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**BUSINESS AND PROFESSIONS CODE - BPC**

**DIVISION 2. HEALING ARTS [500 - 4999.129]** ( *Division 2 enacted by Stats. 1937, Ch. 399.*  )

**CHAPTER 5. Medicine [2000 - 2529.8.1]** ( *Chapter 5 repealed and added by Stats. 1980, Ch. 1313, Sec. 2.*  )

**ARTICLE 1. Administration [2000 - 2028.5]** ( *Article 1 added by Stats. 1980, Ch. 1313, Sec. 2.*  )

**2000.** This chapter shall be known and may be cited as the Medical Practice Act. Whenever a reference is made to the Medical Practice Act by the provisions of any statute, it is to be construed as referring to the provisions of this chapter.

*(Repealed and added by Stats. 1980, Ch. 1313, Sec. 2.)*

**2001.** (a) There is in the Department of Consumer Affairs a Medical Board of California that consists of 15 members, 7 of whom shall be public members.

(b) The Governor shall appoint 13 members to the board, subject to confirmation by the Senate, 5 of whom shall be public members. The Senate Committee on Rules and the Speaker of the Assembly shall each appoint a public member.

(c) This section shall remain in effect only until January 1, 2028, and as of that date is repealed. Notwithstanding any other law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature.

*(Amended by Stats. 2023, Ch. 294, Sec. 2. (SB 815) Effective January 1, 2024. Repealed as of January 1, 2028, by its own provisions.)*

**2001.1.** Protection of the public shall be the highest priority for the Medical Board of California in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

*(Added by Stats. 2002, Ch. 107, Sec. 4. Effective January 1, 2003.)*

**2002.** Unless otherwise expressly provided, the term "board" as used in this chapter means the Medical Board of California. As used in this chapter or any other provision of law, "Division of Medical Quality" and "Division of Licensing" shall be deemed to refer to the board.

*(Amended by Stats. 2007, Ch. 678, Sec. 2. Effective January 1, 2008.)*

**2004.** The board shall have the responsibility for the following:

(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

(b) The administration and hearing of disciplinary actions.

(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.

(f) Approving undergraduate and graduate medical education programs.

(g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).

(h) Issuing licenses and certificates under the board's jurisdiction.

(i) Administering the board's continuing medical education program.

*(Amended by Stats. 2007, Ch. 678, Sec. 4. Effective January 1, 2008.)*

**2006.** (a) Any reference in this chapter to an investigation by the board shall be deemed to refer to a joint investigation conducted by employees of the Department of Justice and the Health Quality Investigation Unit under the vertical enforcement and prosecution model, as specified in Section 12529.6 of the Government Code.

(b) This section shall become operative on July 1, 2014.

*(Repealed (in Sec. 6) and added by Stats. 2013, Ch. 515, Sec. 7. (SB 304) Effective January 1, 2014. Section operative July 1, 2014, by its own provisions.)*

**2007.** Members of the board shall only be appointed from persons who have been residents of this state for at least the five-year period preceding their appointment. Members of the board, except the public members, shall only be appointed from persons licensed as physicians and surgeons in this state. No person who in any manner owns any interest in any college, school, or institution engaged in medical instruction shall be appointed to the board. Four of the physician members of the board shall hold faculty appointments in a clinical department of an approved medical school in the state, but not more than four members of the board may hold full-time appointments to the faculties of such medical schools.

The public members shall not be licensees of the board.

*(Amended by Stats. 2023, Ch. 294, Sec. 3. (SB 815) Effective January 1, 2024.)*

**2008.** The board may appoint panels from its members for the purpose of fulfilling the obligations established in subdivision (c) of Section 2004. Any panel appointed under this section shall at no time be comprised of less than four members and the number of public members assigned to the panel shall not exceed the number of licensed physician and surgeon members assigned to the panel. Each panel shall annually elect a chair and a vice chair.

*(Amended by Stats. 2017, Ch. 775, Sec. 18. (SB 798) Effective January 1, 2018.)*

**2010.** Each member of the board shall be appointed for a term of four years.

Vacancies occurring on the board shall be filled by appointment of the appointing power for the unexpired term.

*(Amended by Stats. 1982, Ch. 676, Sec. 3.)*

**2011.** The appointing power may remove any member of the board for neglect of duty required by this chapter, incompetency, or unprofessional conduct.

*(Amended by Stats. 1982, Ch. 676, Sec. 4.)*

**2012.** The board shall elect a president, a vice president, and a secretary from its members.

*(Amended by Stats. 2007, Ch. 678, Sec. 9. Effective January 1, 2008.)*

**2013.** (a) The board and a panel appointed under this chapter may convene from time to time as deemed necessary by the board.

(b) Four members of a panel of the board shall constitute a quorum for the transaction of business at any meeting of the panel. Eight members shall constitute a quorum for the transaction of business at any board meeting.

(c) It shall require the affirmative vote of a majority of those members present at a board or panel meeting, those members constituting at least a quorum, to pass any motion, resolution, or measure. A decision by a panel to discipline a physician and surgeon shall require an affirmative vote, at a meeting or by mail, of a majority of the members of that panel; except that a decision to revoke the certificate of a physician and surgeon shall require the affirmative vote of four members of that panel.

*(Amended by Stats. 2007, Ch. 678, Sec. 10. Effective January 1, 2008.)*

**2014.** Notice of each meeting of the board shall be given in accordance with 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).

*(Amended by Stats. 2007, Ch. 678, Sec. 11. Effective January 1, 2008.)*

**2015.** The president of the board may call meetings of any duly appointed and created committee or panel of the board at a specified time and place.

*(Amended by Stats. 2007, Ch. 678, Sec. 12. Effective January 1, 2008.)*

**2015.5.** The board may establish advisory committees consisting of persons who have a physician's and surgeon's certificate issued by the board that is in good standing and members of the public with interest or knowledge of the subject matter assigned to the committee. Members of an advisory committee need not be members of the board.

*(Added by Stats. 2006, Ch. 843, Sec. 1. Effective January 1, 2007.)*

**2016.** Each member of the board and its committees shall receive per diem and travel expenses as provided in Section 103.

*(Added by Stats. 1980, Ch. 1313, Sec. 2.)*

**2017.** The board and each committee or panel shall keep an official record of all their proceedings.

*(Amended by Stats. 2007, Ch. 678, Sec. 13. Effective January 1, 2008.)*

**2018.** The board may adopt, amend, or repeal, in accordance with the provisions of the Administrative Procedure Act, those regulations as may be necessary to enable it to carry into effect the provisions of law relating to the practice of medicine.

*(Amended by Stats. 2007, Ch. 678, Sec. 14. Effective January 1, 2008.)*

**2019.** The office of the board shall be in the City of Sacramento. Suboffices may be established in the Cities of Los Angeles, San Diego, and San Francisco or the environs of such cities. Notwithstanding any other law, legal proceedings against the board shall be instituted in any one of these four cities. The board may also establish other suboffices as it may deem necessary and such records as may be necessary may be transferred temporarily to any suboffices.

*(Amended by Stats. 2023, Ch. 294, Sec. 4. (SB 815) Effective January 1, 2024.)*

**2020.** (a) The board, by and with the approval of the director, may employ an executive director exempt from the provisions of the Civil Service Act and may also employ investigators, legal counsel, medical consultants, and other assistance as it may deem necessary to carry this chapter into effect. The board may fix the compensation to be paid for services subject to the provisions of applicable state laws and regulations and may incur other expenses as it may deem necessary. Investigators employed by the board shall be provided special training in investigating medical practice activities.

(b) The Attorney General shall act as legal counsel for the board for any judicial and administrative proceedings and the services of the Attorney General shall be a charge against it.

(c) This section shall remain in effect only until January 1, 2028, and as of that date is repealed.

*(Amended by Stats. 2023, Ch. 294, Sec. 5. (SB 815) Effective January 1, 2024. Repealed as of January 1, 2028, by its own provisions.)*

**2021.** (a) If the board publishes a directory pursuant to Section 112, it may require persons licensed pursuant to this chapter to furnish any information as it may deem necessary to enable it to compile the directory.

(b) Each licensee shall report to the board each and every change of address, including an email address, within 30 days after each change, giving both the old and new address. If an address reported to the board at the time of application for licensure or subsequently is a post office box, the applicant shall also provide the board with a street address. If another address is the licensee's address of record, the licensee may request that the second address not be disclosed to the public.

(c) Each licensee shall report to the board each and every change of name within 30 days after each change, giving both the old and new names.

(d) Each applicant and licensee shall have an electronic mail address and shall report to the board that electronic mail address no later than July 1, 2022. The electronic mail address shall be considered confidential and not subject to public disclosure.

*(Amended by Stats. 2021, Ch. 649, Sec. 5. (SB 806) Effective January 1, 2022.)*

**2022.** The directory shall be prima facie evidence of the authority of the persons named therein to practice under this act, unless such authority has been revoked, suspended, or otherwise limited pursuant to this chapter subsequent to the publication of the directory.

*(Added by Stats. 1980, Ch. 1313, Sec. 2.)*

**2023.5.** (a) The board, in conjunction with the Board of Registered Nursing, and in consultation with the Physician Assistant Board and professionals in the field, shall review issues and problems surrounding the use of laser or intense light pulse devices for elective cosmetic procedures by physicians and surgeons, nurses, and physician assistants. The review shall include, but need not be limited to, all of the following:

(1) The appropriate level of physician supervision needed.

(2) The appropriate level of training to ensure competency.

(3) Guidelines for standardized procedures and protocols that address, at a minimum, all of the following:

- (A) Patient selection.
- (B) Patient education, instruction, and informed consent.
- (C) Use of topical agents.
- (D) Procedures to be followed in the event of complications or side effects from the treatment.
- (E) Procedures governing emergency and urgent care situations.

(b) Nothing in this section shall be construed to modify the prohibition against the unlicensed practice of medicine.

*(Amended by Stats. 2022, Ch. 511, Sec. 9. (SB 1495) Effective January 1, 2023.)*

**2024.** (a) The board may select and contract with necessary medical consultants who are licensed physicians and surgeons to assist it in its programs. Subject to Section 19130 of the Government Code, the board may contract with these consultants on a sole source basis.

(b) Every consultant retained under this section for a given investigation of a licensee shall be a specialist, as defined in subparagraph (B) of paragraph (5) of subdivision (h) of Section 651.

*(Amended by Stats. 1998, Ch. 984, Sec. 2. Effective January 1, 1999.)*

**2024.5.** (a) The board shall establish a Complainant Liaison Unit comprised of board staff responsible for the following:

- (1) Respond to communications from the public about the complaint review and enforcement process.
- (2) After a complaint has been referred to a field investigation, assist with coordinating communications between the complainant and investigators, as necessary.
- (3) Following a disciplinary decision, respond to questions from the complainant regarding any appeals process available to the disciplined licensee.
- (4) Conduct and support public outreach activities to improve the public's understanding of the board's enforcement process, including related laws and policies.
- (5) Evaluate and respond to requests from complainants to review a complaint closure that the complainant believes was made in error.

(b) The Legislature finds and declares that the board requires additional staff positions to implement this section. Therefore, this section shall only become operative six months following the allocation of positions to the board for the implementation of these provisions in the annual Budget Act.

*(Added by Stats. 2023, Ch. 294, Sec. 6. (SB 815) Effective January 1, 2024. Conditionally operative as prescribed by its own provisions.)*

**2025.** The board through its regular mailing shall notify all licensees of the existence of pain management guidelines published by the Agency for Health Care Policy and Research of the Public Health Service within the United States Department of Health and Human Services, and shall provide the published guidelines to licensees upon request.

*(Added by Stats. 1993, Ch. 949, Sec. 1. Effective January 1, 1994.)*

**2026.** The board shall initiate the process of adopting regulations on or before January 1, 2019, to require its licentiates and registrants to provide notice to their clients or patients that the practitioner is licensed or registered in this state by the board, that the practitioner's license can be checked, and that complaints against the practitioner can be made through the board's Internet Web site or by contacting the board.

*(Added by Stats. 2017, Ch. 775, Sec. 20. (SB 798) Effective January 1, 2018.)*

**2027.** (a) The board shall post on its Internet Web site the following information on the current status of the license for all current and former licensees:

- (1) Whether or not the licensee is presently in good standing.
- (2) Current American Board of Medical Specialties certification or board equivalent as certified by the board.
- (3) Any of the following enforcement actions or proceedings to which the licensee is actively subjected:

(A) Temporary restraining orders.

(B) Interim suspension orders.

(C) Revocations, suspensions, probations, or limitations on practice ordered by the board or the board of another state or jurisdiction, including those made part of a probationary order or stipulated agreement.

(D) Current accusations filed by the Attorney General, including those accusations that are on appeal. For purposes of this paragraph, "current accusation" means an accusation that has not been dismissed, withdrawn, or settled, and has not been finally decided upon by an administrative law judge and the board unless an appeal of that decision is pending.

(E) Citations issued that have not been resolved or appealed within 30 days.

(b) The board shall post on its Internet Web site all of the following historical information in its possession, custody, or control regarding all current and former licensees:

(1) Approved postgraduate training.

(2) Any final revocations and suspensions, or other equivalent actions, taken against the licensee by the board or the board of another state or jurisdiction or the surrender of a license by the licensee in relation to a disciplinary action or investigation, including the operative accusation resulting in the license surrender or discipline by the board.

(3) Probation or other equivalent action ordered by the board, or the board of another state or jurisdiction, completed or terminated, including the operative accusation resulting in the discipline by the board.

(4) Any felony convictions. Upon receipt of a certified copy of an expungement order granted pursuant to Section 1203.4 of the Penal Code from a licensee, the board shall, within six months of receipt of the expungement order, post notification of the expungement order and the date thereof on its Internet Web site.

(5) Misdemeanor convictions resulting in a disciplinary action or accusation that is not subsequently withdrawn or dismissed. Upon receipt of a certified copy of an expungement order granted pursuant to Section 1203.4 of the Penal Code from a licensee, the board shall, within six months of receipt of the expungement order, post notification of the expungement order and the date thereof on its Internet Web site.

(6) Civil judgments issued in any amount, whether or not vacated by a settlement after entry of the judgment, that were not reversed on appeal, and arbitration awards issued in any amount, for a claim or action for damages for death or personal injury caused by the physician and surgeon's negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services.

(7) Except as provided in subparagraphs (A) and (B), a summary of any final hospital disciplinary actions that resulted in the termination or revocation of a licensee's hospital staff privileges for a medical disciplinary cause or reason. The posting shall provide any additional explanatory or exculpatory information submitted by the licensee pursuant to subdivision (f) of Section 805. The board shall also post on its Internet Web site a factsheet that explains and provides information on the reporting requirements under Section 805.

(A) If a licensee's hospital staff privileges are restored and the licensee notifies the board of the restoration, the information pertaining to the termination or revocation of those privileges shall remain posted on the Internet Web site for a period of 10 years from the restoration date of the privileges, and at the end of that period shall be removed.

(B) If a court finds, in a final judgment, that peer review resulting in a hospital disciplinary action was conducted in bad faith and the licensee notifies the board of that finding, the information concerning that hospital disciplinary action posted on the Internet Web site shall be immediately removed. For purposes of this subparagraph, "peer review" has the same meaning as defined in Section 805.

(8) Public letters of reprimand issued within the past 10 years by the board or the board of another state or jurisdiction, including the operative accusation, if any, resulting in discipline by the board.

(9) Citations issued within the last three years that have been resolved by payment of the administrative fine or compliance with the order of abatement.

(10) All settlements within the last five years in the possession, custody, or control of the board shall be disclosed for a licensee in the low-risk category if there are three or more settlements for that licensee within the last five years, and for a licensee in the high-risk category if there are four or more settlements for that licensee within the last five years. Classification of a licensee in either a "high-risk category" or a "low-risk" category depends upon the specialty or subspecialty practiced by the licensee and the designation assigned to that specialty or subspecialty by the board pursuant to subdivision (f) of Section 803.1.

(A) For the purposes of this paragraph, "settlement" means a settlement in an amount of thirty thousand dollars (\$30,000) or more of any claim or action for damages for death or personal injury caused by the physician and surgeon's negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services.

(B) For the purposes of this paragraph, "settlement" does not include a settlement by a licensee, regardless of the amount paid, when (i) the settlement is made as a part of the settlement of a class claim, (ii) the amount paid in settlement of the class claim is the same amount paid by the other licensees in the same class or similarly situated licensees in the same class, and (iii) the settlement was paid in the context of a case for which the complaint that alleged class liability on behalf of the licensee also alleged a products liability class action cause of action.

(C) The board shall not disclose the actual dollar amount of a settlement, but shall disclose settlement information in the same manner and with the same disclosures required under subparagraph (B) of paragraph (2) of subdivision (b) of Section 803.1.

(11) Appropriate disclaimers and explanatory statements to accompany the information described in paragraphs (1) to (10), inclusive, including an explanation of what types of information are not disclosed. These disclaimers and statements shall be developed by the board and shall be adopted by regulation.

(c) The board shall provide links to other Internet Web sites that provide information on board certifications that meet the requirements of subdivision (h) of Section 651. The board may also provide links to any other Internet Web sites that provide information on the affiliations of licensed physicians and surgeons. The board may provide links to other Internet Web sites on the Internet that provide information on health care service plans, health insurers, hospitals, or other facilities.

*(Repealed and added by Stats. 2014, Ch. 285, Sec. 2. (AB 1886) Effective January 1, 2015.)*

**2028.5.** (a) The board may establish a pilot program to expand the practice of telehealth in this state.

(b) To implement this pilot program, the board may convene a working group of interested parties from the public and private sectors, including, but not limited to, state health-related agencies, health care providers, health plan administrators, information technology groups, and groups representing health care consumers.

(c) The purpose of the pilot program shall be to develop methods, using a telehealth model, to deliver throughout the state health care to persons with chronic diseases as well as information on the best practices for chronic disease management services and techniques and other health care information as deemed appropriate.

*(Amended by Stats. 2013, Ch. 275, Sec. 2. (AB 1420) Effective January 1, 2014.)*