

AMENDED IN SENATE MAY 3, 2011
AMENDED IN SENATE APRIL 25, 2011

SENATE BILL

No. 100

Introduced by Senator Price

January 11, 2011

An act to amend Section 2023.5 of the Business and Professions Code, and to amend Sections 1248, 1248.15, 1248.2, 1248.25, 1248.35, 1248.5, 1248.7, and 1248.85 of the Health and Safety Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 100, as amended, Price. Healing arts.

(1) Existing law provides for the licensure and regulation of various healing arts practitioners and requires certain of those practitioners to use particular designations following their names in specified instances. Existing law provides that it is unlawful for healing arts licensees to disseminate or cause to be disseminated any form of public communication, as defined, containing a false, fraudulent, misleading, or deceptive statement, claim, or image to induce the rendering of services or the furnishing of products relating to a professional practice or business for which they are licensed. Existing law authorizes advertising by these healing arts licensees to include certain general information. A violation of these provisions is a misdemeanor.

This bill would require certain healing arts licensees to include in advertisements, as defined, certain words or designations following their names indicating the particular educational degree they hold or healing art they practice, as specified. By changing the definition of a crime, this bill would impose a state-mandated local program.

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(2) Existing law provides for the licensure and regulation of various healing arts practitioners by boards under the Department of Consumer Affairs. Existing law requires the Medical Board of California, in conjunction with the Board of Registered Nursing, and in consultation with the Physician Assistant Committee and professionals in the field, to review issues and problems relating to the use of laser or intense light pulse devices for elective cosmetic procedures by their respective licensees.

This bill would require the board to adopt regulations by January 1, 2013, regarding the appropriate level of physician availability needed within clinics or other settings using certain laser or intense pulse light devices for elective cosmetic procedures.

~~(2)~~

(3) Existing law requires the Medical Board of California, as successor to the Division of Licensing of the Medical Board of California, to adopt standards for accreditation of outpatient settings, as defined, and, in approving accreditation agencies to perform this accreditation, to ensure that the certification program shall, at a minimum, include standards for specified aspects of the settings' operations. Existing law makes a willful violation of these and other provisions relating to outpatient settings a crime.

This bill would include, among those specified aspects, the submission for approval by an accreditation agency at the time of accreditation, a detailed plan, standardized procedures, and protocols to be followed in the event of serious complications or side effects from surgery. This bill would, as part of the accreditation process, authorize the accrediting agency to conduct a reasonable investigation, as defined, of the prior history of the outpatient setting. The bill would also modify the definition of "outpatient setting" to include facilities that offer in vitro fertilization, as defined. By changing the definition of a crime, this bill would impose a state-mandated local program.

Existing law also requires the Medical Board of California to obtain and maintain a list of all accredited, certified, and licensed outpatient settings, and to notify the public, upon inquiry, whether a setting is accredited, certified, or licensed, or whether the setting's accreditation, certification, or license has been revoked.

This bill would, instead, require the board to obtain and maintain the list for all accredited outpatient settings, and to notify the public, by placing the information on its Internet Web site, whether the setting is accredited or the setting's accreditation has been revoked, suspended,

or placed on probation, or the setting has received a reprimand by the accreditation agency.

Existing law requires accreditation of an outpatient setting to be denied if the setting does not meet specified standards. Existing law authorizes an outpatient setting to reapply for accreditation at any time after receiving notification of the denial.

This bill would require the accreditation agency to report within 3 business days to the Medical Board of California if the outpatient setting's certificate for accreditation has been denied. Because a willful violation of this requirement would be a crime, the bill would impose a state-mandated local program. The bill would also apply the denial of accreditation, or the revocation or suspension of accreditation by one accrediting agency, to all other accrediting agencies.

Existing law authorizes the Medical Board of California, as successor to the Division of Medical Quality of the Medical Board of California, or an accreditation agency to, upon reasonable prior notice and presentation of proper identification, enter and inspect any accredited outpatient setting to ensure compliance with, or investigate an alleged violation of, any standard of the accreditation agency or any provision of the specified law.

This bill would delete the notice and identification requirements. The bill would require that every outpatient setting that is accredited be inspected by the accreditation agency, as specified, and would specify that it may also be inspected by the board and the department, as specified. The bill would require the board to ensure that accreditation agencies inspect outpatient settings.

Existing law authorizes the Medical Board of California to evaluate the performance of an approved accreditation agency no less than every 3 years, or in response to complaints against an agency, or complaints against one or more outpatient settings accreditation by an agency that indicates noncompliance by the agency with the standards approved by the board.

This bill would make that evaluation mandatory.

Existing law authorizes the board or the local district attorney to bring an action to enjoin a violation or threatened violation of the licensing provisions for outpatient settings in the superior court in and for the county in which the violation occurred or is about to occur.

This bill would require the board to investigate all complaints concerning a violation of these provisions and, with respect to any complaints, or upon discovery that an outpatient setting is not in

compliance with a specified provision, would require the board or the local district attorney to bring an action to enjoin the outpatient setting’s operation as specified.

(3)

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

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

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

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

1 SECTION 1. Section 2023.5 of the Business and Professions
2 Code is amended to read:

3 2023.5. (a) The board, in conjunction with the Board of
4 Registered Nursing, and in consultation with the Physician
5 Assistant Committee and professionals in the field, shall review
6 issues and problems surrounding the use of laser or intense light
7 pulse devices for elective cosmetic procedures by physicians and
8 surgeons, nurses, and physician assistants. The review shall include,
9 but need not be limited to, all of the following:

- 10 (1) The appropriate level of physician supervision needed.
- 11 (2) The appropriate level of training to ensure competency.
- 12 (3) Guidelines for standardized procedures and protocols that
13 address, at a minimum, all of the following:
 - 14 (A) Patient selection.
 - 15 (B) Patient education, instruction, and informed consent.
 - 16 (C) Use of topical agents.
 - 17 (D) Procedures to be followed in the event of complications or
18 side effects from the treatment.
 - 19 (E) Procedures governing emergency and urgent care situations.

20 (b) On or before January 1, 2009, the board and the Board of
21 Registered Nursing shall promulgate regulations to implement
22 changes determined to be necessary with regard to the use of laser
23 or intense pulse light devices for elective cosmetic procedures by
24 physicians and surgeons, nurses, and physician assistants.

25 (c) On or before January 1, 2013, the board shall adopt
26 regulations regarding the appropriate level of physician availability

1 needed within clinics or other settings using laser or intense pulse
2 light devices for elective cosmetic procedures. However, these
3 regulations shall not apply to laser or intense pulse light devices
4 approved by the federal Food and Drug Administration for
5 over-the-counter use by a health care practitioner or by an
6 unlicensed person on himself or herself.

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

9 SEC. 2. Section 1248 of the Health and Safety Code is amended
10 to read:

11 1248. For purposes of this chapter, the following definitions
12 shall apply:

13 (a) "Division" means the Medical Board of California. All
14 references in this chapter to the division, the Division of Licensing
15 of the Medical Board of California, or the Division of Medical
16 Quality shall be deemed to refer to the Medical Board of California
17 pursuant to Section 2002 of the Business and Professions Code.

18 (b) (1) "Outpatient setting" means any facility, clinic,
19 unlicensed clinic, center, office, or other setting that is not part of
20 a general acute care facility, as defined in Section 1250, and where
21 anesthesia, except local anesthesia or peripheral nerve blocks, or
22 both, is used in compliance with the community standard of
23 practice, in doses that, when administered have the probability of
24 placing a patient at risk for loss of the patient's life-preserving
25 protective reflexes.

26 (2) "Outpatient setting" also means facilities that offer in vitro
27 fertilization, as defined in subdivision (b) of Section 1374.55.

28 (3) "Outpatient setting" does not include, among other settings,
29 any setting where anxiolytics and analgesics are administered,
30 when done so in compliance with the community standard of
31 practice, in doses that do not have the probability of placing the
32 patient at risk for loss of the patient's life-preserving protective
33 reflexes.

34 (c) "Accreditation agency" means a public or private
35 organization that is approved to issue certificates of accreditation
36 to outpatient settings by the board pursuant to Sections 1248.15
37 and 1248.4.

38 SEC. 3. Section 1248.15 of the Health and Safety Code is
39 amended to read:

1 1248.15. (a) The board shall adopt standards for accreditation
2 and, in approving accreditation agencies to perform accreditation
3 of outpatient settings, shall ensure that the certification program
4 shall, at a minimum, include standards for the following aspects
5 of the settings' operations:

6 (1) Outpatient setting allied health staff shall be licensed or
7 certified to the extent required by state or federal law.

8 (2) (A) Outpatient settings shall have a system for facility safety
9 and emergency training requirements.

10 (B) There shall be onsite equipment, medication, and trained
11 personnel to facilitate handling of services sought or provided and
12 to facilitate handling of any medical emergency that may arise in
13 connection with services sought or provided.

14 (C) In order for procedures to be performed in an outpatient
15 setting as defined in Section 1248, the outpatient setting shall do
16 one of the following:

17 (i) Have a written transfer agreement with a local accredited or
18 licensed acute care hospital, approved by the facility's medical
19 staff.

20 (ii) Permit surgery only by a licensee who has admitting
21 privileges at a local accredited or licensed acute care hospital, with
22 the exception that licensees who may be precluded from having
23 admitting privileges by their professional classification or other
24 administrative limitations, shall have a written transfer agreement
25 with licensees who have admitting privileges at local accredited
26 or licensed acute care hospitals.

27 (iii) Submit for approval by an accrediting agency a detailed
28 procedural plan for handling medical emergencies that shall be
29 reviewed at the time of accreditation. No reasonable plan shall be
30 disapproved by the accrediting agency.

31 (D) In addition to the requirements imposed in subparagraph
32 (C), the outpatient setting shall submit for approval by an
33 accreditation agency at the time of accreditation a detailed plan,
34 standardized procedures, and protocols to be followed in the event
35 of serious complications or side effects from surgery that would
36 place a patient at high risk for injury or harm or to govern
37 emergency and urgent care situations. The plan shall include, at a
38 minimum, that if a patient is being transferred to a local accredited
39 or licensed acute care hospital, the outpatient setting shall do all
40 of the following:

1 (i) Notify the individual designated by the patient to be notified
2 in case of an emergency.

3 (ii) Ensure that the mode of transfer is consistent with the
4 patient's medical condition.

5 (iii) Ensure that all relevant clinical information is documented
6 and accompanies the patient at the time of transfer.

7 (iv) Continue to provide appropriate care to the patient until the
8 transfer is effectuated.

9 (E) All physicians and surgeons transferring patients from an
10 outpatient setting shall agree to cooperate with the medical staff
11 peer review process on the transferred case, the results of which
12 shall be referred back to the outpatient setting, if deemed
13 appropriate by the medical staff peer review committee. If the
14 medical staff of the acute care facility determines that inappropriate
15 care was delivered at the outpatient setting, the acute care facility's
16 peer review outcome shall be reported, as appropriate, to the
17 ~~accrediting body, the Health Care Financing Administration, the~~
18 ~~State Department of Public Health, and the appropriate licensing~~
19 ~~authority.~~ *accrediting body or in accordance with existing law.*

20 (3) The outpatient setting shall permit surgery by a dentist acting
21 within his or her scope of practice under Chapter 4 (commencing
22 with Section 1600) of Division 2 of the Business and Professions
23 Code or physician and surgeon, osteopathic physician and surgeon,
24 or podiatrist acting within his or her scope of practice under
25 Chapter 5 (commencing with Section 2000) of Division 2 of the
26 Business and Professions Code or the Osteopathic Initiative Act.
27 The outpatient setting may, in its discretion, permit anesthesia
28 service by a certified registered nurse anesthetist acting within his
29 or her scope of practice under Article 7 (commencing with Section
30 2825) of Chapter 6 of Division 2 of the Business and Professions
31 Code.

32 (4) Outpatient settings shall have a system for maintaining
33 clinical records.

34 (5) Outpatient settings shall have a system for patient care and
35 monitoring procedures.

36 (6) (A) Outpatient settings shall have a system for quality
37 assessment and improvement.

38 (B) Members of the medical staff and other practitioners who
39 are granted clinical privileges shall be professionally qualified and
40 appropriately credentialed for the performance of privileges

1 granted. The outpatient setting shall grant privileges in accordance
2 with recommendations from qualified health professionals, and
3 credentialing standards established by the outpatient setting.

4 (C) Clinical privileges shall be periodically reappraised by the
5 outpatient setting. The scope of procedures performed in the
6 outpatient setting shall be periodically reviewed and amended as
7 appropriate.

8 (7) Outpatient settings regulated by this chapter that have
9 multiple service locations governed by the same standards may
10 elect to have all service sites surveyed on any accreditation survey.
11 Organizations that do not elect to have all sites surveyed shall have
12 a sample, not to exceed 20 percent of all service sites, surveyed.
13 The actual sample size shall be determined by the board. The
14 accreditation agency shall determine the location of the sites to be
15 surveyed. Outpatient settings that have five or fewer sites shall
16 have at least one site surveyed. When an organization that elects
17 to have a sample of sites surveyed is approved for accreditation,
18 all of the organizations' sites shall be automatically accredited.

19 (8) Outpatient settings shall post the certificate of accreditation
20 in a location readily visible to patients and staff.

21 (9) Outpatient settings shall post the name and telephone number
22 of the accrediting agency with instructions on the submission of
23 complaints in a location readily visible to patients and staff.

24 (10) Outpatient settings shall have a written discharge criteria.

25 (b) Outpatient settings shall have a minimum of two staff
26 persons on the premises, one of whom shall either be a licensed
27 physician and surgeon or a licensed health care professional with
28 current certification in advanced cardiac life support (ACLS), as
29 long as a patient is present who has not been discharged from
30 supervised care. Transfer to an unlicensed setting of a patient who
31 does not meet the discharge criteria adopted pursuant to paragraph
32 (10) of subdivision (a) shall constitute unprofessional conduct.

33 (c) An accreditation agency may include additional standards
34 in its determination to accredit outpatient settings if these are
35 approved by the board to protect the public health and safety.

36 (d) No accreditation standard adopted or approved by the board,
37 and no standard included in any certification program of any
38 accreditation agency approved by the board, shall serve to limit
39 the ability of any allied health care practitioner to provide services
40 within his or her full scope of practice. Notwithstanding this or

1 any other provision of law, each outpatient setting may limit the
2 privileges, or determine the privileges, within the appropriate scope
3 of practice, that will be afforded to physicians and allied health
4 care practitioners who practice at the facility, in accordance with
5 credentialing standards established by the outpatient setting in
6 compliance with this chapter. Privileges may not be arbitrarily
7 restricted based on category of licensure.

8 (e) The board shall adopt standards that it deems necessary for
9 outpatient settings that offer in vitro fertilization.

10 (f) The board may adopt regulations it deems necessary to
11 specify procedures that should be performed in an accredited
12 outpatient setting for facilities or clinics that are outside the
13 definition of outpatient setting as specified in Section 1248.

14 (g) As part of the accreditation process, the accrediting agency
15 shall conduct a reasonable investigation of the prior history of the
16 outpatient setting, including all licensed physicians and surgeons
17 who have an ownership interest therein, to determine whether there
18 have been any adverse accreditation decisions rendered against
19 them. For the purposes of this section, “conducting a reasonable
20 investigation” means querying the Medical Board of California
21 and the Osteopathic Medical Board of California to ascertain if
22 either the outpatient setting has, or, if its owners are licensed
23 physicians and surgeons, if those physicians and surgeons have,
24 been subject to an adverse accreditation decision.

25 (h) An outpatient setting shall be subject to the reporting
26 requirements in Section 1279.1 and the penalties for failure to
27 report specified in Section 1280.4.

28 SEC. 4. Section 1248.2 of the Health and Safety Code is
29 amended to read:

30 1248.2. (a) Any outpatient setting may apply to an
31 accreditation agency for a certificate of accreditation. Accreditation
32 shall be issued by the accreditation agency solely on the basis of
33 compliance with its standards as approved by the board under this
34 chapter.

35 (b) The board shall obtain and maintain a list of accredited
36 outpatient settings from the information provided by the
37 accreditation agencies approved by the board, and shall notify the
38 public, by placing the information on its Internet Web site, whether
39 an outpatient setting is accredited or the setting’s accreditation has

1 been revoked, suspended, or placed on probation, or the setting
2 has received a reprimand by the accreditation agency.

3 (c) The list of outpatient settings shall include all of the
4 following:

5 (1) Name, address, and telephone number of any owners, and
6 their medical license numbers.

7 (2) Name and address of the facility.

8 (3) The name and telephone number of the accreditation agency.

9 (4) The effective and expiration dates of the accreditation.

10 (d) Accrediting agencies approved by the board shall notify the
11 board and update the board on all outpatient settings that are
12 accredited.

13 SEC. 5. Section 1248.25 of the Health and Safety Code is
14 amended to read:

15 1248.25. If an outpatient setting does not meet the standards
16 approved by the board, accreditation shall be denied by the
17 accreditation agency, which shall provide the outpatient setting
18 notification of the reasons for the denial. An outpatient setting may
19 reapply for accreditation at any time after receiving notification
20 of the denial. The accreditation agency shall report within three
21 business days to the board if the outpatient setting's certificate for
22 accreditation has been denied.

23 SEC. 6. Section 1248.35 of the Health and Safety Code is
24 amended to read:

25 1248.35. (a) Every outpatient setting which is accredited shall
26 be inspected by the accreditation agency and may also be inspected
27 by the Medical Board of California. The Medical Board of
28 California shall ensure that accreditation agencies inspect outpatient
29 settings.

30 (b) Unless otherwise specified, the following requirements apply
31 to inspections described in subdivision (a).

32 (1) The frequency of inspection shall depend upon the type and
33 complexity of the outpatient setting to be inspected.

34 (2) Inspections shall be conducted no less often than once every
35 three years by the accreditation agency and as often as necessary
36 by the Medical Board of California to ensure the quality of care
37 provided.

38 (3) The Medical Board of California or the accreditation agency
39 may enter and inspect any outpatient setting that is accredited by
40 an accreditation agency at any reasonable time to ensure

1 compliance with, or investigate an alleged violation of, any
2 standard of the accreditation agency or any provision of this
3 chapter.

4 (c) If an accreditation agency determines, as a result of its
5 inspection, that an outpatient setting is not in compliance with the
6 standards under which it was approved, the accreditation agency
7 may do any of the following:

8 (1) Require correction of any identified deficiencies within a
9 set timeframe. Failure to comply shall result in the accrediting
10 agency issuing a reprimand or suspending or revoking the
11 outpatient setting's accreditation.

12 (2) Issue a reprimand.

13 (3) Place the outpatient setting on probation, during which time
14 the setting shall successfully institute and complete a plan of
15 correction, approved by the board or the accreditation agency, to
16 correct the deficiencies.

17 (4) Suspend or revoke the outpatient setting's certification of
18 accreditation.

19 (d) (1) Except as is otherwise provided in this subdivision,
20 before suspending or revoking a certificate of accreditation under
21 this chapter, the accreditation agency shall provide the outpatient
22 setting with notice of any deficiencies and the outpatient setting
23 shall agree with the accreditation agency on a plan of correction
24 that shall give the outpatient setting reasonable time to supply
25 information demonstrating compliance with the standards of the
26 accreditation agency in compliance with this chapter, as well as
27 the opportunity for a hearing on the matter upon the request of the
28 outpatient setting. During the allotted time to correct the
29 deficiencies, the plan of correction, which includes the deficiencies,
30 shall be conspicuously posted by the outpatient setting in a location
31 accessible to public view. Within 10 days after the adoption of the
32 plan of correction, the accrediting agency shall send a list of
33 deficiencies and the corrective action to be taken to ~~both the board~~
34 ~~and the department~~. The accreditation agency may immediately
35 suspend the certificate of accreditation before providing notice
36 and an opportunity to be heard, but only when failure to take the
37 action may result in imminent danger to the health of an individual.
38 In such cases, the accreditation agency shall provide subsequent
39 notice and an opportunity to be heard.

1 (2) If an outpatient setting does not comply with a corrective
2 action within a timeframe specified by the accrediting agency, the
3 accrediting agency shall issue a reprimand, and may either place
4 the outpatient setting on probation or suspend or revoke the
5 accreditation of the outpatient setting, and shall notify the board
6 of its action. This section shall not be deemed to prohibit an
7 outpatient setting that is unable to correct the deficiencies, as
8 specified in the plan of correction, for reasons beyond its control,
9 from voluntarily surrendering its accreditation prior to initiation
10 of any suspension or revocation proceeding.

11 (e) The accreditation agency shall, within 24 hours, report to
12 the board if the outpatient setting has been issued a reprimand or
13 if the outpatient setting's certification of accreditation has been
14 suspended or revoked or if the outpatient setting has been placed
15 on probation.

16 (f) The accreditation agency, upon receipt of a complaint from
17 the board that an outpatient setting poses an immediate risk to
18 public safety, shall inspect the outpatient setting and report its
19 findings of inspection to the board within five business days. If an
20 accreditation agency receives any other complaint from the board,
21 it shall investigate the outpatient setting and report its findings of
22 investigation to the board within 30 days.

23 (g) Reports on the results of any inspection shall be kept on file
24 with the board and the accreditation agency along with the plan
25 of correction and the comments of the outpatient setting. The
26 inspection report may include a recommendation for reinspection.
27 All inspection reports, lists of deficiencies, and plans of correction
28 shall be public records open to public inspection.

29 (h) If one accrediting agency denies accreditation, or revokes
30 or suspends the accreditation of an outpatient setting, this action
31 shall apply to all other accrediting agencies. An outpatient setting
32 that is denied accreditation is permitted to reapply for accreditation
33 with the same accrediting agency. The outpatient setting also may
34 apply for accreditation from another accrediting agency, but only
35 if it discloses the full accreditation report of the accrediting agency
36 that denied accreditation. Any outpatient setting that has been
37 denied accreditation shall disclose the accreditation report to any
38 other accrediting agency to which it submits an application.

1 (i) If an outpatient setting's certification of accreditation has
2 been suspended or revoked, or if the accreditation has been denied,
3 the accreditation agency shall do all of the following:

4 (1) Notify the board of the action.

5 (2) Send a notification letter to the outpatient setting of the
6 action. The notification letter shall state that the setting is no longer
7 allowed to perform procedures that require outpatient setting
8 accreditation.

9 (3) Require the outpatient setting to remove its accreditation
10 certification and to post the notification letter in a conspicuous
11 location, accessible to public view.

12 (j) The board may take any appropriate action it deems necessary
13 pursuant to Section 1248.7 if an outpatient setting's certification
14 of accreditation has been suspended or revoked, or if accreditation
15 has been denied.

16 SEC. 7. Section 1248.5 of the Health and Safety Code is
17 amended to read:

18 1248.5. The board shall evaluate the performance of an
19 approved accreditation agency no less than every three years, or
20 in response to complaints against an agency, or complaints against
21 one or more outpatient settings accreditation by an agency that
22 indicates noncompliance by the agency with the standards approved
23 by the board.

24 SEC. 8. Section 1248.7 of the Health and Safety Code is
25 amended to read:

26 1248.7. (a) The board shall investigate all complaints
27 concerning a violation of this chapter. With respect to any
28 complaints, or upon discovery that an outpatient setting is not in
29 compliance with Section 1248.1, the board or the local district
30 attorney shall bring an action to enjoin the outpatient setting's
31 operation. The board or the local district attorney may bring an
32 action to enjoin a violation or threatened violation of this chapter
33 in the superior court in and for the county in which the violation
34 occurred or is about to occur. Any proceeding under this section
35 shall conform to the requirements of Chapter 3 (commencing with
36 Section 525) of Title 7 of Part 2 of the Code of Civil Procedure,
37 except that the Division of Medical Quality shall not be required
38 to allege facts necessary to show or tending to show lack of
39 adequate remedy at law or irreparable damage or loss.

1 (b) With respect to any and all actions brought pursuant to this
2 section alleging an actual or threatened violation of any
3 requirement of this chapter, the court shall, if it finds the allegations
4 to be true, issue an order enjoining the person or facility from
5 continuing the violation. For purposes of Section 1248.1, if an
6 outpatient setting is operating without a certificate of accreditation,
7 this shall be prima facie evidence that a violation of Section 1248.1
8 has occurred and additional proof shall not be necessary to enjoin
9 the outpatient setting’s operation.

10 SEC. 9. Section 1248.85 of the Health and Safety Code is
11 amended to read:

12 1248.85. This chapter shall not preclude an approved
13 accreditation agency from adopting additional standards consistent
14 with Section 1248.15, establishing procedures for the conduct of
15 surveys, selecting surveyors to perform accreditation surveys, or
16 establishing and collecting reasonable fees for the conduct of
17 accreditation surveys. A survey shall not constitute an inspection
18 for purposes of Section 1248.35.

19 SEC. 10. No reimbursement is required by this act pursuant
20 to Section 6 of Article XIII B of the California Constitution because
21 the only costs that may be incurred by a local agency or school
22 district will be incurred because this act creates a new crime or
23 infraction, eliminates a crime or infraction, or changes the penalty
24 for a crime or infraction, within the meaning of Section 17556 of
25 the Government Code, or changes the definition of a crime within
26 the meaning of Section 6 of Article XIII B of the California
27 Constitution.