

Senate Bill No. 62

Passed the Senate September 10, 2013

Secretary of the Senate

Passed the Assembly September 9, 2013

Chief Clerk of the Assembly

This bill was received by the Governor this _____ day
of _____, 2013, at _____ o'clock ____M.

Private Secretary of the Governor

CHAPTER _____

An act to amend, repeal, and add Section 802.5 of, and to add and repeal Section 2220.09 of, the Business and Professions Code, relating to coroners.

LEGISLATIVE COUNSEL'S DIGEST

SB 62, Lieu. Coroners: reporting requirements: prescription drug use.

Existing law requires a coroner to make a report, as specified, when he or she receives information that indicates that a death may be the result of a physician and surgeon's, podiatrist's, or physician assistant's gross negligence or incompetence. Existing law requires the report to be followed, within 90 days, by copies of the coroner's report, autopsy protocol, and all other relevant information.

This bill would require the coroner's report and other information to follow the report within 90 days or as soon as possible once the coroner's final report of investigation is complete. The bill, until January 1, 2018, would additionally require a coroner, when he or she receives information that indicates that the cause of death is due to a Schedule II, III, or IV drug, to provide that information, including whether the decedent was undergoing treatment for a terminal illness or chronic condition, if known, to the Medical Board of California on a form provided by the board and developed in consultation with the California State Coroners' Association. The bill would require that this form be submitted within 90 days, or as soon as possible, once the coroner's investigation is complete, and would provide that this form is confidential. By increasing the duties of county officers, this bill would create a state-mandated local program.

Existing law requires that any complaint against a physician and surgeon that is determined to involve quality of care meet certain criteria before it is referred to a field office for further investigation, except as specified.

This bill, until January 1, 2018, would require that any information received from a coroner pursuant to the provisions of this bill, that may be treated as a complaint against a physician

and surgeon and may be determined to involve quality of care, meet these criteria before referral to a field office for further investigation.

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

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

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

SECTION 1. Section 802.5 of the Business and Professions Code is amended to read:

802.5. (a) When a coroner receives information that is based on findings that were reached by, or documented and approved by, a pathologist indicating that a death may be the result of a physician and surgeon's, podiatrist's, or physician assistant's gross negligence or incompetence, a report shall be filed with the Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, or the Physician Assistant Board. The initial report shall include the name of the decedent, date and place of death, attending physicians, podiatrists, or physician assistants, and all other relevant information available. The initial report shall be followed, within 90 days or as soon as possible once the coroner's final report of investigation is complete, by copies of the coroner's report, autopsy protocol, and all other relevant information.

(b) When a coroner receives information that is based on findings that were reached by, or documented and approved by, a pathologist indicating that the cause of death is due to a Schedule II, III, or IV drug, the information regarding the death of the decedent, including whether the decedent was undergoing treatment for a terminal illness or chronic condition, if known, shall be provided by the coroner to the Medical Board of California. The information shall be submitted on a form provided by the board, which shall be developed in consultation with the California State Coroners' Association. The form shall be submitted within 90

days, or as soon as possible, once the coroner's investigation is complete. The form may be submitted electronically.

(c) A report required by subdivision (a), and the form provided by the coroner pursuant to subdivision (b), shall be confidential. No coroner, physician and surgeon, or medical examiner, nor any authorized agent, shall be liable for damages in any civil action as a result of his or her acting in compliance with subdivision (a) or (b). No pathologist, nor any authorized agent, shall be liable for damages in any civil action as a result of his or her providing information under subdivision (a) or (b).

(d) This section shall remain in effect only until January 1, 2018, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2018, deletes or extends that date.

SEC. 2. Section 802.5 is added to the Business and Professions Code, to read:

802.5. (a) When a coroner receives information that is based on findings that were reached by, or documented and approved by, a pathologist indicating that a death may be the result of a physician and surgeon's, podiatrist's, or physician assistant's gross negligence or incompetence, a report shall be filed with the Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, or the Physician Assistant Board. The initial report shall include the name of the decedent, date and place of death, attending physicians, podiatrists, or physician assistants, and all other relevant information available. The initial report shall be followed, within 90 days or as soon as possible once the coroner's final report of investigation is complete, by copies of the coroner's report, autopsy protocol, and all other relevant information.

(b) A report required by subdivision (a) shall be confidential. No coroner, physician and surgeon, or medical examiner, nor any authorized agent, shall be liable for damages in any civil action as a result of his or her acting in compliance with subdivision (a). No pathologist, nor any authorized agent, shall be liable for damages in any civil action as a result of his or her providing information under subdivision (a).

(c) This section shall be operative on January 1, 2018.

SEC. 3. Section 2220.09 is added to the Business and Professions Code, to read:

2220.09. (a) In the case of information received from a coroner pursuant to subdivision (b) of Section 802.5 that may be treated as a complaint and may be determined to involve quality of care, the board shall follow the criteria provided in Section 2220.08 for the information that involves quality of care before referral to a field office for further investigation.

(b) This section shall remain in effect only until January 1, 2018, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2018, deletes or extends that date.

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

Approved _____, 2013

Governor