



LEGISLATIVE COMMITTEE MEETING

AGENDA

DoubleTree by Hilton Hotel Claremont
555 W. Foothill Boulevard
Claremont, California 91711
(909) 626-2411

March 10, 2016

**THIS MEETING WILL IMMEDIATELY FOLLOW THE CONCLUSION OF THE
NURSING PRACTICE COMMITTEE MEETING**

Thursday, March 10, 2016:

- 8.0 Call to Order, Roll Call and Establishment of Quorum**
8.01 Review and Vote on Whether to Approve the Minutes of:
- January 14, 2016
- 8.1 Discuss Bills of Interest to the Board and Recommend that the Board Adopt or Modify Positions on the Bills, and any other Bills of Interest to the Board Introduced During the 2015-2016 Legislative Session**

Assembly Bills

AB 12	AB 1060	AB 2209
AB 26	AB 1306	AB 2399
AB 85	AB 1351	AB 2507
AB 172	AB 1352	AB 2606
AB 611	AB 1386	AB 2701
AB 637	AB 1939	AB 2744
AB 840	AB 2079	AB 2859

Senate Bills

SB 319	SB 800
SB 323	SB 960
SB 390	SB 1039
SB 408	SB 1139
SB 464	SB 1155
SB 466	SB 1217
SB 467	SB 1334
SB 482	SB 1348
SB 531	

- 8.2 Public Comment for Items Not on the Agenda**
- 8.3 Adjournment**

NOTICE:

All times are approximate and subject to change. Items may be taken out of order to maintain a quorum, accommodate a speaker, or for convenience. The meeting may be canceled without notice. For verification of the meeting, call (916) 574-7600 or access the Board's Web Site at <http://www.rn.ca.gov>. Action may be taken on any item listed on this agenda, including information only items.

Public comments will be taken on agenda items at the time the item is heard. Total time allocated for public comment may be limited.

The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the Administration Unit at (916) 574-7600 or email webmasterbrn@dca.ca.gov, or send a written request to the Board of Registered Nursing at 1747 N. Market Blvd., Ste. 150, Sacramento, CA 95834. (Hearing impaired: California Relay Service: TDD phone # (800) 326-2297). Providing your request at least five (5) business days before the meeting will help to ensure the availability of the requested accommodation. Board members who are not members of this committee may attend meetings as observers only, and may not participate or vote. Action may be taken on any item listed on this agenda, including information only items. Items may be taken out of order for convenience, to accommodate speakers, or maintain a quorum.



BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
MEETING MINUTES

DATE: January 10, 2016

TIME: 12:39 p.m. - 12:50 p.m.

LOCATION: Hilton Sacramento Arden West
 2200 Harvard Street
 Sacramento, CA 95815

MEMBERS PRESENT: Imelda Ceja-Butkiewicz, Chair
 Trande Phillips, RN
 Cynthis Klein, RN

MEMBER ABSENT: Jeanette Dong

STAFF PRESENT: Stacie Berumen, Assistant Executive Officer

Imelda Ceja-Butkiewicz called the meeting to order at 12:39 p.m.

8.1 Review and Approve Minutes

➤ May 7, 2015

Motion: Trande Phillips to accept the minutes			
Second: Cindy Klein			
ICB: Abstain	TP: Yes	CK: Yes	

➤ August 6, 2015

Motion: Trande Phillips to accept the minutes			
Second: Cindy Klein			
ICB: Abstain	TP: Yes	CK: Yes	

➤ October 8, 2015

Motion: Trande Phillips to accept the minutes			
Second: Imelda Ceja-Butkiewicz			
ICB: Yes	TP: Yes	CK: Abstain	

8.2 Positions on Bills of Interest to the Board, and any other Bills of Interest to the Board introduced during the 2015-2016 Legislative Session.

- AB 85** **Wilk: Open meetings**
Bill Status: Vetoed on 9/28/15.
Committee Position: No action taken.
- AB 172** **Rodriguez: Emergency departments: assaults and batteries**
Bill Status: Governor's Desk
Committee Position: No action taken.
- AB 1351** **Eggman: Deferred entry of judgment: pretrial diversion**
Bill Status: Governor's Desk
Committee Position: No action taken.
- AB 1352** **Eggman: Deferred entry of judgment: withdrawal of plea**
Bill Status: Governor's Desk
Committee Position: No action taken.
- SB 319** **Beall: Child welfare services: public health nursing**
Bill Status: Governor's Desk
Committee Position: No action taken.
- SB 464** **Hernandez: Healing arts: self-reporting tools**
Bill Status: Chapter 387, Statutes of 2015
Committee Position: No action taken.
- SB 466** **Hill: Nursing: Board of Registered Nursing**
Bill Status: Chapter 489, Statutes of 2015
Committee Position: No action taken.
- SB 467** **Hill: Professions and vocations**
Bill Status: Governor's Desk
Committee Position: No action taken.
- SB 800** **Committee on Business, Profession and Economic Development: Healing arts**
Bill Status: Chapter 426, Statutes of 2015
Committee Position: No action taken.

8.3 Public Comment for Items Not on the Agenda
There were no public comments.

The meeting adjourned at 2:24 p.m.

Submitted by: _____
Stacie Berumen, Assistant Executive Officer

Approved by: _____
Imelda Ceja-Butkiewicz, Chair

BOARD OF REGISTERED NURSING
Legislative Committee
Agenda Item Summary

AGENDA ITEM: 8.2
DATE: March 10, 2016

ACTION REQUESTED: Discuss Bills of Interest to the Board and Recommend that the Board Adopt or Modify Positions on the Bills, and any other Bills of Interest to the Board introduced during the 2015-2016 Legislative Session.

REQUESTED BY: Imelda Ceja-Butkiewicz, Public Member, Chairperson

BACKGROUND:

	<u>Assembly Bills</u>			<u>Senate Bills</u>	
	Comm.	Board		Comm.	Board
AB 12	Watch	Watch	SB 319		Watch
AB 26		Watch	SB 323	Watch	Support
AB 85	Watch	Oppose	SB 390		Watch
AB 172		Support	SB 408		Oppose
AB 611	Watch	Support	SB 464	Support	
AB 637		Watch	SB 466	Watch	Watch
AB 840		Support	SB 467	Watch	Watch
AB 1060	Support if amended	Support if amended	SB 482		Support
AB 1306		Support	SB 531		Watch
	Oppose	Oppose			
AB 1351	Unless Amended	Unless Amended	SB 800	Support	Support
	Oppose	Oppose			
AB 1352	Unless Amended	Unless Amended	SB 960		
AB 1386		Watch	SB 1039		
AB 1939			SB 1155		
AB 2079			SB 1139		
AB 2209			SB 1217		
AB 2399			SB 1334		
AB 2507			SB 1348		
AB 2606					
AB 2701					
AB 2744					
AB 2859					

NEXT STEP: Place on Board agenda

FINANCIAL IMPLICATIONS, IF ANY:

None

PERSON TO CONTACT:

Stacie Berumen
Assistant Executive Officer
Phone: (916) 574-7600

**BOARD OF REGISTERED NURSING
ASSEMBLY BILLS 2015-2016
March 10, 2016**

BILL #	AUTHOR	SUBJECT	COMM POSITION (date)	BOARD POSITION (date)	BILL STATUS
AB 12	Cooley	State government: administrative regulations: review	Watch (5/17/15)	Watch (6/4/15)	Senate APPR
AB 26	Jones-Sawyer	Medical cannabis		Watch (2/11/16)	Senate B, P& ED
AB 85	Wilk	Open meetings	Watch (5/17/15)	Oppose (6/4/15)	Vetoed 9/28/15
AB 172	Rodriguez	Emergency departments: assaults and batteries		Support (6/4/15)	Vetoed 10/10/15
AB 611	Dahle	Controlled substances: prescriptions: reporting	Watch (5/7/15)	Support (6/4/15)	Assembly B&P
AB 637	Campos	Physician Orders for Life Sustaining Treatment forms		Watch (4/2/15)	Chapter 217, Statutes of 2015
AB 840	Ridley-Thomas	Nurses and certified nurse assistants: overtime		Support (4/2/15)	Senate P,E &R
AB 1060	Bonilla	Professions and vocations: licensure	Support if Amended (5/7/15)	Support if Amended (6/4/15)	No longer applicable to the Board
AB 1306	Burke	Healing arts: certified nurse-midwives: scope of practice		Support (6/4/15)	Senate B,P, & ED
AB 1351	Eggman	Deferred entry of judgment: pretrial diversion	Oppose Unless Amended (8/6/15)	Oppose Unless Amended (9/3/15)	Vetoed 10/8/15
AB 1352	Eggman	Deferred entry of judgment: withdrawal of plea	Oppose Unless Amended (8/6/15)	Oppose Unless Amended (9/3/15)	Chapter 646, Statutes of 2015
AB 1386	Low	Emergency medical care: epinephrine auto-injectors		Watch (2/11/16)	Senate Health
AB 1939	Patterson	Licensing Requirements			Assembly B&P
AB 2079	Calderon	Skilled nursing facilities: staffing			Assembly
AB 2209	Bonilla	Health care coverage: clinical care pathways			Assembly
AB 2399	Nazarian	Pregnancy: umbilical cord blood: blood testing			Assembly
AB 2507	Gordon	Telehealth: access			Assembly

Bold denotes a bill that is a new bill for Committee or Board consideration or one that has been amended since the last Committee or Board meeting. It may also reflect a bill that has been acted on by the Governor since the last Committee or Board meeting.

**BOARD OF REGISTERED NURSING
ASSEMBLY BILLS 2015-2015
March 10, 2016**

BILL #	AUTHOR	SUBJECT	COMM POSITION (date)	BOARD POSITION (date)	BILL STATUS
AB 2606	Grove	Crimes against children, elders, dependent adults, and persons with disabilities			Assembly
AB 2701	Jones	Department of Consumer Affairs: boards: training requirements			Assembly
AB 2744	Gordon	Healing arts: referrals			Assembly
AB 2859	Low	Professions and vocations: retired category: licenses			Assembly

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BOARD OF REGISTERED NURSING
Senate Bills 2015-2016
March 10, 2016

BILL #	AUTHOR	SUBJECT	COMM POSITION (date)	BOARD POSITION (date)	BILL STATUS
SB 319	Beall	Child welfare services: public health: nursing		Watch (4/2/15)	Chapter 535, Statutes of 2015
SB 323	Hernandez	Nurse practitioners: scope of practice	Watch (5/7/15)	Support (6/4/15)	Assembly B&P
SB 390	Bates	Home health agencies: skilled nursing services		Watch (4/2/15)	Senate Health
SB 408	Morrell	Midwife assistants		Oppose (6/4/15)	Chapter 280, Statutes of 2015
SB 464	Hernandez	Healing arts: self-reporting tools	Support (8/6/15)		Chapter 387, Statutes of 2015
SB 466	Hill	Nursing: Board of Registered Nursing	Watch (8/6/15)	Watch (9/3/15)	Chapter 489, Statutes of 2015
SB 467	Hill	Professions and vocations	Watch (8/6/15)	Watch (9/3/15)	Chapter 656, Statutes of 2015
SB 482	Lara	Controlled substances: CURES database		Support (6/4/15)	Assembly pending referral
SB 531	Bates	Board of Behavioral Sciences		Watch (4/2/15)	No longer applicable to the Board
SB 800	Committee on Business, Professions and Economic Development	Healing arts	Support (5/7/15)	Support (6/4/15)	Chapter 426, Statutes of 2015
SB 960	Hernandez	Medi-Cal: telehealth: reproductive health care			Senate Health
SB 1039	Hill	Professions and vocations			Senate Rules
SB 1139	Lara	Health professions: undocumented immigrants: scholarships, loans, and loan repayments			Senate Rules
SB 1155	Morrell	Professions and vocations: licenses: military service			Senate Rules
SB 1217	Stone	Healing arts: reporting requirements: professional liability resulting in death or personal injury			Senate Rules
SB 1334	Stone	Crime reporting: health practitioners: human trafficking			Senate Rules
SB 1348	Cannella	Licensure applications: military experience			Senate Rules

Bold denotes a bill that is a new bill for Committee or Board consideration or one that has been amended since the last Committee or Board meeting. It may also reflect a bill that has been acted on by the Governor since the last Committee or Board meeting.

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
March 10, 2016**

BILL ANALYSIS

AUTHOR:	Patterson	BILL NUMBER:	AB 1939
SPONSOR:		BILL STATUS:	Assembly Committee on Business and Professions
SUBJECT:	Licensing requirements	DATE LAST AMENDED:	

SUMMARY:

Under existing law, the Department of Consumer Affairs is comprised of various boards, bureaus, commissions, committees, and similarly constituted agencies that license and regulate the practice of various professions and vocations for the purpose of protecting the people of California. Existing law requires each of these entities to submit annually to the director of the department its methods for ensuring that every licensing examination it administers is subject to periodic evaluation.

ANALYSIS:

This bill would require the director of the department to conduct a study and submit to the Legislature by July 1, 2017, a report identifying, exploring, and addressing occupational licensing requirements that create unnecessary barriers to labor market entry or mobility.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

ASSEMBLY BILL

No. 1939

Introduced by Assembly Member Patterson

February 12, 2016

An act to add Section 312.3 to the Business and Professions Code, relating to professions.

LEGISLATIVE COUNSEL'S DIGEST

AB 1939, as introduced, Patterson. Licensing Requirements.

Under existing law, the Department of Consumer Affairs is comprised of various boards, bureaus, commissions, committees, and similarly constituted agencies that license and regulate the practice of various professions and vocations for the purpose of protecting the people of California. Existing law requires each of these entities to submit annually to the director of the department its methods for ensuring that every licensing examination it administers is subject to periodic evaluation.

This bill would require the director of the department to conduct a study and submit to the Legislature by July 1, 2017, a report identifying, exploring, and addressing occupational licensing requirements that create unnecessary barriers to labor market entry or mobility.

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 312.3 is added to the Business and
- 2 Professions Code, to read:
- 3 312.3. (a) The director shall conduct a study and submit to the
- 4 Legislature by July 1, 2017, a report identifying, exploring, and

1 addressing areas where occupational licensing requirements create
2 an unnecessary barrier to labor market entry or labor mobility,
3 particularly for dislocated workers, transitioning service members,
4 and military spouses.

5 (b) The report to be submitted pursuant to subdivision (a) shall
6 be submitted in compliance with Section 9795 of the Government
7 Code.

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**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
March 10, 2016**

BILL ANALYSIS

AUTHOR:	Calderon	BILL NUMBER:	AB 2079
SPONSOR:		BILL STATUS:	Introduced February 17, 2016
SUBJECT:	Skilled nursing facilities: staffing	DATE LAST AMENDED:	

SUMMARY:

Existing law provides for the licensure and regulation by the State Department of Public Health of health facilities, including skilled nursing facilities. Existing law requires the department to develop regulations that become effective August 1, 2003, that establish staff-to-patient ratios for direct caregivers working in a skilled nursing facility. Existing law requires that these ratios include separate licensed nurse staff-to-patient ratios in addition to the ratios established for other direct caregivers. Existing law also requires every skilled nursing facility to post information about staffing levels in the manner specified by federal requirements. Existing law makes it a misdemeanor for any person to willfully or repeatedly violate these provisions.

Existing law generally requires that skilled nursing facilities have a minimum number of nursing hours per patient day of 3.2 hours.

Sections (3) and (4): please refer to the bill

ANALYSIS:

This bill would require the department to develop regulations that become effective July 1, 2017, and include a minimum overall staff-to-patient ratio that includes specific staff-to-patient ratios for certified nurse assistants and for licensed nurses that comply with specified requirements. The bill would require the posted information to include a resident census and an accurate report of the number of staff working each shift and to be posted in specified locations, including an area used for employee breaks. The bill would require a skilled nursing facility to make staffing data available, upon oral or written request and at a reasonable cost, within 15 days of receiving a request. By expanding the scope of a crime, this bill would impose a state-mandated local program.

This bill would substitute the term “direct care service hours” for the term “nursing hours” and, commencing July 1, 2017, except as specified, increase the minimum number of direct care service hours per patient day to 4.1 hours.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

ASSEMBLY BILL

No. 2079

Introduced by Assembly Member Calderon

February 17, 2016

An act to amend Sections 1276.5 and 1276.65 of the Health and Safety Code, and to amend Section 14126.022 of, and to repeal and add Section 14110.7 of, the Welfare and Institutions Code, relating to health facilities.

LEGISLATIVE COUNSEL'S DIGEST

AB 2079, as introduced, Calderon. Skilled nursing facilities: staffing.

(1) Existing law provides for the licensure and regulation by the State Department of Public Health of health facilities, including skilled nursing facilities. Existing law requires the department to develop regulations that become effective August 1, 2003, that establish staff-to-patient ratios for direct caregivers working in a skilled nursing facility. Existing law requires that these ratios include separate licensed nurse staff-to-patient ratios in addition to the ratios established for other direct caregivers. Existing law also requires every skilled nursing facility to post information about staffing levels in the manner specified by federal requirements. Existing law makes it a misdemeanor for any person to willfully or repeatedly violate these provisions.

This bill would require the department to develop regulations that become effective July 1, 2017, and include a minimum overall staff-to-patient ratio that includes specific staff-to-patient ratios for certified nurse assistants and for licensed nurses that comply with specified requirements. The bill would require the posted information to include a resident census and an accurate report of the number of staff working each shift and to be posted in specified locations, including

an area used for employee breaks. The bill would require a skilled nursing facility to make staffing data available, upon oral or written request and at a reasonable cost, within 15 days of receiving a request. By expanding the scope of a crime, this bill would impose a state-mandated local program.

(2) Existing law generally requires that skilled nursing facilities have a minimum number of nursing hours per patient day of 3.2 hours.

This bill would substitute the term “direct care service hours” for the term “nursing hours” and, commencing July 1, 2017, except as specified, increase the minimum number of direct care service hours per patient day to 4.1 hours.

(3) Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.

Existing law, the Medi-Cal Long-Term Care Reimbursement Act, operative until August 1, 2020, requires the department to make a supplemental payment to skilled nursing facilities based on specified criteria and according to performance measure benchmarks. Existing law requires the department to establish and publish quality and accountability measures, which are used to determine supplemental payments. Existing law requires, beginning in the 2011–12 fiscal year, the measures to include, among others, compliance with specified nursing hours per patient per day requirements.

This bill would also require, beginning in the 2017–18 fiscal year, the measures to include compliance with specified direct care service hour requirements for skilled nursing facilities.

(4) 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 1276.5 of the Health and Safety Code is
2 amended to read:

1 1276.5. (a) (1) The department shall adopt regulations setting
2 forth the minimum number of equivalent ~~nursing direct care~~
3 ~~service~~ hours per patient required in ~~skilled nursing and~~
4 intermediate care facilities, subject to the specific requirements of
5 Section 14110.7 of the Welfare and Institutions Code. ~~However,~~
6 ~~notwithstanding Section 14110.7 or any other law, commencing~~
7 ~~January 1, 2000, the minimum number of actual nursing hours per~~
8 ~~patient required in a skilled nursing facility shall be 3.2 hours,~~
9 ~~except as provided in Section 1276.9.~~

10 (b) (1) ~~For~~

11 (2) ~~For the purposes of this section, “nursing subdivision,~~
12 ~~“direct care service hours” means the number of hours of work~~
13 ~~performed per patient day by aides, nursing assistants, or orderlies~~
14 ~~plus two times the number of hours worked per patient day by~~
15 ~~registered nurses and licensed vocational nurses (except directors~~
16 ~~of nursing in facilities of 60 or larger capacity) and, in the distinct~~
17 ~~part of facilities and freestanding facilities providing care for~~
18 ~~persons with developmental disabilities or mental health disorders~~
19 ~~by licensed psychiatric technicians who perform direct nursing~~
20 ~~services for patients in skilled nursing and intermediate care~~
21 ~~facilities, except when the skilled nursing and intermediate care~~
22 ~~facility is licensed as a part of a state hospital, and except that~~
23 ~~nursing hours for skilled nursing facilities means the actual hours~~
24 ~~of work, without doubling the hours performed per patient day by~~
25 ~~registered nurses and licensed vocational nurses: hospital.~~

26 (2) ~~Concurrent with implementation of the first year of rates~~
27 ~~established under the Medi-Cal Long Term Care Reimbursement~~
28 ~~Act of 1990 (Article 3.8 (commencing with Section 14126) of~~
29 ~~Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions~~
30 ~~Code), for the purposes of this section, “nursing hours” means the~~
31 ~~number of hours of work performed per patient day by aides,~~
32 ~~nursing assistants, registered nurses, and licensed vocational nurses~~
33 ~~(except directors of nursing in facilities of 60 or larger capacity)~~
34 ~~and, in the distinct part of facilities and freestanding facilities~~
35 ~~providing care for persons with developmental disabilities or~~
36 ~~mental health disorders, by licensed psychiatric technicians who~~
37 ~~performed direct nursing services for patients in skilled nursing~~
38 ~~and intermediate care facilities, except when the skilled nursing~~
39 ~~and intermediate care facility is licensed as a part of a state hospital.~~

1 (b) (1) The department shall adopt regulations setting forth the
 2 minimum number of equivalent direct care service hours per
 3 patient required in skilled nursing facilities, subject to the specific
 4 requirements of Section 14110.7 of the Welfare and Institutions
 5 Code. However, notwithstanding Section 14110.7 of the Welfare
 6 and Institutions Code or any other law, the minimum number of
 7 direct care service hours per patient required in a skilled nursing
 8 facility shall be 3.2 hours, and, commencing July 1, 2017, shall
 9 be 4.1 hours, except as provided in paragraph (2) or Section
 10 1276.9.

11 (2) Notwithstanding Section 14110.7 or any other law, the
 12 minimum number of direct care service hours per patient required
 13 in a skilled nursing facility that is a distinct part of a facility
 14 licensed as a general acute care hospital shall be 3.2 hours, except
 15 as provided in Section 1276.9.

16 (3) For the purposes of this subdivision “direct care service
 17 hours” means the numbers of hours of work performed per patient
 18 day by a direct caregiver, as defined in Section 1276.65.

19 (c) Notwithstanding Section 1276, the department shall require
 20 the utilization of a registered nurse at all times if the department
 21 determines that the services of a skilled nursing and intermediate
 22 care facility require the utilization of a registered nurse.

23 (d) (1) Except as otherwise provided by law, the administrator
 24 of an intermediate care facility/developmentally disabled,
 25 intermediate care facility/developmentally disabled habilitative,
 26 or an intermediate care facility/developmentally disabled—nursing
 27 shall be either a licensed nursing home administrator or a qualified
 28 intellectual disability professional as defined in Section 483.430
 29 of Title 42 of the Code of Federal Regulations.

30 (2) To qualify as an administrator for an intermediate care
 31 facility for the developmentally disabled, a qualified intellectual
 32 disability professional shall complete at least six months of
 33 administrative training or demonstrate six months of experience
 34 in an administrative capacity in a licensed health facility, as defined
 35 in Section 1250, excluding those facilities specified in subdivisions
 36 (e), (h), and (i).

37 SEC. 2. Section 1276.65 of the Health and Safety Code is
 38 amended to read:

39 1276.65. (a) For purposes of this section, the following
 40 definitions shall apply:

1 (1) (A) “Direct caregiver” means a registered nurse, as referred
2 to in Section 2732 of the Business and Professions Code, a licensed
3 vocational nurse, as referred to in Section 2864 of the Business
4 and Professions Code, a psychiatric technician, as referred to in
5 Section 4516 of the Business and Professions Code, ~~and a certified~~
6 ~~nurse assistant, as defined in Section 1337. 1337 of this code, or~~
7 ~~a nurse assistant in an approved training program, as defined in~~
8 ~~Section 1337, while the nurse assistant in an approved training~~
9 ~~program is performing nursing services as described in Sections~~
10 ~~72309, 72311, and 72315 of Title 22 of the California Code of~~
11 ~~Regulations.~~

12 (B) “Direct caregiver” also includes (i) a licensed nurse serving
13 as a minimum data set coordinator and (ii) a person serving as
14 the director of nursing services in a facility with 60 or more
15 licensed beds and a person serving as the director of staff
16 development when that person is providing nursing services in the
17 hours beyond those required to carry out the duties of these
18 positions, as long as these direct care service hours are separately
19 documented.

20 (2) “Licensed nurse” means a registered nurse, as referred to
21 in Section 2732 of the Business and Professions Code, a licensed
22 vocational nurse, as referred to in Section 2864 of the Business
23 and Professions Code, and a psychiatric technician, as referred
24 to in Section 4516 of the Business and Professions Code.

25 ~~(2)~~

26 (3) “Skilled nursing facility” means a skilled nursing facility as
27 defined in subdivision (c) of Section 1250.

28 (b) A person employed to provide services such as food
29 preparation, housekeeping, laundry, or maintenance services shall
30 not provide nursing care to residents and shall not be counted in
31 determining ratios under this section.

32 (c) (1) (A) Notwithstanding any other ~~provision of~~ law, the
33 State Department of ~~Public Health Services~~ shall develop
34 regulations that become effective ~~August 1, 2003, July 1, 2017,~~
35 that establish a *minimum staff-to-patient ratios ratio* for direct
36 caregivers working in a skilled nursing facility. ~~These ratios shall~~
37 ~~include separate licensed nurse staff-to-patient ratios in addition~~
38 ~~to the ratios established for other direct caregivers. The ratio shall~~
39 ~~include as a part of the overall staff-to-patient ratio, specific~~

1 *staff-to-patient ratios for licensed nurses and certified nurse*
 2 *assistants.*

3 (B) (i) *For a skilled nursing facility that is not a distinct part*
 4 *of a general acute care hospital, the certified nurse assistant*
 5 *staff-to-patient ratios developed pursuant to subparagraph (A)*
 6 *shall be no less than the following:*

7 (I) *During the day shift, a minimum of one certified nurse*
 8 *assistant for every six patients, or fraction thereof.*

9 (II) *During the evening shift, a minimum of one certified nurse*
 10 *assistant for every eight patients, or fraction thereof.*

11 (III) *During the night shift, a minimum of one certified nurse*
 12 *assistant for every 17 patients, or fraction thereof.*

13 (ii) *For the purposes of this subparagraph, the following terms*
 14 *have the following meanings:*

15 (I) *“Day shift” means the 8-hour period during which the*
 16 *facility’s patients require the greatest amount of care.*

17 (II) *“Evening shift” means the 8-hour period when the facility’s*
 18 *patients require a moderate amount of care.*

19 (III) *“Night shift” means the 8-hour period during which a*
 20 *facility’s patients require the least amount of care.*

21 (2) ~~The department, in developing staff-to-patient ratios for~~
 22 ~~direct caregivers~~ *an overall staff-to-patient ratio for direct*
 23 *caregivers, and in developing specific staff-to-patient ratios for*
 24 *certified nurse assistants and licensed nurses as required by this*
 25 *section, shall convert the existing requirement under Section 1276.5*
 26 *of this code and Section 14110.7 of the Welfare and Institutions*
 27 *Code for 3.2 nursing direct care hours per patient day of care day,*
 28 *and commencing July 1, 2017, except as specified in paragraph*
 29 *(2) of subdivision (b) of Section 1276.5, for 4.1 direct care service*
 30 *hours per patient day, including a minimum of 2.8 direct care*
 31 *service hours per patient day for certified nurse assistants, and a*
 32 *minimum of 1.3 direct care service hours per patient day for*
 33 *licensed nurses, and shall ensure that no less care is given than is*
 34 *required pursuant to Section 1276.5 of this code and Section*
 35 *14110.7 of the Welfare and Institutions Code. Further, the*
 36 *department shall develop the ratios in a manner that minimizes*
 37 *additional state costs, maximizes resident access to care, and takes*
 38 *into account the length of the shift worked. In developing the*
 39 *regulations, the department shall develop a procedure for facilities*
 40 *to apply for a waiver that addresses individual patient needs except*

1 that in no instance shall the minimum staff-to-patient ratios be less
2 than the 3.2 ~~nursing direct care service hours per patient-day~~ day,
3 *and, commencing July 1, 2017, except as specified in paragraph*
4 *(2) of subdivision (b) of Section 1276.5, be less than the 4.1 direct*
5 *care service hours per patient day, required under Section 1276.5*
6 *of this code and Section 14110.7 of the Welfare and Institutions*
7 *Code.*

8 (d) The staffing ratios to be developed pursuant to this section
9 shall be minimum standards ~~only~~. *only and shall be satisfied daily.*
10 Skilled nursing facilities shall employ and schedule additional staff
11 as needed to ensure quality resident care based on the needs of
12 individual residents and to ensure compliance with all relevant
13 state and federal staffing requirements.

14 (e) No later than January 1, ~~2006~~, 2019, and every five years
15 thereafter, the department shall consult with consumers, consumer
16 advocates, recognized collective bargaining agents, and providers
17 to determine the sufficiency of the staffing standards provided in
18 this section and may adopt regulations to increase the minimum
19 staffing ratios to adequate levels.

20 (f) (1) In a manner pursuant to federal requirements, effective
21 January 1, 2003, every skilled nursing facility shall post
22 information about *resident census and staffing levels* that includes
23 the current number of licensed and unlicensed nursing staff directly
24 responsible for resident care in the facility. This posting shall
25 include staffing requirements developed pursuant to this ~~section~~.
26 *section and an accurate report of the number of direct care staff*
27 *working during the current shift, including a report of the number*
28 *of registered nurses, licensed vocational nurses, psychiatric*
29 *technicians, and certified nurse assistants. The information shall*
30 *be posted on paper that is at least 8.5 inches by 14 inches and*
31 *shall be printed in a type of at least 16 point.*

32 (2) *The information described in paragraph (1) shall be posted*
33 *daily, at a minimum, in the following locations:*

34 (A) *An area readily accessible to members of the public.*

35 (B) *An area used for employee breaks.*

36 (C) *An area used by residents for communal functions,*
37 *including, but not limited to, dining, resident council meetings, or*
38 *activities.*

39 (3) (A) *Upon oral or written request, every skilled nursing*
40 *facility shall make direct caregiver staffing data available to the*

1 public for review at a reasonable cost. A skilled nursing facility
2 shall provide the data to the requestor within 15 days after
3 receiving a request.

4 (B) For the purpose of this paragraph, “reasonable cost”
5 includes, but is not limited to, a ten-cent (\$0.10) per page fee for
6 standard reproduction of documents that are 8.5 inches by 14
7 inches or smaller or a retrieval or processing fee not exceeding
8 sixty dollars (\$60) if the requested data is provided on a digital
9 or other electronic medium and the requestor requests delivery of
10 the data in a digital or other electronic medium, including
11 electronic mail.

12 (g) (1) Notwithstanding any other ~~provision~~ of law, the
13 department shall inspect for compliance with this section during
14 state and federal periodic inspections, including, but not limited
15 to, those inspections required under Section 1422. This inspection
16 requirement shall not limit the department’s authority in other
17 circumstances to cite for violations of this section or to inspect for
18 compliance with this section.

19 (2) A violation of the regulations developed pursuant to this
20 section may constitute a class “B,” “A,” or “AA” violation pursuant
21 to the standards set forth in Section 1424.

22 (h) The requirements of this section are in addition to any
23 requirement set forth in Section 1276.5 of this code and Section
24 14110.7 of the Welfare and Institutions Code.

25 ~~(i) Initial implementation of the staffing ratio developed~~
26 ~~pursuant to requirements set forth in this section shall be contingent~~
27 ~~on an appropriation in the annual Budget Act or another statute.~~

28 ~~(j)~~

29 (i) In implementing this section, the department may contract
30 as necessary, on a bid or nonbid basis, for professional consulting
31 services from nationally recognized higher education and research
32 institutions, or other qualified individuals and entities not
33 associated with a skilled nursing facility, with demonstrated
34 expertise in long-term care. This subdivision establishes an
35 accelerated process for issuing contracts pursuant to this section
36 and contracts entered into pursuant to this section shall be exempt
37 from the requirements of Chapter 1 (commencing with Section
38 10100) and Chapter 2 (commencing with Section 10290) of Part
39 2 of Division 2 of the Public Contract Code.

40 ~~(k)~~

1 (j) This section shall not apply to facilities defined in Section
2 1276.9.

3 SEC. 3. Section 14110.7 of the Welfare and Institutions Code
4 is repealed.

5 ~~14110.7. (a) The director shall adopt regulations increasing~~
6 ~~the minimum number of equivalent nursing hours per patient~~
7 ~~required in skilled nursing facilities to 3.2, in skilled nursing~~
8 ~~facilities with special treatment programs to 2.3, in intermediate~~
9 ~~care facilities to 1.1, and in intermediate care~~
10 ~~facilities/developmentally disabled to 2.7.~~

11 (b) (1) ~~The director shall adopt regulations that shall establish~~
12 ~~the minimum number of equivalent nursing hours per patient~~
13 ~~required in the following, for the first year of implementation of~~
14 ~~the first year of rates established pursuant to this article:~~

15 (A) ~~2.6 hours for skilled nursing facilities.~~

16 (B) ~~1.9 hours for skilled nursing facilities with special treatment~~
17 ~~programs.~~

18 (C) ~~0.9 hours for intermediate care facilities.~~

19 (D) ~~2.2 hours for intermediate care facilities/developmentally~~
20 ~~disabled.~~

21 (2) ~~The staffing standards established by paragraph (1) shall~~
22 ~~become effective concurrently with the establishment of the first~~
23 ~~reimbursement rates under this article.~~

24 (3) ~~The director shall adopt regulations that establish the~~
25 ~~minimum number of equivalent nursing hours per patient required~~
26 ~~in skilled nursing facilities at 2.7 for the second year of~~
27 ~~implementation of rates established pursuant to this article.~~

28 (e) (1) ~~The Legislature finds and declares all of the following:~~

29 (A) ~~The one-year transition phase from 2.6 to 2.7 equivalent~~
30 ~~nursing hours allows ample time to restructure staffing.~~

31 (B) ~~The 4 percent augmentation to reimburse for direct patient~~
32 ~~care, as defined in paragraph (2) of subdivision (b) of Section~~
33 ~~14126.60, provides funds to cover additional expenses, if any,~~
34 ~~incurred by facilities to implement this staffing standard.~~

35 (2) ~~Subject to the appropriation of sufficient funds, the~~
36 ~~department may adopt regulations to increase the minimum number~~
37 ~~of equivalent nursing hours required of facilities subject to this~~
38 ~~section per patient beyond 2.7 nursing hours per patient day.~~

39 (d) (1) ~~The department shall identify those skilled nursing~~
40 ~~facilities that are in compliance with the 3.0 minimum double~~

1 nursing hour standards, as defined in subdivision (a) of Section
2 1276.5 of the Health and Safety Code, but have actual staffing
3 ratios below 2.5, as of July 1, 1990, and shall not enforce the 2.7
4 equivalent nursing hours with respect to those facilities until the
5 third year of implementation of the rates established under this
6 article.

7 (2) The department shall periodically review facilities that have
8 actual staffing ratios described in paragraph (1) to ensure that they
9 are making sufficient progress toward 2.7 hours.

10 (e) Notwithstanding paragraph (1) of subdivision (d),
11 commencing January 1, 2000, the minimum number of nursing
12 hours per patient day required in skilled nursing facilities shall be
13 3.2, without regard to the doubling of nursing hours as described
14 in paragraph (1) of subdivision (b) of Section 1276.5 of the Health
15 and Safety Code, and except as set forth in Section 1276.9 of the
16 Health and Safety Code.

17 SEC. 4. Section 14110.7 is added to the Welfare and
18 Institutions Code, to read:

19 14110.7. (a) In skilled nursing facilities, the minimum number
20 of equivalent direct care service hours shall be 3.2, except as set
21 forth in Section 1276.9 of the Health and Safety Code.

22 (b) Commencing July 1, 2017, in skilled nursing facilities,
23 except those skilled nursing facilities that are a distinct part of a
24 general acute care facility, the minimum number of equivalent
25 direct care service hours shall be 4.1, except as set forth in Section
26 1276.9 of the Health and Safety Code.

27 (c) In skilled nursing facilities with special treatment programs,
28 the minimum number of equivalent direct care service hours shall
29 be 2.3.

30 (d) In intermediate care facilities, the minimum number of
31 equivalent direct care service hours shall be 1.1.

32 (e) In intermediate care facilities/developmentally disabled, the
33 minimum number of equivalent direct care service hours shall be
34 2.7.

35 SEC. 5. Section 14126.022 of the Welfare and Institutions
36 Code is amended to read:

37 14126.022. (a) (1) By August 1, 2011, the department shall
38 develop the Skilled Nursing Facility Quality and Accountability
39 Supplemental Payment System, subject to approval by the federal

1 Centers for Medicare and Medicaid Services, and the availability
2 of federal, state, or other funds.

3 (2) (A) The system shall be utilized to provide supplemental
4 payments to skilled nursing facilities that improve the quality and
5 accountability of care rendered to residents in skilled nursing
6 facilities, as defined in subdivision (c) of Section 1250 of the
7 Health and Safety Code, and to penalize those facilities that do
8 not meet measurable standards.

9 (B) A freestanding pediatric subacute care facility, as defined
10 in Section 51215.8 of Title 22 of the California Code of
11 Regulations, shall be exempt from the Skilled Nursing Facility
12 Quality and Accountability Supplemental Payment System.

13 (3) The system shall be phased in, beginning with the 2010–11
14 rate year.

15 (4) The department may utilize the system to do all of the
16 following:

17 (A) Assess overall facility quality of care and quality of care
18 improvement, and assign quality and accountability payments to
19 skilled nursing facilities pursuant to performance measures
20 described in subdivision (i).

21 (B) Assign quality and accountability payments or penalties
22 relating to quality of care, or direct care staffing levels, wages, and
23 benefits, or both.

24 (C) Limit the reimbursement of legal fees incurred by skilled
25 nursing facilities engaged in the defense of governmental legal
26 actions filed against the facilities.

27 (D) Publish each facility's quality assessment and quality and
28 accountability payments in a manner and form determined by the
29 director, or his or her designee.

30 (E) Beginning with the 2011–12 fiscal year, establish a base
31 year to collect performance measures described in subdivision (i).

32 (F) Beginning with the 2011–12 fiscal year, in coordination
33 with the State Department of Public Health, publish the direct care
34 staffing level data and the performance measures required pursuant
35 to subdivision (i).

36 (5) The department, in coordination with the State Department
37 of Public Health, shall report to the relevant Assembly and Senate
38 budget subcommittees by May 1, 2016, information regarding the
39 quality and accountability supplemental payments, including, but

1 not limited to, its assessment of whether the payments are adequate
2 to incentivize quality care and to sustain the program.

3 (b) (1) There is hereby created in the State Treasury, the Skilled
4 Nursing Facility Quality and Accountability Special Fund. The
5 fund shall contain moneys deposited pursuant to subdivisions (g)
6 and (j) to (m), inclusive. Notwithstanding Section 16305.7 of the
7 Government Code, the fund shall contain all interest and dividends
8 earned on moneys in the fund.

9 (2) Notwithstanding Section 13340 of the Government Code,
10 the fund shall be continuously appropriated without regard to fiscal
11 year to the department for making quality and accountability
12 payments, in accordance with subdivision (n), to facilities that
13 meet or exceed predefined measures as established by this section.

14 (3) Upon appropriation by the Legislature, moneys in the fund
15 may also be used for any of the following purposes:

16 (A) To cover the administrative costs incurred by the State
17 Department of Public Health for positions and contract funding
18 required to implement this section.

19 (B) To cover the administrative costs incurred by the State
20 Department of Health Care Services for positions and contract
21 funding required to implement this section.

22 (C) To provide funding assistance for the Long-Term Care
23 Ombudsman Program activities pursuant to Chapter 11
24 (commencing with Section 9700) of Division 8.5.

25 (c) No appropriation associated with this bill is intended to
26 implement the provisions of Section 1276.65 of the Health and
27 Safety Code.

28 (d) (1) There is hereby appropriated for the 2010–11 fiscal year,
29 one million nine hundred thousand dollars (\$1,900,000) from the
30 Skilled Nursing Facility Quality and Accountability Special Fund
31 to the California Department of Aging for the Long-Term Care
32 Ombudsman Program activities pursuant to Chapter 11
33 (commencing with Section 9700) of Division 8.5. It is the intent
34 of the Legislature for the one million nine hundred thousand dollars
35 (\$1,900,000) from the fund to be in addition to the four million
36 one hundred sixty-eight thousand dollars (\$4,168,000) proposed
37 in the Governor’s May Revision for the 2010–11 Budget. It is
38 further the intent of the Legislature to increase this level of
39 appropriation in subsequent years to provide support sufficient to

1 carry out the mandates and activities pursuant to Chapter 11
2 (commencing with Section 9700) of Division 8.5.

3 (2) The department, in partnership with the California
4 Department of Aging, shall seek approval from the federal Centers
5 for Medicare and Medicaid Services to obtain federal Medicaid
6 reimbursement for activities conducted by the Long-Term Care
7 Ombudsman Program. The department shall report to the fiscal
8 committees of the Legislature during budget hearings on progress
9 being made and any unresolved issues during the 2011–12 budget
10 deliberations.

11 (e) There is hereby created in the Special Deposit Fund
12 established pursuant to Section 16370 of the Government Code,
13 the Skilled Nursing Facility Minimum Staffing Penalty Account.
14 The account shall contain all moneys deposited pursuant to
15 subdivision (f).

16 (f) (1) Beginning with the 2010–11 fiscal year, the State
17 Department of Public Health shall use the direct care staffing level
18 data it collects to determine whether a skilled nursing facility has
19 met the ~~nursing~~ *direct care services* hours per patient per day
20 requirements pursuant to Section 1276.5 of the Health and Safety
21 Code.

22 (2) (A) Beginning with the 2010–11 fiscal year, the State
23 Department of Public Health shall assess a skilled nursing facility,
24 licensed pursuant to subdivision (c) of Section 1250 of the Health
25 and Safety Code, an administrative penalty if the State Department
26 of Public Health determines that the skilled nursing facility fails
27 to meet the ~~nursing~~ *direct care service* hours per patient per day
28 requirements pursuant to Section 1276.5 of the Health and Safety
29 Code as follows:

30 (i) Fifteen thousand dollars (\$15,000) if the facility fails to meet
31 the requirements for 5 percent or more of the audited days up to
32 49 percent.

33 (ii) Thirty thousand dollars (\$30,000) if the facility fails to meet
34 the requirements for over 49 percent or more of the audited days.

35 (B) (i) If the skilled nursing facility does not dispute the
36 determination or assessment, the penalties shall be paid in full by
37 the licensee to the State Department of Public Health within 30
38 days of the facility's receipt of the notice of penalty and deposited
39 into the Skilled Nursing Facility Minimum Staffing Penalty
40 Account.

1 (ii) The State Department of Public Health may, upon written
2 notification to the licensee, request that the department offset any
3 moneys owed to the licensee by the Medi-Cal program or any other
4 payment program administered by the department to recoup the
5 penalty provided for in this section.

6 (C) (i) If a facility disputes the determination or assessment
7 made pursuant to this paragraph, the facility shall, within 15 days
8 of the facility’s receipt of the determination and assessment,
9 simultaneously submit a request for appeal to both the department
10 and the State Department of Public Health. The request shall
11 include a detailed statement describing the reason for appeal and
12 include all supporting documents the facility will present at the
13 hearing.

14 (ii) Within 10 days of the State Department of Public Health’s
15 receipt of the facility’s request for appeal, the State Department
16 of Public Health shall submit, to both the facility and the
17 department, all supporting documents that will be presented at the
18 hearing.

19 (D) The department shall hear a timely appeal and issue a
20 decision as follows:

21 (i) The hearing shall commence within 60 days from the date
22 of receipt by the department of the facility’s timely request for
23 appeal.

24 (ii) The department shall issue a decision within 120 days from
25 the date of receipt by the department of the facility’s timely request
26 for appeal.

27 (iii) The decision of the department’s hearing officer, when
28 issued, shall be the final decision of the State Department of Public
29 Health.

30 (E) The appeals process set forth in this paragraph shall be
31 exempt from Chapter 4.5 (commencing with Section 11400) and
32 Chapter 5 (commencing with Section 11500), of Part 1 of Division
33 3 of Title 2 of the Government Code. The provisions of ~~Section~~
34 *Sections* 100171 and 131071 of the Health and Safety Code shall
35 not apply to appeals under this paragraph.

36 (F) If a hearing decision issued pursuant to subparagraph (D)
37 is in favor of the State Department of Public Health, the skilled
38 nursing facility shall pay the penalties to the State Department of
39 Public Health within 30 days of the facility’s receipt of the

1 decision. The penalties collected shall be deposited into the Skilled
2 Nursing Facility Minimum Staffing Penalty Account.

3 (G) The assessment of a penalty under this subdivision does not
4 supplant the State Department of Public Health’s investigation
5 process or issuance of deficiencies or citations under Chapter 2.4
6 (commencing with Section 1417) of Division 2 of the Health and
7 Safety Code.

8 (g) The State Department of Public Health shall transfer, on a
9 monthly basis, all penalty payments collected pursuant to
10 subdivision (f) into the Skilled Nursing Facility Quality and
11 Accountability Special Fund.

12 (h) Nothing in this section shall impact the effectiveness or
13 utilization of Section 1278.5 or 1432 of the Health and Safety Code
14 relating to whistleblower protections, or Section 1420 of the Health
15 and Safety Code relating to complaints.

16 (i) (1) Beginning in the 2010–11 fiscal year, the department,
17 in consultation with representatives from the long-term care
18 industry, organized labor, and consumers, shall establish and
19 publish quality and accountability measures, benchmarks, and data
20 submission deadlines by November 30, 2010.

21 (2) The methodology developed pursuant to this section shall
22 include, but not be limited to, the following requirements and
23 performance measures:

24 (A) Beginning in the 2011–12 fiscal year:

25 (i) Immunization rates.

26 (ii) Facility acquired pressure ulcer incidence.

27 (iii) The use of physical restraints.

28 (iv) Compliance with the ~~nursing~~ *direct care service* hours per
29 patient per day requirements pursuant to Section 1276.5 of the
30 Health and Safety Code.

31 (v) Resident and family satisfaction.

32 (vi) Direct care staff retention, if sufficient data is available.

33 (B) *Beginning in the 2017–18 fiscal year, compliance with the*
34 *direct care service hour requirements for skilled nursing facilities*
35 *established pursuant to Section 1276.65 of the Health and Safety*
36 *Code and Section 14110.7 of this code.*

37 ~~(B)~~

38 (C) If this act is extended beyond the dates on which it becomes
39 inoperative and is repealed, in accordance with Section 14126.033,
40 the department, in consultation with representatives from the

1 long-term care industry, organized labor, and consumers, beginning
2 in the 2013–14 rate year, shall incorporate additional measures
3 into the system, including, but not limited to, quality and
4 accountability measures required by federal health care reform
5 that are identified by the federal Centers for Medicare and Medicaid
6 Services.

7 ~~(C)~~

8 (D) The department, in consultation with representatives from
9 the long-term care industry, organized labor, and consumers, may
10 incorporate additional performance measures, including, but not
11 limited to, the following:

12 (i) Compliance with state policy associated with the United
13 States Supreme Court decision in *Olmstead v. L.C. ex rel. Zimring*
14 (1999) 527 U.S. 581.

15 (ii) Direct care staff retention, if not addressed in the 2012–13
16 rate year.

17 (iii) The use of chemical restraints.

18 ~~(D)~~

19 (E) Beginning with the 2015–16 fiscal year, the department, in
20 consultation with representatives from the long-term care industry,
21 organized labor, and consumers, shall incorporate direct care staff
22 retention as a performance measure in the methodology developed
23 pursuant to this section.

24 (j) (1) Beginning with the 2010–11 rate year, and pursuant to
25 subparagraph (B) of paragraph (5) of subdivision (a) of Section
26 14126.023, the department shall set aside savings achieved from
27 setting the professional liability insurance cost category, including
28 any insurance deductible costs paid by the facility, at the 75th
29 percentile. From this amount, the department shall transfer the
30 General Fund portion into the Skilled Nursing Facility Quality and
31 Accountability Special Fund. A skilled nursing facility shall
32 provide supplemental data on insurance deductible costs to
33 facilitate this adjustment, in the format and by the deadlines
34 determined by the department. If this data is not provided, a
35 facility's insurance deductible costs will remain in the
36 administrative costs category.

37 (2) Notwithstanding paragraph (1), for the 2012–13 rate year
38 only, savings from capping the professional liability insurance cost
39 category pursuant to paragraph (1) shall remain in the General

1 Fund and shall not be transferred to the Skilled Nursing Facility
2 Quality and Accountability Special Fund.

3 (k) For the 2013–14 rate year, if there is a rate increase in the
4 weighted average Medi-Cal reimbursement rate, the department
5 shall set aside the first 1 percent of the weighted average Medi-Cal
6 reimbursement rate increase for the Skilled Nursing Facility Quality
7 and Accountability Special Fund.

8 (l) If this act is extended beyond the dates on which it becomes
9 inoperative and is repealed, for the 2014–15 rate year, in addition
10 to the amount set aside pursuant to subdivision (k), if there is a
11 rate increase in the weighted average Medi-Cal reimbursement
12 rate, the department shall set aside at least one-third of the weighted
13 average Medi-Cal reimbursement rate increase, up to a maximum
14 of 1 percent, from which the department shall transfer the General
15 Fund portion of this amount into the Skilled Nursing Facility
16 Quality and Accountability Special Fund.

17 (m) Beginning with the 2015–16 rate year, and each subsequent
18 rate year thereafter for which this article is operative, an amount
19 equal to the amount deposited in the fund pursuant to subdivisions
20 (k) and (l) for the 2014–15 rate year shall be deposited into the
21 Skilled Nursing Facility Quality and Accountability Special Fund,
22 for the purposes specified in this section.

23 (n) (1) (A) Beginning with the 2013–14 rate year, the
24 department shall pay a supplemental payment, by April 30, 2014,
25 to skilled nursing facilities based on all of the criteria in subdivision
26 (i), as published by the department, and according to performance
27 measure benchmarks determined by the department in consultation
28 with stakeholders.

29 (B) (i) The department may convene a diverse stakeholder
30 group, including, but not limited to, representatives from consumer
31 groups and organizations, labor, nursing home providers, advocacy
32 organizations involved with the aging community, staff from the
33 Legislature, and other interested parties, to discuss and analyze
34 alternative mechanisms to implement the quality and accountability
35 payments provided to nursing homes for reimbursement.

36 (ii) The department shall articulate in a report to the fiscal and
37 appropriate policy committees of the Legislature the
38 implementation of an alternative mechanism as described in clause
39 (i) at least 90 days prior to any policy or budgetary changes, and
40 seek subsequent legislation in order to enact the proposed changes.

1 (2) Skilled nursing facilities that do not submit required
2 performance data by the department's specified data submission
3 deadlines pursuant to subdivision (i) shall not be eligible to receive
4 supplemental payments.

5 (3) Notwithstanding paragraph (1), if a facility appeals the
6 performance measure of compliance with the ~~nursing~~ *direct care*
7 *service* hours per patient per day requirements, pursuant to Section
8 1276.5 of the Health and Safety Code, to the State Department of
9 Public Health, and it is unresolved by the department's published
10 due date, the department shall not use that performance measure
11 when determining the facility's supplemental payment.

12 (4) Notwithstanding paragraph (1), if the department is unable
13 to pay the supplemental payments by April 30, 2014, then on May
14 1, 2014, the department shall use the funds available in the Skilled
15 Nursing Facility Quality and Accountability Special Fund as a
16 result of savings identified in subdivisions (k) and (l), less the
17 administrative costs required to implement subparagraphs (A) and
18 (B) of paragraph (3) of subdivision (b), in addition to any Medicaid
19 funds that are available as of December 31, 2013, to increase
20 provider rates retroactively to August 1, 2013.

21 (o) The department shall seek necessary approvals from the
22 federal Centers for Medicare and Medicaid Services to implement
23 this section. The department shall implement this section only in
24 a manner that is consistent with federal Medicaid law and
25 regulations, and only to the extent that approval is obtained from
26 the federal Centers for Medicare and Medicaid Services and federal
27 financial participation is available.

28 (p) In implementing this section, the department and the State
29 Department of Public Health may contract as necessary, with
30 California's Medicare Quality Improvement Organization, or other
31 entities deemed qualified by the department or the State
32 Department of Public Health, not associated with a skilled nursing
33 facility, to assist with development, collection, analysis, and
34 reporting of the performance data pursuant to subdivision (i), and
35 with demonstrated expertise in long-term care quality, data
36 collection or analysis, and accountability performance measurement
37 models pursuant to subdivision (i). This subdivision establishes
38 an accelerated process for issuing any contract pursuant to this
39 section. Any contract entered into pursuant to this subdivision shall

1 be exempt from the requirements of the Public Contract Code,
2 through December 31, 2020.

3 (q) Notwithstanding Chapter 3.5 (commencing with Section
4 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
5 the following shall apply:

6 (1) The director shall implement this section, in whole or in
7 part, by means of provider bulletins, or other similar instructions
8 without taking regulatory action.

9 (2) The State Public Health Officer may implement this section
10 by means of ~~all-facility~~ *all-facility* letters, or other similar
11 instructions without taking regulatory action.

12 (r) Notwithstanding paragraph (1) of subdivision (n), if a final
13 judicial determination is made by any state or federal court that is
14 not appealed, in any action by any party, or a final determination
15 is made by the administrator of the federal Centers for Medicare
16 and Medicaid Services, that any payments pursuant to subdivisions
17 (a) and (n), are invalid, unlawful, or contrary to any provision of
18 federal law or regulations, or of state law, these subdivisions shall
19 become inoperative, and for the 2011–12 rate year, the rate increase
20 provided under subparagraph (A) of paragraph (4) of subdivision
21 (c) of Section 14126.033 shall be reduced by the amounts described
22 in subdivision (j). For the 2013–14 and 2014–15 rate years, any
23 rate increase shall be reduced by the amounts described in
24 subdivisions (j) to (l), inclusive.

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

O

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
March 10, 2016**

BILL ANALYSIS

AUTHOR:	Bonilla	BILL NUMBER:	AB 2209
SPONSOR:		BILL STATUS:	Introduced February 18, 2016
SUBJECT:	Health care coverage: clinical care pathways	DATE LAST AMENDED:	

SUMMARY:

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. A willful violation of the act is a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contracts and health insurance policies to provide coverage for specified benefits.

ANALYSIS:

This bill would prohibit, on and after January 1, 2017, a health care service plan or health insurer that provides hospital, medical, or surgical expenses from implementing clinical care pathways, as defined, for use by providers in order to manage an enrollee's or insured's care. Because a willful violation of this prohibition by a health care service plan would be a crime, this bill would impose a state-mandated local program.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

ASSEMBLY BILL

No. 2209

Introduced by Assembly Member Bonilla

February 18, 2016

An act to add Section 1372.5 of the Health and Safety Code, and to add Section 10123.25 to the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 2209, as introduced, Bonilla. Health care coverage: clinical care pathways.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. A willful violation of the act is a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contracts and health insurance policies to provide coverage for specified benefits.

This bill would prohibit, on and after January 1, 2017, a health care service plan or health insurer that provides hospital, medical, or surgical expenses from implementing clinical care pathways, as defined, for use by providers in order to manage an enrollee's or insured's care. Because a willful violation of this prohibition by a health care service plan 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 1372.5 is added to the Health and Safety
2 Code, to read:
3 1372.5. (a) On and after January 1, 2017, a health care service
4 plan that provides coverage for hospital, medical, or surgical
5 expenses shall not implement clinical care pathways for use by
6 providers in order to manage an enrollee’s care.
7 (b) For purposes of this section, “clinical care pathways” means
8 a multidisciplinary management tool based on evidence-based
9 practices used by providers involved in patient care to manage the
10 enrollee’s care, in which the different tasks, interventions, or
11 treatment regimens used by the provider involved in the enrollee’s
12 care are defined, optimized, and sequenced.
13 SEC. 2. Section 10123.25 is added to the Insurance Code, to
14 read:
15 10123.25. (a) On and after January 1, 2017, a health insurer
16 that provides coverage for hospital, medical, or surgical expenses
17 shall not implement clinical care pathways for use by providers in
18 order to manage an insured’s care.
19 (b) For purposes of this section, “clinical care pathways” means
20 a multidisciplinary management tool based on evidence-based
21 practices used by providers involved in patient care to manage the
22 insured’s care, in which the different tasks, interventions, or
23 treatment regimens used by the provider involved in the insured’s
24 care are defined, optimized, and sequenced.
25 SEC. 3. No reimbursement is required by this act pursuant to
26 Section 6 of Article XIII B of the California Constitution because
27 the only costs that may be incurred by a local agency or school
28 district will be incurred because this act creates a new crime or
29 infraction, eliminates a crime or infraction, or changes the penalty
30 for a crime or infraction, within the meaning of Section 17556 of
31 the Government Code, or changes the definition of a crime within
32 the meaning of Section 6 of Article XIII B of the California
33 Constitution.

O

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
March 10, 2016**

BILL ANALYSIS

AUTHOR:	Nazarian	BILL NUMBER:	AB 2399
SPONSOR:		BILL STATUS:	Introduced February 18, 2016
SUBJECT:	Pregnancy: umbilical cord blood: blood testing	DATE LAST AMENDED:	

SUMMARY:

Existing law requires the State Department of Public Health to develop standardized, objective information about umbilical cord blood donation to enable a pregnant woman to make an informed decision regarding what she wants to do with the umbilical cord blood.

Existing law requires that this information be made available in Cantonese, English, Spanish, and Vietnamese. Existing law prohibits public funds from being used by the department to provide awareness, assistance, and information regarding umbilical cord blood banking options and creates the Umbilical Cord Blood Education Account within the State Treasury, which is funded by private donations, to be used by the department for these purposes, as specified.

Existing law also requires a licensed physician and surgeon, or other person engaged in the prenatal care of a pregnant woman, to obtain a blood specimen from the woman for purposes of determining the presence of hepatitis B or human immunodeficiency virus (HIV).

Existing law requires the State Department of Public Health to develop culturally sensitive informational material in English, Spanish, and other languages, to inform a pregnant woman about the purpose of obtaining this blood sample.

ANALYSIS:

This bill would change the language requirements for the umbilical cord blood informational material and the prenatal testing informational material from those languages to languages that meet a specified numeric threshold. The bill would also delete provisions that create the Umbilical Cord Blood Education Account and remove the prohibition against using public funds to provide information about umbilical cord blood banking.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

ASSEMBLY BILL

No. 2399

Introduced by Assembly Member Nazarian

February 18, 2016

An act to amend Sections 123371 and 125092 of the Health and Safety Code, relating to public health.

LEGISLATIVE COUNSEL'S DIGEST

AB 2399, as introduced, Nazarian. Pregnancy: umbilical cord blood: blood testing.

Existing law requires the State Department of Public Health to develop standardized, objective information about umbilical cord blood donation to enable a pregnant woman to make an informed decision regarding what she wants to do with the umbilical cord blood. Existing law requires that this information be made available in Cantonese, English, Spanish, and Vietnamese. Existing law prohibits public funds from being used by the department to provide awareness, assistance, and information regarding umbilical cord blood banking options and creates the Umbilical Cord Blood Education Account within the State Treasury, which is funded by private donations, to be used by the department for these purposes, as specified.

Existing law also requires a licensed physician and surgeon, or other person engaged in the prenatal care of a pregnant woman, to obtain a blood specimen from the woman for purposes of determining the presence of hepatitis B or human immunodeficiency virus (HIV). Existing law requires the State Department of Public Health to develop culturally sensitive informational material in English, Spanish, and other languages, to inform a pregnant woman about the purpose of obtaining this blood sample.

This bill would change the language requirements for the umbilical cord blood informational material and the prenatal testing informational material from those languages to languages that meet a specified numeric threshold. The bill would also delete provisions that create the Umbilical Cord Blood Education Account and remove the prohibition against using public funds to provide information about umbilical cord blood banking.

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 123371 of the Health and Safety Code
2 is amended to read:
3 123371. (a) (1) The State Department of Public Health shall
4 develop standardized, objective information about umbilical cord
5 blood donation that is sufficient to allow a pregnant woman to
6 make an informed decision on whether to participate in a private
7 or public umbilical cord blood banking program. The information
8 developed by the department shall enable a pregnant woman to be
9 informed of her option to do any of the following:
10 (A) Discard umbilical cord blood.
11 (B) Donate umbilical cord blood to a public umbilical cord
12 blood bank.
13 (C) Store the umbilical cord blood in a family umbilical cord
14 blood bank for the use by immediate and extended family members.
15 (D) Donate umbilical cord blood to research.
16 (2) The information developed pursuant to paragraph (1) shall
17 include, but not be limited to, all of the following:
18 (A) The current and potential future medical uses of stored
19 umbilical cord blood.
20 (B) The benefits and risks involved in umbilical cord blood
21 banking.
22 (C) The medical process involved in umbilical cord blood
23 banking.
24 (D) Medical or family history criteria that can impact a family's
25 consideration of umbilical cord banking.
26 (E) An explanation of the differences between public and private
27 umbilical cord blood banking.

1 (F) The availability and costs of public or private umbilical cord
2 blood banks.

3 (G) Medical or family history criteria that can impact a family’s
4 consideration of umbilical cord blood banking.

5 (H) An explanation that the practices and policies of blood banks
6 may vary with respect to accreditation, cord blood processing and
7 storage methods, costs, and donor privacy.

8 (I) An explanation that pregnant women are not required to
9 donate their umbilical cord blood for research purposes.

10 (b) The information provided by the department pursuant to
11 subdivision (a) shall be made available in ~~Cantonese, English,~~
12 ~~Spanish, and Vietnamese,~~ *the languages that meet the numeric*
13 *threshold described in Section 14029.91 of the Welfare and*
14 *Institutions Code,* and shall be updated by the department as
15 needed.

16 (c) The information provided by the department pursuant to
17 subdivision (a) shall be made available on the Internet Web sites
18 of the licensing boards that have oversight over primary prenatal
19 care providers.

20 (d) (1) A primary prenatal care provider of a woman who is
21 known to be pregnant may, during the first prenatal visit, provide
22 the information required by subdivision (a) to the pregnant woman.

23 (2) For purposes of this article, a “prenatal care provider” means
24 a health care provider licensed pursuant to Division 2 (commencing
25 with Section 500) of the Business and Professions Code, or
26 pursuant to an initiative act referred to in that division, who
27 provides prenatal medical care within his or her scope of practice.

28 ~~(e) The department shall only implement this article upon a~~
29 ~~determination by the Director of Finance, that sufficient private~~
30 ~~donations have been collected and deposited into the Umbilical~~
31 ~~Cord Blood Education Account, which is hereby created in the~~
32 ~~State Treasury. The moneys in the account shall be available, upon~~
33 ~~appropriation by the Legislature, for the purposes of this article.~~
34 ~~No public funds shall be used to implement this article. If sufficient~~
35 ~~funds are collected and deposited into the account, the Director of~~
36 ~~Finance shall file a written notice thereof with the Secretary of~~
37 ~~State.~~

38 SEC. 2. Section 125092 of the Health and Safety Code is
39 amended to read:

1 125092. The department, in consultation with the Office of
2 AIDS and with other stakeholders, including, but not limited to,
3 representatives of professional medical and public health advocacy
4 groups, providers of health care to women and infants infected
5 with or exposed to HIV, and women living with HIV, shall develop
6 culturally sensitive informational material adequate to fulfill the
7 requirements of subdivisions (c) and (d) of Section 125090, in
8 ~~English, Spanish, and other languages used by the department~~ *the*
9 *languages that meet the numeric threshold described in Section*
10 *14029.91 of the Welfare and Institutions Code* when providing
11 information to clients under the Medi-Cal program. This material
12 shall also include information on available referral and consultation
13 resources of experts in prenatal HIV treatment. ~~This material shall~~
14 ~~be completed by December 31, 2004.~~

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
March 10, 2016**

BILL ANALYSIS

AUTHOR:	Gordon	BILL NUMBER:	AB 2507
SPONSOR:		BILL STATUS:	Introduced February 19, 2016
SUBJECT:	Telehealth: access	DATE LAST AMENDED:	

SUMMARY:

(1) Existing law defines “telehealth” as the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care while the patient is at the originating site and the health care provider is at a distant site, and that facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers. Existing law requires that prior to the delivery of health care via telehealth, the health care provider initiating the use of telehealth inform the patient about the use of telehealth and obtain documented verbal or written consent from the patient for the use of telehealth.

(2) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and 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 also provides for the regulation of health insurers by the Department of Insurance. Existing law prohibits health care service plans and health insurers from limiting the type of setting where services are provided for the patient or by the health care provider before payment is made for the covered services appropriately provided through telehealth, subject to the terms and conditions of the contract entered into between the enrollee, insured, subscriber, or policyholder and the plan or insurer, and between the plan or insurer and its participating providers or provider groups.

ANALYSIS:

This bill would add video communications, telephone communications, email communications, and synchronous text or chat conferencing to the definition of telehealth. The bill would also provide that the required prior consent for telehealth services may be digital as well as oral or written.

This bill would also prohibit a health care provider from requiring the use of telehealth when a patient prefers to receive health care services in person and would require health care service plans and health insurers to include coverage and reimbursement for services provided to a patient through telehealth to the same extent as though provided in person or by some other means, as specified.

The bill would prohibit a health care service plan or health insurer from limiting coverage or reimbursement based on a contract entered into between the plan or insurer and an independent telehealth provider.

The bill would prohibit a health care service plan or a health insurer from interfering with the physician-patient relationship based on the modality utilized for services appropriately provided through telehealth.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

ASSEMBLY BILL

No. 2507

Introduced by Assembly Member Gordon

February 19, 2016

An act to amend Section 2290.5 of the Business and Professions Code, to amend Section 1374.13 of the Health and Safety Code, and to amend Section 10123.85 of the Insurance Code, relating to telehealth.

LEGISLATIVE COUNSEL'S DIGEST

AB 2507, as introduced, Gordon. Telehealth: access.

(1) Existing law defines “telehealth” as the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care while the patient is at the originating site and the health care provider is at a distant site, and that facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers. Existing law requires that prior to the delivery of health care via telehealth, the health care provider initiating the use of telehealth inform the patient about the use of telehealth and obtain documented verbal or written consent from the patient for the use of telehealth.

This bill would add video communications, telephone communications, email communications, and synchronous text or chat conferencing to the definition of telehealth. The bill would also provide that the required prior consent for telehealth services may be digital as well as oral or written.

(2) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and 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 also provides for the regulation of health insurers by the Department of Insurance. Existing law prohibits health care service plans and health insurers from limiting the type of setting where services are provided for the patient or by the health care provider before payment is made for the covered services appropriately provided through telehealth, subject to the terms and conditions of the contract entered into between the enrollee, insured, subscriber, or policyholder and the plan or insurer, and between the plan or insurer and its participating providers or provider groups.

This bill would also prohibit a health care provider from requiring the use of telehealth when a patient prefers to receive health care services in person and would require health care service plans and health insurers to include coverage and reimbursement for services provided to a patient through telehealth to the same extent as though provided in person or by some other means, as specified. The bill would prohibit a health care service plan or health insurer from limiting coverage or reimbursement based on a contract entered into between the plan or insurer and an independent telehealth provider. The bill would prohibit a health care service plan or a health insurer from interfering with the physician-patient relationship based on the modality utilized for services appropriately provided through telehealth.

Because a willful violation of the bill’s provisions by a health care service plan would be a crime, it would impose a state-mandated local program.

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

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

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

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

- 1 SECTION 1. Section 2290.5 of the Business and Professions
- 2 Code is amended to read:
- 3 2290.5. (a) For purposes of this division, the following
- 4 definitions ~~shall~~ apply:

1 (1) “Asynchronous store and forward” means the transmission
2 of a patient’s medical information from an originating site to the
3 health care provider at a distant site without the presence of the
4 patient.

5 (2) “Distant site” means a site where a health care provider who
6 provides health care services is located while providing these
7 services via a telecommunications system.

8 (3) “Health care provider” means either of the following:

9 (A) A person who is licensed under this division.

10 (B) A marriage and family therapist intern or trainee functioning
11 pursuant to Section 4980.43.

12 (4) “Originating site” means a site where a patient is located at
13 the time health care services are provided via a telecommunications
14 system or where the asynchronous store and forward service
15 originates.

16 (5) “Synchronous interaction” means a real-time interaction
17 between a patient and a health care provider located at a distant
18 site.

19 (6) “Telehealth” means the mode of delivering health care
20 services and public health via information and communication
21 technologies to facilitate the diagnosis, consultation, treatment,
22 education, care management, and self-management of a patient’s
23 health care while the patient is at the originating site and the health
24 care provider is at a distant site. Telehealth facilitates patient
25 self-management and caregiver support for patients and includes
26 synchronous interactions and asynchronous store and forward
27 ~~transfers~~. *transfers, including, but not limited to, video*
28 *communications, telephone communications, email*
29 *communications, and synchronous text or chat conferencing.*

30 (b) Prior to the delivery of health care via telehealth, the health
31 care provider initiating the use of telehealth shall inform the patient
32 about the use of telehealth and obtain ~~verbal or written~~ *oral,*
33 *written, or digital* consent from the patient for the use of telehealth
34 as an acceptable mode of delivering health care services and public
35 health. The consent shall be documented.

36 (c) Nothing in this section shall preclude a patient from receiving
37 in-person health care delivery services during a specified course
38 of health care and treatment after agreeing to receive services via
39 telehealth.

1 (d) The failure of a health care provider to comply with this
2 section shall constitute unprofessional conduct. Section 2314 shall
3 not apply to this section.

4 (e) This section shall not be construed to alter the scope of
5 practice of any health care provider or authorize the delivery of
6 health care services in a setting, or in a manner, not otherwise
7 authorized by law.

8 (f) All laws regarding the confidentiality of health care
9 information and a patient’s rights to his or her medical information
10 shall apply to telehealth interactions.

11 (g) This section shall not apply to a patient under the jurisdiction
12 of the Department of Corrections and Rehabilitation or any other
13 correctional facility.

14 (h) (1) Notwithstanding any other provision of law and for
15 purposes of this section, the governing body of the hospital whose
16 patients are receiving the telehealth services may grant privileges
17 to, and verify and approve credentials for, providers of telehealth
18 services based on its medical staff recommendations that rely on
19 information provided by the distant-site hospital or telehealth
20 entity, as described in Sections 482.12, 482.22, and 485.616 of
21 Title 42 of the Code of Federal Regulations.

22 (2) By enacting this subdivision, it is the intent of the Legislature
23 to authorize a hospital to grant privileges to, and verify and approve
24 credentials for, providers of telehealth services as described in
25 paragraph (1).

26 (3) For the purposes of this subdivision, “telehealth” shall
27 include “telemedicine” as the term is referenced in Sections 482.12,
28 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

29 SEC. 2. Section 1374.13 of the Health and Safety Code is
30 amended to read:

31 1374.13. (a) For the purposes of this section, the definitions
32 in subdivision (a) of Section 2290.5 of the Business and Professions
33 Code ~~shall~~ apply.

34 (b) It is the intent of the Legislature to recognize the practice
35 of telehealth as a legitimate means by which an individual may
36 receive health care services from a health care provider without
37 in-person contact with the health care provider.

38 (c) ~~No~~A health care service plan shall *not* require that in-person
39 contact occur between a health care provider and a patient before
40 payment is made for the covered services appropriately provided

1 through telehealth, subject to the terms and conditions of the
2 contract entered into between the enrollee or subscriber and the
3 health care service plan, and between the health care service plan
4 and its participating providers or provider groups.

5 (d) ~~No~~A health care service plan shall *not* limit the type of
6 setting where services are provided for the patient or by the health
7 care provider before payment is made for the covered services
8 appropriately provided through telehealth, subject to the terms and
9 conditions of the contract entered into between the enrollee or
10 subscriber and the health care service plan, and between the health
11 care service plan and its participating providers or provider groups.

12 (e) The requirements of this section shall also apply to health
13 care service plan and Medi-Cal managed care plan contracts with
14 the State Department of Health Care Services pursuant to Chapter
15 7 (commencing with Section 14000) or Chapter 8 (commencing
16 with Section 14200) of Part 3 of Division 9 of the Welfare and
17 Institutions Code.

18 (f) Notwithstanding any ~~other provision, law,~~ this section shall
19 not be interpreted to authorize a health care service plan to require
20 the use of telehealth when the health care provider has determined
21 that it is not appropriate.

22 (g) *Notwithstanding any law, this section shall not be interpreted*
23 *to authorize a health care provider to require the use of telehealth*
24 *when a patient prefers to be treated in an in-person setting.*
25 *Telehealth services should be physician- or practitioner-guided*
26 *and patient-preferred.*

27 (h) *A health care service plan shall include in its plan contract*
28 *coverage and reimbursement for services provided to a patient*
29 *through telehealth to the same extent as though provided in person*
30 *or by some other means.*

31 (1) *A health care service plan shall reimburse the health care*
32 *provider for the diagnosis, consultation, or treatment of the*
33 *enrollee when the service is delivered through telehealth at a rate*
34 *that is at least as favorable to the health care provider as those*
35 *established for the equivalent services when provided in person*
36 *or by some other means.*

37 (2) *A health care service plan may subject the coverage of*
38 *services delivered via telehealth to copayments, coinsurance, or*
39 *deductible provided that the amounts charged are at least as*

1 *favorable to the enrollee as those established for the equivalent*
2 *services when provided in person or by some other means.*

3 *(i) A health care service plan shall not limit coverage or*
4 *reimbursement based on a contract entered into between the health*
5 *care service plan and an independent telehealth provider or*
6 *interfere with the physician-patient relationship based on the*
7 *modality utilized for services appropriately provided through*
8 *telehealth.*

9 SEC. 3. Section 10123.85 of the Insurance Code is amended
10 to read:

11 10123.85. (a) For purposes of this section, the definitions in
12 subdivision (a) of Section 2290.5 of the Business and Professions
13 Code shall apply.

14 (b) It is the intent of the Legislature to recognize the practice
15 of telehealth as a legitimate means by which an individual may
16 receive health care services from a health care provider without
17 in-person contact with the health care provider.

18 (c) No health insurer shall require that in-person contact occur
19 between a health care provider and a patient before payment is
20 made for the services appropriately provided through telehealth,
21 subject to the terms and conditions of the contract entered into
22 between the policyholder or contractholder and the insurer, and
23 between the insurer and its participating providers or provider
24 groups.

25 (d) No health insurer shall limit the type of setting where
26 services are provided for the patient or by the health care provider
27 before payment is made for the covered services appropriately
28 provided by telehealth, subject to the terms and conditions of the
29 contract between the policyholder or contract holder and the
30 insurer, and between the insurer and its participating providers or
31 provider groups.

32 (e) Notwithstanding any other provision, this section shall not
33 be interpreted to authorize a health insurer to require the use of
34 telehealth when the health care provider has determined that it is
35 not appropriate.

36 *(f) Notwithstanding any law, this section shall not be interpreted*
37 *to authorize a health care provider to require the use of telehealth*
38 *when a patient prefers to be treated in an in-person setting.*
39 *Telehealth services should be physician- or practitioner-guided*
40 *and patient-preferred.*

1 (g) A health insurer shall include in its policy coverage and
2 reimbursement for services provided to a patient through telehealth
3 to the same extent as though provided in person or by some other
4 means.

5 (1) A health insurer shall reimburse the health care provider
6 for the diagnosis, consultation, or treatment of the insured when
7 the service is delivered through telehealth at a rate that is at least
8 as favorable to the health care provider as those established for
9 the equivalent services when provided in person or by some other
10 means.

11 (2) A health insurer may subject the coverage of services
12 delivered via telehealth to copayments, coinsurance, or deductible
13 provided that the amounts charged are at least as favorable to the
14 insured as those established for the equivalent services when
15 provided in person or by some other means.

16 (h) A health insurer shall not limit coverage or reimbursement
17 based on a contract entered into between the health insurer and
18 an independent telehealth provider or interfere with the
19 physician-patient relationship based on the modality utilized for
20 services appropriately provided through telehealth.

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

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
March 10, 2016**

BILL ANALYSIS

AUTHOR:	Grove	BILL NUMBER:	AB 2606
SPONSOR:		BILL STATUS:	Introduced February 19, 2016
SUBJECT:	Crimes against children, elders, dependent adults, and persons with disabilities	DATE LAST AMENDED:	

SUMMARY:

The Child Abuse and Neglect Reporting Act requires a law enforcement agency that receives a report of child abuse to report to an appropriate licensing agency every known or suspected instance of child abuse or neglect that occurs while the child is being cared for in a child day care facility or community care facility or that involves a licensed staff person of the facility.

Existing law proscribes the commission of certain crimes against elders and dependent adults, including, but not limited to, inflicting upon an elder or dependent adult unjustifiable physical pain or mental suffering, as specified. Existing law proscribes the commission of a hate crime, as defined, against certain categories of persons, including disabled persons.

Existing law provides for the licensure of various healing arts professionals, and specifies that the commission of any act of sexual abuse, misconduct, or relations with a patient, client, or customer constitutes unprofessional conduct and grounds for disciplinary action against the licensee. Existing law also establishes that the crime of sexual exploitation by a physician and surgeon, psychotherapist, or alcohol and drug abuse counselor has occurred when the licensee engages in specified sexual acts with a patient, client, or former patient or client.

ANALYSIS:

This bill would require, if a law enforcement agency receives a report, or if a law enforcement officer makes a report, that a person who holds a state professional or occupational credential, license, or permit that allows the person to provide services to children, elders, dependent adults, or persons with disabilities is alleged to have committed one or more of specified crimes, the law enforcement agency to promptly send a copy of the report to the state licensing agency that issued the credential, license, or permit. By imposing additional duties on law enforcement agencies, this bill would impose a state-mandated local program.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

ASSEMBLY BILL

No. 2606

Introduced by Assembly Member Grove

February 19, 2016

An act to add Chapter 14 (commencing with Section 368.7) to Title 9 of Part 1 of the Penal Code, relating to crimes.

LEGISLATIVE COUNSEL'S DIGEST

AB 2606, as introduced, Grove. Crimes against children, elders, dependent adults, and persons with disabilities.

The Child Abuse and Neglect Reporting Act requires a law enforcement agency that receives a report of child abuse to report to an appropriate licensing agency every known or suspected instance of child abuse or neglect that occurs while the child is being cared for in a child day care facility or community care facility or that involves a licensed staff person of the facility.

Existing law proscribes the commission of certain crimes against elders and dependent adults, including, but not limited to, inflicting upon an elder or dependent adult unjustifiable physical pain or mental suffering, as specified. Existing law proscribes the commission of a hate crime, as defined, against certain categories of persons, including disabled persons.

Existing law provides for the licensure of various healing arts professionals, and specifies that the commission of any act of sexual abuse, misconduct, or relations with a patient, client, or customer constitutes unprofessional conduct and grounds for disciplinary action against the licensee. Existing law also establishes that the crime of sexual exploitation by a physician and surgeon, psychotherapist, or alcohol and drug abuse counselor has occurred when the licensee

engages in specified sexual acts with a patient, client, or former patient or client.

This bill would require, if a law enforcement agency receives a report, or if a law enforcement officer makes a report, that a person who holds a state professional or occupational credential, license, or permit that allows the person to provide services to children, elders, dependent adults, or persons with disabilities is alleged to have committed one or more of specified crimes, the law enforcement agency to promptly send a copy of the report to the state licensing agency that issued the credential, license, or permit. By imposing additional duties on law enforcement agencies, 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, 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. Chapter 14 (commencing with Section 368.7) is
2 added to Title 9 of Part 1 of the Penal Code, to read:

3
4 CHAPTER 14. REPORTING CRIMES AGAINST CHILDREN, ELDERS,
5 DEPENDENT ADULTS, AND PERSONS WITH DISABILITIES
6

7 368.7. If a law enforcement agency receives a report, or if a
8 law enforcement officer makes a report, that a person who holds
9 a state professional or occupational credential, license, or permit
10 that allows the person to provide services to children, elders,
11 dependent adults, or persons with disabilities is alleged to have
12 committed one or more of the crimes described in subdivisions (a)
13 to (f), inclusive, the law enforcement agency shall promptly send
14 a copy of the report to the state agency that issued the credential,
15 license, or permit.

1 (a) Sexual exploitation by a physician and surgeon,
2 psychotherapist, or drug or alcohol abuse counselor, as described
3 in Section 729 of the Business and Professions Code.

4 (b) Rape or other crimes described in Chapter 1 (commencing
5 with Section 261).

6 (c) Elder or dependent adult abuse, failure to report elder or
7 dependent adult abuse, interfering with a report of elder or
8 dependent adult abuse or other crimes, as described in Chapter 13.

9 (d) A hate crime motivated by antidisability bias, as described
10 in Chapter 1 (commencing with Section 422.55) of Title 11.6.

11 (e) Sexual abuse, as defined in Section 11165.1.

12 (f) Child abuse, failure to report child abuse, or interfering with
13 a report of child abuse.

14 SEC. 2. If the Commission on State Mandates determines that
15 this act contains costs mandated by the state, reimbursement to
16 local agencies and school districts for those costs shall be made
17 pursuant to Part 7 (commencing with Section 17500) of Division
18 4 of Title 2 of the Government Code.

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**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
March 10, 2016**

BILL ANALYSIS

AUTHOR:	Jones	BILL NUMBER:	AB 2701
SPONSOR:		BILL STATUS:	Introduced February 19, 2016
SUBJECT:	Department of Consumer Affairs: boards: training requirements	DATE LAST AMENDED:	

SUMMARY:

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

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

ANALYSIS:

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

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

ASSEMBLY BILL

No. 2701

Introduced by Assembly Member Jones

February 19, 2016

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

LEGISLATIVE COUNSEL'S DIGEST

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

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

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

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

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

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

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

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

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**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
March 10, 2016**

BILL ANALYSIS

AUTHOR:	Gordon	BILL NUMBER:	AB 2744
SPONSOR:		BILL STATUS:	Introduced February 19, 2016
SUBJECT:	Healing arts: referrals	DATE LAST AMENDED:	

SUMMARY:

Existing law provides for the licensure and regulation of various healing arts professions and vocations by boards within the Department of Consumer Affairs. Under existing law, it is unlawful for licensed healing arts practitioners, except as specified, to offer, deliver, receive, or accept any rebate, refund, commission, preference, patronage dividend, discount, or other consideration, in the form of money or otherwise, as compensation or inducement for referring patients, clients, or customers to any person. Existing law makes a violation of this provision a public offense punishable upon a first conviction by imprisonment, as specified, or a fine not exceeding \$50,000, or by imprisonment and that fine.

ANALYSIS:

This bill would provide that the payment or receipt of consideration for advertising, wherein a licensed healing arts practitioner offers or sells prepaid services, does not constitute a referral of services.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

ASSEMBLY BILL

No. 2744

Introduced by Assembly Member Gordon
(Coauthor: Senator Hill)

February 19, 2016

An act to amend Section 650 of the Business and Professions Code, relating to the healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 2744, as introduced, Gordon. Healing arts: referrals.

Existing law provides for the licensure and regulation of various healing arts professions and vocations by boards within the Department of Consumer Affairs. Under existing law, it is unlawful for licensed healing arts practitioners, except as specified, to offer, deliver, receive, or accept any rebate, refund, commission, preference, patronage dividend, discount, or other consideration, in the form of money or otherwise, as compensation or inducement for referring patients, clients, or customers to any person. Existing law makes a violation of this provision a public offense punishable upon a first conviction by imprisonment, as specified, or a fine not exceeding \$50,000, or by imprisonment and that fine.

This bill would provide that the payment or receipt of consideration for advertising, wherein a licensed healing arts practitioner offers or sells prepaid services, does not constitute a referral of services.

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

3 650. (a) Except as provided in Chapter 2.3 (commencing with
4 Section 1400) of Division 2 of the Health and Safety Code, the
5 offer, delivery, receipt, or acceptance by any person licensed under
6 this division or the Chiropractic Initiative Act of any rebate, refund,
7 commission, preference, patronage dividend, discount, or other
8 consideration, whether in the form of money or otherwise, as
9 compensation or inducement for referring patients, clients, or
10 customers to any person, irrespective of any membership,
11 proprietary interest, or coownership in or with any person to whom
12 these patients, clients, or customers are referred is unlawful.

13 (b) The payment or receipt of consideration for services other
14 than the referral of patients which is based on a percentage of gross
15 revenue or similar type of contractual arrangement shall not be
16 unlawful if the consideration is commensurate with the value of
17 the services furnished or with the fair rental value of any premises
18 or equipment leased or provided by the recipient to the payer.

19 (c) The offer, delivery, receipt, or acceptance of any
20 consideration between a federally qualified health center, as defined
21 in Section 1396d(l)(2)(B) of Title 42 of the United States Code,
22 and any individual or entity providing goods, items, services,
23 donations, loans, or a combination thereof to the health center
24 entity pursuant to a contract, lease, grant, loan, or other agreement,
25 if that agreement contributes to the ability of the health center
26 entity to maintain or increase the availability, or enhance the
27 quality, of services provided to a medically underserved population
28 served by the health center, shall be permitted only to the extent
29 sanctioned or permitted by federal law.

30 (d) Except as provided in Chapter 2.3 (commencing with Section
31 1400) of Division 2 of the Health and Safety Code and in Sections
32 654.1 and 654.2 of this code, it shall not be unlawful for any person
33 licensed under this division to refer a person to any laboratory,
34 pharmacy, clinic (including entities exempt from licensure pursuant
35 to Section 1206 of the Health and Safety Code), or health care
36 facility solely because the licensee has a proprietary interest or
37 coownership in the laboratory, pharmacy, clinic, or health care
38 facility, provided, however, that the licensee’s return on investment

1 for that proprietary interest or coownership shall be based upon
2 the amount of the capital investment or proportional ownership of
3 the licensee which ownership interest is not based on the number
4 or value of any patients referred. Any referral excepted under this
5 section shall be unlawful if the prosecutor proves that there was
6 no valid medical need for the referral.

7 (e) Except as provided in Chapter 2.3 (commencing with Section
8 1400) of Division 2 of the Health and Safety Code and in Sections
9 654.1 and 654.2 of this code, it shall not be unlawful to provide
10 nonmonetary remuneration, in the form of hardware, software, or
11 information technology and training services, as described in
12 subsections (x) and (y) of Section 1001.952 of Title 42 of the Code
13 of Federal Regulations, as amended October 4, 2007, as published
14 in the Federal Register (72 Fed. Reg. 56632 and 56644), and
15 subsequently amended versions.

16 (f) "Health care facility" means a general acute care hospital,
17 acute psychiatric hospital, skilled nursing facility, intermediate
18 care facility, and any other health facility licensed by the State
19 Department of Public Health under Chapter 2 (commencing with
20 Section 1250) of Division 2 of the Health and Safety Code.

21 (g) *The payment or receipt of consideration for advertising,*
22 *wherein a licensee offers or sells prepaid services, shall not*
23 *constitute a referral of patients. To the extent the licensee*
24 *determines, after consultation with the purchaser of the prepaid*
25 *service, that a prepaid service is not appropriate for the purchaser,*
26 *the licensee shall provide the purchaser a refund of the full*
27 *purchase price.*

28 ~~(g)~~

29 (h) A violation of this section is a public offense and is
30 punishable upon a first conviction by imprisonment in a county
31 jail for not more than one year, or by imprisonment pursuant to
32 subdivision (h) of Section 1170 of the Penal Code, or by a fine not
33 exceeding fifty thousand dollars (\$50,000), or by both that
34 imprisonment and fine. A second or subsequent conviction is
35 punishable by imprisonment pursuant to subdivision (h) of Section
36 1170 of the Penal Code, or by that imprisonment and a fine of fifty
37 thousand dollars (\$50,000).

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**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
March 10, 2016**

BILL ANALYSIS

AUTHOR:	Low	BILL NUMBER:	AB 2859
SPONSOR:		BILL STATUS:	Introduced February 19, 2016
SUBJECT:	Professions and vocations: retired category: licenses	DATE LAST AMENDED:	

SUMMARY:

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

ANALYSIS:

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

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

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

ASSEMBLY BILL

No. 2859

Introduced by Assembly Member Low

February 19, 2016

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

LEGISLATIVE COUNSEL'S DIGEST

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

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

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

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

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

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

1 SECTION 1. Section 463 is added to the Business and
2 Professions Code, to read:

3 463. (a) Any of the boards, bureaus, commissions, or programs
4 within the department may establish, by regulation, a system for
5 a retired category of licensure for persons who are not actively
6 engaged in the practice of their profession or vocation.

7 (b) The regulation shall contain the following:

8 (1) The holder of a retired license issued pursuant to this section
9 shall not engage in any activity for which a license is required,
10 unless the board, by regulation, specifies the criteria for a retired
11 licensee to practice his or her profession or vocation.

12 (2) The holder of a retired license shall not be required to renew
13 that license.

14 (3) In order for the holder of a retired license issued pursuant
15 to this section to restore his or her license to an active status, the
16 holder of that license shall meet all the following:

17 (A) Pay a fee established by statute or regulation.

18 (B) Certify, in a manner satisfactory to the board, that he or she
19 has not committed an act or crime constituting grounds for denial
20 of licensure.

21 (C) Comply with the fingerprint submission requirements
22 established by regulation.

23 (D) If the board requires completion of continuing education
24 for renewal of an active license, complete continuing education
25 equivalent to that required for renewal of an active license, unless
26 a different requirement is specified by the board.

27 (E) Complete any other requirements as specified by the board
28 by regulation.

29 (c) A board may upon its own determination, and shall upon
30 receipt of a complaint from any person, investigate the actions of
31 any licensee, including a person with a license that either restricts

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

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**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
March 10, 2016**

BILL ANALYSIS

AUTHOR:	Hernandez	BILL NUMBER:	SB 960
SPONSOR:		BILL STATUS:	Senate Committee on Health
SUBJECT:	Medi-Cal: telehealth: reproductive health care	DATE LAST AMENDED:	Introduced February 8, 2016

SUMMARY:

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, as specified. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Existing law provides that, to the extent that federal financial participation is available, face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for “teleophthalmology, teledermatology and teledentistry by store and forward,” as defined to mean the asynchronous transmission of medical information to be reviewed at a later time by a licensed physician or optometrist, as specified, at a distant site.

ANALYSIS:

This bill would enact similar provisions relating to the use of reproductive health care under the Medi-Cal program. The bill would provide that, to the extent that federal financial participation is available, face-to-face contact between a health care provider and a patient shall not be required under the Medi-Cal program for “reproductive health care provided by store and forward.” The bill would define that term to mean an asynchronous transmission of medical information to be reviewed at a later time by a physician, nurse practitioner, certified nurse midwife, licensed midwife, physician assistant, or registered nurse at a distant site, where the provider at the distant site reviews the dental information without the patient being present in real time, as defined and as specified.

This bill would also provide that, to the extent federal financial participation is available and any necessary federal approvals are obtained, telephonic and electronic patient management services, as defined, provided by a physician or nonphysician health care provider acting within his or her scope of licensure shall be a benefit under the Medi-Cal program in fee-for-service and managed care delivery systems, as specified. The bill would authorize the department to seek approval of any state plan amendments necessary to implement these provisions.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

**Introduced by Senators Hernandez and Leno
(Coauthor: Senator McGuire)**

February 8, 2016

An act to amend Section 14132.725 of the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

SB 960, as introduced, Hernandez. Medi-Cal: telehealth: reproductive health care.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, as specified. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Existing law provides that, to the extent that federal financial participation is available, face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for “teleophthalmology, teledermatology and teledentistry by store and forward,” as defined to mean the asynchronous transmission of medical information to be reviewed at a later time by a licensed physician or optometrist, as specified, at a distant site.

This bill would enact similar provisions relating to the use of reproductive health care under the Medi-Cal program. The bill would provide that, to the extent that federal financial participation is available, face-to-face contact between a health care provider and a patient shall not be required under the Medi-Cal program for “reproductive health care provided by store and forward.” The bill would define that term to mean an asynchronous transmission of medical information to be reviewed at a later time by a physician, nurse practitioner, certified

nurse midwife, licensed midwife, physician assistant, or registered nurse at a distant site, where the provider at the distant site reviews the dental information without the patient being present in real time, as defined and as specified.

This bill would also provide that, to the extent federal financial participation is available and any necessary federal approvals are obtained, telephonic and electronic patient management services, as defined, provided by a physician or nonphysician health care provider acting within his or her scope of licensure shall be a benefit under the Medi-Cal program in fee-for-service and managed care delivery systems, as specified. The bill would authorize the department to seek approval of any state plan amendments necessary to implement these provisions.

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 14132.725 of the Welfare and Institutions
 2 Code is amended to read:
 3 14132.725. (a) To the extent that federal financial participation
 4 is available, face-to-face contact between a health care provider
 5 and a patient is not required under the Medi-Cal program for
 6 teleophthalmology, teledermatology, and ~~teledentistry~~ *teledentistry*,
 7 *and reproductive health care provided by store and forward.*
 8 Services appropriately provided through the store and forward
 9 process are subject to billing and reimbursement policies developed
 10 by the department. *A Medi-Cal managed care plan that contracts*
 11 *with the department pursuant to this chapter and Chapter 8*
 12 *(commencing with Section 14200) shall be required to cover the*
 13 *services described in this section.*
 14 (b) For purposes of this section, “teleophthalmology,
 15 teledermatology, and ~~teledentistry~~ *teledentistry, and reproductive*
 16 *health care provided by store and forward” means an*
 17 asynchronous transmission of medical or dental information to be
 18 reviewed at a later time by a physician at a distant site who is
 19 trained in ophthalmology or dermatology or, for teleophthalmology,
 20 by an optometrist who is licensed pursuant to Chapter 7
 21 (commencing with Section 3000) of Division 2 of the Business
 22 and Professions Code, or a dentist, *or, for reproductive health*
 23 *care, by a physician, nurse practitioner, certified nurse midwife,*

1 *licensed midwife, physician assistant, or registered nurse operating*
2 *within his or her scope of practice, where the physician,*
3 *optometrist, ~~or dentist~~ dentist, nurse practitioner, certified nurse*
4 *midwife, licensed midwife, physician assistant, or registered nurse*
5 *at the distant site reviews the medical or dental information without*
6 *the patient being present in real time. A patient receiving*
7 *teleophthalmology, teledermatology, ~~or teledentistry~~ teledentistry,*
8 *or reproductive health care by store and forward shall be notified*
9 *of the right to receive interactive communication with the distant*
10 *specialist physician, optometrist, ~~or dentist~~ dentist, nurse*
11 *practitioner, certified nurse midwife, licensed midwife, physician*
12 *assistant, or registered nurse and shall receive an interactive*
13 *communication with the distant specialist physician, optometrist,*
14 *~~or~~ dentist, nurse practitioner, certified nurse midwife, licensed*
15 *midwife, physician assistant, or registered nurse upon request. If*
16 *requested, communication with the distant specialist physician,*
17 *optometrist, ~~or dentist~~ dentist, nurse practitioner, certified nurse*
18 *midwife, licensed midwife, physician assistant, or registered nurse*
19 *may occur either at the time of the consultation, or within 30 days*
20 *of the patient's notification of the results of the consultation. If the*
21 *reviewing optometrist identifies a disease or condition requiring*
22 *consultation or referral pursuant to Section 3041 of the Business*
23 *and Professions Code, that consultation or referral shall be with*
24 *an ophthalmologist or other appropriate physician and surgeon, as*
25 *required.*

26 *(c) (1) To the extent that federal financial participation is*
27 *available and any necessary federal approvals have been obtained,*
28 *telephonic and electronic patient management services provided*
29 *by a physician, or a nonphysician health care provider acting*
30 *within his or her scope of licensure is a benefit under the Medi-Cal*
31 *program, both in fee-for-service and managed care delivery*
32 *systems delivered by Medi-Cal managed care plans that contract*
33 *with the department pursuant to this chapter and Chapter 8*
34 *(commencing with Section 14200). Reimbursement for telephonic*
35 *and electronic patient management services shall be based on the*
36 *complexity of and time expended in rendering those services.*

37 *(2) This subdivision shall not be construed to authorize a*
38 *Medi-Cal managed care plan to require the use of telephonic and*
39 *electronic patient management services when the physician or*

1 *nonphysician health care provider has determined that those*
2 *services are not medically necessary.*

3 *(3) This subdivision shall not be construed to alter the scope of*
4 *practice of a health care provider or authorize the delivery of*
5 *health care services in a setting or in a manner than is not*
6 *otherwise authorized by law.*

7 *(4) All laws regarding the confidentiality of health information*
8 *and a patient's right of access to his or her medical information*
9 *shall apply to telephonic and electronic patient management*
10 *services.*

11 *(5) This subdivision shall not apply to a patient in the custody*
12 *of the Department of Corrections and Rehabilitation or any other*
13 *correctional facility.*

14 *(d) Notwithstanding paragraph (1) of subdivision (b), separate*
15 *reimbursement of a physician or a nonphysician health care*
16 *provider shall not be required for any of the following:*

17 *(1) A telephonic or electronic visit that is related to a service*
18 *or procedure provided to an established patient within a*
19 *reasonable period of time prior to the telephonic or electronic*
20 *visit, as recognized by the Current Procedural Terminology codes*
21 *published by the American Medical Association.*

22 *(2) A telephonic or electronic visit that leads to a related service*
23 *or procedure provided to an established patient within a*
24 *reasonable period of time, or within an applicable postoperative*
25 *period, as recognized by the Current Procedural Terminology*
26 *codes published by the American Medical Association.*

27 *(3) A telephonic or electronic visit provided as part of a bundle*
28 *of services for which reimbursement is provided for on a prepaid*
29 *basis, including capitation, or which reimbursement is provided*
30 *for using an episode-based payment methodology.*

31 *(4) A telephonic or electronic visit that is not initiated by an*
32 *established patient, by the parents or guardians of a minor who*
33 *is an established patient, or by a person legally authorized to make*
34 *health care decisions on behalf of an established patient.*

35 *(e) Nothing in this section shall be construed to prohibit a*
36 *Medi-Cal managed care plan from requiring documentation*
37 *reasonably relevant to a telephonic or electronic visit, as*
38 *recognized by the Current Procedural Terminology codes*
39 *published by the American Medical Association.*

40 *(f) For purposes of this section, the following definitions apply:*

1 (1) “Established patient” means a patient who, within three
2 years immediately preceding the telephonic or electronic visit, has
3 received professional services from the provider or another
4 provider of the same specialty or subspecialty who belongs to the
5 same group practice.

6 (2) “Nonphysician health care provider” means a provider,
7 other than a physician, who is licensed pursuant to Division 2
8 (commencing with Section 500) of the Business and Professions
9 Code.

10 (3) “Reproductive health care” means the general reproductive
11 health care services described in paragraph (8) of subdivision
12 (aa) of Section 14132.

13 (4) “Telephonic and electronic patient management service”
14 means the use of electronic communication tools to enable treating
15 physicians and nonphysician health care providers to evaluate
16 and manage established patients in a manner that meets all of the
17 following criteria:

18 (A) The service does not require an in-person visit with the
19 physician or nonphysician health care provider.

20 (B) The service is initiated by the established patient, the parents
21 or guardians of a minor who is an established patient, or a person
22 legally authorized to make health care decisions on behalf of an
23 established patient. “Initiated by an established patient” does not
24 include a visit for which a provider or a person employed by a
25 provider contacts a patient to initiate a service.

26 (C) The service is recognized by the Current Procedural
27 Terminology codes published by the American Medical Association.

28 (g) The department may seek approval of any state plan
29 amendments necessary to implement this section.

30 (e)

31 (h) Notwithstanding Chapter 3.5 (commencing with Section
32 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
33 the department may implement, interpret, and make specific this
34 section by means of all-county letters, provider bulletins, and
35 similar instructions.

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
March 10, 2016**

BILL ANALYSIS

AUTHOR:	Hill	BILL NUMBER:	SB 1039
SPONSOR:		BILL STATUS:	Senate Committee on Rules
SUBJECT:	Professions and Vocations	DATE LAST AMENDED:	Introduced February 12, 2016

SUMMARY:

Section 3: The Nursing Practice Act provides for the licensure and regulation of nurse practitioners by the Board of Registered Nursing, which is within the Department of Consumer Affairs, and requires the board to adopt regulations establishing standards for continuing education for licensees, as specified. That act requires providers of continuing education programs approved by the board to make records of continuing education courses given to registered nurses available for board inspection.

ANALYSIS:

This bill would require that the content of a continuing education course be based on generally accepted scientific principles. The bill would also require the board to audit continuing education providers, at least once every 5 years, to ensure adherence to regulatory requirements, and to withhold or rescind approval from any provider that is in violation of regulatory requirements.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

Introduced by Senator HillFebruary 12, 2016

An act to amend Sections 1636.4, 2811.5, 8516, 8518, and 8555 of the Business and Professions Code, relating to professions and vocations, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

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

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

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

(2) The Dental Practice Act provides for the licensure and regulation of persons engaged in the practice of dentistry by the Dental Board of California, which is within the Department of Consumer Affairs, and requires the board to be responsible for the approval of foreign dental schools by evaluating foreign dental schools based on specified criteria. That act authorizes the board to contract with outside consultants or a national professional organization to survey and evaluate foreign dental schools, as specified. That act requires the board to establish a technical advisory group to review the survey and evaluation contracted for prior to the board taking any final action regarding a foreign dental school. That act also requires periodic surveys and evaluations of all approved schools be made to ensure compliance with the act.

This bill would delete the authorization to contract with outside consultants and would instead authorize the board, in lieu of conducting its own survey and evaluation of a foreign dental school, to accept the findings of any commission or accreditation agency approved by the board, if the findings meet specified standards, and adopt those findings as the board's own. The bill would delete the requirement to establish a technical advisory group. The bill would instead authorize periodic surveys and evaluations be made to ensure compliance with that act.

(3) The Nursing Practice Act provides for the licensure and regulation of nurse practitioners by the Board of Registered Nursing, which is within the Department of Consumer Affairs, and requires the board to adopt regulations establishing standards for continuing education for licensees, as specified. That act requires providers of continuing education programs approved by the board to make records of continuing education courses given to registered nurses available for board inspection.

This bill would require that the content of a continuing education course be based on generally accepted scientific principles. The bill would also require the board to audit continuing education providers, at least once every 5 years, to ensure adherence to regulatory requirements, and to withhold or rescind approval from any provider that is in violation of regulatory requirements.

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

for the work is made, and if so, the terms and time period of the guarantee. Existing law establishes the Structural Pest Control Fund, which is a continuously appropriated fund as it pertains to fees collected by the board.

This bill would require the operator who is conducting the inspection prior to the commencement of work to be employed by a registered company, except as specified. The bill would not require the address of an inspection report prepared for use by an attorney for litigation to be reported to the board or assessed a filing fee. The bill would require instead that the written inspection report be prepared and delivered to the person requesting it, the property owner, or the property owner's designated agent, as specified. The bill would allow an inspection report to be a complete, limited, supplemental, or reinspection report, as defined. The bill would require all inspection reports to be submitted to the board and maintained with field notes, activity forms, and notices of completion until one year after the guarantee expires if the guarantee extends beyond 3 years. The bill would require the inspection report to clearly list the infested or infected wood members or parts of the structure identified in the required diagram or sketch. By placing new requirements on a registered company or licensee this bill would expand an existing crime and would, therefore, impose a state-mandated local program.

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

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

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

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

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

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

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

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

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

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

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

19 (b) The board shall be responsible for the approval of foreign
20 dental schools based on standards established pursuant to
21 subdivision (d). ~~The board may contract with outside consultants
22 or a national professional organization to survey and evaluate
23 foreign dental schools. The consultant or organization shall report
24 to the board regarding its findings in the survey and evaluation.~~

25 (c) *The board may, in lieu of conducting its own survey and
26 evaluation of a foreign dental school, accept the findings of any
27 commission or accreditation agency approved by the board if the
28 findings meet the standards of subdivision (c) and adopt those
29 findings as the board's own.*

1 ~~(e) The board shall establish a technical advisory group to review~~
2 ~~and comment upon the survey and evaluation of a foreign dental~~
3 ~~school contracted for pursuant to subdivision (b), prior to any final~~
4 ~~action by the board regarding certification of the foreign dental~~
5 ~~school. The technical advisory group shall be selected by the board~~
6 ~~and shall consist of four dentists, two of whom shall be selected~~
7 ~~from a list of five recognized United States dental educators~~
8 ~~recommended by the foreign school seeking approval. None of~~
9 ~~the members of the technical advisory group shall be affiliated~~
10 ~~with the school seeking certification.~~

11 ~~(d)~~

12 (c) Any foreign dental school that wishes to be approved
13 pursuant to this section shall make application to the board for this
14 approval, which shall be based upon a finding *by the board* that
15 the educational program of the foreign dental school is equivalent
16 to that of similar accredited institutions in the United States and
17 adequately prepares its students for the practice of dentistry.
18 Curriculum, faculty qualifications, student attendance, plant and
19 facilities, and other relevant factors shall be reviewed and
20 evaluated. ~~The board, with the cooperation of the technical advisory~~
21 ~~group,~~ *board* shall identify by rule the standards and review
22 procedures and methodology to be used in the approval process
23 consistent with this subdivision. The board shall not grant approval
24 if deficiencies found are of such magnitude as to prevent the
25 students in the school from receiving an educational base suitable
26 for the practice of dentistry.

27 ~~(e)~~

28 (d) Periodic surveys and evaluations of all approved schools
29 ~~shall may~~ be made to ensure continued compliance with this
30 section. Approval shall include provisional and full approval. The
31 provisional form of approval shall be for a period determined by
32 the board, not to exceed three years, and shall be granted to an
33 institution, in accordance with rules established by the board, to
34 provide reasonable time for the school seeking permanent approval
35 to overcome deficiencies found by the board. Prior to the expiration
36 of a provisional approval and before the full approval is granted,
37 the school shall be required to submit evidence that deficiencies
38 noted at the time of initial application have been remedied. A
39 school granted full approval shall provide evidence of continued
40 compliance with this section. In the event that the board denies

1 approval or reapproval, the board shall give the school a specific
 2 listing of the deficiencies that caused the denial and the
 3 requirements for remedying the deficiencies, and shall permit the
 4 school, upon request, to demonstrate by satisfactory evidence,
 5 within 90 days, that it has remedied the deficiencies listed by the
 6 board.

7 ~~(f)~~

8 (e) A school shall pay a registration fee established by rule of
 9 the board, not to exceed one thousand dollars (\$1,000), at the time
 10 of application for approval and shall pay all reasonable costs and
 11 expenses ~~the board incurs~~ *incurred* for ~~the conduct of~~ *conducting*
 12 the approval survey.

13 ~~(g)~~

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

19 SEC. 3. Section 2811.5 of the Business and Professions Code
 20 is amended to read:

21 2811.5. (a) Each person renewing his or her license under
 22 Section 2811 shall submit proof satisfactory to the board that,
 23 during the preceding two-year period, he or she has been informed
 24 of the developments in the registered nurse field or in any special
 25 area of practice engaged in by the licensee, occurring since the
 26 last renewal thereof, either by pursuing a course or courses of
 27 continuing education in the registered nurse field or relevant to
 28 the practice of the licensee, and approved by the board, or by other
 29 means deemed equivalent by the board.

30 (b) For purposes of this section, the board shall, by regulation,
 31 establish standards for continuing education. The standards shall
 32 be established in a manner to assure that a variety of alternative
 33 forms of continuing education are available to licensees, including,
 34 but not limited to, academic studies, in-service education, institutes,
 35 seminars, lectures, conferences, workshops, extension studies, and
 36 home study programs. The standards shall take cognizance of
 37 specialized areas of ~~practice~~. *practice, and content shall be based*
 38 *on generally accepted scientific principles*. The continuing
 39 education standards established by the board shall not exceed 30
 40 hours of direct participation in a course or courses approved by

1 the board, or its equivalent in the units of measure adopted by the
2 board.

3 *(c) The board shall audit continuing education providers at*
4 *least once every five years to ensure adherence to regulatory*
5 *requirements, and shall withhold or rescind approval from any*
6 *provider that is in violation of the regulatory requirements.*

7 ~~(e)~~

8 *(d) The board shall encourage continuing education in spousal*
9 *or partner abuse detection and treatment. In the event the board*
10 *establishes a requirement for continuing education coursework in*
11 *spousal or partner abuse detection or treatment, that requirement*
12 *shall be met by each licensee within no more than four years from*
13 *the date the requirement is imposed.*

14 ~~(d)~~

15 *(e) In establishing standards for continuing education, the board*
16 *shall consider including a course in the special care needs of*
17 *individuals and their families facing end-of-life issues, including,*
18 *but not limited to, all of the following:*

- 19 (1) Pain and symptom management.
- 20 (2) The psycho-social dynamics of death.
- 21 (3) Dying and bereavement.
- 22 (4) Hospice care.

23 ~~(e)~~

24 *(f) In establishing standards for continuing education, the board*
25 *may include a course on pain management.*

26 ~~(f)~~

27 *(g) This section shall not apply to licensees during the first two*
28 *years immediately following their initial licensure in California*
29 *or any other governmental jurisdiction.*

30 ~~(g)~~

31 *(h) The board may, in accordance with the intent of this section,*
32 *make exceptions from continuing education requirements for*
33 *licensees residing in another state or country, or for reasons of*
34 *health, military service, or other good cause.*

35 SEC. 4. Section 8516 of the Business and Professions Code is
36 amended to read:

37 8516. (a) This section, and Section 8519, apply only to wood
38 destroying pests or organisms.

39 (b) ~~No~~A registered company or licensee shall *not* commence
40 work on a contract, or sign, issue, or deliver any documents

1 expressing an opinion or statement relating to the absence or
2 presence of wood destroying pests or organisms until an inspection
3 has been made by a licensed Branch 3 field representative or
4 ~~operator~~. *operator employed by a registered company, except as*
5 *provided in Section 8519.5.* The address of each property inspected
6 or upon which work is completed shall be reported on a form
7 prescribed by the board and shall be filed with the board no later
8 than 10 business days after the commencement of an inspection
9 or upon completed work.

10 Every property inspected pursuant to this subdivision or Section
11 8518 shall be assessed a filing fee pursuant to Section 8674.

12 Failure of a registered company to report and file with the board
13 the address of any property inspected or work completed pursuant
14 to Section 8518 or this section is grounds for disciplinary action
15 and shall subject the registered company to a fine of not more than
16 two thousand five hundred dollars (\$2,500). *The address of an*
17 *inspection report prepared for use by an attorney for litigation*
18 *purposes shall not be required to be reported to the board and*
19 *shall not be assessed a filing fee.*

20 A written inspection report conforming to this section and a form
21 approved by the board shall be prepared and delivered to the person
22 requesting the inspection *and the property owner*, or to the ~~person's~~
23 *property owner's* designated ~~agent~~ *agent*, within 10 business days
24 ~~of~~ *from the start of the* inspection, except that an inspection report
25 prepared for use by an attorney for litigation purposes is not
26 required to be reported to the ~~board~~. *board or the property owner.*
27 *An inspection report may be a complete, limited, supplemental, or*
28 *reinspection report, as defined by Section 1993 of Title 16 of the*
29 *California Code of Regulations.* The report shall be delivered
30 before work is commenced on any property. The registered
31 company shall retain for three years all ~~original~~ inspection reports,
32 field notes, and activity forms.

33 Reports shall be made available for inspection and reproduction
34 to the executive officer of the board or his or her duly authorized
35 representative during business hours. ~~Original~~ *All* inspection reports
36 or copies thereof shall be submitted to the board upon ~~request~~
37 *demand* within two business days. The following shall be set forth
38 in the report:

39 (1) The *start* date of the inspection and the name of the licensed
40 field representative or operator making the inspection.

- 1 (2) The name and address of the person or firm ordering the
2 report.
- 3 (3) The name and address of *the property owner and* any person
4 who is a party in interest.
- 5 (4) The address or location of the property.
- 6 (5) A general description of the building or premises inspected.
- 7 (6) A foundation diagram or sketch of the structure or structures
8 or portions of the structure or structures inspected, ~~indicating~~
9 ~~thereon~~ *including* the approximate location of any infested or
10 infested areas evident, and the parts of the structure where
11 conditions that would ordinarily subject those parts to attack by
12 wood destroying pests or organisms exist. *Reporting of the infested*
13 *or infested wood members, or parts of the structure identified,*
14 *shall be listed in the inspection report to clearly identify them, as*
15 *is typical in standard construction components, including, but not*
16 *limited to, siding, studs, rafters, floor joists, fascia, subfloor,*
17 *sheathing, and trim boards.*
- 18 (7) Information regarding the substructure, foundation walls
19 and footings, porches, patios and steps, air vents, abutments, attic
20 spaces, roof framing that includes the eaves, rafters, fascias,
21 exposed timbers, exposed sheathing, ceiling joists, and attic walls,
22 or other parts subject to attack by wood destroying pests or
23 organisms. Conditions usually deemed likely to lead to infestation
24 or infection, such as earth-wood contacts, excessive cellulose
25 debris, faulty grade levels, excessive moisture conditions, evidence
26 of roof leaks, and insufficient ventilation are to be reported.
- 27 (8) One of the following statements, as appropriate, printed in
28 bold type:
- 29 (A) The exterior surface of the roof was not inspected. If you
30 want the water tightness of the roof determined, you should contact
31 a roofing contractor who is licensed by the Contractors' State
32 License Board.
- 33 (B) The exterior surface of the roof was inspected to determine
34 whether or not wood destroying pests or organisms are present.
- 35 (9) Indication or description of any areas that are inaccessible
36 or not inspected with recommendation for further inspection if
37 practicable. If, after the report has been made in compliance with
38 this section, authority is given later to open inaccessible areas, a
39 supplemental report on conditions in these areas shall be made.
- 40 (10) Recommendations for corrective measures.

1 (11) Information regarding the pesticide or pesticides to be used
2 for their control *or prevention* as set forth in subdivision (a) of
3 Section 8538.

4 (12) The inspection report shall clearly disclose that if requested
5 by the person ordering the original report, a reinspection of the
6 structure will be performed if an estimate or bid for making repairs
7 was given with the original inspection report, or thereafter.

8 ~~(13) The inspection report shall contain the following statement,~~
9 ~~printed in boldface type:~~

10 —
11 ~~“NOTICE: Reports on this structure prepared by various~~
12 ~~registered companies should list the same findings (i.e. termite~~
13 ~~infestations, termite damage, fungus damage, etc.). However,~~
14 ~~recommendations to correct these findings may vary from company~~
15 ~~to company. You have a right to seek a second opinion from~~
16 ~~another company.”~~

17 —
18 An estimate or bid for repairs shall be given separately allocating
19 the costs to perform each and every recommendation for corrective
20 measures as specified in subdivision (c) with the original inspection
21 report if the person who ordered the original inspection report so
22 requests, and if the registered company is regularly in the business
23 of performing *each* corrective ~~measures~~; *measure*.

24 If no estimate or bid was given with the original inspection
25 report, or thereafter, then the registered company shall not be
26 required to perform a reinspection.

27 A reinspection shall be an inspection of those items previously
28 listed on an original report to determine if the recommendations
29 have been completed. Each reinspection shall be reported on an
30 original inspection report form and shall be labeled ~~“Reinspection”~~
31 ~~in capital letters by rubber stamp or typewritten: “Reinspection.”~~
32 Each reinspection shall also identify the original report by date.

33 After four months from an original inspection, all inspections
34 shall be original inspections and not reinspections.

35 Any reinspection shall be performed for not more than the price
36 of the registered company’s original inspection price and shall be
37 completed within 10 ~~working~~ *business* days after a reinspection
38 has been ordered.

39 ~~(13) The inspection report shall contain the following statement,~~
40 ~~printed in boldface type:~~

1
2 “NOTICE: Reports on this structure prepared by various
3 registered companies should list the same findings (i.e. termite
4 infestations, termite damage, fungus damage, etc.). However,
5 recommendations to correct these findings may vary from company
6 to company. You have a right to seek a second opinion from
7 another company.”

8
9 (c) At the time a report is ordered, the registered company or
10 licensee shall inform the person or entity ordering the report, that
11 a separated report is available pursuant to this subdivision. If a
12 separated report is requested at the time the inspection report is
13 ordered, the registered company or licensee shall separately identify
14 on the report each recommendation for corrective measures as
15 follows:

- 16 (1) The infestation or infection that is evident.
17 (2) The conditions that are present that are deemed likely to
18 lead to infestation or infection.

19 If a registered company or licensee fails to inform as required
20 by this subdivision and a dispute arises, or if any other dispute
21 arises as to whether this subdivision has been complied with, a
22 separated report shall be provided within 24 hours of the request
23 but, in no event, later than the next business day, and at no
24 additional cost.

25 (d) When a corrective condition is identified, either as paragraph
26 (1) or (2) of subdivision (c), and the responsible party, as negotiated
27 ~~between the buyer and the seller,~~ *property owner of the property*
28 *owner’s designated agent* chooses not to correct those conditions,
29 the registered company or licensee shall not be liable for damages
30 resulting from a failure to correct those conditions or subject to
31 any disciplinary action by the board. Nothing in this subdivision,
32 however, shall relieve a registered company or a licensee of any
33 liability resulting from negligence, fraud, dishonest dealing, other
34 violations pursuant to this chapter, or contractual obligations
35 between the registered company or licensee and the responsible
36 parties.

37 (e) The inspection report form prescribed by the board shall
38 separately identify the infestation or infection that is evident and
39 the conditions that are present that are deemed likely to lead to
40 infestation or infection. If a separated form is requested, the form

1 shall explain the infestation or infection that is evident and the
2 conditions that are present that are deemed likely to lead to
3 infestation or infection and the difference between those conditions.
4 In no event, however, shall conditions deemed likely to lead to
5 infestation or infection be characterized as actual “defects” or as
6 actual “active” infestations or infections or in need of correction
7 as a precondition to issuing a certification pursuant to Section
8 8519.

9 (f) The report and any contract entered into shall also state
10 specifically when any guarantee for the work is made, and if so,
11 the specific terms of the guarantee and the period of time for which
12 the guarantee shall be in effect. *If a guarantee extends beyond*
13 *three years, the registered company shall maintain all original*
14 *inspection reports, field notes, activity forms, and notices of*
15 *completion for the duration of the guarantee period and for one*
16 *year after the guarantee expires.*

17 ~~(g) Control service is defined as the regular reinspection of a~~
18 ~~property after a report has been made in compliance with this~~
19 ~~section and any corrections as have been agreed upon have been~~
20 ~~completed.—For purposes of this section, “control service~~
21 ~~agreement” means an agreement, including extended warranties,~~
22 ~~to have a licensee conduct over a period of time regular inspections~~
23 ~~and other activities related to the control or eradication of wood~~
24 ~~destroying pests and organisms. Under a control service agreement~~
25 ~~a registered company shall refer to the original report and contract~~
26 ~~in a manner as to identify them clearly, and the report shall be~~
27 ~~assumed to be a true report of conditions as originally issued,~~
28 ~~except it may be modified after a control service inspection. A~~
29 ~~registered company is not required to issue a report as outlined in~~
30 ~~paragraphs (1) to (11), inclusive, of subdivision (b) after each~~
31 ~~control service inspection. If after control service inspection, no~~
32 ~~modification of the original report is made in writing, then it will~~
33 ~~be assumed that conditions are as originally reported. A control~~
34 ~~service contract shall state specifically the particular wood~~
35 ~~destroying pests or organisms and the portions of the buildings or~~
36 ~~structures covered by the contract.~~

37 (h) A registered company or licensee may enter into and
38 maintain a control service agreement provided the following
39 requirements are met:

- 1 (1) The control service agreement shall be in writing, signed by
2 both parties, and shall specifically include the following:
- 3 ~~(A) The wood destroying pests and organisms that could infest~~
4 ~~and infect the structure.~~
- 5 ~~(B)~~
- 6 (A) The wood destroying pests and organisms covered by the
7 control service agreement. ~~Any~~
- 8 (B) Any wood destroying pest or organism that is not covered
9 must be specifically listed.
- 10 (C) The type and manner of treatment to be used to correct the
11 infestations or infections.
- 12 (D) The structures or buildings, or portions thereof, covered by
13 the agreement, including a statement specifying whether the
14 coverage for purposes of periodic inspections is limited or full.
15 Any exclusions from those described in the original report must
16 be specifically listed.
- 17 (E) A reference to the original inspection ~~report and agreement.~~
18 ~~report.~~
- 19 (F) The frequency of the inspections to be provided, the fee to
20 be charged for each renewal, and the duration of the agreement.
- 21 (G) Whether the fee includes structural repairs.
- 22 (H) If the services provided are guaranteed, and, if so, the terms
23 of the guarantee.
- 24 (I) A statement that all corrections of infestations or infections
25 covered by the control service agreement shall be completed within
26 six months of discovery, unless otherwise agreed to in writing by
27 both parties.
- 28 (2) *The original inspection report, the control service agreement,*
29 *and completion report shall be maintained for three years after*
30 *the cancellation of the control service agreement.*
- 31 ~~(2)~~
- 32 (3) Inspections made pursuant to a control service agreement
33 shall be conducted by a Branch 3 licensee. Section 8506.1 does
34 not modify this provision.
- 35 ~~(3)~~
- 36 (4) A full inspection of the property covered by the control
37 service agreement shall be conducted and a report filed pursuant
38 to subdivision (b) at least once every three years from the date that
39 the agreement was entered into, unless the consumer cancels the

1 contract within three years from the date the agreement was entered
2 into.

3 ~~(4) A~~

4 (5) *Under a control service agreement, a written report shall*
5 *be required for the correction of any infestation or infection unless*
6 *all of the following conditions are met:*

7 (A) The infestation or infection has been previously reported.

8 (B) The infestation or infection is covered by the control service
9 agreement.

10 (C) There is no additional charge for correcting the infestation
11 or infection.

12 (D) Correction of the infestation or infection takes place within
13 45 days of its discovery.

14 (E) Correction of the infestation or infection does not include
15 fumigation.

16 ~~(5)~~

17 (6) All notice requirements pursuant to Section 8538 shall apply
18 to all pesticide treatments conducted under control service
19 agreements.

20 ~~(6) For purposes of this section, “control service agreement”~~
21 ~~means any agreement, including extended warranties, to have a~~
22 ~~licensee conduct over a period of time regular inspections and~~
23 ~~other activities related to the control or eradication of wood~~
24 ~~destroying pests and organisms.~~

25 (i) All work recommended by a registered company, where an
26 estimate or bid for making repairs was given with the original
27 inspection report, or thereafter, shall be recorded on this report or
28 a separate work agreement and shall specify a price for each
29 recommendation. This information shall be provided to the person
30 requesting the inspection, and shall be retained by the registered
31 company with the inspection report copy for three years.

32 SEC. 5. Section 8518 of the Business and Professions Code is
33 amended to read:

34 8518. (a) When a registered company completes work under
35 a contract, it shall prepare, on a form prescribed by the board, a
36 notice of work completed and not completed, and shall furnish
37 that notice to the owner of the property or the owner’s agent within
38 10 business days after completing the work. The notice shall
39 include a statement of the cost of the completed work and estimated
40 cost of work not completed.

1 (b) The address of each property inspected or upon which work
2 was completed shall be reported on a form prescribed by the board
3 and shall be filed with the board no later than 10 business days
4 after completed work.

5 (c) A filing fee shall be assessed pursuant to Section 8674 for
6 every property upon which work is completed.

7 (d) Failure of a registered company to report and file with the
8 board the address of any property upon which work was completed
9 pursuant to subdivision (b) of Section 8516 or ~~Section 8518~~ *this*
10 *section* is grounds for disciplinary action and shall subject the
11 registered company to a fine of not more than two thousand five
12 hundred dollars (\$2,500).

13 (e) The registered company shall retain for three years all
14 original notices of work completed, work not completed, and
15 activity forms.

16 (f) Notices of work completed and not completed shall be made
17 available for inspection and reproduction to the executive officer
18 of the board or his or her duly authorized representative during
19 business hours. Original notices of work completed or not
20 completed or copies thereof shall be submitted to the board upon
21 request within two business days.

22 (g) *This section shall only apply to work relating to wood*
23 *destroying pests or organisms.*

24 SEC. 6. Section 8555 of the Business and Professions Code is
25 amended to read:

26 8555. This chapter does not apply to:

27 (a) Public utilities operating under the regulations of the Public
28 Utilities Commission, except to work performed upon property of
29 the utilities not subject to the jurisdiction of the Public Utilities
30 Commission or work done by the utility for hire.

31 (b) Persons engaged only in agricultural pest control work under
32 permit or license by the Department of Pesticide Regulation or a
33 county agricultural commissioner.

34 (c) Pest control performed by persons upon property that they
35 own, lease or rent, except that the persons shall be subject to the
36 limitations imposed by Article 3 of this chapter.

37 (d) Governmental agencies, state, federal, city, or county
38 officials, and their employees while officially engaged.

39 (e) Authorized representatives of an educational institution or
40 state or federal agency engaged in research or study of pest control,

1 or engaged in investigation or preparation for expert opinion or
2 testimony. A professional engaging in research, study,
3 investigation, or preparation for expert opinion or testimony on
4 his or her own behalf shall comply with the requirements of this
5 chapter.

6 (f) Certified architects and registered civil engineers, acting
7 solely within their professional capacity, except that they shall be
8 subject to the limitations imposed by Article 3 of this chapter.

9 (g) Persons engaged in the live capture and removal or exclusion
10 of ~~vertebrate pests, bees, bees~~ or wasps from a structure without
11 the use of pesticides, provided those persons maintain insurance
12 coverage as described in Section 8692. ~~“Vertebrate pests” include,~~
13 ~~but are not limited to, bats, raccoons, skunks, and squirrels, but do~~
14 ~~not include mice, rats, or pigeons. This section does not exempt a~~
15 ~~person from the provisions of Chapter 1.5 (commencing with~~
16 ~~Section 2050) of Division 3 of the Fish and Game Code.~~

17 SEC. 7. 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.

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
March 10, 2016**

BILL ANALYSIS

AUTHOR:	Lara	BILL NUMBER:	SB 1139
SPONSOR:		BILL STATUS:	Senate Committee on Rules
SUBJECT:	Health Professionals: undocumented immigrants: scholarships, loans, and loan repayments	DATE LAST AMENDED:	Introduced February 18, 2016

SUMMARY:

Existing law requires the Office of Statewide Health Planning and Development to establish a nonprofit public benefit corporation known as the Health Professions Education Foundation to perform various duties with respect to implementing health professions scholarship and loan programs.

ANALYSIS:

This bill would prohibit specified programs within the foundation, including programs which are funded by the continuously appropriated Health Professions Education Fund, the Medically Underserved Account for Physicians, and the Mental Health Services Fund, from denying an application based on the citizenship status or immigration status of the applicant.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

Introduced by Senator Lara

February 18, 2016

An act to add Section 128371 to the Health and Safety Code, relating to health professionals.

LEGISLATIVE COUNSEL'S DIGEST

SB 1139, as introduced, Lara. Health professionals: undocumented immigrants: scholarships, loans, and loan repayment.

Existing law requires the Office of Statewide Health Planning and Development to establish a nonprofit public benefit corporation known as the Health Professions Education Foundation to perform various duties with respect to implementing health professions scholarship and loan programs.

This bill would prohibit specified programs within the foundation, including programs which are funded by the continuously appropriated Health Professions Education Fund, the Medically Underserved Account for Physicians, and the Mental Health Services Fund, from denying an application based on the citizenship status or immigration status of the applicant.

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 128371 is added to the Health and Safety
- 2 Code, to read:
- 3 128371. (a) The Legislature finds and declares that it is in the
- 4 best interest of the State of California to provide persons who are
- 5 not lawfully present in the United States with the state benefits

1 provided by the Health Professions Education Foundation
2 Programs, and therefore, enacts this section pursuant to subsection
3 (d) of Section 1621 of Title 8 of the United States Code.

4 (b) A program within the Health Professions Education
5 Foundation shall not deny an application based on the citizenship
6 status or immigration status of the applicant.

7 (c) For any program within the Health Professions Education
8 Foundation, when mandatory disclosure of a social security number
9 is required, an applicant shall provide his or her social security
10 number, if one has been issued, or an individual tax identification
11 number that has been or will be submitted.

12 (d) This section shall apply to all of the following:

13 (1) Programs supported through the Health Professions
14 Education Fund pursuant to Section 128355.

15 (2) The Registered Nurse Education Fund created pursuant to
16 Section 128400.

17 (3) The Mental Health Practitioner Education Fund created
18 pursuant to Section 128458.

19 (4) The Vocational Nurse Education Fund created pursuant to
20 Section 128500.

21 (5) The Medically Underserved Account for Physicians created
22 pursuant to Section 128555.

23 (6) The Steven M. Thompson Medical School Scholarship
24 Account created pursuant to 128580.

25 (7) Loan forgiveness and scholarship programs created pursuant
26 to Section 5820 of the Welfare and Institutions Code.

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**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
March 10, 2016**

BILL ANALYSIS

AUTHOR:	Morrell	BILL NUMBER:	SB 1155
SPONSOR:		BILL STATUS:	Senate Committee on Rules
SUBJECT:	Professions and vocations: licenses: military service	DATE LAST AMENDED:	Introduced February 18, 2016

SUMMARY:

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

ANALYSIS:

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

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

Introduced by Senator MorrellFebruary 18, 2016

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

LEGISLATIVE COUNSEL'S DIGEST

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

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

This bill would require the Department of Consumer Affairs, in consultation with the Department of Veterans Affairs and the Military Department, to establish and maintain a program that grants a fee waiver

for the application for and the issuance of an initial license to an individual who is an honorably discharged veteran, as specified.

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

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

1 SECTION 1. Section 114.6 is added to the Business and
2 Professions Code, to read:

3 114.6. The Department of Consumer Affairs, in consultation
4 with the Department of Veterans Affairs and the Military
5 Department, shall establish and maintain a program that grants a
6 fee waiver for the application for and issuance of a license to an
7 individual who is an honorably discharged veteran who served as
8 an active duty member of the California National Guard or the
9 United States Armed Forces. Under this program, all of the
10 following apply:

11 (a) The Department of Consumer Affairs shall grant only one
12 fee waiver to a veteran.

13 (b) The fee waiver shall apply only to an application of and a
14 license issued to an individual veteran and not to an application
15 of or a license issued to a business or other entity.

16 (c) A waiver shall not be issued for a renewal of a license or for
17 the application for and issuance of a license other than one initial
18 license.

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
March 10, 2016**

BILL ANALYSIS

AUTHOR:	Stone	BILL NUMBER:	SB 1217
SPONSOR:		BILL STATUS:	Senate Committee on Rules
SUBJECT:	Healing arts: reporting requirements: professional liability resulting in death or personal injury.	DATE LAST AMENDED:	Introduced February 18, 2016

SUMMARY:

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

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

ANALYSIS:

This bill would raise the minimum dollar amount triggering those reporting requirements from \$3,000 to \$10,000.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

Introduced by Senator StoneFebruary 18, 2016

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

LEGISLATIVE COUNSEL'S DIGEST

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

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

This bill would instead require the record to contain reported judgments or settlements with damages over \$10,000.

Existing law requires an insurer providing professional liability insurance to a physician and surgeon, a governmental agency that self-insures a physician and surgeon or, if uninsured, a physician and surgeon himself or herself, to report to the respective licensing board information concerning settlements over \$30,000, arbitration awards in any amount, and judgments in any amount in malpractice actions to the practitioner's licensing board. Existing law provides that information concerning professional liability settlements, judgments, and arbitration

awards of over \$10,000 in damages arising from death or personal injury must be reported to the respective licensing boards of specified healing arts practitioners including, among others, licensed professional clinical counselors, licensed dentists, and licensed veterinarians. Existing law provides that, for other specified healing arts practitioners including, among others, licensed educational psychologists, licensed nurses, and licensed pharmacists, information concerning professional liability settlements, judgments, and arbitration awards of over \$3,000 in damages arising from death or personal injury shall be reported to their respective licensing boards.

This bill would raise the minimum dollar amount triggering those reporting requirements from \$3,000 to \$10,000.

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

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

1 SECTION 1. Section 800 of the Business and Professions Code
2 is amended to read:
3 800. (a) The Medical Board of California, the Board of
4 Psychology, the Dental Board of California, the Dental Hygiene
5 Committee of California, the Osteopathic Medical Board of
6 California, the State Board of Chiropractic Examiners, the Board
7 of Registered Nursing, the Board of Vocational Nursing and
8 Psychiatric Technicians of the State of California, the State Board
9 of Optometry, the Veterinary Medical Board, the Board of
10 Behavioral Sciences, the Physical Therapy Board of California,
11 the California State Board of Pharmacy, the Speech-Language
12 Pathology and Audiology and Hearing Aid Dispensers Board, the
13 California Board of Occupational Therapy, the Acupuncture Board,
14 and the Physician Assistant Board shall each separately create and
15 maintain a central file of the names of all persons who hold a
16 license, certificate, or similar authority from that board. Each
17 central file shall be created and maintained to provide an individual
18 historical record for each licensee with respect to the following
19 information:
20 (1) Any conviction of a crime in this or any other state that
21 constitutes unprofessional conduct pursuant to the reporting
22 requirements of Section 803.

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

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

10 (4) Disciplinary information reported pursuant to Section 805,
11 including any additional exculpatory or explanatory statements
12 submitted by the licensee pursuant to subdivision (f) of Section
13 805. If a court finds, in a final judgment, that the peer review
14 resulting in the 805 report was conducted in bad faith and the
15 licensee who is the subject of the report notifies the board of that
16 finding, the board shall include that finding in the central file. For
17 purposes of this paragraph, "peer review" has the same meaning
18 as defined in Section 805.

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

22 (b) (1) Each board shall prescribe and promulgate forms on
23 which members of the public and other licensees or certificate
24 holders may file written complaints to the board alleging any act
25 of misconduct in, or connected with, the performance of
26 professional services by the licensee.

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

31 (3) Notwithstanding this subdivision, the Board of Psychology,
32 the Board of Behavioral Sciences, and the Respiratory Care Board
33 of California shall maintain complaints or reports as long as each
34 board deems necessary.

35 (c) (1) The contents of any central file that are not public
36 records under any other provision of law shall be confidential
37 except that the licensee involved, or his or her counsel or
38 representative, shall have the right to inspect and have copies made
39 of his or her complete file except for the provision that may
40 disclose the identity of an information source. For the purposes of

1 this section, a board may protect an information source by
2 providing a copy of the material with only those deletions necessary
3 to protect the identity of the source or by providing a
4 comprehensive summary of the substance of the material.
5 Whichever method is used, the board shall ensure that full
6 disclosure is made to the subject of any personal information that
7 could reasonably in any way reflect or convey anything detrimental,
8 disparaging, or threatening to a licensee's reputation, rights,
9 benefits, privileges, or qualifications, or be used by a board to
10 make a determination that would affect a licensee's rights, benefits,
11 privileges, or qualifications. The information required to be
12 disclosed pursuant to Section 803.1 shall not be considered among
13 the contents of a central file for the purposes of this subdivision.

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

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

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

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

26 801. (a) Except as provided in Section 801.01 and ~~subdivisions~~
27 ~~(b), (c), and (d)~~ *subdivision (b)* of this section, every insurer
28 providing professional liability insurance to a person who holds a
29 license, certificate, or similar authority from or under any agency
30 specified in subdivision (a) of Section 800 shall send a complete
31 report to that agency as to any settlement or arbitration award over
32 ~~three thousand dollars (\$3,000)~~ *ten thousand dollars (\$10,000)* of
33 a claim or action for damages for death or personal injury caused
34 by that person's negligence, error, or omission in practice, or by
35 his or her rendering of unauthorized professional services. The
36 report shall be sent within 30 days after the written settlement
37 agreement has been reduced to writing and signed by all parties
38 thereto or within 30 days after service of the arbitration award on
39 the parties.

1 ~~(b) Every insurer providing professional liability insurance to~~
2 ~~a person licensed pursuant to Chapter 13 (commencing with~~
3 ~~Section 4980), Chapter 14 (commencing with Section 4990), or~~
4 ~~Chapter 16 (commencing with Section 4999.10) shall send a~~
5 ~~complete report to the Board of Behavioral Sciences as to any~~
6 ~~settlement or arbitration award over ten thousand dollars (\$10,000)~~
7 ~~of a claim or action for damages for death or personal injury caused~~
8 ~~by that person's negligence, error, or omission in practice, or by~~
9 ~~his or her rendering of unauthorized professional services. The~~
10 ~~report shall be sent within 30 days after the written settlement~~
11 ~~agreement has been reduced to writing and signed by all parties~~
12 ~~thereto or within 30 days after service of the arbitration award on~~
13 ~~the parties.~~

14 ~~(c) Every insurer providing professional liability insurance to~~
15 ~~a dentist licensed pursuant to Chapter 4 (commencing with Section~~
16 ~~1600) shall send a complete report to the Dental Board of~~
17 ~~California as to any settlement or arbitration award over ten~~
18 ~~thousand dollars (\$10,000) of a claim or action for damages for~~
19 ~~death or personal injury caused by that person's negligence, error,~~
20 ~~or omission in practice, or rendering of unauthorized professional~~
21 ~~services. The report shall be sent within 30 days after the written~~
22 ~~settlement agreement has been reduced to writing and signed by~~
23 ~~all parties thereto or within 30 days after service of the arbitration~~
24 ~~award on the parties.~~

25 ~~(d)~~

26 ~~(b) Every insurer providing liability insurance to a veterinarian~~
27 ~~licensed pursuant to Chapter 11 (commencing with Section 4800)~~
28 ~~shall send a complete report to the Veterinary Medical Board of~~
29 ~~any settlement or arbitration award over ten thousand dollars~~
30 ~~(\$10,000) of a claim or action for damages for death or injury~~
31 ~~caused by that person's negligence, error, or omission in practice,~~
32 ~~or rendering of unauthorized professional service. The report shall~~
33 ~~be sent within 30 days after the written settlement agreement has~~
34 ~~been reduced to writing and signed by all parties thereto or within~~
35 ~~30 days after service of the arbitration award on the parties.~~

36 ~~(e)~~

37 ~~(c) The insurer shall notify the claimant, or if the claimant is~~
38 ~~represented by counsel, the insurer shall notify the claimant's~~
39 ~~attorney, that the report required by subdivision (a), (b), or (e) (a)~~
40 ~~has been sent to the agency. If the attorney has not received this~~

1 notice within 45 days after the settlement was reduced to writing
2 and signed by all of the parties, the arbitration award was served
3 on the parties, or the date of entry of the civil judgment, the
4 attorney shall make the report to the agency.

5 (f)

6 (d) Notwithstanding any other provision of law, no insurer shall
7 enter into a settlement without the written consent of the insured,
8 except that this prohibition shall not void any settlement entered
9 into without that written consent. The requirement of written
10 consent shall only be waived by both the insured and the insurer.
11 This section shall only apply to a settlement on a policy of
12 insurance executed or renewed on or after January 1, 1971.

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

15 801.1. ~~(a)~~ Every state or local governmental agency that
16 self-insures a person who holds a license, certificate, or similar
17 authority from or under any agency specified in subdivision (a) of
18 Section 800 (except a person licensed pursuant to Chapter 3
19 (commencing with Section 1200) or Chapter 5 (commencing with
20 Section 2000) or the Osteopathic Initiative Act) shall send a
21 complete report to that agency as to any settlement or arbitration
22 award over ~~three thousand dollars (\$3,000)~~ *ten thousand dollars*
23 *(\$10,000)* of a claim or action for damages for death or personal
24 injury caused by that person's negligence, error, or omission in
25 practice, or rendering of unauthorized professional services. The
26 report shall be sent within 30 days after the written settlement
27 agreement has been reduced to writing and signed by all parties
28 thereto or within 30 days after service of the arbitration award on
29 the parties.

30 ~~(b) Every state or local governmental agency that self-insures~~
31 ~~a person licensed pursuant to Chapter 13 (commencing with~~
32 ~~Section 4980), Chapter 14 (commencing with Section 4990), or~~
33 ~~Chapter 16 (commencing with Section 4999.10) shall send a~~
34 ~~complete report to the Board of Behavioral Science Examiners as~~
35 ~~to any settlement or arbitration award over ten thousand dollars~~
36 ~~(\$10,000) of a claim or action for damages for death or personal~~
37 ~~injury caused by that person's negligence, error, or omission in~~
38 ~~practice, or rendering of unauthorized professional services. The~~
39 ~~report shall be sent within 30 days after the written settlement~~
40 ~~agreement has been reduced to writing and signed by all parties~~

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

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

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

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

1 services, by a marriage and family therapist, a clinical social
2 worker, or a professional clinical counselor licensed pursuant to
3 Chapter 13 (commencing with Section 4980), Chapter 14
4 (commencing with Section 4990), or Chapter 16 (commencing
5 with Section 4999.10), respectively, who does not possess
6 professional liability insurance as to that claim shall within 30
7 days after the written settlement agreement has been reduced to
8 writing and signed by all the parties thereto or 30 days after service
9 of the judgment or arbitration award on the parties be reported to
10 the agency that issued the license, certificate, or similar authority.
11 A complete report shall be made by appropriate means by the
12 person or his or her counsel, with a copy of the communication to
13 be sent to the claimant through his or her counsel if he or she is
14 so represented, or directly if he or she is not. If, within 45 days of
15 the conclusion of the written settlement agreement or service of
16 the judgment or arbitration award on the parties, counsel for the
17 claimant (or if he or she is not represented by counsel, the claimant
18 himself or herself) has not received a copy of the report, he or she
19 shall himself or herself make a complete report. Failure of the
20 marriage and family therapist, clinical social worker, or
21 professional clinical counselor or claimant (or, if represented by
22 counsel, his or her counsel) to comply with this section is a public
23 offense punishable by a fine of not less than fifty dollars (\$50) nor
24 more than five hundred dollars (\$500). Knowing and intentional
25 failure to comply with this section, or conspiracy or collusion not
26 to comply with this section or to hinder or impede any other person
27 in that compliance, is a public offense punishable by a fine of not
28 less than five thousand dollars (\$5,000) nor more than fifty
29 thousand dollars (\$50,000).

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**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
March 10, 2016**

BILL ANALYSIS

AUTHOR:	Stone	BILL NUMBER:	SB 1334
SPONSOR:		BILL STATUS:	Senate Committee on Rules
SUBJECT:	Crime reporting: health practitioners: human trafficking	DATE LAST AMENDED:	Introduced February 19, 2016

SUMMARY:

Existing law requires a health practitioner, as specified, who, in his or her professional capacity or within the scope of his or her employment, provides medical services to a patient who he or she knows, or reasonably suspects, has suffered from a wound or other physical injury where the injury is by means of a firearm or is the result of assaultive or abusive conduct, to make a report to a law enforcement agency, as specified.

Existing law defines “assaultive or abusive conduct” for these purposes as a violation of specified crimes. Under existing law, a violation of this provision is a crime.

ANALYSIS:

This bill would add the crime of human trafficking to the list of crimes that constitute assaultive or abusive conduct for purposes of the above reporting requirements. By increasing the scope of an existing crime, this bill would impose a state-mandated local program.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

Introduced by Senator StoneFebruary 19, 2016

An act to amend Section 11160 of the Penal Code, relating to crime reporting.

LEGISLATIVE COUNSEL'S DIGEST

SB 1334, as introduced, Stone. Crime reporting: health practitioners: human trafficking.

Existing law requires a health practitioner, as specified, who, in his or her professional capacity or within the scope of his or her employment, provides medical services to a patient who he or she knows, or reasonably suspects, has suffered from a wound or other physical injury where the injury is by means of a firearm or is the result of assaultive or abusive conduct, to make a report to a law enforcement agency, as specified. Existing law defines "assaultive or abusive conduct" for these purposes as a violation of specified crimes. Under existing law, a violation of this provision is a crime.

This bill would add the crime of human trafficking to the list of crimes that constitute assaultive or abusive conduct for purposes of the above reporting requirements. By increasing the scope of an existing 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 11160 of the Penal Code is amended to
2 read:

3 11160. (a) ~~Any~~A health practitioner employed in a health
4 facility, clinic, physician's office, local or state public health
5 department, or a clinic or other type of facility operated by a local
6 or state public health department who, in his or her professional
7 capacity or within the scope of his or her employment, provides
8 medical services for a physical condition to a patient ~~whom~~ *who*
9 he or she ~~knows~~ *knows*, or reasonably ~~suspects~~ *suspects*, is a person
10 described as follows, shall immediately make a report in
11 accordance with subdivision (b):

12 (1) ~~Any~~A person suffering from ~~any~~ a wound or other physical
13 injury inflicted by his or her own act or inflicted by another where
14 the injury is by means of a firearm.

15 (2) ~~Any~~A person suffering from ~~any~~ a wound or other physical
16 injury inflicted upon the person where the injury is the result of
17 assaultive or abusive conduct.

18 (b) ~~Any~~A health practitioner employed in a health facility,
19 clinic, physician's office, local or state public health department,
20 or a clinic or other type of facility operated by a local or state
21 public health department shall make a report regarding persons
22 described in subdivision (a) to a local law enforcement agency as
23 follows:

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

26 (2) A written report shall be prepared on the standard form
27 developed in compliance with paragraph (4) of this subdivision,
28 and Section 11160.2, and adopted by the Office of Emergency
29 Services, or on a form developed and adopted by another state
30 agency that otherwise fulfills the requirements of the standard
31 form. The completed form shall be sent to a local law enforcement
32 agency within two working days of receiving the information
33 regarding the person.

34 (3) A local law enforcement agency shall be notified and a
35 written report shall be prepared and sent pursuant to paragraphs
36 (1) and (2) even if the person who suffered the wound, other injury,
37 or assaultive or abusive conduct has expired, regardless of whether
38 or not the wound, other injury, or assaultive or abusive conduct

1 was a factor contributing to the death, and even if the evidence of
2 the conduct of the perpetrator of the wound, other injury, or
3 assaultive or abusive conduct was discovered during an autopsy.

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

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

7 (B) The injured person’s whereabouts.

8 (C) The character and extent of the person’s injuries.

9 (D) The identity of ~~any~~ a person the injured person alleges
10 inflicted the wound, other injury, or assaultive or abusive conduct
11 upon the injured person.

12 (c) For the purposes of this section, “injury” shall not include
13 any psychological or physical condition brought about solely
14 through the voluntary administration of a narcotic or restricted
15 dangerous drug.

16 (d) For the purposes of this section, “assaultive or abusive
17 conduct” shall include any of the following offenses:

18 (1) Murder, in violation of Section 187.

19 (2) Manslaughter, in violation of Section 192 or 192.5.

20 (3) Mayhem, in violation of Section 203.

21 (4) Aggravated mayhem, in violation of Section 205.

22 (5) Torture, in violation of Section 206.

23 (6) Assault with intent to commit mayhem, rape, sodomy, or
24 oral copulation, in violation of Section 220.

25 (7) Administering controlled substances or anesthetic to aid in
26 commission of a felony, in violation of Section 222.

27 (8) *Human trafficking, in violation of Section 236.1.*

28 ~~(8)~~

29 (9) Battery, in violation of Section 242.

30 ~~(9)~~

31 (10) Sexual battery, in violation of Section 243.4.

32 ~~(10)~~

33 (11) Incest, in violation of Section 285.

34 ~~(11)~~

35 (12) Throwing any vitriol, corrosive acid, or caustic chemical
36 with intent to injure or disfigure, in violation of Section 244.

37 ~~(12)~~

38 (13) Assault with a stun gun or taser, in violation of Section
39 244.5.

40 ~~(13)~~

- 1 (14) Assault with a deadly weapon, firearm, assault weapon, or
2 machinegun, or by means likely to produce great bodily injury, in
3 violation of Section 245.
4 ~~(14)~~
- 5 (15) Rape, in violation of Section 261.
6 ~~(15)~~
- 7 (16) Spousal rape, in violation of Section 262.
8 ~~(16)~~
- 9 (17) Procuring ~~any~~ a female to have sex with another man, in
10 violation of Section 266, 266a, 266b, or 266c.
11 ~~(17)~~
- 12 (18) Child abuse or endangerment, in violation of Section 273a
13 or 273d.
14 ~~(18)~~
- 15 (19) Abuse of spouse or cohabitant, in violation of Section
16 273.5.
17 ~~(19)~~
- 18 (20) Sodomy, in violation of Section 286.
19 ~~(20)~~
- 20 (21) Lewd and lascivious acts with a child, in violation of
21 Section 288.
22 ~~(21)~~
- 23 (22) Oral copulation, in violation of Section 288a.
24 ~~(22)~~
- 25 (23) Sexual penetration, in violation of Section 289.
26 ~~(23)~~
- 27 (24) Elder abuse, in violation of Section 368.
28 ~~(24)~~
- 29 (25) An attempt to commit any crime specified in paragraphs
30 (1) to ~~(23)~~, (24), inclusive.
- 31 (e) ~~When~~ If two or more persons who are required to report are
32 present and jointly have knowledge of a known or suspected
33 instance of violence that is required to be reported pursuant to this
34 section, and ~~when~~ if there is an agreement among these persons to
35 report as a team, the team may select by mutual agreement a
36 member of the team to make a report by telephone and a single
37 written report, as required by subdivision (b). The written report
38 shall be signed by the selected member of the reporting team. ~~Any~~
39 A member who has knowledge that the member designated to
40 report has failed to do so shall thereafter make the report.

1 (f) The reporting duties under this section are individual, except
2 as provided in subdivision (e).

3 (g) ~~No~~A supervisor or administrator shall *not* impede or inhibit
4 the reporting duties required under this section and ~~no~~ a person
5 making a report pursuant to this section shall *not* be subject to ~~any~~
6 sanction for making the report. However, internal procedures to
7 facilitate reporting and apprise supervisors and administrators of
8 reports may be established, except that these procedures shall not
9 be inconsistent with this article. The internal procedures shall not
10 require ~~any~~ an employee required to make a report under this article
11 to disclose his or her identity to the employer.

12 (h) For the purposes of this section, it is the Legislature's intent
13 to avoid duplication of information.

14 SEC. 2. No reimbursement is required by this act pursuant to
15 Section 6 of Article XIII B of the California Constitution because
16 the only costs that may be incurred by a local agency or school
17 district will be incurred because this act creates a new crime or
18 infraction, eliminates a crime or infraction, or changes the penalty
19 for a crime or infraction, within the meaning of Section 17556 of
20 the Government Code, or changes the definition of a crime within
21 the meaning of Section 6 of Article XIII B of the California
22 Constitution.

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
March 10, 2016**

BILL ANALYSIS

AUTHOR:	Cannella	BILL NUMBER:	SB 1348
SPONSOR:		BILL STATUS:	Senate Committee on Rules
SUBJECT:	Licensure applications: military experience	DATE LAST AMENDED:	Introduced February 19, 2016

SUMMARY:

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law requires each board to inquire in every application for licensure if the individual applying for licensure is serving in, or has previously served in, the military.

ANALYSIS:

This bill would require each board, with a governing law authorizing veterans to apply military experience and training towards licensure requirements, to modify their application for licensure to advise veteran applicants about their ability to apply that experience and training towards licensure requirements.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

Introduced by Senator Cannella

February 19, 2016

An act to amend Section 114.5 of the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

SB 1348, as introduced, Cannella. Licensure applications: military experience.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law requires each board to inquire in every application for licensure if the individual applying for licensure is serving in, or has previously served in, the military.

This bill would require each board, with a governing law authorizing veterans to apply military experience and training towards licensure requirements, to modify their application for licensure to advise veteran applicants about their ability to apply that experience and training towards licensure requirements.

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

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

- 1 SECTION 1. Section 114.5 of the Business and Professions
- 2 Code is amended to read:
- 3 114.5. ~~Commencing January 1, 2015, each~~ (a) Each board
- 4 shall inquire in every application for licensure if the individual
- 5 applying for licensure is serving in, or has previously served in,
- 6 the military.

1 ***(b) If a board's governing law authorizes veterans to apply***
2 ***military experience and training towards licensure requirements,***
3 ***that board shall modify their application for licensure to advise***
4 ***veteran applicants about their ability to apply military experience***
5 ***and training towards licensure requirements.***

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