

AMENDED IN ASSEMBLY MARCH 30, 1995

CALIFORNIA LEGISLATURE—1995–96 REGULAR SESSION

**ASSEMBLY BILL**

**No. 1471**

**Introduced by Assembly Member Friedman**

February 24, 1995

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An act to amend Sections 805, ~~2069~~ 2015, 2069, 2070, 2071, 2111, 2113, and ~~2441~~ 2228, 2265, 2441, 2460, 2461, 2504, 2530.2, 2531, 2620.5, 2725, 2902, 2971, 3041, 3041.2, 3302, 3501, 3535, 3764, and 4927 of, to amend and repeal Section 2435 of, to amend and renumber Section 2097 of, and to add Section 2425 to, the Business and Professions Code, to amend Section 12529 of the Government Code, and to amend Section 14110.5 of the Welfare and Institutions Code, relating to medicine, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 1471, as amended, Friedman. Medicine.

Existing law provides for the licensure, regulation, and discipline of physicians and surgeons administered by the Medical Board of California. Under existing law, applicants for licensure are required to pay certain fees for the licensing examination and for the processing of applications. Under existing law, the biennial renewal fee is required to be fixed by the board at an amount not to exceed \$600, but this amount would be reduced to \$500 and a refund of any amount of the increase would be made if any amount is transferred from the Contingent Fund of the Medical Board of California to the General Fund during the 1993–1994 fiscal year.

This bill would ~~authorize~~ *require* the board to charge each applicant who is required to take the oral examination as a condition of licensure a fee equal to the amount necessary to recover the actual cost of that examination. By increasing the amounts to be deposited in the fund, which is continuously appropriated to the board, this bill would make an appropriation. This bill would also repeal the provisions relating to reducing the biennial renewal fee based on the above-described contingency.

This bill would authorize the Division of Licensing of the board to prepare and mail to every licensee a questionnaire containing any questions necessary to establish that the licensee is in compliance with the licensing provisions. This bill would provide that failure to return the questionnaire is unprofessional conduct and grounds for discipline.

Existing law authorizes a medical assistant to administer medications only by certain methods. Existing law further provides that nothing in that provision authorizes the administration of local anesthetic agents by a medical assistant.

This bill would instead provide that nothing in that provision authorizes the administration of local anesthetic agents, except topical anesthetic agents, by a medical assistant.

Existing law authorizes certain foreign physicians who seek postgraduate training in an approved medical school, and who meet other requirements, to participate in professional activities of the department in the medical school to which they are appointed, but prohibits those physicians from engaging in the practice of medicine. Existing law also authorizes the Division of Licensing of the Medical Board of California to grant a certificate of registration to engage, to a limited extent, in the practice of medicine to a person who does not immediately qualify for a physician's and surgeon's certificate, who is offered a full-time faculty position in an approved medical school, and who meets other requirements.

This bill would delete the requirement that the person seeking postgraduate study do so as either a fellow, an instructor, or an exchange professor. The bill would require this person to be known as a "Section 2111 guest physician,"



would require the application to show that the person has completed at least 3 years of postgraduate basic residency requirements and be either board-eligible, board-certified, or the equivalent, and would require a fee not to exceed \$75 or the cost to the division to be submitted. The bill would require approvals to be granted for a maximum of 3 years, and would permit prescribed extensions. The bill would make conforming changes.

The bill would require the person seeking a certificate to engage in the practice of medicine to the extent necessary as a full-time faculty member to submit an application with a similar fee, and would require the dean of the medical school to demonstrate that the applicant has the requisite qualifications to assume the position to which he or she is to be appointed.

Existing law requires that all funds collected for these purposes be deposited into a continuously appropriated fund. By increasing the amounts to be deposited into this continuously appropriated fund, this bill would make an appropriation.

The bill would also grant the division authority to refuse a certificate of registration under certain circumstances.

Existing law defines “licentiate” to include a physician and surgeon, podiatrist, clinical psychologist, or dentist for the purposes of peer review. Under existing law, intentional failure to make certain reports regarding peer review is a public offense.

This bill would revise that definition to also include a person not immediately qualified for a physician and surgeon’s certificate, but who is authorized to practice medicine pursuant to those provisions of law relating to foreign physicians seeking postgraduate study in approved medical schools, or to persons who are offered a full-time faculty position by the dean of an approved medical school. By expanding the definition of licentiate, this bill would increase the reporting requirements, thereby changing the definition of a crime, and imposing a state-mandated local program.

Existing law authorizes a waiver of the license renewal fee for a licensee who demonstrates he or she is unable to practice medicine due to a disability, and prohibits such a licensee from



engaging in the practice of medicine unless and until the fees are paid.

This bill would require the licensee to also establish that the disability no longer exists or does not affect his or her ability to practice medicine safely prior to engaging in the practice of medicine.

*Existing law provides that all references to the Division of Allied Health Professions of the Medical Board of California, which is no longer in existence, shall be deemed references to the board.*

*This bill would repeal that provision, and would make conforming changes to revise all references to the Division of Allied Health Professions to instead refer to the board or a division of the board.*

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: yes. Fiscal committee: yes. State-mandated local program: yes.

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

- 1 SECTION 1. Section 805 of the Business and
- 2 Professions Code is amended to read:
- 3 805. (a) As used in this section, the following terms
- 4 have the following definitions:
- 5 (1) "Peer review body" includes:
- 6 (A) A medical or professional staff of any health care
- 7 facility or clinic licensed under Division 2 (commencing
- 8 with Section 1200) of the Health and Safety Code or of a
- 9 facility certified to participate in the federal Medicare
- 10 program as an ambulatory surgical center.
- 11 (B) A health care service plan registered under
- 12 Chapter 2.2 (commencing with Section 1340) of Division
- 13 2 of the Health and Safety Code or a nonprofit hospital
- 14 service plan regulated under Chapter 11a (commencing



1 with Section 11491) of Part 2 of Division 2 of the Insurance  
2 Code.

3 (C) Any medical, psychological, dental, or podiatric  
4 professional society having as members at least 25 percent  
5 of the eligible licentiates in the area in which it functions  
6 (which must include at least one county), which is not  
7 organized for profit and which has been determined to be  
8 exempt from taxes pursuant to Section 23701 of the  
9 Revenue and Taxation Code.

10 (D) A committee organized by any entity consisting of  
11 or employing more than 25 licentiates of the same class  
12 which functions for the purpose of reviewing the quality  
13 of professional care provided by members or employees  
14 of that entity.

15 (2) “Licentiate” means a physician and surgeon,  
16 podiatrist, clinical psychologist, or dentist. “Licentiate”  
17 also includes a person authorized to practice medicine  
18 pursuant to Section 2065, 2066, 2111, or 2113.

19 (3) “Agency” means the relevant state licensing  
20 agency having regulatory jurisdiction over the licentiates  
21 listed in paragraph (2).

22 (4) “Staff privileges” means any arrangement under  
23 which a licentiate is allowed to practice in or provide care  
24 for patients in a health facility. Those arrangements shall  
25 include, but are not limited to, full staff privileges, active  
26 staff privileges, limited staff privileges, auxiliary staff  
27 privileges, provisional staff privileges, temporary staff  
28 privileges, courtesy staff privileges, locum tenens  
29 arrangements, and contractual arrangements to provide  
30 professional services, including, but not limited to,  
31 arrangements to provide outpatient services.

32 (5) “Denial or termination of staff privileges,  
33 membership, or employment” includes failure or refusal  
34 to renew a contract or to renew, extend, or reestablish any  
35 staff privileges, when the action is based on medical  
36 disciplinary cause or reason.

37 (6) “Medical disciplinary cause or reason” means that  
38 aspect of a licentiate’s competence or professional  
39 conduct which is reasonably likely to be detrimental to  
40 patient safety or to the delivery of patient care.



1 (7) "805 report" means the written report required  
2 under subdivision (b).

3 (b) The chief of staff of a medical or professional staff  
4 or other chief executive officer, medical director, or  
5 administrator of any peer review body and the chief  
6 executive officer or administrator of any licensed health  
7 care facility or clinic shall file an 805 report with the  
8 relevant agency whenever any of the following actions  
9 are taken as a result of a determination of a peer review  
10 body:

11 (1) A licentiate's application for staff privileges or  
12 membership is denied or rejected for a medical  
13 disciplinary cause or reason.

14 (2) A licentiate's membership, staff privileges, or  
15 employment is terminated or revoked for a medical  
16 disciplinary cause or reason.

17 (3) Restrictions are imposed, or voluntarily accepted,  
18 on staff privileges, membership, or employment for a  
19 cumulative total of 30 days or more for any 12-month  
20 period, for a medical disciplinary cause or reason.

21 In addition to the duty to report as set forth in  
22 paragraphs (1), (2), and (3), the peer review body also  
23 has a duty to report under this section a licentiate's  
24 resignation or leave of absence from membership, staff,  
25 or employment following notice of an impending  
26 investigation based on information indicating medical  
27 disciplinary cause or reason.

28 The 805 report shall be filed within 15 days after the  
29 effective date of the denial, termination, restriction,  
30 resignation, or leave of absence, or after the exhaustion of  
31 administrative procedures, without regard to any filing  
32 for judicial review.

33 An 805 report shall also be filed within 15 days following  
34 the imposition of summary suspension of staff privileges,  
35 membership, or employment, if the summary suspension  
36 remains in effect for a period in excess of 14 days.

37 A copy of the 805 report, and a notice advising the  
38 licentiate of his or her right to submit additional  
39 statements or other information pursuant to Section 800,



1 shall be sent by the peer review body to the licentiate  
2 named in the report.

3 The information to be reported in an 805 report shall  
4 include the name of the licentiate involved, a description  
5 of the facts and circumstances of the medical disciplinary  
6 cause or reason, and any other relevant information  
7 deemed appropriate by the reporter.

8 A supplemental report shall also be made within 30  
9 days following the date the licentiate is deemed to have  
10 satisfied any terms, conditions, or sanctions imposed as  
11 disciplinary action by the reporting peer review body. In  
12 performing its dissemination functions required by  
13 Section 805.5, the agency shall include a copy of a  
14 supplemental report, if any, whenever it furnishes a copy  
15 of the original 805 report.

16 In those instances where another peer review body is  
17 required to file an 805 report, a health care service plan  
18 or nonprofit hospital service plan is not required to file a  
19 separate report with respect to action attributable to the  
20 same medical disciplinary cause or reason.

21 (c) The reporting required herein shall not act as a  
22 waiver of confidentiality of medical records and  
23 committee reports. The information reported or  
24 disclosed shall be kept confidential except as provided in  
25 subdivision (c) of Section 800, provided that a copy of the  
26 report containing the information required by this  
27 section may be disclosed as required by Section 805.5 with  
28 respect to reports received on or after January 1, 1976.

29 (d) The Medical Board of California, the Osteopathic  
30 Medical Board of California, and the Board of Dental  
31 Examiners shall disclose reports as required by Section  
32 805.5.

33 (e) An 805 report shall be maintained by an agency for  
34 dissemination purposes for a period of three years after  
35 receipt.

36 (f) No person shall incur any civil or criminal liability  
37 as the result of making any report required by this section.

38 (g) An intentional failure to make a report pursuant to  
39 this section is a public offense punishable by a fine not to  
40 exceed ten thousand dollars (\$10,000).



1 (h) A failure by the administrator of any peer review  
2 body or the chief executive officer or administrator of any  
3 health care facility who is designated to transmit a report  
4 pursuant to this section whether or not the failure is  
5 intentional is punishable by a civil penalty not exceeding  
6 five thousand dollars (\$5,000) per violation payable to the  
7 board with jurisdiction over the licensee in any action  
8 brought by the Attorney General.

9 *SEC. 1.5. Section 2015 of the Business and Professions*  
10 *Code is amended to read:*

11 2015. (a) The president of the board and each  
12 division may call meetings of any duly appointed and  
13 created committee of the board or division at a specified  
14 time and place.

15 (b) The board shall create a Committee on Affiliated  
16 Healing Arts Professions of the board. The committee  
17 may advise the board and divisions on issues pertaining  
18 to the regulation of any healing arts profession under the  
19 jurisdiction of the board or its divisions, or located within  
20 the board. Among other duties that the board may  
21 delegate to it, the committee may also advise the board  
22 on issues pertaining to other healing arts professions. ~~All~~  
23 ~~references to the Division of Allied Health Professions~~  
24 ~~shall be deemed references to the board.~~

25 *SEC. 2. Section 2069 of the Business and Professions*  
26 *Code is amended to read:*

27 2069. (a) Notwithstanding any other provision of  
28 law, a medical assistant may administer medication only  
29 by intradermal, subcutaneous, or intramuscular  
30 injections and perform skin tests and additional technical  
31 supportive services upon the specific authorization and  
32 supervision of a licensed physician and surgeon or a  
33 licensed podiatrist.

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

36 (1) "Medical assistant" means a person who may be  
37 unlicensed, who performs basic administrative, clerical,  
38 and technical supportive services in compliance with this  
39 section and Section 2070 for a licensed physician and  
40 surgeon or a licensed podiatrist, or group thereof, for a



1 medical or podiatry corporation, or for a health care  
2 service plan, who is at least 18 years of age, and who has  
3 had at least the minimum amount of hours of appropriate  
4 training pursuant to standards established by the ~~Division~~  
5 ~~of Allied Health Professions~~ *board or a division of the*  
6 *board*. The medical assistant shall be issued a certificate  
7 by the training institution or instructor indicating  
8 satisfactory completion of the required training. A copy  
9 of the certificate shall be retained as a record by each  
10 employer of the medical assistant.

11 (2) "Specific authorization" means a specific written  
12 order prepared by the supervising physician and surgeon  
13 or the supervising podiatrist authorizing the procedures  
14 to be performed on a patient, which shall be placed in the  
15 patient's medical record; or a standing order prepared by  
16 the supervising physician and surgeon or the supervising  
17 podiatrist authorizing the procedures to be performed,  
18 the duration of which shall be consistent with accepted  
19 medical practice. A notation of the standing order shall be  
20 placed on the patient's medical record.

21 (3) "Supervision" means the supervision of  
22 procedures authorized by this section by a licensed  
23 physician and surgeon or by a licensed podiatrist, within  
24 the scope of his or her practice, who shall be physically  
25 present in the treatment facility during the performance  
26 of those procedures.

27 (4) "Technical supportive services" means simple  
28 routine medical tasks and procedures that may be safely  
29 performed by a medical assistant who has limited training  
30 and who functions under the supervision of a licensed  
31 physician and surgeon or a licensed podiatrist.

32 (c) Nothing in this section shall be construed as  
33 authorizing the licensure of medical assistants. Nothing in  
34 this section shall be construed as authorizing the  
35 administration of local anesthetic agents, ~~except topical~~  
36 ~~anesthetic agents~~, by a medical assistant. Nothing in this  
37 section shall be construed as authorizing the division to  
38 adopt any regulations that violate the prohibitions on  
39 diagnosis or treatment in Section 2052.



1 (d) Notwithstanding any other provision of law, a  
 2 medical assistant may not be employed for inpatient care  
 3 in a licensed general acute care hospital as defined in  
 4 subdivision (a) of Section 1250 of the Health and Safety  
 5 Code.

6 *SEC. 2.3. Section 2070 of the Business and Professions*  
 7 *Code is amended to read:*

8 2070. Notwithstanding any other provision of law, a  
 9 medical assistant may perform venipuncture or skin  
 10 puncture for the purposes of withdrawing blood upon  
 11 specific authorization and under the supervision of a  
 12 licensed physician and surgeon or a licensed podiatrist, if  
 13 prior thereto the medical assistant has had at least the  
 14 minimum amount of hours of appropriate training  
 15 pursuant to standards established by the ~~Division of~~  
 16 ~~Allied Health Professions~~ *board or a division of the board.*  
 17 The medical assistant shall be issued a certificate by the  
 18 training institution or instructor indicating satisfactory  
 19 completion of the training required. A copy of the  
 20 certificate shall be retained as a record by each employer  
 21 of the medical assistant.

22 *SEC. 2.5. Section 2071 of the Business and Professions*  
 23 *Code is amended to read:*

24 2071. The ~~Division of Allied Health Professions~~ *board*  
 25 *or a division of the board* shall adopt and administer  
 26 regulations ~~which~~ *that* establish standards for technical  
 27 supportive services ~~which~~ *that* may be performed by a  
 28 medical assistant. Nothing in this section shall prohibit the  
 29 *board or division* from amending or repealing regulations  
 30 covering medical assistants. The *board or division* shall,  
 31 prior to the adoption of any regulations, request  
 32 recommendations regarding these standards from  
 33 appropriate public agencies, including, but not limited to,  
 34 the State Board of Optometry, the Board of Registered  
 35 Nursing, the Board of Vocational Nurse and Psychiatric  
 36 Technician Examiners of the State of California, the  
 37 Laboratory Field Services division of the State  
 38 Department of Health Services, those divisions of the  
 39 State Department of Education ~~which~~ *that* pertain to  
 40 private postsecondary education and career and



1 vocational preparation, the Chancellor of the California  
2 Community Colleges, the California Board of Podiatric  
3 Medicine, the Physician Assistant Examining Committee,  
4 and the Physical Therapy Examining Committee. The  
5 *board or* division shall also request recommendations  
6 regarding these standards from associations of medical  
7 assistants, physicians, nurses, doctors of podiatric  
8 medicine, physician assistants, physical therapists,  
9 laboratory technologists, optometrists, and others as the  
10 *board or* division finds appropriate, including, but not  
11 limited to, the California Optometric Association, the  
12 California Nurses Association, the California Medical  
13 Association, the California Society of Medical Assistants,  
14 the California Medical Assistants' Association, and the  
15 California Chapter of the American Physical Therapy  
16 Association. Nothing in this section shall be construed to  
17 supersede or modify that portion of the Administrative  
18 Procedure Act which relates to the procedure for the  
19 adoption of regulations and which is set forth in Article 5  
20 (commencing with Section 11346) of Chapter 3.5 of Part  
21 1 of Division 3 of Title 2 of the Government Code.

22 *SEC. 2.7. Section 2097 of the Business and Professions*  
23 *Code is amended and renumbered to read:*

24 ~~2097~~

25 2426. (a) A licensee shall report to the board at the  
26 time of renewal of a license any financial interest that the  
27 licensee or a member of the licensee's immediate family  
28 may have in a health-related facility. The report shall be  
29 made on a form provided by the board.

30 (b) For purposes of this section, all of the following  
31 shall apply:

32 (1) A "financial interest" includes, but is not limited to,  
33 any type of ownership interest, debt, loan, lease,  
34 compensation, remuneration, discount, rebate, refund,  
35 dividend, distribution, subsidy, or other form of direct or  
36 indirect payment, whether in money or otherwise, to a  
37 licensee or the licensee's immediate family from a  
38 health-related facility.

39 (2) A "financial interest" also exists if there is an  
40 indirect relationship between a licensee and the



1 health-related facility including, but not limited to, an  
2 arrangement whereby a licensee has an ownership  
3 interest in an entity that leases property to the  
4 health-related facility. Any financial interest transferred  
5 by a licensee to, or otherwise established in, any person  
6 or entity for the purpose of avoiding the reporting  
7 required by this section shall be deemed a financial  
8 interest of the licensee.

9 (3) A “financial interest” does not include a licensee’s  
10 ownership of corporate investment securities, including  
11 shares, bonds, or other debt instruments that are  
12 purchased from a licensed securities broker on terms that  
13 are available to the general public through a licensed  
14 securities exchange or NASDAQ, do not base profit  
15 distributions or other transfers of value on the licensee’s  
16 referral of persons to the corporation, do not have a  
17 separate class or accounting for any persons or for any  
18 licensees who may refer persons to the corporation, and  
19 are in a corporation that had, at the end of the  
20 corporation’s most recent fiscal year, total gross assets  
21 exceeding one hundred million dollars (\$100,000,000).

22 (4) “Immediate family” includes a spouse, child, or  
23 parent of a licensee, and a spouse of a child of a licensee.

24 (5) “Licensee” means a physician and surgeon  
25 licensed pursuant to this chapter.

26 (6) A “health-related facility” shall include a facility  
27 for clinical laboratory services, radiation oncology,  
28 physical therapy, physical rehabilitation, psychometric  
29 testing, home infusion therapy, diagnostic imaging, and  
30 outpatient surgery centers. “Diagnostic imaging” shall  
31 include, but is not limited to, all X-ray, computed axial  
32 tomography, magnetic resonance imaging, nuclear  
33 medicine, positron emission tomography,  
34 mammography, and ultrasound goods and services.

35 (c) The information reported to the board shall be  
36 available to government agencies and public or private  
37 payers.

38 (d) The board may impose appropriate sanctions,  
39 including the issuance of a citation and civil penalty



1 under Section 125.9, against any licensee who fails to  
2 comply with this section.

3 (e) This section shall become operative on July 1, 1994.

4 SEC. 3. Section 2111 of the Business and Professions  
5 Code is amended to read:

6 2111. (a) Physicians who are not citizens but who  
7 meet the requirements of subdivision (b), are legally  
8 admitted to the United States, and who seek postgraduate  
9 study in an approved medical school may, after receipt of  
10 an appointment from the dean of the medical school and  
11 application to and approval by the Division of Licensing,  
12 be permitted to participate in the professional activities  
13 of the department in the medical school to which they are  
14 appointed. The physician shall be under the direction of  
15 the head of the department to which he or she is  
16 appointed, and shall be known for these purposes as a  
17 "Section 2111 guest physician."

18 (b) (1) Application for approval shall be made on a  
19 form prescribed by the division, accompanied by the fee  
20 prescribed by this section. The application shall show that  
21 the person does not immediately qualify for a physician  
22 and surgeon certificate under this chapter and that the  
23 person has completed at least three years of postgraduate  
24 basic residency requirements and is either board-eligible,  
25 board-certified, or the equivalent in the person's basic  
26 discipline.

27 (2) The fee for an application for approval shall be set  
28 by the division in an amount not to exceed seventy-five  
29 dollars (\$75). The total fees collected pursuant to this  
30 section shall not exceed the total costs to the division of  
31 administering this section.

32 (3) Approval shall be granted for a maximum of three  
33 years and shall be renewed annually. Renewal shall be  
34 granted subject to the discretion of the division.  
35 Notwithstanding the limitations in this subdivision on the  
36 length of the approval, a Section 2111 guest physician may  
37 apply for, and the division may in its discretion grant, not  
38 more than two extensions of that approval. An extension  
39 may be granted only if the dean of the medical school has  
40 provided justification that the extension is necessary and



1 the person holds a certificate issued by the Educational  
2 Commission for Foreign Medical Graduates.

3 (c) Except to the extent authorized by this section, the  
4 visiting physician may not engage in the practice of  
5 medicine, bill for his or her medical services, or otherwise  
6 receive compensation therefor. The time spent under  
7 appointment in a medical school pursuant to this section  
8 may not be used to meet the requirements for licensure  
9 under Section 2101 or 2102.

10 (d) Nothing in this section shall preclude any United  
11 States citizen who has received his or her medical degree  
12 from a medical school located in a foreign country from  
13 participating in any program established pursuant to this  
14 section.

15 SEC. 4. Section 2113 of the Business and Professions  
16 Code is amended to read:

17 2113. (a) Any person who does not immediately  
18 qualify for a physician's and surgeon's certificate under  
19 this chapter and who is offered by the dean of an  
20 approved medical school in this state a full-time faculty  
21 position may, after application to and approval by the  
22 Division of Licensing, be granted a certificate of  
23 registration to engage in the practice of medicine only to  
24 the extent that the practice is incident to and a necessary  
25 part of his or her duties as approved by the division in  
26 connection with the faculty position.

27 (b) To qualify for the certificate an applicant shall  
28 meet all the following requirements:

29 (1) Furnish documentary evidence satisfactory to the  
30 division that the applicant is a United States citizen or is  
31 legally admitted to the United States.

32 (2) If the applicant is a graduate of a medical school  
33 other than in the United States or Canada, furnish  
34 documentary evidence satisfactory to the division that he  
35 or she has been licensed to practice medicine and surgery  
36 for not less than four years in another state or country  
37 whose requirements for licensure are satisfactory to the  
38 division, or has been engaged in the practice of medicine  
39 in the United States for at least four years in approved



1 facilities, or has completed a combination of that  
2 licensure and training.

3 If the applicant is a graduate of an approved medical  
4 school in the United States or Canada, furnish  
5 documentary evidence that he or she has completed a  
6 resident course of professional instruction as required in  
7 Section 2089.

8 (3) The head of the department in which the  
9 applicant is to be appointed shall certify in writing to the  
10 division that the applicant will be under his or her  
11 direction and will not be permitted to practice medicine  
12 unless incident to and a necessary part of the applicant's  
13 duties as approved by the division in subdivision (a).

14 (4) Take and pass an oral examination if required by  
15 the division.

16 (5) Submit an application on a form prescribed by the  
17 division, accompanied by a fee to be set by the division in  
18 an amount not to exceed seventy-five dollars (\$75). The  
19 total fees collected pursuant to this section shall not  
20 exceed the total costs to the division of administering this  
21 section.

22 (6) The dean of the medical school shall demonstrate  
23 that the applicant has the requisite qualifications to  
24 assume the position to which he or she is to be appointed.

25 (c) A certificate of registration is valid for one year  
26 after its issuance. During this period the division may  
27 require the registrant to take the written examination  
28 required for issuance of a physician's and surgeon's  
29 certificate. If the registrant is required to take the written  
30 examination and does not pass, the certificate of  
31 registration shall nevertheless be effective for the  
32 one-year period issued and if the effective period of the  
33 certificate will lapse before the examination may be  
34 retaken, the certificate of registration may be renewed,  
35 subject to the discretion of the division, for a period not  
36 to exceed one additional year.

37 If the registrant is not required to take the written  
38 examination in order to be issued a certificate of  
39 registration or has passed that examination, the  
40 certificate of registration may be renewed annually at the

1 discretion of the division for a total period of five years  
2 from the date of issuance of the original certificate,  
3 provided, however, that the division, may in its discretion  
4 refuse to renew a certificate of registration if the  
5 registrant is a graduate of a medical school other than in  
6 the United States or Canada and has not, within two years  
7 after registration, been issued a certificate by the  
8 Educational Commission for Foreign Medical Graduates.  
9 The division may condition any renewal on passing the  
10 written examination as described in this subdivision.

11 (d) If the registrant is a graduate of a medical school  
12 other than in the United States or Canada, he or she shall  
13 meet the requirements of Section 2101 or 2102, as  
14 appropriate, in order to obtain a physician's and surgeon's  
15 certificate. Notwithstanding any other provision of law,  
16 the division may accept practice in an appointment  
17 pursuant to this section as qualifying time to meet the  
18 postgraduate training requirements in Sections 2101 and  
19 2102, and may, in its discretion, waive the examination  
20 requirements specified in Sections 2101 and 2102 in the  
21 event the registrant applies for a physician's and  
22 surgeon's certificate. As a condition to waiving any  
23 examination, the division in its discretion, may require an  
24 applicant to pass the clinical competency examination  
25 referred to in subdivision (d) of Section 2135. The division  
26 shall not waive any examination for an applicant who has  
27 not completed at least one year in the faculty position.

28 (e) Except to the extent authorized by this section, the  
29 registrant shall not engage in the practice of medicine or  
30 receive compensation therefor, unless he or she is issued  
31 a physician's and surgeon's certificate.

32 *SEC. 4.3. Section 2228 of the Business and Professions*  
33 *Code is amended to read:*

34 2228. The authority of the ~~Division of Medical~~  
35 ~~Quality, a committee of the Division of Allied Health~~  
36 ~~Professions board or a division of the board,~~ or the  
37 California Board of Podiatric Medicine to discipline a  
38 licensee by placing him or her on probation includes, but  
39 is not limited to, the following:



1 (a) Requiring the licensee to obtain additional  
2 professional training and to pass an examination upon the  
3 completion of ~~such~~ *the* training. The examination may be  
4 written or oral, or both, and may be a practical or clinical  
5 examination, or both, at the option of the *board or* division  
6 or *the* administrative law judge.

7 (b) Requiring the licensee to submit to a complete  
8 diagnostic examination by one or more physicians and  
9 surgeons appointed by the *board or* division. If ~~such~~ an  
10 examination is ordered, the *board or* division shall receive  
11 and consider any other report of a complete diagnostic  
12 examination given by one or more physicians and  
13 surgeons of the licensee's choice.

14 (c) Restricting or limiting the extent, scope, or type of  
15 practice of the licensee, including requiring notice to  
16 applicable patients that the licensee is unable to perform  
17 the indicated treatment, where appropriate.

18 (d) Providing the option of alternative community  
19 service in cases other than violations relating to quality of  
20 care, as defined by the Division of Medical Quality.

21 *SEC. 4.5. Section 2265 of the Business and Professions*  
22 *Code is amended to read:*

23 2265. The supervision, use, or employment of a  
24 physician's assistant who is licensed or practicing under  
25 interim approval, without the approval of the ~~Division of~~  
26 ~~Allied Health Professions~~ *board or a division of the board,*  
27 constitutes unprofessional conduct.

28 *SEC. 5. Section 2425 is added to the Business and*  
29 *Professions Code, to read:*

30 2425. (a) The Division of Licensing may prepare and  
31 mail to every licensed physician at the time of license  
32 renewal a questionnaire containing any questions as are  
33 necessary to establish that the physician is in compliance  
34 with the Medical Practice Act.

35 (b) Each licensed physician shall complete, sign, and  
36 return the questionnaire to the Division of Licensing as  
37 a condition of renewing his or her license. Failure to  
38 complete and return the questionnaire is unprofessional  
39 conduct and grounds for discipline.



1 SEC. 6. Section 2435 of the Business and Professions  
2 Code, as amended by Section 33 of Chapter 1267 of the  
3 Statutes of 1993, is amended to read:

4 2435. The following fees apply to the licensure of  
5 physicians and surgeons:

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

13 (b) The application and processing fee shall be fixed  
14 by the Division of Licensing by May 1 of each year, to  
15 become effective on July 1 of that year. The fee shall be  
16 fixed at an amount necessary to recover the actual costs  
17 of the licensing program as projected for the fiscal year  
18 commencing on the date the fees become effective.

19 (c) Each applicant for a certificate by written  
20 examination, unless otherwise provided by this chapter,  
21 shall pay an examination fee fixed by the board, which  
22 shall equal the actual cost to the board of the purchase of  
23 the written examination furnished by the organization  
24 pursuant to Section 2176, plus the actual cost to the board  
25 of administering the written examination. The actual cost  
26 to the board of administering the written examination  
27 that shall be charged to the applicant shall not exceed one  
28 hundred dollars (\$100). The board may charge the  
29 examination fee provided for in this section for any  
30 subsequent reexamination of the applicant.

31 (d) The board ~~may~~ *shall* charge each applicant who is  
32 required to take the oral examination as a condition of  
33 licensure an oral examination fee that is equal to the  
34 amount necessary to recover the actual cost of that  
35 examination. The board ~~may~~ *shall* charge the oral  
36 examination fee provided for in this subdivision for any  
37 subsequent oral examination taken by the applicant.

38 (e) Each applicant who qualifies for a certificate, as a  
39 condition precedent to its issuance, in addition to other  
40 fees required herein, shall pay an initial license fee, if any.



1 The initial license fee shall be fixed by the board at an  
2 amount not to exceed six hundred dollars (\$600), in  
3 accordance with paragraph (2) of subdivision (f). Any  
4 applicant enrolled in an approved postgraduate training  
5 program shall be required to pay only 50 percent of the  
6 initial license fee.

7 (f) (1) The biennial renewal fee shall be fixed by the  
8 board at an amount not to exceed six hundred dollars  
9 (\$600), in accordance with paragraph (2).

10 (2) The board shall fix the biennial renewal fee and the  
11 initial license fee so that, together with the amounts from  
12 other revenues, the reserve balance in the board's  
13 contingent fund shall be equal to approximately two  
14 months of annual authorized expenditures. Any change  
15 in the renewal and initial license fees shall be effective  
16 upon a determination by the board, by emergency  
17 regulations adopted pursuant to Section 2436, that  
18 changes in the amounts are necessary to maintain a  
19 reserve balance in the board's contingent fund equal to  
20 two months of annual authorized expenditures in the  
21 state fiscal year in which the expenditures are to occur.

22 (g) Notwithstanding Section 163.5, the delinquency  
23 fee is 10 percent of the biennial renewal fee.

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

27 (i) It is the intent of the Legislature that, in setting fees  
28 pursuant to this section, the board shall seek to maintain  
29 a reserve in the Contingent Fund of the Medical Board  
30 of California equal to approximately two months'  
31 operating expenditures.

32 (j) The board shall report to the appropriate policy  
33 and fiscal committees of each house of the Legislature  
34 whenever the board proposes or approves a fee increase  
35 pursuant to this section. The board shall specify the  
36 reasons for each increase and identify the percentage of  
37 funds to be derived from an increase in the fees that will  
38 be used for investigation or enforcement related  
39 activities by the board.



1 SEC. 7. Section 2435 of the Business and Professions  
2 Code, as added by Section 33.5 of Chapter 1267 of the  
3 Statutes of 1993, is repealed.

4 SEC. 8. Section 2441 of the Business and Professions  
5 Code is amended to read:

6 2441. Any licensee who demonstrates to the  
7 satisfaction of the board that he or she is unable to  
8 practice medicine due to a disability may request a  
9 waiver of the license renewal fee. The granting of a  
10 waiver shall be at the discretion of the board and may be  
11 terminated at any time. Waivers shall be based on the  
12 inability of a licensee to practice medicine. A licensee  
13 whose renewal fee has been waived pursuant to this  
14 section shall not engage in the practice of medicine unless  
15 and until the licensee pays the current renewal fee and  
16 establishes to the satisfaction of the board that the  
17 licensee's disability either no longer exists or does not  
18 affect his or her ability to practice medicine safely.

19 SEC. 9. *Section 2460 of the Business and Professions*  
20 *Code is amended to read:*

21 2460. There is created within the jurisdiction of ~~the~~  
22 ~~Division of Allied Health Professions~~ of the Medical Board  
23 of California *and its divisions* the California Board of  
24 Podiatric Medicine.

25 This section shall become inoperative on July 1, 1999,  
26 and, as of January 1, 2000, is repealed, unless a later  
27 enacted statute, which becomes effective on or before  
28 January 1, 2000, deletes or extends the dates on which it  
29 becomes inoperative and is repealed.

30 SEC. 10. *Section 2461 of the Business and Professions*  
31 *Code is amended to read:*

32 2461. As used in this article:

33 (a) "Division" means the ~~Division of Allied Health~~  
34 ~~Professions of the~~ Medical Board of California *and its*  
35 *divisions*.

36 (b) "Board" means the California Board of Podiatric  
37 Medicine.

38 (c) "Podiatric licensing authority" refers to any  
39 officer, board, commission, committee, or department of



1 another state that may issue a license to practice podiatric  
2 medicine.

3 *SEC. 11. Section 2504 of the Business and Professions*  
4 *Code is amended to read:*

5 2504. The ~~Division of Allied Health Professions board~~  
6 *or a division of the board* shall take disciplinary action  
7 against any drugless practitioner for unprofessional  
8 conduct as set forth in this article and Article 12  
9 (commencing with Section 2220), and the division shall  
10 have all the powers contained therein.

11 *SEC. 12. Section 2530.2 of the Business and*  
12 *Professions Code is amended to read:*

13 2530.2. As used in this chapter, unless the context  
14 otherwise requires:

15 (a) “Committee” means the Speech-Language  
16 Pathology and Audiology Examining Committee.

17 (b) “Person” means any individual, organization or  
18 corporate body except that only individuals can be  
19 licensed under this chapter.

20 (c) A “speech-language pathologist” is a person who  
21 practices speech-language pathology.

22 (d) “The practice of speech-language pathology”  
23 means the application of principles, methods, and  
24 procedures for measurement, testing, identification,  
25 prediction, counseling, or instruction related to the  
26 development and disorders of speech, voice, or language  
27 for the purpose of identifying, preventing, managing,  
28 habilitating or rehabilitating, ameliorating, or modifying  
29 such disorders and conditions in individuals or groups of  
30 individuals; conducting hearing screenings; and the  
31 planning, directing, conducting and supervision of  
32 programs for identification, evaluation, habilitation, and  
33 rehabilitation of disorders of speech, voice, or language.

34 (e) “Speech-language pathology aide” means any  
35 person meeting the minimum requirements established  
36 by the committee, who works directly under the  
37 supervision of a speech-language pathologist.

38 (f) An “audiologist” is one who practices audiology.

39 (g) “The practice of audiology” means the application  
40 of principles, methods, and procedures of measurement,



1 testing, appraisal, prediction, consultation, counseling,  
2 instruction related to auditory, vestibular, and related  
3 functions and the modification of communicative  
4 disorders involving speech, language, auditory behavior  
5 or other aberrant behavior resulting from auditory  
6 dysfunction; and the planning, directing, conducting,  
7 supervising, or participating in programs of identification  
8 of auditory disorders, hearing conservation, aural  
9 habilitation, and rehabilitation, including, hearing aid  
10 recommendation and evaluation procedures including,  
11 but not limited to, specifying amplification requirements  
12 and evaluation of the results thereof, auditory training,  
13 and speech reading.

14 (h) “Audiology aide” means any person, meeting the  
15 minimum requirements established by the committee,  
16 who works directly under the supervision of an  
17 audiologist.

18 (i) “Board” means ~~the Division of Allied Health~~  
19 ~~Professions~~ of the Medical Board of California *or a*  
20 *division of the board.*

21 (j) A “hearing screening” performed by a  
22 speech-language pathologist means a binary puretone  
23 screening at a preset intensity level for the purpose of  
24 determining if the screened individuals are in need of  
25 further medical or audiological evaluation.

26 *SEC. 13. Section 2531 of the Business and Professions*  
27 *Code is amended to read:*

28 2531. There is hereby created a Speech-Language  
29 Pathology and Audiology Examining Committee under  
30 the jurisdiction of the ~~Division of Allied Health~~  
31 ~~Professions~~ of the Medical Board of California *and its*  
32 *divisions.* The committee shall consist of nine members,  
33 three of whom shall be public members.

34 This section shall become inoperative on July 1, 1999,  
35 and, as of January 1, 2000, is repealed, unless a later  
36 enacted statute, which becomes effective on or before  
37 January 1, 2000, deletes or extends the dates on which it  
38 becomes inoperative and is repealed.

39 *SEC. 14. Section 2620.5 of the Business and*  
40 *Professions Code is amended to read:*



1 2620.5. A physical therapist may, upon specified  
2 authorization of a physician and surgeon, perform tissue  
3 penetration for the purpose of evaluating neuromuscular  
4 performance as a part of the practice of physical therapy,  
5 as defined in Section 2620, provided such person is  
6 certified by the committee to perform such tissue  
7 penetration and evaluation, and provided the physical  
8 therapist does not develop or make diagnostic or  
9 prognostic interpretations of the data obtained.

10 The committee, after meeting and conferring with the  
11 ~~Division of Allied Health Professions~~ *Medical Board of*  
12 *California or a division of the board*, shall:

13 (a) Adopt standards and procedures for tissue  
14 penetration for the purpose of evaluating neuromuscular  
15 performance by certified physical therapists.

16 (b) Establish standards for the certification of physical  
17 therapists to perform tissue penetration for the purpose  
18 of evaluating neuromuscular performance.

19 (c) Certify physical therapists meeting standards  
20 established by the committee pursuant to this section.

21 *SEC. 15. Section 2725 of the Business and Professions*  
22 *Code is amended to read:*

23 2725. In amending this section at the 1973–74 session,  
24 the Legislature recognizes that nursing is a dynamic field,  
25 the practice of which is continually evolving to include  
26 more sophisticated patient care activities. It is the intent  
27 of the Legislature in amending this section at the 1973–74  
28 session to provide clear legal authority for functions and  
29 procedures which have common acceptance and usage.  
30 It is the legislative intent also to recognize the existence  
31 of overlapping functions between physicians and  
32 registered nurses and to permit additional sharing of  
33 functions within organized health care systems which  
34 provide for collaboration between physicians and  
35 registered nurses. ~~Such~~ *These* organized health care  
36 systems include, but are not limited to, health facilities  
37 licensed pursuant to Chapter 2 (commencing with  
38 Section 1250) of Division 2 of the Health and Safety Code,  
39 clinics, home health agencies, physicians' offices, and  
40 public or community health services.



1 The practice of nursing within the meaning of this  
2 chapter means those functions, including basic health  
3 care, which help people cope with difficulties in daily  
4 living which are associated with their actual or potential  
5 health or illness problems or the treatment thereof which  
6 require a substantial amount of scientific knowledge or  
7 technical skill, and includes all of the following:

8 (a) Direct and indirect patient care services that  
9 insure the safety, comfort, personal hygiene, and  
10 protection of patients; and the performance of disease  
11 prevention and restorative measures.

12 (b) Direct and indirect patient care services,  
13 including, but not limited to, the administration of  
14 medications and therapeutic agents, necessary to  
15 implement a treatment, disease prevention, or  
16 rehabilitative regimen ordered by and within the scope  
17 of licensure of a physician, dentist, podiatrist, or clinical  
18 psychologist, as defined by Section 1316.5 of the Health  
19 and Safety Code.

20 (c) The performance of skin tests, immunization  
21 techniques, and the withdrawal of human blood from  
22 veins and arteries.

23 (d) Observation of signs and symptoms of illness,  
24 reactions to treatment, general behavior, or general  
25 physical condition, and (1) determination of whether  
26 such signs, symptoms, reactions, behavior, or general  
27 appearance exhibit abnormal characteristics; and (2)  
28 implementation, based on observed abnormalities, of  
29 appropriate reporting, or referral, or standardized  
30 procedures, or changes in treatment regimen in  
31 accordance with standardized procedures, or the  
32 initiation of emergency procedures.

33 “Standardized procedures,” as used in this section,  
34 means either of the following:

35 (1) Policies and protocols developed by a health  
36 facility licensed pursuant to Chapter 2 (commencing  
37 with Section 1250) of Division 2 of the Health and Safety  
38 Code through collaboration among administrators and  
39 health professionals including physicians and nurses;



1 (2) Policies and protocols developed through  
2 collaboration among administrators and health  
3 professionals, including physicians and nurses, by an  
4 organized health care system which is not a health facility  
5 licensed pursuant to Chapter 2 (commencing with  
6 Section 1250) of Division 2 of the Health and Safety Code.  
7 ~~Such~~ The policies and protocols shall be subject to any  
8 guidelines for standardized procedures ~~which—the~~  
9 ~~Division of Allied Health Professions of that~~ the Medical  
10 Board of California *or any of its divisions*, and the Board  
11 of Registered Nursing may jointly promulgate; and if  
12 promulgated shall be administered by the Board of  
13 Registered Nursing.

14 Nothing in this section shall be construed to require  
15 approval of standardized procedures by the ~~Division of~~  
16 ~~Allied Health Professions of the~~ Medical Board of  
17 California *or any of its divisions*, or by the Board of  
18 Registered Nursing.

19 *SEC. 16. Section 2902 of the Business and Professions*  
20 *Code is amended to read:*

21 2902. As used in this chapter, unless the context  
22 clearly requires otherwise and except as in this chapter  
23 expressly otherwise provided:

24 (a) “Licensed psychologist” means an individual to  
25 whom a license has been issued pursuant to the provisions  
26 of this chapter, and which license is in force and has not  
27 been suspended or revoked.

28 (b) “Division” means the ~~Division of Allied Health~~  
29 ~~Professions of the~~ Medical Board of California *or any of its*  
30 *divisions*. “Board” means the Board of Psychology.

31 (c) A person represents himself or herself to be a  
32 psychologist when the person holds himself or herself out  
33 to the public by any title or description of services  
34 incorporating the words “psychology,” “psychological,”  
35 “psychologist,” “psychology consultation,” “psychology  
36 consultant,” “psychometry,” “psychometrics” or  
37 “psychometrist,” “psychotherapy,” “psychotherapist,”  
38 “psychoanalysis,” “psychoanalyst” or when the person  
39 holds himself or herself out to be trained, experienced, or  
40 an expert in the field of psychology.



1 (d) “Accredited,” as used with reference to academic  
 2 institutions, means the University of California, the  
 3 California State University, an institution accredited  
 4 under subdivision (a) of Section 94310.1 of the Education  
 5 Code, or an institution located in another state which is  
 6 accredited by a national or an applicable regional  
 7 accrediting agency recognized by the United States  
 8 Department of Education.

9 (e) “Approved,” as used with reference to academic  
 10 institutions, means approved under subdivision (b) of  
 11 Section 94310.2 of the Education Code.

12 *SEC. 17. Section 2971 of the Business and Professions*  
 13 *Code is amended to read:*

14 2971. Whenever any person other than a licensed  
 15 psychologist has engaged in any act or practice ~~which~~ *that*  
 16 constitutes an offense against this chapter, the superior  
 17 court of any county, on application of the board, may issue  
 18 an injunction or other appropriate order restraining that  
 19 conduct. Proceedings under this section shall be  
 20 governed by Chapter 3 (commencing with Section 525)  
 21 of Title 7, Part 2 of the Code of Civil Procedure, except  
 22 that it shall be presumed that there is no adequate  
 23 remedy at law, and that irreparable damage will occur if  
 24 the continued violation is not restrained or enjoined. On  
 25 the written request of the board, or on its own motion, the  
 26 ~~Division of Allied Health Professions~~ *division* may  
 27 commence action in the superior court under this section.

28 *SEC. 18. Section 3041 of the Business and Professions*  
 29 *Code is amended to read:*

30 3041. The practice of optometry is the doing of any or  
 31 all of the following:

32 (a) The examination of the human eye or eyes, or its  
 33 or their appendages, and the analysis of the human vision  
 34 system, either subjectively or objectively.

35 (b) The determination of the powers or range of  
 36 human vision and the accommodative and refractive  
 37 states of the human eye or eyes, including the scope of its  
 38 or their functions and general condition.



1 (c) The prescribing or directing the use of, or using,  
2 any optical device in connection with ocular exercises,  
3 visual training, vision training, or orthoptics.

4 (d) The prescribing of contact and spectacle lenses  
5 for, or the fitting or adaptation of contact and spectacle  
6 lenses to, the human eye, including lenses which may be  
7 classified as drugs by any law of the United States or of this  
8 state.

9 (e) The use of topical pharmaceutical agents for the  
10 sole purpose of the examination of the human eye or eyes  
11 for any disease or pathological condition. The State Board  
12 of Optometry, with the advice and consent of the ~~Division~~  
13 ~~of Allied Health Professions of the~~ Medical Board of  
14 California *or a division of the Medical Board of California*,  
15 to be provided within six months of the effective date of  
16 this section, shall designate the specific topical  
17 pharmaceutical agents, known generically as mydriatics,  
18 cycloplegics, and topical anesthetics, to be used.

19 *SEC. 19. Section 3041.2 of the Business and*  
20 *Professions Code is amended to read:*

21 3041.2. The State Board of Optometry shall by  
22 regulation, with the advice and consent of the ~~Division of~~  
23 ~~Allied Health Professions of the~~ Medical Board of  
24 California *or a division of the board*, establish educational  
25 and examination requirements for licensure to insure the  
26 competence of optometrists to practice pursuant to  
27 subdivision (e) of Section 3041. Satisfactory completion of  
28 the educational and examination requirements shall be a  
29 condition for the issuance of an original certificate of  
30 registration under this chapter, on and after January 1,  
31 1980. Only those optometrists who have successfully  
32 completed educational and examination requirements as  
33 determined by the State Board of Optometry with the  
34 advice and consent of the ~~Division of Allied Health~~  
35 ~~Professions of the~~ Medical Board of California *or a*  
36 *division of the board* shall be permitted the use of  
37 pharmaceutical agents specified by subdivision (e) of  
38 Section 3041.

39 *SEC. 20. Section 3302 of the Business and Professions*  
40 *Code is amended to read:*

1 3302. “Board,” as used in this chapter, means the  
2 ~~Division of Allied Health Professions of the~~ Medical Board  
3 of California *or any of its divisions*.

4 *SEC. 21. Section 3501 of the Business and Professions*  
5 *Code is amended to read:*

6 3501. As used in this chapter:

7 (a) “Board” means the ~~Division of Allied Health~~  
8 ~~Professions of the~~ Medical Board of California ~~of the State~~  
9 ~~of California~~ *or a division of the board*.

10 (b) “Approved program” means a program for the  
11 education of physician assistants which has been formally  
12 approved by the committee.

13 (c) “Trainee” means a person who is currently  
14 enrolled in an approved program.

15 (d) “Physician assistant” means a person who meets  
16 the requirements of this chapter and is licensed by the  
17 committee.

18 (e) “Committee” or “examining committee” means  
19 the Physician Assistant Examining Committee.

20 (f) “Regulations” means the rules and regulations as  
21 contained in Chapter 13.8 (commencing with Section  
22 1399.500) of Title 16 of the California Code of Regulations.

23 (g) “Routine visual screening” means uninvase  
24 nonpharmacological simple testing for visual acuity,  
25 visual field defects, color blindness, and depth  
26 perception.

27 *SEC. 22. Section 3535 of the Business and Professions*  
28 *Code is amended to read:*

29 3535. Notwithstanding any other provision of law,  
30 physicians and surgeons licensed by the Osteopathic  
31 Medical Board of California may employ physician’s  
32 assistants provided:

33 (a) Each physician’s assistant so employed is a  
34 graduate of an approved program and is licensed by the  
35 Physician’s Assistant Examining Committee.

36 (b) The scope of practice of the physician’s assistant  
37 shall be the same as that which is approved by the  
38 ~~Division of Allied Health Professions of the~~ Medical Board  
39 of California *or a division of the board* for physicians and



1 surgeons supervising physician's assistants in the same or  
2 a similar specialty.

3 (c) The supervising physician and surgeon is approved  
4 by the Osteopathic Medical Board of California. The  
5 Osteopathic Medical Board of California may deny an  
6 application, or suspend or revoke or impose probationary  
7 conditions upon any osteopathic physician and surgeon  
8 approved to supervise any physician's assistant in any  
9 decision made after a hearing as provided in Section 3528.

10 (d) Any physician's assistant licensed by the  
11 committee shall be eligible for employment by any  
12 physician and surgeon approved by the Osteopathic  
13 Medical Board of California; except that no physician and  
14 surgeon shall supervise more than two physician's  
15 assistants. The Osteopathic Medical Board of California  
16 may restrict physicians and surgeons to supervising  
17 specific types of physician's assistants including, but not  
18 limited to, restricting physicians and surgeons from  
19 supervising physician's assistants outside of the  
20 physician's and surgeon's field of specialty.

21 (e) Each physician and surgeon desiring to supervise  
22 a physician's assistant under this section shall file a  
23 separate application. The fees to be paid to the  
24 Osteopathic Medical Board of California for approval to  
25 supervise a physician's assistant are to be set as follows: An  
26 application fee not to exceed fifty dollars (\$50) shall be  
27 charged to each physician and surgeon applicant. An  
28 approval fee not to exceed one hundred dollars (\$100)  
29 shall be charged to each physician and surgeon upon  
30 approval of an application to supervise a physician's  
31 assistant. If the approval will expire less than one year  
32 after its issuance, the fee shall be 50 percent of the initial  
33 approval fee currently in effect. The Osteopathic Medical  
34 Board of California shall renew approval to supervise  
35 physician's assistants upon application for that renewal. A  
36 biennial renewal fee not to exceed one hundred fifty  
37 dollars (\$150) shall be paid for the renewal of that  
38 approval. The delinquency fee is twenty-five dollars  
39 (\$25). The duplicate license fee is ten dollars (\$10). The  
40 fees collected by the Osteopathic Medical Board of



1 California pursuant to this subdivision shall be deposited  
2 in the Osteopathic Medical Board of California  
3 Contingent Fund.

4 (f) Any person who violates subdivision (a), (b), (c),  
5 or (d) of this section shall be guilty of a misdemeanor  
6 punishable by imprisonment in the county jail not  
7 exceeding six months, or by a fine not exceeding one  
8 thousand dollars (\$1,000) or by both.

9 *SEC. 23. Section 3764 of the Business and Professions*  
10 *Code is amended to read:*

11 3764. Whenever any person has engaged or is about  
12 to engage in any acts or practices that constitute or will  
13 constitute an offense against this chapter, the superior  
14 court of any county, on application of the board, the  
15 Medical Board of California *or a division of the Medical*  
16 *Board of California*, or by 10 or more persons holding  
17 respiratory care practitioner licenses issued under this  
18 chapter, may issue an injunction or other appropriate  
19 order restraining that conduct. Proceedings under this  
20 section shall be governed by Chapter 3 (commencing  
21 with Section 525) of Title 7 of Part 2 of the Code of Civil  
22 Procedure, except that no undertaking shall be required  
23 in any action commenced by the board.

24 *SEC. 24. Section 4927 of the Business and Professions*  
25 *Code is amended to read:*

26 4927. As used in this chapter, unless the context  
27 otherwise requires:

28 (a) "Committee" means the Acupuncture  
29 Committee.

30 (b) "Board" means the ~~Division of Allied Health~~  
31 ~~Professions of the~~ Medical Board of California *or a*  
32 *division of the board*.

33 (c) "Person" means any individual, organization, or  
34 corporate body, except that only individuals may be  
35 licensed under this chapter.

36 (d) "Acupuncturist" means an individual to whom a  
37 license has been issued to practice acupuncture pursuant  
38 to this chapter, which is in effect and is not suspended or  
39 revoked.



1 (e) “Acupuncture” means the stimulation of a certain  
2 point or points on or near the surface of the body by the  
3 insertion of needles to prevent or modify the perception  
4 of pain or to normalize physiological functions, including  
5 pain control, for the treatment of certain diseases or  
6 dysfunctions of the body and includes the techniques of  
7 electroacupuncture, cupping, and moxibustion.

8 *SEC. 25. Section 12529 of the Government Code is*  
9 *amended to read:*

10 12529. (a) There is in the Department of Justice the  
11 Health Quality Enforcement Section. The primary  
12 responsibility of the section is to prosecute proceedings  
13 against licensees and applicants within the jurisdiction of  
14 the Medical Board of California including all committees  
15 *under the jurisdiction of the board or a division of the*  
16 *board*, including the Board of Podiatric Medicine, ~~of the~~  
17 ~~Division of Allied Health Professions~~ and to provide  
18 ongoing review of the investigative activities conducted  
19 in support of those prosecutions, as provided in  
20 subdivision (b) of Section 12629.5.

21 (b) The Attorney General shall appoint a Senior  
22 Assistant Attorney General of the Health Quality  
23 Enforcement Section. The Senior Assistant Attorney  
24 General of the Health Quality Enforcement Section shall  
25 be an attorney in good standing licensed to practice in the  
26 State of California, experienced in prosecutorial or  
27 administrative disciplinary proceedings and competent  
28 in the management and supervision of attorneys  
29 performing those functions.

30 (c) The Attorney General shall ensure that the Health  
31 Quality Enforcement Section is staffed with a sufficient  
32 number of experienced and able employees that are  
33 capable of handling the most complex and varied types  
34 of disciplinary actions against the licensees of the division  
35 or board.

36 (d) Funding for the Health Quality Enforcement  
37 Section shall be budgeted in consultation with the  
38 Attorney General from the special funds financing the  
39 operations of the Medical Board of California, the  
40 California Board of Podiatric Medicine, and the



1 committees ~~of the Division of Allied Health Professions~~  
2 *under the jurisdiction of the Medical Board of California*  
3 *or a division of the board*, with the intent that the  
4 expenses be proportionally shared as to services  
5 rendered.

6 *SEC. 26. Section 14110.5 of the Welfare and*  
7 *Institutions Code is amended to read:*

8 14110.5. Effective January 1, 1977, no payment for any  
9 prescription ophthalmic device shall be made under  
10 Medi-Cal if that device does not meet the standards  
11 ~~promulgated~~ *adopted* by the department, the State  
12 Board of Optometry or ~~the Division of Allied Health~~  
13 ~~Professions and Division of Medical Quality~~ of the  
14 Medical Board of California *or any of its divisions* under  
15 Section 2541.3 of the Business and Professions Code.

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

26 Notwithstanding Section 17580 of the Government  
27 Code, unless otherwise specified, the provisions of this act  
28 shall become operative on the same date that the act  
29 takes effect pursuant to the California Constitution.

