LEGISLATIVE COMMITTEE MEETING

AGENDA

Hilton Sacramento Arden West
Folsom Room
2200 Harvard Street
Sacramento, California 95815
May 7, 2014

Wednesday, May 7, 2014: 3:30 p.m. to 4:30 p.m.

8.0 Call to Order

8.1 Review and Vote to approve minutes of:
   • January 8, 2014
   • March 6, 2014

8.2 Discuss/Adopt/Modify Positions on Bills of Interest to the Board, and any other Bills of Interest to the Board Introduced during the 2013-2014 Legislative Session.

<table>
<thead>
<tr>
<th>Assembly Bills</th>
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<tbody>
<tr>
<td>AB 186</td>
<td>SB 430</td>
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<tr>
<td>AB 548</td>
<td>SB 723</td>
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<tr>
<td>AB 790</td>
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<td>AB 2165</td>
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8.3 Public Comment for Items Not on the Agenda

8.4 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.
AGENDA ITEM: 8.1
DATE: May 7, 2014

ACTION REQUESTED: Review and approve Committee meeting minutes

REQUESTED BY: Kay Weinkam, M.S., RN, CNS
Nursing Education Consultant

BACKGROUND: Minutes for:
- January 8, 2014
- March 6, 2014

NEXT STEPS: Post to the BRN Web site

PERSON TO CONTACT: Kay Weinkam, NEC
Phone: (916) 574-7680
E-mail: Kay.Weinkam@dca.ca.gov
BOARD OF REGISTERED NURSING

LEGISLATIVE COMMITTEE MEETING MINUTES

DATE: January 8, 2014
TIME: 3:00 p.m. - 4:00 p.m.
LOCATION: Embassy Suites S.F. Airport-Waterfront
150 Anza Boulevard
Burlingame, California 94010

MEMBERS PRESENT: Erin Niemela, Chair
Cynthia Klein, RN
Trande Phillips, RN

STAFF PRESENT: Louise Bailey, Executive Officer
Kay Weinkam, NEC, Staff Liaison

The meeting was called to order at 4:10 p.m. by Ms. Niemela.

8.0 Review and Approve Minutes
The minutes of October 1, 2013, were approved.

8.1 Positions on Bills of Interest to the Board, and any other Bills of Interest to the Board introduced during the 2013-2014 Legislative Session.
An oral report was given that provided information about the bills followed by the Board in 2013. They were identified by bill number, author, title, and current status—chaptered, vetoed by the Governor, or to be considered by house of origin as a two-year bill. No action was taken.

8.2 Summary of 2013 Legislation
The Board publishes information on its Web site, newsletter, and Sunset Report about selected bills that have been chaptered. The Committee reviewed the document that summarized AB 154, AB 512, AB 633, AB 1057, SB 271, SB 352, and SB 809 and moved to accept it (3/0/0).

8.3 Public Comment for Items Not on the Agenda
No comments were offered by the public.
The meeting adjourned at 4:20 p.m.

Submitted by: _____________________________________________

Kay Weinkam, Nursing Education Consultant

Approved by: ______________________________________________

Erin Niemela, Chair
March 6, 2014

3:00 p.m.- 4:00 p.m.

The Mission Inn Hotel
Spanish Art Gallery
3649 Mission Inn Avenue
Riverside, California 92501

Trande Phillips, RN

Louise Bailey, Executive Officer
Kay Weinkam, NEC, Staff Liaison

The meeting was called to order at 3:14 by Ms. Phillips.

8.0 **Review and Approve Minutes**

Review and approval of the minutes of January 8, 2014, was deferred until the next meeting.

8.1 **Positions on Bills of Interest to the Board, and any other Bills of Interest to the Board introduced during the 2013-2014 Legislative Session.**

An oral report was given that provided information about the four bills that remain from 2013 and two bills introduced in 2014. No action was taken, and there was no public comment.

8.2 **Public Comment for Items Not on the Agenda**

There were no public comments.

The meeting adjourned at 3:20 p.m.

Submitted by: _____________________________________________

Kay Weinkam, Nursing Education Consultant

Approved by: ______________________________________________

Trande Phillips, Acting Chair
AGENDA ITEM: 8.2
DATE: May 7, 2014

ACTION REQUESTED: Discuss/Adopt/Modify Positions on Bills of Interest to the Board, and any other Bills of Interest to the Board introduced during the 2013-2014 Legislative Session.

REQUESTED BY: Kay Weinkam, M.S., RN, CNS
Nursing Education Consultant

BACKGROUND:

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<td>AB 790</td>
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<td>AB 809</td>
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<td>AB 1841</td>
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<td>AB 2062</td>
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<td>AB 2102</td>
<td>AB 2720</td>
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<td>AB 2144</td>
<td>AB 2736</td>
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<td>AB 2165</td>
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</tbody>
</table>

NEXT STEPS: Place on Board agenda

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Kay Weinkam, NEC
Phone: (916) 574-7600
E-mail: kay.weinkam@dca.ca.gov
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<thead>
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<th>BILL #</th>
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<tr>
<td>AB 186</td>
<td>Maienschein</td>
<td>Professions and vocations: military spouses: temporary licenses</td>
<td>Watch (8/7/13)</td>
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<td>Senate BP&amp;ED</td>
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<tr>
<td>AB 548</td>
<td>Salas</td>
<td>Public Postsecondary education: community college registered nursing programs</td>
<td>Watch (4/3/14)</td>
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<td>AB 790</td>
<td>Gomez</td>
<td>Child abuse: reporting</td>
<td>Support (8/7/13)</td>
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<td>AB 809</td>
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<td>Healing arts: telehealth</td>
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<td>AB 1677</td>
<td>Gomez</td>
<td>Nursing education: service in public hospitals and veterans' facilities</td>
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<td>AB 1841</td>
<td>Mullin</td>
<td>Medical assistants</td>
<td>Watch with concerns (4/3/14)</td>
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<td>AB 2058</td>
<td>Wilk</td>
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<td>AB 2062</td>
<td>Hernández</td>
<td>Health facilities: surgical technologists</td>
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<td>AB 2102</td>
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<td>AB 2144</td>
<td>Yamada</td>
<td>Staff- to- patient ratios</td>
<td>Support (4/3/14)</td>
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<tr>
<td>AB 2165</td>
<td>Patterson</td>
<td>Professions and vocations: licenses</td>
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<td>AB 2183</td>
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<td>AB 2198</td>
<td>Levine</td>
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<td>AB 2247</td>
<td>Williams</td>
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<td>AB 2396</td>
<td>Bonta</td>
<td>Convictions: expungement: licenses</td>
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<td>AB 2484</td>
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<td>Healing arts: telehealth</td>
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<tr>
<td>AB 2514</td>
<td>Pan</td>
<td>Income taxes: credits: rural health care professionals</td>
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<td>Revenue &amp; Taxation</td>
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<td>AB 2598</td>
<td>Hagman</td>
<td>Department of Consumer Affairs: administrative expenses</td>
<td>Oppose</td>
<td>(4/3/14)</td>
<td>BP&amp;CP</td>
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<tr>
<td>AB 2720</td>
<td>Ting</td>
<td>State agencies: meetings: record of action taken</td>
<td>Neutral</td>
<td>(4/3/14)</td>
<td>Governmental Organization</td>
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<tr>
<td>AB 2736</td>
<td>Committee on Higher Education</td>
<td>Postsecondary education: California State University</td>
<td>Neutral</td>
<td>(4/3/14)</td>
<td>ASM</td>
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<td>SB 430</td>
<td>Wright</td>
<td>Pupil health: vision examination: binocular function</td>
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<td>SB 723</td>
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<td>SB 911</td>
<td>Block</td>
<td>Residential care facilities for the elderly</td>
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<td>SB 1159</td>
<td>Lara</td>
<td>Professions and vocations: license applicants: federal identification number</td>
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<td>SB 1239</td>
<td>Wolk</td>
<td>Pupil health care services: school nurses</td>
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**Bold** denotes a bill that is a new bill for Board consideration or has been amended since last Board consideration.
SUMMARY:
Existing law, the Medical Practice Act, provides for the licensure and regulation of the practice of medicine by the Medical Board of California. The act authorizes a medical assistant to administer medication only by intradermal, subcutaneous, or intramuscular injections and to perform skin tests and additional technical supportive services upon the specific authorization and supervision of a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife. Existing law defines the term “technical supportive services” to mean simple routine medical tasks and procedures that may be safely performed by a medical assistant who has limited training and who functions under the supervision of a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife. Existing law, the Pharmacy Law, prohibits a prescriber, as defined, from dispensing drugs to patients in his or her office unless specified conditions are satisfied, and authorizes a certified nurse-midwife, a nurse practitioner, a physician assistant, or a naturopathic doctor who functions pursuant to a specified protocol or procedure to hand to a patient of his or her supervising physician a properly labeled and prepackaged prescription drug.

ANALYSIS:
This bill would specify that the “technical supportive services” a medical assistant may perform also includes handing to a patient a properly labeled and prepackaged prescription drug, other than a controlled substance, ordered by a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife.

Amended analysis as of 4/21/14:
This bill has been amended to add: In every instance, prior to handing the medication to a patient, the properly labeled and prepackaged prescription drug shall have the patient’s name affixed to the package and a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife shall verify that it is the correct medication and dosage for that specific patient.

BOARD POSITION: Watch with concerns (April 3, 2014)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Not previously considered.

SUPPORT:
OPPOSE:
An act to amend Section 2069 of the Business and Professions Code, relating to medicine.

LEGISLATIVE COUNSEL’S DIGEST

AB 1841, as amended, Mullin. Medical assistants.
Existing law, the Medical Practice Act, provides for the licensure and regulation of the practice of medicine by the Medical Board of California. The act authorizes a medical assistant to administer medication only by intradermal, subcutaneous, or intramuscular injections and to perform skin tests and additional technical supportive services upon the specific authorization and supervision of a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife. Existing law defines the term “technical supportive services” to mean simple routine medical tasks and procedures that may be safely performed by a medical assistant who has limited training and who functions under the supervision of a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife. Existing law, the Pharmacy Law, prohibits a prescriber, as defined, from dispensing drugs to patients in his or her office unless specified conditions are satisfied, and authorizes a certified nurse-midwife, a nurse practitioner, a physician assistant, or a naturopathic doctor who functions pursuant to a specified protocol or procedure to hand to a
patient of his or her supervising physician a properly labeled and prepackaged prescription drug.

This bill would specify that the “technical supportive services” a medical assistant may perform also includes handing to a patient a properly labeled and prepackaged prescription drug, other than a controlled substance, ordered by a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife, as specified.


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

1. **SECTION 1.** Section 2069 of the Business and Professions Code is amended to read:

2069. (a) (1) Notwithstanding any other law, a medical assistant may administer medication only by intradermal, subcutaneous, or intramuscular injections and perform skin tests and additional technical supportive services upon the specific authorization and supervision of a licensed physician and surgeon or a licensed podiatrist. A medical assistant may also perform all these tasks and services upon the specific authorization of a physician assistant, a nurse practitioner, or a certified nurse-midwife.

(2) The supervising physician and surgeon may, at his or her discretion, in consultation with the nurse practitioner, certified nurse-midwife, or physician assistant, provide written instructions to be followed by a medical assistant in the performance of tasks or supportive services. These written instructions may provide that the supervisory function for the medical assistant for these tasks or supportive services may be delegated to the nurse practitioner, certified nurse-midwife, or physician assistant within the standardized procedures or protocol, and that tasks may be performed when the supervising physician and surgeon is not onsite, if either of the following apply:

(A) The nurse practitioner or certified nurse-midwife is functioning pursuant to standardized procedures, as defined by Section 2725, or protocol. The standardized procedures or protocol, including instructions for specific authorizations, shall be
developed and approved by the supervising physician and surgeon and the nurse practitioner or certified nurse-midwife.

(B) The physician assistant is functioning pursuant to regulated services defined in Section 3502, including instructions for specific authorizations, and is approved to do so by the supervising physician and surgeon.

(b) As used in this section and Sections 2070 and 2071, the following definitions apply:

(1) “Medical assistant” means a person who may be unlicensed, who performs basic administrative, clerical, and technical supportive services in compliance with this section and Section 2070 for a licensed physician and surgeon or a licensed podiatrist, or group thereof, for a medical or podiatry corporation, for a physician assistant, a nurse practitioner, or a certified nurse-midwife as provided in subdivision (a), or for a health care service plan, who is at least 18 years of age, and who has had at least the minimum amount of hours of appropriate training pursuant to standards established by the board. The medical assistant shall be issued a certificate by the training institution or instructor indicating satisfactory completion of the required training. A copy of the certificate shall be retained as a record by each employer of the medical assistant.

(2) “Specific authorization” means a specific written order prepared by the supervising physician and surgeon or the supervising podiatrist, or the physician assistant, the nurse practitioner, or the certified nurse-midwife as provided in subdivision (a), authorizing the procedures to be performed on a patient, which shall be placed in the patient’s medical record, or a standing order prepared by the supervising physician and surgeon or the supervising podiatrist, or the physician assistant, the nurse practitioner, or the certified nurse-midwife as provided in subdivision (a), authorizing the procedures to be performed, the duration of which shall be consistent with accepted medical practice. A notation of the standing order shall be placed on the patient’s medical record.

(3) “Supervision” means the supervision of procedures authorized by this section by the following practitioners, within the scope of their respective practices, who shall be physically present in the treatment facility during the performance of those procedures:
(A) A licensed physician and surgeon.
(B) A licensed podiatrist.
(C) A physician assistant, nurse practitioner, or certified nurse-midwife as provided in subdivision (a).

(4) (A) “Technical supportive services” means simple routine medical tasks and procedures that may be safely performed by a medical assistant who has limited training and who functions under the supervision of a licensed physician and surgeon or a licensed podiatrist, or a physician assistant, a nurse practitioner, or a certified nurse-midwife as provided in subdivision (a).

(B) Notwithstanding any other law, “technical supportive services” includes handing to a patient a properly labeled and prepackaged prescription drug, excluding a controlled substance, ordered by a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife in accordance with subdivision (a). In every instance, prior to handing the medication to a patient, the properly labeled and prepackaged prescription drug shall have the patient’s name affixed to the package and a licensed physician and surgeon, a licensed podiatrist, a physician assistant, a nurse practitioner, or a certified nurse-midwife shall verify that it is the correct medication and dosage for that specific patient.

(c) Nothing in this section shall be construed as authorizing any of the following:

(1) The licensure of medical assistants.
(2) The administration of local anesthetic agents by a medical assistant.
(3) The board to adopt any regulations that violate the prohibitions on diagnosis or treatment in Section 2052.
(4) A medical assistant to perform any clinical laboratory test or examination for which he or she is not authorized by Chapter 3 (commencing with Section 1200).
(5) A nurse practitioner, certified nurse-midwife, or physician assistant to be a laboratory director of a clinical laboratory, as those terms are defined in paragraph (8) of subdivision (a) of Section 1206 and subdivision (a) of Section 1209.

(6) A medical assistant to dispense dangerous drugs or devices to a patient, except as may be authorized by subdivision (a) or by the board in regulations adopted pursuant to Section 2071.
(d) A nurse practitioner, certified nurse-midwife, or physician assistant shall not authorize a medical assistant to perform any clinical laboratory test or examination for which the medical assistant is not authorized by Chapter 3 (commencing with Section 1200). A violation of this subdivision constitutes unprofessional conduct.

(e) Notwithstanding any other law, a medical assistant shall not be employed for inpatient care in a licensed general acute care hospital, as defined in subdivision (a) of Section 1250 of the Health and Safety Code.
AUTHOR: Wilk

BILL NUMBER: AB 2058

SPONSOR: Wilk

BILL STATUS: Committee on Appropriations

SUBJECT: Open meetings

DATE LAST AMENDED: April 9, 2014

SUMMARY:
The Bagley-Keene Open Meeting Act requires that all meetings of a state body, as defined, be open and public and that all persons be permitted to attend and participate in any meeting of a state body, subject to certain conditions and exceptions.

ANALYSIS:
This bill would modify the definition of “state body” to exclude an advisory body with less than 3 individuals, except for certain standing committees. This bill would also make legislative findings and declarations in this regard. This bill would declare that it is to take effect immediately as an urgency statute.

Amended analysis as of 4/9:
This bill deletes the legislative findings and declarations and provides some language of clarification.

BOARD POSITION: Oppose (April 3, 2014)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Not previously considered.

SUPPORT: None on file.

OPPOSE: California Board of Accountancy
An act to amend Section 11121 of the Government Code, relating to state government, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL’S DIGEST

AB 2058, as amended, Wilk. Open meetings.

The Bagley-Keene Open Meeting Act requires that all meetings of a state body, as defined, be open and public and that all persons be permitted to attend and participate in any meeting of a state body, subject to certain conditions and exceptions.

This bill would modify the definition of “state body” to exclude an advisory body with less than 3 individuals, except for certain standing committees. This bill would also make legislative findings and declarations in this regard.

This bill would declare that it is to take effect immediately as an urgency statute.

State-mandated local program: no.

The people of the State of California do enact as follows:
SECTION 1. The Legislature finds and declares all of the following:

(a) The unpublished decision of the Third District Court of Appeals in Funeral Security Plans v. State Board of Funeral Directors (1994) 28 Cal.App.4th 1470 is an accurate reflection of legislative intent with respect to the applicability of the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code) (Bagley-Keene Act) to a two-member standing advisory committee of a state body. A two-member standing committee of a state body, even if operating solely in an advisory capacity, already is a “state body,” as defined in subdivision (d) of Section 11121 of the Government Code, irrespective of its size, if a member of the state body sits on the committee and the committee receives funds from the state body. For this type of two-member standing advisory committee, this bill is declaratory of existing law.

(b) A two-member standing committee of a state body, even if operating solely in an advisory capacity, already is a “state body,” as defined in subdivision (b) of Section 11121 of the Government Code, irrespective of its composition, if it exercises any authority of a state body delegated to it by that state body. For this type of two-member standing advisory committee, this bill is declaratory of existing law.

(c) All two-member standing advisory committees of a local body are subject to open meeting requirements under the Ralph M. Brown Act (Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code) (Brown Act). It is the intent of the Legislature in this act to reconcile language in the Brown Act and Bagley-Keene Act with respect to all two-member standing advisory committees, including, but not limited to, those described in subdivisions (a) and (b).

SEC. 2.

SECTION 1. Section 11121 of the Government Code is amended to read:

11121. As used in this article, “state body” means each of the following:

(a) Every state board, or commission, or similar multimember body of the state that is created by statute or required by law to
conduct official meetings and every commission created by executive order.

(b) A board, commission, committee, or similar multimember body that exercises any authority of a state body delegated to it by that state body.

c) An advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body of a state body, if created by formal action of the state body or of any member of the state body. Advisory bodies "An advisory body created to consist of fewer than three individuals are is not a state body, except that a standing committee of a state body, irrespective of its composition, which has a continuing subject matter jurisdiction, or a meeting schedule fixed by resolution, policies, bylaws, or formal action of a state body are is a state body for the purposes of this chapter.

d) A board, commission, committee, or similar multimember body on which a member of a body that is a state body pursuant to this section serves in his or her official capacity as a representative of that state body and that is supported, in whole or in part, by funds provided by the state body, whether the multimember body is organized and operated by the state body or by a private corporation.

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

In order to avoid unnecessary litigation and ensure the people’s right to access of the meetings of public bodies pursuant to Section 3 of Article 1 of the California Constitution, it is necessary that act take effect immediately.
BILL ANALYSIS

AUTHOR: Hernández
BILL NUMBER: AB 2062

SPONSOR: California State Council of the Service Employees International Union (SEIU California)
BILL STATUS: Committee on Appropriations

SUBJECT: Health facilities: surgical technologists
DATE LAST AMENDED: April 10, 2014

SUMMARY:
Existing law provides for the licensure and regulation of health facilities by the State Department of Public Health. A violation of the provisions governing health facilities constitutes a misdemeanor. Existing law requires specified health facilities to employ a dietitian and requires health facilities owned and operated by the state offering care within the scope of practice of a psychologist to establish rules and medical staff bylaws that include provisions for medical staff membership and clinical privileges for clinical psychologists, as specified.

ANALYSIS:
This bill would prohibit a health facility from employing a surgical technologist or contracting with an individual to practice surgical technology at the facility unless the individual possesses specified training and certification or was practicing surgical technology at a health facility at any time between January 1, 2013, and January 1, 2015, inclusive. The bill would exempt a facility from this requirement if the facility documents its inability to recruit a sufficient number of individuals that meet the bill’s requirements, and would require that certain individuals complete continuing education in surgical technology annually, as specified. The bill would specify that a violation of these requirements is not a crime.

Amended analysis as of 4/10:
The bill as amended would: Add another organization as one whose certification of surgical technologists would be accepted; removes the provision that the person must have been employed as a surgical technologist after January 1, 2013, and adds that the person had been practicing at any time prior to January 1, 2015; mandates that an employer for whom the surgical technologist had been employed in the past must verify the dates of that employment to another health facility or the surgical technologist who requests such information; removes the requirement for continuing education; and defines “health facility.”

BOARD POSITION: Watch (April 3, 2014)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Not previously considered.

SUPPORT:
California State Council of the Service Employees International Union (sponsor)
Association of Surgical Technologists
California Dietetic Association
California Health Collaborative
California Labor Federation
National Board of Surgical Technology and Surgical Assisting
One individual surgeon

**OPPOSE:** None on file
An act to add Section 1316.1 to the Health and Safety Code, relating to health facilities.

LEGISLATIVE COUNSEL’S DIGEST


Existing law provides for the licensure and regulation of health facilities by the State Department of Public Health. A violation of the provisions governing health facilities constitutes a misdemeanor. Existing law requires specified health facilities to employ a dietitian and requires health facilities owned and operated by the state offering care within the scope of practice of a psychologist to establish rules and medical staff bylaws that include provisions for medical staff membership and clinical privileges for clinical psychologists, as specified.

This bill would prohibit a health facility, as defined, from employing a surgical technologist or contracting with an individual to practice surgical technology at the facility, unless the individual possesses specified training and certification or was practicing surgical technology at a health facility at any time between January 1, 2013, and prior to January 1, 2015, inclusive. The bill would exempt a facility from this requirement if the facility documents its inability to recruit a sufficient number of individuals that meet the bill’s requirements of this act, and would require that certain individuals complete continuing education.
in surgical technology annually, as specified. The bill would specify that a violation of these requirements is not a crime.


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

SECTION 1. The Legislature finds and declares the following:
(a) Surgical technologists are co-responsible for the environmental disinfection, safety, and efficiency of the operating room, and their knowledge and experience with aseptic surgical techniques qualifies them for a role of importance in the surgical suite.
(b) The surgical technology profession has grown to meet the continuing demand for well-educated, highly skilled, and versatile individuals to work with physicians and surgeons and other skilled professionals to deliver the highest possible level of patient care.
(c) As surgical site infections have been found to be the second most common hospital-acquired infections in the United States, a key purpose of this act is to encourage the education, training, and utilization of surgical technologists in California, given their role in surgical settings in order to take specific steps to prevent surgical site infections.

SEC. 2. Section 1316.1 is added to the Health and Safety Code, to read:
1316.1. (a) A health facility shall not employ a surgical technologist or otherwise contract with an individual to practice surgical technology at the facility, unless the individual meets either of the following requirements:
(A) Has successfully completed a nationally accredited educational program for surgical technologists or a training program for surgical technology provided by the United States Army, Navy, Air Force, Marine Corps, Coast Guard, or Public Health Service.
(B) Holds and maintains certification as a surgical technologist by the National Board of Surgical Technology and Surgical Assisting or its successor, or another nationally accredited surgical technologist credentialing organization from the National Center for Competency Testing or its successor.
(2) Provides evidence that the individual was employed to practice surgical technology in a health facility at any time between January 1, 2013, and prior to January 1, 2015, inclusive.

(b) For purposes of paragraph (2) of subdivision (a), a health facility that employs or contracts with surgical technologists shall, upon request of another health facility pursuant to this section, or upon request of a surgical technologist who is employed by, or has contracted with, or who was formerly employed by or had contracted with, the health facility to perform surgical technology tasks, verify the dates of employment of, or a contract with, the surgical technologist.

(c) Notwithstanding subdivision (a), both of the following shall apply:

(1) A health facility may employ a surgical technologist or contract with an individual to practice surgical technology at the facility during the 12-month period immediately following the individual’s successful completion of an educational or training program for surgical technology described in subparagraph (A) of paragraph (1) of subdivision (a). The employment or contract shall cease at the end of that 12-month period unless the individual satisfies subparagraph (B) of paragraph (1) of subdivision (a).

(2) A health facility may employ a surgical technologist or otherwise contract with an individual to practice surgical technology at the facility who does not meet the requirements of subdivision (a) or paragraph (1) if both of the following requirements are satisfied:

(A) After a diligent and thorough effort has been made, the health facility is unable to employ or contract with a sufficient number of surgical technologists who meet the requirements of subdivision (a) or paragraph (1).

(B) The health facility makes a written record of the efforts described in subparagraph (A) and retains that record at the facility.

(e) An individual employed or under contract pursuant to paragraph (2) of subdivision (a) or paragraph (2) of subdivision (b) shall annually complete at least 15 hours of continuing education pertinent to the practice of surgical technology. The facility shall verify that the individual has satisfied this requirement.
(d) This section shall not be construed to prohibit a licensed health care practitioner from performing tasks that fall within the practice of surgical technology if the individual is acting within the scope of practice of his or her license.

(e) A violation of this section shall not be subject to Section 1290.

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

1. “Health facility” means any health facility that is defined pursuant to Section 1204 or 1250, and includes any outpatient setting described in Section 1248.

2. “Health care practitioner” means a person who engages in acts that are the subject of licensure or regulation under Division 2 (commencing with Section 500) of the Business and Professions Code or under any initiative act referred to in that division.

3. “Surgical technologist” means an individual who practices surgical technology.

4. “Surgical technology” means intraoperative surgical patient care as follows:

   A. At the direction of, or subject to supervision by, a physician and surgeon, or registered nurse, preparing the operating room for surgical procedures by ensuring that surgical equipment is functioning properly and safely.

   B. At the direction of, or subject to supervision by, a physician and surgeon, or registered nurse, preparing the operating room and the sterile field for surgical procedures by preparing sterile supplies, instruments, and equipment using sterile technique.

   C. Anticipating the needs of the surgical team based on knowledge of human anatomy and pathophysiology and how they relate to the surgical patient and the patient’s surgical procedure.

   D. As directed in an operating room setting, performing the following tasks at the sterile field:

      i. Passing supplies, equipment, or instruments.

      ii. Sponging or suctioning an operative site.

      iii. Preparing and cutting suture material.

      iv. Transferring and pouring irrigation fluids.
(v) Transferring but not administering drugs within the sterile field.
(vi) Handling specimens.
(vii) Holding retractors and other instruments.
(viii) Applying electrocautery to clamps on bleeders.
(ix) Connecting drains to suction apparatus.
(x) Applying dressings to closed wounds.
(xi) Assisting in counting sponges, needles, supplies, and instruments with the registered nurse circulator.
(xii) Cleaning and preparing instruments for sterilization on completion of the surgery.
(xiii) Assisting the surgical team with cleaning of the operating room on completion of the surgery.
AUTHOR: Ting

BILL NUMBER: AB 2102

SPONSOR: California Pan-Ethnic Health Network
Latino Coalition for a Healthy California

BILL STATUS: Committee on Appropriations

SUBJECT: Licensees: data collection

DATE LAST AMENDED: April 24, 2014

SUMMARY:
Existing law requires the Board of Registered Nursing, the Physician Assistant Board, the Respiratory Care Board of California, and Board of Vocational Nursing and Psychiatric Technicians of the State of California to regulate and oversee the practice the healing arts within their respective jurisdictions.

ANALYSIS:
This bill would require these boards to annually collect and report specific demographic data relating to its licensees to Office of Statewide Health Planning and Development.

Amended analysis as of 3/28:
This bill adds “gender” as one of the data items to be collected.

Amended analysis as of 4/24:
This bill would require these boards to collect and report specific demographic data relating to its licensees, subject to a licensee’s discretion to report his or her race or ethnicity, to Office of Statewide Health Planning and Development. The bill would require the Board of Registered Nursing to collect this data at least biennially, and would require those other boards to collect this data at the time of issuing an initial license or a renewal license.

BOARD POSITION: Watch (April 3, 2014)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Not previously considered.

SUPPORT:
California Pan-Ethnic Health Network (sponsor)
Latino Coalition for a Healthy California (sponsor)
ACLU of California
Asian & Pacific Islander American Health Forum
Asian Pacific Policy & Planning Council
Borrego Community Health Foundation
Greenlining Institute
Having Our Say
Worksite Wellness LA

OPPOSE: None on file.
An act to amend Section 2717 of, and to add Sections 2852.5, 3518.1, 3770.1, and 4506 to, the Business and Professional Code, relating to healing arts.

Legislative Counsel’s Digest

AB 2102, as amended, Ting. Licensees: data collection. Existing law requires the Board of Registered Nursing, the Physician Assistant Board, the Respiratory Care Board of California, and Board of Vocational Nursing and Psychiatric Technicians of the State of California to regulate and oversee the practice of the healing arts within their respective jurisdictions.

This bill would require these boards to annually collect and report specific demographic data relating to its licensees, subject to a licensee’s discretion to report his or her race or ethnicity, to Office of Statewide Health Planning and Development. The bill would require the Board of Registered Nursing to collect this data at least biennially, and would require those other boards to collect this data at the time of issuing an initial license or a renewal license.

This bill would also delete obsolete provisions.

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

SECTION 1. The Legislature finds and declares the following:

(a) The Office of Statewide Health Planning and Development prepares an annual report to the Legislature on the gaps in the health care workforce in California.

(b) The Employment Development Department’s Labor Market Information Division and state licensing boards share data with the Office of Statewide Health Planning and Development.

(c) All regulatory boards collect information about their licensees through the licensing process.

(d) California’s regulated health professions collect information that is often limited and not always regularly updated.

(e) The information collected is inconsistent among the various regulatory agencies using different definitions and categories.

(f) The collection of demographic data on certain allied health professions will allow for the consistent determination of geographic areas in the state where there are shortages of health care workers with cultural and linguistic competency.

SEC. 2. Section 2717 of the Business and Professions Code is amended to read:

2717. (a) The board shall collect and analyze workforce data from its licensees for future workforce planning. The board may collect the data at the time of license renewal or from a scientifically selected random sample of its licensees. The board shall produce reports on the workforce data it collects, at a minimum, on a biennial basis. The board shall maintain the confidentiality of the information it receives from licensees under this section and shall only release information in an aggregate form that cannot be used to identify an individual. The workforce data collected by the board shall include, at a minimum, employment information such as hours of work, number of positions held, time spent in direct patient care, clinical practice area, type of employer, and work location. The data shall also include future work intentions, reasons for leaving or reentering nursing, job satisfaction ratings, and demographic data.

(b) Aggregate information collected pursuant to this section shall be placed on the board’s Internet Web site.
(c) (1) Notwithstanding subdivision (a), the board shall annually collect, at least biennially, all of the following data on nurses licensed under this chapter:

(A) Location of practice.

(B) Race or ethnicity, subject to paragraph (3).

(C) Gender.

(D) Languages spoken.

(E) Educational background.

(2) The board shall annually provide the data collected pursuant to paragraph (1) to the Office of Statewide Health Planning and Development in a manner directed by the office that allows for inclusion of the data into the annual report required by Section 128052 of the Health and Safety Code.

(3) A licensee may, but is not required to, report his or her race or ethnicity to the board.

SEC. 3. Section 2852.5 is added to the Business and Professions Code, to read:

2852.5. (a) The board shall annually collect, at the time of issuing an initial license or a renewal license, all of the following data on vocational nurses licensed under this chapter:

(1) Location of practice.

(2) Race or ethnicity, subject to subdivision (c).

(3) Gender.

(4) Languages spoken.

(5) Educational background.

(b) The board shall annually provide the data collected pursuant to subdivision (a) to the Office of Statewide Health Planning and Development in a manner directed by the office that allows for inclusion of the data into the annual report required by Section 128052 of the Health and Safety Code.

(c) A licensee may, but is not required to, report his or her race or ethnicity to the board.

SEC. 4. Section 3518.1 is added to the Business and Professions Code, to read:

3518.1. (a) The board shall annually collect, at the time of issuing an initial license or a renewal license, all of the following data on physician assistants licensed under this chapter:

(1) Location of practice.

(2) Race or ethnicity, subject to subdivision (c).

(3) Gender.
(4) Languages spoken.
(5) Educational background.

(b) The board shall annually provide the data collected pursuant to subdivision (a) to the Office of Statewide Health Planning and Development in a manner directed by the office that allows for inclusion of the data into the annual report required by Section 128052 of the Health and Safety Code.

(c) A licensee may, but is not required to, report his or her race or ethnicity to the board.

SEC. 5. Section 3770.1 is added to the Business and Professions Code, to read:

3770.1. (a) The board shall annually collect, at the time of issuing an initial license or a renewal license, all of the following data on respiratory therapists licensed under this chapter:

(1) Location of practice.
(2) Race or ethnicity, subject to subdivision (c).
(3) Gender.
(4) Languages spoken.
(5) Educational background.

(b) The board shall annually provide the data collected pursuant to subdivision (a) to the Office of Statewide Health Planning and Development in a manner directed by the office that allows for inclusion of the data into the annual report required by Section 128052 of the Health and Safety Code.

(c) A licensee may, but is not required to, report his or her race or ethnicity to the board.

SEC. 6. Section 4506 is added to the Business and Professions Code, to read:

4506. (a) The board shall annually collect, at the time of issuing an initial license or a renewal license, all of the following data on psychiatric technicians licensed under this chapter:

(1) Location of practice.
(2) Race or ethnicity, subject to subdivision (c).
(3) Gender.
(4) Languages spoken.
(5) Educational background.

(b) The board shall annually provide the data collected pursuant to subdivision (a) to the Office of Statewide Health Planning and Development in a manner directed by the office that allows for
inclusion of the data into the annual report required by Section 128052 of the Health and Safety Code.

(c) A licensee may, but is not required to, report his or her race or ethnicity to the board.
AUTHOR: Yamada
BILL NUMBER: AB 2144
SPONSOR: Yamada
BILL STATUS: Committee on Appropriations
SUBJECT: Staff-to-patient ratios
DATE LAST AMENDED: April 10, 2014

SUMMARY:
Existing law provides for the licensure and regulation of health facilities, including acute psychiatric hospitals, by the State Department of Public Health. A violation of those provisions is a crime.

ANALYSIS:
This bill would require the department to adopt regulations by January 1, 2016, that establish minimum, specific, and numerical licensed nursing staff-to-patient ratios by licensing classification and minimum, specific, and numerical ancillary staff-to-patient ratios for acute psychiatric hospitals, as prescribed.

Amended analysis as of 4/10:
This bill requires that, by January 1, 2016, the State Department of Public Health adopt regulations that establish minimum, specific, and numerical licensed nursing staff-to-patient ratios by licensed nursing classifications and ancillary staff-to-patient ratios for all health facilities licensed pursuant to Section 1250 that are operated by the State Department of State Hospitals.

BOARD POSITION: Support (April 3, 2014)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Not previously considered.

SUPPORT:
American Federation of State, County and Municipal Employees,
AFL-CIO
California Association of Psychiatric Technicians
National Association of Social Workers, California Chapter
Service Employees International Union Local 1000
Union of American Physicians and Dentists/AFSCME-Local 206

OPPOSE: None on file.
 Introduced by Assembly Member Yamada

February 20, 2014

An act to add Section 1276.45 to the Health and Safety Code, relating to health facilities.

LEGISLATIVE COUNSEL’S DIGEST

AB 2144, as amended, Yamada. Staff-to-patient ratios.

Existing law provides for the licensure and regulation of health facilities, including acute psychiatric hospitals, by the State Department of Public Health. A violation of those provisions is a crime. Existing law establishes the State Department of State Hospitals and sets forth its powers and duties relating to the administration of state hospitals.

This bill would require the department State Department of Public Health to adopt regulations by January 1, 2016, that establish minimum, specific, and numerical licensed nursing staff-to-patient ratios by licensing classification and minimum, specific, and numerical ancillary staff-to-patient ratios for acute psychiatric hospitals, health facilities that are operated by the State Department of State Hospitals, as prescribed. By expanding the scope of a crime, the bill would impose a state-mandated local program.

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

This bill would provide that no reimbursement is required by this act for a specified reason.
The people of the State of California do enact as follows:

SECTION 1. Section 1276.45 is added to the Health and Safety Code, immediately following Section 1276.4, to read:

1276.45. (a) By January 1, 2016, the State Department of Public Health shall adopt regulations that establish minimum, specific, and numerical licensed nursing staff-to-patient ratios by licensed nursing classification and minimum, specific, and numerical ancillary staff-to-patient ratios for all health facilities licensed pursuant to subdivision (b) of Section 1250. The regulations shall be adopted in a manner consistent with the requirements of Section 1250 that are operated by the State Department of State Hospitals.

(1) Administrative, supervisory, and non-unit-based staff shall not be included when calculating staff-to-patient ratios. Ratios shall be calculated on a unit-by-unit basis. Averaged figures across units shall not be used in determining staff-to-patient ratios.

(2) Under no circumstances shall the minimum, specific, and numerical licensed nursing staff-to-patient ratios by licensed nursing staff classification or ancillary staff-to-patient ratios be below the following standards for safe staffing and effective psychiatric care purposes:

(A) For long-term units, the ratio for each of the four ancillary staff classifications described in paragraph (1) of subdivision (g) shall be not less than one ancillary staff person for each 25 residents. Nursing staff-to-patient ratios for these units shall be not less than one licensed nurse or psychiatric technician for each six residents during day and evening shifts, and not less than one licensed nurse or psychiatric technician for each 12 residents during overnight shifts.

(B) For admissions units, the ratio for each of the four ancillary staff classifications described in paragraph (1) of subdivision (g) shall be not less than one ancillary staff person for each 15 residents. Nursing staff ratios for these units shall be not less than one licensed nurse or psychiatric technician for each six residents during day and evening shifts and not less than one licensed nurse or psychiatric technician for each 12 residents during overnight shifts.
(C) For units that have severely aggressive or severely self-injurious patients, including, but not limited to, enhanced treatment units and units that practice dialectical behavioral therapy, the ratio for each of the four ancillary staff classifications described in paragraph (1) of subdivision (g) shall not be less than one ancillary staff person for each 12 residents. Nursing staff ratios for these units shall be not less than one licensed nurse or psychiatric technician for each six residents during day and evening shifts and not less than one licensed nurse or psychiatric technician for each 12 residents during overnight shifts.

(b) The department shall review these regulations five years after adoption and shall report to the Legislature regarding any proposed changes.

(c) These ratios shall constitute the minimum number of staff that shall be allocated. Additional staff shall be assigned in accordance with a documented patient classification system for determining nursing care requirements, including the severity of the illness, the need for specialized equipment and technology, the complexity of clinical judgment needed to design, implement, and evaluate the patient care plan and the ability for self-care, and the licensure of the personnel required for care.

(d) The department may grant a waiver to this section if the waiver does not jeopardize the health, safety, and well-being of patients and staff affected and is needed for increased operational efficiency.

(e) In case of a conflict between this section and any provision or regulation implementing that provision defining the scope of practice for nursing staff or ancillary staff, the scope of practice provisions shall control.

(f) The regulations adopted by the department pursuant to this section shall augment and not replace existing nurse-to-patient ratios that exist in law and regulation.

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

1. “Ancillary staff” means rehabilitation therapists, licensed social workers, psychologists, and psychiatrists.

2. “Nursing staff” means registered nurses and licensed psychiatric technicians.

SEC. 2. No reimbursement is required by this act pursuant to Section 6 of Article XIII-B of the California Constitution because
the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.
SUMMARY:
Under existing law, boards within the Department of Consumer Affairs license and regulate persons practicing various healing arts, professions, vocations, and businesses. Existing law requires these boards to establish eligibility and application requirements, including examinations, to license, certificate, or register each applicant who successfully satisfies applicable requirements.

ANALYSIS:
This bill would require each board to complete within 45 days the application review process with respect to each person who has filed with the board an application for issuance of a license, and to issue, within that 45 days, a license to an applicant who successfully satisfied all licensure requirements.

The bill also requires each board to offer each examination the board provides for the applicant’s passage of which is required for licensure, a minimum of 6 times per year.

Amended analysis as of 4/10:
This bill clarifies that an applicant has satisfied all of the requirements for licensure under the applicable licensing act only if all of the documents required by the licensing board for licensure have been submitted to the board, regardless of whether those documents are to be submitted by the applicant with his or her application or separately by any other person or entity, such as for purposes of, among other things, verification of completion of the applicant’s coursework, training, or clinical experience, if required under the applicable licensing act.

This bill would allow a person who has satisfied the educational requirements of the licensing act, such as graduation from a state-approved or state-accredited school of which graduation is required by the applicable licensing act, to immediately apply for and take the professional examination required for licensure regardless of whether his or her application for licensure is then pending with the board for which he or she seeks licensure.

BOARD POSITION: Oppose (4/3/14)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Not previously considered.
SUPPORT:

OPPOSE:
An act to add Section 101.8 to the Business and Professions Code, relating to licensing professions and vocations.

LEGISLATIVE COUNSEL’S DIGEST

AB 2165, as amended, Patterson. Professions and vocations: licenses. Under existing law, boards within the Department of Consumer Affairs license and regulate persons practicing various healing arts, professions, vocations, and businesses. Existing law requires these boards to establish eligibility and application requirements, including examinations, to license, certificate, or register each applicant who successfully satisfies applicable requirements.

This bill would require each board, as defined, to complete within 45 days the application review process with respect to each person who has filed with the board an application for issuance of a license, and to issue, within those 45 days, a license to an applicant who has successfully satisfied all licensure requirements, as specified. The bill would also require each board to offer each examination the board provides for the applicant’s passage of which is required for licensure, a minimum of 6 times per year, unless the board uses a national examination. The bill would also authorize a person who has satisfied the educational requirements of the licensing act of which he or she seeks licensure to immediately apply for and take the professional examination required for licensure regardless of whether his or her
application for licensure is then pending with the board for which he or she seeks licensure.


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

SECTION 1. Section 101.8 is added to the Business and Professions Code, to read:

101.8. (a) Notwithstanding any other law, every board, as defined in Section 22, within 45 days following the filing date of an application with the board for issuance of a license, as defined in Section 23.7, to engage in the business or profession regulated by that board, the board shall do both of the following:

1. Complete the application review process.
2. If the applicant has satisfied all of the requirements for licensure under the applicable licensing act, issue the applicant the applicable license.

(b) For purposes of paragraph (2) of subdivision (a), an applicant has satisfied all of the requirements for licensure under the applicable licensing act only if all of the documents required by the licensing board for licensure have been submitted to the board, regardless of whether those documents are to be submitted by the applicant with his or her application or separately by any other person or entity, such as for purposes of, among other things, verification of completion of the applicant’s coursework, training, or clinical experience, if required under the applicable licensing act.

(c) Every board that offers an examination that an applicant is required to complete successfully for licensure, shall offer that examination a minimum of six times per year, unless the board uses a national examination.

(d) Notwithstanding any other law, a person who has satisfied the educational requirements of the licensing act of which he or she seeks licensure, such as graduation from a state-approved or state-accredited school of which graduation is required by the applicable licensing act, may immediately apply for and take the professional examination required for licensure, regardless of
whether his or her application for licensure is then pending with
the board for which he or she seeks licensure.
SUMMARY:
The author introduced this bill with another subject. It was amended on April 7 to now apply to licensure by the Board of Registered Nursing.

Under the Nursing Practice Act, the Board of Registered Nursing licenses and regulates registered nurses. Existing law requires an applicant for licensure as a registered nurse to comply with certain requirements, including successful completion of the courses of instruction prescribed by the board in a program in this state accredited by the board for training registered nurses, or successful completion of courses of instruction in a school of nursing outside of this state, if, in the opinion of the board, the courses of instruction are equivalent to the minimum requirements of the board for licensure in this state. Existing law authorizes the board to issue a license without examination by endorsement to any applicant who is licensed or registered as a nurse in any other state, district, or territory of the United States or Canada, if specified requirements are met, including the requirement that the applicant have successfully completed an equivalent course of instruction as an applicant in this state.

ANALYSIS:
This bill would require the Board of Registered Nursing to adopt specific criteria for determining the equivalency of course of instruction when assessing the qualifications of an out-of-state applicant who is filing for licensure by endorsement. In adopting that criteria, the bill would require the board to place an emphasis on licensed clinical experience.

BOARD POSITION: Not previously considered

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Not previously considered.

SUPPORT:
Association of California Healthcare Districts
Excelsior College
Three individuals

OPPOSE:
California Nurses Association
American Nurses Association/California
An act to amend Section 2842 of the Business and Professions Code, relating to vocational nursing.

LEGISLATIVE COUNSEL’S DIGEST

AB 2183, as amended, Bocanegra. Vocational nursing—Nursing. Under the Nursing Practice Act, the Board of Registered Nursing licenses and regulates registered nurses. Existing law requires an applicant for licensure as a registered nurse to comply with certain requirements, including successful completion of the courses of instruction prescribed by the board in a program in this state accredited by the board for training registered nurses, or successful completion of courses of instruction in a school of nursing outside of this state, if, in the opinion of the board, the courses of instruction are equivalent to the minimum requirements of the board for licensure in this state. Existing law authorizes the board to issue a license without examination by endorsement to any applicant who is licensed or registered as a nurse in any other state, district, or territory of the United States or Canada, if specified requirements are met, including the requirement that the applicant have successfully completed an equivalent course of instruction as an applicant in this state.

This bill would require the Board of Registered Nursing to adopt specific criteria for determining the equivalency of course of instruction when assessing the qualifications of an out-of-state applicant who is filing for licensure by endorsement. In adopting that criteria, the bill
would require the board to place an emphasis on licensed clinical experience.

Under the Vocational Nursing Practice Act, the Board of Vocational Nursing and Psychiatric Technicians licenses and regulates vocational nurses and psychiatric technicians. The act requires the board to prepare and maintain a list of approved schools of vocational nursing in this state. The act specifies requirements for board members, including that one member be a licensed vocational nurse or registered nurse having at least 5 years' experience as a teacher or administrator in an accredited school of vocational nursing.

This bill would, instead, require that one member have that teaching experience at a board-approved school.


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

SECTION 1. Section 2736 of the Business and Professions Code is amended to read:

2736. (a) An applicant for licensure as a registered nurse shall comply with each of the following:

1. Have completed such general preliminary education requirements as shall be determined by the board.

2. Have successfully completed the courses of instruction prescribed by the board for licensure, in a program in this state accredited by the board for training registered nurses, or have successfully completed courses of instruction in a school of nursing outside of this state which, in the opinion of the board at the time the application is filed with the Board of Registered Nursing board, are equivalent to the minimum requirements of the board for licensure established for an accredited program in this state. The board shall adopt specific criteria for determining the equivalency of course instruction when assessing the qualifications of an applicant who is already licensed or registered as a nurse outside of this state and who is filing for licensure by endorsement pursuant to subdivision (b) of Section 2732.1. In adopting that criteria, the board shall place primary emphasis on applicants who possess licensed clinical experience.

3. Not be subject to denial of licensure under Section 480.
(b) An applicant who has received his or her training from a school of nursing in a country outside the United States and who has complied with the provisions of subdivision (a), or has completed training equivalent to that required by subdivision (a), shall qualify for licensure by successfully passing the examination prescribed by the board.

SECTION 1. Section 2842 of the Business and Professions Code is amended to read:

2842. (a) Each member of the board shall be a citizen of the United States and a resident of the State of California. The board shall have the following composition:

(1) Two members shall be duly licensed vocational nurses who have been licensed for a period of not less than three years prior to appointment.

(2) Two members shall be licensed psychiatric technicians, each of whom shall have had not less than five years’ experience in a psychiatric hospital, or in a psychiatric unit of a hospital licensed by the State Department of Health Services, or a private institution licensed by the State Department of Health Services.

(3) One member shall be a licensed vocational nurse or registered nurse who shall have had not less than five years’ experience as a teacher or administrator in a board-approved school of vocational nursing.

(4) Six members shall be public members who are not licentiates of the board or any other board under this division or of any board referred to in Sections 1000 and 3600.

(b) No person may serve as a member of the board for more than two consecutive terms.

(c) Per diem and expenses of members of the board who are licensed psychiatric technicians shall be paid solely from revenues received pursuant to Chapter 10 (commencing with Section 4500) of Division 2.
BILL ANALYSIS

AUTHOR: Levine  BILL NUMBER: AB 2198
SPONSOR: Levine  BILL STATUS: Committee on Business, Professions and Consumer Protection

SUBJECT: Mental health professionals: suicide prevention training  DATE LAST AMENDED: April 21, 2014

SUMMARY:
Existing law provides for the licensure and regulation of various professionals who provide mental health-related services, including psychologists, marriage and family therapists, educational psychologists, and clinical social workers. Under existing law, an applicant for licensure in these professions is required to complete certain coursework or training in order to be eligible for a license. Existing law also requires these professionals to participate in continuing education as a prerequisite for renewing their license.

ANALYSIS:
This bill would require a mental health professional, defined to include, but not be limited to, certain types of professionals, to complete a training program in suicide assessment, treatment, and management that is administered by the relevant board or other state entity responsible for the licensure and regulation of the mental health professional. The bill would require the Department of Consumer Affairs to conduct a study evaluating the effect of evidence-based suicide assessment, treatment, and management training on the ability of licensed health care professionals to identify, refer, treat, and manage patients with suicidal ideation, and would require the department, no later than January 1, 2016, to prepare and submit to the Legislature report summarizing the findings of that study.

Amended analysis as of 4/21:
This bill would require that professionals with only the five listed types of licenses who began graduate study on or after January 1, 2016, to complete a minimum of 15 contact hours of coursework in suicide assessment, treatment, and management before he or she may be issued a license. The bill would also require, commencing January 1, 2016, a person licensed in these professions who began graduate study prior to January 1, 2016, to take a six-hour continuing education course in suicide assessment, treatment, and management in order to renew his or her license.

BOARD POSITION: Watch (April 3, 2014)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Not previously considered.

SUPPORT:  OPPOSE:
ASSEMBLY BILL No. 2198

Introduced by Assembly Member Levine
(Principal coauthor: Senator Hill)

February 20, 2014

An act to add Chapter 17 (commencing with Section 4999.150) to Division 2 of Sections 2915.3, 2915.4, 4980.393, 4980.394, 4989.21, 4989.35, 4996.27, 4996.275, 4999.37, and 4999.77 to the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL’S DIGEST

AB 2198, as amended, Levine. Mental health professionals: suicide prevention training.
Existing law provides for the licensure and regulation of various professionals who provide mental health-related services, including psychologists, marriage and family therapists, educational psychologists, professional clinical counselors, and clinical social workers. Under existing law, an applicant for licensure in these professions is required to complete certain coursework or training in order to be eligible for a license. Existing law also requires these professionals to participate in continuing education as a prerequisite for renewing their license.

This bill would require a mental health professional, defined to include, but not be limited to, certain types of professionals, to complete a training program in suicide assessment, treatment, and management that is administered by the relevant board or other state entity responsible for the licensure and regulation of the mental health professional. The bill would require the Department of Consumer Affairs to conduct a study evaluating the effect of evidence-based suicide assessment,
treatment, and management training on the ability of licensed health care professionals to identify, refer, treat, and manage patients with suicidal ideation, and would require the department, no later than January 1, 2016, to prepare and submit to the Legislature report summarizing the findings of that study.

This bill would require a psychologist, marriage and family therapist, educational psychologist, professional clinical counselor, and clinical social worker who began graduate study on or after January 1, 2016, to complete a minimum of 15 contact hours of coursework in suicide assessment, treatment, and management before he or she may be issued a license. The bill would also require, commencing January 1, 2016, a person licensed in these professions who began graduate study prior to January 1, 2016, to take a six-hour continuing education course in suicide assessment, treatment, and management in order to renew his or her license.


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

SECTION 1. Section 2915.3 is added to the Business and Professions Code, to read:

2915.3. (a) Any applicant for licensure as a psychologist who began graduate study on or after January 1, 2016, shall complete, as a condition of licensure, a minimum of 15 contact hours of coursework in suicide assessment, treatment, and management.

(b) The board shall not issue a license to the applicant until the applicant has met the requirements of this section.

SEC. 2. Section 2915.4 is added to the Business and Professions Code, to read:

2915.4. (a) A licensee who began graduate study prior to January 1, 2016, shall complete a six-hour continuing education course in best practices for suicide assessment, treatment, and management during his or her first renewal period after the operative date of this section, and shall submit to the board evidence acceptable to the board of the person's satisfactory completion of that course.

(b) The board shall not issue a license to the applicant until the applicant has met the requirements of this section.
(c) Continuing education courses taken pursuant to this section shall be applied to the 36 hours of approved continuing education required by Section 2915.

(d) This section shall become operative on January 1, 2016.

SEC. 3. Section 4980.393 is added to the Business and Professions Code, immediately following Section 4980.39, to read:

4980.393. (a) An applicant for licensure who began graduate study on or after January 1, 2016, and whose education qualifies him or her under Section 4980.36 or 4980.37 shall complete, as a condition of licensure, a minimum of 15 contact hours of coursework in suicide assessment, treatment, and management.

SEC. 4. Section 4980.394 is added to the Business and Professions Code, to read:

4980.394. (a) A licensee who began graduate study before January 1, 2016, shall complete a six-hour continuing education course in best practices for suicide assessment, treatment, and management, during his or her first renewal period after the operative date of this section and shall submit to the board evidence, acceptable to the board, of the person’s satisfactory completion of the course.

(b) Continuing education courses taken pursuant to this section shall be applied to the 36 hours of approved continuing education required by Section 4980.54.

(c) This section shall become operative on January 1, 2016.

SEC. 5. Section 4989.21 is added to the Business and Professions Code, to read:

4989.21. (a) Any applicant for licensure as an educational psychologist who began graduate study on or after January 1, 2016, shall complete, as a condition of licensure, a minimum of 15 contact hours of coursework in suicide assessment, treatment, and management.

(b) The board shall not issue a license to the applicant until the applicant has met the requirements of this section.

SEC. 6. Section 4989.35 is added to the Business and Professions Code, to read:

4989.35. (a) A licensee who began graduate study before January 1, 2016, shall complete a six-hour continuing education course in best practices for suicide assessment, treatment, and management, during his or her first renewal period after the operative date of this section and shall submit to the board
evidence, acceptable to the board, of the person’s satisfactory completion of the course.

(b) Continuing education courses taken pursuant to this section shall be applied to the 36 hours of approved continuing education required by Section 4989.34.

(c) This section shall become operative on January 1, 2016.

SEC. 7. Section 4996.27 is added to the Business and Professions Code, immediately following Section 4996.26, to read:

4996.27. (a) Any applicant for licensure as a licensed clinical social worker who began graduate study on or after January 1, 2016, shall complete, as a condition of licensure, a minimum of 15 contact hours of coursework in suicide assessment, treatment, and management.

(b) The board shall not issue a license to the applicant until the applicant has met the requirements of this section.

SEC. 8. Section 4996.275 is added to the Business and Professions Code, immediately following Section 4996.27, to read:

4996.275. (a) A licensee who began graduate study prior to January 1, 2016, shall complete a six-hour continuing education course in best practices for suicide assessment, treatment, and management, during his or her first renewal period after the operative date of this section, and shall submit to the board evidence, acceptable to the board, of the person’s satisfactory completion of the course.

(b) Continuing education courses taken pursuant to this section shall be applied to the 36 hours of approved continuing education required in Section 4996.22.

(c) This section shall become operative on January 1, 2016.

SEC. 9. Section 4999.37 is added to the Business and Professions Code, to read:

4999.37. An applicant for examination eligibility or registration who began graduate study on or after January 1, 2016, and whose education qualifies him or her under Section 4999.32 or 4999.33 shall complete, as a condition of licensure, a minimum of 15 contact hours of coursework in suicide assessment, treatment, and management.

SEC. 10. Section 4999.77 is added to the Business and Professions Code, to read:

4999.77. (a) A licensee who began graduate study prior to January 1, 2016, shall complete a six-hour continuing education
course in best practices for suicide assessment, treatment, and management, during his or her first renewal period after the operative date of this section, and shall submit to the board evidence, acceptable to the board, of the person’s satisfactory completion of the course.

(b) Continuing education courses taken pursuant to this section shall be applied to the 36 hours of approved continuing education required in Section 4999.76.

(c) This section shall become operative on January 1, 2016.

SECTION 1. Chapter 17 (commencing with Section 4999.150) is added to Division 2 of the Business and Professions Code, to read:

Chapter 17. Mental Health Professional Suicide Prevention Training

4999.150. The Legislature finds and declares all of the following:

(a) According to the federal Centers for Disease Control and Prevention:

(1) In 2008, more than 36,000 people died by suicide in the United States, making it the 10th leading cause of death nationally.

(2) During 2007 to 2008, inclusive, an estimated 569,000 people visited hospital emergency departments with self-inflicted injuries in the United States, 70 percent of whom had attempted suicide.

(b) According to a national study, veterans face an elevated risk of suicide as compared to the general population, more than twice the risk among male veterans. Another study has indicated a positive correlation between posttraumatic stress disorder and suicide.

(c) Research continues on how the effects of wartime service and injuries such as traumatic brain injury, posttraumatic stress disorder, or other service related conditions, may increase the number of veterans who attempt suicide.

(d) As more men and women separate from the military and transition back into civilian life, community mental health providers will become a vital resource to help these veterans and their families deal with issues that may arise.

(e) Suicide has an enormous impact on the family and friends of the victim as well as the community as a whole.
Approximately 90 percent of people who die by suicide had a diagnosable psychiatric disorder at the time of death. Most suicide victims exhibit warning signs or behaviors prior to an attempt.

Improved training and education in suicide assessment, treatment, and management has been recommended by a variety of organizations, including the United States Department of Health and Human Services and the Institute of Medicine.

It is the intent of the Legislature to help lower the suicide rate in this state by requiring certain health professionals to complete training in suicide assessment, treatment, and management as part of their continuing education, continuing competency, or recertification requirements.

The Legislature does not intend to expand or limit the existing scope of practice of any health professional affected by this chapter.

As used in this chapter, “mental health professional” includes, but is not limited to, all of the following:

(a) A psychologist.
(b) A marriage and family therapist.
(c) A clinical social worker.

Commencing January 1, 2015, a mental health professional subject to this chapter shall complete a training program in suicide assessment, treatment, and management as prescribed by this chapter and administered by the relevant board or other state entity responsible for the licensure and regulation of the mental health professional.

The Department of Consumer Affairs shall conduct a study evaluating the effect of evidence-based suicide assessment, treatment, and management training on the ability of licensed health care professionals to identify, refer, treat, and manage patients with suicidal ideation.

The Department of Consumer Affairs shall prepare and submit to the Legislature, no later than January 1, 2016, a report summarizing the findings of the study pursuant to subdivision (a). The report shall be submitted in compliance with Section 9795 of the Government Code.

This section shall remain in effect only until January 1, 2019, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2019, deletes or extends that date.
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**SUMMARY:**
Under existing law, there are 4 segments of postsecondary education in this state. These segments include the three public segments: the University of California, the California State University, and the California Community Colleges. Private postsecondary educational institutions and independent institutions of higher education constitute the other segment.

**ANALYSIS:**
This bill would require each campus or other unit of the segments listed above that receives public funding through state or federal financial aid programs, is accredited by an accrediting agency recognized by the United States Department of Education, and offers education and training programs to California students to make final accreditation documents available to the public via the institution’s Internet Web site.

**Amended analysis as of 4/24:**
This bill would limit the requirement for making accreditation documents available via the institution’s Web site to only the institution’s institutional accreditation documents. This bill would define “Institutional accreditation documents” to be the institution’s *institutional* accreditation self-study report, the *institutional* accreditation visiting team’s final report, and the accreditation agency’s final action letter. This bill would require that the institution display the documents in a prominent location on the institution’s Internet Web site, with a link to these documents on the institutional Web site homepage.

**BOARD POSITION:** Watch (April 3, 2014)

**LEGISLATIVE COMMITTEE RECOMMENDED POSITION:** Not previously considered.

**SUPPORT:**
California Competes
Center for Public Interest Law (CPIL) at the University of San Diego School of Law
Children’s Advocacy Institute (CAI) at the University of San Diego School of Law
Public Advocates
The Institute for College Access and Success (TICAS)

**OPPOSE:** None on file
An act to add Section 66014.8 to the Education Code, relating to postsecondary education.

LEGISLATIVE COUNSEL'S DIGEST


Under existing law, there are 4 segments of postsecondary education in this state. These segments include the three public segments: the University of California, the California State University, and the California Community Colleges. Private postsecondary educational institutions and independent institutions of higher education constitute the other segment.

This bill would require each campus or other unit of the segments listed above that receives public funding through state or federal financial aid programs, is institutionally accredited by an accrediting agency recognized by the United States Department of Education, and offers education and training programs to California students to make final institutional accreditation documents available to the public via the institution’s Internet Web site, as specified.

To the extent that this bill would require community college districts to provide this service, the 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.


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

SECTION 1. Section 66014.8 is added to the Education Code, to read:

66014.8. (a) All campuses or other units of any segment of postsecondary education that receive public funding through state or federal financial aid programs, are institutionally accredited by an accrediting agency recognized by the United States Department of Education, and offer education and training programs to California students shall make final institutional accreditation documents available to the public via display in a prominent location on the institution’s Internet Web site, with a link to these documents on the institutional Web site homepage.

(b) For purposes of this section, the following terms have the following meanings:

(1) “Accreditation—Institutional accreditation documents” means the institution’s institutional accreditation self-study report, the institutional accreditation visiting team’s final report, and the institutional accreditation agency’s final action letter.

(2) “Segment of postsecondary education” means the California Community Colleges, the California State University, the University of California, the independent institutions of higher education, as defined in Section 66010, or the private postsecondary educational institutions, as defined in Section 94858.

SEC. 2. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made
pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.
SUMMARY:
Existing law, the Nursing Practice Act, provides for the licensure and regulation of the practice of nursing by the Board of Registered Nursing. Existing law authorizes a nurse practitioner and a certified nurse-midwife to furnish or order drugs or devices under specified circumstances subject to physician and surgeon supervision. Existing law prohibits a physician and surgeon from supervising more than 4 nurse practitioners and certified nurse-midwives at one time for purposes of furnishing drugs or devices. A violation of the Nursing Practice Act is a crime.

ANALYSIS:
This bill would prohibit a physician and surgeon from supervising more than 6 nurse practitioners and certified nurse-midwives at one time for purposes of furnishing drugs or devices.

This bill also contains a provision that would prohibit a physician and surgeon from supervising more than 6 physician assistants at one time, except as specified.

Amended analysis as of 4/23:
This bill was originally introduced with the subject Nurse practitioners, certified nurse-midwives, and physician assistants: supervision. It was amended to the above-referenced subject.

This bill deletes provisions related to physician supervision of nurse practitioners and nurse-midwives, and now authorizes the establishment of a program for physicians and surgeons similar to the Attorney Diversion and Assistance Program which provides services for the treatment and recovery of attorneys for the abuse of drugs or alcohol or mental illness, and who may be enrolled as inactive members of the State Bar.

BOARD POSITION: Not previously considered.

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Not previously considered.

SUPPORT:

OPPOSE:
Introduced by Assembly Member Gonzalez

February 21, 2014

An act to amend Sections 2746.51, 2836.1, and 3516 of, and add Article 15.1 (commencing with Section 2372) to Chapter 5 of Division 2 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL’S DIGEST


Existing law, the Attorney Diversion and Assistance Act requires the establishment and administration of an Attorney Diversion and Assistance Program to provide services for the treatment and recovery of attorneys for the abuse of drugs or alcohol or mental illness, and who may be enrolled as inactive members of the State Bar.

This bill would authorize establishment of a similar assistance program for physicians and surgeons. The bill would authorize the Medical Board of California to make available the means to rehabilitate a physician and surgeon with impairment due to abuse of dangerous drugs or alcohol, or mental or physical illness, that affects his or her competency so that a physician and surgeon may be treated in a manner that will not endanger the public health and safety. The bill would make participants in the program responsible for all expenses relating to treatment and recovery, and would authorize the board to charge a reasonable administrative fee to participants for the purpose of offsetting the costs of maintaining the program. The bill would require the board,
if the program is established, to engage in outreach to make physicians and surgeons and others aware of the existence and availability of the program.

Existing law, the Nursing Practice Act, provides for the licensure and regulation of the practice of nursing by the Board of Registered Nursing. Existing law authorizes a nurse-practitioner and a certified nurse-midwife to furnish or order drugs or devices under specified circumstances subject to physician and surgeon supervision. Existing law prohibits a physician and surgeon from supervising more than 4 nurse practitioners and certified nurse-midwives at one time for purposes of furnishing drugs or devices. A violation of the Nursing Practice Act is a crime.

This bill would prohibit a physician and surgeon from supervising more than 6 nurse practitioners and certified nurse-midwives at one time for purposes of furnishing drugs or devices.

The Physician Assistant Practice Act provides for the licensure and regulation of physician assistants by the Physician Assistant Board within the jurisdiction of the Medical Board of California. Existing law authorizes a physician assistant to perform certain health care activities subject to physician and surgeon supervision. Existing law prohibits a physician and surgeon from supervising more than 4 physician assistants at one time, except as specified.

This bill would prohibit a physician and surgeon from supervising more than 6 physician assistants at one time, except as specified.


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

SECTION 1. Article 15.1 (commencing with Section 2372) is added to Chapter 5 of Division 2 of the Business and Professions Code, to read:

Article 15.1. Physician and Surgeon Assistance Program

2372. The board is authorized to establish a program as a voluntary and confidential program to support a physician and surgeon in his or her rehabilitation and competent practice of medicine, enhance public protection, and maintain the integrity of the medical profession. Confidentiality pursuant to this article
shall be absolute unless waived by a physician and surgeon, except
as specified in Section 2373. The program shall, if established,
aid a physician and surgeon struggling with substance abuse,
mental health concerns, stress, burnout, and other issues impacting
his or her productivity. This program shall be modeled after the
State Bar’s Lawyer Assistance Program.

2373. The board may refer a physician and surgeon to the
program, but neither acceptance into or participation in the
program shall relieve the physician or surgeon of any lawful duties
and obligations under this chapter or otherwise under any
disciplinary action. Participation in the program shall be disclosed
if required as a condition of probation, pursuant to Section 2228.

2374. Participants in the program shall be responsible for all
expenses relating to treatment and recovery. In addition, the board
may charge a reasonable administrative fee to participants for the
purpose of offsetting the costs of maintaining the program.

2375. If a program is established, the board shall actively
engage in outreach activities to make physicians and surgeons,
the medical community, and the general public aware of the
existence and availability of the program. Outreach may include,
but not be limited to, the development and certification of minimum
continuing education courses relating to the prevention, detection,
and treatment of substance abuse, including no-cost and low-cost
programs and materials.

SECTION 1. Section 2746.51 of the Business and Professions
Code is amended to read:

2746.51. (a) Neither this chapter nor any other provision of
law shall be construed to prohibit a certified nurse-midwife from
furnishing or ordering drugs or devices, including controlled
substances classified in Schedule II, III, IV, or V under the
California Uniform Controlled Substances Act (Division 10
(commencing with Section 11000) of the Health and Safety Code),
when all of the following apply:

(1) The drugs or devices are furnished or ordered incidentally
to the provision of any of the following:

(A) Family planning services, as defined in Section 14503 of
the Welfare and Institutions Code;

(B) Routine health care or perinatal care, as defined in
subdivision (d) of Section 123485 of the Health and Safety Code.
(C) Care rendered, consistent with the certified nurse-midwife’s educational preparation or for which clinical competency has been established and maintained, to persons within a facility specified in subdivision (a), (b), (c), (d), (i), or (j) of Section 1206 of the Health and Safety Code, a clinic as specified in Section 1204 of the Health and Safety Code, a general acute care hospital as defined in subdivision (a) of Section 1250 of the Health and Safety Code, a licensed alternative birth center as defined in Section 1204.3 of the Health and Safety Code, or a special hospital specified as a maternity hospital in subdivision (f) of Section 1250 of the Health and Safety Code.

(2) The drugs or devices are furnished or ordered by a certified nurse-midwife in accordance with standardized procedures or protocols. For purposes of this section, standardized procedure means a document, including protocols, developed and approved by the supervising physician and surgeon, the certified nurse-midwife, and the facility administrator or his or her designee. The standardized procedure covering the furnishing or ordering of drugs or devices shall specify all of the following:

(A) Which certified nurse-midwife may furnish or order drugs or devices;

(B) Which drugs or devices may be furnished or ordered and under what circumstances;

(C) The extent of physician and surgeon supervision;

(D) The method of periodic review of the certified nurse-midwife’s competence, including peer review, and review of the provisions of the standardized procedure.

(3) If Schedule II or III controlled substances, as defined in Sections 11055 and 11056 of the Health and Safety Code, are furnished or ordered by a certified nurse-midwife, the controlled substances shall be furnished or ordered in accordance with a patient specific protocol approved by the treating or supervising physician and surgeon. For Schedule II controlled substance protocols, the provision for furnishing the Schedule II controlled substance shall address the diagnosis of the illness, injury, or condition for which the Schedule II controlled substance is to be furnished.

(4) The furnishing or ordering of drugs or devices by a certified nurse-midwife occurs under physician and surgeon supervision. For purposes of this section, a physician and surgeon shall not
supervise more than six certified nurse-midwives at one time.

Physician and surgeon supervision shall not be construed to require
the physical presence of the physician, but does include all of the
following:

(A) Collaboration on the development of the standardized
procedure or protocol.

(B) Approval of the standardized procedure or protocol.

(C) Availability by telephonic contact at the time of patient
examination by the certified nurse-midwife.

(b) (1) The furnishing or ordering of drugs or devices by a
certified nurse-midwife is conditional on the issuance by the board
of a number to the applicant who has successfully completed the
requirements of paragraph (2). The number shall be included on
all transmittals of orders for drugs or devices by the certified
nurse-midwife. The board shall maintain a list of the certified
nurse-midwives that it has certified pursuant to this paragraph and
the number it has issued to each one. The board shall make the list
available to the California State Board of Pharmacy upon its
request. Every certified nurse-midwife who is authorized pursuant
to this section to furnish or issue a drug order for a controlled
substance shall register with the United States Drug Enforcement
Administration.

(2) The board has certified in accordance with paragraph (1)
that the certified nurse-midwife has satisfactorily completed a
course in pharmacology covering the drugs or devices to be
furnished or ordered under this section. The board shall establish
the requirements for satisfactory completion of this paragraph.

(3) A physician and surgeon may determine the extent of
supervision necessary pursuant to this section in the furnishing or
ordering of drugs and devices.

(4) A copy of the standardized procedure or protocol relating
to the furnishing or ordering of controlled substances by a certified
nurse-midwife shall be provided upon request to any licensed
pharmacist who is uncertain of the authority of the certified
nurse-midwife to perform these functions.

(5) Certified nurse-midwives who are certified by the board and
hold an active furnishing number, who are currently authorized
through standardized procedures or protocols to furnish Schedule
II controlled substances, and who are registered with the United
States—Drug—Enforcement—Administration—shall—provide
documentation of continuing education specific to the use of Schedule II controlled substances in settings other than a hospital based on standards developed by the board.

(c) Drugs or devices furnished or ordered by a certified nurse-midwife may include Schedule II controlled substances under the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code) under the following conditions:

(1) The drugs and devices are furnished or ordered in accordance with requirements referenced in paragraphs (2) to (4), inclusive, of subdivision (a) and in paragraphs (1) to (3), inclusive, of subdivision (b).

(2) When Schedule II controlled substances, as defined in Section 11055 of the Health and Safety Code, are furnished or ordered by a certified nurse-midwife, the controlled substances shall be furnished or ordered in accordance with a patient-specific protocol approved by the treating or supervising physician and surgeon.

(d) Furnishing of drugs or devices by a certified nurse-midwife means the act of making a pharmaceutical agent or agents available to the patient in strict accordance with a standardized procedure or protocol. Use of the term “furnishing” in this section shall include the following:

(1) The ordering of a drug or device in accordance with the standardized procedure or protocol;

(2) Transmitting an order of a supervising physician and surgeon.

(e) “Drug order” or “order” for purposes of this section means an order for medication or for a drug or device that is dispensed to or for an ultimate user, issued by a certified nurse-midwife as an individual practitioner, within the meaning of Section 1306.03 of Title 21 of the Code of Federal Regulations. Notwithstanding any other provision of law, (1) a drug order issued pursuant to this section shall be treated in the same manner as a prescription of the supervising physician; (2) all references to “prescription” in this code and the Health and Safety Code shall include drug orders issued by certified nurse-midwives; and (3) the signature of a certified nurse-midwife on a drug order issued in accordance with this section shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.
SEC. 2. Section 2836.1 of the Business and Professions Code is amended to read:

2836.1. Neither this chapter nor any other provision of law shall be construed to prohibit a nurse practitioner from furnishing or ordering drugs or devices when all of the following apply:

(a) The drugs or devices are furnished or ordered by a nurse practitioner in accordance with standardized procedures or protocols developed by the nurse practitioner and the supervising physician and surgeon when the drugs or devices furnished or ordered are consistent with the practitioner’s educational preparation or for which clinical competency has been established and maintained.

(b) The nurse practitioner is functioning pursuant to standardized procedure, as defined by Section 2725, or protocol. The standardized procedure or protocol shall be developed and approved by the supervising physician and surgeon, the nurse practitioner, and the facility administrator or the designee.

(c) (1) The standardized procedure or protocol covering the furnishing of drugs or devices shall specify which nurse practitioners may furnish or order drugs or devices, which drugs or devices may be furnished or ordered, under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the nurse practitioner’s competence, including peer review, and review of the provisions of the standardized procedure:

(2) In addition to the requirements in paragraph (1), for Schedule II controlled substance protocols, the provision for furnishing Schedule II controlled substances shall address the diagnosis of the illness, injury, or condition for which the Schedule II controlled substance is to be furnished.

(d) The furnishing or ordering of drugs or devices by a nurse practitioner occurs under physician and surgeon supervision. Physician and surgeon supervision shall not be construed to require the physical presence of the physician, but does include (1) collaboration on the development of the standardized procedure; (2) approval of the standardized procedure; and (3) availability by telephonic contact at the time of patient examination by the nurse practitioner.

(e) For purposes of this section, a physician and surgeon shall not supervise more than six nurse practitioners at one time.
(f) (1) Drugs or devices furnished or ordered by a nurse practitioner may include Schedule II through Schedule V controlled substances under the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code) and shall be further limited to those drugs agreed upon by the nurse-practitioner and physician and surgeon and specified in the standardized procedure.

(2) When Schedule II or III controlled substances, as defined in Sections 11055 and 11056, respectively, of the Health and Safety Code, are furnished or ordered by a nurse practitioner, the controlled substances shall be furnished or ordered in accordance with a patient-specific protocol approved by the treating or supervising physician. A copy of the section of the nurse practitioner’s standardized procedure relating to controlled substances shall be provided, upon request, to any licensed pharmacist who dispenses drugs or devices, when there is uncertainty about the nurse practitioner furnishing the order.

(g) (1) The board has certified in accordance with Section 2836.3 that the nurse practitioner has satisfactorily completed a course in pharmacology covering the drugs or devices to be furnished or ordered under this section.

(2) A physician and surgeon may determine the extent of supervision necessary pursuant to this section in the furnishing or ordering of drugs and devices.

(3) Nurse practitioners who are certified by the board and hold an active furnishing number, who are authorized through standardized procedures or protocols to furnish Schedule II controlled substances, and who are registered with the United States Drug Enforcement Administration, shall complete, as part of their continuing education requirements, a course including Schedule II controlled substances based on the standards developed by the board. The board shall establish the requirements for satisfactory completion of this subdivision.

(h) Use of the term “furnishing” in this section, in health facilities defined in Section 1250 of the Health and Safety Code, shall include (1) the ordering of a drug or device in accordance with the standardized procedure and (2) transmitting an order of a supervising physician and surgeon.

(i) “Drug order” or “order” for purposes of this section means an order for medication which is dispensed to or for an ultimate
user, issued by a nurse practitioner as an individual practitioner,
within the meaning of Section 1306.03 of Title 21 of the Code of
Federal Regulations. Notwithstanding any other provision of law,
(1) a drug order issued pursuant to this section shall be treated in
the same manner as a prescription of the supervising physician;
(2) all references to “prescription” in this code and the Health and
Safety Code shall include drug orders issued by nurse practitioners;
and (3) the signature of a nurse practitioner on a drug order issued
in accordance with this section shall be deemed to be the signature
of a prescriber for purposes of this code and the Health and Safety
Code.

SEC. 3. Section 3516 of the Business and Professions Code is
amended to read:

3516. (a) Notwithstanding any other provision of law, a
physician assistant licensed by the board shall be eligible for
employment or supervision by any physician and surgeon who is
not subject to a disciplinary condition imposed by the Medical
Board of California prohibiting that employment or supervision.

(b) A physician and surgeon shall not supervise more than six
physician assistants at one time, except as provided in Section
3502.5.

(c) The Medical Board of California may restrict a physician
and surgeon to supervising specific types of physician assistants
including, but not limited to, restricting a physician and surgeon
from supervising physician assistants outside of the field of
specialty of the physician and surgeon.
SUMMARY:

This bill was originally introduced to change a section of the Penal Code. It was amended in March to now only apply to Business and Professions Code Section 480.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs.

Existing law authorizes a board to deny, suspend, or revoke a license on various grounds, including, but not limited to, conviction of a crime if the crime is substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued.

Existing law prohibits a board from denying a license on the ground that the applicant has committed a crime if the applicant shows that he or she obtained a certificate of rehabilitation in the case of a felony, or that he or she has met all applicable requirements of the criteria of rehabilitation developed by the board, as specified, in the case of a misdemeanor.

Existing law permits a defendant to withdraw his or her plea of guilty or plea of nolo contendere and enter a plea of not guilty in any case in which a defendant has fulfilled the conditions of probation for the entire period of probation, or has been discharged prior to the termination of the period of probation, or has been convicted of a misdemeanor and not granted probation and has fully complied with and performed the sentence of the court, or has been sentenced to a county jail for a felony, or in any other case in which a court, in its discretion and the interests of justice, determines that a defendant should be granted this or other specified relief and requires the defendant to be released from all penalties and disabilities resulting from the offense of which he or she has been convicted.

ANALYSIS:

Amended analysis as of 3/28 and 4/21:
This bill would prohibit a board from denying a license based solely on a conviction that has been dismissed pursuant to the above provisions.

BOARD POSITION: Not previously considered.
LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Not previously considered.

SUPPORT:

OPPOSE:
An act to amend Section 480 of the Business and Professions Code, relating to expungement.

LEGISLATIVE COUNSEL’S DIGEST


Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law authorizes a board to deny, suspend, or revoke a license on various grounds, including, but not limited to, conviction of a crime if the crime is substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued. Existing law prohibits a board from denying a license on the ground that the applicant has committed a crime if the applicant shows that he or she obtained a certificate of rehabilitation in the case of a felony, or that he or she has met all applicable requirements of the criteria of rehabilitation developed by the board, as specified, in the case of a misdemeanor.

Existing law permits a defendant to withdraw his or her plea of guilty or plea of nolo contendere and enter a plea of not guilty in any case in which a defendant has fulfilled the conditions of probation for the entire period of probation, or has been discharged prior to the termination of
the period of probation, or has been convicted of a misdemeanor and not granted probation and has fully complied with and performed the sentence of the court, or has been sentenced to a county jail for a felony, or in any other case in which a court, in its discretion and the interests of justice, determines that a defendant should be granted this or other specified relief and requires the defendant to be released from all penalties and disabilities resulting from the offense of which he or she has been convicted.

This bill would prohibit a board from denying a license based solely on a conviction that has been dismissed pursuant to the above provisions.


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

SECTION 1. Section 480 of the Business and Professions Code is amended to read:

480. (a) A board may deny a license regulated by this code on the grounds that the applicant has one of the following:

(1) Been convicted of a crime. A conviction within the meaning of this section means a plea or verdict of guilty or a conviction following a plea of nolo contendere. Any action that a board is permitted to take following the establishment of a conviction may be taken when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4, 1203.4a, or 1203.41 of the Penal Code.

(2) Done any act involving dishonesty, fraud, or deceit with the intent to substantially benefit himself or herself or another, or substantially injure another.

(3) (A) Done any act that if done by a licentiate of the business or profession in question, would be grounds for suspension or revocation of license.

(B) The board may deny a license pursuant to this subdivision only if the crime or act is substantially related to the qualifications, functions, or duties of the business or profession for which application is made.

(b) Notwithstanding any other provision of this code, a person shall not be denied a license solely on the basis that he or she has
been convicted of a felony if he or she has obtained a certificate of rehabilitation under Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3 of the Penal Code or that he or she has been convicted of a misdemeanor if he or she has met all applicable requirements of the criteria of rehabilitation developed by the board to evaluate the rehabilitation of a person when considering the denial of a license under subdivision (a) of Section 482.

(c) Notwithstanding any other provisions of this code, a person shall not be denied a license solely on the basis of a conviction that has been dismissed pursuant to Section 1203.4, 1203.4a, or 1203.41.

(d) A board may deny a license regulated by this code on the ground that the applicant knowingly made a false statement of fact that is required to be revealed in the application for the license.
BILL ANALYSIS

AUTHOR: Pan  BILL NUMBER: AB 2514
SPONSOR:  BILL STATUS: Committee on Revenue and Taxation
SUBJECT: Income taxes: credits: rural health care professionals  DATE LAST AMENDED: April 1, 2014

SUMMARY:
The author introduced this bill under another subject. It was amended 4/1 to the current subject, and would apply to advanced practice nurses.

The Personal Income Tax Law allows various credits against the taxes imposed by that law.

ANALYSIS:
The bill, for taxable years beginning on or after January 1, 2014, and before January 1, 2019, would allow a credit against the taxes imposed under that law to a qualified taxpayer, as defined, that is a health care professional who resides and practices in a rural health care professional shortage area pursuant to an agreement with the State Department of Health Care Services in a specified amount of the qualified taxpayer’s student loans, as provided.

BOARD POSITION: Not previously considered.

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Not previously considered.

SUPPORT:

OPPOSE:
An act relating to physicians and surgeons to add and repeal Section 17053.44 of the Revenue and Taxation Code, relating to taxation, to take effect immediately, tax levy.

Legislative Counsel’s Digest


The Personal Income Tax Law allows various credits against the taxes imposed by that law.

The bill, for taxable years beginning on or after January 1, 2014, and before January 1, 2019, would allow a credit against the taxes imposed under that law to a qualified taxpayer, as defined, that is a health care professional who resides and practices in a rural health care professional shortage area pursuant to an agreement with the State Department of Health Care Services in a specified amount of the qualified taxpayer’s student loans, as provided.

This bill would take effect immediately as a tax levy.

Existing law establishes the California Physician Corps Program within the Health Professions Education Foundation, which provides financial incentives, as specified, to a physician and surgeon for practicing in a medically underserved community.

This bill would declare the intent of the Legislature to enact legislation that would create a taskforce to accomplish specified goals, including collaborating with the federal government to create a federal
The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares that, in order for all geographic areas of California to have the opportunity for economic development, it is vital that excellent health care be available throughout the state. The Legislature further finds and declares that payment of student loans is an incentive used by rural communities and health care institutions to attract health care professionals to practice. It is therefore the intent of the Legislature to provide a tax credit for the purpose of payment of student loans as an incentive to encourage health care professionals to locate in medically underserved areas of the State of California.

SEC. 2. Section 17053.44 is added to the Revenue and Taxation Code, to read:

17053.44. (a) (1) For taxable years beginning on or after January 1, 2014, and before January 1, 2019, there shall be allowed to a qualified taxpayer a credit against the “net tax,” as defined by Section 17039, in an amount as determined by paragraph (2), of the qualified taxpayer’s student loans.

(2) The amount of the credit allowed by this section shall be the lesser of the following:

(A) One-third of the balance due on the qualified taxpayer’s student loans as of January 1 of the taxable year in which the credit is allowed.

(B) The total balance due on the qualified taxpayer’s student loans as of January 1 of the taxable year in which the credit is allowed minus the total amount of credit allowed in previous taxable years pursuant to this section.

(3) A credit may be allowed pursuant to this section for five consecutive taxable years.

(b) For purposes of this section:

(1) “Full-time” means at least 20 hours per week on average for 180 days for the first taxable year in which a credit is allowed pursuant to this section, and at least 20 hours per week on average for at least 10 months in subsequent taxable years.
(2) “Qualified taxpayer” means an individual who meets all of the following conditions:
   (A) Is a dentist, physician, physician assistant, or advanced practice nurse who is licensed or certified to practice within California.
   (B) Resides and practices full-time in a rural health care professional shortage area and has committed to residing and practicing in that area for at least three years and up to five years pursuant to an agreement between him or her and the State Department of Health Care Services.
   (C) Is a borrower on student loans under a recognized loan program used by him or her for higher education opportunities resulting in a degree that enables him or her to be licensed or certified as a health care professional in this state.

(3) “Rural health care professional shortage area” means any area of the state that is not a metropolitan statistical area as described in the publication “State and Metropolitan Area Data Book,” 2010, published by the United States Census Bureau and that is located 30 or more miles from the nearest hospital containing 30 or more licensed beds.

(4) “Student loan” means a student obligation note or other debt evidencing a loan to any individual for higher education purposes or for the purpose of consolidating or refinancing a loan for higher education purposes, which is either a guaranteed student loan, an educational loan, or a loan eligible for consolidation or refinancing under Part B of Title IV of the Higher Education Act of 1965, as amended (20 U.S.C. Sec. 1070 et seq.).

(c) A credit shall be allowed pursuant to this section only for those taxable years in which:
   (1) The qualified taxpayer is not delinquent on his or her student loan payments.
   (2) The qualified taxpayer resides and practices in a rural health care professional shortage area pursuant to an agreement with the State Department of Health Care Services.
   (3) The qualified taxpayer’s student loan has an outstanding balance for at least a part of the taxable year.
   (d) If the qualified taxpayer does not reside and practice within a rural health care professional shortage area during the period in which he or she was committed to reside and practice in that area or pays his or her student loan in full by means of any other
loan repayment program, any remaining unapplied credit shall be canceled and any previously applied credit for the taxable year in which the move occurred, in which the practice ended, or in which the loan was paid in full shall be recaptured, and the qualified taxpayer shall be liable for any increase in tax attributable to the recapture of any credit previously allowed under this section.

(e) In the case where the credit allowed under this section exceeds the “tax,” the excess credit may be carried over to reduce the “tax” in the following taxable year and succeeding five taxable years, if necessary, until the credit has been exhausted.

(f) The State Department of Health Care Services and the Franchise Tax Board shall promulgate rules and regulations as necessary or appropriate to implement this section.

(g) This section shall remain in effect only until December 1, 2019, and as of that date is repealed.

SEC. 3. This act provides for a tax levy within the meaning of Article IV of the Constitution and shall go into immediate effect.

SECTION 1. (a) The Legislature finds and declares all of the following:

(1) The gap between California’s medical providers and patients has been widening for years. The number of medical schools and residency positions has not kept up with the growing and aging population of the state.

(2) Furthermore, there is a severe maldistribution of health care providers and services throughout the state. Most physicians practice in larger cities and suburbs while rural populations are underserved. The majority of California’s counties have been designated by the federal government as health manpower shortage areas.

(3) The National Health Service Corps and the Steven M. Thompson Physician Corps Loan Repayment Program help repay student loans of providers who commit to practice for a period of time in health manpower shortage areas. However, these modest funds are inadequate to attract enough providers and to offset their skyrocketing school debts.

(b) It is, therefore, the intent of the Legislature to enact legislation that would create a taskforce to accomplish all of the following:
(1) Encourage funding from private individuals, groups, and corporations to augment loan repayment programs for physicians.

(2) Stimulate the formation of fund-matching programs from local groups and government entities for recruitment and retention of local health care providers.

(3) Collaborate with the federal government to create a federal fund-matching program to assist with loan repayments for health care providers in medically underserved areas.
BOARD OF REGISTERED NURSING  
LEGISLATIVE COMMITTEE  
May 7, 2014

BILL ANALYSIS

AUTHOR:  Ting  
BILL NUMBER:  AB 2720

SPONSOR:  Ting  
BILL STATUS:  Committee on Governmental Organization

SUBJECT:  State agencies: meetings: record of action taken  
DATE LAST AMENDED:  April 2, 2014

SUMMARY:  
The Bagley-Keene Open Meeting Act requires, with specified exceptions, that all meetings of a state body, as defined, be open and public and all persons be permitted to attend any meeting of a state body. The act defines various terms for its purposes, including “action taken,” which means a collective decision made by the members of a state body, a collective commitment or promise by the members of the state body to make a positive or negative decision, or an actual vote by the members of a state body when sitting as a body or entity upon a motion, proposal, resolution, order, or similar action.

ANALYSIS:  
This bill would, if the action taken by the members of a state body is a recorded vote, require that the vote be counted and identified in the minutes of the state body.

Amended analysis as of 4/2:  
This bill deletes the definition of “action taken”, and provides that the state body shall publicly report any action taken and the vote or abstention on that action of each member present for the action.

BOARD POSITION:  Neutral (4/3/14)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:  Not previously considered.

SUPPORT:

OPPOSE:
AMENDED IN ASSEMBLY APRIL 2, 2014
CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL
No. 2720

Introduced by Assembly Member Ting

February 21, 2014

An act to amend Section 11122 of the Government Code, relating to public meetings.

LEGISLATIVE COUNSEL’S DIGEST


The Bagley-Keene Open Meeting Act requires, with specified exceptions, that all meetings of a state body, as defined, be open and public and all persons be permitted to attend any meeting of a state body. The act defines various terms for its purposes, including “action taken,” which means a collective decision made by the members of a state body, a collective commitment or promise by the members of the state body to make a positive or negative decision, or an actual vote by the members of a state body when sitting as a body or entity upon a motion, proposal, resolution, order, or similar action.

This bill would, if the action taken by the members of a state body is a recorded vote, require that the vote be counted and identified in the minutes of the state body, require a state body to publicly report any action taken and the vote or abstention on that action of each member present for the action.

State-mandated local program: no.
The people of the State of California do enact as follows:

SECTION 1. Section 11123 of the Government Code is amended to read:

11123. (a) All meetings of a state body shall be open and public and all persons shall be permitted to attend any meeting of a state body except as otherwise provided in this article.

(b) (1) This article does not prohibit a state body from holding an open or closed meeting by teleconference for the benefit of the public and state body. The meeting or proceeding held by teleconference shall otherwise comply with all applicable requirements or laws relating to a specific type of meeting or proceeding, including the following:

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

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

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

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

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

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

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

(3) The state body shall publicly report any action taken and
the vote or abstention on that action of each member present for
the action.

SECTION 1.—Section 11122 of the Government Code—is
amended to read:

11122. As used in this article “action taken” means a collective
decision made by the members of a state body, a collective
commitment or promise by the members of the state body to make
a positive or negative decision, or an actual vote by the members
of a state body when sitting as a body or entity upon a motion,
proposal, resolution, order or similar action. If the action taken by
the members of a state body is a recorded vote, the vote shall be
counted and identified in the minutes of the state body:
SUMMARY:
Existing law, the California Residential Care Facilities for the Elderly Act, provides for the licensure and regulation of residential care facilities for the elderly by the State Department of Social Services. A person who violates the act is guilty of a misdemeanor and subject to civil penalty and suspension or revocation of license.

Please refer to the bill for existing law on the sections not involving RNs.

ANALYSIS:
As introduced, this bill made provision for oversight by an RN for patients, as specified. As amended March 4th, the bill would require a residential care facility for the elderly that accepts or retains residents with restricted or prohibited health conditions to employ a registered nurse on a full-time or part-time basis, as appropriate, to oversee the care provided to those residents. A residential care facility for the elderly that accepts or retains residents with restricted or prohibited health conditions would be required to have a registered nurse on call 24 hours per day, as specified.

This bill also contains numerous provisions related specifically to the operation of these facilities by the Department of Social Services.

Amended analysis as of 3/27:
This bill would delete the provisions specific to the provisions that relate to oversight by an RN or for RNs to be on call if the facility accepts residents with restricted or prohibited health conditions. The bill now requires the facility to ensure that residents receive home health or hospice services sufficient in scope and hours by appropriately skilled professionals, acting within their scope of practice, to ensure that residents receive medical care as prescribed by the resident’s physician and contained in the resident’s service plan. This bill would define an “appropriately skilled professional” as an individual who has training and is licensed to perform the necessary medical procedures prescribed by a physician, which includes, but is not limited to, a registered nurse, licensed vocational nurse, physical therapist, occupational therapist, or respiratory therapist.

This bill would further revise the training and continuing training for licensees and administrators of the facility and of the staff providing direct care.
BOARD POSITION: Watch (April 3, 2014)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Not previously considered.

SUPPORT:
Hazel's Army (co-sponsor)
Stand Up for Rosie (co-sponsor)
AFSCME
California Advocates for Nursing Home Reform
California Assisted Living Association
California Continuing Care Residents Association
California Senior Legislature
Catholic Charities Diocese of Stockton
Consumer Attorneys of California
Consumer Federation of California
County of San Diego
Elder Law and Advocacy
Jewish Family Service of Los Angeles
Johnson Moore Trial Lawyers
Long-Term Care Ombudsman of Ventura County
Office of the State Long-Term Care Ombudsman
Ombudsman & HICAP Services of Northern California
Ombudsman Services of Contra Costa
Valentine Law Group
202 individuals

OPPOSE:
Angel Care Community Services, Inc.
California Assisted Living Association (unless amended)
California Assoc. for Health Services at Home (unless amended)
California Association of Health Facilities (unless amended)
California Right to Life Committee, Inc.
Leading Age California (unless amended)
An act to amend Sections 1569.23, 1569.62, 1569.625, 1569.626, and 1569.69 of, and to add Sections 1569.371, 1569.39, and 1569.696 to, the Health and Safety Code, relating to residential care facilities for the elderly.

LEGISLATIVE COUNSEL’S DIGEST

SB 911, as amended, Block. Residential care facilities for the elderly.

(1) Existing law, the California Residential Care Facilities for the Elderly Act, provides for the licensure and regulation of residential care facilities for the elderly by the State Department of Social Services. A person who violates the act is guilty of a misdemeanor and subject to civil penalty and suspension or revocation of license.

Existing law requires an applicant for a license to complete, at a minimum, a 40-hour certification program approved by the department that includes instruction in a uniform code of knowledge, and to pass a written test.

This bill would change the minimum hours of classroom instruction to 100 hours, of which 80 hours are classroom instruction, and would add additional topics to the uniform code of knowledge, including, but not limited to, the adverse effects of psychotropic drugs for use in controlling the behavior of persons with dementia. The bill would also
require the department to annually review the test and update it as necessary to reflect changes in the law and regulations.

This bill would require that no licensee, or officer or employee of the licensee, shall discriminate or retaliate against any person receiving the services of the licensee’s residential care facility for the elderly, or against any employee of the licensee’s facility, on the basis, or for the reason that, the person, employee, or any other person dialed or called 911.

This bill would require a residential care facility for the elderly that accepts or retains residents with restricted or prohibited health conditions, as defined by the department, to employ a registered nurse on a full time or part time basis, as appropriate, to oversee the care provided to those residents. A residential care facility for the elderly that accepts or retains residents with restricted or prohibited health conditions would be required to have a registered nurse on call 24 hours per day, as specified.

ensure that residents receive home health or hospice services sufficient in scope and hours by appropriately skilled professionals, acting within their scope of practice, to ensure that residents receive medical care as prescribed by the resident’s physician and contained in the resident’s service plan. This bill would define an “appropriately skilled professional” as an individual who has training and is licensed to perform the necessary medical procedures prescribed by a physician, which includes, but is not limited to, a registered nurse, licensed vocational nurse, physical therapist, occupational therapist, or respiratory therapist.

(2) Existing law requires the Director of Social Services to ensure that licensees, administrators, and staffs of residential care facilities for the elderly have appropriate training to provide the care and services for which a license or certificate is issued. The department is required to develop a uniform code of knowledge for the continuing education of administrators of residential care facilities for the elderly.

This bill would also require the department to develop a uniform code of knowledge jointly with the California Department of Aging for the initial certification of administrators, and add additional topics to the uniform code of knowledge, including, but not limited to, applicable laws and regulations and residents’ rights.

(3) Existing law requires the department to adopt regulations to require staff members of residential care facilities for the elderly who assist residents with personal activities of daily living to receive 10 hours of training within the first 4 weeks of employment, and 4 hours
of training annually thereafter on topics, including, but not limited to, policies and procedures regarding medications.

This bill would increase that training to 40 hours of training within the first 4 weeks of employment, 20 hours of training annually thereafter, and would also require that at least 24 hours of training be completed prior to providing direct care to residents. This bill would exempt a residential care facility for the elderly from these training requirements if the facility demonstrates to the department that it only employs certified nurse assistants with valid certification from those requirements, provided that certified nurse assistants receive 8 hours of training, prior to providing direct care to residents, on resident characteristics, plans of care, resident records, and facility practices and procedures. This bill would also authorize the department to develop a certification training program with a standardized test for specified staff.

(4) Existing law requires all direct care staff of a residential care facility for the elderly, which advertises or promotes special care, programming, or environment for persons with dementia, receive 6 hours of resident care orientation within the first 4 weeks of employment and 8 hours of in-service training per year.

This bill would increase that training to 15 hours of resident care orientation, prior to providing direct care to residents, and 12 hours of in-service training per year on the subject of providing care and supervision to residents with dementia.

(5) Existing law requires that employees who assist residents with the self-administration of medications at a licensed residential care facility for the elderly, which provides care for 16 or more persons, complete 16 hours of initial training, consisting of 8 hours of hands-on shadowing training and 8 hours of other training or instruction, to be completed within the first 2 weeks of employment. If that facility provides care for 15 or fewer persons, employees are required to complete 6 hours of initial training, consisting of 2 hours of hands-on shadowing training and 4 hours of other training or instruction, to be completed within the first 2 weeks of employment.

This bill would require employees at a licensed residential care facility for the elderly that provides care for 16 or more persons, to complete 32 hours of initial training, consisting of 12 hours of hands-on shadowing training and 20 hours of other training or instruction, to be completed within the first 4 weeks of employment. For facilities providing care for 15 or fewer persons, this bill would increase those
training requirements to 16 hours of initial training, consisting of 8 hours of hands-on shadowing training, and 8 hours of other training.

This bill would require all direct care staff of residential care facilities for the elderly that serve residents with postural supports, or restricted health conditions or health services, or who receive hospice care services, as described in specified regulations, in addition to other training requirements, receive 15 hours of training on the care, supervision, and special needs of those residents, prior to providing direct care to residents. This bill also would require 12 hours of in-service training per year on the subject of serving those residents.

(6) Because a violation of any of the above provisions would be a misdemeanor, 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.

State-mandated local program: yes.

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

SECTION 1. Section 1569.23 of the Health and Safety Code is amended to read:

1569.23. (a) As a requirement for licensure, the applicant shall demonstrate that he or she has successfully completed a certification program approved by the department.

(b) The certification program shall be for a minimum of 100 hours, of which 80 hours are classroom instruction, and include a uniform core of knowledge which shall include all of the following:

1. Law, regulations, policies, and procedural standards that impact the operations of residential care facilities for the elderly.
2. Business operations.
3. Management and supervision of staff.
4. Psychosocial need of the elderly residents.
5. Physical needs for elderly residents.
6. Community and support services.
7. Use, misuse, and interaction of drugs commonly used by the elderly, and the adverse effects of psychotropic drugs for use in controlling the behavior of persons with dementia.
(8) Nonpharmacologic, person-centered approaches to dementia care.

(9) Resident admission, retention, and assessment procedures.

(10) Residents’ rights, and the importance of initial and ongoing training for all staff to ensure residents’ rights are fully respected and implemented.

(c) Successful completion of the certification program shall be demonstrated by passing a written test and submitting a fee of one hundred dollars ($100) to the department for the issuance of a certificate of completion.

(d) The department shall establish by regulation the program content, the testing instrument, process for approving certification programs, and criteria to be used for authorizing individuals or organizations to conduct certification programs. These regulations shall be developed with the participation of provider organizations and other stakeholder groups. The department shall review the test annually and update it as necessary to reflect changes in law and regulations.

(e) This section shall apply to all applications for licensure unless the applicant provides evidence that he or she has a current license for another residential care facility for the elderly which was initially licensed prior to July 1, 1989, or has successfully completed an approved certification program within the prior five years.

(f) If the applicant is a firm, partnership, association, or corporation, the chief executive officer, or other person serving in a like capacity, or the designated administrator of the facility shall provide evidence of successfully completing an approved certification program.

SEC. 2. Section 1569.371 is added to the Health and Safety Code, to read:

1569.371. (a) No licensee, or officer or employee of the licensee, shall discriminate or retaliate in any manner against any person receiving the services of the licensee’s residential care facility for the elderly, or against any employee of the licensee’s facility, on the basis, or for the reason that, the person, employee, or any other person dialed or called 911.

(b) A violation of this section is subject to civil penalty pursuant to Section 1569.49.
SEC. 3. Section 1569.39 is added to the Health and Safety Code, to read:

1569.39. (a) A residential care facility for the elderly that accepts or retains residents with restricted or prohibited health conditions, as defined by the department to include, at a minimum, bedridden, contractures, decubitus ulcers, healing wounds, or receipt of hospice services, shall employ a registered nurse on a full time or part time basis, as appropriate, to oversee the care provided to those residents. Department, in Section 87615 of Title 22 of the California Code of Regulations, shall ensure that residents receive home health or hospice services sufficient in scope and hours to ensure that residents receive medical care as prescribed by the resident’s physician and contained in the resident’s service plan.

(b) A residential care facility for the elderly subject to this section shall also provide for a registered nurse to be on call 24 hours per day. The facility may satisfy this on call requirement by contracting with a nursing agency.

(b) A residential care facility for the elderly that accepts or retains residents with restricted health conditions, as defined by the department, shall ensure that residents receive medical care as prescribed by the resident’s physician and contained in the resident’s service plan by appropriately skilled professionals acting within their scope of practice.

(c) An “appropriately skilled professional” means, for purposes of this section, an individual who has training and is licensed to perform the necessary medical procedures prescribed by a physician. This includes, but is not limited to, a registered nurse, licensed vocational nurse, physical therapist, occupational therapist, or respiratory therapist. These professionals may include, but are not limited to, those persons employed by a home health agency, the resident, or a facility, and who are currently licensed in this state.

(d) Failure to meet or arrange to meet the needs of those residents who require specialized health services, or failure to notify the physician of a resident’s illness or injury that poses a danger of death or serious bodily harm is a licensing violation and subject to civil penalty pursuant to Section 1569.49.

SEC. 4. Section 1569.62 of the Health and Safety Code is amended to read:
169.62. (a) The director shall ensure that licensees, administrators, and staffs of residential care facilities for the elderly have appropriate training to provide the care and services for which a license or certificate is issued.

(b) The department shall develop *jointly with the California Department of Aging* requirements for a uniform core of knowledge for the required initial certification and continuing education for administrators, and their designated substitutes, and for recertification of administrators of residential care facilities for the elderly. This knowledge base shall include, as a minimum, basic understanding of the psychosocial and physical care needs of elderly persons, applicable laws and regulations, residents’ rights, and administration. This training shall be developed in consultation with individuals or organizations with specific expertise in residential care facilities for the elderly or assisted living services, or by an outside source with expertise in residential care facilities for the elderly or assisted living services.

1. The initial certification training for administrators shall consist of at least 100 hours.

2. The continuing education requirement for administrators is at least 60 hours of training during each two-year certification period.

(c) (1) The department shall develop a uniform resident assessment tool to be used by all residential care facilities for the elderly. The assessment tool shall, in lay terms, help to identify resident needs for service and assistance with activities of daily living.

(2) The departments shall develop a mandatory training program on the utilization of the assessment tool to be given to administrators and their designated substitutes.

SEC. 5. Section 1569.625 of the Health and Safety Code is amended to read:

1569.625. (a) The Legislature finds that the quality of services provided to residents of residential care facilities for the elderly is dependent upon the training and skills of staff.

(b) The current training requirements for staff of residential care facilities for the elderly are insufficient to meet the range of care needs of the residents of those facilities. It is the intent of the Legislature in enacting this section to ensure that direct care staff
have the knowledge and proficiency to carry out the tasks of their jobs.

(c) The department shall adopt regulations to require staff members of residential care facilities for the elderly who assist residents with personal activities of daily living to receive appropriate training. This training shall consist of 40 hours of training within the first four weeks of employment, at least 24 hours of which shall be completed prior to providing direct care to residents, and 20 hours annually thereafter. This training shall be administered on the job, or in a classroom setting, or any combination of the two. The department shall establish the subject matter required for this training. This training shall be developed in consultation with individuals or organizations with specific expertise in residential care facilities for the elderly or assisted living services, or by an outside source with expertise in residential care facilities for the elderly or assisted living services, as defined in Section 1771.

(d) The training shall include, but not be limited to, the following:

1. Physical limitations and needs of the elderly.
2. Importance and techniques for personal care services.
3. Residents’ rights.
4. Policies and procedures regarding medications.
5. (5) FDA-approved uses for psychoactive drugs, common side effects, and the increased risk of death when elderly residents with dementia are given antipsychotic medications.
6. (5) Use, misuse, and interaction of drugs commonly used by the elderly, and the adverse effects of psychotropic drugs for use in controlling the behavior of persons with dementia.
7. (6) The special needs of persons with Alzheimer’s disease and dementia, including nonpharmacologic person-centered approaches to dementia care.
8. (7) Psychosocial needs of the elderly.
9. (8) This subdivision shall not apply to a residential care facility for the elderly that demonstrates to the department that the facility employs only certified nurse assistants with valid certification, certified pursuant to Section 1337.2, except that certified nurse assistants with valid certification shall receive eight hours of training prior to providing direct care to
residents, on resident characteristics, resident records, and facility practices and procedures.

(e) The department may develop a certification training program with a standardized test for staff pursuant to this section and Sections 1569.626, 1569.69, and 1569.696.

SEC. 6. Section 1569.626 of the Health and Safety Code is amended to read:

1569.626. All residential care facilities for the elderly that advertise or promote special care, special programming, or a special environment for persons with dementia, in addition to complying with the training requirements described in Section 1569.625, shall meet the following training requirements for all direct care staff:

(a) Fifteen hours of resident care orientation—prior to providing direct care to residents. All 15 hours shall be devoted to the care of persons with dementia. The facility may utilize various methods of instruction including, but not limited to, preceptorship, mentoring, and other forms of observation and demonstration. The orientation time shall be exclusive of any administrative instruction.

(b) Twelve hours of in-service training per year on the subject of providing care and supervision to residents with dementia. This training shall be developed in consultation with individuals or organizations with specific expertise in dementia care or by an outside source with expertise in dementia care. In formulating and providing this training, reference may be made to written materials and literature on dementia and the care and treatment of persons with dementia. This training requirement may be provided at the facility or offsite and may include a combination of observation and practical application.

SEC. 7. Section 1569.69 of the Health and Safety Code is amended to read:

1569.69. (a) Each residential care facility for the elderly licensed under this chapter shall ensure that each employee of the facility who assists residents with the self-administration of medications meets the following training requirements:

(1) In facilities licensed to provide care for 16 or more persons, the employee shall complete 32 hours of initial training. This training shall consist of 12 hours of hands-on shadowing training, which shall be completed prior to assisting with the self-administration of medications, and 20 hours of other training
or instruction, as described in subdivision (f), which shall be completed within the first four weeks of employment.

(2) In facilities licensed to provide care for 15 or fewer persons, the employee shall complete 16 hours of initial training. This training shall consist of eight hours of hands-on shadowing training, which shall be completed prior to assisting with the self-administration of medications, and eight hours of other training or instruction, as described in subdivision (f), which shall be completed within the first two weeks of employment.

(3) An employee shall be required to complete the training requirements for hands-on shadowing training described in this subdivision prior to assisting any resident in the self-administration of medications. The training and instruction described in this subdivision shall be completed, in their entirety, within the first two weeks of employment.

(4) The training shall cover all of the following areas:

(A) The role, responsibilities, and limitations of staff who assist residents with the self-administration of medication, including tasks limited to licensed medical professionals.

(B) An explanation of the terminology specific to medication assistance.

(C) An explanation of the different types of medication orders: prescription, over-the-counter, controlled, and other medications.

(D) An explanation of the basic rules and precautions of medication assistance.

(E) Information on medication forms and routes for medication taken by residents.

(F) A description of procedures for providing assistance with the self-administration of medications in and out of the facility, and information on the medication documentation system used in the facility.

(G) An explanation of guidelines for the proper storage, security, and documentation of centrally stored medications.

(H) A description of the processes used for medication ordering, refills, and the receipt of medications from the pharmacy.

(I) An explanation of medication side effects, adverse reactions, errors, the adverse effects of psychotropic drugs for use in controlling the behavior of persons with dementia, and the increased risk of death when elderly residents with dementia are given antipsychotic medications.
(5) To complete the training requirements set forth in this subdivision, each employee shall pass an examination that tests the employee’s comprehension of, and competency in, the subjects listed in paragraph (4).

(6) Residential care facilities for the elderly shall encourage pharmacists and licensed medical professionals to use plain English when preparing labels on medications supplied to residents. As used in this section, “plain English” means that no abbreviations, symbols, or Latin medical terms shall be used in the instructions for the self-administration of medication.

(7) The training requirements of this section are not intended to replace or supplant those required of all staff members who assist residents with personal activities of daily living as set forth in Sections 1569.625 and 1569.696.

(8) The training requirements of this section shall be repeated if either of the following occurs:
(A) An employee returns to work for the same licensee after a break of service of more than 180 consecutive calendar days.
(B) An employee goes to work for another licensee in a facility in which he or she assists residents with the self-administration of medication.
(b) Each employee who received training and passed the examination required in paragraph (5) of subdivision (a), and who continues to assist with the self-administration of medicines, shall also complete eight hours of in-service training on medication-related issues in each succeeding 12-month period.
(c) The requirements set forth in subdivisions (a) and (b) do not apply to persons who are licensed medical professionals.
(d) Each residential care facility for the elderly that provides employee training under this section shall use the training material and the accompanying examination that are developed by, or in consultation with, a licensed nurse, pharmacist, or physician. The licensed residential care facility for the elderly shall maintain the following documentation for each medical consultant used to develop the training:
(1) The name, address, and telephone number of the consultant.
(2) The date when consultation was provided.
(3) The consultant’s organization affiliation, if any, and any educational and professional qualifications specific to medication management.
(4) The training topics for which consultation was provided.
(e) Each person who provides employee training under this section shall meet the following education and experience requirements:
(1) A minimum of five hours of initial, or certified continuing, education or three semester units, or the equivalent, from an accredited educational institution, on topics relevant to medication management.
(2) The person shall meet any of the following practical experience or licensure requirements:
   (A) Two years of full-time experience, within the last four years, as a consultant with expertise in medication management in areas covered by the training described in subdivision (a).
   (B) Two years of full-time experience, or the equivalent, within the last four years, as an administrator for a residential care facility for the elderly, during which time the individual has acted in substantial compliance with applicable regulations.
   (C) Two years of full-time experience, or the equivalent, within the last four years, as a direct care provider assisting with the self-administration of medications for a residential care facility for the elderly, during which time the individual has acted in substantial compliance with applicable regulations.
   (D) Possession of a license as a medical professional.
(3) The licensed residential care facility for the elderly shall maintain the following documentation on each person who provides employee training under this section:
   (A) The person’s name, address, and telephone number.
   (B) Information on the topics or subject matter covered in the training.
   (C) The time, dates, and hours of training provided.
(f) Other training or instruction, as required in paragraphs (1) and (2) of subdivision (a), may be provided offsite, and may use various methods of instruction, including, but not limited to, all of the following:
   (1) Lectures by presenters who are knowledgeable about medication management.
   (2) Video recorded instruction, interactive material, online training, and books.
   (3) Other written or visual materials approved by organizations or individuals with expertise in medication management.
(g) Residential care facilities for the elderly licensed to provide care for 16 or more persons shall maintain documentation that demonstrates that a consultant pharmacist or nurse has reviewed the facility’s medication management program and procedures at least twice a year.

(h) Nothing in this section authorizes unlicensed personnel to directly administer medications.

SEC. 8. Section 1569.696 is added to the Health and Safety Code, to read:

1569.696. (a) All residential care facilities for the elderly that serve residents with postural supports, as described in Section 87608 of Title 22 of the California Code of Regulations, or restricted health conditions or health services, as described in Section 87612 of Title 22 of the California Code of Regulations, or who receive hospice services, as described in Section 87633 of Title 22 of the California Code of Regulations, in addition to complying with the training requirements in Section 1569.625, shall meet the following training requirements for all direct care staff:

(1) Fifteen hours of training on the care, supervision, and special needs of those residents, prior to providing direct care to residents. The facility may utilize various methods of instruction, including, but not limited to, preceptorship, mentoring, and other forms of observation and demonstration. The orientation time shall be exclusive of any administrative instruction.

(2) Twelve hours thereafter of in-service training per year on the subject of serving those residents.

(b) This training shall be developed in consultation with individuals or organizations with specific expertise in the care of those residents described in subdivision (a). In formulating and providing this training, reference may be made to written materials and literature. This training requirement may be provided at the facility or offsite and may include a combination of observation and practical application.

SEC. 9. No reimbursement is required by this act pursuant to Section 6 of Article XIIIB of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of
the Government Code, or changes the definition of a crime within
the meaning of Section 6 of Article XIII B of the California
Constitution.
BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
May 7, 2014

BILL ANALYSIS

AUTHOR: Lara
BILL NUMBER: SB 1159
SPONSOR: Lara
BILL STATUS: Committee on Appropriations
SUBJECT: Professions and vocations: license applicants: federal tax identification number
DATE LAST AMENDED: April 7, 2014

SUMMARY:
As amended 4/7:
Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs, among other licensing bodies. Existing law requires those licensing bodies to require a licensee, at the time of issuance of the license, to provide its federal employer identification number, if the licensee is a partnership, or his or her social security number for all other licensees. Existing law requires those licensing bodies to report to the Franchise Tax Board any licensee who fails to provide the federal employer identification number or social security number, and subjects the licensee to a penalty for failing to provide the information after notification, as specified.

ANALYSIS:
As introduced in March, the subject of this bill was Professions and vocations: license suspension or restriction. As amended in April, the new subject is referenced, above.

Amended analysis as of 4/7:
This bill would those licensing bodies to require an applicant other than a partnership to provide either a federal tax identification number or social security number, if one has been issued to the applicant, and would require the licensing bodies to report to the Franchise Tax Board, and subject a licensee to a penalty, for failure to provide that information, as described above.

BOARD POSITION: Not previously considered.

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Not previously considered.

SUPPORT: None on file.

OPPOSE: None on file.
An act to amend Section 49430 of the Business and Professions Code, and to amend Section 19528 of the Revenue and Taxation Code, relating to professions and vocations.

LEGISLATIVE COUNSEL’S DIGEST

SB 1159, as amended, Lara. Professions and vocations: license suspension or restriction: applicants: federal tax identification number.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs, among other entities licensing bodies. Existing law authorizes a board or an administrative law judge to, upon petition, issue an interim order suspending a licensee or imposing license restrictions if the petition demonstrates that the licensee has engaged in specified violations of law or has been convicted of a crime related to the licensed activity and permitting the licensee to continue to practice would endanger the public. Existing law requires those licensing bodies to require a licensee, at the time of issuance of the license, to provide its federal employer identification number, if the licensee is a partnership, or his or her social security number for all other licensees. Existing law requires those licensing bodies to report to the Franchise Tax Board any licensee who fails to provide the federal employer identification number or social security number, and subjects the licensee to a penalty for failing to provide the information after notification, as specified.

This bill would make technical, nonsubstantive changes to that provision require those licensing bodies to require an applicant other
than a partnership to provide either a federal tax identification number or social security number, if one has been issued to the applicant, and would require the licensing bodies to report to the Franchise Tax Board, and subject a licensee to a penalty, for failure to provide that information, as described above. The bill would make other conforming changes.


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

SECTION 1. Section 30 of the Business and Professions Code is amended to read:

30. (a) Notwithstanding any other law, any board, as defined in Section 22, and the State Bar and the Bureau of Real Estate shall at the time of issuance of the an initial or renewal license require that the—licensee applicant provide its federal employer identification number, if the licensee applicant is a partnership, or his or her the applicant's federal taxpayer identification number or social security number, if one has been issued, for all others other applicants.

(b) Any—licensee applicant failing to provide the federal employer identification number, or the federal taxpayer identification number or social security number, if one has been issued to the individual, shall be reported by the licensing board to the Franchise Tax Board and, if failing Board, If the applicant fails to provide that information after notification pursuant to paragraph (1) of subdivision (b) of Section 19528 of the Revenue and Taxation Code, the applicant shall be subject to the penalty provided in paragraph (2) of subdivision (b) of Section 19528 of the Revenue and Taxation Code.

(c) In addition to the penalty specified in subdivision (b), a licensing board may shall not process any an application for an original initial license unless the applicant or licensee provides its federal employer identification number, or federal taxpayer identification number or social security number, if one has been issued to the individual, where requested on the application.

(d) A licensing board shall, upon request of the Franchise Tax Board, furnish to the Franchise Tax Board the following information with respect to every licensee:
(1) Name.
(2) Address or addresses of record.
(3) Federal employer identification number if the entity licensee is a partnership, or the licensee’s federal taxpayer identification number or social security number, if one has been issued to the individual, for all others other licensees.
(4) Type of license.
(5) Effective date of license or a renewal.
(6) Expiration date of license.
(7) Whether license is active or inactive, if known.
(8) Whether license is new or a renewal.
(e) For the purposes of this section:
(1) “Licensee” means any a person or entity, other than a corporation, authorized by a license, certificate, registration, or other means to engage in a business or profession regulated by this code or referred to in Section 1000 or 3600.
(2) “License” includes a certificate, registration, or any other authorization needed to engage in a business or profession regulated by this code or referred to in Section 1000 or 3600.
(3) “Licensing board” means any board, as defined in Section 22, the State Bar, and the Bureau of Real Estate.
(f) The reports required under this section shall be filed on magnetic media or in other machine-readable form, according to standards furnished by the Franchise Tax Board.
(g) Licensing boards shall provide to the Franchise Tax Board the information required by this section at a time that the Franchise Tax Board may require.
(h) Notwithstanding Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code, the social security number and a federal employer identification number, federal taxpayer identification number, or social security number furnished pursuant to this section shall not be deemed to be a public record and shall not be open to the public for inspection.
(i) Any deputy, agent, clerk, officer, or employee of any licensing board described in subdivision (a), or any former officer or employee or other individual who in the course of his or her employment or duty has or has had access to the information required to be furnished under this section, may not disclose or make known in any manner that information, except as provided
in this section to the Franchise Tax Board or as provided in subdivision (k).

(j) It is the intent of the Legislature in enacting this section to utilize the social security account number or federal employer identification number, federal taxpayer identification number, or social security number for the purpose of establishing the identification of persons affected by state tax laws and for purposes of compliance with Section 17520 of the Family Code and, to that end, the information furnished pursuant to this section shall be used exclusively for those purposes.

(k) If the board utilizes a national examination to issue a license, and if a reciprocity agreement or comity exists between the State of California and the state requesting release of the federal taxpayer identification number or social security number, any deputy, agent, clerk, officer, or employee of any licensing board described in subdivision (a) may release a federal taxpayer identification number or social security number to an examination or licensing entity, only for the purpose of verification of licensure or examination status.

(l) For the purposes of enforcement of Section 17520 of the Family Code, and notwithstanding any other provision of law, any board, as defined in Section 22, and the State Bar and the Bureau of Real Estate shall at the time of issuance of the license require that each licensee provide the federal taxpayer identification number or social security number, if any has been issued to the licensee, of each individual listed on the license and any person who qualifies the license. For the purposes of this subdivision, “licensee” means any entity that is issued a license by any board, as defined in Section 22, the State Bar, the Bureau of Real Estate, and the Department of Motor Vehicles.

SEC. 2. Section 19528 of the Revenue and Taxation Code is amended to read:

19528. (a) Notwithstanding any other provision of law, the Franchise Tax Board may require any board, as defined in Section 22 of the Business and Professions Code, and the State Bar, the Bureau of Real Estate, and the Insurance Commissioner (hereinafter referred to as licensing board) to provide to the Franchise Tax Board the following information with respect to every licensee:

(1) Name.

(2) Address or addresses of record.
(3) Federal employer identification number (if the entity is a partnership) or social security number (for all others), if the licensee is a partnership, or the licensee’s federal taxpayer identification number or social security number, if any has been issued, of all other licensees.

(4) Type of license.

(5) Effective date of license or renewal.

(6) Expiration date of license.

(7) Whether license is active or inactive, if known.

(8) Whether license is new or renewal.

(b) The Franchise Tax Board may do the following:

(1) Send a notice to any licensee failing to provide the federal employer identification number, federal taxpayer identification number, or social security number as required by subdivision (a) of Section 30 of the Business and Professions Code and subdivision (a) of Section 1666.5 of the Insurance Code, describing the information that was missing, the penalty associated with not providing it, and that failure to provide the information within 30 days will result in the assessment of the penalty.

(2) After 30 days following the issuance of the notice described in paragraph (1), assess a one hundred dollar ($100) penalty, due and payable upon notice and demand, for any licensee failing to provide either its federal employer identification number (if the licensee is a partnership) or his or her social security number (for all others) as required in Section 30 of the Business and Professions Code and Section 1666.5 of the Insurance Code.

(c) Notwithstanding Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code, the information furnished to the Franchise Tax Board pursuant to Section 30 of the Business and Professions Code or Section 1666.5 of the Insurance Code shall not be deemed to be a public record and shall not be open to the public for inspection.

SECTION 1. Section 494 of the Business and Professions Code is amended to read:

494. (a) A board or an administrative law judge sitting alone, as provided in subdivision (h), may, upon petition, issue an interim order suspending a licensee or imposing license restrictions, including, but not limited to, mandatory biological fluid testing, supervision, or remedial training. The petition shall include
affidavits that demonstrate, to the satisfaction of the board, both of the following:

(1) The licensee has engaged in acts or omissions constituting a violation of this code or has been convicted of a crime substantially related to the licensed activity.

(2) Permitting the licensee to continue to engage in the licensed activity, or permitting the licensee to continue in the licensed activity without restrictions, would endanger the public health, safety, or welfare.

(b) An interim order provided for in this section shall not be issued without notice to the licensee unless it appears from the petition and supporting documents that serious injury would result to the public before the matter could be heard on notice.

(c) Except as provided in subdivision (b), the licensee shall be given at least 15 days’ notice of the hearing on the petition for an interim order. The notice shall include documents submitted to the board in support of the petition. If the order was initially issued without notice as provided in subdivision (b), the licensee shall be entitled to a hearing on the petition within 20 days of the issuance of the interim order without notice. The licensee shall be given notice of the hearing within two days after issuance of the initial interim order, and shall receive all documents in support of the petition. The failure of the board to provide a hearing within 20 days following the issuance of the interim order without notice, unless the licensee waives his or her right to the hearing, shall result in the dissolution of the interim order by operation of law.

(d) At the hearing on the petition for an interim order, the licensee may do all of the following:

(1) Be represented by counsel.

(2) Have a record made of the proceedings, copies of which shall be available to the licensee upon payment of costs computed in accordance with the provisions for transcript costs for judicial review contained in Section 11523 of the Government Code.

(3) Present affidavits and other documentary evidence.

(4) Present oral argument.

(e) The board, or an administrative law judge sitting alone as provided in subdivision (h), shall issue a decision on the petition for interim order within five business days following submission of the matter. The standard of proof required to obtain an interim order pursuant to this section shall be a preponderance of the
evidence standard. If the interim order was previously issued without notice, the board shall determine whether the order shall remain in effect, be dissolved, or modified.

(f) The board shall file an accusation within 15 days of the issuance of an interim order. In the case of an interim order issued without notice, the time shall run from the date of the order issued after the noticed hearing. If the licensee files a Notice of Defense, the hearing shall be held within 30 days of the agency’s receipt of the Notice of Defense. A decision shall be rendered on the accusation no later than 30 days after submission of the matter. Failure to comply with any of the requirements in this subdivision shall dissolve the interim order by operation of law.

(g) Interim orders shall be subject to judicial review pursuant to Section 1094.5 of the Code of Civil Procedure and shall be heard only in the superior court in and for the Counties of Sacramento, San Francisco, Los Angeles, or San Diego. The review of an interim order shall be limited to a determination of whether the board abused its discretion in the issuance of the interim order. Abuse of discretion is established if the respondent board has not proceeded in the manner required by law, or if the court determines that the interim order is not supported by substantial evidence in light of the whole record.

(h) The board may, in its sole discretion, delegate the hearing on a petition for an interim order to an administrative law judge in the Office of Administrative Hearings. If the board hears the noticed petition itself, an administrative law judge shall preside at the hearing, rule on the admission and exclusion of evidence, and advise the board on matters of law. The board shall exercise all other powers relating to the conduct of the hearing but may delegate any or all of them to the administrative law judge. When the petition has been delegated to an administrative law judge, he or she shall sit alone and exercise all of the powers of the board relating to the conduct of the hearing. A decision issued by an administrative law judge sitting alone shall be final when it is filed with the board. If the administrative law judge issues an interim order without notice, he or she shall preside at the noticed hearing, unless unavailable, in which case another administrative law judge may hear the matter. The decision of the administrative law judge sitting alone on the petition for an interim order is final, subject only to judicial review in accordance with subdivision (g):
(i) Failure to comply with an interim order issued pursuant to subdivision (a) or (b) shall constitute a separate cause for disciplinary action against a licensee, and may be heard at, and as a part of, the noticed hearing provided for in subdivision (f).

Allegations of noncompliance with the interim order may be filed at any time prior to the rendering of a decision on the accusation. Violation of the interim order is established upon proof that the licensee was on notice of the interim order and its terms, and that the order was in effect at the time of the violation. The finding of a violation of an interim order made at the hearing on the accusation shall be reviewed as a part of any review of a final decision of the agency.

If the interim order issued by the agency provides for anything less than a complete suspension of the licensee from his or her business or profession, and the licensee violates the interim order prior to the hearing on the accusation provided for in subdivision (f), the agency may, upon notice to the licensee and proof of violation, modify or expand the interim order.

(j) A plea or verdict of guilty or a conviction after a plea of nolo contendere is deemed to be a conviction within the meaning of this section. A certified record of the conviction shall be conclusive evidence of the fact that the conviction occurred. A board may take action under this section notwithstanding the fact that an appeal of the conviction may be taken.

(k) The interim orders provided for by this section shall be in addition to, and not a limitation on, the authority to seek injunctive relief provided in any other provision of law.

(l) In the case of a board, a petition for an interim order may be filed by the executive officer. In the case of a bureau or program, a petition may be filed by the chief or program administrator, as the case may be.

(m) “Board,” as used in this section, shall include any agency described in Section 22, and any allied health agency within the jurisdiction of the Medical Board of California. Board shall also include the Osteopathic Medical Board of California and the State Board of Chiropractic Examiners. The provisions of this section shall not apply to the Medical Board of California, the Board of Podiatric Medicine, or the State Athletic Commission.
SUMMARY:

As introduced in February, the subject of this bill was Pupil health: school health services. As amended April 4, the subject became that referenced, above.

Existing law requires the governing board of a school district to give diligent care to the health and physical development of pupils, and authorizes the governing board of a school district to employ properly certified persons for the work. Existing law authorizes a school nurse, subject to approval by the governing board of the school district, to perform various pupil health services, including, among others, evaluating the health and developmental status of pupils, and designing and implementing health maintenance plans to meet the individual health needs of pupils.

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 provides for the reimbursement of claims and the resolution of claim and coverage disputes, as specified. Existing law requires a health care service plan to reimburse providers for emergency services and care provided to its enrollees until the care results in stabilization of the enrollee and also requires group plans to authorize and permit assignment of the enrollee’s right to reimbursement for covered health care services to the State Department of Health Care Services when services are provided to a Medi-Cal beneficiary. Existing law provides for the direct payment of group insurance medical benefits by a health insurer to the person or persons furnishing or paying for hospitalization or medical or surgical aid or, in the case of a Medi-Cal beneficiary, to the State Department of Health Care Services, as specified. Existing law provides that specified services provided by a local educational agency are covered Medi-Cal benefits and authorizes providers to bill for those services.

ANALYSIS:

This bill, on and after July 1, 2016, would require the governing board of a school district that is eligible for concentration funding pursuant to the provisions of the local control funding formula to employ at least one school nurse as a supervisor of health, and would require a supervisor of health to supervise other school nurses, registered nurses, or other licensed vocational nurses employed by a school district and, if applicable, a nurse of a county office of education under contract, as provided. The bill would require the governing board of a school district to consider specified
factors in determining the number of nurses to be supervised by the supervisor of health, including, among others, the acuity of pupil health care needs.

This bill would require a health care service plan or health insurer to reimburse a school district for the health care services provided by a school nurse, registered nurse, or licensed vocational nurse employed by, or under contract with, a school district to an enrollee or insured that would otherwise be covered by the enrollee’s plan contract or the insured’s health insurance policy and would authorize the school district to submit a claim to a health care service plan or health insurer for reimbursement of the cost of those services. Because a willful violation of the bill’s requirements with respect to health care service plans would be a crime, the bill would impose a state-mandated local program.

Amended analysis as of 4/21:
This bill would authorize the governing board of a school district to bill a pupil’s health insurer, or the Medi-Cal program pursuant to a specified provision, or both, for the cost of health care services provided to the pupil. This bill provides that any nurses hired pursuant to this section shall supplement, and not supplant, existing employees of the school district. This bill would delete the amendments of April 4 to the Health and Safety Code and the Insurance Code related to reimbursement.

BOARD POSITION: Not considered previously.

LEGISLATIVE COMMITTEE RECOMMENDED POSITION: Not previously considered.

SUPPORT:

OPPOSE:
An act to add Sections 49404 and 49428 to the Education Code, to add Section 1371.34 to the Health and Safety Code, and to add Section 10133.68 to the Insurance Code, relating to pupil health care services.

LEGISLATIVE COUNSEL’S DIGEST

SB 1239, as amended, Wolk. Pupil health care services: school nurses. (1) Existing law requires the governing board of a school district to give diligent care to the health and physical development of pupils, and authorizes the governing board of a school district to employ properly certified persons for the work. Existing law authorizes a school nurse, subject to approval by the governing board of the school district, to perform various pupil health services, including, among others, evaluating the health and developmental status of pupils, and designing and implementing health maintenance plans to meet the individual health needs of pupils.

This bill, on and after July 1, 2016, would require the governing board of a school district that is eligible for concentration funding pursuant to the provisions of the local control funding formula to employ at least one school nurse as a supervisor of health, and would require a supervisor of health to supervise other school nurses, registered nurses, or other licensed vocational nurses employed by a school district and, if applicable, a nurse of a county office of education under contract, as provided. The bill would require the governing board of a school district
to consider specified factors in determining the number of nurses to be supervised by the supervisor of health, including, among others, the acuity of pupil health care needs. The bill would authorize the governing board of a school district to bill a pupil’s health insurer, or the Medi-Cal program pursuant to a specified provision, or both, for the cost of health care services provided to the pupil. Because the bill would require school districts to perform new duties, the bill would impose a state-mandated local program.

(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 provides for the reimbursement of claims and the resolution of claim and coverage disputes, as specified. Existing law requires a health care service plan to reimburse providers for emergency services and care provided to its enrollees until the care results in stabilization of the enrollee and also requires group plans to authorize and permit assignment of the enrollee’s right to reimbursement for covered health care services to the State Department of Health Care Services when services are provided to a Medi-Cal beneficiary. Existing law provides for the direct payment of group insurance medical benefits by a health insurer to the person or persons furnishing or paying for hospitalization or medical or surgical aid or, in the case of a Medi-Cal beneficiary, to the State Department of Health Care Services, as specified. Existing law provides that specified services provided by a local educational agency are covered Medi-Cal benefits and authorizes providers to bill for those services.

This bill would require a health care service plan or health insurer to reimburse a school district for the health care services provided by a school nurse, registered nurse, or licensed vocational nurse employed by, or under contract with, a school district to an enrollee or insured that would otherwise be covered by the enrollee’s plan contract or the insured’s health insurance policy and would authorize the school district to submit a claim to a health care service plan or health insurer for reimbursement of the cost of those services. Because a willful violation of the bill’s requirements with respect to health care service plans would be a crime, the bill would impose a state-mandated local program.

(3) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.
This bill would provide that with regard to certain mandates no reimbursement is required by this act for a specified reason.

With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

(2) 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.


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

SECTION 1. (a) The Legislature finds and declares both of the following:

(1) The health needs of pupils are not being adequately met in California’s schools due to a lack of qualified health professionals employed by school districts who have access to local school campuses.

(2) Nurses are uniquely qualified to attend to the primary care of pupils suffering from chronic and acute health conditions.

(b) It is therefore the intent of the Legislature in enacting this act to ensure that a school district that is eligible for concentration funding under the local control funding formula employ at least one school nurse, in accordance with standards accepted by national professional nursing organizations: the National Association of School Nurses.

SEC. 2. Section 49404 is added to the Education Code, to read:

49404. The governing board of a school district may bill a pupil’s health insurer, or the Medi-Cal program pursuant to Section 14132.06 of the Welfare and Institutions Code, or both, for the cost of health care services provided to the pupil.

SEC. 2.

SEC. 3. Section 49428 is added to the Education Code, to read:
49428. (a) The governing board of a school district that is eligible to receive concentration funding under the local control funding formula pursuant to subdivision (f) of Section 42238.02 shall employ at least one school nurse as a supervisor of health. The supervisor of health shall supervise other school nurses, registered nurses, or licensed vocational nurses employed by the school district and, if applicable, a school nurse of a county office of education under contract pursuant to subdivision (d).

(b) The governing board of a school district shall consider the following factors in determining the number of nurses to be supervised by the supervisor of health:

1. The acuity of pupil health care needs.
2. The distance and travel time between schools under the supervision of the school nurse.
3. The total healthy pupil population at each schoolsite.

(c) A registered nurse or licensed vocational nurse shall provide health care services to pupils under the supervision of a school nurse.

(d) A school district may contract with a county office of education for the services of a school nurse employed by the county office of education.

(e) This section shall not apply to schools served by a school health center, as defined in Section 124174 of the Health and Safety Code. However, the Legislature encourages schools with a school health center to also employ a school nurse.

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

1. “Licensed vocational nurse” means a licensed vocational nurse licensed under Chapter 6.5 (commencing with Section 2840) of Division 2 of the Business and Professions Code.
2. “Registered nurse” means a registered nurse licensed under Chapter 6 (commencing with Section 2700) of Division 2 of the Business and Professions Code.
3. “School nurse” has the same meaning as set forth in Section 49426.

(g) Any nurses hired pursuant to this section shall supplement, and not supplant, existing employees of the school district.

(h) This section shall be operative on July 1, 2016.
A health care service plan shall reimburse a school district for the health care services provided by a school nurse, registered nurse, or licensed vocational nurse employed by, or under contract with, a school district, pursuant to Section 49428 of the Education Code, to an enrollee of the plan that would otherwise be covered by the enrollee’s plan contract. The school district may submit a claim to a health care service plan for reimbursement of the services described in this section. The enrollee shall not be responsible for any share of the cost of providing the services described in this section.

SEC. 4. Section 10133.68 is added to the Insurance Code, to read:

10133.68. A health insurer shall reimburse a school district for the health care services provided by a school nurse, registered nurse, or licensed vocational nurse employed by, or under contract with, a school district, pursuant to Section 49428 of the Education Code, to an insured of the insurer that would otherwise be covered by the insured’s policy of health insurance. The school district may submit a claim to a health insurer for reimbursement of the services described in this section. The insured shall not be responsible for any share of the cost of providing the services described in this section.

SEC. 5. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution for certain costs that may be incurred by a local agency or school district because, in that regard, this act creates a new crime or infraction; eliminates a crime or infraction; or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

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

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