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SB-815 Healing arts. (2023-2024)

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Senate Bill No. 815

CHAPTER 294

An act to amend Sections 853, 2001, 2007, 2019, 2020, 2064.5, 2065, 2096, 2097, 2224, 2225.5, 2234, 2266, 2307, 2334, 2425, 2435, and 2450 of, to amend and repeal Sections 2529, 2529.1, 2529.5, and 2529.6 of, to add Sections 2024.5, 2220.1, 2220.2, 2225.7, 2232.5, and 2307.5 to, to add Article 3.5 (commencing with Section 2950) to Chapter 6.6 of Division 2 of, and to repeal Section 2270 of, the Business and Professions Code, and to amend Section 123110 of the Health and Safety Code, relating to healing arts.

[Approved by Governor September 30, 2023. Filed with Secretary of State September 30, 2023.]

LEGISLATIVE COUNSEL'S DIGEST

SB 815, Roth. Healing arts.

(1) Existing law governs professions and vocations that are regulated by various boards within the Department of Consumer Affairs, including the Medical Board of California and the Dental Board of California. Existing law requires those boards to require a licensee, at the time of issuance of a license, to provide specified federal taxpayer information, including the applicant's social security number or individual taxpayer identification number. Existing law prohibits a licensing board from processing an application for an initial license unless the applicant provides that information where requested on the application.

Existing law, the Licensed Physicians and Dentists from Mexico Pilot Program, allows licensed physicians and dentists from Mexico to be issued a license by the Medical Board of California or a permit by the Dental Board of California to practice medicine or dentistry in California for a period not to exceed 3 years and establishes requirements for the participants in the program, as specified.

This bill, for purposes of the pilot program, notwithstanding the above-described requirements to provide specified federal taxpayer information, would require the Medical Board of California (board) to issue a 3-year nonrenewable license to an applicant who has not provided an individual taxpayer identification number or social security number if the applicant meets specified conditions. The bill would require the applicant to immediately seek an appropriate 3-year visa and social security number from the federal government within 14 days of being issued the medical license and immediately provide the board with their social security number within 10 days of issuance of that card by the federal government. The bill would prohibit the applicant from engaging in the practice of medicine until the board determines that these conditions have been met. The bill would require the board to notify the applicant of their eligibility to practice medicine if the board determines the applicant has met these conditions. The bill would permit the board to extend the 3-year nonrenewable license period, as specified. The bill would require, for a licensee to be eligible for an extension, certain documents to be submitted to the board no later than January 30, 2024, including a declaration signed by the licensee under penalty of perjury that the licensee meets the requirements for an extension. By expanding the crime of perjury, the bill would impose a state-mandated local program. The bill would prohibit an extension from extending the license period beyond September 30, 2026, and would make an extension dependent upon the program having sufficient funding appropriated in the annual Budget Act.

(2) Existing law, the Medical Practice Act, establishes the Medical Board of California within the Department of Consumer Affairs for the licensure, regulation, and discipline of physicians and surgeons. Under existing law, the board consists of 15 members, 7 of whom are public members. Existing law requires the Senate Committee on Rules and the Speaker of the Assembly to each appoint one public member. Existing law repeals these provisions on January 1, 2024.

This bill would extend that date to January 1, 2028.

(3) Existing law requires members of the Medical Board of California to only be appointed from persons who have been citizens of this state for at least 5 years next preceding their appointment.

This bill would instead require members of the board to only be appointed from persons who have been residents of this state for at least the 5-year period preceding their appointment. The bill would also make conforming changes.

(4) Existing law requires legal proceedings against the Medical Board of California to be instituted in the City of Sacramento, Los Angeles, San Diego, or San Francisco.

This bill would make a technical, nonsubstantive change to these provisions.

(5) Existing law authorizes the Medical Board of California to employ and fix the compensation of an executive director, and other specified staff, as provided. Existing law authorizes the Attorney General to act as legal counsel for the board for any judicial and administrative proceedings. Existing law repeals these provisions on January 1, 2022.

This bill would extend that date to January 1, 2028. The bill would also establish a Complainant Liaison Unit comprised of board staff responsible for, among other things, responding to communications from the public about the complaint review and enforcement process. The bill would condition the implementation of the unit on allocation of positions in the annual Budget Act, as specified.

(6) Existing law requires medical school graduates to obtain a physician's and surgeon's postgraduate training license within 180 days after enrollment in a board-approved training program, as specified. Existing law establishes that the physician's and surgeon's postgraduate training license shall be valid until 90 days after the holder has received 12 months' credit of board-approved postgraduate training for graduates of medical schools in the United States and Canada or 24 months of board-approved postgraduate training for graduates of foreign medical schools approved by the Medical Board of California, as specified.

This bill would instead require a medical school graduate to obtain a physician's and surgeon's postgraduate training license within 180 days after beginning a board-approved postgraduate program. The bill would instead establish that any physician's and surgeon's postgraduate training license in an active status issued on or after January 1, 2020, shall be valid for a period of 36 months.

(7) Existing law prohibits a postgraduate training licensee, intern, resident, postdoctoral fellow, or instructor from engaging in the practice of medicine, or receiving compensation for that practice, unless they hold a valid, unrevoked, and unsuspended physician's and surgeon's certificate issued by the Medical Board of California, except as provided. Existing law authorizes a graduate who has completed the first year of postgraduate training, in an approved residency or fellowship, to engage in the practice of medicine as part of that residency or fellowship, and to receive compensation for that practice. If the resident or fellow fails to receive a license to practice medicine within 27 months from the commencement of the residency or fellowship, except as otherwise specified, or if the board denies their application for licensure, existing law specifies that these privileges and exemptions automatically cease.

Existing law establishes that all approved postgraduate training the medical school graduate has successfully completed in the United States or Canada shall count toward the 15-month license exemption for graduates of medical schools in the United States and Canada or the 27-month license exemption for graduates of board-approved foreign medical schools, except as otherwise allowed. Existing law permits the board, in its discretion and upon review of supporting documentation, to grant an extension beyond the 15 months to a postgraduate training licensee who graduated from a medical school in the United States or Canada, or beyond 27 months to a postgraduate training licensee who graduated from a foreign medical school approved by the board, as specified.

This bill would delete the authorization provisions described above. The bill would instead establish that all approved postgraduate training the medical school graduate has successfully completed in the United States or Canada shall count toward the postgraduate training requirement to obtain a physician's and surgeon's license. The bill would modify requirements related to an applicant for a physician's and surgeon's license, who has either graduated from medical school in the United States or Canada to require the applicant to have received 12 months of board-approved postgraduate training in another state or in Canada, or has graduated from a foreign medical school approved by the board and has received 24 months credit of board-approved postgraduate training and who is accepted into an approved postgraduate program in California, to obtain their

physician's and surgeon's license within 180 days after beginning that postgraduate program or all privileges and exemptions would automatically cease. The bill would also authorize the board, in its discretion and upon review of supporting documentation, to grant an extension beyond 36 months to a postgraduate training licensee who graduated from a medical school approved by the board, as specified.

Existing law requires an applicant for a physician's and surgeon's license who received credit for 12 months of approved postgraduate training in another state or in Canada and who is accepted into an approved postgraduate training program in California to obtain their physician's and surgeon's license within 90 days after beginning that postgraduate training program.

This bill would extend the period for an applicant for a physician's and surgeon's license who received credit of postgraduate training, as described above, to 180 days after beginning the postgraduate training program.

(8) Existing law requires an applicant for a physician's and surgeon's license to successfully complete at least 12 months of board-approved postgraduate training for graduates of medical schools in the United States and Canada or 24 months of board-approved postgraduate training for graduates of foreign medical schools other than Canadian medical schools. Existing law requires the postgraduate training to include at least 4 months of general medicine and shall be obtained in a postgraduate training program, as specified. Existing law authorizes an applicant who has received credit for at least 12 months of board-approved postgraduate training for graduates of medical schools in the United States and Canada or 24 months of board-approved postgraduate training for graduates of foreign medical schools, as specified, and not less than 12 months of which were completed as part of an oral and maxillofacial surgery postgraduate training program as a resident after receiving a medical degree from a combined dental and medical degree program accredited by the Commission on Dental Accreditation (CODA) or approved by the board, to be eligible for licensure.

This bill would delete the postgraduate training requirement regarding the inclusion of 4 months of general training, as specified above. The bill would also delete the provision regarding eligibility for licensure for applicants who participated in an oral and maxillofacial surgery postgraduate training program.

(9) For individuals issued a physician and surgeon license by the board on or after January 1, 2022, existing law requires a physician and surgeon to show satisfactory evidence to the Medical Board of California of postgraduate training, as specified, before a physician's and surgeon's license may be renewed. If a holder of a physician's and surgeon's certificate does not show evidence satisfactory to the board of the receipt of credit, as specified, of board-approved postgraduate training, as specified, existing law authorizes the board to automatically place a physician's and surgeon's certificate in delinquent status.

The bill would require a physician and surgeon to show evidence satisfactory to the board of postgraduate training, as specified, before a physician's and surgeon's license may be renewed, except licensees or applicants who meet specified requirements, including among others, that the licensee or applicant holds an unlimited and unrestricted license as a physician and surgeon in another state and has held that license continuously for a minimum of 4 years prior to the date of application and meets other requirements. The bill would, in addition to the authority to automatically place a physician's and surgeon's certificate in delinquent status, authorize the board to grant an additional 60 days to the initial license expiration date, as specified. For a licensee who has received credit for at least 24 months of approved postgraduate training in an oral and maxillofacial surgery postgraduate training program, as specified, the bill would require, at the time of initial renewal, a licensee to show evidence satisfactory to the board, pursuant to the attestation of specified individuals before their physician's and surgeon's license may be renewed. For a physician whose license is canceled or who surrenders their license prior to meeting the renewal requirements described above, this bill would prohibit a physician from having their license reinstated, except as specified.

Existing law authorizes the Division of Licensing to prepare and mail a questionnaire, as specified, to every licensed physician at the time of license renewal, and requires that questionnaire to include questions to establish that the physician currently has no mental, physical, or behavioral disorder that would impair the physician's ability to practice medicine safely.

This bill would instead authorize the Division of Licensing to prepare and provide electronically or mail a questionnaire to every licensed physician at the time of license renewal, and would require that the questionnaire include questions to establish that the physician currently has no disorder that would impair the physician's ability to practice medicine safely.

(10) Existing law requires any complaint determined to involve the quality of care rendered by a physician and surgeon, except as provided, before complaint closure or referral to a field office for further investigation, to be reviewed by one or more medical experts with the pertinent education, training, and expertise to evaluate the specific standard of care issues raised by the complaint to determine if further field investigation is required. Existing law requires that review to include specified information, as requested by the board.

Before a complaint, as specified, pertaining to the quality of care that a licensee provided to their patient may be closed, this bill would require the board to conduct an interview with the complainant, patient, or the patient's representative, as specified. The bill would only make that provision operative 6 months following the allocation of positions for this purpose in the annual Budget Act.

The bill would also require a complainant, patient, or patient representative to be provided with an opportunity to provide a statement relative to the harm they experienced, as specified. The bill would require the statement to be considered by the board, or a panel of the board, for the purposes of adjudicating the case to which the statement pertains.

(11) Existing law authorizes the Medical Board of California to delegate its specified authority to conduct investigations and inspections and to institute proceedings to the executive director of the board or other specified personnel, but prohibits specified delegations of authority. Existing law requires the board to delegate to the executive director the authority to adopt a decision entered by default and a stipulation for surrender of a license.

This bill would additionally require the board to delegate to the executive director the authority to adopt automatic revocations.

(12) Existing law requires a licensee who fails or refuses to comply with a request for the certified medical records of a patient, as specified, to pay to the Medical Board of California a civil penalty, as specified. Existing law requires a licensee or health care facility to pay the board a civil penalty, as specified, if a licensee or health care facility refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board. Existing law establishes that any statute of limitations applicable to the filing of an accusation by the board shall be tolled during the period the licensee is out of compliance with the court order and during any related appeals.

This bill would require that the statute of limitations relating to the licensee as described above be tolled upon the service of an order to show cause, as specified, until such time as the subpoenaed records are produced, including any period the licensee is out of compliance with the court order and during any related appeals, or until the court declines to issue an order mandating release of the records to the board. This bill would require that the statute of limitations relating to the health care facility as described above be tolled during the period the health care facility is out of compliance with the court order and during any related appeals, or until the court declines to issue an order mandating release of records to the board.

The bill would require the owner, corporate officer, or manager of an entity licensed by the Board of Pharmacy to provide the board, or its authorized representatives, records requested by an authorized officer of law or authorized representative of the board, within 3 business days of the time the request was made. The bill would permit the entity to request an extension of this timeframe, as specified.

(13) Existing law requires the Medical Board of California to take action against any licensee who is charged with unprofessional conduct, defined as, among other things, including the failure of a certificate holder, who is the subject of an investigation of the board, to attend and participate in an interview by the board, as specified, and the failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients. Existing law provides that it shall constitute unprofessional conduct for a physician and surgeon to disseminate misinformation or disinformation related to COVID-19, as specified.

This bill would specify the failure to attend and participate in an interview by the board no later than 30 calendar days after being notified by the board constitutes unprofessional conduct. The bill would specify that the failure of a physician and surgeon to maintain adequate and accurate records as described above for at least 7 years after the last date of service to a patient constitutes unprofessional conduct.

The bill would include as unprofessional conduct any action of the licensee intended to cause their patient to rescind consent to the release of the patient's medical records to the board of the Health Quality Investigation Unit of the Department of Consumer Affairs and dissuading, intimidating, or tampering with a patient, witness, or any person in an attempt to prevent them from reporting or testifying about a licensee.

This bill would require the board or its designee to automatically suspend a license following a conviction of a felony by a licensee, as specified. The bill would require the board or its designee to automatically revoke the license, as prescribed. The bill would authorize the licensee to request a hearing within 30 days of the automatic suspension order, as specified.

This bill would repeal the above-described provisions that provide that it shall constitute unprofessional conduct for a physician and surgeon to disseminate misinformation or disinformation related to COVID-19, as provided.

Existing law specifies the time period before a person whose certificate has been surrendered or revoked or placed on probation may petition the board for reinstatement of a license. Existing law specifies a period of 3 years for reinstatement of a license surrendered or revoked for unprofessional conduct, except that the board may, for good cause shown, specify in a revocation order that a petition for reinstatement may be filed after 2 years.

This bill would update certain of those time periods, including specifying a period of 5 years for reinstatement of a license surrendered or revoked for unprofessional conduct, except that the board may, for good cause shown, specify in a revocation order that a petition for reinstatement may be filed after 3 years.

The bill would require the board to automatically reject a petition for early termination of modification, as specified. The bill would authorize the board to establish a fee paid by a person seeking license reinstatement or modification of penalty, as specified. The bill would require the board to adopt regulations pursuant to the Administrative Procedure Act to implement this provision.

(14) Existing law prohibits the use of expert testimony in matters brought by the Medical Board of California unless specified information, including a complete expert witness report with prescribed components, is exchanged with counsel for the other party, and requires the exchange of the information to be completed 30 calendar days prior to the commencement date of the hearing or as specified.

This bill would additionally require a statement from a complainant, patient, or patient representative relative to the harm they experienced to be exchanged in written form with counsel for the other party. The bill would require the exchange of the information to be completed 90 days prior to the commencement date of the hearing or as specified.

(15) Under existing law, all moneys paid to and received by the Medical Board of California are required to be paid into the State Treasury and credited to the Contingent Fund of the Medical Board of California. Under existing law, moneys in the contingent fund shall be available, upon appropriation by the Legislature, as provided. Existing law, applicable to the licensure of physicians and surgeons, requires an applicant for a certificate based upon a national board diplomate certificate, an applicant for a certificate based on reciprocity, and an applicant for a certificate based upon written examination to pay a nonrefundable application and processing fee at the time the application is filed. Existing law requires an applicant who qualifies for a certificate, as a condition precedent to its issuance, in addition to other required fees, to pay an initial license fee in an amount not to exceed \$863. For licenses that expire on or after January 1, 2022, existing law requires the board to fix the biennial renewal fee not to exceed \$863.

This bill would instead require the initial license fee to be \$1,151, and for licenses that expire on or after January 1, 2024, the biennial renewal fee to be \$1,151. Beginning January 1, 2027, the bill would require the initial license fee to be \$1,255, and for licenses that expire on or after January 1, 2027, the biennial renewal fee to be \$1,255. The bill would require the board, if the board has unencumbered funds, as specified, to reduce license or other fees, as prescribed.

Existing law, the Osteopathic Act, establishes the Board of Osteopathic Examiners of the State of California, known as the Osteopathic Medical Board of California, for the licensure, regulation, and discipline of persons holding or applying for physician's and surgeon's certificates issued by the Osteopathic Board of California. Existing law requires the powers and duties of the Osteopathic Medical Board of California to be subject to review by the appropriate policy committees of the Legislature. Existing law requires the review to be performed as if these provisions were scheduled to be repealed as of January 1, 2026.

This bill would extend that date to January 1, 2028.

(16) Existing law authorizes graduates of specified institutes who have completed clinical training in psychoanalysis to engage in psychoanalysis as an adjunct to teaching, training, or research and hold themselves out to the public as psychoanalysts, and authorizes students in those institutes to engage in psychoanalysis under supervision, if the students and graduates do not hold themselves out to the public by any title or description of services incorporating specified words or that they do not state or imply that they are licensed to practice psychology. Existing law requires those students and graduates seeking to engage in psychoanalysis to register with the Medical Board of California, presenting evidence of their student or graduate status. Existing law requires each person to whom registration is granted under those provisions to pay specified fees into the Contingent Fund of the Medical Board of California. Existing law, the Psychology Law, makes a violation of its provisions a crime.

Commencing January 1, 2025, this bill would transfer the administration and enforcement duties of those provisions from the Medical Board of California to the Board of Psychology. The bill would require that any moneys within the Contingent Fund of the Medical Board of California collected pursuant to those provisions be deposited in the Psychology Fund, and would require a registrant to pay into the Psychology Fund those fees fixed by the Board of Psychology. The bill would authorize the Board of Psychology to employ, subject to civil service regulations, whatever additional clerical assistance is necessary for the administration of these provisions. By placing these provisions in the Psychology Law, the bill would expand the definition of a crime, thereby imposing a state-mandated local program.

(17) Existing law establishes procedures for providing access to health care records or summaries of those records by patients and those persons having responsibility for decisions respecting the health care of others. Existing law entitles an adult patient of a health care provider, minor patient authorized by law to consent to medical treatment, and patient's personal representative to inspect patient records upon presenting to the health care provider a request for those records and upon payment of reasonable costs, except as specified.

This bill would make technical, nonsubstantive changes to these provisions.

(18) This bill would incorporate additional changes to Section 2065 of the Business and Professions Code proposed by AB 1646 to be operative only if this bill and AB 1646 are enacted and this bill is enacted last.

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

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

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: yes

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 853 of the Business and Professions Code is amended to read:

853. (a) The Licensed Physicians and Dentists from Mexico Pilot Program is hereby created. This program shall allow up to 30 licensed physicians specializing in family practice, internal medicine, pediatrics, and obstetrics and gynecology, and up to 30 licensed dentists from Mexico to practice medicine or dentistry in California for a period not to exceed three years, in accordance with this section. The program shall also maintain an alternate list of program participants.

(b) The Medical Board of California shall issue three-year nonrenewable licenses to practice medicine to licensed Mexican physicians and the Dental Board of California shall issue three-year nonrenewable permits to practice dentistry to licensed Mexican dentists.

(c) Physicians from Mexico eligible to participate in this program shall comply with the following:

(1) Be licensed, certified or recertified, and in good standing in their medical specialty in Mexico. This certification or recertification shall be performed, as appropriate, by the Consejo Mexicano de Ginecología y Obstetricia, A.C., the Consejo Mexicano de Certificación en Medicina Familiar, A.C., the Consejo Mexicano de Medicina Interna, A.C., or the Consejo Mexicano de Certificación en Pediatría, A.C.

(2) Prior to leaving Mexico, each physician shall have completed the following requirements:

(A) Passed the board review course with a score equivalent to that registered by United States applicants when passing a board review course for the United States certification examination in each of the physician's specialty areas and passed an interview examination developed by the National Autonomous University of Mexico (UNAM) for each specialty area. Family practitioners who include obstetrics and gynecology in their practice shall also be required to have appropriately documented, as specified by United States standards, 50 live births. Mexican obstetricians and gynecologists shall be fellows in good standing of the American College of Obstetricians and Gynecologists.

(B) (i) Satisfactorily completed a six-month orientation program that addressed medical protocol, community clinic history and operations, medical administration, hospital operations and protocol, medical ethics, the California medical delivery system, health maintenance organizations and managed care practices, and pharmacology differences. This orientation program shall be approved by the Medical Board of California to ensure that it contains the requisite subject matter and meets appropriate California law and medical standards where applicable.

(ii) Additionally, Mexican physicians participating in the program shall be required to be enrolled in adult English-as-a-second-language (ESL) classes that focus on both verbal and written subject matter. Each physician participating in the program shall have transcripts sent to the Medical Board of California from the appropriate Mexican university showing enrollment and satisfactory completion of these classes.

(C) Representatives from the UNAM in Mexico and a medical school in good standing or a facility conducting an approved medical residency training program in California shall confer to develop a mutually agreed upon distant learning program for the six-month orientation program required pursuant to subparagraph (B).

(3) Upon satisfactory completion of the requirements in paragraphs (1) and (2), and after having received their three-year nonrenewable medical license, the Mexican physicians shall be required to obtain continuing education pursuant to Section 2190. Each physician shall obtain an average of 25 continuing education units per year for a total of 75 units for a full three years of program participation.

(4) Upon satisfactory completion of the requirements in paragraphs (1) and (2), the applicant shall receive a three-year nonrenewable license to work in nonprofit community health centers and shall also be required to participate in a six-month externship at the applicant's place of employment. This externship shall be undertaken after the participant has received a license and is able to practice medicine. The externship shall ensure that the participant is complying with the established standards for quality assurance of nonprofit community health centers and medical practices. The externship shall be affiliated with a medical school in good standing in California. Complaints against program participants shall follow the same procedures contained in the Medical Practice Act (Chapter 5 (commencing with Section 2000)).

(5) After arriving in California, Mexican physicians participating in the program shall be required to be enrolled in adult ESL classes at institutions approved by the Bureau for Private Postsecondary and Vocational Education or accredited by the Western Association of Schools and Colleges. These classes shall focus on verbal and written subject matter to assist a physician in obtaining a level of proficiency in English that is commensurate with the level of English spoken at community clinics where the physician will practice. The community clinic employing a physician shall submit documentation confirming approval of an ESL program to the board for verification. Transcripts of satisfactory completion of the ESL classes shall be submitted to the Medical Board of California as proof of compliance with this provision.

(6) (A) Nonprofit community health centers employing Mexican physicians in the program shall be required to have medical quality assurance protocols and either be accredited by the Joint Commission on Accreditation of Health Care Organizations or have protocols similar to those required by the Joint Commission on Accreditation of Health Care Organizations. These protocols shall be submitted to the Medical Board of California prior to the hiring of Mexican physicians.

(B) In addition, after the program participant successfully completes the six-month externship program, a free standing health care organization that has authority to provide medical quality certification, including, but not limited to, health plans, hospitals, and the Integrated Physician Association, is responsible for ensuring and overseeing the compliance of nonprofit community health centers medical quality assurance protocols, conducting site visits when necessary, and developing any additional protocols, surveys, or assessment tools to ensure that quality of care standards through quality assurance protocols are being appropriately followed by physicians participating in the program.

(7) Participating hospitals shall have the authority to establish criteria necessary to allow individuals participating in this three-year pilot program to be granted hospital privileges in their facilities.

(8) The Medical Board of California shall provide oversight review of both the implementation of this program and the evaluation required pursuant to subdivision (I). The board shall consult with the medical schools applying for funding to implement and evaluate this program, executive and medical directors of nonprofit community health centers wanting to employ program participants, and hospital administrators who will have these participants practicing in their hospital, as it conducts its oversight responsibilities of this program and evaluation. Any funding necessary for the implementation of this program, including the evaluation and oversight functions, shall be secured from nonprofit philanthropic entities. Implementation of this program may not proceed unless appropriate funding is secured from nonprofit philanthropic entities. The board shall report to the Legislature every January during which the program is operational regarding the status of the program and the ability of the program to secure the funding necessary to carry out its required provisions. Notwithstanding Section 11005 of the Government Code, the board may accept funds from nonprofit philanthropic entities. The board shall, upon appropriation in the annual Budget Act, expend funds received from nonprofit philanthropic entities for this program.

(d) (1) Dentists from Mexico eligible to participate in this program shall comply with the following requirements or the requirements contained in paragraph (2):

(A) Be graduates from the National Autonomous University of Mexico School of Faculty Dentistry (Facultad de Odontología).

(B) Meet all criteria required for licensure in Mexico that is required and being applied by the National Autonomous University of Mexico School of Faculty Dentistry (Facultad de Odontología), including, but not limited to:

(i) A minimum grade point average.

(ii) A specified English language comprehension and conversational level.

(iii) Passage of a general examination.

(iv) Passage of an oral interview.

(C) Enroll and complete an orientation program that focuses on the following:

(i) Practical issues in pharmacology that shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

(ii) Practical issues and diagnosis in oral pathology that shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

(iii) Clinical applications that shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

(iv) Biomedical sciences that shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

(v) Clinical history management that shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

(vi) Special patient care that shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

(vii) Sedation techniques that shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

(viii) Infection control guidelines that shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

(ix) Introduction to health care systems in California.

(x) Introduction to community clinic operations.

(2) (A) Graduate within the three-year period prior to enrollment in the program, from a foreign dental school that has received provisional approval or certification by November of 2003 from the Dental Board of California under the Foreign Dental School Approval Program.

(B) Enroll and satisfactorily complete an orientation program that focuses on the health care system and community clinic operations in California.

(C) Enroll and satisfactorily complete a course taught by an approved foreign dental school on infection control approved by the Dental Board of California.

(3) Upon satisfactory completion to a competency level of the requirements in paragraph (1) or (2), dentists participating in the program shall be eligible to obtain employment in a nonprofit community health center pursuant to subdivision (f) within the structure of an extramural dental program for a period not to exceed three years.

(4) Dentists participating in the program shall be required to complete the necessary continuing education units required by the Dental Practice Act (Chapter 4 (commencing with Section 1600)).

(5) The program shall accept 30 participating dentists. The program shall also maintain an alternate list of program applicants. If an active program participant leaves the program for any reason, a participating dentist from the alternate list shall be chosen to fill the vacancy. Only active program participants shall be required to complete the orientation program specified in subparagraph (C) of paragraph (1).

(6) (A) Additionally, an extramural dental facility may be identified, qualified, and approved by the board as an adjunct to, and an extension of, the clinical and laboratory departments of an approved dental school.

(B) As used in this subdivision, "extramural dental facility" includes, but is not limited to, any clinical facility linked to an approved dental school for the purposes of monitoring or overseeing the work of a dentist licensed in Mexico participating in this program and that is employed by an approved dental school for instruction in dentistry that exists outside or beyond the walls, boundaries, or precincts of the primary campus of the approved dental school, and in which dental services are rendered. These facilities shall include nonprofit community health centers.

(C) Dental services provided to the public in these facilities shall constitute a part of the dental education program.

(D) Approved dental schools shall register extramural dental facilities with the board. This registration shall be accompanied by information supplied by the dental school pertaining to faculty supervision, scope of treatment to be rendered, arrangements for postoperative care, the name and location of the facility, the date operations shall commence at the facility, and a description of the equipment and facilities available. This information shall be supplemented with a copy of the agreement between the approved dental school and the affiliated institution establishing the contractual relationship. Any change in the information initially provided to the board shall be communicated to the board.

(7) The program shall also include issues dealing with program operations, and shall be developed in consultation by representatives of community clinics, approved dental schools, or the National Autonomous University of Mexico School of Faculty Dentistry (Facultad de Odontología).

(8) The Dental Board of California shall provide oversight review of the implementation of this program and the evaluation required pursuant to subdivision (l). The board shall consult with dental schools in California that have applied for funding to

implement and evaluate this program and executive and dental directors of nonprofit community health centers wanting to employ program participants, as it conducts its oversight responsibilities of this program and evaluation. Implementation of this program may not proceed unless appropriate funding is secured from nonprofit philanthropic entities. The board shall report to the Legislature every January during which the program is operational regarding the status of the program and the ability of the program to secure the funding necessary to carry out its required provisions. Notwithstanding Section 11005 of the Government Code, the board may accept funds from nonprofit philanthropic entities.

(e) Nonprofit community health centers that employ participants shall be responsible for ensuring that participants are enrolled in local English-language instruction programs and that the participants attain English-language fluency at a level that would allow the participants to serve the English-speaking patient population when necessary and have the literacy level to communicate with appropriate hospital staff when necessary.

(f) Physicians and dentists from Mexico having met the applicable requirements set forth in subdivisions (c) and (d) shall be placed in a pool of candidates who are eligible to be recruited for employment by nonprofit community health centers in California, including, but not limited to, those located in the Counties of Ventura, Los Angeles, San Bernardino, Imperial, Monterey, San Benito, Sacramento, San Joaquin, Santa Cruz, Yuba, Orange, Colusa, Glenn, Sutter, Kern, Tulare, Fresno, Stanislaus, San Luis Obispo, and San Diego. The Medical Board of California shall ensure that all Mexican physicians participating in this program have satisfactorily met the requirements set forth in subdivision (c) prior to placement at a nonprofit community health center.

(g) Nonprofit community health centers in the counties listed in subdivision (f) shall apply to the Medical Board of California and the Dental Board of California to hire eligible applicants who shall then be required to complete a six-month externship that includes working in the nonprofit community health center and a corresponding hospital. Once enrolled in this externship, and upon payment of the required fees, the Medical Board of California shall issue a three-year nonrenewable license to practice medicine and the Dental Board of California shall issue a three-year nonrenewable dental special permit to practice dentistry. For purposes of this program, the fee for a three-year nonrenewable license to practice medicine shall be nine hundred dollars (\$900) and the fee for a three-year nonrenewable dental permit shall be five hundred forty-eight dollars (\$548). A licensee or permitholder shall practice only in the nonprofit community health center that offered the licensee or permitholder employment and the corresponding hospital. This three-year nonrenewable license or permit shall be deemed to be a license or permit in good standing pursuant to the provisions of this chapter for the purpose of participation and reimbursement in all federal, state, and local health programs, including managed care organizations and health maintenance organizations.

(h) The three-year nonrenewable license or permit shall terminate upon notice by certified mail, return receipt requested, to the licensee's or permitholder's address of record, if, in the Medical Board of California's or Dental Board of California's sole discretion, it has determined that either:

(1) The license or permit was issued by mistake.

(2) A complaint has been received by either board against the licensee or permitholder that warrants terminating the license or permit pending an investigation and resolution of the complaint.

(i) (1) Notwithstanding subdivisions (a) to (d), inclusive, of Section 30, the Medical Board of California shall issue a three-year nonrenewable license pursuant to this section to an applicant who has not provided an individual taxpayer identification number or social security number if the board staff determines the applicant is otherwise eligible for a license only under the Licensed Physicians from Mexico Pilot Program pursuant to this section, subject to all of the following conditions:

(A) The applicant shall immediately seek both an appropriate three-year visa and the accompanying social security number from the United States government within 14 days of being issued a medical license under this section.

(B) The applicant shall immediately provide to the Medical Board of California a social security number obtained in accordance with subparagraph (A) within 10 days of the federal government issuing the social security card related to the issued visa.

(C) The applicant shall not engage in the practice of medicine pursuant to this section until the Medical Board of California determines that the conditions in subparagraphs (A) and (B) have been met.

(2) The Medical Board of California, if it determines that an applicant has met the conditions in paragraph (1), shall notify the applicant that the applicant may engage in the practice of medicine under the license in accordance with this section.

(j) (1) Subject to paragraphs (2) to (4), inclusive, the Medical Board of California may extend the three-year nonrenewable license period if, prior to January 30, 2024, the licensee was unable to practice more than 30 consecutive business days due to at least one of the following circumstances:

(A) The pregnancy of the licensee.

(B) The pregnancy of the married spouse of the licensee.

(C) The pregnancy of the domestic partner who is in a civil union with the licensee.

(D) Delay caused by the credentialing process of health plans.

(E) Delay caused by the visa application and review process by the United States Citizenship and Immigration Services.

(2) For a licensee to be eligible for an extension under this subdivision, both of the following shall be submitted to the Medical Board of California no later than January 30, 2024:

(A) A declaration signed by the licensee under penalty of perjury and supporting documentation demonstrating that the licensee meets the requirements of this subdivision.

(B) A request for the extension from the chief executive officer of the community health center who employs the licensee.

(3) If the Medical Board of California determines that the requirements of this subdivision have been satisfied for a licensee, it may grant a one-time extension for the timeframe in which the licensee was unable to work.

(4) An extension granted pursuant to this subdivision shall not extend the license period by more than one year or beyond September 30, 2026, whichever is sooner, and shall be dependent upon the program having sufficient funding appropriated in the annual Budget Act.

(k) All applicable employment benefits, salary, and policies provided by nonprofit community health centers to their current employees shall be provided to medical and dental practitioners from Mexico participating in this pilot program. This shall include nonprofit community health centers providing malpractice insurance coverage.

(l) Beginning 12 months after this pilot program has commenced, an evaluation of the program shall be undertaken with funds provided from philanthropic foundations. The evaluation shall be conducted jointly by one medical school and one dental school in California and either UNAM or a foreign dental school approved by the Dental Board of California, in consultation with the Medical Board of California. If the evaluation required pursuant to this section does not begin within 15 months after the pilot project has commenced, the evaluation may be performed by an independent consultant selected by the Director of Consumer Affairs. This evaluation shall include, but not be limited to, the following issues and concerns:

(1) Quality of care provided by doctors and dentists licensed under this pilot program.

(2) Adaptability of these licensed practitioners to California medical and dental standards.

(3) Impact on working and administrative environment in nonprofit community health centers and impact on interpersonal relations with medical licensed counterparts in health centers.

(4) Response and approval by patients.

(5) Impact on cultural and linguistic services.

(6) Increases in medical encounters provided by participating practitioners to limited-English-speaking patient populations and increases in the number of limited-English-speaking patients seeking health care services from nonprofit community health centers.

(7) Recommendations on whether the program should be continued, expanded, altered, or terminated.

(8) Progress reports on available data listed shall be provided to the Legislature on achievable time intervals beginning the second year of implementation of this pilot program. An interim final report shall be issued three months before termination of this pilot program. A final report shall be submitted to the Legislature at the time of termination of this pilot program on all of the above data. The final report shall reflect and include how other initiatives concerning the development of culturally and linguistically competent medical and dental providers within California and the United States are impacting communities in need of these health care providers.

(m) Costs for administering this pilot program shall be secured from philanthropic entities.

(n) Program applicants shall be responsible for working with the governments of Mexico and the United States in order to obtain the necessary three-year visa required for program participation.

SEC. 2. Section 2001 of the Business and Professions Code is amended to read:

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.

SEC. 3. Section 2007 of the Business and Professions Code is amended to read:

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.

SEC. 4. Section 2019 of the Business and Professions Code is amended to read:

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.

SEC. 5. Section 2020 of the Business and Professions Code is amended to read:

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.

SEC. 6. Section 2024.5 is added to the Business and Professions Code, to read:

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.

SEC. 7. Section 2064.5 of the Business and Professions Code is amended to read:

2064.5. (a) Within 180 days after beginning a board-approved postgraduate training program pursuant to Section 2065, medical school graduates shall obtain a physician's and surgeon's postgraduate training license. To be considered for a postgraduate

training license, the applicant shall submit the application forms and primary source documents required by the board, shall successfully pass all required licensing examinations, shall pay a nonrefundable application and processing fee, and shall not have committed any act that would be grounds for denial.

(1) Each application submitted pursuant to this section shall be made upon an online electronic form, or another form provided by the board, and each application form shall contain a legal verification by the applicant certifying under penalty of perjury that the information provided by the applicant is true and correct and that any information in supporting documents provided by the applicant is true and correct.

(2) Each application shall include the following:

(A) A diploma issued by a board-approved medical school. The requirements of the school shall not have been less than those required under this chapter at the time the diploma was granted or by any preceding medical practice act at the time that the diploma was granted. In lieu of a diploma, the applicant may submit evidence satisfactory to the board of having possessed the same.

(B) An official transcript or other official evidence satisfactory to the board showing each approved medical school in which a resident course of professional instruction was pursued covering the minimum requirements for certification as a physician and surgeon, and that a diploma and degree were granted by the school.

(C) Other information concerning the professional instruction and preliminary education of the applicant as the board may require.

(D) An affidavit showing to the satisfaction of the board that the applicant is the person named in each diploma and transcript that the applicant submits, that the applicant is the lawful holder thereof, and that the diploma or transcript was procured in the regular course of professional instruction and examination without fraud or misrepresentation.

(E) Either fingerprint cards or a copy of a completed Live Scan form from the applicant in order to establish the identity of the applicant and in order to determine whether the applicant has a record of any criminal convictions in this state or in any other jurisdiction, including foreign countries. The information obtained as a result of the fingerprinting of the applicant shall be used in accordance with Section 11105 of the Penal Code, and to determine whether the applicant is subject to denial of licensure under the provisions of Division 1.5 (commencing with Section 475) and Section 2221 of this code.

(F) If the medical school graduate graduated from a foreign medical school approved by the board pursuant to Section 2084, an official Educational Commission for Foreign Medical Graduates (ECFMG) Certification Status Report confirming the graduate is ECFMG certified.

(b) Any physician's and surgeon's postgraduate training license in an active status issued on or after January 1, 2020, shall be valid for a period of 36 months. The physician's and surgeon's postgraduate training licensee may engage in the practice of medicine only in connection with the licensee's duties as an intern or resident physician in a board-approved program, including its affiliated sites, or under those conditions as are approved in writing and maintained in the postgraduate licensee's file by the director of the program.

(c) The postgraduate training licensee may engage in the practice of medicine in locations authorized by subdivision (b), and as permitted by the Medical Practice Act and other applicable statutes and regulations, including, but not limited to, the following:

(1) Diagnose and treat patients.

(2) Prescribe medications without a cosigner, including prescriptions for controlled substances, if the licensee has the appropriate Drug Enforcement Agency registration or permit and is registered with the Department of Justice CURES program.

(3) Sign birth certificates without a cosigner.

(4) Sign death certificates without a cosigner.

(5) Sign any other forms a physician and surgeon is authorized to sign.

(d) The postgraduate training licensee may be disciplined by the board at any time for any of the grounds that would subject the holder of a physician's and surgeon's certificate to discipline.

(e) If the medical school graduate fails to obtain a postgraduate license within 180 days after beginning a board-approved postgraduate training program or if the board denies the graduate's application for a postgraduate license, all privileges and exemptions under this section shall automatically cease.

(f) Each medical school graduate who was issued a postgraduate training authorization letter by the board prior to January 1, 2020, and is enrolled in a board-approved postgraduate training program by April 30, 2025, will be issued a postgraduate training license automatically by June 30, 2020, or by June 30 of the year following initial enrollment into a board-approved postgraduate training program, whichever is earlier, upon proof of enrollment in the postgraduate training program.

(g) The board shall confidentially destroy the file of each medical school graduate who was issued a postgraduate training authorization letter by the board prior to January 1, 2020, who did not enroll in a postgraduate training program by April 30, 2025.

SEC. 8. Section 2065 of the Business and Professions Code is amended to read:

2065. (a) Unless otherwise provided by law, a postgraduate training licensee, intern, resident, postdoctoral fellow, or instructor shall not engage in the practice of medicine, or receive compensation therefor, or offer to engage in the practice of medicine unless they hold a valid, unrevoked, and unsuspended physician's and surgeon's certificate issued by the board. However, a graduate of an approved medical school may engage in the practice of medicine whenever and wherever required as a part of a postgraduate training program under the following conditions:

(1) The medical school graduate has taken and passed the board-approved medical licensing examinations required to qualify the applicant to participate in an approved postgraduate training program.

(2) If the medical school graduate graduated from a foreign medical school approved by the board pursuant to Section 2084, the Educational Commission for Foreign Medical Graduates (ECFMG) has submitted an official ECFMG Certification Status Report directly to the board confirming the graduate is ECFMG certified.

(3) The medical school graduate is enrolled in a postgraduate training program approved by the board.

(4) The board-approved postgraduate training program has submitted the required board-approved form to the board documenting the medical school graduate is enrolled in an approved postgraduate training program.

(5) The medical school graduate obtains a physician's and surgeon's postgraduate training license in accordance with Section 2064.5.

(b) A medical school graduate enrolled in an approved postgraduate training program in accordance with this section may engage in the practice of medicine whenever and wherever required as a part of the training program, and may receive compensation for that practice.

(c) All approved postgraduate training the medical school graduate has successfully completed in the United States or Canada shall count toward the postgraduate training requirement to obtain a physician's and surgeon's license under Section 2096.

(d) The program director for an approved postgraduate training program in California shall report to the board, on a form approved by the board, and provide any supporting documents as required by the board, the following actions within 30 days of the action:

(1) A postgraduate training licensee is notified that they have received partial or no credit for a period of postgraduate training, and their postgraduate training period is extended.

(2) A postgraduate training licensee takes a leave of absence or any break from their postgraduate training, and they are notified that their postgraduate training period is extended.

(3) A postgraduate training licensee is terminated from the postgraduate training program.

(4) A postgraduate training licensee resigns, dies, or otherwise leaves the postgraduate training program.

(5) A postgraduate training licensee has completed a one-year contract approved by the postgraduate training program.

(e) Upon review of supporting documentation, the board, in its discretion, may grant an extension beyond 36 months to a postgraduate training licensee who graduated from a medical school approved by the board pursuant to Section 2084 to receive credit for the 12 months of required approved postgraduate training for graduates of medical schools in the United States and Canada and 24 months of required approved postgraduate training for graduates of foreign medical schools other than Canadian medical schools.

(f) An applicant for a physician's and surgeon's license who has either graduated from medical school in the United States or Canada and has received 12 months credit of board-approved postgraduate training in another state or in Canada, or has graduated from a foreign medical school approved by the board pursuant to Section 2084 and has received 24 months credit of board-approved postgraduate training and who is accepted into an approved postgraduate training program in California shall

obtain their physician's and surgeon's license within 180 days after beginning that postgraduate training program or all privileges and exemptions under this section shall automatically cease.

(g) Upon review of supporting documentation, the board, in its discretion, may grant a physician's and surgeon's license to an applicant who demonstrates substantial compliance with this section.

SEC. 8.5. Section 2065 of the Business and Professions Code is amended to read:

2065. (a) Unless otherwise provided by law, a postgraduate training licensee, intern, resident, postdoctoral fellow, or instructor shall not engage in the practice of medicine, or receive compensation therefor, or offer to engage in the practice of medicine unless they hold a valid, unrevoked, and unsuspended physician's and surgeon's certificate issued by the board. However, a graduate of an approved medical school may engage in the practice of medicine whenever and wherever required as a part of a postgraduate training program under the following conditions:

(1) The medical school graduate has taken and passed the board-approved medical licensing examinations required to qualify the applicant to participate in an approved postgraduate training program.

(2) If the medical school graduate graduated from a foreign medical school approved by the board pursuant to Section 2084, the Educational Commission for Foreign Medical Graduates (ECFMG) has submitted an official ECFMG Certification Status Report directly to the board confirming the graduate is ECFMG certified.

(3) The medical school graduate is enrolled in a postgraduate training program approved by the board.

(4) The board-approved postgraduate training program has submitted the required board-approved form to the board documenting the medical school graduate is enrolled in an approved postgraduate training program.

(5) The medical school graduate obtains a physician's and surgeon's postgraduate training license in accordance with Section 2064.5.

(b) A medical school graduate enrolled in an approved postgraduate training program in accordance with this section may engage in the practice of medicine whenever and wherever required as a part of the training program, and may receive compensation for that practice.

(c) A graduate from a medical school approved pursuant to Section 2084 who is engaged in an Accreditation Council for Graduate Medical Education (ACGME)-accredited postgraduate training program outside of California may, as a participant in guest rotations in an approved postgraduate training program in California or a participating training site affiliated with an ACGME-accredited program, engage in the practice of medicine whenever and wherever required as part of that training program, not to exceed a total of 90 days for all rotations, and may receive compensation for that practice without obtaining a physician's and surgeon's postgraduate training license in accordance with Section 2064.5.

(d) All approved postgraduate training the medical school graduate has successfully completed in the United States or Canada shall count toward the postgraduate training requirement to obtain a physician's and surgeon's license under Section 2096.

(e) The program director for an approved postgraduate training program in California shall report to the board, on a form approved by the board, and provide any supporting documents as required by the board, the following actions within 30 days of the action:

(1) A postgraduate training licensee is notified that they have received partial or no credit for a period of postgraduate training, and their postgraduate training period is extended.

(2) A postgraduate training licensee takes a leave of absence or any break from their postgraduate training, and they are notified that their postgraduate training period is extended.

(3) A postgraduate training licensee is terminated from the postgraduate training program.

(4) A postgraduate training licensee resigns, dies, or otherwise leaves the postgraduate training program.

(5) A postgraduate training licensee has completed a one-year contract approved by the postgraduate training program.

(f) Upon review of supporting documentation, the board, in its discretion, may grant an extension beyond 36 months to a postgraduate training licensee who graduated from a medical school approved by the board pursuant to Section 2084 to receive credit for the 12 months of required approved postgraduate training for graduates of medical schools in the United States and Canada and 24 months of required approved postgraduate training for graduates of foreign medical schools other than Canadian medical schools.

(g) An applicant for a physician's and surgeon's license who has either graduated from medical school in the United States or Canada and has received 12 months credit of board-approved postgraduate training in another state or in Canada, or has graduated from a foreign medical school approved by the board pursuant to Section 2084 and has received 24 months credit of board-approved postgraduate training and who is accepted into an approved postgraduate training program in California shall obtain their physician's and surgeon's license within 180 days after beginning that postgraduate training program or all privileges and exemptions under this section shall automatically cease.

(h) Upon review of supporting documentation, the board, in its discretion, may grant a physician's and surgeon's license to an applicant who demonstrates substantial compliance with this section.

SEC. 9. Section 2096 of the Business and Professions Code is amended to read:

2096. (a) In addition to other requirements of this chapter, before a physician's and surgeon's license may be issued, each applicant, including an applicant applying pursuant to Article 5 (commencing with Section 2105), shall show by evidence satisfactory to the board that the applicant has received credit for at least 12 months of board-approved postgraduate training for graduates of medical schools in the United States and Canada or 24 months of board-approved postgraduate training for graduates of foreign medical schools approved by the board pursuant to Section 2084 other than Canadian medical schools, pursuant to the attestation of the program director, designated institutional official, or delegated authority for the approved postgraduate training program where the applicant participated.

(b) The postgraduate training required by this section shall be obtained in a postgraduate training program approved by the Accreditation Council for Graduate Medical Education (ACGME) in the United States, the Royal College of Physicians and Surgeons of Canada (RCPSC) in Canada, or the College of Family Physicians of Canada (CFPC) in Canada.

SEC. 10. Section 2097 of the Business and Professions Code is amended to read:

2097. (a) In addition to other requirements of this chapter, before a physician's and surgeon's license may be renewed, at the time of initial renewal, a physician and surgeon shall show evidence satisfactory to the board that the licensee has received credit for at least 36 months of board-approved postgraduate training, pursuant to the attestation of the program director, designated institutional official, or delegated authority for the approved postgraduate training program where the applicant participated, except licensees or applicants who meet the requirements of Section 2135, 2135.5, 2151, 2428, or by a licensee or applicant using clinical practice in an appointment under Section 2113 as qualifying time to meet the postgraduate training requirements in Section 2065.

(b) A physician's and surgeon's certificate shall be automatically placed in delinquent status by the board if the holder of a physician's and surgeon's certificate does not show evidence satisfactory to the board that the physician and surgeon has received credit for at least 36 months of board-approved postgraduate training before the licensee's initial license expiration. The board may grant an additional 60 days to the initial license expiration date authorized under Section 2423.

(c) A licensee who has received credit for at least 24 months of approved postgraduate training in an oral and maxillofacial surgery postgraduate training program after receiving a medical degree from a combined dental and medical degree program accredited by the Commission on Dental Accreditation (CODA), shall show evidence of completion of this training satisfactory to the board at the time of initial renewal, before their physician's and surgeon's license may be renewed, pursuant to the attestation of the program director, designated institutional official, or delegated authority for the approved postgraduate training program where the licensee participated.

(d) Upon review of supporting documentation, the board, in its discretion, may renew a physician's and surgeon's license to an applicant who has demonstrated substantial compliance with this section.

(e) A physician whose license is canceled or who surrenders their license prior to meeting the renewal requirements under subdivision (a) may not have their license reinstated under Section 2428 without meeting current renewal requirements under subdivision (a), except licenses originally issued under Section 2135, 2135.5, 2151, or licensees that used qualifying time under Section 2113 to meet the postgraduate training requirements in Section 2065.

(f) This section shall only apply to individuals issued a license by the board on or after January 1, 2022.

SEC. 11. Section 2220.1 is added to the Business and Professions Code, to read:

2220.1. (a) For purposes of this section, "patient representative" means the spouse or domestic partner of the patient, a person responsible for the care of the patient, or the patient's next of kin.

(b) (1) Before a complaint within the jurisdiction of the board pertaining to the quality-of-care that a licensee provided to their patient may be closed, the board shall conduct an interview with the complainant, the patient, or the patient's representative, if

one is identified in the complaint.

(2) This subdivision shall not apply to complaints that are submitted anonymously or without the contact information of the complainant, patient, or a patient representative.

(c) If the board's request for an interview is declined by the complainant, patient, or a patient representative identified in the complaint, or the board has not received a response within 30 calendar days, the board may close the complaint, if otherwise warranted.

(d) If, after the complaint is closed, the complainant, patient, or patient representative provides additional information pertinent to that complaint, the board may reopen the matter, subject to the provisions of Section 2230.5.

(e) 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.

SEC. 12. Section 2220.2 is added to the Business and Professions Code, to read:

2220.2. (a) For purposes of this section, "patient representative" means the spouse or domestic partner of the patient, a person responsible for the care of the patient, or the patient's next of kin.

(b) (1) At the time that a complaint is referred for a field investigation, the relevant complainant, patient, or patient representative shall be provided with the opportunity to provide a statement relative to the harm they experienced.

(2) The complainant, patient, or patient representative shall have up to 60 days following receipt of the notification described in paragraph (1) to provide the statement to the board.

(3) Notwithstanding Section 2330, the statement shall be considered by the board, or a panel of the board, for the purposes of adjudicating the case to which the statement pertains.

(c) This section shall not apply to the Osteopathic Medical Board of California.

SEC. 13. Section 2224 of the Business and Professions Code is amended to read:

2224. (a) The board may delegate the authority under this chapter to conduct investigations and inspections and to institute proceedings to the executive director of the board or to other personnel as set forth in Section 2020. The board shall not delegate its authority to take final disciplinary action against a licensee as provided in Section 2227 and other provisions of this chapter. The board shall not delegate any authority of the Senior Assistant Attorney General of the Health Quality Enforcement Section or any powers vested in the administrative law judges of the Office of Administrative Hearings, as designated in Section 11371 of the Government Code.

(b) Notwithstanding subdivision (a), the board shall delegate to its executive director the authority to adopt a decision entered by default, a stipulation for surrender of a license, and automatic revocations.

SEC. 14. Section 2225.5 of the Business and Professions Code is amended to read:

2225.5. (a) (1) A licensee who fails or refuses to comply with a request for the certified medical records of a patient, that is accompanied by that patient's written authorization for release of records to the board, within 15 days of receiving the request and authorization, shall pay to the board a civil penalty of one thousand dollars (\$1,000) per day for each day that the documents have not been produced after the 15th day, up to ten thousand dollars (\$10,000), unless the licensee is unable to provide the documents within this time period for good cause.

(2) A health care facility shall comply with a request for the certified medical records of a patient that is accompanied by that patient's written authorization for release of records to the board together with a notice citing this section and describing the penalties for failure to comply with this section. Failure to provide the authorizing patient's certified medical records to the board within 30 days of receiving the request, authorization, and notice shall subject the health care facility to a civil penalty, payable to the board, of up to one thousand dollars (\$1,000) per day for each day that the documents have not been produced after the 30th day, up to ten thousand dollars (\$10,000), unless the health care facility is unable to provide the documents within this time period for good cause. For health care facilities that have electronic health records, failure to provide the authorizing patient's certified medical records to the board within 15 days of receiving the request, authorization, and notice shall subject the health care facility to a civil penalty, payable to the board, of up to one thousand dollars (\$1,000) per day for each day that the documents have not been produced after the 15th day, up to ten thousand dollars (\$10,000), unless the health care facility is unable to provide the documents within this time period for good cause. This paragraph shall not require health care facilities

to assist the board in obtaining the patient's authorization. The board shall pay the reasonable costs of copying the certified medical records.

(b) (1) A licensee who fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board shall pay to the board a civil penalty of one thousand dollars (\$1,000) per day for each day that the documents have not been produced after the date by which the court order requires the documents to be produced, up to ten thousand dollars (\$10,000), unless it is determined that the order is unlawful or invalid. Any statute of limitations applicable to the filing of an accusation by the board shall be tolled upon the service of an order to show cause pursuant to Section 11188 of the Government Code, until such time as the subpoenaed records are produced, including during any period the licensee is out of compliance with the court order and during any related appeals, or until the court declines to issue an order mandating release of records to the board.

(2) Any licensee who fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board is guilty of a misdemeanor punishable by a fine payable to the board not to exceed five thousand dollars (\$5,000). The fine shall be added to the licensee's renewal fee if it is not paid by the next succeeding renewal date. Any statute of limitations applicable to the filing of an accusation by the board shall be tolled during the period the licensee is out of compliance with the court order and during any related appeals.

(3) A health care facility that fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of patient records to the board, that is accompanied by a notice citing this section and describing the penalties for failure to comply with this section, shall pay to the board a civil penalty of up to one thousand dollars (\$1,000) per day for each day that the documents have not been produced, up to ten thousand dollars (\$10,000), after the date by which the court order requires the documents to be produced, unless it is determined that the order is unlawful or invalid. Any statute of limitations applicable to the filing of an accusation by the board against a licensee shall be tolled during the period the health care facility is out of compliance with the court order and during any related appeals, or until the court declines to issue an order mandating release of records to the board.

(4) Any health care facility that fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board is guilty of a misdemeanor punishable by a fine payable to the board not to exceed five thousand dollars (\$5,000). Any statute of limitations applicable to the filing of an accusation by the board against a licensee shall be tolled during the period the health care facility is out of compliance with the court order and during any related appeals.

(c) Multiple acts by a licensee in violation of subdivision (b) shall be punishable by a fine not to exceed five thousand dollars (\$5,000) or by imprisonment in a county jail not exceeding six months, or by both that fine and imprisonment. Multiple acts by a health care facility in violation of subdivision (b) shall be punishable by a fine not to exceed five thousand dollars (\$5,000) and shall be reported to the State Department of Public Health and shall be considered as grounds for disciplinary action with respect to licensure, including suspension or revocation of the license or certificate.

(d) A failure or refusal of a licensee to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board constitutes unprofessional conduct and is grounds for suspension or revocation of their license.

(e) Imposition of the civil penalties authorized by this section shall be in accordance with the Administrative Procedure Act (Chapter 5 (commencing with Section 11500) of Division 3 of Title 2 of the Government Code).

(f) For purposes of this section, "certified medical records" means a copy of the patient's medical records authenticated by the licensee or health care facility, as appropriate, on a form prescribed by the board.

(g) For purposes of this section, a "health care facility" means a clinic or health facility licensed or exempt from licensure pursuant to Division 2 (commencing with Section 1200) of the Health and Safety Code.

SEC. 15. Section 2225.7 is added to the Business and Professions Code, to read:

2225.7. When requested by an authorized officer of the law or by an authorized representative of the board, the owner, corporate officer, or manager of an entity licensed by the Board of Pharmacy shall provide the board, or its authorized representative, with the requested records within three business days of the time the request was made. The entity may request in writing an extension of this timeframe for a period not to exceed 14 calendar days from the date the records were requested. A request for an extension of time is subject to the approval of the board. An extension shall be deemed approved if the board fails to deny the extension request within two business days of the time the extension request was made directly to the board.

SEC. 16. Section 2232.5 is added to the Business and Professions Code, to read:

2232.5. (a) (1) Notwithstanding Section 2236, the board or its designee shall automatically suspend a license following a conviction of a felony by a licensee, where the conviction involves a violation of one or more of the statutes identified in subdivision (b) whether in the course of the licensee's practice as a physician and surgeon or otherwise.

(2) The suspension shall remain in effect until the time for appeal has elapsed if no appeal has been taken, or until judgment of conviction has been affirmed on appeal, or has otherwise become final, and until the further order of the board.

(3) The board or its designee may decline to impose or may set aside the suspension when it appears to be in the best interest of justice to do so, with due regard being given to maintaining the integrity of, and confidence in, the profession.

(b) (1) Sexual abuse, misconduct, or relations with a patient pursuant to Section 726 or sexual exploitation as defined in subdivision (a) of Section 729.

(2) Offenses described in subdivisions (c) and (d) of Section 290 of the Penal Code.

(3) Serious felonies as defined in Section 1192.7 of the Penal Code.

(4) Selling, transporting, furnishing, administering, giving, possessing with intent to sell, or offering to sell, furnish, administer, or give to any person, any fentanyl or fentanyl laced product without a lawful prescription.

(c) (1) Following the conviction of a felony as described in subdivision (b), the board or its designee shall automatically revoke a license at such time as the time for appeal has elapsed with no appeal having been taken, or the judgment of conviction having been affirmed on appeal, or the judgment of conviction having otherwise become final.

(2) If the related conviction of the licensee is overturned on appeal, no revocation order shall be issued as to that conviction, and any suspension order issued pursuant to the above shall be rescinded, unless any such order is based on a stipulated settlement. Nothing in this subdivision shall prohibit the board from pursuing disciplinary action based on any cause other than the overturned conviction, including, but not limited to, the underlying conduct alleged in the criminal case.

(d) (1) The licensee may request a hearing within 30 days of the automatic suspension order described in subdivision (a) and the automatic revocation order described in subdivision (c). The proceeding shall be conducted in accordance with the Administrative Procedure Act (Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code) except as provided in paragraph (2).

(2) The Legislature finds and declares that the conviction of any felony identified in subdivision (b) is substantially related to the practice of medicine. An administrative law judge shall not permit or give any weight to expert testimony regarding whether the conviction is substantially related to the practice of medicine. The only purpose of an administrative hearing shall be to determine whether the discipline imposed shall be a suspension, revocation, or other action under the circumstances of the case.

SEC. 17. Section 2234 of the Business and Professions Code is amended to read:

2234. The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

(b) Gross negligence.

(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

(d) Incompetence.

(e) The commission of any act involving dishonesty or corruption that is substantially related to the qualifications, functions, or duties of a physician and surgeon.

(f) Any action or conduct that would have warranted the denial of a certificate.

(g) The failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board no later than 30 calendar days after being notified by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

(h) Any action of the licensee, or another person acting on behalf of the licensee, intended to cause their patient or their patient's authorized representative to rescind consent to release the patient's medical records to the board or the Department of Consumer Affairs, Health Quality Investigation Unit.

(i) Dissuading, intimidating, or tampering with a patient, witness, or any person in an attempt to prevent them from reporting or testifying about a licensee.

SEC. 18. Section 2266 of the Business and Professions Code is amended to read:

2266. The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients for at least seven years after the last date of service to a patient constitutes unprofessional conduct.

SEC. 19. Section 2270 of the Business and Professions Code is repealed.

SEC. 20. Section 2307 of the Business and Professions Code is amended to read:

2307. (a) Except as provided in subdivision (i), a person whose certificate has been surrendered while under investigation or while charges are pending or whose certificate has been revoked or suspended or placed on probation, may petition the board for reinstatement or modification of penalty, including modification or termination of probation.

(b) The person may file the petition after a period of not less than the following minimum periods have elapsed from the effective date of the surrender of the certificate or the decision ordering that disciplinary action:

(1) At least five years for reinstatement of a license surrendered or revoked for unprofessional conduct, except that the board may, for good cause shown, specify in a revocation order that a petition for reinstatement may be filed after three years.

(2) At least two years for early termination of probation or after more than one-half of the probation term has elapsed, whichever is greater.

(3) At least one year for modification of a condition, or reinstatement of a license surrendered or revoked for mental or physical illness, or termination of probation of less than three years.

(c) The petition shall state any facts as may be required by the board. The petition shall be accompanied by at least two verified recommendations from physicians and surgeons licensed in any state who have personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed.

(d) The petition may be heard by a panel of the board. The board may assign the petition to an administrative law judge designated in Section 11371 of the Government Code. After a hearing on the petition, the administrative law judge shall provide a proposed decision to the board or the California Board of Podiatric Medicine, as applicable, which shall be acted upon in accordance with Section 2335.

(e) The panel of the board or the administrative law judge hearing the petition may consider all activities of the petitioner since the disciplinary action was taken, the offense for which the petitioner was disciplined, the petitioner's activities during the time the certificate was in good standing, and the petitioner's rehabilitative efforts, general reputation for truth, and professional ability. The hearing may be continued from time to time as the administrative law judge designated in Section 11371 of the Government Code finds necessary.

(f) The administrative law judge designated in Section 11371 of the Government Code reinstating a certificate or modifying a penalty may recommend the imposition of any terms and conditions deemed necessary.

(g) No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole. No petition shall be considered while there is an accusation or petition to revoke probation pending against the person. The board shall automatically reject a petition for early termination or modification of probation if the board files a petition to revoke probation while the petition for early termination or modification of the probation is pending. The board may deny without a hearing or argument any petition filed pursuant to this section within a period of three years from the effective date of the prior decision following a hearing under this section.

(h) This section is applicable to and may be carried out with regard to licensees of the California Board of Podiatric Medicine. In lieu of two verified recommendations from physicians and surgeons, the petition shall be accompanied by at least two verified

recommendations from doctors of podiatric medicine licensed in any state who have personal knowledge of the activities of the petitioner since the date the disciplinary penalty was imposed.

(i) (1) The board shall not reinstate the certificate of a person under any of the following circumstances:

(A) The person's certificate has been surrendered because the person committed an act of sexual abuse, misconduct, or relations with a patient pursuant to Section 726 or sexual exploitation as defined in subdivision (a) of Section 729.

(B) The person's certificate has been revoked based on a finding by the board that the person committed an act of sexual abuse, misconduct, or relations with a patient pursuant to Section 726 or sexual exploitation as defined in subdivision (a) of Section 729.

(C) The person was convicted in a court in or outside of this state of any offense that, if committed or attempted in this state, based on the elements of the convicted offense, would have been punishable as one or more of the offenses described in subdivision (c) of Section 290 of the Penal Code, and the person engaged in the offense with a patient or client, or with a former patient or client if the relationship was terminated primarily for the purpose of committing the offense.

(D) The person has been required to register as a sex offender pursuant to the provisions of Section 290 of the Penal Code, regardless of whether the conviction has been appealed, and the person engaged in the offense with a patient or client, or with a former patient or client if the relationship was terminated primarily for the purpose of committing the offense.

(2) A plea or a verdict of guilty or a conviction after a plea of nolo contendere is deemed to be a conviction within the meaning of this section. The record of conviction shall be conclusive evidence of the fact that the conviction occurred.

(3) This subdivision does not apply to an applicant who is required to register as a sex offender pursuant to Section 290 of the Penal Code solely because of a misdemeanor conviction under Section 314 of the Penal Code.

(j) Nothing in this section shall be deemed to alter Sections 822 and 823.

SEC. 21. Section 2307.5 is added to the Business and Professions Code, to read:

2307.5. (a) The board may establish a fee to be paid by a person seeking a license reinstatement or modification of penalty pursuant to Section 2307.

(b) The fee established shall not exceed the board's reasonable costs to process and adjudicate a petition submitted pursuant to Section 2307.

(c) The board shall adopt regulations pursuant to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code) to implement this section.

SEC. 22. Section 2334 of the Business and Professions Code is amended to read:

2334. (a) Notwithstanding any other provision of law, with respect to the use of expert testimony in matters brought by the Medical Board of California, no expert testimony shall be permitted by any party unless the following information is exchanged in written form with counsel for the other party, as ordered by the Office of Administrative Hearings:

(1) A curriculum vitae setting forth the qualifications of the expert.

(2) A complete expert witness report, which must include the following:

(A) A complete statement of all opinions the expert will express and the bases and reasons for each opinion.

(B) The facts or data considered by the expert in forming the opinions.

(C) Any exhibits that will be used to summarize or support the opinions.

(3) A representation that the expert has agreed to testify at the hearing.

(4) A statement of the expert's hourly and daily fee for providing testimony and for consulting with the party who retained their services.

(5) A statement, if any, provided pursuant to Section 2220.2.

(b) The exchange of the information described in subdivision (a) shall be completed no later than 90 calendar days prior to the originally scheduled commencement date of the hearing, or as determined by an administrative law judge when Section 11529 of the Government Code applies. Upon motion to extend the deadline based on a showing of good cause, the administrative law

judge may extend the time for the exchange of information for a period not to exceed 100 calendar days cumulatively, but in no case shall the exchange take place less than 30 calendar days before the hearing date, whichever comes first.

(c) The Office of Administrative Hearings may adopt regulations governing the required exchange of the information described in this section.

SEC. 23. Section 2425 of the Business and Professions Code is amended to read:

2425. (a) The Division of Licensing may prepare and provide electronically or mail to every licensed physician at the time of license renewal a questionnaire containing any questions as are necessary to establish that the physician currently has no disorder that would impair the physician's ability to practice medicine safely.

(b) Each licensed physician shall complete, sign, and return the questionnaire to the Division of Licensing as a condition of renewing their license.

SEC. 24. Section 2435 of the Business and Professions Code is amended to read:

2435. The following fees apply to the licensure of physicians and surgeons:

(a) Each applicant for a certificate based upon a national board diplomate certificate, each applicant for a certificate based on reciprocity, and each applicant for a certificate based upon written examination, shall pay a nonrefundable application and processing fee, as set forth in subdivision (b), at the time the application is filed.

(b) The application and processing fee shall be six hundred twenty-five dollars (\$625).

(c) (1) Each applicant who qualifies for a certificate, as a condition precedent to its issuance, in addition to other fees required herein, shall pay an initial license fee. The initial license fee shall be one thousand one hundred fifty-one dollars (\$1,151). An applicant enrolled in an approved postgraduate training program shall be required to pay only 50 percent of the initial license fee.

(2) Beginning January 1, 2027, the initial license fee shall be one thousand two hundred fifty-five dollars (\$1,255).

(d) (1) For licenses that expire on or after January 1, 2024, the biennial renewal fee shall be one thousand one hundred fifty-one dollars (\$1,151).

(2) For licenses that expire on or after January 1, 2027, the biennial renewal fee shall be one thousand two hundred fifty-five dollars (\$1,255).

(e) Notwithstanding Section 163.5, the delinquency fee shall be 10 percent of the biennial renewal fee.

(f) The duplicate certificate and endorsement fees shall each be fifty dollars (\$50), and the certification and letter of good standing fees shall each be ten dollars (\$10).

(g) Notwithstanding any other law, if at the end of any fiscal year the board has unencumbered funds in an amount that is equal to or more than the board's operating budget for the next six months, the board shall reduce license or other fees, whether the license or other fees be fixed by statute or may be determined by the board within limits fixed by statute, during the following fiscal year in an amount that will reduce any surplus funds of the board to an amount less than the board's operating budget for the next six months.

SEC. 25. Section 2450 of the Business and Professions Code is amended to read:

2450. There is a Board of Osteopathic Examiners of the State of California, established by the Osteopathic Act, which shall be known as the Osteopathic Medical Board of California which enforces this chapter relating to persons holding or applying for physician's and surgeon's certificates issued by the Osteopathic Medical Board of California under the Osteopathic Act.

Persons who elect to practice using the term of suffix "M.D.," as provided in Section 2275, shall not be subject to this article, and the Medical Board of California shall enforce the provisions of this chapter relating to persons who made the election.

Notwithstanding any other law, the powers and duties of the Osteopathic Medical Board of California, as set forth in this article and under the Osteopathic Act, shall be subject to review by the appropriate policy committees of the Legislature. The review shall be performed as if this article were scheduled to be repealed as of January 1, 2028.

SEC. 26. Section 2529 of the Business and Professions Code is amended to read:

2529. (a) Graduates of the Southern California Psychoanalytic Institute, the Los Angeles Psychoanalytic Society and Institute, the San Francisco Psychoanalytic Institute, the San Diego Psychoanalytic Center, or institutes deemed equivalent by the Medical Board of California who have completed clinical training in psychoanalysis may engage in psychoanalysis as an adjunct to teaching, training, or research and hold themselves out to the public as psychoanalysts, and students in those institutes may engage in psychoanalysis under supervision, if the students and graduates do not hold themselves out to the public by any title or description of services incorporating the words "psychological," "psychologist," "psychology," "psychometrists," "psychometrics," or "psychometry," or that they do not state or imply that they are licensed to practice psychology.

(b) Those students and graduates seeking to engage in psychoanalysis under this chapter shall register with the Medical Board of California, presenting evidence of their student or graduate status. The board may suspend or revoke the exemption of those persons for unprofessional conduct as defined in Sections 726, 2234, 2235, and 2529.1.

(c) Each application for registration as a research psychoanalyst or student research psychoanalyst shall be made upon an online electronic form, or other form, provided by the board, and each application form shall contain a legal verification by the applicant certifying under penalty of perjury that the information provided by the applicant is true and correct and that any information in supporting documents provided by the applicant is true and correct.

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

SEC. 27. Section 2529.1 of the Business and Professions Code is amended to read:

2529.1. (a) The use of any controlled substance or the use of any of the dangerous drugs specified in Section 4022, or of alcoholic beverages, to the extent, or in such a manner as to be dangerous or injurious to the registrant, or to any other person or to the public, or to the extent that this use impairs the ability of the registrant to practice safely or more than one misdemeanor or any felony conviction involving the use, consumption, or self-administration of any of the substances referred to in this section, or any combination thereof, constitutes unprofessional conduct. The record of the conviction is conclusive evidence of this unprofessional conduct.

(b) A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this section. The board may order discipline of the registrant in accordance with Section 2227 or may order the denial of the registration 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 imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4 of the Penal Code allowing this person to withdraw their plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, complaint, information, or indictment.

(c) This section shall remain in effect until January 1, 2025, and as of that date is repealed.

SEC. 28. Section 2529.5 of the Business and Professions Code is amended to read:

2529.5. (a) Each person to whom registration is granted under the provisions of this chapter shall pay into the Contingent Fund of the Medical Board of California a fee to be fixed by the Medical Board of California at a sum of one hundred fifty dollars (\$150).

(b) The registration shall expire after two years. The registration may be renewed biennially. For registrations that expire on or after January 1, 2022, the fee shall be seventy-five dollars (\$75). Students seeking to renew their registration shall present to the board evidence of their continuing student status.

(c) The money in the Contingent Fund of the Medical Board of California shall be used for the administration of this chapter.

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

SEC. 29. Section 2529.6 of the Business and Professions Code is amended to read:

2529.6. (a) Except as provided in subdivisions (b) and (c), the board shall revoke the registration of any person who has been required to register as a sex offender pursuant to Section 290 of the Penal Code for conduct that occurred on or after January 1, 2017.

(b) This section shall not apply to a person who is required to register as a sex offender pursuant to Section 290 of the Penal Code solely because of a misdemeanor conviction under Section 314 of the Penal Code.

(c) This section shall not apply to a person who has been relieved under Section 290.5 of the Penal Code of their duty to register as a sex offender, or whose duty to register has otherwise been formally terminated under California law.

(d) A proceeding to revoke a registration pursuant to this section shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

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

SEC. 30. Article 3.5 (commencing with Section 2950) is added to Chapter 6.6 of Division 2 of the Business and Professions Code, to read:

Article 3.5. Research Psychoanalysts

2950. (a) Graduates of the Southern California Psychoanalytic Institute, the Los Angeles Psychoanalytic Society and Institute, the San Francisco Psychoanalytic Institute, the San Diego Psychoanalytic Center, or institutes deemed equivalent by the board who have completed clinical training in psychoanalysis may engage in psychoanalysis as an adjunct to teaching, training, or research and hold themselves out to the public as psychoanalysts, and students in those institutes may engage in psychoanalysis under supervision, if the students and graduates do not hold themselves out to the public by any title or description of services incorporating the words "psychological," "psychologist," "psychology," "psychometrists," "psychometrics," or "psychometry," or that they do not state or imply that they are licensed to practice psychology.

(b) Those students and graduates seeking to engage in psychoanalysis under this article shall register with the board, presenting evidence of their student or graduate status. The board may suspend or revoke the exemption of those persons for unprofessional conduct as defined in Sections 726, 2960, 2960.6, 2969, and 2996.

(c) Each application for registration as a research psychoanalyst or student research psychoanalyst shall be made upon an online electronic form, or other form, provided by the board, and each application form shall contain a legal verification by the applicant certifying under penalty of perjury that the information provided by the applicant is true and correct and that any information in supporting documents provided by the applicant is true and correct.

2951. (a) The use of any controlled substance or the use of any of the dangerous drugs specified in Section 4022, or of alcoholic beverages, to the extent, or in such a manner as to be dangerous or injurious to the registrant, or to any other person or to the public, or to the extent that this use impairs the ability of the registrant to practice safely or more than one misdemeanor or any felony conviction involving the use, consumption, or self-administration of any of the substances referred to in this section, or any combination thereof, constitutes unprofessional conduct. The record of the conviction is conclusive evidence of this unprofessional conduct.

(b) A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this section. The board may order discipline of the registrant in accordance with Article 4 (commencing with Section 2960) or may order the denial of the registration 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 imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4 of the Penal Code allowing this person to withdraw their plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, complaint, information, or indictment.

2952. (a) Each person to whom registration is granted under the provisions of this chapter shall pay into the Psychology Fund a fee to be fixed by the board at a sum of one hundred fifty dollars (\$150).

(b) The registration shall expire after two years. The registration may be renewed biennially at a fee fixed by the board at a sum not in excess of seventy-five dollars (\$75). Students seeking to renew their registration shall present to the board evidence of their continuing student status.

(c) The money in the Psychology Fund shall be used for the administration of this chapter. Any moneys within the Contingent Fund of the Medical Board of California collected pursuant to Section 2529.5 as it read before the enactment of the statute that added this section, shall be deposited in the Psychology Fund.

(d) The board may employ, subject to civil service regulations, whatever additional clerical assistance is necessary for the administration of this article.

2953. (a) Except as provided in subdivisions (b) and (c), the board shall revoke the registration of any person who has been required to register as a sex offender pursuant to Section 290 of the Penal Code for conduct that occurred on or after January 1, 2017.

(b) This section shall not apply to a person who is required to register as a sex offender pursuant to Section 290 of the Penal Code solely because of a misdemeanor conviction under Section 314 of the Penal Code.

(c) This section shall not apply to a person who has been relieved under Section 290.5 of the Penal Code of their duty to register as a sex offender, or whose duty to register has otherwise been formally terminated under California law.

(d) A proceeding to revoke a registration pursuant to this section shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

2954. This article shall take effect on January 1, 2025.

SEC. 31. Section 123110 of the Health and Safety Code is amended to read:

123110. (a) Notwithstanding Section 5328 of the Welfare and Institutions Code, and except as provided in Sections 123115 and 123120, any adult patient of a health care provider, any minor patient authorized by law to consent to medical treatment, and any patient's personal representative shall be entitled to inspect patient records upon presenting to the health care provider a request for those records and upon payment of reasonable costs, as specified in subdivision (j). However, a patient who is a minor shall be entitled to inspect patient records pertaining only to health care of a type for which the minor is lawfully authorized to consent. A health care provider shall permit this inspection during business hours within five working days after receipt of the request. The inspection shall be conducted by the patient or patient's personal representative requesting the inspection, who may be accompanied by one other person of their choosing.

(b) (1) Additionally, any patient or patient's personal representative shall be entitled to a paper or electronic copy of all or any portion of the patient records that they have a right to inspect, upon presenting a request to the health care provider specifying the records to be copied, together with a fee to defray the costs of producing the copy or summary, as specified in subdivision (j). The health care provider shall ensure that the copies are transmitted within 15 days after receiving the request.

(2) The health care provider shall provide the patient or patient's personal representative with a copy of the record in the form and format requested if it is readily producible in the requested form and format, or, if not, in a readable paper copy form or other form and format as agreed to by the health care provider and the patient or patient's personal representative. If the requested patient records are maintained electronically and if the patient or patient's personal representative requests an electronic copy of those records, the health care provider shall provide them in the electronic form and format requested if they are readily producible in that form and format, or, if not, in a readable electronic form and format as agreed to by the health care provider and the patient or patient's personal representative.

(c) Copies of X-rays or tracings derived from electrocardiography, electroencephalography, or electromyography need not be provided to the patient or patient's personal representative under this section, if the original X-rays or tracings are transmitted to another health care provider upon written request of the patient or patient's personal representative and within 15 days after receipt of the request. The request shall specify the name and address of the health care provider to whom the records are to be delivered. All reasonable costs, not exceeding actual costs, incurred by a health care provider in providing copies pursuant to this subdivision may be charged to the patient or representative requesting the copies.

(d) (1) Notwithstanding any provision of this section, and except as provided in Sections 123115 and 123120, a patient, employee of a nonprofit legal services entity representing the patient, or the personal representative of a patient, is entitled to a copy, at no charge, of the relevant portion of the patient's records, upon presenting to the provider a written request, and proof that the records or supporting forms are needed to support a claim or appeal regarding eligibility for a public benefit program, a petition for U nonimmigrant status under the Victims of Trafficking and Violence Protection Act, or a self-petition for lawful permanent residency under the Violence Against Women Act. A public benefit program includes the Medi-Cal program, the In-Home Supportive Services Program, the California Work Opportunity and Responsibility to Kids (CalWORKs) program, Social Security Disability Insurance benefits, Supplemental Security Income/State Supplementary Program for the Aged, Blind and Disabled (SSI/SSP) benefits, federal veterans service-connected compensation and nonservice connected pension disability benefits, CalFresh, the Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants, and a government-funded housing subsidy or tenant-based housing assistance program.

(2) Although a patient shall not be limited to a single request, the patient, employee of a nonprofit legal services entity representing the patient, or patient's personal representative shall be entitled to no more than one copy of any relevant portion of their record free of charge.

(3) This subdivision shall not apply to any patient who is represented by a private attorney who is paying for the costs related to the patient's claim or appeal, pending the outcome of that claim or appeal. For purposes of this subdivision, "private attorney" means any attorney not employed by a nonprofit legal services entity.

(e) If a patient, employee of a nonprofit legal services entity representing the patient, or the patient's personal representative requests a record pursuant to subdivision (d), the health care provider shall ensure that the copies are transmitted within 30 days after receiving the written request.

(f) This section shall not be construed to preclude a health care provider from requiring reasonable verification of identity prior to permitting inspection or copying of patient records, provided this requirement is not used oppressively or discriminatorily to frustrate or delay compliance with this section. This section does not supersede any rights that a patient or personal representative might otherwise have or exercise under Section 1158 of the Evidence Code or any other provision of law. This

chapter does not require a health care provider to retain records longer than required by applicable statutes or administrative regulations.

(g) (1) This chapter shall not be construed to render a health care provider liable for the quality of their records or the copies provided in excess of existing law and regulations with respect to the quality of medical records. A health care provider shall not be liable to the patient or any other person for any consequences that result from disclosure of patient records as required by this chapter. A health care provider shall not discriminate against classes or categories of providers in the transmittal of X-rays or other patient records, or copies of these X-rays or records, to other providers as authorized by this section.

(2) Every health care provider shall adopt policies and establish procedures for the uniform transmittal of X-rays and other patient records that effectively prevent the discrimination described in this subdivision. A health care provider may establish reasonable conditions, including a reasonable deposit fee, to ensure the return of original X-rays transmitted to another health care provider, provided the conditions do not discriminate on the basis of, or in a manner related to, the license of the provider to which the X-rays are transmitted.

(h) Any health care provider described in paragraphs (4) to (10), inclusive, of subdivision (a) of Section 123105 who willfully violates this chapter is guilty of unprofessional conduct. Any health care provider described in paragraphs (1) to (3), inclusive, of subdivision (a) of Section 123105 that willfully violates this chapter is guilty of an infraction punishable by a fine of not more than one hundred dollars (\$100). The state agency, board, or commission that issued the health care provider's professional or institutional license shall consider a violation as grounds for disciplinary action with respect to the licensure, including suspension or revocation of the license or certificate.

(i) This section prohibits a health care provider from withholding patient records or summaries of patient records because of an unpaid bill for health care services. Any health care provider who willfully withholds patient records or summaries of patient records because of an unpaid bill for health care services is subject to the sanctions specified in subdivision (h).

(j) (1) Except as provided in subdivision (d), a health care provider may impose a reasonable, cost-based fee for providing a paper or electronic copy or summary of patient records, provided the fee includes only the cost of the following:

(A) Labor for copying the patient records requested by the patient or patient's personal representative, whether in paper or electronic form.

(B) Supplies for creating the paper copy or electronic media if the patient or patient's personal representative requests that the electronic copy be provided on portable media.

(C) Postage, if the patient or patient's personal representative has requested the copy, or the summary or explanation, be mailed.

(D) Preparing an explanation or summary of the patient record, if agreed to by the patient or patient's personal representative.

(2) The fee from a health care provider shall not exceed twenty-five cents (\$0.25) per page for paper copies or fifty cents (\$0.50) per page for records that are copied from microfilm.

SEC. 32. Section 8.5 of this bill incorporates amendments to Section 2065 of the Business and Professions Code proposed by both this bill and Assembly Bill 1646. That section shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2024, (2) each bill amends Section 2065 of the Business and Professions Code, and (3) this bill is enacted after Assembly Bill 1646, in which case Section 8 of this bill shall not become operative.

SEC. 33. 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.