board in accordance with this act.
- Business and Professions Code (BPC) section 490 allows a board to suspend or revoke a license on the grounds that the licensee has been convicted of a crime, if the crime is substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued.

THIS BILL WOULD:

- Authorize DCA non-peace officer investigators access to the CURES database when there is probable cause to believe that a substance abuse may be contributing to misconduct by the licensee under investigation.

BACKGROUND:

The CURES database was created in order to reduce the abuse of controlled substances by allowing health care practitioners and pharmacists to access the controlled substance prescription history of patients under their care. Peace officers are authorized to seek DOJ's permission to access the database for investigative purposes. Currently, DCA investigators who are not sworn peace officers may not access the CURES database when investigating licensees who are believed to have a substance

abuse problem. According to the author, providing access to CURES for DCA's non-sworn investigators would allow investigators to perform their job more efficiently.

FISCAL IMPACT:

The author believes that this bill may result in minor savings to DCA. However, the BCE believes there is not enough information provided to determine a fiscal impact at this time. It is unknown whether there are costs associated with access or if there are special requirements regarding access to the database, such as a secure computer in a locked room with restricted access, staff training, etc. If such restrictions are imposed for access and the Board chose to utilize the CURES database, expenses would be incurred to comply with the special accommodations necessary to provide investigators with access to the database. It is also unknown whether there would be alternatives for small boards to utilize another entity within DCA to obtain information from the database (i.e. Division of Investigation) in order to avoid potential costs associated with restricted access to the database. This bill is permissive; therefore, there would be no fiscal impact to the Board if the Board does not choose to access the CURES database.

SUPPORT & OPPOSITION:

Support: California Statewide Law Enforcement Association

Opposition: None on record

ARGUMENTS:

Pro:

- This bill may expedite investigations of licensees involving misconduct resulting from substance abuse by providing non-sworn investigators another tool to utilize in their investigation.
- This bill is permissive thereby providing DCA Boards, Bureaus and Programs with the option of utilizing the CURES database if they deem it beneficial.

Con:

- This bill does not provide adequate information regarding access to the CURES database to determine the programmatic or fiscal impact to the Board.
- This bill raises potential privacy issues. It is unknown what safeguards would be in place to ensure that access is only allowed for bonafide investigative purposes.
- It may be more efficient to allow Division of Investigation to obtain this information for individual boards on an as-needed basis.
- This bill doesn't clearly specify the classification or employees who would be able to access the database which opens the door for virtually any DCA employee to request access.

- Misuse of this information or unauthorized access creates a potential liability for boards.

STAFF RECOMMENDED POSITION:
NO POSITION AT THIS TIME – The BCE supports the intent of this bill and the benefit it may provide to enforcement; however there is not enough information to determine a fiscal impact, if any.

ASSEMBLY BILL No. 611

Introduced by Assembly Member Dahle

February 24, 2015

An act to amend Section 11165.1 of the Health and Safety Code, relating to controlled substances.

LEGISLATIVE COUNSEL'S DIGEST

AB 611, as introduced, Dahle. Controlled substances: prescriptions: reporting.

Existing law requires certain health care practitioners and pharmacists to apply to the Department of Justice to obtain approval to access information contained in the Controlled Substance Utilization Review and Evaluation System (CURES) Prescription Drug Monitoring Program (PDMP) regarding the controlled substance history of a patient under his or her care. Existing law requires the Department of Justice, upon approval of an application, to provide the approved health care practitioner or pharmacist the history of controlled substances dispensed to an individual under his or her care.

This bill would also authorize an individual designated to investigate a holder of a professional license to apply to the Department of Justice to obtain approval to access information contained in the CURES PDMP regarding the controlled substance history of an applicant or a licensee for the purpose of investigating the alleged substance abuse of a licensee. The bill would, upon approval of an application, require the department to provide to the approved individual the history of controlled substances dispensed to the licensee.

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

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

1 SECTION 1. Section 11165.1 of the Health and Safety Code
2 is amended to read:
3 11165.1. (a) (1) (A) (i) A health care practitioner authorized
4 to prescribe, order, administer, furnish, or dispense Schedule II,
5 Schedule III, or Schedule IV controlled substances pursuant to
6 Section 11150 shall, before January 1, 2016, or upon receipt of a
7 federal Drug Enforcement Administration (DEA) registration,
8 whichever occurs later, submit an application developed by the
9 Department of Justice to obtain approval to access information
10 online regarding the controlled substance history of a patient that
11 is stored on the Internet and maintained within the Department of
12 Justice, and, upon approval, the department shall release to that
13 practitioner the electronic history of controlled substances
14 dispensed to an individual under his or her care based on data
15 contained in the CURES Prescription Drug Monitoring Program
16 (PDMP).
17 (ii) A pharmacist shall, before January 1, 2016, or upon
18 licensure, whichever occurs later, submit an application developed
19 by the Department of Justice to obtain approval to access
20 information online regarding the controlled substance history of
21 a patient that is stored on the Internet and maintained within the
22 Department of Justice, and, upon approval, the department shall
23 release to that pharmacist the electronic history of controlled
24 substances dispensed to an individual under his or her care based
25 on data contained in the CURES PDMP.
26 *(iii) An individual designated by a board, bureau, or program*
27 *within the Department of Consumer Affairs to investigate a holder*
28 *of a professional license may, for the purpose of investigating the*
29 *alleged substance abuse of a licensee, submit an application*
30 *developed by the Department of Justice to obtain approval to*
31 *access information online regarding the controlled substance*
32 *history of a licensee that is stored on the Internet and maintained*
33 *within the Department of Justice, and, upon approval, the*
34 *department shall release to that individual the electronic history*
35 *of controlled substances dispensed to the licensee based on data*
36 *contained in the CURES PDMP. The application shall contain*
37 *facts demonstrating the probable cause to believe the licensee has*
38 *violated a law governing controlled substances.*

(B) An application may be denied, or a subscriber may be suspended, for reasons which include, but are not limited to, the following:

(i) Materially falsifying an application for a subscriber.

(ii) Failure to maintain effective controls for access to the patient activity report.

(iii) Suspended or revoked federal DEA registration.

(iv) Any subscriber who is arrested for a violation of law governing controlled substances or any other law for which the possession or use of a controlled substance is an element of the crime.

(v) Any subscriber accessing information for any other reason than caring for his or her patients.

(C) Any authorized subscriber shall notify the Department of Justice within 30 days of any changes to the subscriber account.

(2) A health care practitioner authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances pursuant to Section 11150 or a pharmacist shall be deemed to have complied with paragraph (1) if the licensed health care practitioner or pharmacist has been approved to access the CURES database through the process developed pursuant to subdivision (a) of Section 209 of the Business and Professions Code.

(b) Any request for, or release of, a controlled substance history pursuant to this section shall be made in accordance with guidelines developed by the Department of Justice.

(c) In order to prevent the inappropriate, improper, or illegal use of Schedule II, Schedule III, or Schedule IV controlled substances, the Department of Justice may initiate the referral of the history of controlled substances dispensed to an individual based on data contained in CURES to licensed health care practitioners, pharmacists, or both, providing care or services to the individual.

(d) The history of controlled substances dispensed to an individual based on data contained in CURES that is received by ~~a practitioner or pharmacist~~ *an authorized subscriber* from the Department of Justice pursuant to this section shall be considered medical information subject to the provisions of the Confidentiality of Medical Information Act contained in Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code.

(e) Information concerning a patient's controlled substance history provided to ~~a prescriber or pharmacist~~ *an authorized subscriber* pursuant to this section shall include prescriptions for controlled substances listed in Sections 1308.12, 1308.13, and 1308.14 of Title 21 of the Code of Federal Regulations.

O

Board of Chiropractic Examiners
Bill Analysis

Bill Number: AB 41
Author: Senator Ed Chau
Bill Version: Introduced December 1, 2014
Subject: Health Care Coverage: discrimination
Sponsor: California Chiropractic Association

STATUS OF BILL: 01/22/15 Referred to the Committee on Health.

SUMMARY:

This bill would codify federal law protections that prohibit health plans from discriminating against any professional category of healthcare provider when making decisions about what type of providers to include in networks or which services to cover.

EXISTING LAW:

- Section 7206 of the Affordable Care Act bans discrimination against whole classes of healthcare providers who are acting within the scope of their license or certification.
- State law provides for the regulation of healthcare service plans and health insurers by the Dept. of Managed Health Care and the Department of Insurance.

THIS BILL WOULD:

- Effective January 1, 2016, prevent a health care service plan from discriminating against provider participation or coverage for any health care provider who is acting within the scope of the provider's license or certification.
- Clarify that health care plans are not required to contract with any health care provider who is willing to abide by the terms and conditions for participation.
- Clarify that service plans may establish varying reimbursement rates based on quality or performance measures.
- Clarify that implementation shall be consistent with the requirements of non-discrimination provisions established in Federal law.

BACKGROUND:

The Affordable Care Act bans discrimination against whole classes of healthcare providers from participation in health care plans or individual health insurance coverage. This bill clarifies the Department of Managed Health Care and Department of Insurance authority to enforce the ban on provider discrimination.

According to the author, health plans and insurance carriers commonly limit types of health care providers allowed to provide services. In some cases, providers have excluded allied health practitioners altogether from the networks and have refused to

allow them to perform services covered under the plan even though those services are equally within their scope of practice just as much as the other providers who were included in the network. In other cases, insurers have imposed limitations or conditions upon payment to, or upon services, diagnosis, or treatment by allied health practitioners, which are not applied to other providers. This practice limits, and in some cases, denies patient choice and access to a range of beneficial providers and results in a less than ideal and optimal health care delivery system.

FISCAL IMPACT:

This bill would not impose a fiscal or programmatic impact upon the Board as this bill does not contain provisions which impose requirements upon the BCE.

SUPPORT & OPPOSITION:

Support: California Chiropractic Association
California Association of Nurse Anesthetists
California Naturopathic Doctors Association

Opposition: None on record

ARGUMENTS:

Pro:

- This bill would provide the Dept. of Managed Health Care and the Department of Insurance authority to enforce the ban on provider discrimination by group health plans and health insurance issuers.
- Patients may have greater access to treatment by allied health practitioners through their health plans.
- Utilization of allied health care practitioners, in addition to traditional physicians, may reduce healthcare costs and improve the quality of services provided by a health plan or health insurance issuer.

Con:

- The provisions of this bill seem to be conflicting and not clear. This bill prohibits discrimination against provider participation in health care service plans or health insurance groups, but also does not require a health care service plan to contract with any health care provider willing to abide by the terms and conditions for participation. It is unclear whether this provision is referring to individual health care providers or entire classes of health care providers.

STAFF RECOMMENDED POSITION:

NEUTRAL – This bill would not have a fiscal or programmatic impact upon the BCE as it does not require changes to Board policies or procedures, nor does this bill impose any fiscal or workload mandates which directly impact the Board's licensing, enforcement or regulatory functions.

ASSEMBLY BILL No. 41

Introduced by Assembly Member Chau

December 1, 2014

An act to add Section 1373.15 to the Health and Safety Code, and to add Section 10177.15 to the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 41, as introduced, Chau. Health care coverage: discrimination.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law prohibits certain discriminatory acts by health care service plans and health insurers. Existing federal law, beginning January 1, 2014, prohibits a group health plan and a health insurance issuer offering group or individual health insurance coverage from discriminating with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider's license or certification under applicable state law.

Beginning January 1, 2016, this bill would prohibit a health care service plan or health insurer from discriminating against any health care provider who is acting within the scope of that provider's license or certification, as specified.

Because a willful violation of the bill's provisions relative to health care service plans 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. Section 1373.15 is added to the Health and Safety
2 Code, to read:
3 1373.15. (a) Beginning January 1, 2016, no health care service
4 plan shall discriminate with respect to provider participation or
5 coverage under the plan against any health care provider who is
6 acting within the scope of that provider's license or certification
7 under applicable state law, including an initiative act.
8 (b) Notwithstanding subdivision (a), this section shall not be
9 construed to require that a health care service plan contract with
10 any health care provider willing to abide by the terms and
11 conditions for participation established by the plan or issuer.
12 (c) Nothing in this section shall be construed as preventing a
13 health care service plan from establishing varying reimbursement
14 rates based on quality or performance measures.
15 (d) This section shall be implemented only to the extent required
16 by the provider nondiscrimination provisions established in Section
17 2706 of the federal Public Health Service Act (42 U.S.C. Sec.
18 300gg-5), and any federal rules or regulations issued under that
19 section.
20 SEC. 2. Section 10177.15 is added to the Insurance Code, to
21 read:
22 10177.15. (a) Beginning January 1, 2016, no health insurer
23 shall discriminate with respect to provider participation or coverage
24 under the policy against any health care provider who is acting
25 within the scope of that provider's license or certification under
26 applicable state law, including an initiative act.
27 (b) Notwithstanding subdivision (a), this section shall not be
28 construed to require that a health insurer contract with any health
29 care provider willing to abide by the terms and conditions for
30 participation established by the insurer or issuer.

(c) Nothing in this section shall be construed as preventing a health insurer from establishing varying reimbursement rates based on quality or performance measures.

(d) This section shall be implemented only to the extent required by the provider nondiscrimination provisions established in Section 2706 of the federal Public Health Service Act (42 U.S.C. Sec. 300gg-5), and any federal rules or regulations issued under that section.

SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

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Board of Chiropractic Examiners
Bill Analysis

Bill Number: AB 1060
Author: Assembly Member Susan Bonilla
Bill Version: Introduced February 26, 2015
Subject: Professions and vocations: licensure
Sponsor: Author

STATUS OF BILL: Introduced.

SUMMARY:

This bill would clarify that the requirement for DCA boards to notify a licensee whose license has been suspended or revoked about the rehabilitation, reinstatement or penalty reduction of a suspended or revoked license may be met using both first-class mail and electronic means.

EXISTING LAW:

- The Chiropractic Initiative Act provides the Board with the authority to license and regulate the practice of chiropractic in this state,
- The Chiropractic Initiative Act authorizes the Board to place a licensee on probation or issue a reprimand, for violation of the rules and regulations adopted by the board in accordance with this act.
- Business and Professions Code (BPC) section 490 allows a board to suspend or revoke a license on the ground that the licensee has been convicted of a crime, if the crime is substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued.
- BPC section 491 requires a board to provide the ex-licensee with information regarding rehabilitation, reinstatement or reduction of penalty.

THIS BILL WOULD:

- Clarify the means by which a board must provide an ex-licensee with information regarding rehabilitation, reinstatement or reduction of penalty by authorizing the information to be sent via first-class mail and electronic means.

BACKGROUND:

BPC section 491 requires boards to send a copy of the provisions regarding reinstatement or reduction of penalty and criteria for rehabilitation to the ex-licensee but does not specify the means by which this notification must be made. This bill clarifies that a board may satisfy this requirement through first-class mail and electronic means.

FISCAL IMPACT:

This bill will have no fiscal impact upon the Board. This bill specifies the means by which the notification of discipline or rehabilitation must be sent; but does not provide

the regulatory agency with the option of choosing one method of notification over the other. Additionally, the Board does not have authority to require licensees to provide and maintain a current e-mail address with the Board. The Board's licensing database (CAS), does not have a field to store email addresses and changes to CAS are currently prohibited due to the implementation of BreEZe. Assembly B&P office indicates that this bill will be changed to reflect that electronic means may be used, if available.

SUPPORT & OPPOSITION:

Support: None on record

Opposition: None on record

ARGUMENTS:

Pro:

- This bill provides clarification on acceptable modes to provide notification to a person who has had disciplinary action against their license regarding rehabilitation, reinstatement or reduction of penalty.

Con:

- The Board does not have authority to require licensees to provide and maintain a current email address with the Board.
- CAS does not have a field to store email addresses and changes to CAS are currently prohibited due to the implementation of BreEZe, even though the BCE is not currently on BreEZe.
- This proposal does not reduce the fiscal impact to boards because it prescribes an additional mode to send notification to licensees, rather than provide an alternative mode of notification.
- As currently written, this bill mandates the use of electronic means for notification purposes which presumes that boards currently collect email addresses from licensees.
- This bill would potentially increase the Board's workload by requiring a notice to be sent via electronic means, as well as first-class mail, which adds steps to the notification process.

STAFF RECOMMENDED POSITION:
WATCH – The Assembly B&P Office indicated that this is a spot bill and will likely address another issue entirely.

ASSEMBLY BILL No. 1060

Introduced by Assembly Member Bonilla

February 26, 2015

An act to amend Section 491 of the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 1060, as introduced, Bonilla. Professions and vocations: licensure.

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 suspend or revoke a license on the ground that the licensee has been convicted of a crime, if the crime is substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued. Existing law requires the board, upon suspension or revocation of a license, to provide the ex-licensee with certain information pertaining to rehabilitation, reinstatement, or reduction of penalty, as specified.

This bill would authorize the board to provide that information through first-class mail and by electronic means.

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 491 of the Business and Professions Code
2 is amended to read:

491. *(a)* Upon suspension or revocation of a license by a board on one or more of the grounds specified in Section 490, the board shall:

~~(a)~~

(1) Send a copy of the provisions of Section 11522 of the Government Code to the ex-licensee.

~~(b)~~

(2) Send a copy of the criteria relating to rehabilitation formulated under Section 482 to the ex-licensee.

(b) Subdivision (a) may be satisfied through first-class mail and by electronic means.

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Board of Chiropractic Examiners
Bill Analysis

Bill Number: AB 750
Author: Senator Evan Low
Bill Version: Introduced February 25, 2015
Subject: Business and Professions: licenses
Sponsor:

STATUS OF BILL: 03/12/15 Referred to the Business and Professions Committee.

SUMMARY:

This bill would authorize programs under the Department of Consumer Affairs (DCA) to establish by regulation a license category for retired licensees who are not actively engaged in the practice of their profession.

EXISTING LAW:

- The Chiropractic Initiative Act provides the Board with the authority to license and regulate the practice of chiropractic in this state.
- Authorizes entities under the DCA to establish by regulation a system for an inactive category of license for persons who are not actively engaged in the practice of their profession.
- Prohibits inactive licensees from engaging in any activity for which a license is required.

THIS BILL WOULD:

- Provide entities under DCA permissive authority to establish by regulation a license category for retired licensees who are not actively engaged in the practice of their profession.
- Prohibit the holder of a retired license from engaging in any activity for which a license is required.

BACKGROUND:

FISCAL IMPACT:

This bill would impose a fiscal impact upon the Board if the Board chooses to implement a retired license category. A rulemaking package would need to be promulgated, which would significantly impact the workload of the BCE's limited staff. The cumulative effect of recent legislation dealing with SSN/ITIN, military personnel and their spouses, sponsored free health care events, etc., has had a significant workload impact on the

Board. It is highly unlikely that we will be able to absorb any additional legislative mandates (no matter how insignificant they may seem) without augmenting staff. Implementing these varied and sometimes conflicting pieces of legislation has taken staff's time away from their primary duties and has hampered the Board's ability to achieve goals that are a priority for our Board. Additionally, the Board may be unable to implement another licensing category due to implementation of BreEZe and the current freeze on changes to CAS. Finally, there may be a loss of licensing revenue if there are no fees associated with holding a license in this status.

SUPPORT & OPPOSITION:

Support: None on record

Opposition: None on record

ARGUMENTS:

Pro:

- This bill is permissive; therefore, the Board can choose whether they want to establish a license category for retired licensees.
- A retired status would provide the licensee relief from fees associated with renewal of the license, while reducing the negative public perception associated with a delinquent license status.

Con:

- There seems to be a conflict and lack of clarity with a retired status as proposed in this bill. On the surface, it appears that the retired status is identical to an inactive license status; however, as written, there are no renewal fees for holding a license in a retired status; thereby allowing a licensee to change the status of their license without any requirements thereafter. It is unclear whether this is a permanent status that cannot be reversed if the licensee chooses to practice again or whether they are subject to continuing education, testing or fees to reinstate their license. It is also unclear how long the Board should maintain a license in this status.
- Depending on whether a retired status can be reversed to active, licensees will likely choose this status over an inactive status to save money on renewal fees and continuing education. Licensing revenue would decrease as a result.

STAFF RECOMMENDED POSITION:

NO POSITION AT THIS TIME – The Board supports the intent of this bill; however, there may be possible barriers in implementing a new license status due to implementation and current complications with BreEZe and DCA's current freeze on changes to CAS. Additionally, if the Board chooses to implement a retired license status, this would create a significant workload and fiscal impact upon the BCE.

ASSEMBLY BILL No. 750

Introduced by Assembly Member Low

February 25, 2015

An act to amend Section 462 of the Business and Professions Code, relating to business and professions.

LEGISLATIVE COUNSEL'S DIGEST

AB 750, as introduced, Low. Business and professions: licenses.

Existing law provides for numerous boards, bureaus, commissions, or programs within the Department of Consumer Affairs, that administer the licensing and regulation of various businesses and professions. Existing law authorizes any of the boards, bureaus, commissions, or programs within the department, except as specified, to establish by regulation a system for an inactive category of license for persons who are not actively engaged in the practice of their profession or vocation. Under existing law, the holder of an inactive license is prohibited from engaging in any activity for which a license is required.

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

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 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
5 an inactive *and a retired* category of licensure for persons who
6 are not actively engaged in the practice of their profession or
7 vocation.
8 (b) The regulation shall contain the following provisions:
9 (1) The holder of an inactive *or retired* license issued pursuant
10 to this section shall not engage in any activity for which a license
11 is required.
12 (2) An inactive license issued pursuant to this section shall be
13 renewed during the same time period in which an active license
14 is renewed. The holder of an inactive license need not comply with
15 any continuing education requirement for renewal of an active
16 license.
17 (3) The renewal fee for a license in an active status shall apply
18 also for a renewal of a license in an inactive status, unless a lesser
19 renewal fee is specified by the board.
20 (4) In order for the holder of an inactive license issued pursuant
21 to this section to restore his or her license to an active status, the
22 holder of an inactive license shall comply with all the following:
23 (A) Pay the renewal fee.
24 (B) If the board requires completion of continuing education
25 for renewal of an active license, complete continuing education
26 equivalent to that required for renewal of an active license, unless
27 a different requirement is specified by the board.
28 (c) This section shall not apply to any healing arts board as
29 specified in Section 701.

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GOAL 4: ORGANIZATIONAL EFFECTIVENESS

Efficiently utilize resources to meet goals and objectives.

The objectives and action items to meet this goal are listed below in order of priority:

4.1 Improve onboarding of new Board members by creating a Board specific orientation program.

Objective Measurement		
Updated onboarding program and materials for Board members.		
Action Item	**Responsible Party**	**Completion Date**
4.1.1 Establish a process to invite new Board members to visit the BCE office to gain understanding of office functions.	Administration Manager/ Executive Officer	Completed (Annually with appointment of new members.)
4.1.2 Develop a Board member mentor program.	Administration Manager/ Executive Officer	Completed
4.1.3 Survey Board members to assess needs and determine the types of materials to include in the new Board member manual.	Administration Manager/ Executive Officer	Completed
4.1.4 Based on the needs assessment results, develop a new employee/welcome binder for new Board members with BCE overview, BCE budget, administrative processes, and historical information.	Administration Manager/ Executive Officer	Completed
4.1.5 Work with the Government Affairs & Strategic Planning Committee to update the Board Administration Manual.	Administration Manager/ Executive Officer/	Completed Annually
4.1.6 Present the onboarding manuals for Board approval.	Administration Manager/ Executive Officer	Completed

4.2 Increase Board awareness of staff functions, responsibilities, and timeframes for completing tasks.

Objective Measurement		
Board member satisfaction of materials and awareness of BCE staff functions.		
Action Item	**Responsible Party**	**Completion Date**
4.2.1 Schedule BCE office visits for Board members.*	Administration Manager/ Executive Officer	Completed (Ongoing)
4.2.2 Implement email blasts of Board related events to notify Board members of BCE, DCA BMOT, and association meetings.	Administration Manager/ Executive Officer	Completed (Ongoing)
4.2.3 Survey Board members to determine the types of materials requested.	Administration Manager/ Executive Officer	Completed
4.2.4 Based on feedback, develop materials that provide overview of BCE staff functions.	Administration Manager/ Executive Officer	Q2 2016
4.2.5 Provide Board program overview information to Board members.	Administration Manager/ Executive Officer	Q3 2016

* BCE office visits for Board members are optional, but recommended by the Board Chair.

4.3 Explore alternative ways to engage public participation in Board and committee meetings that leverage new technologies.

Objective Measurement		
Increased public attendance and participation at Board Meetings.		
Action Item	**Responsible Party**	**Completion Date**
4.3.1 Establish a process that would encourage licensees to attend Board meetings (e.g., credit earned toward professional development).	Administration Manager/ Executive Officer	Completed (Ongoing)
4.3.2 Invite school representatives as guest speakers at Board meetings.	Administration Manager/ Executive Officer	Completed (Bi-annually)
4.3.3 Send Board meeting calendar to schools, colleges, and associations to disseminate.	Administration Manager/ Executive Officer	Completed (Quarterly)
4.3.4 Ask professional associations to publicize Board meeting dates.	Administration Manager/ Executive Officer	Completed (Quarterly)
4.3.5 Work with DCA's Office of Public Affairs to regularly update Twitter, Facebook, and other social media channels to increase awareness of Board meeting dates.	Administration Manager/ Executive Officer	Completed (Ongoing)
4.3.6 Identify and implement methods to increase accessibility to Board meetings.	Administration Manager/ Executive Officer	Q1 2017

GOAL 7: GOVERNMENT AFFAIRS

Establish and maintain collaborative partnerships in government to ensure the Board of Chiropractic Examiners is well informed regarding priorities and initiatives.

The objectives and action items to meet this goal are listed below in order of priority:

7.1 Establish open lines of communication with government stakeholders to ensure the Board is well informed about information relevant to the chiropractic profession.

Objective Measurement		
Subscription and identification of regulatory notices impacting BCE.		
Action Item	**Responsible Party**	**Completion Date**
7.1.1 Subscribe to other DCA health care boards email subscriptions to receive email blasts of information updates.	Executive Officer/ Administration Manager	Completed (Ongoing)
7.1.2 Review email updates and identify important information to communicate to Board members.	Executive Officer/ Administration Manager	Completed (Ongoing)
7.1.3 Participate in the Executive Officer Roundtable Meeting and forward information to Board members.	Executive Officer/ Administration Manager	Completed (Ongoing)
7.1.4 Monitor the Office of Administrative Law regulatory notices of current and pending regulation packages, and disapprovals from other DCA health care programs and boards.	Policy Analyst	Completed (Ongoing)
7.1.5 Report to the Board on regulatory notices impacting the BCE.	Policy Analyst	Ongoing (As needed)

7.2 Partner with state and local government to participate in consumer related events to increase awareness of the Board's mission and consumer protection services.

Objective Measurement		
Identified outreach events and implemented Board approved recommendations.		
Action Item	**Responsible Party**	**Completion Date**
7.2.1 Work with the Government Affairs & Strategic Planning Committee to identify target groups for outreach.	Policy Analyst/ Sponsor: Government Affairs & Strategic Planning Committee	Q2 2015
7.2.2 Research and work with the DCA Outreach Unit to identify events for outreach.	Policy Analyst Sponsor: Government Affairs Committee	Q2 2015
7.2.3 Provide recommendations to the Government Affairs & Strategic Planning Committee.	Policy Analyst Sponsor: Government Affairs Committee	Q3 2015
7.2.4 Provide recommendations to the Board.	Policy Analyst Sponsor: Government Affairs Committee	Q4 2015
7.2.5 Implement the Board approved recommendations to increase awareness.	Policy Analyst	Q1 2016

2015 Public Board Meetings

MEETING DATE	LOCATION
April 16, 2015	San Diego
July 30, 2015	Sacramento
October 27, 2015	Southern California

2015 Enforcement Committee Meetings

MEETING DATE	LOCATION/TELECONFERENCE
May 12, 2015 (1:00-3:00 pm)	Teleconference
August 24, 2015 (12:00 – 2:00 pm)	Teleconference

2015 Govt. Affairs Committee Meetings

MEETING DATE	LOCATION/TELECONFERENCE