STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
Veterinary Medical Board
1747 N. Market Blvd., Suite 230, Sacramento, CA 95834
Telephone: 916-515-5220 Fax: 916-928-6849 | www.vmb.ca.gov

MEETING AGENDA

Veterinary Medical Board
The Waterfront Hotel
10 Washington Street
Oakland, CA
July 21-22, 2015

9:00 a.m. Tuesday, July 21, 2015

1. Call to Order - Establishment of a Quorum

2. Introductions

3. Review and Approval of April 1-2, 2015, April 28-29, 2015 and June 17, 2015 Meeting Minutes

4. Proposed Regulations
   A. Status of Pending Regulations
   B. Review and Possible Approval of Updates to Disciplinary Guidelines
   C. Review and Discuss Proposed Alternate Route Regulations [California Code of Regulations, Title 16, Division 20, section 2065.1 et. seq.]

5. Establish Subcommittee to Work with California Horse Racing Board on Drug Labeling Regulations

6. Review and Discuss Board Strategic Action Plan 2015-2019

7. 2015 Legislation Report and Consider Legislative Proposals
   A. AB 12 (Cooley) State government: administrative regulations: review
   B. AB 85 (Wilk) Open meetings
   C. AB 611 (Dahle) Controlled substances: prescriptions: reporting
   D. AB 750 (Low) Business and professions: retired category: licenses.
   E. AB 1060 (Bonilla) Professions and vocations: licensure
   F. AB 483 (Patterson) Healing arts: initial license fees: proration
   G. AB 316 (Maienschein) Veterinarians
   H. AB 317 (Maienschein) Veterinary medicine: temporary shelter facility.
   I. SB 27 (Hill) Livestock: use of antimicrobial drugs.
   J. SB 361 (Hill) Skilled nursing facilities: antimicrobial stewardship guidelines.
   K. SB 800 (BP&E Committee) Clean-up Provisions for VMB
   L. AB 192 (Allen) Pet Lovers License Plate
   M. Review and Discuss Proposed Statutory Language Regarding Drug Compounding by Veterinarians

8. Board Chair Report – Dr. Mark Nunez

9. Multidisciplinary Advisory Committee Report – Dr. William Grant
   A. Review and Prioritize Multidisciplinary Advisory Committee Action Items

10. Review and Discuss Sunset Review Issues
    A. Specialty Titles/Credentials Used by Veterinarians
    B. Mandatory Reporting Requirements
    C. Discussion of New Issues Raised by the Board

11. Executive Officer & Staff Reports
    A. Administrative/Budget
    B. Enforcement
    C. Licensing/Examination

12. Review and Discuss Social Media/Publications

13. Public Comment on Items Not on the Agenda
    Note: The board may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting. (Government Code Sections 11125, 11125.7(a)).

14. Agenda Items and Next Meeting Dates – October 20-21, 2015
    A. Agenda Items for Next Meeting
    B. Multidisciplinary Advisory Committee Meetings – October 22, 2015

15. Recess

9:00 a.m. Wednesday, July 22, 2015

16. Reconvene - Establishment of a Quorum

17. Introductions

CLOSED SESSION

18. The Board will meet in closed session (pursuant to Government Code Section 11126(c)(3) to discuss and vote on disciplinary matters including stipulations and proposed decisions.

19. The Board will meet in closed session (pursuant to Government Code Section 11126(a)(1)) to update and discuss the Executive Officer Evaluation.

RETURN TO OPEN SESSION

20. Adjourn

This agenda can be found on the Veterinary Medical Board website at www.vmb.ca.gov. Times stated are approximate and subject to change. This meeting will conform to the Open Meeting Act. Agenda discussions and report items are subject to action being taken on them during the meeting by the Board at its discretion. The Board provides the public the opportunity at meetings to address each agenda item during the Board's discussion or consideration of the item. Total time allocated for public comment may be limited.

The Board plans to webcast items 1-17 at this meeting on its website at www.vmb.ca.gov. Webcast availability cannot, however, be guaranteed due to limitations on resources or technical difficulties that may arise. If you wish to participate or to have a guaranteed opportunity to observe, please plan to attend at a physical location.

The meeting locations are accessible to the physically disabled. Other disability-related accommodations or modifications can be provided upon request. Please make your request for disability-related accommodations by contacting the Board at (916) 515-5220 or sending a written request to 1747 N. Market St., Suite 230, Sacramento, CA 95834. Provide at least five (5) business days' notice prior to the meeting to help ensure availability of requested accommodations.

MISSION

The mission of the Veterinary Medical Board is to protect consumers and animals by regulating licensees, promoting professional standards and diligent enforcement of the practice of veterinary medicine.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
Veterinary Medical Board
1747 N. Market Blvd., Suite 230, Sacramento, CA 95834
Telephone: 916-515-5220 Fax: 916-928-6849 | www.vmb.ca.gov

STRATEGIC PLANNING MEETING MINUTES

Veterinary Medical Board
1747 N. Market Blvd. - Ruby Room
Sacramento, California
April 1-2, 2015

10:00 a.m. Wednesday, April 1, 2015

1. Call to Order - Establishment of a Quorum

DCA Training Facilitator, Noël Cornelia, called the Veterinary Medical Board (Board) Strategic Planning session to order at 10:12 a.m. Multidisciplinary Advisory Committee (MDC) Chair, William Grant, was present on behalf of the MDC.

2. Introductions, Overview of Strategic Planning, Ground Rules

Members Present
Mark Nunez, DVM, President
Cheryl Waterhouse, DVM, Vice President
Kathy Bowler, Public Member
William Grant, DVM, MDC Chair
Jennifer Loredo, RVT
Judie Mancuso, Public Member
Richard Sullivan, DVM

Staff Present
Elisa Chohan, DCA Training Facilitator
Noël Cornelia, DCA Training Facilitator
Annemarie Del Mugnaio, Executive Officer, Veterinary Medical Board
Nina Galang, Administrative Program Coordinator
Ethan Mathes, Administrative Program Manager
Candace Raney, Enforcement Program Manager

Guests Present
Valerie Fenstermaker, California Veterinary Medical Association
Linda Tripp, University of California, Davis, Office of Research

3. Strategic Planning Session

Noël Cornelia explained that the purpose of the meeting was to develop a Strategic Plan for the Board for the years 2015-2019. Mrs. Cornelia reviewed a number of important upcoming dates:

April 1-2, 2015 – Strategic Planning session
April 17, 2015 – DCA training facilitators complete draft of the Board's Strategic Plan
April 28-29, 2015 – Submit Strategic Plan to the Board for approval
May 5, 2015 – Action Planning session

Executive Officer, Ms. Del Mugnaio, reviewed the Board's accomplishments from 2012-2014 and stated that out of 34 objectives, the Board was able to successfully complete 24 objectives.

The Board discussed and developed objectives for six strategic goal areas: 1) Enforcement, 2) Customer Service and Administration, 3) Outreach, 4) Legislation and Regulations, 5) Licensing and Examinations, and 6) Hospital Inspection Program.

The Board discussed and developed a new mission statement and vision statement that is representative of the Board's goals and objectives for the 2015-2019 Strategic Plan.

4. Recess

8:30 a.m. Thursday, April 2, 2015

5. Call to Order - Establishment of a Quorum

DCA Training Facilitator, Noël Cornelia, called the Board Strategic Planning session to order at 9:00 a.m. MDC Chair, William Grant, was present on behalf of the MDC.

6. Introductions

Members Present
Mark Nunez, DVM, President
Cheryl Waterhouse, DVM, Vice President
Kathy Bowler, Public Member
William Grant, DVM, MDC Chair
Jennifer Loredo, RVT
Judie Mancuso, Public Member
Richard Sullivan, DVM

Staff Present
Elisa Chohan, DCA Training Facilitator
Noël Cornelia, DCA Training Facilitator
Annemarie Del Mugnaio, Executive Officer, Veterinary Medical Board
Nina Galang, Administrative Program Coordinator
Ethan Mathes, Administrative Program Manager
Candace Raney, Enforcement Program Manager
Patty Rodriguez, Associate Administrative Analyst

Guests Present
Grant Miller, DVM, California Veterinary Medical Association
Cindy Savely, RVT, Sacramento Valley Veterinary Technician Association

7. Strategic Planning Session

The Board continued to discuss and develop objectives for six strategic goal areas: 1) Enforcement, 2) Customer Service and Administration, 3) Outreach, 4) Legislation and Regulations, 5) Licensing and Examinations, and 6) Hospital Inspection Program.

8. Adjourn

The meeting adjourned at 11:30 a.m.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
Veterinary Medical Board
1747 N. Market Blvd., Suite 230, Sacramento, CA 95834
Telephone: 916-515-5220 Fax: 916-928-6849 | www.vmb.ca.gov

MEETING MINUTES

Veterinary Medical Board
1747 N. Market Blvd. - Hearing Room
Sacramento, California
April 28-29, 2015

9:00 a.m. Tuesday, April 28, 2015

1. Call to Order - Establishment of a Quorum

Dr. Mark Nunez called the Veterinary Medical Board (Board) meeting to order at 9:07 a.m. Annemarie Del Mugnaio, Executive Officer, called roll; six members of the Board were present and thus a quorum was established.

2. Introductions

Board Members Present
Mark Nunez, DVM, President
Cheryl Waterhouse, DVM, Vice President
Kathy Bowler, Public Member
Jennifer Loredo, RVT
Judie Mancuso, Public Member
Richard Sullivan, DVM

Staff Present
Christy Bell, Associate Enforcement Analyst
Rebecca Bon, Legal Counsel
Elizabeth Bynum, Associate Enforcement Analyst
Annemarie Del Mugnaio, Executive Officer, Veterinary Medical Board
Nina Galang, Administrative Program Coordinator
Sabina Knight, Legal Counsel
Ethan Mathes, Administrative Program Manager
Jaspreet Pabla, Probation Monitor
Candace Raney, Enforcement Program Manager
Cesar Victoria, Department of Consumer Affairs Television Specialist

Guests Present
Al Aldrete, DVM, Veterinary Allied Staff Education
Jeff Backus, RVT, California Registered Veterinary Technician Association
Barry Baum, DVM, Southern California Veterinary Medical Association
Christine Crick
George Dyke
Nancy Ehrlich, RVT, California Registered Veterinary Technician Association
Valerie Fenstermaker, California Veterinary Medical Association
William A. Grant II, DVM, Multidisciplinary Advisory Committee
Diana Woodward Hagle
Alex Henderson, Veterinary Allied Staff Education
Tameka Island, California Physical Therapy Association
Rebecca May, Department of Consumer Affairs

Cindy Savely, RVT, Sacramento Valley Veterinary Technician Association
Dan Segna, DVM, California Veterinary Medical Association
Leah Shufelt
Linda Starr
Linda Tripp, RVT, University of Davis
Dayna Wiedenkeller, California Veterinary Medical Association

3. Approval of November 20, 2014, January 20-21, 2015, and March 19, 2015 Meeting Minutes

- Judie Mancuso motioned and Kathy Bowler seconded the motion to approve the November 20, 2014, January 20-21, 2015, and March 19, 2015 meeting minutes. The motion carried 6-0.

4. Proposed Regulations
   A. Status of Pending Regulations

Ms. Del Mugnaio updated the Board on the status of the pending regulations.

B. Review and Approval of Updates to Disciplinary Guidelines

Ms. Del Mugnaio noted that Enforcement Manager, Candace Raney, prepared a memo regarding the Disciplinary Guidelines that were previously adopted by the Board at January 20, 2015 meeting. The Board's enforcement staff found specific language in a number of the terms and conditions within the Disciplinary Guidelines that require clarification; therefore, the memo outlines areas needing further refinement. Ms. Del Mugnaio added that staff is working on the changes and will have them ready for the Board's review by the July 2015 meeting.

The Board discussed proposed changes to the proposed Disciplinary Guidelines language. Ms. Del Mugnaio suggested that the Board President appoint a subcommittee to review the memo and refine the sections noted by staff and requiring further clarity. Ms. Del Mugnaio reminded the board that the amended language must go through the Office of Administrative Law (OAL) in order to implement the proposed amendments.

- Dr. Mark Nunez appointed Dr. Sullivan and Kathy Bowler to a two-person Disciplinary Guidelines Subcommittee to review amendments to the proposed Disciplinary Guidelines.

C. Review and Approval of Proposed Veterinary Assistant Controlled Substances Permit Language

Ms. Del Mugnaio addressed concerns brought forth by legal counsel regarding the proposed Veterinary Assistant Controlled Substances Permit (VACSP) regulatory language. The Board and public members discussed various areas of the proposed language including elimination of the requirements to assign a temporary supervisor. Ms. Del Mugnaio noted that any amendments made to the language will be discussed at a future Board meeting.

- Dr. Richard Sullivan motioned and Kathy Bowler seconded the motion to direct staff to amend the VACSP regulation language and bring back to the Board for consideration. The motion carried 6-0.

D. Review and Discuss Minimum Standards

The Board discussed the proposed Minimum Standards language, including adding a veterinarian-client-patient relationship (VCPR) requirement to vaccination clinics.

- Dr. Cheryl Waterhouse motioned and Dr. Richard Sullivan seconded the motion to adopt the Minimum Standards as amended. The motion carried 6-0.

E. Review Board Approved Language for Animal Rehabilitation and Discuss Justification for Rulemaking Documents.

Ms. Del Mugnaio discussed changes to the animal rehabilitation regulation language and noted a need for a justifiable basis to file the language with OAL for rulemaking. Issues surrounding animal rehabilitation include clarifying what activities constitute animal rehabilitation and identifying justifications for Registered Veterinary Technicians (RVT) and Physical Therapists (PT) to practice animal rehabilitation.

Nancy Ehrlich pointed out that direct supervision of RVTs for animal rehabilitation would limit current job tasks and RVTs can already perform emergency services. Dr. Nunez argued that limitations placed on RVTs is to address an animal safety issue in that a veterinarian must assess the animal's health condition on the 'day of treatment' and determine whether or not the animal is healthy enough to receive animal rehabilitation. Dr. Sullivan added that an animal's condition can change rapidly and direct supervision by a veterinarian is needed to diagnose an animal patient's condition. The Board expressed favor of direct supervision of the RVT because animal rehabilitation poses enough of a risk and the Board must protect the consumer.

Rebecca Bon clarified that this language is already approved and staff needs direction or clarification to help develop the rulemaking file.

- Dr. Richard Sullivan motioned and Dr. Cheryl Waterhouse seconded the motion to approve the Animal Rehabilitation language as amended. The motion carried 6-0.

Ms. Del Mugnaio added that the board may hold a meeting in August to receive public comments on the proposed regulatory language.

5. Review Board Strategic Plan 2015-2019

- Dr. Richard Sullivan motioned and Judie Mancuso seconded the motion to accept the Strategic Plan as amended. The motion passed 6-0.

6. Review and Discuss Sunset Review Issues

The Board reviewed the proposed responses to current Sunset Review issues. On Issue #3 regarding the issue of providing information to consumers about the use (or misuse) of specialty titles of veterinarians, there is no definition of specialists and it could be viewed as misleading the public regarding Board certification. Currently, there is no restriction from using the term "specialist"; however, if there is a case against a veterinarian claiming to be a "specialist", the Board will enforce the American Veterinary Medical Association (AVMA) "Board certified" specialist requirements.

The Board also discussed the need to make the Diversion Program self-supporting by increasing outreach. Administrative Program Manager, Ethan Mathes, clarified that it is in the contract with MAXIMUS that the Board may ask MAXIMUS to perform outreach on the Board's behalf. Nancy Ehrlich added that Stephanie Trumm (MAXIMUS) has planned to go to the California Registered Veterinary Technician Association (CaRVTA) back-to-school conference to conduct Diversion Program outreach and Dan Mets, successful graduate of the Diversion Program, has agreed to write an article on his positive experience with the Diversion Program.

The Board discussed Issue #8 regarding the issue of requiring a veterinarian or RVT to report instances in which they believe a fellow practitioner is involved with drug or alcohol abuse. Dr. Sullivan noted that veterinarians or RVTs may not have training to identify substance abuse behavior and there are other avenues available to file a complaint. The Board decided to retain the 2013 response.

The Board agreed to accept staff recommended response for Issue #9 which requires veterinary premises to post contact information for the Board.

The Board discussed Issue #10 and the efficacy of requiring veterinarians, RVTs, and veterinary assistants to wear a name tag and whether it enhances consumer protection. Business and Professions Code (BPC) section 680 provides a licensee may wear a name tag or prominently display their license. Dr. Nunez expressed that the Board's 2013 response still remains valid and the Board agreed to continue research on the pros and cons of a name tag requirement. Judie Mancuso requested for this issue to be discussed at a future Board meeting.

7. Overview and Discussion Regarding the Board's Diversion Program – Stephanie Trumm, MAXIMUS – 10:00 a.m.

Stephanie Trumm (MAXIMUS) introduced a participant from the Board's Diversion Program, Dan Mets, RVT. Mr. Mets spoke in support of the Diversion Program and shared a touching story about how it allowed him to successfully obtain sobriety and become an RVT.

The Board thanked Mr. Mets for sharing his story and commended him on his success in the Diversion Program. The Board discussed various ways to increase participation in the Diversion Program and identified with the necessity for further outreach. Ms. Trumm noted that there is information on the MAXIMUS website about the Diversion Program and added that she makes presentations on the Board's behalf. Ms. Trumm offered to speak at veterinary schools and conferences to spread the word and suggested the Board add it to its newsletter. Judie Mancuso suggested including information on the Diversion Program in the Board's social media outreach efforts. Dr. Nunez suggested establishing a meeting on how the Board can work together with MAXIMUS to spread the word.

8. 2015 Legislation Report and Consider Legislative Proposals

   A. AB 12 (Cooley) State government: administrative regulations: review
   B. AB 85 (Wilk) Open meetings
   C. AB 611 (Dahle) Controlled substances: prescriptions: reporting
   D. AB 750 (Low) Business and professions: licenses
   E. AB 1060 (Bonilla) Professions and vocations: licensure
   F. AB 483 (Patterson) Healing arts: initial license fees: proration
   G. AB 49 (Mullin) Livestock drugs: antibiotics
   H. AB 316 (Maienschein) Veterinarians
   I. SB 27 (Hill) Livestock: use of antibiotics

Ms. Del Mugnaio provided a summary of the bills contained within the 2015 Legislative Report and noted, while not required, the Board can take a position on each bill. The Board agreed to track Assembly Bill (AB) 12, AB 85, AB 611, AB 750, AB 1060, AB 49, and Senate Bill (SB) 27.

Ms. Del Mugnaio reviewed AB 483, which requires that fees imposed by provisions for an initial license, an initial temporary or permanent license, an original license, or a renewal be prorated on a monthly basis. Ms. Del Mugnaio added that if this law went into effect, it would reduce revenues by approximately $70,000 annually and it would need to be reported as a fiscal impact to the Board's budget. The Board supported the decision to report the fiscal impact.

Ms. Del Mugnaio reviewed AB 316, which provides a temporary exemption from California licensure for temporary animal shelters and out-of-state licensed veterinarians requested to assist in an animal cruelty investigation by law enforcement, animal control, or a humane officer. Ms. Del Mugnaio expressed concerns regarding how out-of-state veterinarians would be determined to be in good standing and the fact that the bill does not limit the exemption to the American Society for the Prevention of

Cruelty to Animals (ASPCA), meaning any veterinarian coming from out-of-state could be called to provide this service. The Board agreed that there may not be a need to bring in out-of-state veterinarians if there are an adequate number of in-state veterinarians to provide this service.

- Dr. Richard Sullivan motioned and Judie Mancuso seconded the motion to oppose AB 316. The motion carried 6-0.

Ms. Del Mugniao reviewed AB 317, a companion bill to AB 316, which essentially exempts temporary shelter facilities from the premise registration requirements during a state of emergency. Ms. Del Mugnaio noted that it was not included in packet; therefore, the Board cannot take a position on the bill.

Ms. Del Mugnaio reviewed SB 27, which defines "medically important antimicrobial drugs" and requires that they not be administered to livestock without a prescription from a veterinarian made pursuant to a veterinarian-client-patient relationship. Ms. Del Mugnaio noted that the Governor's Office formed a working committee which developed proposed language to fine tune the bill. Senator Hill is accepting amendments and plans to amend the bill. The Board agreed to track SB 27.

J. Consider Multidisciplinary Advisory Committee's Recommended Statutory Addition to Address Drug Compounding by Veterinarians

- Dr. Cheryl Waterhouse motioned and Dr. Richard Sullivan seconded the motion to accept the Multidisciplinary Advisory Committee's (MDC) recommended statutory addition to address drug compounding by veterinarians. The motion carried 6-0.

- Dr. Richard Sullivan motioned and Kathy Bowler seconded the motion to delegate staff to work with Legal and the CVMA on legislation. The motion carried 6-0.

Ms. Del Mugnaio added that the Board President can appoint a two-person Legislative Committee to review the bill amendments and other amendments of interest.

- Dr. Mark Nunez appointed himself and Dr. Cheryl Waterhouse to be part of the two-person Legislative Review Committee.

9. Board Chair Report – Dr. Mark Nunez

Dr. Nunez reviewed a list of outreach activities, meetings, and workshops that have occurred this year.

The following is a table of the completed 2015 Board activities to date:

January 20-21, 2015	VMB Board Meeting
January 29, 2015	VMB staff and counsel met with the California Horse Racing Board at the Golden Gate Race Track and were provided a tour of the race track, including how and where Lasix is administered to the race horses
February 10, 2015	Ms. Del Mugnaio provided an overview of Board issues and compliance issues to the Central Valley Veterinary Medical Association, as well as two presentations on "Licensing, Enforcing, and Disciplinary Action" and "Ethics and Professional Licensing"
February 25, 2015	Dr. Nunez. Dr. Waterhouse, Ms. Del Mugnaio, and Mrs. Raney provided a presentation on "Ethics and Professional Licensing" at Western University to the Freshman class
February 27, 2015	VMB staff held an Interested Parties Workshop to discuss the proposed VACSP regulations
March 18, 2015	Mr. Mathes provided a presentation at the California Temporary License

	Certification (TLC) Conference at Western University
March 19, 2015	Public teleconference on the Pet Lover's License Plate regulations
April 1-2, 2015	Strategic Planning session

10. Multidisciplinary Advisory Committee Report – Dr. William Grant

Dr. William Grant presented a report of MDC issues based on the old and new Strategic Plan.

The issues included: statutory authority for drug compounding; faculty licensure; self-reporting forms for continuing education for license renewal for veterinarians and RVTs; development of minimum standards for premise permits, shelter medicine (large animal, and equine fixed ambulatory services); evaluation of workflow for complaint handling; MDC taskforce to approve RVT training programs and schools; and a board position on the licensing requirements for out-of-state veterinarians existing during state disasters.

The Board reviewed Dr. Grant's list and directed staff to clean up the document and merge both lists prioritize the items at its next meeting.

A. Candidate Interviews and Appointments to Multidisciplinary Advisory Committee – 1:00 p.m.

The Board interviewed eight candidates for four open positions on the MDC: one RVT member vacancy, one public member vacancy, and two veterinarian member vacancies. Each Board member was allowed to vote for one person for each vacancy and the candidate with the most votes was awarded the position.

Leah Shufelt, RVT, Fatima Trujillo, RVT, Christine Crick, RVT, and Kristi Palowski, RVT, were interviewed for the RVT vacancy on the MDC.

- All six Board members voted for Kristi Palowski, RVT, appointing to the MDC's RVT vacancy.

Diana Hagle, Philip Homsey, and Linda Starr were interviewed for the public member vacancy on the MDC.

- Kathy Bowler and Judie Mancuso voted for Linda Starr, and the remaining Board members voted for Diana Hagle. The majority vote was for Diana Hagle, appointing her to the MDC's public member vacancy.

Dr. Barry Baum, Dr. George Dyke, Dr. William Grant, and Dr. Jon Klingborg were interviewed for the two veterinarian vacancies on the MDC.

- All six Board members voted for both Dr. William Grant and Dr. Jon Klingborg, appointing each to one of the MDC's two veterinarian vacancies.

11. Executive Officer & Staff Reports

A. Administrative/Budget

Ms. Del Mugnaio reviewed the Board's Budget Report and explained the analysis of three Fund Conditions: 1) based on the Governor's budget, 2) with the implementation of BreEze and the VACSP Program, and Budget Change Proposal (BCP), and 3) with the implementation of the VACSP Program and BCP. Dr. Sullivan requested that the Board look at revenues and expenditures in the Fall in order to initiate any necessary discussion on increasing licensing fees.

B. Enforcement

Mrs. Raney provided a report on various updates in the Enforcement Unit, including the number of cases pending, enforcement performance measure statistics, and the probation program. Dr. Nunez requested enforcement statistics from previous years to be included in future Board packets.

C. Licensing/Examination

12. Public Comment on Items Not on the Agenda

There were no comments from public/outside agencies/associations.

13. Agenda Items and Next Meeting Dates –July 21-22, 2015; October 20-21, 2015
    A. Agenda Items for Next Meeting
    B. Multidisciplinary Advisory Committee Meetings – July 20, 2015, October 22, 2015

14. Recess

9:00 a.m. Wednesday, April 29, 2015

15. Call to Order - Establishment of a Quorum

Dr. Nunez called the Board meeting to order at 9:07 a.m. Ms. Del Mugnaio, Executive Officer, called roll; six members of the Board were present and thus a quorum was established.

16. Introductions

Board Members Present
Mark Nunez, DVM, President
Cheryl Waterhouse, DVM, Vice President
Kathy Bowler, Public Member
Jennifer Loredo, RVT
Judie Mancuso, Public Member
Richard Sullivan, DVM
Staff Present
Christy Bell, Associate Enforcement Analyst
Rebecca Bon, Legal Counsel
Elizabeth Bynum, Associate Enforcement Analyst
Annemarie Del Mugnaio, Executive Officer, Veterinary Medical Board
Nina Galang, Administrative Program Coordinator
Sabina Knight, Legal Counsel
Ethan Mathes, Administrative Program Manager
Jaspreet Pabla, Probation Monitor
Candace Raney, Enforcement Program Manager
Diann Sokoloff, SDAG, Board Liaison
Cesar Victoria, Department of Consumer Affairs Television Specialist
Guests Present
Dr. Corea Kiejoon Choi
Jonathan Lew, Administrative Law Judge
Rebecca May, DCA
Cindy Savely, RVT, Sacramento Valley Veterinary Technician Association

17. Petition for Penalty Modification – Dr. Corea Kiejoon Choi, VET 12070

Supervising Deputy Attorney General (SDAG), Diann Sokoloff, opened the penalty reduction hearing for Dr. Corea Kiejoon Choi. SDAG Sokoloff presented the case for early termination of Dr. Choi's

probation. Dr. Choi answered questions from DAG Sokoloff and members of the Board. SDAG Sokoloff presented the closing argument. Administrative Law Judge, Jonathan Lew, closed the hearing and the Board went into closed session.

CLOSED SESSION

18. Closed Session

Petition for Penalty Modification – Dr. Corea Kiejoon Choi, VET 12070
The Board adopted the penalty modification.

AV 2011 14
The Board adopted the proposed stipulated settlement.

IV 2014 42
The Board adopted the proposed stipulated settlement.

AV 2013 4
The Board adopted the proposed stipulated settlement.

IA 2015 2
The Board adopted the proposed stipulated settlement.

IV 2015 12
The Board adopted the proposed decision.

19. The Board will meet in closed session (pursuant to Government Code Section 11126(a)(1)) to update and discuss the Executive Officer Evaluation.

- Dr. Richard Sullivan motioned and Judie Mancuso seconded the motion to begin the Executive Officer performance evaluation process for completion before the July 2015 Board meeting. The motioned carried 6-0.

OPEN SESSION

20. Adjourn

The Board adjourned at 1:20 p.m.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
Veterinary Medical Board
1747 N. Market Blvd., Suite 230, Sacramento, CA 95834
Telephone: 916-515-5220 Fax: 916-928-6849 | www.vmb.ca.gov

MEETING MINUTES

Veterinary Medical Board

The Veterinary Medical Board met via telephone conference on
Wednesday, June 17, 2015 at the following locations:

Veterinary Medical Board
1747 N. Market Blvd., Peridot Room
Sacramento, California

20447 Hawthorne Blvd.
Torrance, California

K Bowler Group
1111 H St #203
Sacramento, California

Brookside Bookstore
1010 Foothill Blvd.
La Canada, California

Western Riverside Animal Shelter.
6851 Van Buren Blvd.
Jurupa Valley, California

Zinc Café
350 Ocean Avenue
Laguna Beach, California

1115 East Champlain,
Fresno, California

Wednesday, June 17, 2015 – 1:00 p.m.

1. Call to Order - Establishment of a Quorum

Veterinary Medical Board (Board) Executive Officer, Annemarie Del Mugnaio, called the meeting to order at 1:06 p.m. via telephone conference. Ms. Del Mugnaio called roll; six members of the Board were present and thus a quorum was established. Dr. Mark Nunez joined the call; however, his address was not noticed on the agenda and therefore, he was allowed to listen but not allowed to participate in the discussion.

2. Introductions

Members Present
Cheryl Waterhouse, DVM, Vice President
Kathy Bowler, Public Member
Elsa Flores, Public Member
Jennifer Loredo, RVT
Judie Mancuso, Public Member
Richard Sullivan, DVM

Staff Present
Annemarie Del Mugnaio, Executive Officer, Veterinary Medical Board
Nina Galang, Administrative Program Coordinator
Sabina Knight, Legal Counsel
Ethan Mathes, Administrative Program Manager

Guests Present
Ryan Arnold, Department of Consumer Affairs, Legislative & Policy Analyst
Nancy Ehrlich, RVT, California Registered Veterinary Technician Association
Mark Nunez, DVM, Veterinary Medical Board
Carol Schumacher, RVT, California Registered Veterinary Technician Association

3. Review and Consider Approval of Proposed Veterinary Assistant Controlled Substances Permit Language

Ms. Del Mugnaio stated the purpose of the meeting was to present the proposed Veterinary Assistant Controlled Substances Permit (VACSP) language to the Board for review and approval and to obtain direction to initiate the rulemaking action.

The Board and public members discussed additional amendments to the language. Public member, Carol Schumacher, indicated that the definition for "veterinary assistant" is unclear as written and the Board agreed with her suggestion to remove the reference to "permit holders". The Board and public members also agreed to clarify that a permit holder will not be allowed to obtain or administer controlled substances until the licensee manager has submitted the required forms and the supervisory relationship has been approved by the Board.

Other items discussed included placing a requirement that a permit holder must be 18 years of age and will not be allowed to perform the duties of a permit holder outside of an animal hospital setting. The Board's legal counsel, Sabina Knight, suggested adding a provision that the suggested age requirement be added to the regulations only if it is not already in the Drug Enforcement Administration's federal law. Ms. Knight will research current federal laws and report back to staff.

Ms. Del Mugnaio noted that a regulatory hearing would only be held if requested by the public.

- Dr. Richard Sullivan motioned and Dr. Cheryl Waterhouse seconded the motion to adopt the proposed Veterinary Assistant Controlled Substances Permit language as amended for a 45 day public comment period and delegate to the Executive Officer the authority to adopt the proposed regulatory changes if there are no adverse comments received during the public comment period and also delegate to the Executive Officer the authority to make any technical and non-substantive changes that may be required in completing the rulemaking file. The motion carried 6-0.

4. Comments from Public/Outside Agencies/Associations on Items Not on the Agenda

There were no comments from public/outside agencies/associations.

5. Adjourn

The Board adjourned at 2:30 p.m.

STATUS OF PENDING VMB REGULATIONS JULY 2015			
Subject	**CCR Section(s)**	**Current Status/Action**	**Notes**
BOARD			
Civil Penalties for Citation	2043	DCA Legal Review	3/20/15 – OAL Publication Date 5/4/15 – End of public comment period May 2015 – Submitted to DCA Legal for Review
Veterinary Assistant Controlled Substances Permit (VACSP)	2034 et. seq.	In Progress	February 2015 – Interested Parties Workshop April 2015 – Submit language to Board for review/approval June 2015 – Board approved language July 2015 – Publish 45-day notice
Animal Rehabilitation	2038.5	In Progress	January 2015 – Board directed staff to develop proposed language based on feedback August 2015 – Publish 45-day notice September 2015 – Hearing
Animal Control Officer Training	2039.5	In Progress	July 2014 – Board approved language August 2015 – Publish 45-day notice
Disciplinary Guidelines	2006	In Progress	January 2015 – Board approved language May 2015 – Disciplinary Guidelines Committee Meeting July 2015 – Submit language to Board for review/approval August 2015 – Publish 45-day notice
Minimum Standards / Telemedicine	TBD	In Progress	February 2015 – MDC approved amendments to Minimum Standards language April 2015 – Board approved language
RVT Alternate Route School Approval	2068.5	In Progress	February 2015 – MDC approved amended language and forwarded to Board for discussion. July 2015 – Submit language to Board for review/approval
CPEI (SB 1111)	TBD	In Progress	October 2014 – Board approved language September 2015 – Publish 45-day notice
MDC			
Uniform Standards for Abuse (SB 1441)	2006, 2006.5, and 2076	On Hold	October 2014 – Board approved language April 2015 – On hold per Legal
RVT Student Exemption (BPC 4841.1)	TBD	In Discussion	February 2015 – MDC will discuss at the July meeting

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

Veterinary Medical Board
1747 N. Market Blvd., Suite 230, Sacramento, CA 95834
Telephone: 916-515-5220 Fax: 916-928-6849 | www.vmb.ca.gov

MEMORANDUM

DATE	July 8, 2015
TO	Veterinary Medical Board
FROM	Christy Bell, Enforcement Associate Analyst
SUBJECT	**Agenda 4B – Review and Possible Approval of Updates to Disciplinary Guidelines**

Background:

On April 21, 2015, the Board reviewed a proposal to amend the Board's Disciplinary Guidelines and voted to hold a subcommittee meeting consisting of two Board members and Board enforcement staff to review the disciplinary guidelines.

During the Disciplinary Guidelines Committee meeting on May 21, 2015 all terms and conditions of probation were reviewed. The Board staff conducted extensive research of various disciplinary guidelines of other Boards within DCA. The Committee members were provided with each condition as currently written in the regulations with comparable language utilized by other Boards. Further, the Board staff recommended additional changes and posed questions in relation to the enforcement of each condition.

The previously adopted changes from prior Board meetings were not discussed during the Disciplinary Guideline Committee meeting.

In conclusion of the Disciplinary Guidelines Committee meeting, the following are the areas the committee members would like to hold for discussion.

All Standard Terms and Conditions

In addition to the proposed language these terms and conditions need further clarification by the Board.

6. No preceptorships or supervision of interns

The word preceptor is confusing to many probationers. Some alternative words that can be used are the following: educationist, educator, instructor, teacher, school teacher.

7. Notice to ~~Employers~~Licensee Manager/Managing Licensee

1st Option – Change from Employer to Licensee Manager/Managing Licensee

7.	Notice to ~~Employers~~Licensee Manager/Managing Licensee
Respondent shall notify all present and prospective ~~employers~~ licensee manager/managing licensee of the decision in this case and the terms, conditions, and restrictions imposed on Respondent by the decision in this case. Within thirty (30) days of the effective date of this decision and within fifteen (15) days of Respondent undertaking new employment, Respondent shall cause his or her ~~employer~~ licensee manager/managing licensee to report to the Board in writing, acknowledging the employer has read the Accusation and decision in this case and understands Respondent's terms and conditions of probation. Relief veterinarians shall notify ~~employers~~licensee manager/managing licensee~~-~~ immediately.	

2nd Option – Combining Condition 7-9 to state:

7.	Notice to ~~Employers~~Licensee Manager/Managing Licensee, Licensed Staff, Officers and Owners
Respondent shall provide to the Board, within thirty (30) days after the effective date of the decision, a signed and dated statements from the Licensed Manager/Managing Licensee, licensed staff, permit holders, officers and owners or holders of ten percent (10%) or more business interest in the practice that they have read and understand the decision in the case and they understand the Respondent's terms and conditions of his/her probation.	

For Discussion: Should all employees be notified of the discipline or just registered employees?

10.	Tolling of Probation

For Discussion:

(1) Should the probationer be required to comply with probation monitoring costs while on tolled status?

(2) Should the probationer be required to comply with continuing education while on tolled status?

OPTIONAL TERMS

3.	Posted Notice of Suspension
If suspension is ordered, Respondent shall post a notice of the Board's Order of Suspension, in a place clearly visible to the public. The notice, provided by the Board, shall remain posted during the entire period of actual suspension.	

For Discussion:

EX: If the probationer is not the owner of the facility he/she is currently working at and has a suspension condition as a part of their disciplinary order, how does the Board enforce this condition?

The owner can remove the notice after the probationer leaves. The probationer is not allowed at the premise to check if the notice is posted.

6.	Supervised Practice

For Discussion:

The Board staff needs clarification on the discretion of the Board to decrease supervision upon supervisor's recommendation after successfully improvements are noted for a 25% of the probationary term.

8.	No Management or Administration
Respondent shall not manage or be the administrator of any veterinary hospital.	

For Discussion:

The Board would like clarification as to the Board member's interpretation of management and administration.

EX: Administration is in charge of running of the business.

Management is the managing licensee/licensee manager of the practice.

The Board would like to make sure these are distinguished and clearly defined.

Disciplinary Guidelines

~~July 2012~~

Veterinary Medical Board

~~2005 Evergreen Street, Suite 2250~~ 1747 N. Market Blvd., Suite 230
Sacramento, CA ~~95815-3831~~ 95834
(916) ~~263-2610~~
www.vmb.ca.gov
(add social media links?)
~~Susan M. Geranen~~ Annemarie Del Mugnaio, Executive Officer

DISCIPLINARY GUIDELINES

VETERINARY MEDICAL BOARD

~~July 2012~~

~~Tom Kendall, DVM~~

~~Kim Williams~~ Jennifer Loredo, RVT

~~Patti Aguiar~~ Elsa Florez, Public Member

~~Richard Johnson~~ Mark T. Nunez, DVM

Judie Mancuso, Public Member

~~Linda Starr~~ Kathy Bowler, Public Member

Richard Sullivan, DVM

Cheryl Waterhouse, DVM

Special thanks to former Board President ~~Stephanie Ferguson, DVM~~ Tom Kendall, DVM

~~Susan M. Geranen~~ Annemarie Del Mugnaio
Executive Officer

~~Sandra Monterrubio~~ Candace S. Raney
Enforcement Program Manager

TABLE OF CONTENTS

DISCIPLINARY PROVISIONS AND STANDARDS

Business and Professions Code Sections

Introduction 1
4883(a); 4837(b) Conviction of a crime substantially related to veterinary medicine 2
4883(b); 4837 (d) Lending name to illegal practitioner 2
4883(c); 4837(e); 4836.5 Violation of the provisions of this chapter 3
4883(d) (e) Fraud or dishonesty regarding biological tests; Improper employment to demonstrate the use of biologics in animals 3
4883(f) False advertising 4
4883(g); 4837(c) Unprofessional conduct - drugs 5
4883(g); 4837(c) General unprofessional conduct 6
4883(h) Failure to keep premises and equipment clean and sanitary 7
4883(i) Negligence 7
4883(i) Incompetence 8
4883(i) Fraud or deception 8
4883(j); 4839.5 Aiding or abetting in acts which are in violation of this chapter 9
4883(k); 4837(a) Fraud or misrepresentation in obtaining a license 9
4883(l) Discipline of license in another state or territory 10
4883(m) Cruelty to animals or conviction on a charge of cruelty to animals, or both 10
4883(n) Disciplinary action taken by other agencies that relate to the practice of veterinary medicine 10
4883(o) Violation or the assisting or abetting violation of any Board regulations 11
4855 Written records 11
4856 Inspection of records and premises 12
4857 Record Confidentiality 12
4830.5 Duty to report staged animal fighting 13
4830.7 Duty to report animal abuse or cruelty 13
4836.5; 4837 Disciplinary proceedings against veterinarians and RVTs 13

Probation Terms and Conditions

Standard terms and conditions of probation 15
Optional terms and conditions of probation 17
Overview guide for disciplinary decisions 17

Title 16, California Code of Regulations

2030(a) - (h) Minimum Standards
2032.3 Recordkeeping

CITATION AND FINING

Business and Professions Code, Chapter 11., Article 4.

4875.2 Citation and Fine Authority
4875.4 Civil Penalties
4875.6 Contesting Citations

MISDEMEANOR CITATION

Business and Professions Code, Chapter 11., Article 2.

4831 Violations; Misdemeanors; Penalty
4830.5 Staged Animal Fight; Civil Liability

OTHER PENALTIES, DISCIPLINARY AUTHORITY OR ALTERNATIVES

Business and Professions Code, Chapter 1.

7.5 Conviction of a Crime
118 Withdrawal of Application or Surrender of License
125 Conspiracy with Unlicensed Persons
125.5 Injunction, Restitution, and Reimbursement
125.6 Unprofessional Conduct - Discrimination

Business and Professions Code, Chapter 2.

480 Grounds for Denial of Licensure

Business and Professions Code, Chapter 3.

490-493 Conviction of a Crime

Business and Professions Code, Chapter 4.

495 Public Reproval Procedures

Business and Professions Code, Chapter 5.

496 - 499 Examination Security

Veterinary Medical Board

Disciplinary Guidelines

Introduction

The Veterinary Medical Board (Board) developed the Disciplinary Guidelines outlined in this manual for its Executive Officer, staff, legal counsel, administrative law judges, and other persons involved in the Board's enforcement process to be used for the purpose of creating judgment orders in formal disciplinary actions. These guidelines are published in regulations for the public and the profession so that the processes used by the Board to impose discipline are readily available and transparent.

The Board recognizes that each case is unique and that mitigating or aggravating circumstances in a particular case may necessitate variations. Therefore, the Board has developed minimum and maximum penalties to assist in determining the appropriate penalty. If an administrative law judge makes a finding that a violation occurred but assesses less than the minimum penalty for that charged violation, the Board would request information ~~an accusation is sustained and less than the minimum penalty is assessed, the Board requires information~~ from the administrative law judge to explain the reasoning for applying a penalty lower than the minimum ~~on the circumstances that resulted in less than the minimum penalty being assessed~~. In addition, probationary conditions are divided into two categories, 1) standard terms and conditions that are used for all cases, and 2) optional terms and conditions that are used for specific violations and circumstances unique to a specific case.

The Board licenses veterinarians and registers veterinary premises and veterinary technicians, and issues veterinary assistant controlled substances permits. If there is action taken against both the individual license and the premises permit, then the disciplinary order should reflect actions against both. However, in some cases, minimum standard violations are so severe that it is necessary to take immediate action and close a facility. In these instances, the veterinary license and the premises permit may be disciplined separately, and the disciplinary order should reflect separate action.

Because of the severity of cases resulting in action by the Office of the Attorney General, the Board has established that the minimum penalty shall always include revocation or suspension with the revocation or suspension stayed and terms and conditions of probation imposed. The imminent threat of the revocation or suspension being reinstated helps to insure compliance with the probationary terms and conditions. It is the recommendation of the Board that in any case involving a violation related to alcohol or drug abuse violations that the minimum term of probation should be five years. In addition, in any case involving a violation related to alcohol or drug abuse violations the mandatory terms and conditions listed specifically for this type of case~~s~~ shall be imposed.

~~In cases where the penalties deviate from the minimum to maximum range without explanation of the deviation, the Board may non-adopt the Proposed Decision and review the case itself.~~

PENALTIES BY BUSINESS AND PROFESSIONS CODE SECTION NUMBER

Section	4883(a); 4837(b)
Violation	Conviction of a crime substantially related to the qualifications, functions, or duties of veterinary medicine, surgery, or dentistry, in which case the record of the conviction shall be conclusive evidence.
Maximum Penalty	Revocation and a $5,000 fine
Minimum Penalty (as appropriate)	Revocation and/or suspension stayed Two-year probation $2,000 fine Standard terms and conditions Optional terms and conditions including but not limited to: Suspension Limitations on practice Supervised practice No ownership of a veterinary hospital or clinic No management of a veterinary hospital/no supervision of interns or residents Continuing education Psychological evaluation and/or treatment Medical evaluation and/or treatment Rehabilitation program Submit to drug testing Abstain from controlled substances/alcohol Community service Restitution Ethics training
Maximum penalties should be considered if the criminal act caused or threatened harm to an animal or the public, if there have been limited or no efforts at rehabilitation, or if there were no mitigating circumstance at the time of the commission of the offense(s). Minimum penalties may be considered if there is evidence of an attempt(s) at self-initiated rehabilitation. Evidence of self-initiated rehabilitation includes, but is not limited to, pro bono services to nonprofit organizations or public agencies that improve the care and treatment of animals or improve generally society's interactions with animals. Self-initiated rehabilitation measures also include, but are not limited to, when appropriate, specific training in areas of weakness, full restitution to persons harmed by the licensee or registrant, completion~~s~~ of treatment or other conditions of probation ordered by the court, or ~~full~~ compliance with all laws since the date of the occurrence of the criminal act.	

Section	4883(b); 4837(d)
Violation	Having professional connection with, or lending the licensee's or registrant's name to, any illegal practitioner of veterinary medicine and the various branches thereof.
Maximum Penalty	Revocation and a $5,000 fine

Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions $2,000 fine Optional terms and conditions including but not limited to: 30-day suspension for each offense No ownership, of a veterinary hospital or clinic No management of a veterinary hospital/no supervision of interns or residents Ethics training
Maximum penalties should be considered if the acts or omissions caused or threatened harm to an animal or client or if there are prior violations of the same type of offense. Minimum penalties may be considered if the acts or omissions did not cause or threaten harm to an animal or cause detriment to a client.	

Section	4883(c); 4837(e); 4839.5
Violation	Violation or attempt to violate, directly or indirectly, any of the provisions of the chapter
Maximum Penalty	Revocation and a $5,000 fine
Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions $1,000 fine Optional terms and conditions including but not limited to: Restitution Ethics training
Maximum penalties should be considered if the actions were intended to subvert investigations by the Board or in any way hide or alter evidence that would or could be used in any criminal, civil, or administrative actions. Minimum penalties may be considered if the acts or omissions did not cause or threaten harm to an animal or cause detriment to a client.	

Section	4883(d)(e)
Violation	Fraud or dishonesty in applying, treating, or reporting on tuberculin or other biological tests. Employment of anyone but a veterinarian licensed in the State to demonstrate the use of biologics in the treatment of animals.
Maximum Penalty	Revocation or suspension and a $5,000 fine
Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions $5,000 fine Optional terms and conditions including but not limited to: 30-day suspension of license and/or premises permit Continuing education Community service

Maximum penalties should be considered if the acts or omissions caused public exposure of reportable diseases (rabies, brucellosis or tuberculosis) or other hazardous diseases of zoonotic potential Minimum penalties may be considered if the acts or omissions did not cause or threaten harm to an animal or cause detriment to a client.

Section	4883(f)
Violation	False or misleading advertising
Maximum Penalty	Revocation and/or suspension and a $5,000 fine
Minimum Penalty	Revocation and/or suspension stayed Two-year probation 30 ~~60~~-day suspension Standard terms and conditions $2,000 fine Optional terms and conditions including but not limited to: Restitution Ethics training
Maximum penalties should be considered if the advertising was deceptive, caused or threatened harm to an animal, or caused a client to be misled and suffer monetary damages. One of the probationary terms in that case should be restitution to any client damaged as a result of the violation. The more severe penalty should be considered when there are prior violations of the same type of offense. Minimum penalties may be considered if the acts or omissions did not cause or threaten harm to an animal or cause detriment to a client.	

Section	4883(g); 4837(c)
Violation	Unprofessional conduct, that includes, but is not limited to the following: (1) Conviction of a charge of violating any federal statutes or rules or any statute or rule of this state regulating dangerous drugs or controlled substances. (2)(A) The use of, or prescribing for, or administering to himself or herself, any controlled substance. (B)The use of any of the dangerous drugs specified in Section 4022, or of alcoholic beverages to the extent, or in any manner as to be dangerous or injurious to a person licensed or registered under this chapter, or to any other person or to the public, or to the extent that the use impairs the ability of the person so licensed or registered to conduct with safety the practice authorized by the license or registration. (C)The conviction of more than one misdemeanor or any felony involving the use, consumption, or self-administration of any of the substances referred to in this section. A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this section. (3) A violation of any federal statute, rule, or regulation or any of the statutes, rules, or regulations of this state regulating dangerous drugs or controlled substances.
Maximum Penalty	Revocation and a $5,000 fine

Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions $5,000 fine Optional terms and conditions including but not limited to: 30-day suspension Supervised practice Psychological evaluation and/or treatment Medical evaluation and/or treatment Surrender DEA license/send proof of surrender to Board within 10 days of the effective date of the decision. No ownership, of a veterinary hospital or clinic No management of a veterinary hospital/no supervision of interns or residents Rehabilitation program Submit to drug testing Abstain from use of alcohol and drugs

Maximum penalties should be considered if acts or omissions caused or threatened harm to an animal or a client or if there are prior violations of the same type of offense.

Minimum penalties may be considered if acts or omissions did not cause harm to an animal, there are no prior violations of the same type of offense, and there is evidence of self-initiated rehabilitation.

When considering minimum penalties, the terms of probation should include a requirement that the licensee submit the appropriate medical reports (including psychological treatment and therapy), submit to random drug testing, submit to a limitation of practice, or practice under the supervision of a California licensed veterinarian as applicable on the facts of the case, and submit quarterly reports to the Board (in writing or in person as the Board directs). Note: in any violation related to alcohol or drug violations the Board requires a minimum of five years probation.

Section	4883(g)
Violation	General unprofessional conduct
Maximum Penalty	Revocation and a $5,000 fine
Minimum Penalty (as appropriate)	Written Public Reproval Revocation and/or suspension stayed Two-year probation Standard terms and conditions Optional terms and conditions including but not limited to: 30-day Suspension Limitations on practice Supervised practice No ownership of a veterinary hospital or clinic No management of a veterinary hospital/no supervision of interns or residents Continuing education Psychological evaluation and/or treatment Medical evaluation and/or treatment Rehabilitation program Submit to drug testing Abstain from controlled substances/alcohol Community service/ Restitution Ethics training
Maximum penalties should be considered if the acts or omissions caused substantial harm to an animal or a client, or if there are prior ~~actions~~ violations of the same type of offense ~~against the licensee or registrant~~. Minimum penalties may be considered if there are no prior actions, if there are mitigating circumstances such as the length of time since the offense(s) occurred, if the acts or omissions did not cause substantial harm to an animal or a client, and if there is evidence of a self-initiated rehabilitation.	

Section	4883(h)
Violation	Failure to keep the licensee's or registrant's premises and all equipment therein in clean and sanitary condition. (Requirements for sanitary conditions are also outlined in Sections 4853.5 and 4854 (practice sanitation standards).
Maximum Penalty	Revocation or suspension of premises permit and a $5,000 fine.
Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions Fine - not less than $50 nor more than $500 per day, not to exceed $5,000 Optional terms and conditions including but not limited to: 30 ~~A ten- to thirty~~-day suspension or suspension until compliance with minimum standards of practice is achieved. Random hospital inspections

Maximum penalties should be considered if the acts or omissions caused or threatened harm to animals or the public, if there are prior actions and/or no attempt to remedy the violations, for example, unsanitary or hazardous workplace, improper sterilization of instruments, or improper husbandry practices or if there are prior violations of the same type of offense.

Minimum penalties may be considered ~~people~~ if the acts or omissions did not cause or threaten harm to animals or people, remedial action has been taken to correct the deficiencies~~, and there is remorse for the existing unsanitary conditions~~.

Note - A veterinary license and a premises permit can be disciplined separately.

Section	4883(i)
Violation	Negligence in the practice of veterinary medicine
Maximum Penalty	Revocation and a $5,000 fine
Minimum Penalty	Revocation and/or suspension stayed Three-year probation Standard terms and conditions Fine - not less than $50 nor more than $500 per day, not to exceed $5,000 Optional terms and conditions including but not limited to: 30 ~~A ten- to thirty~~-day suspension or suspension until compliance with minimum standards of practice is achieved. Random hospital inspections
Maximum penalties should be considered if the acts or omissions caused or threatened harm to animals or the public, if there are prior actions and/or no attempt to remedy the violations. Minimum penalties may be considered ~~people~~ if the acts or omissions did not cause or threaten harm to animals or people, remedial action has been taken to correct the deficiencies and there is remorse for the negligent acts.	

Section	4883(i)
Violation	Incompetence in the practice of veterinary medicine
Maximum Penalty	Revocation and a $5,000 fine
Minimum Penalty	Revocation and/ or suspension stayed Three-year probation Standard terms and conditions $2,000 fine Optional terms and conditions including but not limited to: 30 ~~90~~-day suspension Supervised practice Hospital inspections Continuing education Clinical written examination Community service Restitution Ethics training

Maximum penalties should be considered based on the following factors: if the acts or omissions caused harm to an animal or an animal has died, there are limited or no efforts at rehabilitation, or there are no mitigating circumstances at the time of the commission of the offense(s). Minimum penalties may be considered if the acts or omissions did not cause substantial harm to an animal, there is evidence of rehabilitation, and there are mitigating circumstances such as no prior discipline, remorse for the harm that occurred, cooperation with the Board's investigation, etc.

Section	4883(i)
Violation	Fraud and/or Deception in the practice of veterinary medicine
Maximum Penalty	Revocation and a $5,000 fine
Minimum Penalty	Revocation and/or suspension stayed Three-year probation Standard terms and conditions $2,000 fine Optional terms and conditions including but not limited to: 30 ~~90~~-day suspension Hospital inspections Supervised practice Clinical written examination Community service Restitution Ethics training
Maximum penalties should be considered based on the following factors: if the acts or omissions caused harm to an animal or an animal has died, there is limited or no evidence of rehabilitation or no mitigating circumstances at the time of the commission of the offense(s). Minimum penalties may be considered if the acts or omissions did not cause substantial harm to an animal, there is evidence of rehabilitation and there are mitigation circumstances such as no prior discipline, remorse for the harm that occurred, cooperation with the Board's investigation, etc.	

Section	4883(j); 4839.5
Violation	Aiding or abetting in acts which are in violation of any of the provisions of this chapter
Maximum Penalty	Revocation and a $5,000 fine
Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions $1,000 fine Optional terms and conditions including but not limited to: 30-day suspension Ethics training
Maximum penalties should be considered if the acts or omissions caused or threatened harm to an animal or client and the acts were repeated after a prior violation of the same type of offense. Minimum penalties may be considered if the acts or omissions did not cause or threaten harm to an animal or cause detriment to a client, there were no prior actions, and there is evidence of remorse and an acknowledgement of the violation.	

Section	4883(k); 4837(a)
Violation	Fraud, misrepresentation, or deception in obtaining a license ~~or~~ registration, or permit
Maximum and Minimum Penalty	Revocation and a $5,000 fine
Note - In this instance, the gravity of the offense warrants revocation in all cases since there was no legal basis for licensure in the first place.	

Section	4883(l)
Violation	The revocation, suspension, or other discipline by another state or territory of a license, certificate, or registration to practice veterinary medicine or as a veterinary technician in that state or territory
Maximum Penalty	Revocation
Minimum Penalty	The penalty that would have been applicable to the violation if it had occurred in the State of California

Section	4883(m)
Violation	Cruelty to animals or conviction on a charge of cruelty to animals, or both
Maximum Penalty	Revocation and a $5,000 fine.
Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions $5,000 fine Optional terms and conditions including but not limited to: 60 ~~30~~-day suspension Psychological evaluation and/or treatment Medical evaluation and/or treatment Continuing education Ethics training
Note - While the Board believes this violation is so severe that revocation is the only appropriate penalty, it recognizes that a lesser penalty may be appropriate where there are mitigating circumstances.	

Section	4883(n)
Violation	Disciplinary actions taken by any public agency in any state or territory of any act substantially related to the practice of veterinary medicine or the practice of a veterinary technician.
Maximum Penalty	Revocation and a $5,000 fine

Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions $2,000 fine Optional terms and conditions including but not limited to: 30-day suspension Continuing education
Maximum penalties should be considered if the acts or omissions caused or threatened harm to an animal or the public, there is limited or no evidence of rehabilitation, and there were no mitigating circumstances at the time of the commission of the offense(s). Minimum penalties may be considered if there is evidence of attempts at self-initiated rehabilitation taken prior to the filing of the accusation. Self-initiated rehabilitation measures include pro bono services to nonprofit organizations or public agencies that improve the care and treatment of animals or improve generally society's interactions with animals. Self-initiated rehabilitation measures also include, when appropriate, specific training in areas of weakness, full restitution to persons harmed by the licensee or registrant, completion~~s~~ of treatment or other conditions of probation ordered by the court, and ~~full~~ compliance with all laws since the date of the occurrence of the violation.	

Section	4883(o)
Violation	Violation, or the assisting or abetting violation of any regulations adopted by the Board pursuant to this chapter
Maximum Penalty	Revocation and a $5,000 fine
Minimum Penalty	Revocation and/ or suspension stayed Two-year probation Standard terms and conditions 30-day suspension $1,000 fine Optional terms and conditions including but not limited to: Continuing education Restitution Ethics training
Maximum penalties should be considered if the acts or omissions caused or threatened harm to the animal or the public, there was more than one offense, there is limited or no evidence of rehabilitation, and there were no mitigating circumstances at the time of the offense(s). Minimum penalties may be considered if there is evidence of attempts at self-initiated rehabilitation. Self-initiated rehabilitation measures include pro bono services to nonprofit organizations or public agencies that improve the care and treatment of animals or improve generally society's interactions with animals. Self-initiated rehabilitation measures also include, when appropriate, specific training in areas of weakness, full restitution to persons harmed by the licensee or registrant, completion of treatment or other condition~~s~~ of probation ordered by the court, and ~~full~~ compliance with all laws since the date of the occurrence of the violation.	

Section	4855
Violation	Written Records
Maximum Penalty	Revocation and a $5,000 fine
Minimum Penalty	Revocation and/ or suspension stayed Two-year probation Standard terms and conditions 30-day suspension $1,000 fine Optional terms and conditions including but not limited to: Supervised practice Continuing education
Maximum penalties should be considered when there is a lack of records or omissions and/or alterations that constitute negligence. Minimum penalties may be considered when there is evidence of carelessness and corrective measures have been implemented to correct the process whereby the records were created.	

Section	4856
Violation	Failure to permit the inspection of Records or Premises by the Board
Maximum Penalty	Revocation and a $5,000 fine
Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions $1,000 fine Optional terms and conditions including but not limited to: 30-day suspension Ethics training
Maximum penalties should be considered if there is a deliberate attempt to prevent access to the Board, prior discipline of the managing licensee or the premises, or no mitigating circumstances at the time of the refusal. Minimum penalties may be considered when there are mitigating circumstances at the time of the request for records, where there is no deliberate attempt to prevent the Board from having access to the records or when there are no prior actions.	

Section	4857
Violation	Impermissible disclosure of information about animals and/or about clients
Maximum Penalty	Revocation and a $5,000 fine
Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions $1,000 fine Optional terms and conditions including but not limited to: 30-day suspension

Maximum penalties should be considered when breaching confidentiality ~~puts the animal or client in jeopardy~~ places a client at risk of some form of retaliation. Minimum penalties may be considered when the breach is inadvertent or when there is no prior action against the licensee. Note - The severity of violations may determine whether action taken is citation and fine or formal discipline

Section	4830.5
Violation	Duty to report staged animal fighting
Maximum Penalty	Revocation and a $5,000 fine
Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions $1,000 fine Optional terms and conditions including but not limited to: 30-day suspension Continuing ~~E~~education Ethics training
Maximum penalties should be considered when an animal or animals have been killed or severely harmed. Minimum penalties may be considered on a case-by-case basis.	

Section	4830.7
Violation	Duty to report animal abuse or cruelty
Maximum Penalty	Revocation and a $5,000 fine
Minimum Penalty	Considered on a case-by-case basis

Section	4836.5; 4837
Violation	Disciplinary proceedings against veterinarians and registered veterinary technicians
Maximum Penalty	Revocation and a $5,000 fine
Minimum Penalty	Revocation and/or suspension stayed Two-year probation Standard terms and conditions $1,000 fine Optional terms and conditions including but not limited to: 30-day suspension Continuing ~~E~~education Ethics training

Maximum penalties should be considered if the acts or omissions caused or threatened harm to an animal or client, or the acts were repeated after a prior violation of the same type of offense.

Minimum penalties may be considered if the acts or omissions did not cause or threaten harm to an animal or client, or if there are no prior violations.

Note - The Practice Act is very specific on the authorized duties for RVTs that cannot be performed by ~~unregistered assistants~~ veterinary controlled substance permit holder; therefore, these violations are more serious due to their blatant nature.

STANDARD TERMS AND CONDITIONS OF PROBATION (1-15)

The Board recommends one- to five-year probation, as appropriate, in cases where probation is part of a disciplinary order.

All standard terms and conditions are included in every order of probation applied to the licensee or registrant subject to discipline (Respondent).

1.	**Obey all Laws**

Respondent shall obey all federal and state laws and regulations substantially related to the practice of veterinary medicine. ~~Further, w~~ Within thirty (30) days of any arrest, respondent shall notify the Board. ~~or~~ Within thirty (30) days of any conviction, ~~. R~~respondent shall report to the Board and provide proof of compliance with the terms and conditions of the court order including, but not limited to, probation and restitution requirements. Respondent shall notify the Board of any change of name or address within 30 days of the change.

2.	**Quarterly Reports ~~and Interviews~~**

Respondent shall report quarterly to the Board or its designee, under penalty of perjury, on forms provided by the Board, stating whether there has been compliance with all terms and conditions of probation. ~~In addition, the Board at its discretion may request additional in-person reports of the probationary terms and conditions.~~ If the final written quarterly report is not made as directed, the period of probation shall be extended until such time as the final report is received by the Board. ~~Respondent shall make available all patient records, hospital records, books, logs, and other documents to the Board, upon request.~~ Any period(s) of delinquency in submission of reports as directed may be added to the total period of probation.

3.	**Interview with the Board**

Within 30 days of the effective date of the decision, Respondent shall appear in person for an interview with the Board or its designee to review the terms and conditions of probation.

In addition, if Respondent fails to maintain compliance with terms and conditions of probation in any respect, subsequent in person interviews may be required.

Failure to appear for any scheduled interview without prior notification to Board staff, shall be considered a violation of probation.

4.	**Cooperation with ~~Probation Surveillance~~Board Staff**

~~Respondent shall comply with the Board's probation surveillance program. All costs for probation monitoring and/or mandatory premises inspections shall be borne by Respondent. Probation monitoring costs are set at a rate of $100 per month for the duration of the probation. Respondent shall notify the Board of any change of name or address or address of record within thirty (30) days of the change. Respondent shall notify the Board immediately in writing if Respondent leaves California to reside or practice in another state. Respondent shall notify the Board immediately upon return to California.~~

Respondent shall cooperate with the Board's inspection program and with the Board's monitoring and investigation of respondent's compliance with the terms and conditions of his or her probation. Respondent shall make available all patient records, hospital records, books, logs, and other documents to the Board, upon request.

5.	**Probation Monitoring Costs**

Probation monitoring costs are set at a rate of $100 per month for the duration of the probation. Such costs shall be payable to the Board on a schedule as directed by the Board or its designee.

6.	**No Preceptorships or Supervision of Interns**
Respondent shall not supervise a registered intern and shall not perform any of the duties of a preceptor.	
7.	**Notice to ~~Employers~~Licensee Manager/Managing Licensee**
Respondent shall notify all present and prospective ~~employers~~ licensee manager/managing licensee of the decision in this case and the terms, conditions, and restrictions imposed on Respondent by the decision in this case. Within thirty (30) days of the effective date of this decision and within fifteen (15) days of Respondent undertaking new employment, Respondent shall cause his or her ~~employer~~ licensee manager/managing licensee to report to the Board in writing, acknowledging the employer has read the Accusation and decision in this case and understands Respondent's terms and conditions of probation. Relief veterinarians shall notify ~~employers~~licensee manager/managing licensee~~-~~ immediately.	
8.	**Notice to Employees**
Respondent shall, upon or before the effective date of this decision, post or circulate a notice which actually recites the offenses for which Respondent has been disciplined and the terms and conditions of probation, to all registered veterinary employees, and to any preceptor, intern or extern involved in his or her veterinary practice. Within fifteen (15) days of the effective date of this decision, Respondent shall cause his/her employees to report to the Board in writing, acknowledging the employees have read the Accusation and decision in the case and understand Respondent's terms and conditions of probation.	
9.	**Owners and Officers (Corporations or Partnerships): Knowledge of the Law**
Respondent shall provide, within thirty (30) days after the effective date of the decision, signed and dated statements from the owners, officers, or any owner or holder of ten percent (10%) or more of the interest in Respondent or Respondent's stock, stating said individuals have read and are familiar with federal and state laws and regulations governing the practice of veterinary medicine.	
10.	**Tolling of Probation**
~~If Respondent resides out of state upon or after effective date of the decision, he or she must comply with the following conditions only: quarterly reports and interviews, tolling of probation, continuing education and cost recovery. If Respondent returns to California he or she must comply or be subject to all probationary conditions for the period of probation.~~ Respondent, during probation, shall engage in the practice of veterinary medicine in California for 24 hours per week for the duration of probation (except reasonable time away from work for vacations, illnesses, etc.) ~~six (6) consecutive months~~ or as determined by the Board. In the event respondent stops practicing in California, respondent shall notify the Board or its designee in writing within 30 calendar days prior to the dates of non-practice and return to practice. Non-practice is defined as any period of time exceeding thirty calendar days in which respondent is not engaging in the practice of veterinary medicine. Any period of non-practice as defined in this condition, will not apply to the reduction of the probationary terms or conditions. While tolled, respondent must comply with the following terms and conditions of probation: obey all laws, quarterly reports, maintain a valid license, and cost recovery. ~~Should Respondent fail to engage in the practice of veterinary medicine in California as set forth above, the time outside of the practice shall not apply to reduction of the probationary terms.~~	
11.	**Maintain Valid License**
Respondent shall, at all times while on probation, maintain a current and active license with the Board, including any period during which suspension or probation is tolled. If respondent's license, by operation of law, or otherwise expires, upon renewal respondent's license shall be subject to any and all terms of this probation not previously satisfied.	

12.	Violation of Probation

If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an accusation or petition to revoke probation is filed against Respondent during probation, or if the Attorney General's office has been requested to prepare any disciplinary action against Respondent's license, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final~~.~~, and the period of probation shall be extended until the matter is final. No petition for modification or termination of probation shall be considered while there is an accusation or petition to revoke probation pending against Respondent.

13.	**License Surrender While on Probation/Suspension**

Following the effective date of this decision, should Respondent cease to practice veterinary medicine due to retirement or health issues, or be otherwise unable to satisfy the terms and conditions of probation, Respondent may tender his or her license to practice veterinary medicine to the Board for surrender. The Board or its designee has the discretion to grant the request for surrender or to take any other action it deems appropriate and reasonable. Upon formal acceptance of the license surrender, Respondent will no longer be subject to the terms and conditions of probation. The surrender constitutes a record of discipline and shall become a part of the Respondent's license history with the Board.

Respondent must relinquish his or her license to the Board within ten (10) days of receiving notification from the Board that the surrender has been accepted.

14.	Completion of Probation

All costs for probation monitoring and/or mandatory premise~~s~~ inspections shall be borne by Respondent. Failure to pay all costs due shall result in an extension of probation until the matter is resolved and costs paid. Upon ~~successful completion of probation and all payment of all fees due~~, written notice by the board or its designee indicating successful completion of probation, Respondent's license will be fully restored.

15.	Cost Recovery and Payment of Fines

Pursuant to Section 125.3 of the California Business and Professions Code, within thirty (30) days of the effective date of this decision, Respondent shall pay to the Board its enforcement costs including investigation~~,~~ and prosecution ~~hearing and probationary monitoring~~, in the amount of _____ or the Respondent shall make these payments as follows: _____. ~~FAILURE TO PAY THIS AMOUNT TO THE BOARD BY THE STATED DEADLINE SHALL RESULT IN AUTOMATIC REVOCATION OF THE LICENSE FORTHWITH, WITHOUT FURTHER NOTICE OR AN OPPORTUNITY TO BE HEARD~~.

OPTIONAL TERMS AND CONDITIONS OF PROBATION (1-21)

Note - In addition to the standard terms and conditions of probation, optional terms and conditions of probation are assigned based on violations and fact patterns specific to individual cases.

1.	**Suspension – Individual License**

As part of probation, Respondent is suspended from the practice of veterinary medicine for _____, beginning the effective date of this decision. During said suspension, Respondent shall not enter any veterinary hospital which is registered by the Board unless seeking treatment for one's own animal. Additionally, Respondent shall not manage, administer, or be a consultant to any veterinary hospital or veterinarian during the period of actual suspension and shall not engage in any veterinary-related service or activity.

2.	**Suspension – Premise~~s~~**

As part of probation, Premise~~s~~ License Number _____, issued to Respondent _____, is suspended for _____, beginning the effective date of this decision. During said period of suspension, said premises may not be used by any party for any act constituting the practice of veterinary medicine, surgery, dentistry, and/or the various branches thereof.

3.	**Posted Notice of Suspension**

If suspension is ordered, Respondent shall post a notice of the Board's Order of Suspension, in a place clearly visible to the public. The notice, provided by the Board, shall remain posted during the entire period of actual suspension.

4.	**Limitation on Practice~~/Inspections~~**

(A) During probation, Respondent is prohibited from practicing _____*(Type of practice)*_____
(B) During probation, Respondent is prohibited from ~~the following:~~
~~1. P~~practicing veterinary medicine from a location or mobile veterinary practice which does not have a current premise~~s~~ permit issued by the Board; ~~and~~

~~2. If Respondent is the owner or managing licensee of a veterinary practice, the following probationary conditions apply:~~

~~(a) The location or mobile veterinary practice must not only have a current premises permit issued by the Board, but must also be subject to inspections by a Board representative to determine whether the location or veterinary practice meets minimum standards for a veterinary practice. The inspections will be conducted on an announced or unannounced basis and shall be held during normal business hours. The Board reserves the right to conduct these inspections on at least a quarterly basis during probation. Respondent shall pay the Board for the cost of each inspection, which is $500. If the veterinary practice has two consecutive non-compliant inspections, Respondent shall surrender the Premises Permit within ninety (90) days from the date of the second consecutive non-compliant inspection.~~

~~(b) As a condition precedent to any Premises Permit issued to Respondent as Owner or managing licensee, the location or mobile veterinary practice for which application is made shall be inspected by a Board representative to determine whether the location or mobile veterinary practice meets minimum standards for a veterinary practice. Respondent shall submit to the Board, along with any premises permit application, a $500 inspection fee.~~

5.	**Inspections**

If Respondent is the owner or managing licensee of a veterinary practice, the following probationary conditions apply:

The location or mobile veterinary practice must not only have a current premises permit issued by the Board, but must also be subject to inspections by a Board representative to determine whether the location or veterinary practice meets minimum standards for a veterinary practice. The inspections will be conducted on an announced or unannounced basis and shall be held during normal business hours. The Board reserves the right to conduct these inspections on at least a quarterly basis during probation. Respondent shall pay the Board for the cost of each inspection, which is $500. If the veterinary practice has two consecutive non-compliant inspections, Respondent shall surrender the Premises Permit within ninety (90) days from the date of the second consecutive non-compliant inspection.

As a condition precedent to any Premises Permit issued to Respondent as Owner or managing licensee, the location or mobile veterinary practice for which application is made shall be inspected by a Board representative to determine whether the location or mobile veterinary practice meets minimum standards for a veterinary practice. Respondent shall submit to the Board, along with any premises permit application, a $500 inspection fee.

6.	**Supervised Practice**

~~Respondent shall practice only under the supervision of a veterinarian approved by the Board. The supervision directed may be continuous supervision, substantial supervision, partial supervision, or supervision by daily review, as deemed necessary by the Board. All costs involved with practice supervision shall be borne by Respondent.~~

Respondent shall not practice veterinary medicine until a supervisor is approved by the Board or its designee.

~~Within thirty (30) days of the effective date of this decision,~~ Respondent shall submit to the Board, for its prior approval, the name and qualifications of one or more veterinarians of Respondent's choice. Each supervisor shall have been licensed in California for at least five (5) years and not have ever been subject to any disciplinary action by the Board. The supervisor shall be independent, with no prior business or personal relationship with Respondent and the supervisor shall not be in a familial relationship with or be an employee, partner, or associate of Respondent. Upon approval by the Board and within thirty (30) days of the effective date of the decision, Respondent shall have his or her supervisor submit a report to the Board in writing stating the supervisor has read the decision in case number _____. Should Respondent change employment, Respondent shall have his/her new supervisor, within fifteen (15) days after employment commences, submit a report to the Board in writing stating the supervisor has read the decision in case number _____.

The supervision shall be, as required by the board or its designee, either direct or indirect.

Direct supervision is defined as the physical presence of the supervisor 100% of the time Respondent provides treatment or consultation to the animal patient.

Indirect supervision is defined review and evaluation of all or a designated portion of patient records of those patients for whom Respondent provides treatment or consultation during the period of supervised practice. Levels of indirect supervision shall be established as follows:

Substantial – At least 75% *All records or a percentage per month, per week?*
Moderate - At least 50%
Partial - At least 25%

The level of supervised practice may be increased or decreased as determined necessary by the

Board or its designee. Respondent will not be eligible for a decrease in supervised practice until such time as; 1) Respondent has successfully completed at least 25% of the probationary term; 2) Respondent is deemed to be in full compliance with all terms and conditions of the probationary order; and 3) Respondent has consistently received favorable monthly supervised practice reports.

Respondent's supervisor shall, on a basis to be determined by the Board, review and evaluate all or a designated portion of patient records of those patients for whom Respondent provides treatment or consultation during the period of supervised practice. The supervisor shall review these records to assess 1) the medical necessity and appropriateness of Respondent's treatment; 2) Respondent's compliance with minimum ~~community~~ standards of practice in the diagnosis and treatment of animal patients; 3) Respondent's maintenance of necessary and appropriate treatment; 4) Respondent's maintenance of necessary and appropriate records and chart entries; and 5) Respondent's compliance with existing statutes and regulations governing the practice of veterinary medicine.

Respondent's supervisor shall file monthly reports with the Board. These reports shall be in a form designated by the Board and shall include a narrative section where the supervisor provides his or her conclusions and opinions concerning the issues described above and the basis for his or her conclusions and opinions. Additionally, the supervisor shall maintain and submit with his or her monthly reports a log designating the patient charts reviewed, the date(s) of service reviewed, and the date upon which the review occurred. If the supervisor terminates or is otherwise no longer available, Respondent shall not practice until a new supervisor has been approved by the Board.

If respondent is an employee rather a veterinary hospital owner, the supervisor shall additionally notify the Board of the dates and locations of all employment of respondent, during each month covered by his/her report.

7.	**No New Ownership**

Respondent shall not have any new legal or beneficial interest in any business, firm, partnership, or corporation currently or hereinafter licensed by the Board ~~and shall not own any veterinary hospital.~~

8.	**No Management or Administration**

Respondent shall not manage or be the administrator of any veterinary hospital.

9.	**Continuing Education**

Within sixty (60) days of the effective date of this decision, and on an annual basis thereafter, Respondent shall submit to the Board for its prior approval, an educational program or course related to Respondent's specific area(s) of weakness which shall not be less than _____ hours per year, for each year of probation. Upon successful completion of the course, Respondent shall provide proof to the Board. This program shall be in addition to the Continuing Education required of all licensees for licensure renewal. All costs shall be borne by Respondent.

10.	**Clinical Training**

Within sixty (60) days of the effective date of this decision, Respondent shall submit an outline of an intensive clinical training program to the Board for its prior approval. The exact number of hours and the specific content of the program shall be determined by the Board or its designee. Respondent shall successfully complete the training program and may be required to pass an examination related to the program's contents administered by the Board or its designee. All costs shall be borne by Respondent. (further define or clarify clinical training?)

11.	**Clinical or Written Examination**

Within sixty (60) days of the effective date of this decision, or upon completion of the education course required above, or upon completion of the clinical training program~~s~~, Respondent shall take and pass species specific practice (clinical/written) examination to be administered by the Board or its designee. If Respondent fails this examination, Respondent must wait three (3) months between reexaminations, except that after three (3) failures, Respondent must wait one (1) year to take each necessary reexamination thereafter. All costs shall be borne by Respondent. If Respondent fails to take and pass this examination by the end of the first year of probation, Respondent shall cease the practice of veterinary medicine until this examination has been successfully passed and Respondent has been so notified by the Board in writing.

12.	**Psychological Evaluation**

Within thirty (30) days of the effective date of this decision, Respondent shall submit to the Board, for its prior approval, the name and qualifications of one or more psychotherapists of Respondent's choice. Upon approval, and ~~W~~within ~~thirty (30)~~ sixty (60) days of the effective date of this decision, and on a periodic basis as may be required by the Board or its designee, Respondent shall undergo a psychiatric evaluation by a ~~Board-appointed~~ Board-approved psychotherapist (psychiatrist or psychologist), to determine Respondent's ability to practice veterinary medicine safely, who shall furnish a psychological report to the Board or its designee. All costs shall be borne by Respondent.

If the psychotherapist (psychiatrist or psychologist) recommends and the Board or its designee directs psychotherapeutic treatment, Respondent shall, within thirty (30) days of written notice of the need for psychotherapy, submit the name and qualification of one of more psychotherapists of Respondent's choice to the Board for its prior approval. Upon approval of the treating psychotherapist by the Board, Respondent shall undergo and continue psychotherapy until further notice from the Board. Respondent shall have the treating psychotherapist submit quarterly written reports to the Board. All costs shall be borne by Respondent.

ALTERNATIVE: PSYCHIATRIC EVALUATION AS A CONDITION PRECEDENT TO PRACTICE.

As of the effective date of the decision, Respondent shall not engage in the practice of veterinary medicine until notified in writing by the Board of this determination that Respondent is mentally fit to practice safely. If recommended by the psychotherapist (psychiatrist or psychologist) and approved by the Board or its designee, Respondent shall be barred from practicing veterinary medicine until the treating psychotherapist recommends, in writing and stating the basis therefore, that Respondent can safely practice veterinary medicine, and the Board approves said recommendation. All costs shall be borne by Respondent.

13.	**Psychotherapy**

Within thirty (30) days of the effective date of this decision, Respondent shall submit to the Board, for its prior approval, the name and qualifications of one or more psychotherapists of Respondent's choice. Upon approval, Respondent shall undergo and continue treatment until the Board deems that no further psychotherapy is necessary. Respondent shall have the treating psychotherapist submit quarterly status reports to the Board. The Board may require Respondent to undergo psychiatric evaluations by a Board-appointed psychiatrist. All costs shall be borne by Respondent.

If the treating psychotherapist finds that Respondent cannot practice safely or independently, the psychotherapist shall notify the Board within three (3) working days. Upon notification by the Board, respondent shall immediately cease practice and shall not resume practice until notified by the Board or its designee that respondent may do so. Respondent shall not thereafter engage in any practice for which a license issued by the Board is required until the Board or its designee has notified respondent that he/she may resume practice. Respondent shall document compliance with this condition in the manner required by the Board.

14.	**Medical Evaluation**

Within thirty (30) days of the effective date of this decision, Respondent shall submit to the Board, for its prior approval, the name and qualifications of one or more physicians of Respondent's choice. Upon approval, and on a periodic basis thereafter as may be required by the Board or its designee, Respondent shall undergo a medical evaluation by a Board ~~appointed~~ approved physician, to determine Respondent's ability to practice veterinary medicine safely, who shall furnish a medical report to the Board or its designee. If Respondent is required by the Board or its designee to undergo medical treatment, Respondent shall, within thirty (30) days of written notice from the Board, submit the name and qualifications of a physician of Respondent's choice to the Board for its prior approval. Upon approval of the treating physician by the Board, Respondent shall undergo and continue medical treatment until further notice from the Board. Respondent shall have the treating physician submit quarterly written reports to the Board. All costs shall be borne by Respondent.

If at any time an approved evaluating physician or respondent's approved treating physician determines that respondent is unable to practice safely or independently as a veterinarian, the evaluating or treating physician shall notify the board immediately by telephone and follow up by written letter within three (3) working days. Upon notification from the board or its designee of this determination, respondent shall be automatically suspended and shall not resume practice until notified by the board that practice may be resumed.

ALTERNATIVE: MEDICAL EVALUATION AS A CONDITION PRECEDENT TO PRACTICE.

As of the effective date of this decision, Respondent shall not engage in the practice of veterinary medicine until notified in writing by the Board of its determination that Respondent is medically fit to practice safely. If recommended by the physician and approved by the Board or its designee, Respondent shall be barred from practicing veterinary medicine until the treating physician recommends, in writing and stating the basis therefore, that Respondent can safely practice veterinary medicine, and the Board approves said recommendation.

15.	**Rehabilitation Program – Alcohol or Drug**

Within thirty (30) days of the effective date of this decision, Respondent shall submit in writing a(n) alcohol/drug rehabilitation program in which Respondent shall participate (for the duration of probation/for one/for two years) to the Board for its prior approval. In the quarterly written reports to the Board, Respondent shall provide documentary evidence of continuing satisfactory participation in this program. All costs shall be borne by Respondent.

Components of the treatment contract shall be relevant to the violation and to the Respondent's current status in recovery or rehabilitation. The components may include, but are not limited to: restrictions on practice and working setting, random biological fluid testing, abstention from drugs and alcohol, use of worksite monitors, participation in chemical dependency rehabilitation programs or groups, psychotherapy, counseling, psychiatric evaluation, and other appropriate rehabilitation or monitoring programs. All costs of participating in the program(s) shall be borne by the Respondent.

16.	**Continuing Prevention and Support Groups**

Within thirty (30) days of the effective date of this decision, Respondent shall begin regular attendance at a recognized and established substance abuse recovery support group in California, (e.g., Alcoholics Anonymous, Narcotics Anonymous, etc.) which has been approved by the board or its designee. Respondent must attend at least one group meeting per week unless otherwise directed by the board or its designee. Respondent shall continue regular attendance and submit signed and dates documentation confirming attendance with each quarterly report for the duration of probation. Failure to attend or submit documentation thereof shall be considered a violation of probation.

17.	**Submit to Drug Testing**

Respondent shall immediately submit to drug testing, at Respondent's cost, upon request by the Board or its designee. There will be no confidentiality in test results; positive test results will be immediately reported to the Board and to Respondent's current employer.

Respondent shall make daily contact as directed by the [Board or its designee] to determine if he or she must submit to drug testing. Respondent shall submit his or her drug test on the same day that he or she is notified that a test is required.

Any confirmed positive test for alcohol or any drug not lawfully prescribed by a licensed practitioner as part of a documented medical treatment shall be considered a violation of probation and shall result in the automatic suspension of work by respondent. Respondent may not resume the practice of veterinary medicine in any form until notified by the Board in writing.

18.	Abstain from Controlled Substances

Respondent shall completely abstain from the personal use or possession of controlled substances, as defined in the California Uniform Controlled Substances Act, ~~and dangerous drugs as defined in Section 4211 of the Business and Professions Code~~ and the abuse of dangerous drugs not prescribed for a bona fide illness. ~~, except when lawfully prescribed by a licensed practitioner for a bona fide illness. Respondent shall submit to random drug testing during the period of probation.~~ Upon request of the Board or its designee, respondent shall provide documentation from the licensed practitioner that the prescription for the drug was legitimately issued and is a necessary part of the treatment of the respondent.

19.	Abstention from Alcohol Use

Respondent shall abstain completely from the use of alcoholic beverages.

20.	Community Service

Within sixty (60) days of the effective date of this decision, Respondent shall submit a community service program to the Board for its prior approval. In this program Respondent shall provide free services on a regular basis to a community or charitable facility or agency for at least _____ (____) hours per _____ for the first _____ of probation. All services shall be subject to prior Board approval.

21.	Fine

Respondent shall pay to the Board a fine in the amount of _____ (not to exceed five thousand dollars) pursuant to Business and Professions Code sections 4875 and 4883. Respondent shall make said payments as follows: _____.

~~Pursuant to Business and Professions Code Section 125.3, enforcement costs (investigative, legal, and expert review), up to the time of the hearing, can be recovered.~~

22.	Restitution

Respondent shall make restitution to any injured party in the amount of _____. Proof of compliance with this term shall be submitted to the Board within sixty (60) days of the effective date of this decision.

~~Note - Name and address of injured party may be inserted in the body of this term.~~

23.	Ethics Training

Respondent shall submit to the Board for its prior approval, an ethics training course for a minimum of _____ hours during the probationary period. Upon successful completion of the course, Respondent shall provide proof to the Board. All costs shall be borne by Respondent.

OVERVIEW GUIDE FOR DISCIPLINARY DECISIONS

Most of the background information provided below is contained in the Department of Consumer Affairs Reference Manual for board members and gives an overview of part of a board's disciplinary process. Certain aspects of this overview were changed by the passage of SB 523 (Kopp, Chapter 938, Statutes of 1995). The changes were in regard to ex parte communications.

Accusation/Statement of Issues

The principal responsibility of ~~a~~ licensing boards ~~is~~ are to protect the public~~. This is accomplished by determining~~ by determining whether a license should be issued and whether a disciplinary action should be taken against a license. The Administrative Procedure Act (Government Code, Sections 11500 through 11528) prescribes the process necessary to deny, suspend, or revoke a license. An action to suspend or revoke a license is initiated by the filing of an Accusation. An action to deny a license is initiated by the filing of a Statement of Issues.

In disciplinary matters, a Deputy Attorney General (DAG) acts as the Board's prosecutor and coordinates all necessary legal proceedings. If a case is referred to the Office of the Attorney General (OAG) and accepted for prosecution, the DAG assigned the matter will prepare a Statement of Issues or an Accusation. The person against whom the action is filed is called the ~~R~~respondent.

Once drafted, the Statement of Issues or Accusation is forwarded to the Executive Officer (EO) for approval. ~~Except where the preparation of administrative pleadings is voluminous and routine,~~ Board staff will assign a case number and the EO ~~will normally~~ reviews all ~~an~~ Accusations and/or Statement of Issues for accuracy. ~~Board staff will then assign a case number and~~ The EO will sign ~~it~~ the pleading document before returning it to the OAG for service on the Respondent.

The document is then served on the ~~R~~respondent. The ~~R~~respondent may contest the charges by filing a Notice of Defense, because the law requires notice an opportunity for a hearing.

The DAG will then schedule a hearing before an Administrative Law Judge (ALJ) from the Office of Administrative Hearings (OAH).

~~Administrative~~ Hearing Process

An administrative hearing is similar to a trial in a civil or criminal court. Both parties have the opportunity to introduce evidence (oral and documentary) and the ~~R~~respondent has a right to confront his or her accusers.

Although a board may sit with ~~the~~ an ALJ and hear the case, most cases are heard solely by the ALJ ~~alone~~ because it is ~~a complex~~ an expensive procedure and may require ~~anywhere~~ from several days to several weeks of time.

In order to take discipline against a license issued by the Board, either a veterinarian or registered veterinary technician, it must be demonstrated by "clear and convincing evidence" that a violation of law or regulation has occurred. The clear and convincing standard is more than the "preponderance of the evidence" standard required for civil trials but less than the "beyond a reasonable doubt" standard for criminal trials.

To sustain a citation against a licensee, the allegations need only be proven to the "preponderance of the evidence" standard.

Proposed Decision

After hearing ~~all the witnesses and arguments and considering~~ the case and considering all ~~of~~ the evidence presented, the ALJ renders a Proposed Decision that contains: 1) findings of fact, 2) a determination of issues, and 3) a proposed penalty (assuming a violation is found). ~~The~~ This Proposed Decision is ~~then~~ submitted to the Board for consideration and a final decision. ~~The Proposed Decision must be acted upon by the Board within 100 days of receipt, or it becomes final by operation of law as proposed by the ALJ.~~

Evidence received from outside the hearing may result in the respondent's constitutional right to due process being violated and subsequent invalidation of the the entire disciplinary action.

In making a decision whether to adopt the Proposed Decision as its own decision, the Board may only consider the Proposed Decision itself, The Board may not consider evidence about the case not contained in the Decision. The Board may consider advice of legal counsel regarding their options, the legal sufficiency of the Proposed Decision, and the law applicable to the case at hand. If a Board member is personally acquainted with the licensee to a degree that it affects their decision-making ability, or the Board member has received evidence about the case not contained in the Proposed Decision, the Board member should recuse him or herself from any discussion about the case and the vote on the matter.

The Board may vote on the Proposed Decision by mail ballot or at a meeting in a closed session. Although a Proposed Decision carries great weight based on the fact that the ALJ was a witness to the evidence presented at the hearing, the actual testimony of the witnesses and the demeanor of those witnesses, the Board is the final decision-maker. The Board should consider the ALJ's narrative explanation in the Decision and how the Disciplinary Guidelines were applied. If the Decision is outside the Disciplinary Guidelines, the ALJ must explain to the satisfaction of the Board, the factors that were proved that caused the ALJ to deviate from the ~~standards~~ guidelines.

Adopting any decision is a serious responsibility of a Board member. When considering a Proposed Decision, the Board's legal counsel is present to respond to questions about the legal parameters of the case and the Board's authority. Board members must take time to fully discuss each case and to seek clarification from legal counsel for any question they may have prior to making a final decision on the case.

~~When considering a Proposed Decision, the~~ A Board has three basic options when considering a Proposed Decision: ~~1~~a. adopt the Decision as written, including the proposed penalty, ~~2~~b. adopt the Decision and reduce the penalty; or ~~3~~c. ~~not adopt~~ reject the Proposed Decision. The Proposed Decision must be voted upon by the board within 100 days of receipt or it becomes final as proposed by the ALJ.

~~Non-Adopt~~ - Rejecting a Decision

Proposed Decison

A ~~B~~board may choose ~~not to adopt~~ reject a Proposed Decision of an ALJ for many reasons ~~that~~, which might be grouped generally under the following categories:

- The ~~B~~board finds the penalty or terms of probation inappropriate to the violation(s).
- The ~~B~~board disagrees with the ALJ's determination of the issue(s) in the case.

When a Proposed Decision is not adopted, the ~~B~~board is required to obtain a copy of the transcript of the hearing and documentary evidence unless this requirement is waived by all parties. Each Board member must read the entire transcript and consider only that evidence presented at the hearing. The DAG and the ~~R~~respondent are entitled to submit oral or written arguments~~, or oral argument if the~~

~~Board so orders,~~ on the case to the ~~B~~board. The ~~B~~board must render its own decision after reading the transcript and arguments within 100 days from the receipt of the transcript

After the decision has been rendered, all parties will be served with the Decision After ~~Non-Adoption~~ Rejection.

The Board can elect to return the non-adopted decision to the OAH if it feels that additional evidence is required before the Board can render its decision. In this instance, the case is returned to the OAH and a new hearing date is scheduled. After the new hearing is complete, the ALJ, the same one as before or a new ALJ if the prior one is unavailable, will issue a new Proposed Decision and the Board will consider the Proposed Decision anew.

FACTORS TO CONSIDER WHEN DECIDING WHETHER TO HOLD OR NONADOPT A STIPULATED SETTLEMENT OR PROPOSED DECISION

As a general rule, most stipulated settlements and proposed decisions are well reasoned, consistent with the board's disciplinary guidelines, and may be adopted consistent with sound public policy. If they are not, consider rejecting (or "nonadopting") such decisions. If it is difficult to make that determination, however, stipulated settlements and proposed decisions should be held for closed session discussion.

Consider **nonadopting** a Stipulated Settlement or an ALJ's Proposed Decision in these circumstances:

1. The stipulated settlement or proposed decision does not provide sufficient public protection given the nature of the violations. For example, important terms of probation are missing, the probationary period is too short, probation is not appropriate, or other significant unexplained deviations from your board's disciplinary guidelines.
2. The ALJ made an error in applying the relevant standard of practice for the issues in controversy at the hearing. (Proposed Decision)
3. The ALJ made an error in interpreting law and/or regulations. (Proposed Decision)

Consider **holding** a case for closed session discussion when:

1. You are unsure whether the stipulated settlement or proposed decision protects the public and would like to discuss the merits with other board members.
2. You are unsure about the judge's reasoning and description. (Proposed Decision)
3. If you believe a discussion of the practice issues with licensee members may make it easier for you to make a decision.
4. If you are unsure whether the judge's decision is consistent with the law. (Proposed Decision)
5. After discussion with the assigned board attorney, you still have questions about the case.

Typically, a vote to hold any Decision for closed session discussion requires a hold vote by two (2) or more board members.

Petition for Reconsideration

A Respondent has a right to ~~and may~~ petition the Board before the effective date of the decision for reconsideration of the Board's decision. The Board may decide to reconsider its decision, which means it would grant Respondent's petition. If the Board needs more time, it may delay the effective date of the decision by ten days for the purposes of deciding whether to reconsider the decision. The Board may decide not to reconsider its decision, which means it would deny Repondent's petition. If the Board takes no action before the effective date of the decision, the petition is deemed denied by operation of law, and the Board no longer has jurisdiction over the matter.

If a Board reconsiders its decision, it would engage in the same process outlined above for Rejecting a Decision, except that there would not be a 100-day deadline for rendering its final decision.

~~If a Board does vote to reconsider its decision, it is equivalent to not adopting a Proposed Decision and the steps listed above apply. If the 30-day time period lapses or the Board does not act on the petition, the request for reconsideration it is deemed to be denied. by operation of law and the Board no longer has jurisdiction over the matter.~~

Eligibility to Petition for Reconsideration is limited to Proposed Decisions. A Petition for Reconsideration is the first step available to a party in contesting a final order. This process is governed by Government Code Section 11521. The agency may order reconsideration of all or part of the case on its own motion or on petition of any party.

The process, generally, is as follows:

- Petition for Reconsideration is submitted to the Board by Respondent.
  - The Executive Officer will issue a 10-day Stay of Decision (Stay of Effective Date of Decision) (sample attached)
  - The Board reviews the Petition to determine if it will issue an Order Granting Reconsideration or Order Denying Reconsideration
- If the Board votes to DENY the Petition for Reconsideration
  - The Decision will remain as issued and will become effective ,
- If the Board votes to GRANT the Petition for Reconsideration, the Decision and Order will NOT become effective
  - The Order Granting Reconsideration will be sent to Respondent and the order will stay the effective date of the Decision indefinitely. (sample attached)
  - The Board will issue an Order Fixing Time for Submission of Written/Oral Argument (sample attached)
    - Only the Board President has the authority to extend the deadline for submission or Written/Oral Argument
  - Board staff will order transcripts from the hearing
  - Upon close of the Fixed Time for Submission of Written/Oral Argument and receipt of hearing transcripts, the petition is sent to the Board for review.
    - Written/Oral Argument (Board may choose to accept either or both)
    - Argument/New Evidence (Board may choose to accept either or both)
  - The matter will be discussed in closed session at the next regularly scheduled board meeting during which the Board can decide to:
    - uphold the original decision
      - Order prepared by DCA Legal Counsel
    - reduce the penalty
      - Order prepared by DCA Legal Counsel
    - remand the matter back to the ALJ for taking and evaluation of further evidence
    - Other options according to Gov Code Section 11517

DEFAULT DECISION

Default Decisions are rare; however, in some cases, the Respondent does not respond to an Accusation by returning the Notice of Defense, fails to return the Notice of Defense in a timely manner, or fails to appear at a scheduled hearing. The Respondent has a legal obligation to respond to an Accusation and to be present at a scheduled hearing. Failure to do so is grounds for imposition of discipline based upon the failure by means of issuance of a Default Decision. In these cases the Board need only demonstrate that it has served the Accusation on the licensee at the licensee's address of record. This is one reason it is imperative that licensees maintain a current address of record with the Board; failure to do so can have very serious consequences if the licensee becomes subject to an Accusation but has an old address of record on file with the Board because the Board has no legal obligation to make any attempt to locate the licensee. Service of an Accusation by first class mail is all that is required to prove proper service.

The result of a Default Decision is nearly always a straight revocation of the license. If the Respondent is also a managing licensee of a premise, the premises permit will automatically cancel by operation of law. If the Accusation was pled against the premises as well as the licensee, the premises permit is revoked along with the license.

Appeal Process ~~– Writ of Administrative Mandamus~~

A Respondent has the right to ~~request reconsideration and if denied,~~ file a Writ to appeal a disciplinary action imposed by a ~~B~~board by filing a writ of administrative mandamus in a Superior Court. This may include a request by the respondent for a stay or postponement of the board's Decision invoking Disciplinary action. A court has the authority to uphold or set aside a Decision or return the case to the board with specific directions for further consideration.

~~A Decision rendered by a Superior Court can be further appealed to the Court of Appeals and then to the Supreme Court by either the board or the respondent.~~

The Superior Court would render a decision based upon the record. That decision could then be appealed further to the Court of Appeals.

~~Stipulated Agreement~~ Stipulation

Once an Accusation has been filed, rather than proceeding to a formal hearing, ~~and prior to requesting that the Board consider settlement terms and conditions, the Respondent shall provide mitigating factors and evidence of rehabilitation. Mitigating factors include factors beyond the control of the licensee that existed for a brief period of time but no longer exists that may mitigate the need for certain types of discipline. Evidence of rehabilitation would show that Respondent has taken serious steps to improve behavior and correct actions that led to the need for disciplinary action. The parties may then stipulate (agree) to a determination of the violations charged against the Respondent and to a proposed penalty. Stipulations are negotiated and drafted by the DAG representing the Board and the Respondent and his/her legal counsel. In negotiating a stipulation, the DAG works closely with the Board's EO (or designated Enforcement Program Manager) and utilizes the Board's Disciplinary Guidelines to arrive at a stipulation that is intended to be acceptable to the Board.~~ the parties may stipulate (agree) to a determination of the violations charged against the respondent and to a proposed penalty. Stipulations are negotiated and drafted by the DAG representing the board and the respondent or his/her legal counsel. In negotiating a stipulation, the DAG is encouraged to work closely with the board's EO to arrive at a stipulation that will be acceptable to the board.

The stipulation is presented to the Board for its consideration in much the same way that a Proposed Decision is presented. Once a stipulation has been signed by the licensee and his or her counsel, if any, the Board must vote to approve or disapprove the stipulation as a whole. If the Board votes to disapprove a proposed stipulation, it may send back recommendations for inclusion into any future stipulations. In the case of a stipulation, ~~T~~the Board ~~may~~ has more latitude to modify its terms as part of the negotiation process and to look beyond the mere contents of an Accusation, though it ~~must~~ should confine its consideration to information that is relevant to the charges at hand. While there is no time limit within which a stipulation must be considered, any undue delays should be avoided.

PETITION FOR REDUCTION OF PENALTY OR REINSTATEMENT

In petitioning for Reduction of Penalty or Reinstatement under Business and Professions Code Section 4887 and under Government Code Section 11522, the petitioner has the burden of demonstrating that he or she is fit to safely engage in the practice of veterinary medicine within the scope of current law and accepted standards of practice.

A Petition for Reduction of Penalty or Reinstatement may be filed 1 year or more from the effective date of the disciplinary decision.

The process for filing of a Petition for Reduction of Penalty or Reinstatement is as follows:

- Petitioner files the Petition accompanied by all supporting documentation
- The matter is referred to the Division of Investigation for investigation (Petition for Reinstatement)
- The Petition and investigation report is referred to the Office of the Attorney General for assignment to a Deputy Attorney General.
- The matter is set for hearing before the Board in open session at the next regularly scheduled Board meeting.
- The hearing takes place in open session before the Board and an Administrative Law Judge.
- The Board considers and decides the matter in closed session.
- The Decision and Order is served on Respondent via regular and certified mail.

Definitions

Negligence - A departure from the standard of care or practice. It can be an act of omission or commission. Harm or injury is not a necessary component of administrative negligence because we do not seek monetary damages (redress).

Incompetence - A lack of knowledge or ability in discharging professional obligations.

Fraud - An intentional act or omission to deceive or mislead another person by misrepresentation, deceit, or concealment of a material fact.

Deception - Any act or omission that deceives or misleads another person

Both fraud and deception can exist despite truthful statements if the statements made, whether written or oral, have a tendency to mislead or do in fact mislead.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

Veterinary Medical Board
1747 N. Market Blvd., Suite 230, Sacramento, CA 95834
Telephone: 916-515-5220 Fax:: 916-928-6849 | www.vmb.ca.gov

MEMORANDUM

DATE	July 4, 2015
TO	Veterinary Medical Board
FROM	Annemarie Del Mugnaio, Executive Officer DCA/Veterinary Medical Board
SUBJECT	RVT Alternate Route Regulations

Background:
Registered veterinary technician (RVT) examination eligibility in CCR section 2068.5 is commonly referred to as the "Alternate Route" because it is an examination eligibility pathway (requiring a mix of education and experience) that is an alternative to completing a two-year curriculum at an AVMA accredited RVT program. The pathway was originally designed for individuals who were already working in the profession and for whom it was difficult to commit a to a full-time academic program.

Education required under the Alternate Route pathway is commonly obtained through organized alternate route "programs" or through a collection of college and continuing education courses (ad hoc qualifying method). Alternate Route education is required in ten specific RVT task areas and six general science areas for a total of 300 hours of education.

Issues:
Based on multiple RVT Task Force discussions, the Multidisciplinary Advisory Committee (MDC), at its April 2014 meeting, discussed the history of the alternate route, the criteria for submitting qualifying education, and education offered in existing alternate route ad hoc "programs".

The MDC recommended at its October 20, 2014 meeting and the Veterinary Medical Board concurred at its October 21, 2014 meeting, that the MDC should research the education and training offered in existing alternate route programs and develop a process for the Board to review and approve alternate route training.

On February 19, 2015, the MDC considered regulatory language establishing standards for Board-approval of alternate route programs. Significant discussion surrounded distance learning programs, in terms of the method of instruction, available student resources, and whether interactive learning should be stipulated as a requirement for programs to be eligible for Board approval. Ultimately, the MDC did not recommend including a specific method of instruction, but instead decided to allow some form of independent learning, or self-study, as an acceptable learning format. Another issue that required further research was the authority of the program, and/or the institution where the program is housed, to operate in the state. The MDC delegated staff the task of working with the Bureau of Private Postsecondary Education (BPPE) to develop

appropriate regulatory language regarding the institution's/program's authority to offer education and training for a fee in the state.

Action(s) Requested

Review and consider the proposed alternate route program approval regulations as recommended by the MDC.

Attachment(s):

- Current Alternate Route Programs
- Proposed RVT Alternate Route Program Language
- Title 16, Division 20, Article 6, Registered Veterinary Technicians

RVT Alternate Route Programs - Feb2015

School	Location	Instructors	Cost	Number of Students	Pass Rate	Courses	Hours/Units	Miscellaneous	Jan. 2014 to Jan. 2015
Alan Hancock	Campus	VET	$970	25	84%	Anatomy & Physiology & Terminology	3	Chemistry not included	7
800 S. College Drive						Office Procedures	2	Biology not included	
Santa Maria, CA 93454						Pharmacology	2		
						Pathology & Microbiology	3	New Alternate School	
Richard Seidenberg, DVM						Nursing & Animal Care	4	First graduating class 2014	
805-922-9666 ext 3480						Surgical Nursing & Dentistry	4		
						Equipment & Radiography	2		
						Total	300 hrs.		
BANFIELD	Campus	RVT	$300	varied	Unk.	Animal Nursing	70	Chemistry not included	18
8000 NE Tillmook			supplies			Pharmacology	20	Math not included	
PO Box 13998						Lab & X-ray	25	Biology not included	
Portland, OR 97213						Emergency	25	Microbiology not included	
						Anesthesia and Surgical Nursing	50	Anatomy & Physiology not included	
Torry Chamberlayne						Dental	15		
						RVT Exam Prep	7	Course offered to employees after 2 years of	
						Total	212 hrs.	employment.	
BAKERSFIELD	Campus	VET & RVT	$920	25	pass	Intro' Veterinary Technology	4	Math not included	4
1801 Panorama Drive			$46 a unit			Small Animal Diseases	1.5		
Bakersfield, CA 93305						Large Animal Diseases	1.5	2/4/15 spoke to Mr. Barnes re: website	
						Pharmacology	1.5	Website states:	
Bill Barnes						Surgery, Dental & Anesthesiology	1.5	Students who do not	
661-201-2330						Emergency, Surgery & Nursing	2	choose to become	
						Clinical Pathology	2	licensed RVT's are still	
						Birds, Laboratory & Exotics	2	able to work in the	
						Radiology	1.5	field as Animal Health	
						Total	17.5	Technicians.	
							262.5 hrs.	Statute 4839.5	
Heritage (PVAS)	Campus &	RVT	$8,570	20	95%	Applied Basic Science	60		40
21 Spectrum Pointe Drive #101	Distance					Hospital Procedures	37.5		
Lake Forest, CA 92630						Veterinary Nursing 1	60		
						Animal Handling Lab	60		
Jill Allen, RVT						Laboratory Science	60		
949-597-0533						Animal Behavior & Nutrition	37.5		
						Advanced Veterinary Nursing 2	60		
						Advanced Veterinary Nursing 3	36		
						Total	411 hrs.		

RVT Alternate Route Programs - Feb2015

School	Location	Instructors	Cost	Number of Students	Pass Rate	Courses	Hours/Units	Miscellaneous	Jan. 2014 to Jan. 2015
Modesto	Campus	VET & RVT	$1,600	100	73%	Intro' Veterinary Technology	3	On 2/3/2015 I spoke to Mark England,	18
435 College Avenue			$46 unit	8 years		Terminology, Anatomy & Physiology	3	Division Dean at MJC, re:website given out	
Modesto, CA 95350						Pharmacy Procedures	2	incorrect information.	
						Equipment, Instrumentation & Safety	3		
Julie Haynes, Program						Office Procedures	2	2/4/15 Julie called said that website has been	
209-575-6872						Surgical & Dental	3	updated.	
						Assistance, Nursing & Emergency	1		
						Assistance, Nursing & Handeling	2		
						Total	300 hrs.		
Platt (LA)	Campus	VET & RVT	$4,495	10	Unk.	Basic Sciences for Technicians	3.25	School is looking into developing an online option.	11
1000 S. Fremont Avenue						Medical Calculations & Terminology	3.25		
Alhambra, CA 91803						Pharmacology	3.25		
						Surgical Nursing & Anesthesia	6.5		
David Liss, RVT						Small Animal Nursing	3.25		
626-300-5444						Diagnostic Imaging	3.25		
						Critical Care Nursing	3.25		
						Veterinary Technician License Prep	3.25		
						Dentistry	3.25		
						Total Quarter Units	325 hrs.		
Santa Rosa	Campus	VET & RVT	$3,400	20	85%	Laboratory & Pharmacy	3	Chemistry not included	13
1501 Mendocino Avenue						Small Animal Diseases	3	Biology not included	
Santa Rosa, CA 95401						Small Animal Nursing	3		
						Surgical & Dental	3		
Dan Famini, DVM						Emergency Medicine	2	**Only Small Animal Courses?**	
707-527-4649						Veterinary Anesthesia	1.5		
						Total	15.5 Units		
Veterinary Allied Staff	Distance	RVT & VET	$4,500	50 students	98%	Math	18		82
P.O. Box 278						Chemistry	27		
Dixon, CA 95620						Biology	27		
						Anatomy & Physiology	18		
Alberto Aldrete, DVM						Nursing & Anesthesia	18		
Alex Henderson, RVT						Casting, Splinting & Suguring	18		
Chandra Snyder						Lab Theory	12		
888-499-8273						Terminology	2		
						Total	306 hrs.		
San Diego Mesa College	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	27
Adhoc Alternate Route	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	25
								TOTAL CANDIDATES	246

Title 16. Professional and Vocational Regulations
Division 20. Veterinary Medical Board

RVT Alternate Route Programs – Proposed Language
7/2015

2065.1. Minimum Requirements for Practical Experience and Education Equivalent Programs

Practical Experience and Education Equivalent Programs seeking approval from the board shall meet all of the following minimum requirements:

(a) The education shall consist of a total of 20 semester units, 30 quarter units, or 300 hours of instruction. The education shall be provided by a postsecondary academic institution and shall be accumulated in the fundamentals and principles of all of the following subjects:

(1) Principles of anatomy and physiology,

(2) Biology and chemistry,

(3) Applied mathematics,

(4) Orientation to the vocation of veterinary technology,

(5) Ethics and jurisprudence in veterinary medicine including applicable regulatory requirements,

(6) Anesthetic nursing and monitoring including anesthetic evaluation, induction, and maintenance. It shall also include care and use of anesthetic and monitoring equipment,

(7) Animal husbandry, including restraint, species and breed identification, sex determination and sanitation,

(8) Animal nutrition and feeding,

(9) Client communication,

(10) Dental care of companion and laboratory animals including prophylaxis and extractions,

(11) Diseases and nursing management of companion, food, and laboratory animals including zoonoses,

(12) Emergency and critical care nursing,

(13) Laboratory procedures to include clinical biochemistry, cytology, hematology, immunology, basic microbiology, parasitology, and urine analysis testing,

(14) Imaging to include radiography, basic endoscopy, ultrasound principles, and radiation safety principles,

(15) Medical terminology,

(16) Medical office management including medical record keeping and drug inventory control,

(17) Basic necropsy techniques including specimen collection and handling,

(18) Pharmacology, and

(19) Surgical nursing and assisting including instrumentation, suturing, bandaging and splinting.

(b) The practical experience shall consist of at least 4,416 hours, completed in no less than 24 months, of clinical practice under the direct supervision of a California-licensed veterinarian who shall attest to the completion of that experience at the time the application is made to the board for the registered veterinary technician examination. This experience shall have been completed by the applicant within five (5) years prior to the date of the examination and any subsequent re-examination for registration as a registered veterinary technician.

(c) The clinical practice required in subsection (b) shall have provided the applicant with knowledge, skills, and abilities in the areas of communication with clients, patient examinations, emergency procedures, laboratory procedures, diagnostic imaging, surgical assisting, anesthesia, animal nursing, nutrition, dentistry, animal behavior, and pharmacology. The supervising veterinarian(s) shall complete a check list attesting to proficiency in specific skill areas within the preceding categories.

2065.2 Equivalent Program Criteria

(a) Programs shall verify that students entering a program have completed 2,208 of the required 4,416 hours of directed clinical practice as defined in 2065.1 (b) within the five (5) years immediately preceding entrance into the program.

(b) The library facilities or on-line resources of the program must be adequate for the conducting of the educational program.

(c) Any equipment used for instruction shall be adequate for the purposes intended.

(d)(1) The faculty shall include a California licensed veterinarian employed by the program as an advisor, administrator, or instructor. Instructors shall include, but need not be limited to a California registered veterinary technician. If there is any change in the faculty, the board must be immediately notified.

(2) Instructors shall be knowledgeable, current, skillful, and possess at least two years of experience in performing or teaching in the specific area in which they are teaching. Each instructor shall have or currently be receiving training in current teaching methods. The program shall effectively evaluate the teaching ability of each instructor.

(3) The program shall have a director who meets the requirements of subdivision (f)(2) and who shall hold a current active California license as a veterinarian or registration as an registered veterinary technician. The director shall have a minimum of three years of experience as a

veterinarian or registered veterinary technician. This shall include one year of experience in teaching, administration, or clinical supervision or a combination thereof within the last five years. The director shall have completed or be receiving course work in administration.

(4) In the absence of a director, the program may appoint an interim director. The interim director shall meet the requirements of (g)(3), except that the interim director may have applied for, but not yet have received licensure or registration. The program shall not have an interim director for a period exceeding eighteen months.

(e) The number of students enrolled shall be at a ratio to the number of faculty and size of the facilities which is not detrimental to the quality of education at the institution.

(f) All students admitted shall possess a high school diploma or its equivalent.

(g) Every program shall be in compliance with the laws regulating the practice of veterinary medicine and the regulations adopted pursuant thereto.

(h) If the veterinary technology program is offered by an institution that meets the definition of Section 94858 of the Education Code, and is not otherwise exempt pursuant to Section 94874 of Education Code, the institution shall be approved by the Department of Consumer Affairs, Bureau for Private Postsecondary Education, or its successor agency, to offer the program. Programs located out of state, must be part of an institution that is accredited by a regional or national accrediting agency recognized by the United States Department of Education and have the authority to offer the program in the state of origin.

(i) The program shall have adequate resources for conducting education and training and may include Internet resources.

(j) The program shall provide each prospective student, prior to enrollment, with literature which discloses the program's pass rate for first time candidates and the state average pass rate for first time candidates on the board's registered veterinary technician examination during the two-year period immediately preceding the student's proposed enrollment and a description of the requirements for registration as a registered veterinary technician.

(k) The program shall provide each prospective veterinary technology student prior to enrollment written information regarding transferability of the units they receive in the courses that they take and shall post the information at all times in a conspicuous location at its facility so that there is ample opportunity for the veterinary technology students to read the information.

§ 2065.6. School Approval Process.

The following procedures shall be applicable to an institution applying to the board for initial approval of its registered veterinary technician curriculum in accordance with sections 2065 and 2065.1 of these rules:

(a) The board shall conduct a qualitative review and assessment of the institution's registered veterinary technician curriculum through a comprehensive review process, performed by an inspection team impaneled by the board for that purpose.

(b) After reviewing the inspection team's evaluation report and recommendations, the board shall take one of the following actions:

(1) Grant provisional approval for a period not to exceed two years. An additional two-year provisional approval may be granted by the board for good cause.

(2) Disapprove the application.

(c) Full approval of an institution offering a registered veterinary technician curriculum in accordance with section 2065 and 2065.1 shall not be granted until the curriculum has been in operation under provisional approval for at least two years and the board has determined that the curriculum is in full compliance with the provisions of section 2065 and 2065.1.

§ 2065.7. Inspections.

(a) Where either provisional or full approval has been granted, the Board shall conduct subsequent inspections every 4 years, notwithstanding other provisions of this section.

(b) The board may conduct an on-site inspection or audit of an institution which offers a registered veterinary technician curriculum in accordance with Section 2065 and 2065.1 where:

(1) It believes the institution has substantially deviated from the standards for approval,

(2) For a period of two years the approved program's yearly average pass rate on the Veterinary Technician National Examination ~~registration examination~~ falls below 10 percentage points of the state average pass rate for first time candidates ~~for the registered veterinary technician examination~~.

(3) There has been change of program director in charge of the curriculum for training registered veterinary technicians.

The following Section shall be inoperative upon adoption of Sections 2065.1 and 2065.2

~~**2068.5. Practical Experience and Education As Equivalent Curriculum.**~~

~~.In lieu of a two year curriculum in animal health technology, completion of a combination of practical experience and education in compliance with the following criteria is deemed to be "the equivalent thereof as determined by the board" pursuant to Section 4841.5 of the code:~~

~~(a) The education shall consist of a total of 20 semester units, 30 quarter units, or 300 hours of instruction. The education shall be provided by a postsecondary academic institution or a qualified instructor as defined by Section 2068.5(e). The education shall be accumulated in the fundamentals and principles of all of the following subjects:~~

~~(1) Dental prophylaxis and extraction.~~

~~(2) Anesthetic instrumentation, induction and monitoring.~~

~~(3) Surgical nursing and assisting, including instrumentation, suturing techniques, intravascular catheter placement and application of casts and splints.~~

~~(4) Radiography and radiation safety.~~

~~(5) Diseases and nursing of animals, including zoonotic diseases and emergency veterinary care.~~

~~(b) The education shall include instruction in chemistry, mathematics, biology, microbiology, anatomy and physiology, and medical terminology, or these subjects may be obtained as separate courses.~~

~~(c) All educational requirements in subsection (a) shall have been completed by the applicant within five (5) years prior to the date of the examination for registration as a registered veterinary technician.~~

~~(d) Interactive distance-learning shall be accepted if the course meets all the criteria listed in this section and the candidate achieves a documented passing score on the course final examination.~~

~~(e) The candidate shall provide the board with a syllabus or an outline for each course. The candidate shall provide documentation of attendance for each course in the form of one of the following:~~

~~(1) a certificate of attendance,~~

~~(2) an official transcript, or~~

~~(3) a letter on official stationery signed by the course instructor documenting that the candidate attended a particular course.~~

~~(f)(1) In order for education to be approved for qualification under Section 2068.5, the instructor must meet at least two of the following minimum requirements:~~

~~(A) A license, registration, or certificate in an area related to the subject matter of the course. The license, registration, or certificate shall be current, valid, and free from restrictions due to disciplinary action by this board or any other health care regulatory agency;~~

~~(B) A master's or higher degree from an educational institution in an area related to the subject matter of the course;~~

~~(C) Training, certification, or experience in teaching the subject matter of the course; or~~

~~(D) At least two years' experience in an area related to the subject matter of the course.~~

~~(2) The instructor shall provide each participant with a course syllabus or detailed outline which includes a description of the material covered.~~

~~(g) The directed clinical practice shall consist of at least 4416 hours, completed in no less than 24 months, of directed clinical practice under the direct supervision of a California-licensed veterinarian who shall attest to the completion of that experience at the time the application is made to the board for the registered veterinary technician examination. This experience shall have been completed by the applicant within five (5) years prior to the date of the examination for registration as a registered veterinary technician.~~

~~(h) The directed clinical practice required in subsection (g) shall have provided the applicant with knowledge, skills, and abilities in the areas of communication with clients, patient examinations, emergency procedures, laboratory procedures, diagnostic imaging, surgical assisting, anesthesia, animal nursing, nutrition, dentistry, animal behavior, and pharmacology. The supervising veterinarian(s) shall complete a check list attesting to proficiency in specific skill areas within the preceding categories.~~

§ 2066.1. Unapproved In-State Schools.

No candidate who has completed his or her course of study at a school or degree program located within the state that has not sought and been granted board approval shall be permitted to take either the national or state Veterinary Technician exams. ~~unless that candidate also meets the requirements of section 2068.5~~

Title 16. Professional and Vocational Regulations
Division 20. Veterinary Medical Board
Article 6. Registered Veterinary Technicians

§ 2065. Minimum Requirements for Approved Schools or Degree Programs.

Schools or degree programs seeking approval from the board shall meet all of the following minimum requirements:

(a) The curriculum shall consist of:

(1) a minimum of 600 hours of classroom instruction,
(2) a minimum of 200 hours of clinical instruction, and
(3) an externship consisting of at least 200 hours.

(b) The curriculum shall cover applicable safety training in all coursework. Coursework shall include the following:

(1) Principles of anatomy and physiology,
(2) Biology and chemistry,
(3) Applied mathematics,
(4) Orientation to the vocation of veterinary technology,
(5) Ethics and jurisprudence in veterinary medicine including applicable regulatory requirements,
(6) Anesthetic nursing and monitoring including anesthetic evaluation, induction, and maintenance. It shall also include care and use of anesthetic and monitoring equipment,
(7) Animal husbandry, including restraint, species and breed identification, sex determination and sanitation,
(8) Animal nutrition and feeding,
(9) Client communication,
(10) Dental care of companion and laboratory animals including prophylaxis and extractions,
(11) Diseases and nursing management of companion, food, and laboratory animals including zoonoses,
(12) Emergency and critical care nursing,
(13) Laboratory procedures to include clinical biochemistry, cytology, hematology, immunology, basic microbiology, parasitology, and urine analysis testing,
(14) Imaging to include radiography, basic endoscopy, ultrasound principles, and radiation safety principles,
(15) Medical terminology,
(16) Medical office management including medical record keeping and drug control,
(17) Basic necropsy techniques including specimen collection and handling,
(18) Pharmacology, and
(19) Surgical nursing and assisting including instrumentation, suturing, bandaging and splinting.

(c) Each student shall be supervised during the externship or clinical rotation by a veterinarian or registered veterinary technician who is located at the site of the externship or clinical rotation.

The school or degree program shall have a written agreement with the site that specifies the expectations and responsibility of the parties. A staff member of the school or degree program shall visit the site prior to beginning the externship or clinical rotation relationship and at least once annually following the initial inspection.

(d) The library facilities of the school or degree program must be adequate for the conducting of the educational program.

(e) The physical plant and equipment used for instruction in the academic teaching shall be adequate for the purposes intended.

(f)(1) The faculty shall include a California licensed veterinarian employed by the school or degree program as an advisor, administrator, or instructor. Instructors shall include, but need not be limited to a California registered veterinary technician. If there is any change in the faculty, the board must be immediately notified.
(2) Instructors shall be knowledgeable, current, skillful, and possess at least two years of experience in performing or teaching in the specialized area in which they are teaching. Each instructor shall have or currently be receiving training in current teaching methods. The school or degree program shall effectively evaluate the teaching ability of each instructor.
(3) The school or degree program shall have a director who meets the requirements of subdivision (f)(2) and who shall hold a current active California license as a veterinarian or registration as an RVT. The director shall have a minimum of three years experience as a veterinarian or RVT. This shall include one year of experience in teaching, administration, or clinical supervision or a combination thereof within the last five years. The director shall have completed or be receiving course work in administration.
(4) In the absence of a director, the school or degree program may appoint an interim director. The interim director shall meet the requirements of (f)(3), except that the interim director may have applied for, but not yet have received licensure or registration. The school or degree program shall not have an interim director for a period exceeding eighteen months.

(g) The number of students enrolled shall be at a ratio to the number of faculty and size of the facilities which is not detrimental to the quality of education. When animal patients are used as part of the curriculum the ratio shall be adequate to protect the health and safety of the animal patients and the students, taking into consideration the species of animal being treated.

(h) All students admitted shall possess a high school diploma or its equivalent.

(i) The school or degree program shall be part of an institution that is approved by the Department of Consumer Affairs, Bureau for Private Postsecondary Education, or its successor agency, or accredited by a regional or national accrediting agency recognized by the United States Department of Education.

(j) Every school or degree program shall be in compliance with the laws regulating the practice of veterinary medicine and the regulations adopted pursuant thereto.

(k) Any instruction covered under subsection (a)(3) shall be in a facility that is in compliance with registration requirements of Business and Professions Code section 4853.

(l) The schools or degree programs shall provide each prospective student, prior to enrollment, with literature which discloses the school's or degree program's pass rate for first time candidates and the state average pass rate for first time candidates on the board's registered veterinary technician examination during the two-year period immediately preceding the student's proposed enrollment and a description of the requirements for registration as a registered veterinary technician.

(m) The schools or degree programs shall provide each prospective veterinary technology student prior to enrollment written information regarding transferability of the units they receive in the courses that they take and shall post the information at all times in a conspicuous location at its facility so that there is ample opportunity for the veterinary technology students to read the information.

§ 2065.5. School or Degree Program Approval.

(a) A school or degree program seeking board approval of its registered veterinary technician curriculum and facilities shall submit an application to the board on a form provided by the board.

(b) When the application for approval or re-approval of a registered veterinary technician curriculum includes an onsite inspection by the board or its designee, the school or degree program shall pay for the board's actual costs associated with conducting the onsite inspection, including, but not limited to, the inspection team's travel, food and lodging expenses.

§ 2065.6. School and Degree Program Approval Process.

The following procedures shall be applicable to a school or degree program applying to the board for initial approval of its registered veterinary technician curriculum in accordance with section 2065 of these rules:

(a) The board shall conduct a qualitative review and assessment of the school's or degree program's registered veterinary technician curriculum through a comprehensive onsite review process, performed by an inspection team impaneled by the board for that purpose.

(b) After reviewing the inspection team's evaluation report and recommendations, the board shall take one of the following actions:

(1) Grant provisional approval for a period not to exceed two years. An additional two-year provisional approval may be granted by the board for good cause.
(2) Disapprove the application.

(c) For a school or degree program that does not have AVMA accreditation, but offers a registered veterinary technician curriculum in accordance with section 2065, the board shall not

grant full approval until the curriculum has been in operation under provisional approval for at least two years and the board has determined that the curriculum is in full compliance with the provisions of section 2065.

(d) For a school or degree program that has AVMA accreditation, if the board grants approval, it shall be full approval.

(e) For a school or degree program that has provisional or probationary AVMA accreditation, the board shall grant provisional approval on the same terms as all other schools or degree programs until such time as the AVMA grants full accreditation, at which time the board may grant the school or degree program full approval subject to compliance with section 2064.

§ 2065.7. Inspections.

(a) Where either provisional or full approval has been granted, the board shall conduct subsequent inspections every 4 years, notwithstanding other provisions of this section.

(b) The board may conduct an on-site inspection of a school or degree program which offers a registered veterinary technician curriculum in accordance with section 2065 where:

(1) It believes the school or degree program has substantially deviated from the standards for approval,
(2) For a period of two years the approved school's or degree program's yearly average pass rate on the registration examination falls below 10 percentage points of the state average pass rate for first time candidates for the registered veterinary technician examination.
(3) There has been change of director in charge of the curriculum for training registered veterinary technicians.

(c) Schools and degree programs accreditated by the American Veterinary Medical Association shall be exempt from the initial inspection. Inspections conducted for re-approval of such schools or degree programs shall be at the discretion of the board.

§ 2065.8. Probation.

(a) The board may place a school or degree program on probation for a prescribed period of time not to exceed 2 years, in the following circumstances:

(1) The board determines that an approved school or degree program is not maintaining the standards for approval required by the board.
(2) For a period of two years the approved school's or degree program's yearly average pass rate for the first time candidates who have taken the registration examination falls below 10 percentage points of the state average pass rate for first time candidates who have taken the registered veterinary technician examination during the same time period.
(3) The use of false or misleading advertising.
(4) Aiding or abetting in any acts that are in violation of any of the provisions of this division or any provision of the Veterinary Medicine Practice Act.

(b) During the period of probation, the school or degree program shall be subject to special monitoring. The conditions for probation may include the submission of periodic reports as prescribed by the board and special visits by authorized representatives of the board to determine progress toward total compliance.

(c) The board may extend the probationary period for good cause.

(d) The school or degree program shall notify in writing all current and prospective students and employees of the probationary status.

§ 2065.8.1. Withdrawal of Approval.

The board may withdraw its approval of any school or degree program in the following circumstances:

(a) The employment of fraud, misrepresentation, or deception in obtaining approval.

(b) If, at the end of a probationary period, the school or degree program has not eliminated the cause or causes for its probation to the satisfaction of the board.

(c) The board determines that the school or degree program has engaged in activities that are a danger to the health and safety of its students, staff, or animals.

§ 2065.8.2. Procedures for Probation or Withdrawal of Approval.

Prior to taking any action to place a school or degree program on probation or withdrawing of the board's approval, the board shall provide the school or degree program due notice and an opportunity to be heard.

§ 2065.8.3. Director Notification.

(a) Every approved school or degree program shall be required to notify the board in writing of the departure of the director or interim director within 15 working days, and shall notify the board in writing of the appointment of any director or interim director within 15 working days.

§ 2065.9. Reporting.

Every school or degree program shall be required to submit to the board within sixty (60) days after the close of the school's or degree program's fiscal year a current course catalog with a letter outlining the following:

(1) Any courses added/deleted or significantly changed from the previous year's curriculum;
(2) Any changes in faculty, administration, or governing body; and
(3) Any major change in the school's or degree program's facility.

§ 2066. Out of State Schools.

(a) Candidates who have completed a course of study at a school or a degree program located outside of California and accredited by the AVMA shall be deemed to have completed the equivalent of a two-year curriculum in veterinary technology.

(b) Candidates seeking to apply to the board to take the exam in accordance with section 2010 and who have obtained their minimum educational requirements from a school or degree program located outside of California and not approved by the board shall demonstrate to the board, (1) that the education they have received is equivalent to educational requirements of section 2065(a) and (b), and, (2) that the school or degree program has been approved by a licensing body in the U.S. state, Canadian province or U.S. or Canadian territory. The burden to demonstrate educational equivalency is upon the candidate.

§ 2066.1. Unapproved In-State Schools.

No candidate who has completed his or her course of study at a school or degree program located within the state that has not sought and been granted board approval shall be permitted to take either the national or state Veterinary Technician exams unless that candidate also meets the requirements of section 2068.5

§ 2068.5. Practical Experience and Education As Equivalent Curriculum.

In lieu of a two year curriculum in animal health technology, completion of a combination of practical experience and education in compliance with the following criteria is deemed to be "the equivalent thereof as determined by the board" pursuant to Section 4841.5 of the code:

(a) The education shall consist of a total of 20 semester units, 30 quarter units, or 300 hours of instruction. The education shall be provided by a postsecondary academic institution or a qualified instructor as defined by Section 2068.5(e). The education shall be accumulated in the fundamentals and principles of all of the following subjects:

(1) Dental prophylaxis and extraction.
(2) Anesthetic instrumentation, induction and monitoring.
(3) Surgical nursing and assisting, including instrumentation, suturing techniques, intravascular catheter placement and application of casts and splints.
(4) Radiography and radiation safety.
(5) Diseases and nursing of animals, including zoonotic diseases and emergency veterinary care.

(b) The education shall include instruction in chemistry, mathematics, biology, microbiology, anatomy and physiology, and medical terminology, or these subjects may be obtained as separate courses.

(c) All educational requirements in subsection (a) shall have been completed by the applicant within five (5) years prior to the date of the examination for registration as a registered veterinary technician.

(d) Interactive distance-learning shall be accepted if the course meets all the criteria listed in this section and the candidate achieves a documented passing score on the course final examination.

(e) The candidate shall provide the board with a syllabus or an outline for each course. The candidate shall provide documentation of attendance for each course in the form of one of the following:

(1) a certificate of attendance,
(2) an official transcript, or
(3) a letter on official stationery signed by the course instructor documenting that the candidate attended a particular course.

(f)(1) In order for education to be approved for qualification under Section 2068.5, the instructor must meet at least two of the following minimum requirements:

(A) A license, registration, or certificate in an area related to the subject matter of the course. The license, registration, or certificate shall be current, valid, and free from restrictions due to disciplinary action by this board or any other health care regulatory agency;
(B) A master's or higher degree from an educational institution in an area related to the subject matter of the course;
(C) Training, certification, or experience in teaching the subject matter of the course; or
(D) At least two years' experience in an area related to the subject matter of the course.

(2) The instructor shall provide each participant with a course syllabus or detailed outline which includes a description of the material covered.

(g) The directed clinical practice shall consist of at least 4416 hours, completed in no less than 24 months, of directed clinical practice under the direct supervision of a California-licensed veterinarian who shall attest to the completion of that experience at the time the application is made to the board for the registered veterinary technician examination. This experience shall have been completed by the applicant within five (5) years prior to the date of the examination for registration as a registered veterinary technician.

(h) The directed clinical practice required in subsection (g) shall have provided the applicant with knowledge, skills, and abilities in the areas of communication with clients, patient examinations, emergency procedures, laboratory procedures, diagnostic imaging, surgical assisting, anesthesia, animal nursing, nutrition, dentistry, animal behavior, and pharmacology. The supervising veterinarian(s) shall complete a check list attesting to proficiency in specific skill areas within the preceding categories.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

Veterinary Medical Board
1747 N. Market Blvd., Ste. 230, Sacramento, CA 95834
Telephone: 916-515-5222 Fax: 916-928-6582 | www.vmb.ca.gov

MEMORANDUM

DATE	July 7, 2015
TO	VMB
FROM	Annemarie Del Mugnaio, Executive Officer DCA/Veterinary Medical Board
SUBJECT	**California Horse Racing Board – Prescription Labeling**

Background:

In early May 2015, the Executive Director of the California Horse Racing Board, Mr. Rick Baedeker requested guidance from the VMB regarding issues of appropriate drug labeling. Specifically, Mr. Baedeker requested assistance regarding the following issues:

- Meeting the pertinent laws and regulations regarding drug labeling requirements when dispensing medications to multiple horses simultaneously at the track.
- Labeling of compounded drugs - Association of Racing Commissioners International (ARCI) Model Rule for Compounded Drugs On Race Tracks

Attachments:
CHRB information packet
FDA Guideline for Uniform Labeling of Drugs for Dairy and Beef Cattle
BPC 4076 Prescription Drug Labeling

Action Requested:
Establish a subcommittee to work with California Horse Racing Board on drug labeling regulations.

CHRB Rule 1864: Labeling of Medications

- No veterinarian or vendor shall dispense, sell or furnish any feed supplement, tonic, veterinary preparation, medication, or any substance containing a prohibited drug to any person within the inclosure unless there is a label specifying the name of the dispensing veterinarian, the name of the horse or the purpose for which the said preparation or medication is dispensed, and the name of the person to which dispensed, or is otherwise labeled as required by law. Any substance containing a prohibited drug shall be labeled, "Caution. Contains Prohibited Drug. Not to be used on race day."

CVMB 2032.2. Written Prescriptions

(b) All drugs dispensed shall be labeled with the following information:

(1) Name, address and telephone number of the facility.

(2) Client's name.

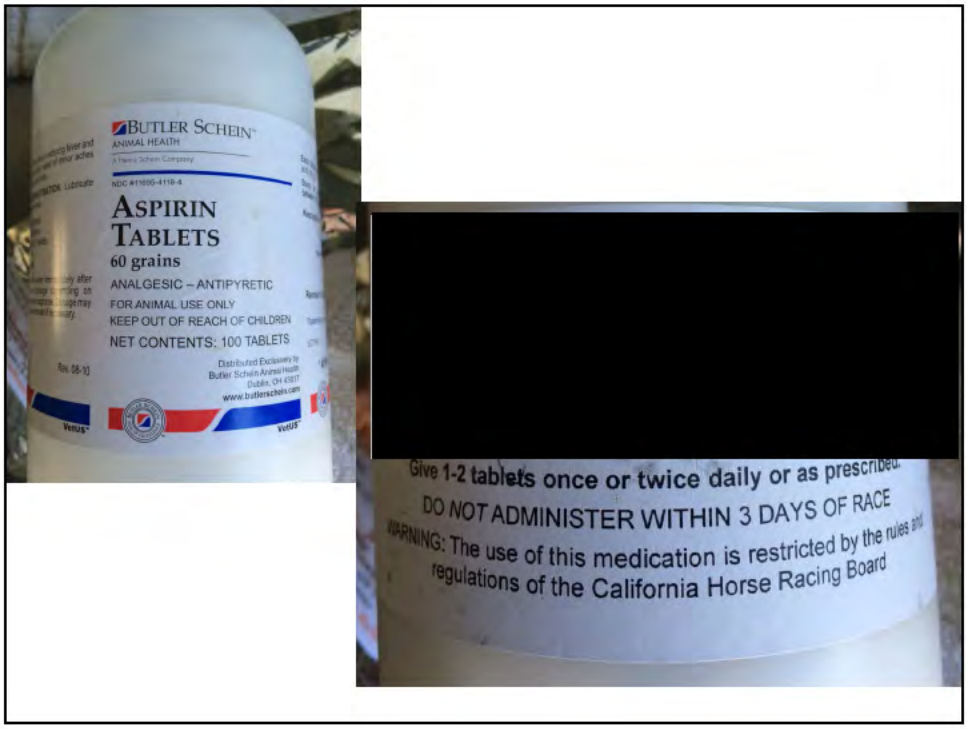
(3) The species and name, number, or other identifying information for the animal.

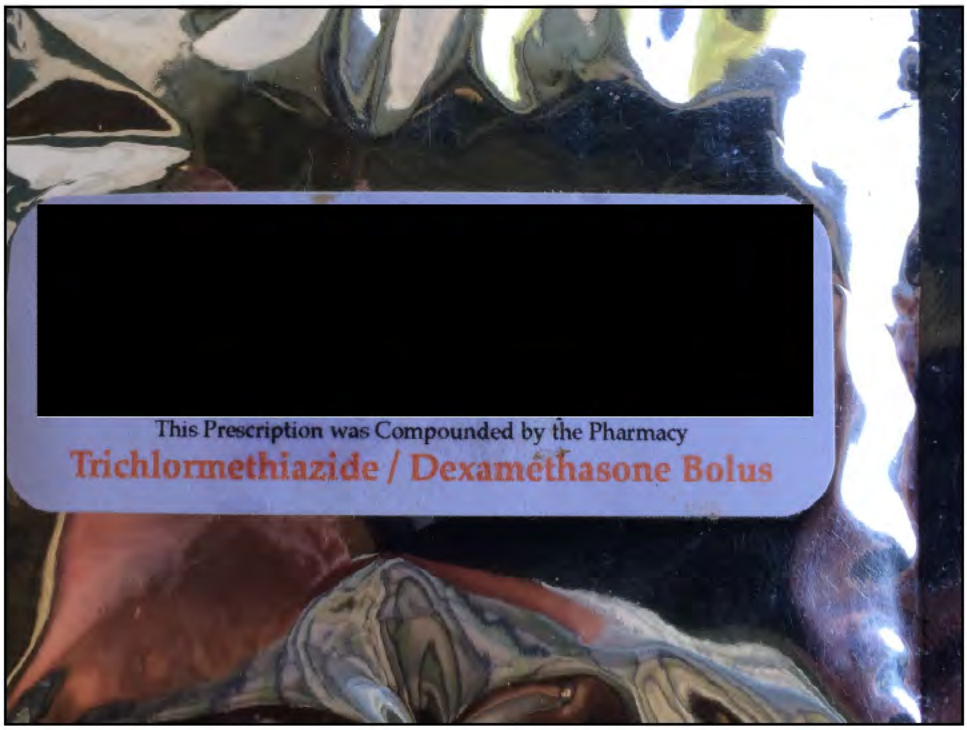
(4) Date dispensed.

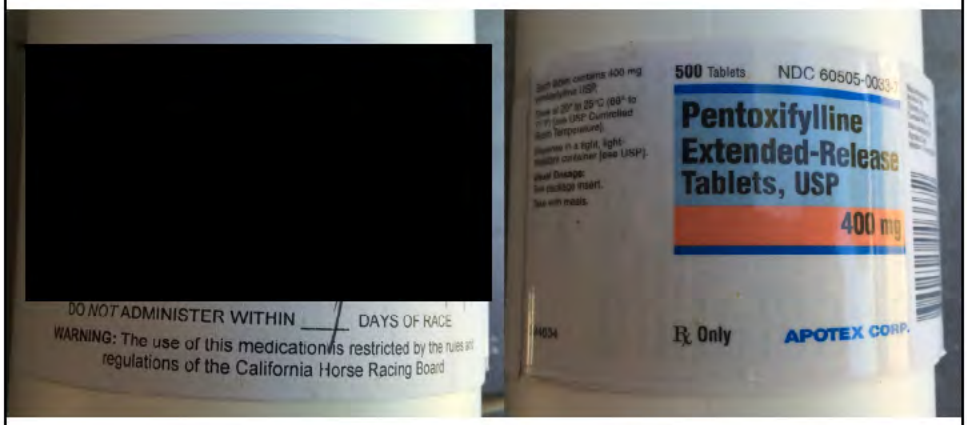
(5) Directions for use, including, if applicable, withdrawal time.

(6) The manufacturer's trade name of the drug or the generic names, strength (if more than one dosage form exists), and quantity of drug, and the expiration date when established by the manufacturer.

(7) Name of prescribing veterinarian.


BUTLER SCHEIN
ANIMAL HEALTH
ASPIRIN
TABLETS
60 grains
ANALGESIC – ANTIPYRETIC
FOR ANIMAL USE ONLY
KEEP OUT OF REACH OF CHILDREN
NET CONTENTS: 100 TABLETS
[redacted]
Give 1-2 tablets once or twice daily or as prescribed.
DO NOT ADMINISTER WITHIN 3 DAYS OF RACE
WARNING: The use of this medication is restricted by the rules and regulations of the California Horse Racing Board


[redacted]
This Prescription was Compounded by the Pharmacy
Trichlormethiazide / Dexamethasone Bolus


DO NOT ADMINISTER WITHIN ____ DAYS OF RACE
WARNING: The use of this medication is restricted by the rules and regulations of the California Horse Racing Board
500 Tablets
NDC 60505-0033-1
Pentoxifylline Extended-Release Tablets, USP
400 mg
℞ Only
APOTEX CORP.

Trainer:
Horse:
In accordance to CHRB rules ___ days prior to race.

Phenylbute Powder

STATE OF CALIFORNIA **EDMUND G. BROWN JR., GOVERNOR**

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY

CALIFORNIA HORSE RACING BOARD

1010 Hurley Way, Suite 300
Sacramento, CA 95825
(916) 263-6000
Fax (916) 263-6042

www.chrb.ca.gov

Los Alamitos Race Course
4961 E. Katella Avenue
Los Alamitos, CA 90720

Contact: Mike Marten
(714) 820-2748
Cell: (714) 240-1870
Fax (714) 821-6232

MAY 12, 2014

TO: California Horsemen and Veterinarians

FROM: Rick Baedeker, CHRB Executive Director
Rick M. Arthur, DVM, Equine Medical Director

RE : ADVISORY ON THYROXINE AND INSTRUCTIONS PURSUANT TO CALIFORNIA HORSE RACING BOARD RULES 1840, 1842, 1843 (e), 1843.3 (g) 1864, 1890, 1891 AND 1855 MEDICATION PROCEDURES AND RELATED INSTRUCTIONS

- **Any thyroxine or thyroid hormones or thyroid hormone analogs found within the racing inclosure and not properly labeled will be confiscated as contraband Reference: Rule 1840 Veterinary Practices and Treatments Restricted; Rule 1864, Labeling of Medication; Rule 1890, Possession of Contraband; and Rule 1891, Seizure of Contraband**

- http://www chrb ca gov/veterinary reports/thyroxine advisory pdf

Examples of Thyroxine Products

Examples of Thyroxine Products

Compounded Medications

- General Classifications of Medications
  - On Label FDA Approved Medication
  - Off Label FDA Approved Medication
  - Compounded Medications

Compounded Medications

FDA Approved Medication

- Significant research
- Safety trials
- Efficacy trials
- Stability tests
- Requirements for consistent concentration of medication

Compounded Medication

- No research requirement
- No safety, efficacy, stability requirements
- No inherent guarantee of consistent medication concentrations
- No purity requirements

Compounded Medications

- Appropriate for use when:
  - Compounded from FDA approved (legend drugs)
  - Compounded in small amounts
  - Prescribed based upon a specific diagnosis
  - Properly labeled

Compounded Medications

- Veterinarian assumes all liability for damages due to use of compounded medication
- Veterinarian cannot profit from use of compounded medication
- Compounded medications include mixtures of FDA approved medications, flavorings
- Legal compounded medications must consist of legend drugs – therefore they should be more costly than legend drugs!

Association of Racing Commissioners International model rule for compounded drugs on race tracks

K. Compounded Medications on Association Grounds

(1) The possession or use of a drug, substance, or medication on Association Grounds that has not been approved by the appropriate federal agency (e.g., the United States Food and Drug Administration in the United States) for any use in (human or animal) is forbidden without prior permission of the Commission or its designee.

(2) It is a violation of this regulation to possess, use, or distribute a compounded medication on Association Grounds if there is an FDA approved equivalent of that substance available for purchase. A difference in available formulations or concentrations does not alleviate the need to use FDA approved products.

(3) It is a violation of this regulation to possess, use, or distribute a compounded medication on Association Grounds made from bulk substances if an FDA approved equivalent is available for purchase.

(4) Combining two or more substances with pharmacologic effect constitutes the development of a new drug. This may only be done in accordance with state and local laws and must contain FDA approved medications, if available.

(5) Compounded veterinary drugs. Veterinary drugs shall be compounded in accordance with all applicable state and federal laws. Compounded medication shall be dispensed only by prescription issued by a licensed veterinarian to meet the medical needs of a specific horse and for use only in that specific horse

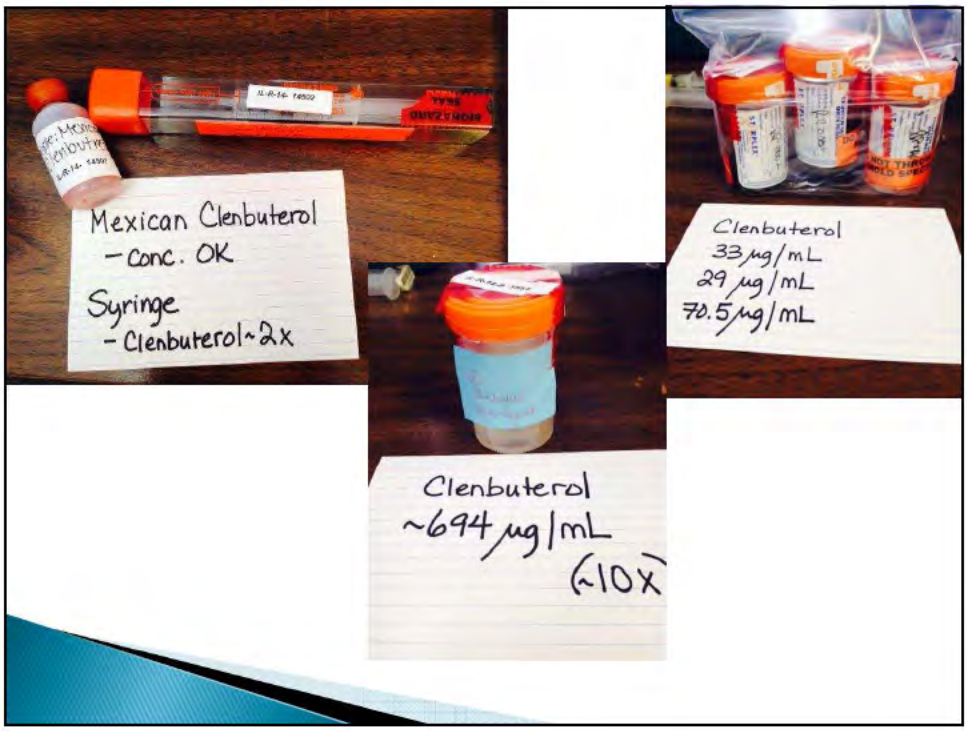
(6) Labels on compounded veterinary drugs. All compounded medications must be labeled in accordance with section ARCI-011-020(D) : Medical Labeling

(7) Possession of an improperly labeled product by any person on Association Grounds is considered a violation of this section.

ARCI-011-020 AND ARCI-025-020

Compounded Medications

- Strict labeling requirements
  - Ingredients
  - Lot number
  - Expiration date
  - Patient name
  - Veterinarian name
  - Dosing information
  - Limitations on names
  - Cannot have FDA information


Mexican Clenbuterol
– Conc. OK
Syringe
– Clenbuterol ~2x
Clenbuterol
33 µg/mL
29 µg/mL
70.5 µg/mL
Clenbuterol
~694 µg/mL
(~10x)

Clenbuterol
756 µg/mL (~10x)
trace acepromazine

KETOPROFEN
100 MG/ML

Ketofen
KETOPROFEN
100 mg/mL
Sterile Solution
100 mL
Ketofen®
KETOPROFEN
100 mg/mL
Sterile Solution
100 mL

Omeprazole/Ranitidine
(Buffered)
2.2 gm/1 gm/10 mL
Oral Paste
30 mL
PRECISION
GastroGard
(omeprazole)
GastroMax3
3
RANITIDINE
Tablets, USP
150 mg

U.S. Food and Drug Administration
Protecting and Promoting Your Health

Home | Food | Drugs | Medical Devices | Radiation-Emitting Products | Vaccines, Blood & Biologics | Animal & Veterinary | Cosmetics | Tobacco Products

Animal & Veterinary

Home > Animal & Veterinary > News & Events > CVM Updates

FDA Issues Warning Letters for Unapproved Omeprazole Drugs Marketed for Use in Horses

November 12, 2014

The U.S. Food and Drug Administration has issued nine warning letters to companies marketing unapproved animal drugs containing omeprazole. These products have not been reviewed by the FDA for safety and effectiveness. FDA testing also revealed that several of these products contained higher or lower levels of omeprazole than stated on their labels, ranging from as little as 36.3% to as much as 135% of the level claimed on the label.

The only FDA-approved animal drugs containing omeprazole are GastroGard (NADA 141-123) and UlcerGard (NADA 141-227). These products are approved for the treatment and/or prevention of gastric ulcers in horses.

FDA has serious concerns about unapproved animal drugs. Unapproved animal drugs have not been reviewed by FDA and may not meet FDA's strict standards for safety and effectiveness. They also may not be properly manufactured or labeled. FDA advises horse owners and caretakers to avoid using unapproved animal drug products, including omeprazole products. Horse owners or caretakers should consult with their veterinarians about safe and effective therapies for the prevention and/or treatment of gastric ulcers.

FDA issued warning letters to companies marketing the following unapproved omeprazole products:

- AbGard
- Abler Omeprazole
- Abprazole
- Abprazole Plus
- Gastro 3T OTC
- Gastroade Xtra
- GastroMax 3 (marketed by Horse Gold, Inc.) (marketed by Horse PreRace)
- Gastrotec (marketed by Horse PreRace) (marketed by Tri-Star Equine Marketing, LLC)
- Lomac Equine
- Omaktive Oral Paste
- Omeprazole Oral Paste
- Omeprazole/Ranitidine Oral Paste
- Omoguard Paste
- UlcerCure OTC

Carolina Gold is the street name for GABA (gamma-aminobutyric acid).

GABA is a neurotransmitter purported to be psychoactive with sedative/anti-anxiety properties. It has a very short duration of action and is reportedly administered in sport horses immediately prior to competition as a calming agent.

The CHRB will be monitoring GABA levels in advance of adopting a regulatory threshold.

EQUINE GROWTH
HORMONE
500MCG/ML
Weatherford
Compounding
Pharmacy

GAME CHANGER

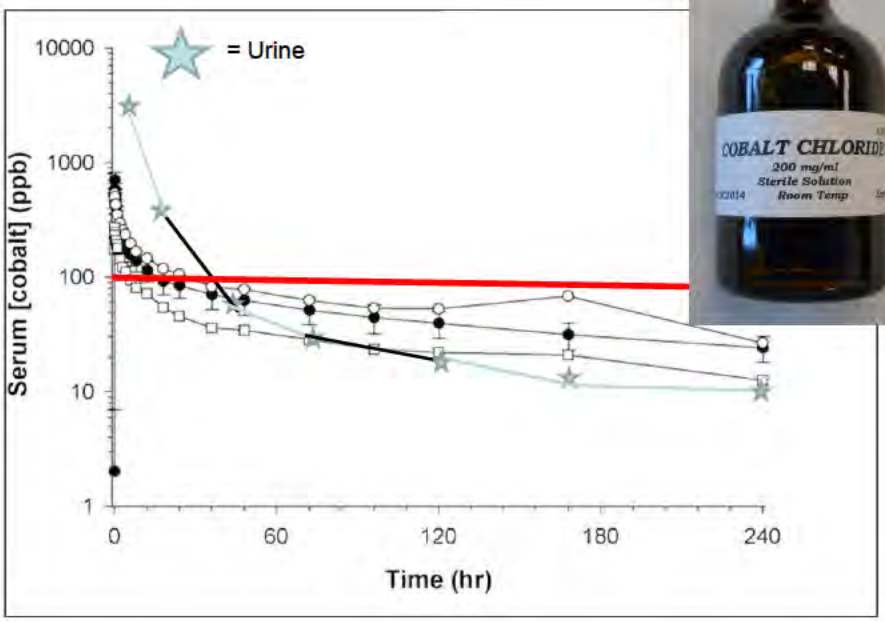
EXACTA
Weatherford
Compounding
Pharmacy

STANOZOLOL
50 MG/ML
STERILE

TOURNIQUET

SODIUM CHLO
0-500 A.S.
INTRAVENOUS INJE
OXYGEN PRODU
for veterinary use
100 ML IV Multiple
STERILIZED

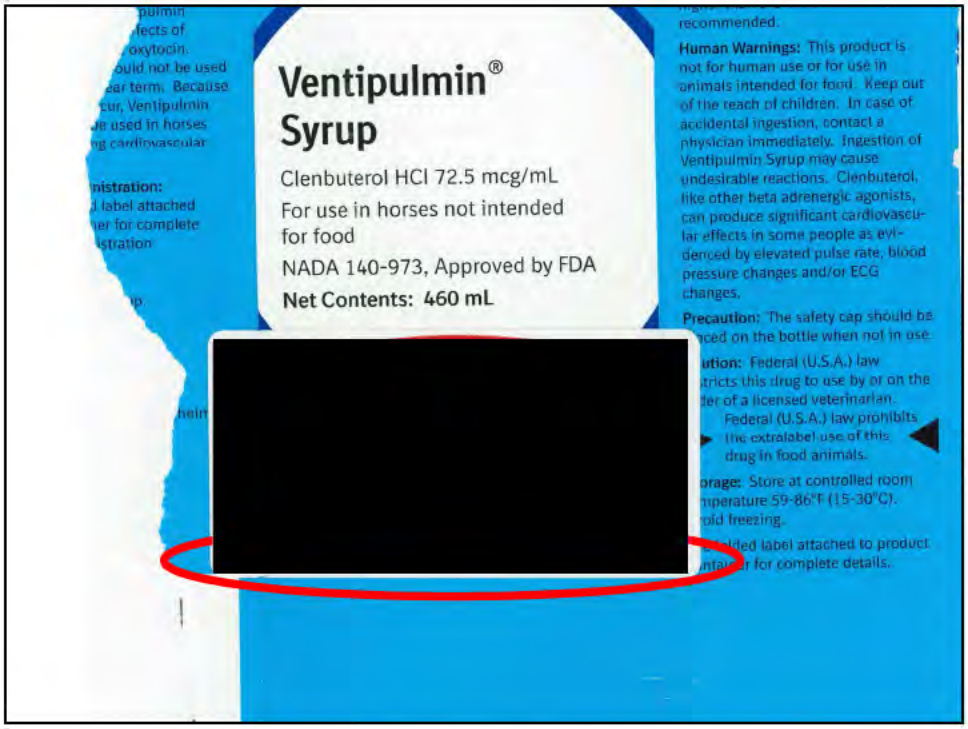
BLEEDER STO
2 + 7



1890 Possession of Contraband

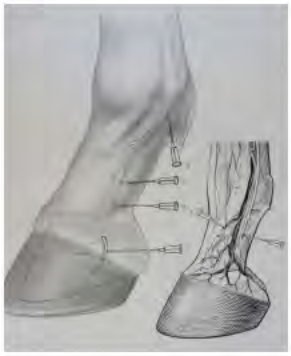
- (a) No person other than a veterinarian licensed by the Board, shall have in his possession at a facility under the jurisdiction of the Board any drug which is a narcotic, stimulant, or depressant, or any other substance or medication that has been prepared or packaged for injection by a hypodermic syringe or hypodermic needle, or any hypodermic syringe or hypodermic needle or similar instrument which may be used for injection.

- (b) No person other than a veterinarian licensed by the Board, shall have in his possession at a facility under the jurisdiction of the Board any veterinary treatment or any medicine, medication, or other substance recognized as a medication, which has not been prescribed in accordance with Rule 1840 of this division and labeled in accordance with Rule 1864 of this division.



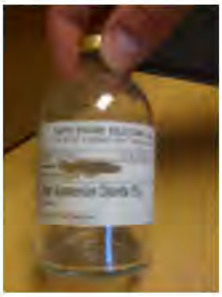
Joint and Nerve Blocks

- Clinically performed with local anesthetic
  - Mepivacaine (Carbocaine®) drug of choice
  - Many alternative local anesthetics
    - Procaine
    - Lidocaine
    - Theoretically even cocaine
  - Other
    - Alcohol block
    - Am-block (ammonium chloride)
    - Snake venom
    - Cone Snail Venom
    - Shockwave therapy
    - Freeze Block



Rule 1847: Blocking of Legs

- Blocking may be defined as the administration of any local anesthetic, or other agent, to desensitize a portion of a leg either locally by infiltration of the tissues, regionally by administration directly over a nerve, or by injection directly into a joint space, tendon sheath, or bursa for the purpose of desensitization of a painful condition. These practices are prohibited after a horse is entered to race. The use of ice is not prohibited.



THE FBI FEDERAL BUREAU OF INVESTIGATION

REPORT THREATS • A-Z INDEX • SITE MAP

Search Site SEARCH

CONTACT US | ABOUT US | MOST WANTED | NEWS | STATS & SERVICES | SCAMS & SAFETY | JOBS | FUN & GAMES

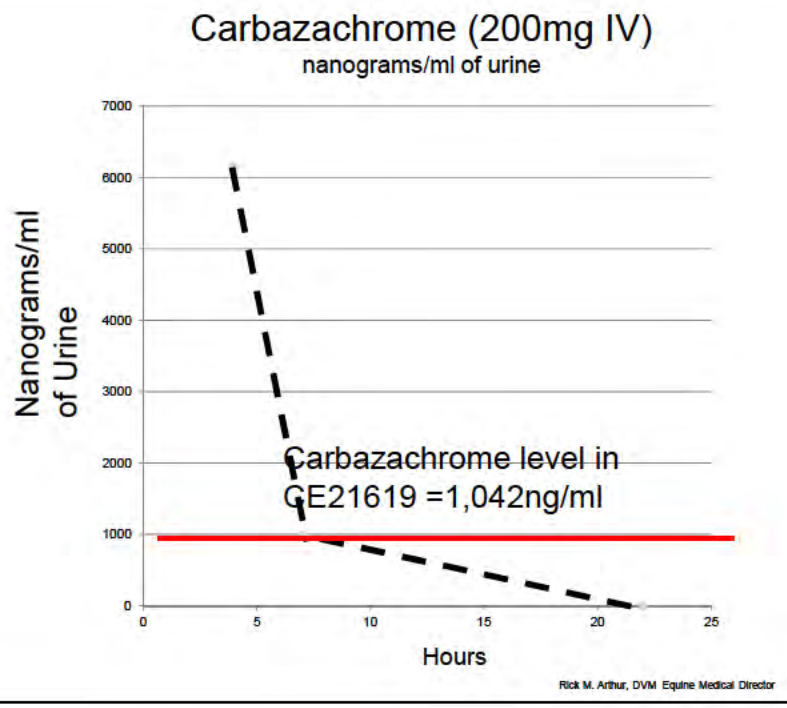
Philadelphia Division

Select Language | Get FBI Updates

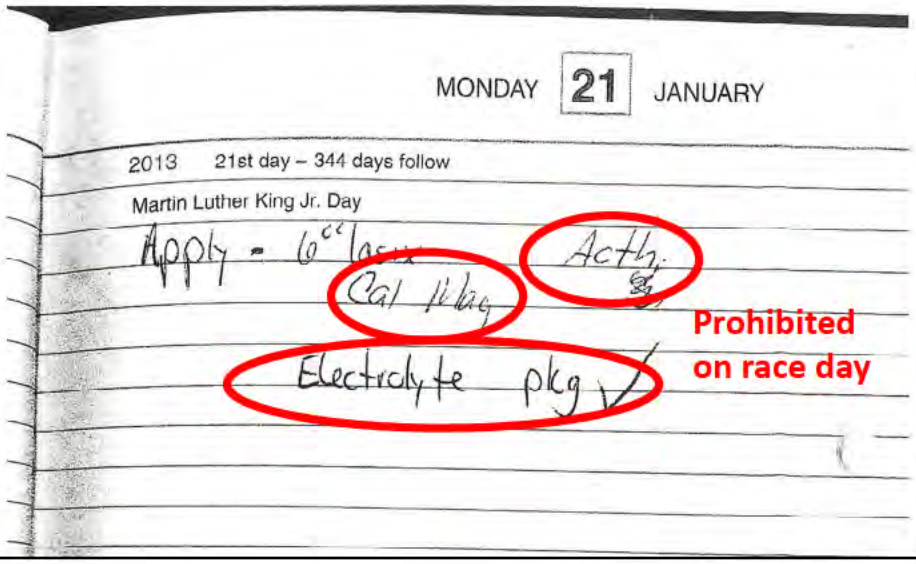
Four Veterinarians Plead Guilty to Conspiracy to Unlawfully Administer Drugs to Race Horses at Penn National Race Track

The guilty pleas this week were pursuant to plea agreements in which the defendants agreed to plead guilty and cooperate with the United States in the continuing investigation. At the guilty plea proceedings Behe informed the court that cooperation by the defendants was an essential part of the plea agreement and that the defendants had already identified for the United States the many trainers with whom the defendants conspired with to illegally administer drugs to the horses. Behe identified for the court the drugs that were administered to include, among others, Kentucky Red, Carolina Gold, Bute, Dexamethasone, Banamine, Stop2, Estrogen, L-Arginine, and ACTH.

= Carbazachrome



Veterinary Records



Four Veterinarians Plead Guilty to Conspiracy to Unlawfully Administer Drugs to Race Horses at Penn National Race Track

U.S. Attorney's Office **Middle District of Pennsylvania**
April 14, 2015 (717) 221-4482

The United States Attorney's Office for the Middle District of Pennsylvania announced that Dr. Kevin Brophy, age 60, Florida, Dr. Fernando Motta, age 44, Lancaster, Pennsylvania, and Dr. Christopher Korte, age 43, Pueblo, Colorado, pleaded guilty today before U.S. Magistrate Judge Susan E. Schwab in Harrisburg. Dr. Renee Nodine, age 52, Annville, pleaded guilty yesterday afternoon.

According to U.S. Attorney Peter Smith, the four defendants were each charged in separate criminal Informations on March 26, 2015, for their involvement in illegally treating thoroughbred race horses on race day at Penn National Race Track in Grantville, Pennsylvania.

Each defendant is charged with allegedly administering drugs to horses within 24 hours of when the horse was entered to race. This conduct was in violation of the state law prohibiting the rigging of publicly exhibited contests and regulations prohibiting the administration of drugs to horses within 24 hours of when they are entered to race. Additionally, because the administering of the drugs was in violation of the state criminal laws, rules and regulations governing thoroughbred racing, they were not dispensed in the course of the defendants' professional practice.

At the guilty plea proceedings before Magistrate Judge Schwab, Assistant United States Attorney William A. Behe explained that the drugs were not administered to treat the horses but to enhance the horses' performance in the race or to give it an edge over other horses. According to Behe this constituted misbranding of the prescription animal drugs in violation of federal law. The alleged activity took place at various times beginning as early as 1986 and continuing up to August 2014.

The Informations also allege that the defendants conspired with horse trainers, whose identities are "known to the United States," to administer the drugs in violation of the laws, rules and regulations governing the conduct of thoroughbred racing.

The guilty pleas this week were pursuant to plea agreements in which the defendants agreed to plead guilty and cooperate with the United States in the continuing investigation. At the guilty plea proceedings Behe informed the court that cooperation by the defendants was an essential part of the plea agreement and that the defendants had already identified for the United States the many trainers with whom the defendants conspired with to illegally administer drugs to the horses. Behe identified for the court the drugs that were administered to include, among others, Kentucky Red, Carolina Gold, Bute, Dexamethasone, Banamine, Stop2, Estrogen, L-Arginine, and ACTH.

According to the charges, trainers allegedly placed orders for drugs and the defendants, after administering the drugs, backdated the billing records to avoid detection. The defendants allegedly submitted false veterinarian treatment reports to the State Horse Racing Commission, omitting from those reports any reference to the drugs administered to horses at the track on race day. The filing of these reports and the backdating of billing records were, allegedly, to further the conspiracy by concealing the illegal activity. These acts had the potential to defraud other owners and trainers whose horses were entered in the same race and defrauded the betting public as well.

The matter is being investigated by the Harrisburg Office of the Federal Bureau of Investigation, the Pennsylvania State Horse Racing Commission, U.S. Food and Drug Administration's Office of Criminal Investigations, and the Pennsylvania State Police. Assistant United States Attorney William A. Behe is prosecuting the cases for the United States.

Indictments and criminal Informations are only allegations. All persons charged are presumed to be innocent unless and until found guilty in court.

A sentence following a finding of guilty is imposed by the Judge after consideration of the applicable federal sentencing statutes and the Federal Sentencing Guidelines.

The maximum penalty in these cases under the federal statute is two years' imprisonment, a term of supervised release following imprisonment, and a $200,000 fine. Under the Federal Sentencing Guidelines, the Judge is also required to consider and weigh a number of factors, including the nature, circumstances and seriousness of the offense; the history and characteristics of the defendant; and the need to punish the defendant, protect the public and provide for the defendant's educational,

Philadelphia Division Links

Philadelphia Home

Contact Us
- Overview
- Territory/Jurisdiction

News and Outreach
- Press Room | Stories
- In Your Community

About Us
- Our People & Capabilities
- What We Investigate
- Our Partnerships
- Philadelphia History

Wanted by the FBI - Philadelphia

FBI Jobs

vocational and medical needs. For these reasons, the statutory maximum penalty for the offense is not an accurate indicator of the potential sentence for a specific defendant.

Sentencing for the four defendants is scheduled for July 21, 2015 before Magistrate Judge Schwab.

This content has been reproduced from its original source.

Accessibility | eRulemaking | Freedom of Information Act | Legal Notices | Legal Policies and Disclaimers | Links | Privacy Policy | USA.gov | White House
FBI.gov is an official site of the U.S. government, U.S. Department of Justice

Close

U.S. Department of Health & Human Services

a A A

U.S. Food and Drug Administration
Protecting and Promoting Your Health

A to Z Index | Follow FDA | En Español

SEARCH

Home | Food | Drugs | Medical Devices | Radiation-Emitting Products | Vaccines, Blood & Biologics | Animal & Veterinary | Cosmetics | Tobacco Products

Animal & Veterinary

CVM GFI #45 Guideline for Uniform Labeling of Drugs for Dairy and Beef Cattle

Revised August 1993

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION
CENTER FOR VETERINARY MEDICINE

This Guideline represents the agency's position on a procedure or practice at the time of its issuance. This Guideline is not a legal requirement. A person may follow the Guideline or may choose to follow alternative procedures or practices. If a person chooses to use alternate procedures or practices that person may wish to discuss the matter further with the FDA/CVM to prevent an expenditure of money and effort on activities that may later be determined to be unacceptable. This Guideline does not bind the agency, and it does not create or confer any rights, privileges, immunities, or benefits for or on any person. When a Guideline states a requirement imposed by statute or regulation, however, the requirement is law and its force and effect are not changed in any way by virtue of its inclusion in the guideline.

FORWARD

INTRODUCTION

The objective of this uniform labeling initiative is to promote standard labeling that will be uniformly understood and interpreted by the user of dairy and beef cattle veterinary pharmaceuticals. Informational symbols are the tools that will be used to meet this objective. Symbolic representation of the following informational categories are presented in this document:

1. Prescription versus Over-the-Counter marketing status
2. Indications for Use by Class of Cattle
3. Milk discard times
4. Slaughter Withholding Times

This document is intended for the cooperative use of both the regulatory agencies and the animal pharmaceutical industry. The intent of this guideline, through its voluntary use, is to further control and reduce milk and meat residue violations and further promote the labeled use of dairy and beef cattle drugs. Labeling changes to incorporate the uniform labeling set out in this guideline are voluntary. Any revisions to the currently approved labeling, however, must be the subject of a supplemental new animal drug application and approved prior to use.

GENERAL REGULATIONS AND CONSIDERATIONS

The labeling requirements for both over-the-counter (OTC) and prescription (Rx) drugs are found in the Code of Federal Regulations Title 21. These requirements may differ, depending on the specific drug. As an aid to the user of this guideline, a summary of these regulations follows.

Section 21 CFR Summary

§ 1.24(b) Exempts veterinary injectable OTC drugs from the requirement of labeling contents in terms of the U.S. gallon, quart, pint and ounce, but rather, permits the net contents to be expressed in terms of liters, milliliters, or cubic centimeters. While this regulation provides for use of "cubic centimeters," the Center prefers use of milliliter" to express liquid quantities.

§ 201.1 Provides for name and place of business of manufacturer, packer or distributor.

§ 201.2 Provides for NDC number.

§ 201.5 Discusses adequate directions for use on the label of an OTC drug.

§ 201.17 Provides for the location of the Expiration Date.

§ 201.18 Explains the significance of the Lot Number.

§ 201.51 Net contents labeling requirements for a prescription drug.

§ 201.62 Net contents labeling requirements for an OTC drug.

§ 201.105 Veterinary prescription drug labeling requirements.

NOTE: The prescription veterinary product must bear the legend: "Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian".

§ 211.137 Provides for the product expiration date.

§ 211.130(b) Provides for the Lot Number.

§ 329.10(d)(2) Labeling for chlorobutanol used as a preservative.

§ 369.9 Warnings to keep the drug from children.

§ 510.105 Milk discard provisions for drugs used in dairy animals.

§ 510.106 Milk discard provisions for antibiotic-containing drugs intended for the use in milk producing dairy cattle.

These are the regulations which contain the primary labeling rules enforced by the FDA. There are additional regulations issued by other agencies and individual states which may apply to drugs used in dairy cattle. Examples include the container disposal statement required by EPA, and the special statements required for registration by the State of California. Where warning statements are required because of state laws such as, "Restricted Drug-Use Only As Directed", it is recommended that the name of the state requiring such a restriction, be placed in parenthesis, e.g., "Restricted Drug (California)-Use Only As Directed."

CVM POLICY GUIDANCE

The Center for Veterinary Medicine (CVM) has additional guidance pertaining to labeling criteria.

1. Policy and Procedure Manual Guide 1240.4000 entitled "Identification/Promotion of Product Approval" provides for the label and package labeling to bear the statement, "NADA ..... #, Approved by FDA."
2. Statements such as "For Veterinary Use Only", "Sales to Graduate Veterinarians Only" and "Sold only to Veterinarians" are often confused with the veterinary prescription legend. These statements should not appear on labels or package labeling. Alternatively, statements such as "For Animal Use Only" or "Not for Human Use" are acceptable.
3. Any sulfamethazine - containing product intended for use in dairy cattle should bear the label statement "Not for use in female dairy cattle over 20 months of age."

SYMBOLIC REPRESENTATION AND INFORMATION LOCATION

A. Geometric Forms

1. **DIVIDED SQUARE FORMS**

a. **Over-the-Counter versus Prescription Designation**

(1) Over-the-counter, designated by "OTC".
(2) Prescription, designated by "Rx".
(3) The Over-The-Counter or Prescription letter designation should appear on all symbols regardless of size of the square in the center of the symbol. The location of the letter designation is not interchangeable with other positions in the symbol.
(4) The "Rx" symbol should appear on the labeling of those animal drugs that are required to bear the veterinary prescription legend "Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian." The "OTC" symbol should appear on the labels of animal drugs indicated for cattle that are not required to bear the veterinary prescription legend.

b. **Indications for Use by Class of Cattle**

(1) Lactating Dairy Cattle: An adult female dairy cow producing milk at the time of drug administration, designated by the letter "L".
(2) Dry Cows: An adult female dairy cow in a non-lactating, i.e. "dry", state, at the time of drug administration, designated by the letter "D".
(3) Heifers: Female dairy cattle under 20 months of age, designated by the letter "H".
(4) Beef Cattle: Beef Cattle including dairy breed steers and bulls, designated by the letter "B".
(5) Veal Calves: Bob Veal and Fancy Veal Calves, designated by the letter "V".
(6) Calves: Beef and Dairy Calves excluding Veal Calves, designated by the letter "C".
(7) Multiple classes of cattle should be represented for a particular drug product by shading and/or lettering the appropriate triangular sections. All sections within the symbol should be outlined as shown below. The triangular sections are not interchangeable and each individual position represents a particular class of cattle. For those labels which are too small to bear the cattle class lettering, shading only the appropriate triangular area(s) is acceptable. CVM encourages sponsors to incorporate the narrative description information into the labeling that is likely to accompany the unit being distributed to the user of the product.

c. **Recommended Symbol Locations**

(1) Front Main Panel: center bottom of carton.
(2) Package Insert: top center, page one of the insert.
(3) Vials: withdrawal symbols have priority.

Examples

a(1)

a(2)

b(1)

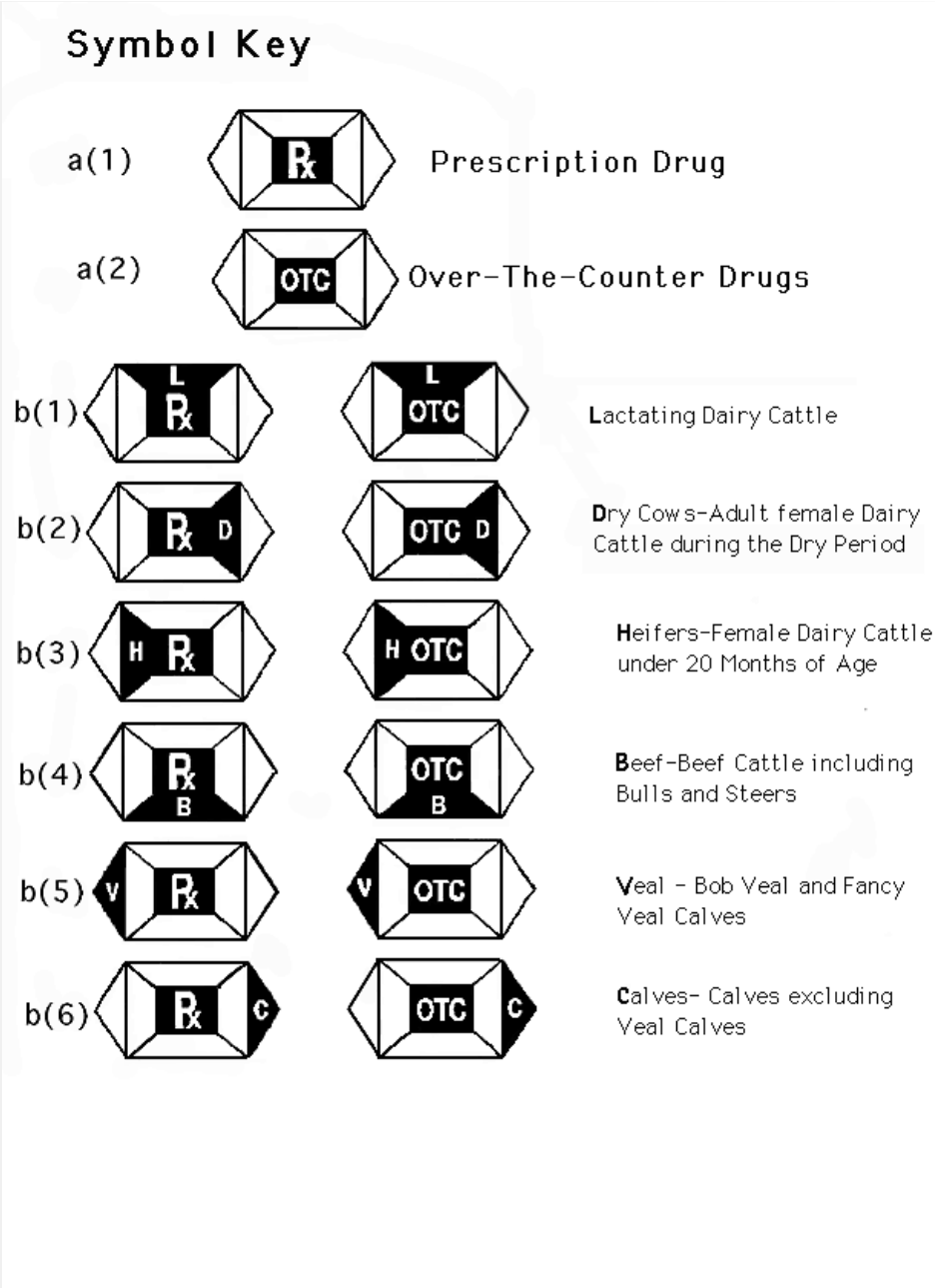
b(2)

b(3)

b(4)

b(5)

b(6)



2. **CIRCULAR FORM**

a. **For drug residue warnings**
(1) Milk discard symbol.
(2) Slaughter withdrawal symbol.

b. **Symbol Location**
(1) Back carton panel near Residue Warning Statement or
(2) Package Insert below written residue warning statement and centered.
(3) Front Center - Upper 1/4 of 50 lb. bag Medicated Feeds (only where written Residue Warning statements are required).
(4) Vial label where possible.

c. **Other Considerations**
(1) The circular symbol and accompanying printed test should be used in addition to rather than in place of other residue warning symbols and information present on the label. Other residue warning symbols and information must remain on the label.
(2) The circular residue warning symbols and accompanying printed text should be employed on all drugs even if the milk withholding and/or slaughter withdrawal times are zero.

NOTE: The Residue Warning symbols for Lactating and Dry cows products should have light and dark shaded backgrounds, respectively. The purpose of these different shaded backgrounds is to control the accidental misuse of a lactating product in place of a dry cow product and vice versa. The color of the dark background is optional.

SPATIAL AND SIZE RELATIONSHIPS OF SYMBOLS AND STATEMENTS

1. The divided square symbol should be isolated from the circular forms. Their size should be as large as possible but not so small that they are ineffective. Divided Square Forms 1/2 inch X 1/2 inch minimum (basic square box)
2. The circular residue warning symbols should be placed in proximity to the written residue warning statements where possible. Their size should be as large as possible but not so small that they are ineffective.

a. 1 inch in diameter
b. number in the wording should be at least 1/4 inch wide and 1/4 inch high.

3. Type Size - All information to appear on a label needs to be clearly displayed and easily discernible to the user under regular conditions of use. A user with 20/20 vision should be able to read all information without difficulty. For use of the symbols on small vials and containers, the divided square forms and circular residue warning symbols may be reduced as necessary to be accommodated on the vial label. CVM recommends that if a vial or container is too small to accommodate the symbols, the sponsor propose (in a supplemental application) to use the symbols on single vial container and multiple vial labeling. CVM encourages sponsors to arrange vial labels to accommodate these symbols.
4. Color - The color and background contrasting, positioning and spacing of information should be considered. The color scheme presented in this guideline as well as the additional symbol coloring is not a mandatory feature. Sponsors should use contrasting colors to accentuate the symbol features using the colors already employed on the product label.

Page Last Updated: 03/28/2014
Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.

Accessibility | Contact FDA | Careers | FDA Basics | FOIA | No Fear Act | Site Map | Transparency | Website Policies

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

For Government | For Press

Combination Products
Advisory Committees
Science & Research
Regulatory Information
Safety
Emergency Preparedness
International Programs
News & Events
Training and Continuing Education
Inspections/Compliance
State & Local Officials
Consumers
Industry
Health Professionals
FDA Archive

U.S. Department of Health & Human Services

ARTICLE 4. Requirements for Prescriptions

4076.

(a) A pharmacist shall not dispense any prescription except in a container that meets the requirements of state and federal law and is correctly labeled with all of the following:

(1) Except when the prescriber or the certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51, the nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1 or protocol, the physician assistant who functions pursuant to Section 3502.1, the naturopathic doctor who functions pursuant to a standardized procedure or protocol described in Section 3640.5, or the pharmacist who functions pursuant to a policy, procedure, or protocol pursuant to Section 4052.1, 4052.2, or 4052.6 orders otherwise, either the manufacturer's trade name of the drug or the generic name and the name of the manufacturer. Commonly used abbreviations may be used. Preparations containing two or more active ingredients may be identified by the manufacturer's trade name or the commonly used name or the principal active ingredients.

(2) The directions for the use of the drug.

(3) The name of the patient or patients.

(4) The name of the prescriber or, if applicable, the name of the certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51, the nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1 or protocol, the physician assistant who functions pursuant to Section 3502.1, the naturopathic doctor who functions pursuant to a standardized procedure or protocol described in Section 3640.5, or the pharmacist who functions pursuant to a policy, procedure, or protocol pursuant to Section 4052.1, 4052.2, or 4052.6.

(5) The date of issue.

(6) The name and address of the pharmacy, and prescription number or other means of identifying the prescription.

(7) The strength of the drug or drugs dispensed.

(8) The quantity of the drug or drugs dispensed.

(9) The expiration date of the effectiveness of the drug dispensed.

(10) The condition or purpose for which the drug was prescribed if the condition or purpose is indicated on the prescription.

(11) (A) Commencing January 1, 2006, the physical description of the dispensed medication, including its color, shape, and any identification code that appears on the tablets or capsules, except as follows:

(i) Prescriptions dispensed by a veterinarian.

(ii) An exemption from the requirements of this paragraph shall be granted to a new drug for the first 120 days that the drug is on the market and for the 90 days during which the national reference file has no description on file.

(iii) Dispensed medications for which no physical description exists in any commercially available database.

(B) This paragraph applies to outpatient pharmacies only.

(C) The information required by this paragraph may be printed on an auxiliary label that is affixed to the prescription container.

(D) This paragraph shall not become operative if the board, prior to January 1, 2006, adopts regulations that mandate the same labeling requirements set forth in this paragraph.

(b) If a pharmacist dispenses a prescribed drug by means of a unit dose medication system, as defined by administrative regulation, for a patient in a skilled nursing, intermediate care, or other health care facility, the requirements of this section will be satisfied if the unit dose medication system contains the aforementioned information or the information is otherwise readily available at the time of drug administration.

(c) If a pharmacist dispenses a dangerous drug or device in a facility licensed pursuant to Section 1250 of the Health and Safety Code, it is not necessary to include on individual unit dose containers for a specific patient, the name of the certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51, the nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1 or protocol, the physician assistant who functions pursuant to Section 3502.1, the naturopathic doctor who functions pursuant to a standardized procedure or protocol described in Section 3640.5, or the pharmacist who functions pursuant to a policy, procedure, or protocol pursuant to Section 4052.1, 4052.2, or 4052.6.

(d) If a pharmacist dispenses a prescription drug for use in a facility licensed pursuant to Section 1250 of the Health and Safety Code, it is not necessary to include the information required in paragraph (11) of subdivision (a) when the prescription drug is administered to a patient by a person licensed under the Medical Practice Act (Chapter 5 (commencing with Section 2000)), the Nursing Practice Act (Chapter 6 (commencing with Section 2700)), or the Vocational Nursing Practice Act (Chapter 6.5 (commencing with Section 2840)), who is acting within his or her scope of practice.

(Amended by Stats. 2013, Ch. 469, Sec. 12. Effective January 1, 2014.)

Veterinary Medical Board Action Planning Session *for 2015-2019*

May 7, 2015

Goal Areas

1. **Enforcement** *(5 objectives, 17 action items)*
2. **Licensing, Examinations & Permitting** *(5 objectives, 20 action items)*
3. **Legislation & Regulations** *(4 objectives, 16 action items)*
4. **Customer Service & Administration** *(6 objectives, 22 action items)*
5. **Outreach** *(4 objectives, 12 action items)*
6. **Hospital Inspection Program** *(5 objectives, 19 action items)*

Total Objectives: 29

Total Action Items: 106

Goal 1: Enforcement

The goal of the Board is to safeguard consumers and the health and safety of their animals by preventing of the unlicensed, illegal, incompetent and unprofessional practice of veterinary medicine.

1.1 Maximize recourse against unlicensed persons to protect animal patients.

Start: TBD End: TBD

Success Measure: Decrease unlicensed activity cases.		Responsibility
1.1.1	Implement new citation and fine regulations for unlicensed practice cases.	Enforcement Analyst
1.1.2	Publish Unlicensed Activity (UA) articles on website, social media and through associations.	Executive Officer, Board Members, Program Analyst
1.1.3	Strengthen relationships and increase collaboration with the District Attorney's Office to pursue further legal action.	Enforcement Manager
1.1.4	Identify external organizations/agencies that regulate some aspect of veterinary medicine.	Executive Officer, Enforcement Manager, Program Analyst

1.2 Expedite all disciplinary case actions through proactive management of the Division of Investigation and Attorney General services to reduce the average disciplinary case time frames.

Start: Q1 2015 End: Ongoing

Success Measure: Decrease average disciplinary timeframes by 15%.		Responsibility
1.2.1	Establish internal benchmarks for disciplinary action.	Enforcement Manager
1.2.2	Establish quarterly meetings with the Division of Investigation to coordinate investigation case activity.	Enforcement Manager

1.3 Improve and measure the quality of subject matter expert services, reports and testimony to encourage fair resolution of all cases.

Start: Q3 2015 End: Ongoing

Success Measure: Favorable case outcomes.		Responsibility
1.3.1	Create an expert witness report template.	Enforcement Manager
1.3.2	Conduct existing expert witness training.	Enforcement Manager
1.3.3	Legal review/audit of expert witness reports by liaison of the Attorney General's Office.	Enforcement Manager
1.3.4	Partner with SOLID to develop a rating system of the expert witness skill level and evaluate witnesses annually.	Enforcement Manager, SOLID

1.4 Create a Review Committee for complaints to increase objectivity of the complaint investigation process.

Start: Q2 2015 End: Ongoing

Success Measure: Increase objectivity of the complaint investigation process.		Responsibility
1.4.1	Implement multiple consultant reviews prior to initiating action.	Enforcement Manager and VMB Consultants
1.4.2	Create a review template for the Board members who conduct audits.	Board Members, Executive Officer
1.4.3	Conduct Board member audit of closed complaints.	Board Members

1.5 Increase and support probation monitoring and quarterly contact with probationers for compliance with disciplinary orders.

Start: Q1 2015 End: Ongoing

Success Measure: Probationer compliance with specified terms and conditions.		Responsibility
1.5.1	Conduct in-person interviews with probationers to review disciplinary terms.	Probation Monitor
1.5.2	Update all probation forms related to compliance orders, supervision/ practice monitoring, continuing education, clinical examination, etc.	Probation Monitor
1.5.3	Contract with new laboratory for biological fluid testing (contract ends in December 2015).	Executive Officer, Enforcement Manager, Contract Analyst
1.5.4	Develop and promote web-based training for probation supervisors.	Probation Monitor

Goal 2: Licensing, Examinations & Permitting

The goal of the Board is to make certain that only qualified individuals are issued a license to practice as veterinarians or Registered Veterinary Technicians (RVTs), and that those holding a Veterinary Assistant Controlled Substance Permit have not engaged in the unlawful consumption or sale of controlled substances.

2.1 Complete a cost-benefit analysis of the RVT exam to determine reasonable and equitable fees.

Start: Q3 2016 End: Q3 2017

Success Measure: Justify costs of the RVT examination.		Responsibility
2.1.1	Review all aspects of the RVT exam costs.	Administrative Manager, Program Analyst, Examination Contractors
2.1.2	Determine appropriate fees and develop the appropriate course of action.	Administrative Manager
2.1.3	Report findings to the Board.	Executive Officer, Administrative Manager

2.2 Monitor and approve the education and training offered by RVTs alternative route programs to measure quality and consistency.

Start: Q1 2015 End: Ongoing

Success Measure: Approval of RVT alternate route programs.		Responsibility
2.2.1	Determine and develop regulations for RVT alternate route programs.	Administrative Manager, Program Analyst, Multi-Disciplinary Committee (MDC)
2.2.2	Submit proposed regulations to the Board for approval.	Executive Officer, Program Analyst
2.2.3	Finalize rulemaking.	Program Analyst

2.2.4	Implement RVT alternate route program approval.	Administrative Manager, Program Analyst
2.2.5	Initiate outreach to inform and educate stakeholders.	Administrative Manager, Program Analyst

2.3 Resolve faculty licensure issue to enforce the minimum standards for licensing applicable to all practice settings.

Start: Q1 2015 End: Q4 2017

Success Measure: All practice settings require a California veterinary license.		Responsibility
2.3.1	Continue to work with Board members and stakeholders to develop parameters of licensure.	Executive Officer, MDC, Board Members
2.3.2	Examine grandfathering issues related to existing personnel at universities.	Executive Officer, MDC, Board Members
2.3.3	Develop and implement legislation to remove exempt setting.	Executive Officer, Legal, Board Members
2.3.4	Communicate to stakeholders any changes made and implement university licensure.	Administrative Manager, Program Analyst

2.4 Implement a continuing education audit program for licensees and providers in order to verify compliance.

Start: Q2 2015 End: Ongoing

Success Measure: Conduct continuing education audits of licensees.		Responsibility
2.4.1	Research and develop internal continuing education audit guidelines.	Administrative Manager, Administrative Staff

2.4.2	Create continuing education audit process.	Administrative Manager, Administrative Staff
2.4.3	Implement the continuing education audits.	Administrative Manager, Administrative Staff
2.4.4	Report continuing education audits findings to the Board regularly.	Administrative Manager

2.5 Coordinate with the Department of Consumer Affairs on creating and monitoring performance measures for licensing cycle times to expedite eligibility and renewals.

Start: Q1 2015 End: Ongoing

Success Measure: Licensing performance measures are created and implemented.		Responsibility
2.5.1	Provide requested licensing data that documents current benchmarks to DCA and BreEZe team.	Administrative Manager, Program Analyst
2.5.2	Review and update internal procedures for licensing to streamline licensing process.	Administrative Manager, Administrative Staff
2.5.3	Implement streamlined procedures based on established performance measures.	Administrative Manager, Administrative Staff
2.5.4	Continuously monitor cycle times and report findings to the Board.	Administrative Manager, Administrative Staff

Goal 3: Legislation & Regulations

The goal of the Board is to monitor and uphold the law and participate in the regulatory and legislative processes.

3.1 Take a Board position on issuing temporary licenses for out-of-state veterinarians during disasters in order to provide adequate veterinary care.

Start: Q2 May 2015 End: Q4 October 2015

Success Measure: Influence appropriate legislation regarding disaster recovery plans.		Responsibility
3.1.1	Review other states disaster recovery plans for veterinary care.	Executive Officer, Program Analyst
3.1.2	Communicate Board position to bill author and stakeholders.	Executive Officer, Board Members

3.2 Create statutory authority for veterinarians to compound drugs for animal medicine, within Food and Drug Administration guidelines, to enforce minimum standards.

Start: Q1 2016 End: Q1 2017

Success Measure: Implement statutory authority.		Responsibility
3.2.1	Draft new laws authorizing veterinarians to compound drugs within existing federal limits.	Executive Officer, Legal Counsel
3.2.2	Find an author to carry legislation authorizing veterinarians to compound drugs.	Executive Officer, Board Members
3.2.3	Develop regulations further defining parameters under which veterinarians may compound drugs.	Executive Officer, Board Members, Legal Counsel, Program Analyst
3.2.4	Communicate limitations on compounding drugs and proposed laws to licensing population.	Executive Officer, Board Members, Program Analyst

3.3 Create public and private animal shelter regulations to address minimum standards for shelter medicine.

Start: Q4 Oct 2015 End: Q4 2017

Success Measure: Adopted minimum standards for shelter medicine.		Responsibility
3.3.1	Hold stakeholder meetings to obtain feedback regarding minimum standards for shelter medicine.	MDC, Program Analyst, Executive Officer
3.3.2	Create minimum standards specific to shelter medicine.	MDC
3.3.3	Develop regulations for minimum standards for shelter medicine.	Program Analyst, Executive Officer
3.3.4	Submit proposed regulations to the Board for approval.	Executive Officer, Program Analyst
3.3.5	Finalize rulemaking.	Program Analyst

3.4 Develop regulation language for large animal practice to establish minimum standards.

Start: Q4 Oct 2015 End: Q4 2017

Success Measure: Adopted minimum standards for large animal practice.		Responsibility
3.4.1	Hold stakeholder meetings to obtain feedback regarding minimum standards for large animal practice.	MDC, Program Analyst, Executive Officer
3.4.2	Create minimum standards specific to large animal practice.	MDC
3.4.3	Develop regulations for minimum standards for large animal practice.	Executive Officer, Program Analyst
3.4.4	Submit proposed regulations to Board for approval.	Executive Officer, Program Analyst
3.4.5	Finalize rulemaking.	Program Analyst

Goal 4: Customer Service & Administration

The goal of the Board is to confirm that consumers, licensees, schools and all other stakeholders receive service in a prompt, courteous, accurate and cost-effective manner.

4.1 Review and refine desk manuals and new employee orientation to reduce staff onboarding time.

Start: Q1 2015 End: Ongoing

Success Measure: Implement new employee orientation and updated desk manuals .		Responsibility
4.1.1	Review existing desk manuals and identify areas needing improvement.	Program Managers, Staff
4.1.2	Update desk manuals (including lessons learned from BreEZe OCM).	Program Managers, Staff
4.1.3	Develop training and related materials for new employee orientation.	Program Managers, Staff
4.1.4	Conduct training within two weeks of new employee's start date.	Program Managers

4.2 Update frequently asked questions (FAQs) on the Web site to address consumer and licensee questions in order to improve customer service.

Start: Q3 2015 End: Ongoing

Success Measure: A reduced number of phone calls the Board receives.		Responsibility
4.2.1	Review existing FAQ's and obtain feedback from VMB staff regarding consumer and licensee questions.	Program Analyst, All Staff
4.2.2	Update FAQ's on Web site.	Program Analyst
4.2.3	Communicate via social media when there are new changes to the FAQ's.	Program Analyst
4.2.4	Continuously review and update FAQ's to ensure the information is current.	Program Analyst

4.3 Streamline the email inquiry submission processes to improve timeliness and efficiency.

Start: Q1 2016 End: Ongoing

Success Measure: Reduce response times and improve accuracy of email responses.		Responsibility
4.3.1	Develop a Web site drop down menu for questions.	Program Analyst
4.3.2	Collaborate with Office of Information Security Internet team to develop a Web site drop down menu and an email tree.	Program Analyst
4.3.3	Communicate to stakeholders regarding the new interface.	Program Analyst
4.3.4	Continuously update the Web site to ensure information is current.	Program Analyst

4.4 Implement online applications and renewals to improve licensing processing time frames.

Start: Q1 2015 End: Q1 2016

Success Measure: A seamless transition to BreEZe.		Responsibility
4.4.1	Work with Organizational Change Management Team (OCM) and BreEZe staff on transition readiness.	Administrative Manager, Executive Officer
4.4.2	Participate in BreEZe system design and User Acceptance Testing (UAT).	Staff SMEs
4.4.3	Conduct staff training in BreEZe utilization.	All Staff

4.5 Implement a consumer satisfaction survey to measure the Board's effectiveness.

Start: Q1 2015 End: Q3 2015 and Then Ongoing

Success Measure: Create a performance satisfaction survey.		Responsibility
4.5.1	Collaborate with SOLID to create a survey instrument.	Program Analyst
4.5.2	Approve and implement the survey instrument.	Program Manager
4.5.3	Gather, analyze and report the survey results to the Board.	Program Manager

4.6 Complete, deliver and testify to the 2015-2016 supplemental sunset review report.

Start: Q1 2015 End: Q2 2016

Success Measure: Timely submission of 2015-2016 sunset review report.		Responsibility
4.6.1	Gather data to respond to supplemental Sunset Review report questions.	Program Managers, Executive Officer
4.6.2	Draft a supplemental Sunset Review report.	Executive Officer, Board Members, Program Managers
4.6.3	Present the supplemental report to the Board and obtain approval.	Executive Officer
4.6.4	Submit the supplemental Sunset Review report to the legislature and testify to the information therein.	Executive Officer

Goal 5: Outreach

The goal of the Board is to educate consumers and licensees so that they are able to make informed decisions regarding the purchase and provision of veterinary medical services.

5.1 Encourage submission of email addresses for all licensees for efficient and timely communication.

Start: Q1 2016 End: Ongoing

Success Measure: Comprehensive compilation of email addresses.		Responsibility
5.1.1	Provide a means by which licensees can provide information.	Administrative Manager
5.1.2	Communicate to licensees the value of providing email addresses.	Program Analyst

5.2 Develop and circulate newsletter (at least twice per year) to provide updates on regulatory matters and topics of interest.

Start: Q3 2015 End: Ongoing

Success Measure: Publish newsletter two times per year.		Responsibility
5.2.1	Identify and gather newsworthy information including original and recurring content.	All staff, Board Members
5.2.2	Work with DCA legal and PDE to publish the newsletter.	Program Analyst, DCA, PDE
5.2.3	Disseminate the newsletter via mail, email, social media and VMB and DCA websites.	Program Analyst

5.3 Provide outreach presentations to local associations, consumer groups and schools to inform and educate stakeholders.

Start: Q1 2015 End: Q1 2016, Ongoing

Success Measure: Increase outreach presentations statewide.		Responsibility
5.3.1	Define topics for outreach presentations.	Executive Officer, Program Manager, Program Analyst
5.3.2	Identify stakeholder groups.	Executive Officer
5.3.3	Create and develop presentations.	Executive Officer, Program Manager, Program Analyst
5.3.4	Deliver and conduct presentations.	Executive Officer, Program Manager, Program Analyst

5.4 Strengthen social media outlets and information posted on Web site to provide convenient, timely and accessible information.

Start: Q1 2015 End: Q4 2015, Ongoing

Success Measure: Increased number of followers, positive feedback from stakeholders and up-to-date information.		Responsibility
5.4.1	Identify current and relevant topics.	Executive Officer, Board Members, Program Manager, Program Analyst

5.4.2	Seek input from Board members and associations regarding topics of interest.	Executive Officer, Program Analyst
5.4.3	Partner with veterinary organizations to boost social media presence and increase awareness.	Program Analyst

#6 Hospital Inspection Program

The goal of the Board is to proactively educate veterinarians regarding the minimum standards requirements as provided by the California Veterinary Medicine Practice Act.

6.1 Improve Board member post-inspection feedback to address training issues relevant to hospital inspection processes.

Start: Q1 2015 End: Q3 2015, Ongoing

Success Measure: Board members are provided regular feedback regarding post-inspection feedback.		Responsibility
6.1.1	Review current post-inspection survey and update as necessary.	Program Coordinator
6.1.2	Gather and analyze data from completed surveys received.	Program Coordinator
6.1.3	Identify areas that may require additional inspector training.	Program Coordinator
6.1.4	Report findings to the Board on a regular basis.	Executive Officer
6.1.5	Provide additional training as needed.	VMB Consultants, Program Coordinator

6.2 Inspect new hospitals within one year of registration to validate that compliance is achieved.

Start: Q3 2016 End: Q3 2017 and Ongoing

Success Measure: All newly registered hospitals are inspected within one year of being issued a premise permit.		Responsibility
6.2.1	Increase the number of hospital inspectors.	Program Coordinator
6.2.2	Disseminate hospital checklist in a timely manner (with wall certificate).	Program Coordinator

6.2.3	Create assessment criteria for compliance of minimum standards at newly registered hospitals.	Program Coordinator

6.3 Increase number of training sessions of hospital inspectors to twice a year to encourage ongoing consistency and timely application of minimum standards.

Start: Q3 2015 End: Q4 2016 and Ongoing

Success Measure: Consistent application of enforcement of all minimum standards.		Responsibility
6.3.1	Identify areas of complexity that require additional training.	Program Coordinator
6.3.2	Partner with other regulatory agencies to provide additional training in areas identified in 6.3.1.	Program Coordinator
6.3.3	Create a training assessment for inspectors.	Program Coordinator

6.4 Develop and publicize workshops and other educational tools to educate stakeholders on minimum standards.

Start: Q2 2016 End: Q4 2016 and Ongoing

Success Measure: Conduct minimum standards presentations statewide.		Responsibility
6.4.1	Define minimum standards topics for outreach presentations.	Executive Officer, Program Coordinator
6.4.2	Identify stakeholder groups.	Executive Officer, Program Coordinator
6.4.3	Create and develop presentations.	Executive Officer, Program Coordinator

6.4.4	Deliver and conduct presentations.	Executive Officer, Program Coordinator

6.5 Distribute hospital inspection checklist with initial premise permits and encourage self-evaluation on minimum standards.

Start: Q1 2016 End: Ongoing

Success Measure: All initial premise permit holders will receive hospital inspection checklist.		Responsibility
6.5.1	Reproduce the hospital inspection checklist (at least 1,000/year).	Program Coordinator
6.5.2	Distribute hospital inspection checklists with initial premise permits.	Licensing Staff, Program Coordinator
6.5.3	Distribute hospital inspection checklists to hospitals at time of inspection.	Inspectors
6.5.4	Utilize social media to encourage self-evaluation of minimum standards.	Program Analyst

PREPARED BY:
SOLID PLANNING SOLUTIONS
DEPARTMENT OF CONSUMER AFFAIRS
1474 N. Market Blvd, Suite 270 Sacramento, CA 95834 • Phone: 916.574.8316 • Fax: 916.574.8386
•SOLID@dca.ca.gov •

Legislation

A. AB 12 (COOLEY) – STATE GOVERNMENT: ADMINISTRATIVE REGULATIONS: REVIEW

AMENDED: 4/22/15 **STATUS:** Referred to Committee on Government Operations

BOARD POSITION: Track/Watch

Existing law authorizes various state entities to adopt, amend, or repeal regulations for various specified purposes. The Administrative Procedure Act requires the Office of Administrative Law and a state agency proposing to adopt, amend, or repeal a regulation to review the proposed changes for, among other things, consistency with existing state regulations.

This bill would, until January 1, 2019, require each state agency to, on or before January 1, 2018,-review that agency's regulations, identify any regulations that are duplicative, overlapping, inconsistent, or out of date, to revise those identified regulations, as provided, and report to the Legislature and Governor, as specified.

B. AB 85 (WILK) – OPEN MEETINGS

AMENDED: 4/15/15 **STATUS:** Referred to Committee on Government Operations.

BOARD POSITION: Track/Watch

The Bagley-Keene Open Meeting Act requires that all meetings of a state body, as defined, be open and public and that all persons be permitted to attend and participate in a meeting of a state body, subject to certain conditions and exceptions.

This bill would specify that the definition of "state body" includes an advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body of a state body that consists of 3 or more individuals, as prescribed, except a board, commission, committee, or similar multimember body on which a member of a body serves in his or her official capacity as a representative of that state body and that is supported, in whole or in part, by funds provided by the state body, whether the multimember body is organized and operated by the state body or by a private corporation.

This bill would declare that it is to take effect immediately as an urgency statute.

C. AB 611 (DAHLE) – CONTROLLED SUBSTANCES: PRESCRIPTIONS: REPORTING

AMENDED: 4/15/15

STATUS: In Assembly Business and Professions Committee. Set, first hearing. Hearing canceled at the request of the author.

BOARD POSITION: Track/Watch

Existing law requires certain health care practitioners and pharmacists to apply to the Department of Justice to obtain approval to access information contained in the Controlled Substance Utilization Review and Evaluation System (CURES) Prescription Drug Monitoring Program (PDMP) regarding the controlled substance history of a patient under his or her care. Existing law requires the Department of Justice, upon approval of an application, to provide the approved health care practitioner or pharmacist the history of controlled substances dispensed to an individual under his or her care. Existing law authorizes an application to be denied, or a subscriber to be suspended, for specified reasons, including, among others, a subscriber accessing information for any reason other than caring for his or her patients.

This bill would also authorize an individual designated to investigate a holder of a professional license to apply to the Department of Justice to obtain approval to access information contained in the CURES PDMP regarding the controlled substance history of an applicant or a licensee for the purpose of investigating the alleged substance abuse of a licensee. The bill would, upon approval of an application, require the department to provide to the approved individual the history of controlled substances dispensed to the licensee. The bill would clarify that only a subscriber who is a health care practitioner or a pharmacist may have an application denied or be suspended for accessing subscriber information for any reason other than caring for his or her patients. The bill would also specify that an application may be denied, or a subscriber may be suspended, if a subscriber who has been designated to investigate the holder of a professional license accesses information for any reason other than investigating the holder of a professional license.

D. AB 750 (LOW) – BUSINESS AND PROFESSIONS: LICENSES

AMENDED: 4/16/15

STATUS: In Assembly Appropriations Committee. Held under submission.

BOARD POSITION: Track/Watch

Existing law provides for numerous boards, bureaus, commissions, or programs within the Department of Consumer Affairs that administer the licensing and regulation of various businesses and professions. Existing law authorizes any of the boards, bureaus, commissions, or programs within the department, except as specified, to establish by regulation a system for an inactive category of license for persons who are not actively engaged in the practice of their profession or vocation. Under existing law, the holder of an inactive license is prohibited from engaging in any activity for which a license is required. Existing law defines “board” for these

purposes to include, unless expressly provided otherwise, a bureau, commission, committee, department, division, examining committee, program, and agency.

This bill would additionally authorize any of the boards, bureaus, commissions, or programs within the department to establish by regulation a system for a retired category of license for persons who are not actively engaged in the practice of their profession or vocation, and would prohibit the holder of a retired license from engaging in any activity for which a license is required, unless regulation specifies the criteria for a retired licensee to practice his or her profession. The bill would authorize a board upon its own determination, and would require a board upon receipt of a complaint from any person, to investigate the actions of any licensee, including, among others, a person with a license that is retired or inactive.

E. AB 1060 (BONILLA) – PROFESSIONS AND VOCATIONS: LICENSURE

AMENDED: 6/17/15 **STATUS:** Re-referred to Senate Committee on HEALTH.

BOARD POSITION: Track/Watch

Existing law establishes the scope and function of the California Health and Human Services Agency, which includes departments charged with administering laws pertaining to public health and social services, among other things. Existing law also establishes the Inclusion of Women and Minorities in Clinical Research Act, which is designed to promote the inclusion of women and minority groups in clinical research, including clinical trials.

This bill would create the Cancer Clinical Trials Foundation in the Health and Human Services Agency, to be governed by a board of trustees. Members of the board would be appointed as specified. The bill would also create the Cancer Clinical Trials Fund, and would continuously appropriate this fund to the board, thereby making an appropriation. The bill would authorize the board to solicit and receive money, as specified. The bill would require the board, upon contribution of an unspecified amount of money to the fund, to establish the Cancer Clinical Trials Grant Program, in order to increase patient access to cancer clinical trials in specified populations. The bill would require that grant money be used for designated purposes, and would also require grant recipients to report to the board. The bill would require the board to report to the Legislature, as specified. This bill would make related findings.

F. AB 483 (PATTERSON) – HEALING ARTS: INITIAL LICENSE FEES: PRORATION

AMENDED: 6/22/14 **STATUS:** From Senate Appropriations Committee. Do pass and re-refer to Committee on Appropriations (Ayes 8. Noes 0.) (June 29). Re-referred to Committee on Appropriations.

BOARD POSITION: Pending

Existing law provides for the regulation and licensure of various professions and vocations by boards within the Department of Consumer Affairs. Existing law establishes fees for initial licenses, initial temporary and permanent licenses, and original licenses for those various professions and vocations. Existing law requires that licenses issued to certain licensees, including, among others, architects, acupuncturists, dental hygienists, dentists, occupational therapists, osteopathic physicians and surgeons, physical therapists, and veterinarians, expire at 12 a.m. on either the last day of the birth month of the licensee or at 12 a.m. of the legal birth date of the licensee during the 2nd year of a 2-year term, if not renewed.

This bill would require that the fees imposed on these licensees for an initial license or an original license be prorated on a monthly basis. The bill would require that the fee assessed an osteopathic physician and surgeon for license renewal be prorated on a monthly basis.

G. AB 316 (MAIENSCHEIN) – VETERINARIANS

AMENDED: 6/30/15

STATUS: From Senate Appropriations Committee: Do pass and re-refer to Committee on Appropriations (Ayes 6. Noes 0.) (July 6). Re-referred to Committee on Appropriations.

BOARD POSITION: Oppose

(1) Under existing law, the Veterinary Medicine Practice Act, the Veterinary Medical Board licenses and regulates veterinarians and the practice of veterinary medicine. It is unlawful for any person to practice veterinary medicine in this state unless he or she holds a valid, unexpired, and unrevoked license issued by the board, except under specified circumstances, including when regularly licensed veterinarians are actually called from other states to attend cases in this state and do not open an office or appoint a place to do business within the state.

Existing law exempts a health care practitioner licensed in another state or territory of the United States, who offers or provides health care for which he or she is licensed, from medical professional licensing requirements if the health care is provided only during a state of emergency upon the request of the Director of the Emergency Medical Services Authority, or if the practitioner is authorized by the relevant licensing board to participate in an event through which health care is provided to the public without compensation to the practitioner and other specified requirements are met.

This bill would authorize a sponsoring entity, as defined, to operate a temporary shelter to provide care to animals seized as a result of a cruelty incident, as defined, and deploy veterinary health care practitioners, as defined, licensed or certified by, and in good standing in, another state, district, or territory of the United States to this state to provide the veterinary health care services, for which the practitioner is licensed or certified, to the animals seized as a result of the cruelty incident. The bill would exempt a veterinary health care practitioner deployed by the sponsoring entity from medical professional licensing requirements if the practitioner receives authorization from the Veterinary Medical Board and other specified requirements are met.

(2) The Veterinary Medicine Practice Act requires the registration of all premises where veterinary medicine, veterinary dentistry, or veterinary surgery is being practiced. That act also requires these premises, and all instruments, apparatus, and apparel used in connection with those practices to be kept clean and sanitary at all times, and to conform to those minimum standards established by the board. Existing law makes it a misdemeanor to violate these provisions regulating the practice of veterinary medicine.

This bill would exempt a temporary shelter from that registration requirement if the temporary shelter is established to provide care and shelter to animals seized as a result of a cruelty incident and other specified conditions are met.

H. AB 317 (MAIENSCHEIN) – VETERINARY MEDICINE: TEMPORARY SHELTER FACILITY

AMENDED: 6/30/15

STATUS: From Senate Appropriations Committee: Do pass and re-refer to Committee on Appropriations (Ayes 8. Noes 0.) (July 6) Re-referred to Committee on Appropriations.

BOARD POSITION: Oppose

Under existing law, the Veterinary Medical Board licenses and regulates veterinarians and the practice of veterinary medicine. It is unlawful for any person to practice veterinary medicine in this state unless he or she holds a valid, unexpired, and unrevoked license issued by the board, except under specified circumstances.

Existing law requires the registration of all premises where veterinary medicine, veterinary dentistry, or veterinary surgery is being practiced. Existing law also requires these premises, and all instruments, apparatus, and apparel used in connection with those practices, to be kept clean and sanitary at all times, and to conform to those minimum standards established by the board. Existing law makes it a misdemeanor to violate these provisions regulating the practice of veterinary medicine.

This bill would exempt from the premises registration requirements a temporary shelter that is established to provide care and shelter to animals displaced by a state of emergency, if specified requirements are met. The bill would require, within 30 calendar days after the temporary shelter ceases operations, the party responsible for the temporary shelter to file a report with the Veterinary Medical Board containing specific information.

I. SB 27 (HILL) – LIVESTOCK: USE OF ANTIBIOTICS

BACKGROUND:

At the request of the Governor's Office, the California Department of Food and Agriculture (CDFA) convened a working group to discuss potential solutions to antimicrobial resistance and its relationship to antibiotic use in animals. The working group (which includes technical

professionals from CDFA, CA Depart of Public Health, UC Davis, CVMA, and the VMB) developed a report entitled *Briefing Document: Antibiotic Resistance, March 5, 2015* (attached) to provide the Governor's Office and Legislature with background information of methods to combat antibiotic resistance at both the state and federal level. The working group also developed a tentative approach to address this issue—amendments to SB 27 (Hill) are attached. The goal is to approach this problem from a scientific perspective and propose measured solutions to mitigate risk to humans and to animals.

AMENDED: 7/8/15 **STATUS:** Read second time and amended. Re-referred to Committee on Appropriations.

BOARD POSITION: Track/Watch

(1) Existing law regulates the distribution and use of livestock drugs, as defined, by the Secretary of Food and Agriculture. Existing law also requires a person to obtain a license from the secretary to manufacture, sell, distribute, or store commercial feed, including commercial feed containing drugs.

This bill would, beginning January 1, 2018, prohibit the administration of medically important antimicrobial drugs, as defined, to livestock unless ordered by a licensed veterinarian through a prescription or veterinary feed directive pursuant to a veterinarian-client-patient relationship, as specified, and would prohibit the administration of a medically important antimicrobial drug to livestock solely to cause an increased rate of weight gain or improved feed efficiency. The bill would require the Department of Food and Agriculture, in consultation with the Veterinary Medical Board and the State Department of Public Health, to implement programs to promote antimicrobial stewardship in livestock, and, in coordination with specified national entities, would require the department to develop a monitoring program to gather information on sales, usage, resistance, and management practice data for medically important antimicrobial drugs. The bill would require information provided pursuant to those provisions to be held confidential, as specified. The bill would make a first violation of the bill's provisions subject to a civil penalty of $250 for each day a violation occurs, and would make second and subsequent violations subject to an administrative fine of $500 for each day a violation occurs.

(2) The Veterinary Medicine Practice Act provides for the licensure and regulation of veterinarians and the practice of veterinary medicine by the Veterinary Medical Board, and requires an applicant for a renewal license to complete 36 hours of continuing education in the preceding 2 years.

This bill would require a veterinarian who receives a license to practice veterinary medicine on or after January 1, 2018, to complete an approved course on the judicious use of medically important antimicrobial drugs every 4 years as part of the continuing education requirement.

(3) Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.

This bill would make legislative findings to that effect.

(4) Because a violation of the provisions of the Veterinary Medicine Practice Act would be a misdemeanor, the bill would impose a state-mandated local program.

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.

J. SB 361 (HILL) – ANTI-MICROBIAL STEWARDSHOP: EDUCATION AND POLICIES

AMENDED: 7/2/15 **STATUS:** Re-referred to Committee on Rules pursuant to Assembly Rule 96.

BOARD POSITION: Pending

Under the Veterinary Medical Practice Act, the Veterinary Medical Board licenses veterinarians and regulates the practice of veterinary medicine. The act requires an applicant for a renewal license to complete 36 hours of continuing education in the preceding 2 years.

This bill would require a veterinarian who receives his or her license on or after January 1, 2018, to complete an approved course on the judicious use of medically important antimicrobial drugs, as defined, every 4 years as part of the continuing education requirement.

Existing law provides for the licensure and regulation of skilled nursing facilities by the State Department of Public Health. Under existing law, a violation of the provisions governing skilled nursing facilities constitutes a crime. Existing law also establishes the Hospital Infectious Disease Control Program, which requires the department and general acute care hospitals to implement various measures relating to the prevention of health care associated infection. The program requires, by July 1, 2015, that each general acute care hospital adopt and implement an antimicrobial stewardship policy, in accordance with guidelines established by the federal government and professional organizations, that includes a process to evaluate the judicious use of antibiotics, as specified.

This bill would require all skilled nursing facilities, as defined, by no later than January 1, 2017, to adopt and implement an antimicrobial stewardship policy. The bill would also require each skilled nursing facility, within 3 months of the establishment of antimicrobial stewardship guidelines by the federal Centers for Disease Control and Prevention or specified professional organizations, to amend its policy to be consistent with those antimicrobial stewardship guidelines.

By expanding the scope of an existing crime, this bill would impose a state-mandated local program.

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.

This bill would declare that it is to take effect immediately as an urgency statute.

K. SB 800 – CLEAN-UP PROVISIONS FOR VMB

AMENDED: 6/8/15

STATUS: From Assembly Business and Professions Committee with author's amendments. Read second time and amended. Re-referred to Committee on Business and Professions.

BOARD POSITION: Support

Under existing law, the Department of Consumer Affairs is comprised of various boards, bureaus, commissions, committees, and similarly constituted agencies that license and regulate the practice of various professions and vocations, including those relating to the healing arts:

(1) Existing law requires persons applying for initial licensure or renewal of a license as a psychologist, clinical social worker, professional clinical counselor, or marriage and family therapist to have completed prescribed coursework or training in child abuse assessment and reporting. Existing law requires the training to have been obtained from an accredited or approved educational institution, a continuing education provider approved by the responsible board, or a course sponsored or offered by a professional association or a local, county, or state department of health or mental health for continuing education and approved by the responsible board.

This bill would require the responsible board to specify a continuing education provider for child abuse assessment and reporting coursework by regulation, and would permit the responsible board to approve or accept a sponsored or offered course.

(2) Existing law relating to unlicensed activity enforcement lists specified provisions that require registration, licensure, certification, or other authorization in order to engage in certain businesses or professions regulated by the department and, notwithstanding any other law, makes a violation of a listed provision punishable as an infraction under specified circumstances.

This bill would include in those listed provisions an existing requirement for the registration of individuals as certified polysomnographic technologists, polysomnographic technicians, and polysomnographic trainees.

The bill would also include in those listed provisions a provision of the Educational Psychologist Practice Act that makes it unlawful for any person to practice educational psychology or use any title or letters that imply that he or she is a licensed educational psychologist unless, at the time of so doing, he or she holds a valid, unexpired, and unrevoked license under that act, the violation of which is a misdemeanor. The bill would further include in those listed provisions existing requirements of the Licensed Professional Clinical Counselor Act that a person not practice or advertise the performance of professional clinical counseling services without a

license issued by the board, and pay the license fee, as required by that act, the violation of which is a misdemeanor.

By creating new infractions, this bill would impose a state-mandated local program.

(3) The Dental Practice Act provides for the licensure and regulation of dentists by the Dental Board of California. For purposes of the act, any reference to the Board of Dental Examiners is deemed a reference to the Dental Board of California.

This bill would delete certain existing references to the Board of Dental Examiners and, instead, refer to the Dental Board of California.

(4) Existing law provides for the regulation of dental hygienists by the Dental Hygiene Committee of California, within the jurisdiction of the Dental Board of California. Existing law authorizes the committee, until January 1, 2010, to contract with the dental board to carry out any of specified provisions relating to the regulation of dental hygienists, and, on and after January 1, 2010, to contract with the dental board to perform investigations of applicants and licensees under those provisions. Existing law requires the committee to establish fees that relate to the licensing of a registered dental hygienist, subject to specified limitations, including fees for curriculum review and site evaluation for accreditation of educational programs.

This bill would require the Dental Hygiene Committee of California to create and maintain a central file of the names of licensees, to provide an individual historical record with information on acts of licensee misconduct and discipline. The bill would remove the limiting dates from the contracting provisions, thereby authorizing the committee to contract with the dental board to carry out any of specified provisions relating to the regulation of dental hygienists, including performing investigations of applicants and licensees. This bill, with regard to fees for accreditation of educational programs, would add a maximum fee for feasibility study review.

(5) The Medical Practice Act provides for the licensure and regulation of physicians and surgeons by the Medical Board of California. Under existing law, the board issues a physician and surgeon's certificate to a licensed physician surgeon. The act prohibits a person who fails to renew his or her license within 5 years after its expiration from renewing it, and prohibits the license from being reissued, reinstated, or restored thereafter, although the act authorizes a person to apply for and obtain a new license under specified circumstances.

This bill would recast that renewal provision to prohibit renewal by a person who voluntarily cancels his or her license or who fails to renew it as described, and would authorize that person to apply for and obtain a license under those specified circumstances, without regard to reissuance, reinstatement, or restoration.

(6) Existing law relating to research psychoanalysts authorizes certain students and graduates in psychoanalysis to engage in psychoanalysis under prescribed circumstances if they register with the Medical Board of California and present evidence of their student or graduate status. Existing law authorizes that board to suspend or revoke the exemption of those persons from licensure for unprofessional conduct for, among other things, repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs or treatment, use of diagnostic procedures, or use of diagnostic or treatment facilities.

This bill would substitute, for those described bases for suspension or revocation of the exemption, the commission of any act of sexual abuse, misconduct, or relations with a patient, client, or customer.

(7) The Physical Therapy Practice Act provides for the licensure, approval, and regulation of physical therapists and physical therapist assistants by the Physical Therapy Board of California. The act establishes education requirements for a physical therapist assistant, including subject matter instruction through a combination of didactic and clinical experiences, and requires the clinical experience to include at least 18 weeks of full-time experience with a variety of patients.

This bill would delete that 18-week full-time experience requirement for physical therapist assistant education.

(8) The Nursing Practice Act provides for the licensure and regulation of nurse practitioners by the Board of Registered Nursing. The act, on and after January 1, 2008, requires an applicant for initial qualification or certification as a nurse practitioner under the act who has not been qualified or certified as a nurse practitioner to meet specified requirements. Certain provisions allow the board to find other persons in practice qualified to use the title of "nurse practitioner."

This bill would delete those title provisions.

(9) The Nursing Practice Act provides for a diversion program to identify and rehabilitate registered nurses whose competency may be impaired due to abuse of alcohol and other drugs, or due to mental illness.

This bill would instead refer to the program as an intervention program.

(10) The Optometry Practice Act provides for the licensure and regulation of optometrists by the State Board of Optometry. The act prescribes license eligibility requirements, including, but not limited to, submitting proof that the person is licensed in good standing as of the date of application in every state where he or she holds a license, including compliance with continuing education requirements, submitting proof that the person has been in active practice in a state in which he or she is licensed for a total of at least 5,000 hours in 5 of the 7 consecutive years immediately preceding the date of his or her application, and has never had his or her license to practice optometry revoked or suspended. For purposes of those provisions, "in good standing" includes the requirement that the person have not been found mentally incompetent by a physician so that the person is unable to undertake the practice of optometry in a manner consistent with the safety of a patient or the public.

This bill would delete that active practice requirement and would require that the license never have been revoked or suspended in any state where the person holds a license. The bill, with regard to making such a finding of mental incompetence, would replace a finding by a physician with a finding by a licensed psychologist or licensed psychiatrist.

(11) The Physician Assistant Practice Act requires the Physician Assistant Board to annually elect a chairperson and vice chairperson from among its members.

This bill would require the annual election of a president and vice president.

(12) Existing law relating to veterinary medicine requires a veterinary assistant to obtain a controlled substance permit from the Veterinary Medical Board in order to administer a controlled substance, and authorizes the board to deny, revoke, or suspend the permit, after notice and hearing, for any of specified causes. Existing law authorizes the board to revoke or suspend a permit for the same.

This bill would, instead, authorize the board to suspend or revoke the controlled substance permit of a veterinary assistant, after notice and hearing, for any of specified causes, and to deny, revoke, or suspend a permit for the same.

(13) The Acupuncture Licensure Act provides for the licensure and regulation of the practice of acupuncture by the Acupuncture Board. The act requires the board to issue a license to practice acupuncture to a person who meets prescribed requirements. The act requires, in the case of an applicant who has completed education and training outside the United States and Canada, documented educational training and clinical experience that meets certain standards established by the board. Existing law, commencing January 1, 2017, specifically requires the board to establish standards for the approval of educational training and clinical experience received outside the United States and Canada.

This bill would remove Canada from those provisions, thereby applying the same standards to all training and clinical experience completed outside the United States.

(14) The Licensed Marriage and Family Therapist Act provides for the licensure and regulation of marriage and family therapists by the Board of Behavioral Sciences. The act sets forth the educational and training requirements for licensure as a marriage and family therapist, including certain supervised-experience requirements whereby a prospective licensee is required to work a specified number of hours in a clinical setting under the supervision of experienced professionals. The act requires all persons to register with the board as an intern in order to be credited for postdegree hours of supervised experience gained toward licensure. The act, with regard to interns, requires all postdegree hours of experience to be credited toward licensure, except when employed in a private practice setting, if certain conditions are met.

This bill would require postdegree hours of experience to be credited toward licensure if certain conditions are met. The bill would prohibit an applicant for licensure as a marriage and family therapist from being employed or volunteering in a private practice until registered as an intern by the board. This bill would similarly prohibit an applicant for professional clinical counselor under the Licensed Professional Clinical Counselor Act from being employed or volunteering in a private practice until registered as an intern by the board.

(15) The Licensed Marriage and Family Therapist Act, the Educational Psychologist Practice Act, the Clinical Social Worker Practice Act, and the Licensed Professional Clinical Counselor Act require the Board of Behavioral Sciences to approve continuing education providers for specified educational courses relating to licensure for marriage and family therapists, educational psychologists, clinical social workers, and professional clinical counselors.

The bill would modify those acts to require the Board of Behavioral Sciences to identify, by regulation, acceptable continuing education providers.

(16) The Licensed Marriage and Family Therapist Act and the Licensed Professional Clinical Counselor Act provide for the registration of interns and allow a maximum of possible renewals after initial registration, after which a new registration number is required to be obtained. The Clinical Social Worker Practice Act provides similarly for the registration and renewal of registration of associate clinical social workers. An applicant who is issued a subsequent number is barred from employment or volunteering in a private practice.

This bill would revise those provisions to refer throughout to subsequent registration numbers.

(17) Existing law provides for the registration of telephone medical advice services. Existing law imposes requirements for obtaining and maintaining registration, including a requirement that medical advice services be provided by specified licensed, registered, or certified health care professionals.

This bill would expand the specified health care professionals to include naturopathic doctors and licensed professional clinical counselors. The bill would require a service to notify the department of certain business changes, and to submit quarterly reports.

(18) This bill would additionally delete or update obsolete provisions and make conforming or nonsubstantive changes.

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

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

L. AB 192 – SPECIALIZED LICENSE PLATES

AMENDED: 7/8/15

STATUS: From Senate Transportation and Housing Committee Chair with author's amendments. Amend, and re-refer to committee. Read second time, amended, and re-referred to Committee on Transportation and Housing.

BOARD POSITION: Support

Existing law establishes a specialized license plate program and requires the Department of Motor Vehicles (DMV) to issue specialized license plates on behalf of a sponsoring state agency that meets certain requirements. Existing law requires that the DMV charge specified additional fees for the issuance, renewal, or transfer of specialized license plates, and requires the DMV to deposit the fees, less the DMV's costs, into the Specialized License Plate Fund. Existing law requires that moneys in the fund be allocated, upon appropriation by the Legislature, to each sponsoring agency in proportion to the amount that is attributable to the agency's specialized license plate program. Existing law authorizes the sponsoring state agency to use these moneys to fund projects and programs that promote the state agency's official policy, mission, or work.

This bill would require the State Coastal Conservancy to apply to the DMV to sponsor a license plate for coastal conservancy awareness, and would require the DMV, in consultation with the

State Coastal Conservancy, to design for issuance these special license plates bearing a decal depicting a surfer design, as specified. The bill would require the DMV to deposit the fees for the issuance, renewal, or transfer of these specialized license plates, less the DMV's costs, into the Coastal Conservancy Awareness Fund, which the bill would establish in the Specialized License Plate Fund, for the deposit of revenue derived from these specialized license plates. The bill would require that these funds be allocated, upon appropriation by the Legislature, to the State Coastal Conservancy to fund specified projects and programs related to coastal conservancy, including providing for the maintenance and operation of coastal access infrastructure.

The bill would require the DMV to deposit fees for the issuance, renewal, or transfer of the Pet Lover's specialized license plates, less the DMV's costs, into the Pet Lover's Fund, which the bill would establish in the Specialized License Plate Fund, for the deposit of revenue derived from these specialized license plates. The bill would require that these funds be allocated, upon appropriation by the Legislature, to the Veterinary Medical Board for disbursement by a nonprofit organization selected by the board to fund grants to providers of no-cost or low-cost animal sterilization services. The bill would require the board to determine eligibility requirements for the grants, establish the grant application process, and develop program specifics. The bill would authorize the board to contract with an entity, including a nonprofit organization, to provide advice, consultation, and administrative services for purposes of implementing and administering the grant program. The bill would require the board to provide oversight for the disbursal of grant funds under the grant program.

AMENDED IN ASSEMBLY APRIL 22, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL No. 12

Introduced by Assembly Member Cooley
(Coauthors: Assembly Members Chang, Daly, and Wilk)

December 1, 2014

An act ~~to amend Section 11349.1.5 of, and~~ to add and repeal Chapter 3.6 (commencing with Section 11366) of Part 1 of Division 3 of Title 2 ~~of,~~ *of* the Government Code, relating to state agency regulations.

LEGISLATIVE COUNSEL'S DIGEST

AB 12, as amended, Cooley. State government: administrative regulations: review.

~~(1) Existing~~

Existing law authorizes various state entities to adopt, amend, or repeal regulations for various specified purposes. The Administrative Procedure Act requires the Office of Administrative Law and a state agency proposing to adopt, amend, or repeal a regulation to review the proposed changes for, among other things, consistency with existing state regulations.

This bill would, until January 1, 2019, require each state agency to, on or before January 1, 2018, ~~and after a noticed public hearing, review and revise that agency's regulations to eliminate any inconsistencies, overlaps, or outdated provisions in the regulations, adopt the revisions as emergency regulations,~~ *review that agency's regulations, identify any regulations that are duplicative, overlapping, inconsistent, or out of date, to revise those identified regulations, as provided,* and report to the Legislature and Governor, as specified. ~~The bill would further~~

~~require each agency to, on or before January 1, 2017, compile an overview of the statutory law that agency administers.~~

~~(2) The act requires a state agency proposing to adopt, amend, or repeal a major regulation, as defined, to prepare a standardized regulatory impact analysis of the proposed change. The act requires the office and the Department of Finance to, from time to time, review the analyses for compliance with specific department regulations. The act further requires the office to, on or before November 1, 2015, submit a report on the analyses to the Senate and Assembly Committees on Governmental Organization, as specified.~~

~~This bill would instead require the office and department to annually review the analyses. The bill would also require the office to annually submit a report on the analyses to the Senate Committee on Governmental Organization and the Assembly Committee on Accountability and Administrative Review.~~

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

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

~~SECTION 1. Section 11349.1.5 of the Government Code is amended to read:~~

~~11349.1.5. (a) The Department of Finance and the office shall annually review the standardized regulatory impact analyses required by subdivision (c) of Section 11346.3 and submitted to the office pursuant to Section 11347.3, for adherence to the regulations adopted by the department pursuant to Section 11346.36.~~

~~(b) (1) On or before November 1, 2015, and annually thereafter, the office shall submit to the Senate Committee on Governmental Organization and the Assembly Committee on Accountability and Administrative Review a report describing the extent to which submitted standardized regulatory impact analyses for proposed major regulations for the fiscal year ending in June 30, of that year adhere to the regulations adopted pursuant to Section 11346.36. The report shall include a discussion of agency adherence to the regulations as well as a comparison between various state agencies on the question of adherence. The report shall also include any recommendations from the office for actions the Legislature might consider for improving state agency performance and compliance~~

~~in the creation of the standardized regulatory impact analyses as described in Section 11346.3.~~

~~(2) The report shall be submitted in compliance with Section 9795 of the Government Code.~~

~~(c) In addition to the annual report required by subdivision (b), the office shall notify the Legislature of noncompliance by a state agency with the regulations adopted pursuant to Section 11346.36, in any manner or form determined by the office and shall post the report and notice of noncompliance on the office's Internet Web site.~~

~~SEC. 2.~~

SECTION 1. Chapter 3.6 (commencing with Section 11366) is added to Part 1 of Division 3 of Title 2 of the Government Code, to read:

Chapter 3.6. Regulatory Reform

Article 1. Findings and Declarations

11366. The Legislature finds and declares all of the following:

(a) The Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340), Chapter 4 (commencing with Section 11370), Chapter 4.5 (commencing with Section 11400), and Chapter 5 (commencing with Section 11500)) requires agencies and the Office of Administrative Law to review regulations to ensure their consistency with law and to consider impacts on the state's economy and businesses, including small businesses.

(b) However, the act does not require agencies to individually review their regulations to identify overlapping, inconsistent, duplicative, or out-of-date regulations that may exist.

(c) At a time when the state's economy is slowly recovering, unemployment and underemployment continue to affect all Californians, especially older workers and younger workers who received college degrees in the last seven years but are still awaiting their first great job, and with state government improving but in need of continued fiscal discipline, it is important that state agencies systematically undertake to identify, publicly review, and eliminate overlapping, inconsistent, duplicative, or out-of-date regulations, both to ensure they more efficiently implement and

enforce laws and to reduce unnecessary and outdated rules and regulations.

~~(d) The purpose of this chapter is to require each agency to compile an overview of the statutory law that agency oversees or administers in its regulatory activity that includes a synopsis of key programs, when each key program was authorized or instituted, and any emerging challenges the agency is encountering with respect to those programs.~~

Article 2. Definitions

11366.1. For the ~~purpose~~ *purposes* of this chapter, the following definitions shall apply:

(a) "State agency" means a state agency, as defined in Section 11000, except those state agencies or activities described in Section 11340.9.

(b) "Regulation" has the same meaning as provided in Section 11342.600.

Article 3. State Agency Duties

11366.2. On or before January 1, 2018, each state agency shall do all of the following:

(a) Review all provisions of the California Code of Regulations applicable to, or adopted by, that state agency.

(b) Identify any regulations that are duplicative, overlapping, inconsistent, or out of date.

(c) Adopt, amend, or repeal regulations to reconcile or eliminate any duplication, overlap, inconsistencies, or out-of-date ~~provisions.~~ *provisions, and shall comply with the process specified in Article 5 (commencing with Section 11346) of Chapter 3.5, unless the addition, revision, or deletion is without regulatory effect and may be done pursuant to Section 100 of Title 1 of the California Code of Regulations.*

(d) Hold at least one noticed public hearing, that shall be noticed on the Internet Web site of the state agency, for the purposes of accepting public comment on proposed revisions to its regulations.

(e) Notify the appropriate policy and fiscal committees of each house of the Legislature of the revisions to regulations that the state agency proposes to make at ~~least 90 days prior to a noticed~~

~~public hearing pursuant to subdivision (d) and at least 90 days prior to the proposed adoption, amendment, or repeal of the regulations pursuant to subdivision (f), for the purpose of allowing those committees to review, and hold hearings on, the proposed revisions to the regulations.~~

~~(f) Adopt as emergency regulations, consistent with Section 11346.1, those changes, as provided for in subdivision (c), to a regulation identified by the state agency as duplicative, overlapping, inconsistent, or out of date.~~ *least 30 days prior to initiating the process under Article 5 (commencing with Section 11346) of Chapter 3.5 or Section 100 of Title 1 of the California Code of Regulations.*

(g) (1) Report to the Governor and the Legislature on the state agency's compliance with this chapter, including the number and content of regulations the state agency identifies as duplicative, overlapping, inconsistent, or out of date, and the state agency's actions to address those regulations.

(2) The report shall be submitted in compliance with Section 9795 of the Government Code.

11366.3. (a) On or before January 1, 2018, each agency listed in Section 12800 shall notify a department, board, or other unit within that agency of any existing regulations adopted by that department, board, or other unit that the agency has determined may be duplicative, overlapping, or inconsistent with a regulation adopted by another department, board, or other unit within that agency.

(b) A department, board, or other unit within an agency shall notify that agency of revisions to regulations that it proposes to make at least 90 days prior to a noticed public hearing pursuant to subdivision (d) of Section 11366.2 and at least 90 days prior to adoption, amendment, or repeal of the regulations pursuant to ~~subdivision (f) of~~ *subdivision (c) of* Section 11366.2. The agency shall review the proposed regulations and make recommendations to the department, board, or other unit within 30 days of receiving the notification regarding any duplicative, overlapping, or inconsistent regulation of another department, board, or other unit within the agency.

11366.4. An agency listed in Section 12800 shall notify a state agency of any existing regulations adopted by that agency that

may duplicate, overlap, or be inconsistent with the state agency's regulations.

~~11366.43. On or before January 1, 2017, each state agency shall compile an overview of the statutory law that state agency oversees or administers. The overview shall include a synopsis of the state agency's key programs, when each program was authorized or instituted, when any statute authorizing a program was significantly revised to alter, redirect, or extend the original program and the reason for the revision, if known, and an identification of any emerging challenges the state agency is encountering with respect to the programs.~~

11366.45. This chapter shall not be construed to weaken or undermine in any manner any human health, public or worker rights, public welfare, environmental, or other protection established under statute. This chapter shall not be construed to affect the authority or requirement for an agency to adopt regulations as provided by statute. Rather, it is the intent of the Legislature to ensure that state agencies focus more efficiently and directly on their duties as prescribed by law so as to use scarce public dollars more efficiently to implement the law, while achieving equal or improved economic and public benefits.

Article 4. Chapter Repeal

11366.5. This chapter shall remain in effect only until January 1, 2019, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2019, deletes or extends that date.

O

AMENDED IN ASSEMBLY APRIL 15, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL No. 85

Introduced by Assembly Member Wilk

January 6, 2015

An act to amend Section 11121 of the Government Code, relating to state government, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

AB 85, as amended, Wilk. Open meetings.

The Bagley-Keene Open Meeting Act requires that all meetings of a state body, as defined, be open and public and that all persons be permitted to attend and participate in a meeting of a state body, subject to certain conditions and exceptions.

This bill would specify that the definition of "state body" includes an advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body of a state body that consists of 3 or more individuals, as prescribed, except a board, commission, committee, or similar multimember body on which a member of a body serves in his or her official capacity as a representative of that state body and that is supported, in whole or in part, by funds provided by the state body, whether the multimember body is organized and operated by the state body or by a private corporation.

~~This bill would make legislative findings and declarations, including, but not limited to, a statement of the Legislature's intent that this bill is declaratory of existing law.~~

This bill would declare that it is to take effect immediately as an urgency statute.

Vote: ⅔. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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

~~SECTION 1. The Legislature finds and declares all of the following:~~

~~(a) The unpublished decision of the Third District Court of Appeals in Funeral Security Plans v. State Board of Funeral Directors (1994) 28 Cal. App.4th 1470 is an accurate reflection of legislative intent with respect to the applicability of the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code) to a two-member standing advisory committee of a state body.~~

~~(b) A two-member committee of a state body, even if operating solely in an advisory capacity, already is a "state body," as defined in subdivision (d) of Section 11121 of the Government Code, if a member of the state body sits on the committee and the committee receives funds from the state body.~~

~~(c) It is the intent of the Legislature that this bill is declaratory of existing law.~~

~~SEC. 2.~~

SECTION 1. Section 11121 of the Government Code is amended to read:

11121. As used in this article, "state body" means each of the following:

(a) Every state board, or commission, or similar multimember body of the state that is created by statute or required by law to conduct official meetings and every commission created by executive order.

(b) A board, commission, committee, or similar multimember body that exercises any authority of a state body delegated to it by that state body.

(c) An advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body of a state body, if created by formal action of the state body or of any member of the state body, and if the advisory

body so created consists of three or more persons, except as in subdivision (d).

(d) A board, commission, committee, or similar multimember body on which a member of a body that is a state body pursuant to this section serves in his or her official capacity as a representative of that state body and that is supported, in whole or in part, by funds provided by the state body, whether the multimember body is organized and operated by the state body or by a private corporation.

~~SEC. 3.~~

SEC. 2. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the Constitution and shall go into immediate effect. The facts constituting the necessity are:

In order to avoid unnecessary litigation and ensure the people's right to access the meetings of public bodies pursuant to Section 3 of Article 1 of the California Constitution, it is necessary that *this* act take effect ~~immediately~~ *immediately.*

O

AMENDED IN ASSEMBLY APRIL 15, 2015

AMENDED IN ASSEMBLY APRIL 13, 2015

AMENDED IN ASSEMBLY MARCH 24, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL No. 611

Introduced by Assembly Member Dahle

February 24, 2015

An act to amend Section 11165.1 of the Health and Safety Code, relating to controlled substances.

LEGISLATIVE COUNSEL'S DIGEST

AB 611, as amended, Dahle. Controlled substances: prescriptions: reporting.

Existing law requires certain health care practitioners and pharmacists to apply to the Department of Justice to obtain approval to access information contained in the Controlled Substance Utilization Review and Evaluation System (CURES) Prescription Drug Monitoring Program (PDMP) regarding the controlled substance history of a patient under his or her care. Existing law requires the Department of Justice, upon approval of an application, to provide the approved health care practitioner or pharmacist the history of controlled substances dispensed to an individual under his or her care. Existing law authorizes an application to be denied, or a subscriber to be suspended, for specified reasons, including, among others, a subscriber accessing information for any reason other than caring for his or her patients.

This bill would also authorize an individual designated to investigate a holder of a professional license to apply to the Department of Justice to obtain approval to access information contained in the CURES PDMP

regarding the controlled substance history of an applicant or a licensee for the purpose of investigating the alleged substance abuse of a licensee. The bill would, upon approval of an application, require the department to provide to the approved individual the history of controlled substances dispensed to the licensee. The bill would clarify that only a subscriber who is a health care practitioner or a pharmacist may have an application denied or be suspended for accessing subscriber information for any reason other than caring for his or her patients. The bill would also specify that an application may be denied, or a subscriber may be suspended, if a subscriber who has been designated to investigate the holder of a professional license accesses information for any reason other than investigating the holder of a professional license.

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

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

SECTION 1. Section 11165.1 of the Health and Safety Code is amended to read:

11165.1. (a) (1) (A) (i) A health care practitioner authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances pursuant to Section 11150 shall, before January 1, 2016, or upon receipt of a federal Drug Enforcement Administration (DEA) registration, whichever occurs later, submit an application developed by the Department of Justice to obtain approval to access information online regarding the controlled substance history of a patient that is stored on the Internet and maintained within the Department of Justice, and, upon approval, the department shall release to that practitioner the electronic history of controlled substances dispensed to an individual under his or her care based on data contained in the CURES Prescription Drug Monitoring Program (PDMP).

(ii) A pharmacist shall, before January 1, 2016, or upon licensure, whichever occurs later, submit an application developed by the Department of Justice to obtain approval to access information online regarding the controlled substance history of a patient that is stored on the Internet and maintained within the Department of Justice, and, upon approval, the department shall release to that pharmacist the electronic history of controlled

substances dispensed to an individual under his or her care based on data contained in the CURES PDMP.

(iii) *(I)* An individual designated by a board, bureau, or program within the Department of Consumer Affairs to investigate a holder of a professional license may, for the purpose of investigating the alleged substance abuse of a licensee, submit an application developed by the Department of Justice to obtain approval to access information online regarding the controlled substance history of a licensee that is stored on the Internet and maintained within the Department of Justice, and, upon approval, the department shall release to that individual the electronic history of controlled substances dispensed to the licensee based on data contained in the CURES PDMP. ~~An application for an individual designated by a board, bureau, or program that does not regulate health care practitioners authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances pursuant to Section 11150~~ *The application* shall contain facts demonstrating the probable cause to believe the licensee has violated a law governing controlled substances.

(II) This clause does not require an individual designated by a board, bureau, or program within the Department of Consumer Affairs that regulates health care practitioners to submit an application to access the information stored within the CURES PDMP.

(B) An application may be denied, or a subscriber may be suspended, for reasons which include, but are not limited to, the following:

(i) Materially falsifying an application for a subscriber.

(ii) Failure to maintain effective controls for access to the patient activity report.

(iii) Suspended or revoked federal DEA registration.

(iv) Any subscriber who is arrested for a violation of law governing controlled substances or any other law for which the possession or use of a controlled substance is an element of the crime.

(v) Any subscriber described in clause (i) or (ii) of subparagraph (A) accessing information for any other reason than caring for his or her patients.

(vi) Any subscriber described in clause (iii) of subparagraph (A) accessing information for any other reason than investigating the holder of a professional license.

(C) Any authorized subscriber shall notify the Department of Justice within 30 days of any changes to the subscriber account.

(2) A health care practitioner authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances pursuant to Section 11150 or a pharmacist shall be deemed to have complied with paragraph (1) if the licensed health care practitioner or pharmacist has been approved to access the CURES database through the process developed pursuant to subdivision (a) of Section 209 of the Business and Professions Code.

(b) Any request for, or release of, a controlled substance history pursuant to this section shall be made in accordance with guidelines developed by the Department of Justice.

(c) In order to prevent the inappropriate, improper, or illegal use of Schedule II, Schedule III, or Schedule IV controlled substances, the Department of Justice may initiate the referral of the history of controlled substances dispensed to an individual based on data contained in CURES to licensed health care practitioners, pharmacists, or both, providing care or services to the individual.

(d) The history of controlled substances dispensed to an individual based on data contained in CURES that is received by an authorized subscriber from the Department of Justice pursuant to this section shall be considered medical information subject to the provisions of the Confidentiality of Medical Information Act contained in Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code.

(e) Information concerning a patient's controlled substance history provided to an authorized subscriber pursuant to this section shall include prescriptions for controlled substances listed in Sections 1308.12, 1308.13, and 1308.14 of Title 21 of the Code of Federal Regulations.

O

AMENDED IN ASSEMBLY APRIL 16, 2015

AMENDED IN ASSEMBLY APRIL 6, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL No. 750

Introduced by Assembly Member Low

February 25, 2015

An act to add Section 463 to the Business and Professions Code, relating to business and professions.

LEGISLATIVE COUNSEL'S DIGEST

AB 750, as amended, Low. Business and professions: retired category: licenses.

Existing law provides for numerous boards, bureaus, commissions, or programs within the Department of Consumer Affairs that administer the licensing and regulation of various businesses and professions. Existing law authorizes any of the boards, bureaus, commissions, or programs within the department, except as specified, to establish by regulation a system for an inactive category of license for persons who are not actively engaged in the practice of their profession or vocation. Under existing law, the holder of an inactive license is prohibited from engaging in any activity for which a license is required. Existing law defines "board" for these purposes to include, unless expressly provided otherwise, a bureau, commission, committee, department, division, examining committee, program, and agency.

This bill would additionally authorize any of the boards, bureaus, commissions, or programs within the department to establish by regulation a system for a retired category of license for persons who are not actively engaged in the practice of their profession or vocation,

and would prohibit the holder of a retired license from engaging in any activity for which a license is required, unless regulation specifies the criteria for a retired licensee to practice his or her profession. The bill would authorize a board upon its own determination, and would require a board upon receipt of a complaint from any person, to investigate the actions of any licensee, including, among others, a person with a license that is retired or inactive.

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

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

SECTION 1. Section 463 is added to the Business and Professions Code, to read:

463. (a) Any of the boards, bureaus, commissions, or programs within the department may establish, by regulation, a system for a retired category of licensure for persons who are not actively engaged in the practice of their profession or vocation.

(b) The regulation shall contain the following:

(1) The holder of a retired license issued pursuant to this section shall not engage in any activity for which a license is required, unless the board, by regulation, specifies the criteria for a retired licensee to practice his or her profession or vocation.

(2) The holder of a retired license shall not be required to renew that license.

(3) In order for the holder of a retired license issued pursuant to this section to restore his or her license to an active status, the holder of that license shall meet all the following:

(A) Pay a fee established by regulation.

(B) ~~Not have~~ *Certify, in a manner satisfactory to the board, that he or she has not* committed an act or crime constituting grounds for denial of licensure.

(C) Comply with the fingerprint submission requirements established by regulation.

(D) If the board requires completion of continuing education for renewal of an active license, complete continuing education equivalent to that required for renewal of an active license, unless a different requirement is specified by the board.

(E) Complete any other requirements as specified by the board by regulation.

(c) A board may upon its own determination, and shall upon receipt of a complaint from any person, investigate the actions of any licensee, including a person with a license that either restricts or prohibits the practice of that person in his or her profession or vocation, including, but not limited to, a license that is retired, inactive, canceled, revoked, or suspended.

O

AMENDED IN SENATE JUNE 17, 2015

AMENDED IN ASSEMBLY MARCH 26, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL No. 1060

Introduced by Assembly Member Bonilla

February 26, 2015

An act to ~~amend Section 491 of the Business and Professions Code, relating to professions and vocations.~~ *add Chapter 2 (commencing with Section 101990) to Part 6 of Division 101 of the Health and Safety Code, relating to cancer, and making an appropriation therefor.*

LEGISLATIVE COUNSEL'S DIGEST

AB 1060, as amended, Bonilla. ~~Professions and vocations: licensure.~~ *Cancer clinical trials.*

Existing law establishes the scope and function of the California Health and Human Services Agency, which includes departments charged with administering laws pertaining to public health and social services, among other things. Existing law also establishes the Inclusion of Women and Minorities in Clinical Research Act, which is designed to promote the inclusion of women and minority groups in clinical research, including clinical trials.

This bill would create the Cancer Clinical Trials Foundation in the Health and Human Services Agency, to be governed by a board of trustees. Members of the board would be appointed as specified. The bill would also create the Cancer Clinical Trials Fund, and would continuously appropriate this fund to the board, thereby making an appropriation. The bill would authorize the board to solicit and receive money, as specified. The bill would require the board, upon contribution

of an unspecified amount of money to the fund, to establish the Cancer Clinical Trials Grant Program, in order to increase patient access to cancer clinical trials in specified populations. The bill would require that grant money be used for designated purposes, and would also require grant recipients to report to the board. The bill would require the board to report to the Legislature, as specified. This bill would make related findings.

~~Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law authorizes a board to suspend or revoke a license on the ground that the licensee has been convicted of a crime, if the crime is substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued. Existing law requires the board, upon suspension or revocation of a license, to provide the ex-licensee with certain information pertaining to rehabilitation, reinstatement, or reduction of penalty, as specified.~~

~~This bill would require the board to provide that information through first-class mail and by email if the board has an email address on file for the ex-licensee.~~

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

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

SECTION 1. The Legislature finds and declares the following:

(a) Almost 50 percent of clinical trial studies are not finished in time due to low patient participation, recruitment and navigation difficulties, and other barriers for patients. Due to economic and socioeconomic circumstances and lack of patient knowledge, clinical oncology trial participation and retention are both very low as they relate to eligible participants.

(b) Overall, only 3 percent of eligible cancer patients participate in clinical trials, and of those only 5 percent of trial participants are from racial or ethnic minority communities.

(c) One barrier that prevents patients from participating in federal Food and Drug Administration clinical trials is finances. Patients of low to moderate income are often unable to bear the burden of the ancillary costs of participating, such as airfare, lodging, rental cars, and fuel.

(d) The American Medical Association conducted a study on cancer trial participation. The study found that from 1996 to 2002, of the 75,215 patients enrolled in the National Cancer Institute trials for breast, lung, colorectal, and prostate cancers, only 3.1 percent were Hispanic, 9.2 percent were Black, and 1.9 percent were Asian or Pacific Islanders, while 85.6 percent were White. This lack of diversity is alarming because of its impact on researchers' ability to evaluate the effect of new treatments on different populations. It also speaks to a lack of access to potentially lifesaving trials for a large portion of the population.

(e) It is the intent of the Legislature to establish a program to enable willing patients of low to moderate income to participate in cancer clinical trials in order to boost participation rates, ensure these trials are widely accessible, improve the development of cancer therapies, and enhance innovation.

SEC. 2. Chapter 2 (commencing with Section 101990) is added to Part 6 of Division 101 of the Health and Safety Code, to read:

Chapter 2. Cancer Clinical Trials

101990. (a) "Board" means the Board of Trustees of the Cancer Clinical Trials Foundation.

(b) "Foundation" means the Cancer Clinical Trials Foundation.

(c) "Fund" means the Cancer Clinical Trials Fund.

101991. (a) The agency shall establish a nonprofit public benefit corporation, to be known as the Cancer Clinical Trials Foundation, that shall be governed by a board consisting of a total of five members. Three members shall be appointed by the Governor. Of these members, one shall be from a public cancer research institution, and one shall be from a private cancer research institution. One member shall be appointed by the Speaker of the Assembly. One member shall be appointed by the President pro Tempore of the Senate.

(b) The Governor shall appoint the president of the board from among those members appointed by the Governor, the Speaker of the Assembly, and the President pro Tempore of the Senate.

(c) Members of the board shall serve without compensation but shall be reimbursed for any actual and necessary expenses incurred in connection with their duties as members of the board.

(d) The foundation shall be subject to the Nonprofit Public Benefit Corporation Law (Part 2 (commencing with Section 5110) of Division 2 of Title 2 of the Corporations Code), except that if there is a conflict with this chapter and the Nonprofit Public Benefit Corporation Law, this chapter shall prevail.

(e) The California Health and Human Services Agency shall determine which department in the agency shall administer the foundation.

101992. (a) Of the members of the board first appointed by the Governor pursuant to Section 101991, one member shall be appointed to serve a two-year term, one member shall be appointed to serve a three-year term, and one member shall be appointed to serve a four-year term.

(b) Of the members of the board first appointed by the Speaker of the Assembly and the President pro Tempore of the Senate pursuant to Section 101991, each member shall be appointed to serve a four-year term.

(c) Upon the expiration of the initial appointments for the board, each member shall be appointed to serve a four-year term.

101993. (a) There is hereby created the Cancer Clinical Trials Fund. Notwithstanding Section 13340 of the Government Code, all money in the fund is continuously appropriated to the board without regard to fiscal years, for the administration and support of the program created pursuant to this chapter.

(b) The Cancer Clinical Trials Foundation may solicit and receive funds from business, industry, foundations, and other private and public sources for the purpose of administering the Cancer Clinical Trials Grant Program to increase patient access to cancer clinical trials.

(c) The board shall use no more than 20 percent of funds made available for the Cancer Clinical Trials Grant Program for administrative costs.

101994. (a) Upon contribution of an unspecified amount of moneys to the foundation, the board shall establish the Cancer Clinical Trials Grant Program to increase patient access to cancer clinical trials in underserved or disadvantaged communities and populations, including among women and patients from racial and ethnic minority communities. The board shall determine the criteria to award grants, and may award grants to either or both of the following:

(1) Public and private research institutions and hospitals that conduct cancer clinical trials approved by the federal Food and Drug Administration.

(2) Nonprofit organizations described in Section 501(c)(3) of the Internal Revenue Code of 1954 that are exempt from income tax under Section 501(a) of that code and that specialize in direct patient support for improved clinical trial enrollment and retention.

(b) Grants awarded pursuant to subdivision (a) shall be used for activities to increase patient access to cancer clinical trials, including, but not limited to, any of the following:

(1) Patient navigator services or programs.

(2) Education and community outreach.

(3) Patient-friendly technical tools to assist patients in identifying available clinical trials.

(4) Translation and interpretation services of clinical trial information.

(5) Counseling services for clinical trial participants.

(6) Well-being services for clinical trial participants, including, but not limited to, physical therapy, pain management, stress management, and nutrition management.

(7) Payment of ancillary costs for patients and caregivers, including, but not limited to:

(A) Airfare during the clinical trial.

(B) Lodging during the clinical trial.

(C) Rental cars during the clinical trial.

(D) Fuel during the clinical trial.

(E) Local transportation via bus, train, or other public transportation during the clinical trial.

(F) Meals during the clinical trial.

(G) Child care costs during the clinical trial.

101995. (a) Grant recipients shall report to the board to ensure the appropriate use of funds within one year of receiving a grant.

(b) (1) The board shall report to the Legislature to ensure the appropriate use of the funds. The report shall include accountability measures, including, but not limited to, a description of how the funds were used, an evaluation of the grant program, and recommendations for the program. This report shall be submitted by January 1, 2020.

(2) The requirement for submitting a report imposed under paragraph (1) is inoperative on January, 1, 2024, pursuant to Section 10231.5 of the Government Code.

~~SECTION 1. Section 491 of the Business and Professions Code is amended to read:~~

~~491. (a) Upon suspension or revocation of a license by a board on one or more of the grounds specified in Section 490, the board shall:~~

~~(1) Send a copy of the provisions of Section 11522 of the Government Code to the ex-licensee.~~

~~(2) Send a copy of the criteria relating to rehabilitation formulated under Section 482 to the ex-licensee.~~

~~(b) Subdivision (a) shall be satisfied through first-class mail and by email if the board has an email address on file for the ex-licensee.~~

O

AMENDED IN SENATE JUNE 22, 2015

AMENDED IN ASSEMBLY MAY 28, 2015

AMENDED IN ASSEMBLY APRIL 9, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL No. 483

Introduced by Assembly Member Patterson
(Principal coauthor: Assembly Member Gordon)
(Coauthors: Assembly Members Chang, Chávez, Grove, Obernolte, Waldron, and Wilk)
(Coauthor: Senator Anderson)

February 23, 2015

An act to amend Sections 1724, 1944, 2456.1, ~~2538.57,~~ 2570.16, 2688, 4842.5, 4905, 4970, and 5604 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 483, as amended, Patterson. Healing arts: initial license fees: proration.

Existing law provides for the regulation and licensure of various professions and vocations by boards within the Department of Consumer Affairs. Existing law establishes fees for initial licenses, initial temporary and permanent licenses, and original licenses for those various professions and vocations. Existing law requires that licenses issued to certain licensees, including, among others, architects, acupuncturists, dental hygienists, dentists, ~~hearing aid dispensers,~~ occupational therapists, osteopathic physicians and surgeons, physical therapists, and veterinarians, expire at 12 a.m. on either the last day of the birth month

of the licensee or at 12 a.m. of the legal birth date of the licensee during the 2nd year of a 2-year term, if not renewed.

This bill would require that the fees imposed on these licensees for an initial ~~license, an initial temporary or permanent license,~~ *license* or an original license be prorated on a monthly basis. The bill would require that the fee assessed an osteopathic physician and surgeon for license renewal be prorated on a monthly basis.

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

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

SECTION 1. Section 1724 of the Business and Professions Code is amended to read:

1724. The amount of charges and fees for dentists licensed pursuant to this chapter shall be established by the board as is necessary for the purpose of carrying out the responsibilities required by this chapter as it relates to dentists, subject to the following limitations:

(a) The fee for application for examination shall not exceed five hundred dollars ($500).

(b) The fee for application for reexamination shall not exceed one hundred dollars ($100).

(c) The fee for examination and for reexamination shall not exceed eight hundred dollars ($800). Applicants who are found to be ineligible to take the examination shall be entitled to a refund in an amount fixed by the board.

(d) The fee for an initial license and for the renewal of a license is five hundred twenty-five dollars ($525). The fee for an initial license fee shall be prorated on a monthly basis.

(e) The fee for a special permit shall not exceed three hundred dollars ($300), and the renewal fee for a special permit shall not exceed one hundred dollars ($100).

(f) The delinquency fee shall be the amount prescribed by Section 163.5.

(g) The penalty for late registration of change of place of practice shall not exceed seventy-five dollars ($75).

(h) The application fee for permission to conduct an additional place of practice shall not exceed two hundred dollars ($200).

(i) The renewal fee for an additional place of practice shall not exceed one hundred dollars ($100).

(j) The fee for issuance of a substitute certificate shall not exceed one hundred twenty-five dollars ($125).

(k) The fee for a provider of continuing education shall not exceed two hundred fifty dollars ($250) per year.

(*l*) The fee for application for a referral service permit and for renewal of that permit shall not exceed twenty-five dollars ($25).

(m) The fee for application for an extramural facility permit and for the renewal of a permit shall not exceed twenty-five dollars ($25).

The board shall report to the appropriate fiscal committees of each house of the Legislature whenever the board increases any fee pursuant to this section and shall specify the rationale and justification for that increase.

SEC. 2. Section 1944 of the Business and Professions Code is amended to read:

1944. (a) The committee shall establish by resolution the amount of the fees that relate to the licensing of a registered dental hygienist, a registered dental hygienist in alternative practice, and a registered dental hygienist in extended functions. The fees established by board resolution in effect on June 30, 2009, as they relate to the licensure of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions, shall remain in effect until modified by the committee. The fees are subject to the following limitations:

(1) The application fee for an original license and the fee for the issuance of an original license shall not exceed two hundred fifty dollars ($250). The fee for the issuance of an original license shall be prorated on a monthly basis.

(2) The fee for examination for licensure as a registered dental hygienist shall not exceed the actual cost of the examination.

(3) For third- and fourth-year dental students, the fee for examination for licensure as a registered dental hygienist shall not exceed the actual cost of the examination.

(4) The fee for examination for licensure as a registered dental hygienist in extended functions shall not exceed the actual cost of the examination.

(5) The fee for examination for licensure as a registered dental hygienist in alternative practice shall not exceed the actual cost of administering the examination.

(6) The biennial renewal fee shall not exceed one hundred sixty dollars ($160).

(7) The delinquency fee shall not exceed one-half of the renewal fee. Any delinquent license may be restored only upon payment of all fees, including the delinquency fee, and compliance with all other applicable requirements of this article.

(8) The fee for issuance of a duplicate license to replace one that is lost or destroyed, or in the event of a name change, shall not exceed twenty-five dollars ($25) or one-half of the renewal fee, whichever is greater.

(9) The fee for certification of licensure shall not exceed one-half of the renewal fee.

(10) The fee for each curriculum review and site evaluation for educational programs for dental hygienists who are not accredited by a committee-approved agency shall not exceed two thousand one hundred dollars ($2,100).

(11) The fee for each review or approval of course requirements for licensure or procedures that require additional training shall not exceed seven hundred fifty dollars ($750).

(12) The initial application and biennial fee for a provider of continuing education shall not exceed five hundred dollars ($500).

(13) The amount of fees payable in connection with permits issued under Section 1962 is as follows:

(A) The initial permit fee is an amount equal to the renewal fee for the applicant's license to practice dental hygiene in effect on the last regular renewal date before the date on which the permit is issued.

(B) If the permit will expire less than one year after its issuance, then the initial permit fee is an amount equal to 50 percent of the renewal fee in effect on the last regular renewal date before the date on which the permit is issued.

(b) The renewal and delinquency fees shall be fixed by the committee by resolution at not more than the current amount of the renewal fee for a license to practice under this article nor less than five dollars ($5).

(c) Fees fixed by the committee by resolution pursuant to this section shall not be subject to the approval of the Office of Administrative Law.

(d) Fees collected pursuant to this section shall be collected by the committee and deposited into the State Dental Hygiene Fund, which is hereby created. All money in this fund shall, upon appropriation by the Legislature in the annual Budget Act, be used to implement this article.

(e) No fees or charges other than those listed in this section shall be levied by the committee in connection with the licensure of registered dental hygienists, registered dental hygienists in alternative practice, or registered dental hygienists in extended functions.

(f) The fee for registration of an extramural dental facility shall not exceed two hundred fifty dollars ($250).

(g) The fee for registration of a mobile dental hygiene unit shall not exceed one hundred fifty dollars ($150).

(h) The biennial renewal fee for a mobile dental hygiene unit shall not exceed two hundred fifty dollars ($250).

(i) The fee for an additional office permit shall not exceed two hundred fifty dollars ($250).

(j) The biennial renewal fee for an additional office as described in Section 1926.4 shall not exceed two hundred fifty dollars ($250).

(k) The initial application and biennial special permit fee is an amount equal to the biennial renewal fee specified in paragraph (6) of subdivision (a).

(*l*) The fees in this section shall not exceed an amount sufficient to cover the reasonable regulatory cost of carrying out this article.

SEC. 3. Section 2456.1 of the Business and Professions Code is amended to read:

2456.1. (a) All osteopathic physician's and surgeon's certificates shall expire at 12 midnight on the last day of the birth month of the licensee during the second year of a two-year term if not renewed on or before that day.

(b) The board shall establish by regulation procedures for the administration of a birth date renewal program, including, but not limited to, the establishment of a system of staggered license expiration dates such that a relatively equal number of licenses expire monthly.

(c) To renew an unexpired license, the licensee shall, on or before the dates on which it would otherwise expire, apply for renewal on a form prescribed by the board and pay the prescribed renewal fee.

(d) The fee assessed pursuant to this section shall be prorated on a monthly basis.

~~SEC. 4. Section 2538.57 of the Business and Professions Code is amended to read:~~

~~2538.57. The amount of fees and penalties prescribed by this article shall be those set forth in this section unless a lower fee is fixed by the board:~~

~~(a) The fee for applicants applying for the first time for a license is seventy-five dollars ($75), which shall not be refunded, except to applicants who are found to be ineligible to take an examination for a license. Those applicants are entitled to a refund of fifty dollars ($50).~~

~~(b) The fees for taking or retaking the written and practical examinations shall be amounts fixed by the board, which shall be equal to the actual cost of preparing, grading, analyzing, and administering the examinations.~~

~~(c) The initial temporary license fee is one hundred dollars ($100). The fee for an initial temporary license shall be prorated on a monthly basis. The fee for renewal of a temporary license is one hundred dollars ($100) for each renewal.~~

~~(d) The initial permanent license fee is two hundred eighty dollars ($280). The fee for an initial permanent license shall be prorated on a monthly basis. The fee for renewal of a permanent license is not more than two hundred eighty dollars ($280) for each renewal.~~

~~(e) The initial branch office license fee is twenty-five dollars ($25). The fee for renewal of a branch office license is twenty-five dollars ($25) for each renewal.~~

~~(f) The delinquency fee is twenty-five dollars ($25).~~

~~(g) The fee for issuance of a replacement license is twenty-five dollars ($25).~~

~~(h) The continuing education course approval application fee is fifty dollars ($50).~~

~~(i) The fee for official certification of licensure is fifteen dollars ($15).~~

~~SEC. 5.~~

SEC. 4. Section 2570.16 of the Business and Professions Code is amended to read:

2570.16. Initial license and renewal fees shall be established by the board in an amount that does not exceed a ceiling of one hundred fifty dollars ($150) per year. The initial license fee shall be prorated on a monthly basis. The board shall establish the following additional fees:

(a) An application fee not to exceed fifty dollars ($50).

(b) A late renewal fee as provided for in Section 2570.10.

(c) A limited permit fee.

(d) A fee to collect fingerprints for criminal history record checks.

~~SEC. 6.~~

SEC. 5. Section 2688 of the Business and Professions Code is amended to read:

2688. The amount of fees assessed in connection with licenses issued under this chapter is as follows:

(a) (1) The fee for an application for licensure as a physical therapist submitted to the board prior to March 1, 2009, shall be seventy-five dollars ($75). The fee for an application submitted under Section 2653 to the board prior to March 1, 2009, shall be one hundred twenty-five dollars ($125).

(2) The fee for an application for licensure as a physical therapist submitted to the board on or after March 1, 2009, shall be one hundred twenty-five dollars ($125). The fee for an application submitted under Section 2653 to the board on or after March 1, 2009, shall be two hundred dollars ($200).

(3) Notwithstanding paragraphs (1) and (2), the board may decrease or increase the amount of an application fee under this subdivision to an amount that does not exceed the cost of administering the application process, but in no event shall the application fee amount exceed three hundred dollars ($300).

(b) The examination and reexamination fees for the physical therapist examination, physical therapist assistant examination, and the examination to demonstrate knowledge of the California rules and regulations related to the practice of physical therapy shall be the actual cost to the board of the development and writing of, or purchase of the examination, and grading of each written examination, plus the actual cost of administering each

examination. The board, at its discretion, may require the licensure applicant to pay the fee for the examinations required by Section 2636 directly to the organization conducting the examination.

(c) (1) The fee for a physical therapist license issued prior to March 1, 2009, shall be seventy-five dollars ($75).

(2) The fee for a physical therapist license issued on or after March 1, 2009, shall be one hundred dollars ($100).

(3) Notwithstanding paragraphs (1) and (2), the board may decrease or increase the amount of the fee under this subdivision to an amount that does not exceed the cost of administering the process to issue the license, but in no event shall the fee to issue the license exceed one hundred fifty dollars ($150).

(4) The fee assessed pursuant to this subdivision for an initial physical therapist license issued on or after January 1, 2016, shall be prorated on a monthly basis.

(d) (1) The fee to renew a physical therapist license that expires prior to April 1, 2009, shall be one hundred fifty dollars ($150).

(2) The fee to renew a physical therapist license that expires on or after April 1, 2009, shall be two hundred dollars ($200).

(3) Notwithstanding paragraphs (1) and (2), the board may decrease or increase the amount of the renewal fee under this subdivision to an amount that does not exceed the cost of the renewal process, but in no event shall the renewal fee amount exceed three hundred dollars ($300).

(e) (1) The fee for application and for issuance of a physical therapist assistant license shall be seventy-five dollars ($75) for an application submitted to the board prior to March 1, 2009.

(2) The fee for application and for issuance of a physical therapist assistant license shall be one hundred twenty-five dollars ($125) for an application submitted to the board on or after March 1, 2009. The fee for an application submitted under Section 2653 to the board on or after March 1, 2009, shall be two hundred dollars ($200).

(3) Notwithstanding paragraphs (1) and (2), the board may decrease or increase the amount of the fee under this subdivision to an amount that does not exceed the cost of administering the application process, but in no event shall the application fee amount exceed three hundred dollars ($300).

(f) (1) The fee to renew a physical therapist assistant license that expires prior to April 1, 2009, shall be one hundred fifty dollars ($150).

(2) The fee to renew a physical therapist assistant license that expires on or after April 1, 2009, shall be two hundred dollars ($200).

(3) Notwithstanding paragraphs (1) and (2), the board may decrease or increase the amount of the renewal fee under this subdivision to an amount that does not exceed the cost of the renewal process, but in no event shall the renewal fee amount exceed three hundred dollars ($300).

(g) Notwithstanding Section 163.5, the delinquency fee shall be 50 percent of the renewal fee in effect.

(h) (1) The duplicate wall certificate fee shall be fifty dollars ($50). The duplicate renewal receipt fee amount shall be fifty dollars ($50).

(2) Notwithstanding paragraph (1), the board may decrease or increase the amount of the fee under this subdivision to an amount that does not exceed the cost of issuing duplicates, but in no event shall that fee exceed one hundred dollars ($100).

(i) (1) The endorsement or letter of good standing fee shall be sixty dollars ($60).

(2) Notwithstanding paragraph (1), the board may decrease or increase the amount of the fee under this subdivision to an amount that does not exceed the cost of issuing an endorsement or letter, but in no event shall the fee amount exceed one hundred dollars ($100).

~~SEC. 7.~~

SEC. 6. Section 4842.5 of the Business and Professions Code is amended to read:

4842.5. The amount of fees prescribed by this article is fixed by the following schedule:

(a) The fee for filing an application for examination shall be set by the board in an amount it determines is reasonably necessary to provide sufficient funds to carry out the purposes of this chapter, not to exceed three hundred fifty dollars ($350).

(b) The fee for the California registered veterinary technician examination shall be set by the board in an amount it determines is reasonably necessary to provide sufficient funds to carry out the purposes of this chapter, not to exceed three hundred dollars ($300).

(c) The initial registration fee shall be set by the board at not more than three hundred fifty dollars ($350) and shall be prorated on a monthly basis. The board may adopt regulations to provide for the waiver or refund of the initial registration fee when the registration is issued less than 45 days before the date on which it will expire.

(d) The biennial renewal fee shall be set by the board at not more than three hundred fifty dollars ($350).

(e) The delinquency fee shall be set by the board at not more than fifty dollars ($50).

(f) Any charge made for duplication or other services shall be set at the cost of rendering the services.

(g) The fee for filing an application for approval of a school or institution offering a curriculum for training registered veterinary technicians pursuant to Section 4843 shall be set by the board at an amount not to exceed three hundred dollars ($300). The school or institution shall also pay for the actual costs of an onsite inspection conducted by the board pursuant to Section 2065.6 of Title 16 of the California Code of Regulations, including, but not limited to, the travel, food, and lodging expenses incurred by an inspection team sent by the board.

(h) The fee for failure to report a change in the mailing address is twenty-five dollars ($25).

~~SEC. 8.~~

SEC. 7. Section 4905 of the Business and Professions Code is amended to read:

4905. The following fees shall be collected by the board and shall be credited to the Veterinary Medical Board Contingent Fund:

(a) The fee for filing an application for examination shall be set by the board in an amount it determines is reasonably necessary to provide sufficient funds to carry out the purpose of this chapter, not to exceed three hundred fifty dollars ($350).

(b) The fee for the California state board examination shall be set by the board in an amount it determines is reasonably necessary to provide sufficient funds to carry out the purpose of this chapter, not to exceed three hundred fifty dollars ($350).

(c) The fee for the Veterinary Medicine Practice Act examination shall be set by the board in an amount it determines reasonably necessary to provide sufficient funds to carry out the purpose of this chapter, not to exceed one hundred dollars ($100).

(d) The initial license fee shall be set by the board not to exceed five hundred dollars ($500) and shall be prorated on a monthly basis. The board, by appropriate regulation, may provide for the waiver or refund of the initial license fee when the license is issued less than 45 days before the date on which it will expire.

(e) The renewal fee shall be set by the board for each biennial renewal period in an amount it determines is reasonably necessary to provide sufficient funds to carry out the purpose of this chapter, not to exceed five hundred dollars ($500).

(f) The temporary license fee shall be set by the board in an amount it determines is reasonably necessary to provide sufficient funds to carry out the purpose of this chapter, not to exceed two hundred fifty dollars ($250).

(g) The delinquency fee shall be set by the board, not to exceed fifty dollars ($50).

(h) The fee for issuance of a duplicate license is twenty-five dollars ($25).

(i) Any charge made for duplication or other services shall be set at the cost of rendering the service, except as specified in subdivision (h).

(j) The fee for failure to report a change in the mailing address is twenty-five dollars ($25).

(k) The initial and annual renewal fees for registration of veterinary premises shall be set by the board in an amount not to exceed four hundred dollars ($400) annually.

(*l*) If the money transferred from the Veterinary Medical Board Contingent Fund to the General Fund pursuant to the Budget Act of 1991 is redeposited into the Veterinary Medical Board Contingent Fund, the fees assessed by the board shall be reduced correspondingly. However, the reduction shall not be so great as to cause the Veterinary Medical Board Contingent Fund to have a reserve of less than three months of annual authorized board expenditures. The fees set by the board shall not result in a Veterinary Medical Board Contingent Fund reserve of more than 10 months of annual authorized board expenditures.

~~SEC. 9.~~

SEC. 8. Section 4970 of the Business and Professions Code is amended to read:

4970. The amount of fees prescribed for licensed acupuncturists shall be those set forth in this section unless a lower fee is fixed by the board in accordance with Section 4972.

(a) The application fee shall be seventy-five dollars ($75).

(b) The examination and reexamination fees shall be the actual cost to the Acupuncture Board for the development and writing of, grading, and administering of each examination.

(c) The initial license fee shall be three hundred twenty-five dollars ($325) and shall be prorated on a monthly basis.

(d) The renewal fee shall be three hundred twenty-five dollars ($325) and in the event a lower fee is fixed by the board, shall be an amount sufficient to support the functions of the board in the administration of this chapter. The renewal fee shall be assessed on an annual basis until January 1, 1996, and on and after that date the board shall assess the renewal fee biennially.

(e) The delinquency fee shall be set in accordance with Section 163.5.

(f) The application fee for the approval of a school or college under Section 4939 shall be three thousand dollars ($3,000). This subdivision shall become inoperative on January 1, 2017.

(g) The duplicate wall license fee is an amount equal to the cost to the board for the issuance of the duplicate license.

(h) The duplicate renewal receipt fee is ten dollars ($10).

(i) The endorsement fee is ten dollars ($10).

(j) The fee for a duplicate license for an additional office location as required under Section 4961 shall be fifteen dollars ($15).

~~SEC. 10.~~

SEC. 9. Section 5604 of the Business and Professions Code is amended to read:

5604. The fees prescribed by this chapter for architect applicants or architect licenseholders shall be fixed by the board as follows:

(a) The application fee for reviewing a candidate's eligibility to take any section of the examination shall not exceed one hundred dollars ($100).

(b) The fee for any section of the examination administered by the board shall not exceed one hundred dollars ($100).

(c) The fee for an original license at an amount equal to the renewal fee in effect at the time the license is issued. The fee for

an original license shall be prorated on a monthly basis. The board, by appropriate regulation, may provide for the waiver or refund of the fee for an original license if the license is issued less than 45 days before the date on which it will expire.

(d) The fee for an application for reciprocity shall not exceed one hundred dollars ($100).

(e) The fee for a duplicate license shall not exceed twenty-five dollars ($25).

(f) The renewal fee shall not exceed four hundred dollars ($400).

(g) The delinquency fee shall not exceed 50 percent of the renewal fee.

(h) The fee for a retired license shall not exceed the fee prescribed in subdivision (c).

O

AMENDED IN SENATE JUNE 30, 2015

AMENDED IN ASSEMBLY APRIL 23, 2015

AMENDED IN ASSEMBLY MARCH 26, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL No. 316

Introduced by Assembly Member Maienschein

February 13, 2015

An act to ~~amend Section 4830 of~~ *add Sections 900.1 and 901.1 to* the Business and Professions Code, relating to veterinarians.

LEGISLATIVE COUNSEL'S DIGEST

AB 316, as amended, Maienschein. ~~Veterinarians.~~ *Veterinarians: cruelty incidents.*

~~Under~~

(1) Under existing law*, the Veterinary Medicine Practice Act,* the Veterinary Medical Board licenses and regulates veterinarians and the practice of veterinary medicine. It is unlawful for any person to practice veterinary medicine in this state unless he or she holds a valid, unexpired, and unrevoked license issued by the board, except under specified circumstances, including when regularly licensed veterinarians are actually called from other states to attend cases in this state and do not open an office or appoint a place to do business within the state.

~~This bill would specifically exempt from these licensing requirements a regularly licensed veterinarian in good standing who is called from another state by a law enforcement agency, animal control department, or a humane officer to attend to cases that are part of an investigation of an alleged violation of federal or state animal fighting or animal cruelty laws within a single geographic location when the law~~

~~enforcement agency, animal control department, or humane officer determines that it is necessary to call the veterinarian to conduct the investigation in a timely, efficient, and effective manner.~~

Existing law exempts a health care practitioner licensed in another state or territory of the United States, who offers or provides health care for which he or she is licensed, from medical professional licensing requirements if the health care is provided only during a state of emergency upon the request of the Director of the Emergency Medical Services Authority, or if the practitioner is authorized by the relevant licensing board to participate in an event through which health care is provided to the public without compensation to the practitioner and other specified requirements are met.

This bill would authorize a sponsoring entity, as defined, to operate a temporary shelter to provide care to animals seized as a result of a cruelty incident, as defined, and deploy veterinary health care practitioners, as defined, licensed or certified by, and in good standing in, another state, district, or territory of the United States to this state to provide the veterinary health care services, for which the practitioner is licensed or certified, to the animals seized as a result of the cruelty incident. The bill would exempt a veterinary health care practitioner deployed by the sponsoring entity from medical professional licensing requirements if the practitioner receives authorization from the Veterinary Medical Board and other specified requirements are met.

~~Existing law~~

(2) The Veterinary Medicine Practice Act requires the registration of all premises where veterinary medicine, veterinary dentistry, or veterinary surgery is being practiced. ~~Existing law~~ *That act* also requires these premises, and all instruments, apparatus, and apparel used in connection with those practices to be kept clean and sanitary at all times, and to conform to those minimum standards established by the board. Existing law makes it a misdemeanor to violate these provisions regulating the practice of veterinary medicine.

This bill would ~~authorize a regularly licensed veterinarian in good standing who is called from another state to attend to cases that are a part of the above described investigation to provide veterinary medical care to animals that are affected by the investigation within a temporary shelter facility and would exempt the temporary shelter facility from the~~ *exempt a temporary shelter from that* registration requirement if *the temporary shelter is established to provide care and shelter to animals*

seized as a result of a cruelty incident and other specified conditions are met.

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

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

SECTION 1. Section 900.1 is added to the Business and Professions Code, to read:

900.1. Notwithstanding any other law, a temporary shelter shall be exempt from the premises registration requirements of Chapter 11 (commencing with Section 4800) if all of the following requirements are met:

(a) The temporary shelter is established to provide care and shelter to animals seized as a result of a cruelty incident and only provides care and shelter to those animals.

(b) The temporary shelter is operated by a veterinary health care practitioner licensed or certified by, and in good standing in, another state, district, or territory of the United States, who is deployed to this state by a sponsoring entity pursuant to Section 901.1.

(c) The temporary shelter complies with Section 4854.

(d) The temporary shelter does not operate beyond a 60-calendar-day period per cruelty incident. If an animal control department or state or federal law enforcement agency determines that the cruelty incident will exceed the initial 60-calendar-day period, the animal control department or state or federal law enforcement agency shall grant an extension of that period in 30-calendar-day increments until the cruelty incident is concluded.

SEC. 2. Section 901.1 is added to the Business and Professions Code, to read:

901.1. (a) For purposes of this section and Section 900.1, the following provisions apply:

(1) "Animal control department" has the meaning set forth in Section 31606 of the Food and Agricultural Code.

(2) "Board" means the Veterinary Medical Board.

(3) "Cruelty incident" means an alleged violation of a federal or state animal fighting or animal cruelty law that involves numerous animals and overwhelms the response capabilities of California's veterinary health care practitioners.

(4) "Sponsoring entity" means a nonprofit organization organized pursuant to Section 501(c)(3) of the Internal Revenue Code that employs licensed veterinarians.

(5) "Veterinary health care practitioner" or "practitioner" means any person who engages in acts that are subject to licensure or regulation under Chapter 11 (commencing with Section 4800).

(b) In the event of a cruelty incident, and at the request of an animal control department or state or federal law enforcement agency, a sponsoring entity may operate a temporary shelter to provide care to animals seized as a result of a cruelty incident and deploy veterinary health care practitioners licensed or certified by, and in good standing in, another state, district, or territory of the United States to this state to provide the veterinary health care services, for which the practitioner is licensed or certified, to the animals seized as a result of the cruelty incident. A veterinary health care practitioner deployed by a sponsoring entity pursuant to this section is exempt from the requirement for licensure under this division if all of the following requirements are met:

(1) Prior to providing services, the practitioner does all of the following:

(A) Obtains authorization from the board to be deployed by a sponsoring entity after submitting to the board a copy of his or her valid license or certificate from each state in which he or she holds licensure or certification and a photographic identification issued by one of the states in which he or she holds licensure or certification. The board shall notify the veterinary health care practitioner, within 20 calendar days of receiving a request for authorization, whether that request is approved or denied, provided that, if the board receives a request for authorization less than 20 calendar days prior to the date of deployment in response to a cruelty incident, the board shall make reasonable efforts to notify the sponsoring entity whether that request is approved or denied prior to the date of that deployment. Authorization shall expire 12 months from the date of initial authorization unless the veterinary health care practitioner has resubmitted the required information for renewal at least 20 calendar days prior to expiration.

(B) Satisfies the following requirements:

(i) The veterinary health care practitioner has not committed any act or been convicted of a crime constituting grounds for denial of licensure or registration under Section 480 and is in good

standing in each state in which he or she holds licensure or certification.

(ii) The veterinary health care practitioner has the appropriate education and experience to provide veterinary health care services to animals seized as a result of a cruelty incident, as determined by the board.

(iii) The veterinary health care practitioner agrees to comply with all applicable practice requirements set forth in this division and the regulations adopted pursuant to this division.

(C) Submits to the board, on a form prescribed by the board, a request for authorization to practice without a license, and pays a fee, in an amount determined by the board by regulation, which shall be available, upon appropriation, to cover the cost of developing the authorization process and processing the request.

(2) The services are provided under all of the following circumstances:

(A) Only to animals seized as the result of the cruelty incident.

(B) On a short-term voluntary basis, not to exceed a 60-calendar-day period per cruelty incident. If an animal control department or state or federal law enforcement agency determines that the cruelty incident will exceed the initial 60-calendar-day period, the animal control department or state or federal law enforcement agency shall grant an extension of that period in 30-calendar-day increments until the cruelty incident is concluded.

(C) In association with a sponsoring entity registered with the board pursuant to subdivision (d).

(D) Without charge to the recipient or to a third party on behalf of the recipient.

(c) The board may deny a veterinary health care practitioner authorization to practice without a license if the practitioner fails to comply with the requirements of this section or for any act that would be grounds for denial of an application for licensure.

(d) A sponsoring entity seeking board approval to deploy veterinary health care practitioners to California in order to provide veterinary health care services in response to a cruelty incident pursuant to this section shall register with the board by completing a registration form that includes all of the following:

(1) The name of the sponsoring entity.

(2) The name of the principal individual or individuals who are the officers or organizational officials responsible for the operation of the sponsoring entity.

(3) The address, including street, city, ZIP Code, and county, of the sponsoring entity's principal office and each individual listed pursuant to paragraph (2).

(4) The telephone number for the principal office of the sponsoring entity and each individual listed pursuant to paragraph (2).

(5) Any additional information required by the board.

(e) Within 30 calendar days of the provision of veterinary health care services pursuant to this section, the sponsoring entity shall file a report with the board. This report shall contain the date, place, type, and general description of the care provided, along with a listing of the veterinary health care practitioners who participated in providing that care.

(f) The sponsoring entity shall maintain a list of veterinary health care practitioners associated with the provision of veterinary health care services pursuant to this section. The sponsoring entity shall maintain a copy of each veterinary health care practitioner's current license or certification and shall require each veterinary health care practitioner to attest in writing that his or her license or certificate is not suspended or revoked pursuant to disciplinary proceedings in any jurisdiction. The sponsoring entity shall maintain these records for a period of at least five years following the provision of veterinary health care services pursuant to this section and shall, upon request, furnish those records to the board.

(g) A contract of liability insurance issued, amended, or renewed in this state on or after January 1, 2016, shall not exclude coverage of a veterinary health care practitioner or a sponsoring entity that provides, or arranges for the provision of, veterinary health care services pursuant to this section, provided that the practitioner or sponsoring entity complies with this section.

(h) Subdivision (b) shall not be construed to authorize a veterinary health care practitioner to render care outside the scope of practice authorized by his or her license or certificate or this division.

(i) (1) The board may terminate authorization for a veterinary health care practitioner to provide veterinary health care services pursuant to this section for failure to comply with this section, any

applicable practice requirement set forth in this division, any regulations adopted pursuant to this division, or for any act that would be grounds for discipline if done by a licensee.

(2) If the board terminates authorization, the board shall provide both the sponsoring entity and the veterinary health care practitioner with a written notice of termination including the basis for that termination. The veterinary health care practitioner may, within 30 days after the date of the receipt of notice of termination, file a written appeal to the board. The appeal shall include any documentation the veterinary health care practitioner wishes to present to the board.

(3) A veterinary health care practitioner whose authorization to provide veterinary health care services pursuant to this section has been terminated shall not provide veterinary health care services pursuant to this section unless and until a subsequent request for authorization has been approved by the board. A veterinary health care practitioner who provides veterinary health care services in violation of this paragraph shall be deemed to be practicing veterinary health care in violation of the applicable provisions of this division, and be subject to any applicable administrative, civil, or criminal fines, penalties, and other sanctions provided in this division.

~~SECTION 1. Section 4830 of the Business and Professions Code is amended to read:~~

~~4830. (a) This chapter does not apply to:~~

~~(1) Veterinarians while serving in any armed branch of the military service of the United States or the United States Department of Agriculture while actually engaged and employed in their official capacity.~~

~~(2) Regularly licensed veterinarians in actual consultation from other states.~~

~~(3) Regularly licensed veterinarians in good standing actually called from other states to attend cases in this state, but who do not open an office or appoint a place to do business within this state.~~

~~(4) Veterinarians employed by the University of California while engaged in the performance of duties in connection with the College of Agriculture, the Agricultural Experiment Station, the School of Veterinary Medicine, or the agricultural extension work of the university or employed by the Western University of Health~~

~~Sciences while engaged in the performance of duties in connection with the College of Veterinary Medicine or the agricultural extension work of the university.~~

~~(5) Students in the School of Veterinary Medicine of the University of California or the College of Veterinary Medicine of the Western University of Health Sciences who participate in diagnosis and treatment as part of their educational experience, including those in off-campus educational programs under the direct supervision of a licensed veterinarian in good standing, as defined in paragraph (1) of subdivision (b) of Section 4848, appointed by the University of California, Davis, or the Western University of Health Sciences.~~

~~(6) A veterinarian who is employed by the Meat and Poultry Inspection Branch of the California Department of Food and Agriculture while actually engaged and employed in his or her official capacity. A person exempt under this paragraph shall not otherwise engage in the practice of veterinary medicine unless the person is issued a license by the board.~~

~~(7) Unlicensed personnel employed by the Department of Food and Agriculture or the United States Department of Agriculture when in the course of their duties they are directed by a veterinarian supervisor to conduct an examination, obtain biological specimens, apply biological tests, or administer medications or biological products as part of government disease or condition monitoring, investigation, control, or eradication activities.~~

~~(b) (1) For purposes of paragraph (3) of subdivision (a), a regularly licensed veterinarian in good standing who is called from another state by a law enforcement agency, animal control department, as defined in Section 31606 of the Food and Agricultural Code, or a humane officer appointed pursuant to Section 14502 of the Corporations Code, to attend to cases that are a part of an investigation of an alleged violation of federal or state animal fighting or animal cruelty laws within a single geographic location shall be exempt from the licensing requirements of this chapter when the law enforcement agency, animal control department, or humane officer determines that it is necessary to call the veterinarian in order for the agency or officer to conduct the investigation in a timely, efficient, and effective manner. In determining whether it is necessary to call a veterinarian from another state, consideration shall be given to the availability~~

~~of veterinarians in this state to attend to these cases. An agency, department, or officer that calls a veterinarian pursuant to this subdivision shall notify the board of this investigation.~~

~~(2) Notwithstanding any other provision of this chapter, a regularly licensed veterinarian in good standing who is called from another state to attend to cases that are a part of an investigation described in paragraph (1) may provide veterinary medical care for animals that are affected by the investigation within a temporary shelter facility, and the temporary shelter facility shall be exempt from the registration requirement of Section 4853 if all of the following conditions are met:~~

~~(A) The temporary shelter facility is established only for the purposes of the investigation.~~

~~(B) The temporary shelter facility provides veterinary medical care, shelter, food, and water only to the animals that are affected by the investigation.~~

~~(C) The temporary shelter facility complies with Section 4854.~~

~~(D) A notice is posted in a conspicuous location near the temporary shelter facility to indicate that the facility is in use for the veterinary medical care of animals affected by an investigation into alleged violations of federal or state laws.~~

~~(E) The temporary shelter facility exists for not more than 60 days, unless the law enforcement agency, animal control agency, or humane officer determines a longer period of time is necessary to complete the investigation.~~

O

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

Veterinary Medical Board
1747 N. Market Boulevard, Suite 230, Sacramento, CA 95834
Telephone: 916-515-5220 Fax: 916-928-6849 | www.vmb.ca.gov

May 26, 2015

Honorable Brian Maienschein
California State Assembly
State Capitol Room
Sacramento, CA 95814

Re: AB 316- Maienschein: Veterinarians

Dear Assemblyman Maienschein:

The California Veterinary Medical Board has concerns regarding the provisions of AB 316 which would exempt veterinarians from California licensure should the individual be called from another state to attend to cases that are part of an investigation of an alleged violation of federal or state animal fighting or animal cruelty laws. Furthermore, the provisions of AB 316 would exempt temporary shelters established for the purpose of treating animals affected by the investigation from registration and inspection by the Board.

The California Veterinary Medical Board's primary mission is protection of consumers and animals through promotion of professional standards and diligent enforcement of the California Veterinary Medicine Practice Act. Individuals practicing veterinary medicine in California must meet entry level licensing qualifications which have been established to ensure a level of professional competency that mitigates risk to animals receiving veterinary care. California's licensing requirements include California specific examinations which cover topics on state laws and regulations, vaccination protocols, and diseases associated with the California's environment just to name a few. Veterinarians licensed in other states are not required to have knowledge of California specific protocols and environmental factors.

AB 316 provides an avenue for unlicensed veterinarians to practice in the state, but does not explain or justify the need for the exemption. Since California licenses greater than 10% of the entire veterinary profession in the country, the necessity for bringing in out-of-state veterinarians to attend to cases that are part of an investigation and furthermore, exempting temporary facilities from registration and inspection poses a risk to California consumers and animals. Such exemptions should only be pursued if the needs cannot be met by California licensees. AB 316 indicates that consideration shall be given to the veterinarians in the state, but the bill does not include how such availability would be determined.

Finally, AB 316 would seriously limit the Board's enforcement ability to respond to unprofessional conduct or negligence on the part of an unlicensed person called in from out of state; and as with AB 317, Business and Professions Code Section 4809.5 (*SB 304 Amended Stats 2013*), clearly restricts the Board's inspection authority to only those premises that are registered with the Board. As such, there would be little to no recourse through the state should an animal be injured or harmed at an unregistered shelter.

For the reasons identified above, the California Veterinary Medical Board must respectfully oppose AB 316.

Sincerely,

Mark Nunez, DVM, President
Veterinary Medical Board

Cc: Bill Gage Chief Consultant, Senate Business, Professions and Economic Development Committee
Ryan Arnold, DCA Legislative Unit, Department of Consumer Affairs
Valerie Fenstermaker, California Veterinary Medical Association
Kevin O'Neil, ASPCA Lobbyist

AMENDED IN SENATE JUNE 30, 2015

AMENDED IN ASSEMBLY APRIL 27, 2015

AMENDED IN ASSEMBLY MARCH 26, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL No. 317

Introduced by Assembly Member Maienschein

February 13, 2015

An act to add Section ~~4853.7~~ *900.1* to the Business and Professions Code, relating to veterinary medicine.

LEGISLATIVE COUNSEL'S DIGEST

AB 317, as amended, Maienschein. Veterinary medicine: temporary ~~shelter facility.~~ *shelter.*

Under existing law, the Veterinary Medical Board licenses and regulates veterinarians and the practice of veterinary medicine. It is unlawful for any person to practice veterinary medicine in this state unless he or she holds a valid, unexpired, and unrevoked license issued by the board, except under specified circumstances.

Existing law requires the registration of all premises where veterinary medicine, veterinary dentistry, or veterinary surgery is being practiced. Existing law also requires these premises, and all instruments, apparatus, and apparel used in connection with those practices, to be kept clean and sanitary at all times, and to conform to those minimum standards established by the board. Existing law makes it a misdemeanor to violate these provisions regulating the practice of veterinary medicine.

This bill would exempt from the premises registration requirements ~~an organization that establishes~~ a temporary shelter ~~facility during a state of emergency to provide veterinary medical care by a veterinarian~~

~~who is regularly licensed in good standing in another state or territory of the United States if the temporary shelter facility meets specified requirements.~~ *that is established to provide care and shelter to animals displaced by a state of emergency, if specified requirements are met. The bill would require, within 30 calendar days after the temporary shelter ceases operations, the party responsible for the temporary shelter to file a report with the Veterinary Medical Board containing specific information.*

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

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

SECTION 1. Section 900.1 is added to the Business and Professions Code, to read:

900.1. (a) Notwithstanding any other law, a temporary shelter shall be exempt from the premises registration requirements of Chapter 11 (commencing with Section 4800) if all of the following requirements are met:

(1) The temporary shelter is established to provide care and shelter to animals displaced by a state of emergency, as defined in subdivision (b) of Section 8558 of the Government Code, only provides care and shelter to those animals, and, if possible, is located near an American Red Cross shelter, or other equivalent shelter, that houses persons displaced by the state of emergency.

(2) The temporary shelter is operated by either of the following:

(A) A veterinary health care practitioner licensed or certified by, and in good standing in, another state, district, or territory of the United States, who is deployed to this state pursuant to Section 900.

(B) A veterinary health care practitioner licensed or certified by, and in good standing in, this state, who responds to a state of emergency, as defined in subdivision (b) of Section 8558 of the Government Code.

(3) The temporary shelter complies with Section 4854.

(4) The temporary shelter does not operate beyond a 60-calendar-day period per state of emergency. If the state of emergency exceeds the initial 60-calendar-day period, the Director of the Emergency Medical Services Authority may grant an

extension of that period in 30-calendar-day increments until the state of emergency is concluded.

(b) Within 30 calendar days after a temporary shelter exempt from premises registration requirements pursuant to this section ceases operations, the party responsible for the temporary shelter shall file a report with the Veterinary Medical Board containing the date, place, type, and general description of the care provided at the shelter, and a listing of the veterinary health care practitioners who participated in providing that care.

~~SECTION 1. Section 4853.7 is added to the Business and Professions Code, to read:~~

~~4853.7. Notwithstanding any other provision of this chapter, an organization that establishes a temporary shelter facility to provide veterinary medical care, shelter, and food and water during a state of emergency, as defined in subdivision (b) of Section 8558, by a veterinarian who is regularly licensed in good standing in another state or territory of the United States shall be exempt from the premises registration requirements of this chapter if the following requirements are met:~~

~~(a) A notice is posted in a conspicuous location that the temporary shelter facility is being used for the diagnosis and treatment of animals affected by the state of emergency and that this diagnosis and treatment is provided by a veterinarian who is licensed in another state or territory of the United States.~~

~~(b) The temporary shelter facility complies with the standards established pursuant to Section 4854.~~

~~(c) The temporary shelter ceases operations within 60 days after its establishment unless the board grants an extension of this date to protect the public health and safety of the animals within the temporary shelter.~~

O

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

Veterinary Medical Board
1747 N. Market Boulevard, Suite 230, Sacramento, CA 95834
Telephone: 916-515-5220 Fax: 916-928-6849 | www.vmb.ca.gov

May 26, 2015

Honorable Brian Maienschein
California State Assembly
State Capitol Room
Sacramento, CA 95814

Re: AB 317- Maienschein: Health Care Professionals

Dear Assemblyman Maienschein:

After careful consideration of the provisions of AB 317, the California Veterinary Medical Board has concerns regarding the policy implications of exempting veterinary facilities from registration and inspection by the Board.

The California Veterinary Medical Board's primary mission is protection of consumers and animals through promotion of professional standards and diligent enforcement of the California Veterinary Medicine Practice Act. AB 317 restricts the Board's ability to ensure that any organization entering California to provide veterinary care during a declared emergency is qualified to do so by meeting even the basic minimum facility standards. Business and Professions Code Section 4854 mandates that all premises where veterinary medicine is being practiced, including all instruments and apparel, shall be kept clean and sanitary at all times and shall conform to the Board's established minimum standards as defined extensively in California Code of Regulations Sections 2030-2032.5. Exempting a facility from registration and further inspection by the Board, potentially exposes animals and the public to unsanitary conditions where serious harm may come to the very animals the temporary shelter is designed to protect.

As documented by the California Veterinary Medical Association (CVMA) in a letter to you on May 5, 2015, California has an integrated emergency response program where veterinary professionals are trained to respond to animal welfare needs during a disaster by working in conjunction with the California Animal Response Emergency System (CARES). Given the aforementioned programs, and the fact that California licenses greater than 10% of the entire veterinary profession in the country, the necessity for exempting temporary facilities and relying on out-of-state veterinarians to provide veterinary care has not been established by the sponsor of AB 317.

Finally, AB 317 would seriously limit the Board's enforcement ability to respond to an adverse situation if a temporary shelter failed to provide safe and efficacious veterinary care. Business and Professions Code Section 4809.5 (*SB 304 Amended Stats 2013*), clearly restricts the Board's inspection authority to only those premises that are registered with the Board. As such, there would be little to no recourse through the state should an animal be injured or harmed at an unregistered shelter.

The California Veterinary Medical Board appreciates and shares your interest in planning for the needs of animals during emergencies, however, for the reasons stated above the Board must oppose AB 317.

Sincerely,

Mark Nunez, DVM, President
Veterinary Medical Board

Cc: Bill Gage Chief Consultant, Senate Business, Professions and Economic Development Committee
Ryan Arnold, DCA Legislative Unit, Department of Consumer Affairs
Valerie Fenstermaker, California Veterinary Medical Association
Kevin O'Neil, ASPCA Lobbyist

AMENDED IN ASSEMBLY JULY 8, 2015

AMENDED IN ASSEMBLY JUNE 25, 2015

AMENDED IN SENATE JUNE 1, 2015

SENATE BILL No. 27

Introduced by Senator Hill

December 1, 2014

An act to amend Section 4846.5 of the Business and Professions Code, and to add Chapter 4.5 (commencing with Section 14400) to Division 7 of the Food and Agricultural Code, relating to livestock.

LEGISLATIVE COUNSEL'S DIGEST

SB 27, as amended, Hill. Livestock: use of antimicrobial drugs.

(1) Existing law regulates the distribution and use of livestock drugs, as defined, by the Secretary of Food and Agriculture. Existing law also requires a person to obtain a license from the secretary to manufacture, sell, distribute, or store commercial feed, including commercial feed containing drugs.

This bill would, beginning January 1, 2018, prohibit the administration of medically important antimicrobial drugs, as defined, to livestock unless ordered by a *licensed* veterinarian through a prescription or veterinary feed directive pursuant to a veterinarian-client-patient relationship, as specified, and would prohibit the administration of a medically important antimicrobial drug to livestock solely to cause an increased rate of weight gain or improved feed efficiency. The bill would require the Department of Food and Agriculture, in consultation with the Veterinary Medical Board and the State Department of Public Health, to implement programs to promote antimicrobial stewardship in livestock, and, in coordination with specified national entities, would

require the department to develop a monitoring program to gather information on sales, usage, resistance, and management practice data for medically important antimicrobial drugs. The bill would require information provided pursuant to those provisions to be held confidential, as specified. The bill would make a first violation of the bill's provisions subject to a civil penalty of $250 for each day a violation occurs, and would make second and subsequent violations subject to an administrative fine of $500 for each day a violation occurs.

(2) The Veterinary Medicine Practice Act provides for the licensure and regulation of veterinarians and the practice of veterinary medicine by the Veterinary Medical Board, and requires an applicant for a renewal license to complete 36 hours of continuing education in the preceding 2 years.

This bill would require a veterinarian who receives a licence to practice veterinary medicine on or after January 1, 2018, to complete an approved course on the judicious use of medically important antimicrobial drugs every 4 years as part of the continuing education requirement.

(3) Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.

This bill would make legislative findings to that effect.

(4) Because a violation of the provisions of the Veterinary Medicine Practice Act would be a misdemeanor, the bill would impose a state-mandated local program.

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 4846.5 of the Business and Professions
2 Code is amended to read:

4846.5. (a) Except as provided in this section, the board shall issue renewal licenses only to those applicants that have completed a minimum of 36 hours of continuing education in the preceding two years.

(b) (1) Notwithstanding any other law, continuing education hours shall be earned by attending courses relevant to veterinary medicine and sponsored or cosponsored by any of the following:

(A) American Veterinary Medical Association (AVMA) accredited veterinary medical colleges.

(B) Accredited colleges or universities offering programs relevant to veterinary medicine.

(C) The American Veterinary Medical Association.

(D) American Veterinary Medical Association recognized specialty or affiliated allied groups.

(E) American Veterinary Medical Association's affiliated state veterinary medical associations.

(F) Nonprofit annual conferences established in conjunction with state veterinary medical associations.

(G) Educational organizations affiliated with the American Veterinary Medical Association or its state affiliated veterinary medical associations.

(H) Local veterinary medical associations affiliated with the California Veterinary Medical Association.

(I) Federal, state, or local government agencies.

(J) Providers accredited by the Accreditation Council for Continuing Medical Education (ACCME) or approved by the American Medical Association (AMA), providers recognized by the American Dental Association Continuing Education Recognition Program (ADA CERP), and AMA or ADA affiliated state, local, and specialty organizations.

(2) Continuing education credits shall be granted to those veterinarians taking self-study courses, which may include, but are not limited to, reading journals, viewing video recordings, or listening to audio recordings. The taking of these courses shall be limited to no more than six hours biennially.

(3) The board may approve other continuing veterinary medical education providers not specified in paragraph (1).

(A) The board has the authority to recognize national continuing education approval bodies for the purpose of approving continuing education providers not specified in paragraph (1).

(B) Applicants seeking continuing education provider approval shall have the option of applying to the board or to a board-recognized national approval body.

(4) For good cause, the board may adopt an order specifying, on a prospective basis, that a provider of continuing veterinary medical education authorized pursuant to paragraph (1) or (3) is no longer an acceptable provider.

(5) Continuing education hours earned by attending courses sponsored or cosponsored by those entities listed in paragraph (1) between January 1, 2000, and January 1, 2001, shall be credited toward a veterinarian's continuing education requirement under this section.

(c) Every person renewing his or her license issued pursuant to Section 4846.4, or any person applying for relicensure or for reinstatement of his or her license to active status, shall submit proof of compliance with this section to the board certifying that he or she is in compliance with this section. Any false statement submitted pursuant to this section shall be a violation subject to Section 4831.

(d) This section shall not apply to a veterinarian's first license renewal. This section shall apply only to second and subsequent license renewals granted on or after January 1, 2002.

(e) The board shall have the right to audit the records of all applicants to verify the completion of the continuing education requirement. Applicants shall maintain records of completion of required continuing education coursework for a period of four years and shall make these records available to the board for auditing purposes upon request. If the board, during this audit, questions whether any course reported by the veterinarian satisfies the continuing education requirement, the veterinarian shall provide information to the board concerning the content of the course; the name of its sponsor and cosponsor, if any; and specify the specific curricula that was of benefit to the veterinarian.

(f) A veterinarian desiring an inactive license or to restore an inactive license under Section 701 shall submit an application on a form provided by the board. In order to restore an inactive license to active status, the veterinarian shall have completed a minimum of 36 hours of continuing education within the last two years preceding application. The inactive license status of a veterinarian

shall not deprive the board of its authority to institute or continue a disciplinary action against a licensee.

(g) Knowing misrepresentation of compliance with this article by a veterinarian constitutes unprofessional conduct and grounds for disciplinary action or for the issuance of a citation and the imposition of a civil penalty pursuant to Section 4883.

(h) The board, in its discretion, may exempt from the continuing education requirement any veterinarian who for reasons of health, military service, or undue hardship cannot meet those requirements. Applications for waivers shall be submitted on a form provided by the board.

(i) The administration of this section may be funded through professional license and continuing education provider fees. The fees related to the administration of this section shall not exceed the costs of administering the corresponding provisions of this section.

(j) For those continuing education providers not listed in paragraph (1) of subdivision (b), the board or its recognized national approval agent shall establish criteria by which a provider of continuing education shall be approved. The board shall initially review and approve these criteria and may review the criteria as needed. The board or its recognized agent shall monitor, maintain, and manage related records and data. The board may impose an application fee, not to exceed two hundred dollars ($200) biennially, for continuing education providers not listed in paragraph (1) of subdivision (b).

(k) A veterinarian who receives his or her license to practice veterinary medicine on or after January 1, 2018, shall complete an approved course on the judicious use of medically important antimicrobial drugs, as defined in Section 14400 of the Food and Agricultural Code, every four years as part of his or her continuing education requirement.

SEC. 2. Chapter 4.5 (commencing with Section 14400) is added to Division 7 of the Food and Agricultural Code, to read:

Chapter 4.5. Livestock: Use of Antimicrobial Drugs

14400. For purposes of this chapter, the following definitions apply:

(a) "Medically important antimicrobial drug" means an antimicrobial drug listed in Appendix A of the federal Food and Drug Administration's Guidance for Industry #152, including critically important, highly important, and important antimicrobial drugs, as that appendix may be amended.

(b) "Livestock" means all animals and poultry, including aquatic and amphibian species, that are raised, kept, or used for profit. Livestock does not include those species that are usually kept as pets, such as dogs, cats, and pet birds.

14401. Beginning January 1, 2018, a medically important antimicrobial drug shall not be administered to livestock unless ordered by a *licensed* veterinarian through a prescription or veterinary feed directive, pursuant to a veterinarian-client-patient relationship that meets the requirements of Section 2032.1 of Title 16 of the California Code of Regulations.

14402. (a) Beginning January 1, 2018, a medically important antimicrobial drug may be used when, in the professional judgment of a licensed veterinarian, the medically important antimicrobial drug is necessary for any of the following:

(1) To treat a disease or infection.

(2) To control the spread of a disease or infection.

(3) In relation to surgery or a medical procedure.

(4) For prophylaxis to prevent the contraction of a particular disease or infection known or suspected to occur in a specific situation if antimicrobial prophylaxis is considered by a licensed veterinarian to be effective to prevent that infection or disease.

(b) A person shall not administer a medically important antimicrobial drug to livestock solely for purposes of promoting weight gain or improving feed efficiency.

(c) Unless the administration is consistent with subdivision (a), a person shall not administer a medically important antimicrobial drug in a repeated or regular pattern.

14403. (a) Notwithstanding Sections 14401 and 14402 of this code and Section 4051 of the Business and Professions Code, medically important antimicrobial drugs may be sold by retailers licensed pursuant to Article 5 (commencing with Section 14321) of Chapter 4 of Division 7 with proof of an order by a veterinarian.

(b) The department may promulgate regulations to implement this section.

14404. (a) The department, in consultation with the Veterinary Medical Board and the State Department of Public Health, may implement programs, including, but not limited to, best management practices, to promote antimicrobial stewardship in livestock to ensure that each animal gets the intended benefit from the drug to help preserve the lifesaving potential of the drugs in the future. The programs shall include antimicrobial stewardship guidelines on the proper use of medically important antimicrobial drugs for disease treatment, control, and prevention, including, but not limited to, the introduction of effective vaccines and good hygiene and management practices.

(b) The department shall consult with livestock producers, food animal veterinarians, and any other relevant stakeholders on ensuring livestock timely access to treatment for producers in rural areas with limited access to veterinary care.

(c) For purposes of this section, "antimicrobial stewardship" is a commitment to do all of the following:

(1) To use medically important antimicrobial drugs only when necessary to treat, control, and, in some cases, prevent, disease.

(2) To select the appropriate medically important antimicrobial drug, and to administer the drug correctly each time.

(3) To use medically important antimicrobial drugs for the shortest duration necessary and administered to the fewest animals necessary.

(d) The department, in consultation with the Veterinary Medical Board, shall sponsor projects or collaborate with universities, cooperative extension, and veterinary, livestock, and poultry trade associations to do the following:

(1) Promote and develop appropriate training materials for veterinarians, as well as ~~animal~~ *livestock* owners and their employees, to promulgate good stewardship practices.

(2) Disseminate scientifically validated practical alternatives that may reduce the reliance on medically important antimicrobial drugs while maintaining and promoting animal health.

14405. (a) In coordination with the National Animal Health Monitoring System and the National Antimicrobial Resistance Monitoring System, the department shall develop a monitoring program that gathers information on sales, usage, resistance, and management practice data. The monitoring system shall be

compatible with, and not duplicative of, the national monitoring system.

(b) In order to carry out this section, the department may request copies of veterinary feed directives and prescriptions from the livestock owner, veterinarian, or distributor. Participation in this effort shall be done in a manner that does not breach veterinary-patient confidentiality laws.

(c) The department shall seek funds from federal, state, private, and other sources to implement this section.

14406. (a) The department shall consider how best to gather representative samples from all of the following:

(1) California's major livestock segments.

(2) Regions with considerable livestock production.

(3) Representative segments of the food production chain.

(b) The department shall work with willing participants to gather samples and may consult with livestock producers, food animal veterinarians, and any other relevant stakeholders on the implementation of the monitoring system.

14407. Notwithstanding the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code), any information provided pursuant to this chapter shall be held confidential, and shall not be disclosed to any person or governmental agency, other than the department or the Veterinary Medical Board, for the purposes of enforcing the Veterinary Medicine Practice Act (Chapter 11 (commencing with Section 4800) of Division 2 of the Business and Professions Code), unless the data is aggregated to prevent the identification of an individual farm or business. Information may be shared with federal agencies so long as it is protected by the federal Confidential Information Protection and Statistical Efficiency Act of 2002 (Public Law 107-347).

14408. (a) A person who violates this chapter shall be liable for a civil penalty of not more than two hundred and fifty dollars ($250) for each day a violation occurs.

(b) (1) For a second or subsequent violation, a person who violates this chapter shall be punishable by an administrative fine, levied by the secretary, in the amount of five hundred dollars ($500) for each day a violation occurs.

(2) In addition to the administrative fine, the violator shall attend an educational program on the judicious use of medically important

antimicrobial drugs that has been approved by the secretary. The violator shall successfully complete the program and provide proof to the secretary within 90 days from the occurrence of the violation.

(c) In addition to the penalties set forth in this section, if the Veterinary Medical Board determines that a veterinarian has engaged in unprofessional conduct in violation of the Veterinary Medicine Practice Act (Chapter 11 (commencing with Section 4800) of Division 2 of the Business and Professions Code), the veterinarian may be subject to disciplinary sanctions pursuant to the act.

(d) The fees collected pursuant to this article shall be deposited into the Department of Food and Agriculture Fund and shall be available for expenditure upon appropriation by the Legislature.

SEC. 3. The Legislature finds and declares that Section 2 of this act, which adds Section 14407 to the Food and Agricultural Code, imposes a limitation on the public's right of access to the meetings of public bodies or the writings of public officials and agencies within the meaning of Section 3 of Article I of the California Constitution. Pursuant to that constitutional provision, the Legislature makes the following findings to demonstrate the interest protected by this limitation and the need for protecting that interest:

In order to ensure the confidentiality of the information collected pursuant to this act and the integrity of that information for regulatory and enforcement purposes, it is necessary that this act take effect.

SEC. 4. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

O

AMENDED IN ASSEMBLY JULY 2, 2015

AMENDED IN SENATE APRIL 14, 2015

SENATE BILL No. 361

Introduced by Senator Hill
(Coauthor: Senator Nielsen)
(Coauthors: Assembly Members Rodriguez and Waldron)

February 24, 2015

An act to *amend Section 4846.5 of the Business and Professions Code, and to* add Section 1275.4 to the Health and Safety Code, relating to public health, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

SB 361, as amended, Hill. ~~Skilled nursing facilities: antimicrobial stewardship guidelines.~~ *Antimicrobial stewardship: education and policies.*

Under the Veterinary Medical Practice Act, the Veterinary Medical Board licenses veterinarians and regulates the practice of veterinary medicine. The act requires an applicant for a renewal license to complete 36 hours of continuing education in the preceding 2 years.

This bill would require a veterinarian who receives his or her license on or after January 1, 2018, to complete an approved course on the judicious use of medically important antimicrobial drugs, as defined, every 4 years as part of the continuing education requirement.

Existing law provides for the licensure and regulation of skilled nursing facilities by the State Department of Public Health. Under existing law, a violation of the provisions governing skilled nursing facilities constitutes a crime. Existing law also establishes the Hospital Infectious Disease Control Program, which requires the department and

general acute care hospitals to implement various measures relating to the prevention of health care associated infection. The program requires, by July 1, 2015, that each general acute care hospital adopt and implement an antimicrobial stewardship policy, in accordance with guidelines established by the federal government and professional organizations, that includes a process to evaluate the judicious use of antibiotics, as specified.

This bill would require all skilled nursing facilities, as defined, by no later than January 1, 2017, to adopt and implement an antimicrobial stewardship policy. The bill would also require each skilled nursing facility, within 3 months of the establishment of antimicrobial stewardship guidelines by the federal Centers for Disease Control and Prevention or *specified* professional organizations, to amend its policy to be consistent with those antimicrobial stewardship guidelines.

By expanding the scope of an existing crime, this bill would impose a state-mandated local program.

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.

This bill would declare that it is to take effect immediately as an urgency statute.

Vote: ⅔. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

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

SECTION 1. Section 4846.5 of the Business and Professions Code is amended to read:

4846.5. (a) Except as provided in this section, the board shall issue renewal licenses only to those applicants that have completed a minimum of 36 hours of continuing education in the preceding two years.

(b) (1) Notwithstanding any other ~~provision of~~ law, continuing education hours shall be earned by attending courses relevant to veterinary medicine and sponsored or cosponsored by any of the following:

(A) American Veterinary Medical Association (AVMA) accredited veterinary medical colleges.

(B) Accredited colleges or universities offering programs relevant to veterinary medicine.

(C) The American Veterinary Medical Association.

(D) American Veterinary Medical Association recognized specialty or affiliated allied groups.

(E) American Veterinary Medical Association's affiliated state veterinary medical associations.

(F) Nonprofit annual conferences established in conjunction with state veterinary medical associations.

(G) Educational organizations affiliated with the American Veterinary Medical Association or its state affiliated veterinary medical associations.

(H) Local veterinary medical associations affiliated with the California Veterinary Medical Association.

(I) Federal, state, or local government agencies.

(J) Providers accredited by the Accreditation Council for Continuing Medical Education (ACCME) or approved by the American Medical Association (AMA), providers recognized by the American Dental Association Continuing Education Recognition Program (ADA CERP), and AMA or ADA affiliated state, local, and specialty organizations.

(2) Continuing education credits shall be granted to those veterinarians taking self-study courses, which may include, but are not limited to, reading journals, viewing video recordings, or listening to audio recordings. The taking of these courses shall be limited to no more than six hours biennially.

(3) The board may approve other continuing veterinary medical education providers not specified in paragraph (1).

(A) The board has the authority to recognize national continuing education approval bodies for the purpose of approving continuing education providers not specified in paragraph (1).

(B) Applicants seeking continuing education provider approval shall have the option of applying to the board or to a board-recognized national approval body.

(4) For good cause, the board may adopt an order specifying, on a prospective basis, that a provider of continuing veterinary medical education authorized pursuant to paragraph (1) or (3) is no longer an acceptable provider.

(5) Continuing education hours earned by attending courses sponsored or cosponsored by those entities listed in paragraph (1)

between January 1, 2000, and January 1, 2001, shall be credited toward a veterinarian's continuing education requirement under this section.

(c) Every person renewing his or her license issued pursuant to Section ~~4846.4~~ *4846.4,* or any person applying for relicensure or for reinstatement of his or her license to active status, shall submit proof of compliance with this section to the board certifying that he or she is in compliance with this section. Any false statement submitted pursuant to this section shall be a violation subject to Section 4831.

(d) This section shall not apply to a veterinarian's first license renewal. This section shall apply only to second and subsequent license renewals granted on or after January 1, 2002.

(e) The board shall have the right to audit the records of all applicants to verify the completion of the continuing education requirement. Applicants shall maintain records of completion of required continuing education coursework for a period of four years and shall make these records available to the board for auditing purposes upon request. If the board, during this audit, questions whether any course reported by the veterinarian satisfies the continuing education requirement, the veterinarian shall provide information to the board concerning the content of the course; the name of its sponsor and cosponsor, if any; and specify the specific curricula that was of benefit to the veterinarian.

(f) A veterinarian desiring an inactive license or to restore an inactive license under Section 701 shall submit an application on a form provided by the board. In order to restore an inactive license to active status, the veterinarian shall have completed a minimum of 36 hours of continuing education within the last two years preceding application. The inactive license status of a veterinarian shall not deprive the board of its authority to institute or continue a disciplinary action against a licensee.

(g) Knowing misrepresentation of compliance with this article by a veterinarian constitutes unprofessional conduct and grounds for disciplinary action or for the issuance of a citation and the imposition of a civil penalty pursuant to Section 4883.

(h) The board, in its discretion, may exempt from the continuing education requirement any veterinarian who for reasons of health, military service, or undue hardship cannot meet those requirements.

Applications for waivers shall be submitted on a form provided by the board.

(i) The administration of this section may be funded through professional license and continuing education provider fees. The fees related to the administration of this section shall not exceed the costs of administering the corresponding provisions of this section.

(j) For those continuing education providers not listed in paragraph (1) of subdivision (b), the board or its recognized national approval agent shall establish criteria by which a provider of continuing education shall be approved. The board shall initially review and approve these criteria and may review the criteria as needed. The board or its recognized agent shall monitor, maintain, and manage related records and data. The board may impose an application fee, not to exceed two hundred dollars ($200) biennially, for continuing education providers not listed in paragraph (1) of subdivision (b).

(k) (1) A veterinarian who receives his or her license on or after January 1, 2018, shall complete an approved course on the judicious use of medically important antimicrobial drugs every four years as part of his or her continuing education requirements.

(2) For purposes of this subdivision, "medically important antimicrobial drug" means an antimicrobial drug listed in Appendix A of the federal Food and Drug Administration's Guidance for Industry #152, including critically important, highly important, and important antimicrobial drugs, as that appendix may be amended.

~~SECTION 1.~~

SEC. 2. Section 1275.4 is added to the Health and Safety Code, to read:

1275.4. (a) (1) On or before January 1, 2017, each skilled nursing facility, as defined in subdivision (c) of Section 1250, shall adopt and implement an antimicrobial stewardship policy.

(2) Within three months of the *establishment of antimicrobial stewardship guidelines specific to skilled nursing facilities by the* federal Centers for Disease Control and~~ Prevention (CDC) or~~ *Prevention, the Society for Healthcare Epidemiology of America, or similar recognized* professional organizations,~~ including the Society for Healthcare Epidemiology of America (SHEA), establishing antimicrobial stewardship guidelines specific to skilled~~

~~nursing facilities,~~ each skilled nursing facility shall amend its antimicrobial stewardship policy to be consistent with those newly established antimicrobial stewardship guidelines.

(b) All skilled nursing facilities, as defined in subdivision (c) of Section 1250, shall comply with this section. Failure to comply with the requirements of this section may subject the facility to the enforcement actions set forth in Section 1423.

~~SEC. 2.~~

SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

~~SEC. 3.~~

SEC. 4. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the Constitution and shall go into immediate effect. The facts constituting the necessity are:

In order to protect Californians from the burden and threats posed by the national security priority of antimicrobial-resistant infections, it is necessary that this act take effect immediately.

O

AMENDED IN ASSEMBLY JUNE 8, 2015

AMENDED IN SENATE APRIL 20, 2015

SENATE BILL No. 800

Introduced by Committee on Business, Professions and Economic Development (Senators Hill (Chair), Bates, Berryhill, Block, Galgiani, Hernandez, Jackson, Mendoza, and Wieckowski)

March 18, 2015

An act to amend Sections 28, 146, 500, 650.2, 800, 1603a, 1618.5, 1640.1, 1648.10, 1650, 1695, 1695.1, 1905.1, 1944, 2054, ~~2221,~~ 2401, 2428, ~~2519, 2520,~~ 2529, ~~2546.7, 2546.9, 2559.3, 2563, 2565, 2566, 2566.1,~~ 2650, 2770, 2770.1, 2770.2, 2770.7, 2770.8, 2770.10, 2770.11, 2770.12, 2770.13, 2835.5, 2914, 3057, 3509.5, ~~3576, 3577,~~ 4836.2, 4887, 4938, 4939, 4980.399, 4980.43, 4980.54, 4984.01, 4989.34, 4992.09, 4996.2, 4996.22, 4996.28, 4999.1, 4999.2, 4999.3, 4999.4, 4999.5, 4999.7, 4999.45, 4999.46, 4999.55, 4999.76, and 4999.100 of, to amend the heading of Article 3.1 (commencing with Section 2770) of Chapter 6 of Division 2 of, ~~to add Sections 2519.5, 2546.11, 2555.5, 2559.7, 2563.5, and 3576.5 to,~~ and to repeal Section 1917.2 of, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 800, as amended, Committee on Business, Professions and Economic Development. Healing arts.

Under existing law, the Department of Consumer Affairs is comprised of various boards, bureaus, commissions, committees, and similarly constituted agencies that license and regulate the practice of various professions and vocations, including those relating to the healing arts:

(1) Existing law requires persons applying for initial licensure or renewal of a license as a psychologist, clinical social worker,

professional clinical counselor, or marriage and family therapist to have completed prescribed coursework or training in child abuse assessment and reporting. Existing law requires the training to have been obtained from an accredited or approved educational institution, a continuing education provider approved by the responsible board, or a course sponsored or offered by a professional association or a local, county, or state department of health or mental health for continuing education and approved by the responsible board.

This bill would require the responsible board to specify a continuing education provider for child abuse assessment and reporting coursework by regulation, and would permit the responsible board to approve or accept a sponsored or offered course.

(2) Existing law relating to unlicensed activity enforcement lists specified provisions that require registration, licensure, certification, or other authorization in order to engage in certain businesses or professions regulated by the department and, notwithstanding any other law, makes a violation of a listed provision punishable as an infraction under specified circumstances.

This bill would include in those listed provisions an existing requirement for the registration of individuals as certified polysomnographic technologists, polysomnographic technicians, and polysomnographic trainees.

The bill would also include in those listed provisions a provision of the Educational Psychologist Practice Act that makes it unlawful for any person to practice educational psychology or use any title or letters that imply that he or she is a licensed educational psychologist unless, at the time of so doing, he or she holds a valid, unexpired, and unrevoked license under that act, the violation of which is a misdemeanor. The bill would further include in those listed provisions existing requirements of the Licensed Professional Clinical Counselor Act that a person not practice or advertise the performance of professional clinical counseling services without a license issued by the board, and pay the license fee, as required by that act, the violation of which is a misdemeanor.

By creating new infractions, this bill would impose a state-mandated local program.

(3) The Dental Practice Act provides for the licensure and regulation of dentists by the Dental Board of California. For purposes of the act, any reference to the Board of Dental Examiners is deemed a reference to the Dental Board of California.

This bill would delete certain existing references to the Board of Dental Examiners and, instead, refer to the Dental Board of California.

(4) Existing law provides for the regulation of dental hygienists by the Dental Hygiene Committee of California, within the jurisdiction of the Dental Board of California. Existing law authorizes the committee, until January 1, 2010, to contract with the dental board to carry out any of specified provisions relating to the regulation of dental hygienists, and, on and after January 1, 2010, to contract with the dental board to perform investigations of applicants and licensees under those provisions. Existing law requires the committee to establish fees that relate to the licensing of a registered dental hygienist, subject to specified limitations, including fees for curriculum review and site evaluation for accreditation of educational programs.

This bill would require the Dental Hygiene Committee of California to create and maintain a central file of the names of licensees, to provide an individual historical record with information on acts of licensee misconduct and discipline. The bill would remove the limiting dates from the contracting provisions, thereby authorizing the committee to contract with the dental board to carry out any of specified provisions relating to the regulation of dental hygienists, including performing investigations of applicants and licensees. This bill, with regard to fees for accreditation of educational programs, would add a maximum fee for feasibility study review.

(5) The Medical Practice Act provides for the licensure and regulation of physicians and surgeons by the Medical Board of California. Under existing law, the board issues a physician and surgeon's certificate to a licensed physician ~~and surgeon, and authorizes the board to deny a certificate to an applicant guilty of unprofessional conduct or of any cause that would subject a licensee to revocation or suspension of his or her license.~~ *surgeon.* The act prohibits a person who fails to renew his or her license within 5 years after its expiration from renewing it, and prohibits the license from being reissued, reinstated, or restored thereafter, although the act authorizes a person to apply for and obtain a new license under specified circumstances.

This bill would ~~additionally authorize the board to deny a postgraduate training authorization letter to an applicant guilty of unprofessional conduct or of any cause that would subject a licensee to revocation or suspension of his or her license. The bill would~~ recast that renewal provision to prohibit renewal by a person who voluntarily cancels his or her license or who fails to renew it as described, and would authorize

that person to apply for and obtain a license under those specified circumstances, without regard to reissuance, reinstatement, or restoration.

(6) Existing law relating to research psychoanalysts authorizes certain students and graduates in psychoanalysis to engage in psychoanalysis under prescribed circumstances if they register with the Medical Board of California and present evidence of their student or graduate status. Existing law authorizes that board to suspend or revoke the exemption of those persons from licensure for unprofessional conduct for, among other things, repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs or treatment, use of diagnostic procedures, or use of diagnostic or treatment facilities.

This bill would substitute, for those described bases for suspension or revocation of the exemption, the commission of any act of sexual abuse, misconduct, or relations with a patient, client, or customer.

(7) The Physical Therapy Practice Act provides for the licensure, approval, and regulation of physical therapists and physical therapist assistants by the Physical Therapy Board of California. The act establishes education requirements for a physical therapist assistant, including subject matter instruction through a combination of didactic and clinical experiences, and requires the clinical experience to include at least 18 weeks of full-time experience with a variety of patients.

This bill would delete that 18-week full-time experience requirement for physical therapist assistant education.

(8) The Nursing Practice Act provides for the licensure and regulation of nurse practitioners by the Board of Registered Nursing. The act, on and after January 1, 2008, requires an applicant for initial qualification or certification as a nurse practitioner under the act who has not been qualified or certified as a nurse practitioner to meet specified requirements. Certain provisions allow the board to find other persons in practice qualified to use the title of "nurse practitioner."

This bill would delete those title provisions.

(9) The Nursing Practice Act provides for a diversion program to identify and rehabilitate registered nurses whose competency may be impaired due to abuse of alcohol and other drugs, or due to mental illness.

This bill would instead refer to the program as an intervention program.

(10) The Optometry Practice Act provides for the licensure and regulation of optometrists by the State Board of Optometry. The act

prescribes license eligibility requirements, including, but not limited to, submitting proof that the person is licensed in good standing as of the date of application in every state where he or she holds a license, including compliance with continuing education requirements, submitting proof that the person has been in active practice in a state in which he or she is licensed for a total of at least 5,000 hours in 5 of the 7 consecutive years immediately preceding the date of his or her application, and has never had his or her license to practice optometry revoked or suspended. For purposes of those provisions, "in good standing" includes the requirement that the person have not been found mentally incompetent by a physician so that the person is unable to undertake the practice of optometry in a manner consistent with the safety of a patient or the public.

This bill would delete that active practice requirement and would require that the license never have been revoked or suspended in any state where the person holds a license. The bill, with regard to making such a finding of mental incompetence, would replace a finding by a physician with a finding by a licensed psychologist or licensed psychiatrist.

(11) The Physician Assistant Practice Act requires the Physician Assistant Board to annually elect a chairperson and vice chairperson from among its members.

This bill would require the annual election of a president and vice president.

(12) Existing law relating to veterinary medicine requires a veterinary assistant to obtain a controlled substance permit from the Veterinary Medical Board in order to administer a controlled substance, and authorizes the board to deny, revoke, or suspend the permit, after notice and hearing, for any of specified causes. Existing law authorizes the board to revoke or suspend a permit for the same.

This bill would, instead, authorize the board to suspend or revoke the controlled substance permit of a veterinary assistant, after notice and hearing, for any of specified causes, and to deny, revoke, or suspend a permit for the same.

(13) The Acupuncture Licensure Act provides for the licensure and regulation of the practice of acupuncture by the Acupuncture Board. The act requires the board to issue a license to practice acupuncture to a person who meets prescribed requirements. The act requires, in the case of an applicant who has completed education and training outside the United States and Canada, documented educational training and

clinical experience that meets certain standards established by the board. Existing law, commencing January 1, 2017, specifically requires the board to establish standards for the approval of educational training and clinical experience received outside the United States and Canada.

This bill would remove Canada from those provisions, thereby applying the same standards to all training and clinical experience completed outside the United States.

(14) The Licensed Marriage and Family Therapist Act provides for the licensure and regulation of marriage and family therapists by the Board of Behavioral Sciences. The act sets forth the educational and training requirements for licensure as a marriage and family therapist, including certain supervised-experience requirements whereby a prospective licensee is required to work a specified number of hours in a clinical setting under the supervision of experienced professionals. The act requires all persons to register with the board as an intern in order to be credited for postdegree hours of supervised experience gained toward licensure. The act, with regard to interns, requires all postdegree hours of experience to be credited toward licensure, except when employed in a private practice setting, if certain conditions are met.

This bill would require postdegree hours of experience to be credited toward licensure if certain conditions are met. The bill would prohibit an applicant for licensure as a marriage and family therapist from being employed or volunteering in a private practice until registered as an intern by the board. This bill would similarly prohibit an applicant for professional clinical counselor under the Licensed Professional Clinical Counselor Act from being employed or volunteering in a private practice until registered as an intern by the board.

(15) The Licensed Marriage and Family Therapist Act, the Educational Psychologist Practice Act, the Clinical Social Worker Practice Act, and the Licensed Professional Clinical Counselor Act require the Board of Behavioral Sciences to approve continuing education providers for specified educational courses relating to licensure for marriage and family therapists, educational psychologists, clinical social workers, and professional clinical counselors.

The bill would modify those acts to require the Board of Behavioral Sciences to identify, by regulation, acceptable continuing education providers.

(16) The Licensed Marriage and Family Therapist Act and the Licensed Professional Clinical Counselor Act provide for the registration

of interns and allow a maximum of possible renewals after initial registration, after which a new registration number is required to be obtained. The Clinical Social Worker Practice Act provides similarly for the registration and renewal of registration of associate clinical social workers. An applicant who is issued a subsequent number is barred from employment or volunteering in a private practice.

This bill would revise those provisions to refer throughout to subsequent registration numbers.

~~(17) Existing law authorizes the Medical Board of California to take specific actions with regard to the licences of licensed midwives, and the registration of nonresident contact lens sellers, spectacle lens dispensers, contact lens dispensers, dispensing opticians, and polysomnographic technologists.~~

~~This bill would authorize the board to place on probation for specified grounds a midwife license or the registration certificate of a nonresident contact lens seller, spectacle lens dispenser, contact lens dispenser, or polysomnographic technologist. The bill would require such a licensee or registrant to pay probation monitoring fees upon order of the board. The bill would authorize a person whose license or certificate has been surrendered while under investigation or while charges are pending, or whose license or certificate has been revoked or suspended or placed on probation, to petition the board for reinstatement or modification of penalty, as prescribed.~~

~~(18)~~

(17) Existing law provides for the registration of telephone medical advice services. Existing law imposes requirements for obtaining and maintaining registration, including a requirement that ~~the provision of~~ medical advice services ~~are~~ *be* provided by specified licensed, registered, or certified health care professionals.

This bill would expand the specified health care professionals to include naturopathic doctors and licensed professional clinical counselors. The bill would require a service to notify the department of certain business changes, and to submit quarterly reports.

~~(19)~~

(18) This bill would additionally delete or update obsolete provisions and make conforming or nonsubstantive changes.

~~(20)~~

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

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

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

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

SECTION 1. Section 28 of the Business and Professions Code is amended to read:

28. (a) The Legislature finds that there is a need to ensure that professionals of the healing arts who have demonstrable contact with victims and potential victims of child, elder, and dependent adult abuse, and abusers and potential abusers of children, elders, and dependent adults are provided with adequate and appropriate training regarding the assessment and reporting of child, elder, and dependent adult abuse that will ameliorate, reduce, and eliminate the trauma of abuse and neglect and ensure the reporting of abuse in a timely manner to prevent additional occurrences.

(b) The Board of Psychology and the Board of Behavioral Sciences shall establish required training in the area of child abuse assessment and reporting for all persons applying for initial licensure and renewal of a license as a psychologist, clinical social worker, professional clinical counselor, or marriage and family therapist. This training shall be required one time only for all persons applying for initial licensure or for licensure renewal.

(c) All persons applying for initial licensure or renewal of a license as a psychologist, clinical social worker, professional clinical counselor, or marriage and family therapist shall, in addition to all other requirements for licensure or renewal, have completed coursework or training in child abuse assessment and reporting that meets the requirements of this section, including detailed knowledge of the Child Abuse and Neglect Reporting Act (Article 2.5 (commencing with Section 11164) of Chapter 2 of Title 1 of Part 4 of the Penal Code). The training shall meet all of the following requirements:

(1) Be obtained from one of the following sources:

(A) An accredited or approved educational institution, as defined in Sections 2902, 4980.36, 4980.37, 4996.18, and 4999.12, including extension courses offered by those institutions.

(B) A continuing education provider as specified by the responsible board by regulation.

(C) A course sponsored or offered by a professional association or a local, county, or state department of health or mental health for continuing education and approved or accepted by the responsible board.

(2) Have a minimum of seven contact hours.

(3) Include the study of the assessment and method of reporting of sexual assault, neglect, severe neglect, general neglect, willful cruelty or unjustifiable punishment, corporal punishment or injury, and abuse in out-of-home care. The training shall also include physical and behavioral indicators of abuse, crisis counseling techniques, community resources, rights and responsibilities of reporting, consequences of failure to report, caring for a child's needs after a report is made, sensitivity to previously abused children and adults, and implications and methods of treatment for children and adults.

(4) An applicant shall provide the appropriate board with documentation of completion of the required child abuse training.

(d) The Board of Psychology and the Board of Behavioral Sciences shall exempt an applicant who applies for an exemption from this section and who shows to the satisfaction of the board that there would be no need for the training in his or her practice because of the nature of that practice.

(e) It is the intent of the Legislature that a person licensed as a psychologist, clinical social worker, professional clinical counselor, or marriage and family therapist have minimal but appropriate training in the areas of child, elder, and dependent adult abuse assessment and reporting. It is not intended that, by solely complying with this section, a practitioner is fully trained in the subject of treatment of child, elder, and dependent adult abuse victims and abusers.

(f) The Board of Psychology and the Board of Behavioral Sciences are encouraged to include coursework regarding the assessment and reporting of elder and dependent adult abuse in the required training on aging and long-term care issues prior to licensure or license renewal.

SEC. 2. Section 146 of the Business and Professions Code is amended to read:

146. (a) Notwithstanding any other provision of law, a violation of any code section listed in subdivision (c) is an infraction subject to the procedures described in Sections 19.6 and 19.7 of the Penal Code when either of the following applies:

(1) A complaint or a written notice to appear in court pursuant to Chapter 5c (commencing with Section 853.5) of Title 3 of Part 2 of the Penal Code is filed in court charging the offense as an infraction unless the defendant, at the time he or she is arraigned, after being advised of his or her rights, elects to have the case proceed as a misdemeanor.

(2) The court, with the consent of the defendant and the prosecution, determines that the offense is an infraction in which event the case shall proceed as if the defendant has been arraigned on an infraction complaint.

(b) Subdivision (a) does not apply to a violation of the code sections listed in subdivision (c) if the defendant has had his or her license, registration, or certificate previously revoked or suspended.

(c) The following sections require registration, licensure, certification, or other authorization in order to engage in certain businesses or professions regulated by this code:

(1) Sections 2052 and 2054.
(2) Section 2630.
(3) Section 2903.
(4) Section 3575.
(5) Section 3660.
(6) Sections 3760 and 3761.
(7) Section 4080.
(8) Section 4825.
(9) Section 4935.
(10) Section 4980.
(11) Section 4989.50.
(12) Section 4996.
(13) Section 4999.30.
(14) Section 5536.
(15) Section 6704.
(16) Section 6980.10.
(17) Section 7317.
(18) Section 7502 or 7592.
(19) Section 7520.

(20) Section 7617 or 7641.
(21) Subdivision (a) of Section 7872.
(22) Section 8016.
(23) Section 8505.
(24) Section 8725.
(25) Section 9681.
(26) Section 9840.
(27) Subdivision (c) of Section 9891.24.
(28) Section 19049.

(d) Notwithstanding any other law, a violation of any of the sections listed in subdivision (c), which is an infraction, is punishable by a fine of not less than two hundred fifty dollars ($250) and not more than one thousand dollars ($1,000). No portion of the minimum fine may be suspended by the court unless as a condition of that suspension the defendant is required to submit proof of a current valid license, registration, or certificate for the profession or vocation that was the basis for his or her conviction.

SEC. 3. Section 500 of the Business and Professions Code is amended to read:

500. If the register or book of registration of the Medical Board of California, the Dental Board of California, or the *California State* Board of Pharmacy is destroyed by fire or other public calamity, the board, whose duty it is to keep the register or book, may reproduce it so that there may be shown as nearly as possible the record existing in the original at the time of destruction.

SEC. 4. Section 650.2 of the Business and Professions Code is amended to read:

650.2. Notwithstanding Section 650 or any other provision of law, it shall not be unlawful for a person licensed pursuant to Chapter 4 (commencing with Section 1600) of Division 2 or any other person, to participate in or operate a group advertising and referral service for dentists if all of the following conditions are met:

(a) The patient referrals by the service result from patient-initiated responses to service advertising.

(b) The service advertises, if at all, in conformity with Section 651 and subdivisions (i) and (*l*) of Section 1680.

(c) The service does not employ a solicitor within the meaning of subdivision (j) of Section 1680.

(d) The service does not impose a fee on the member dentists dependent upon the number of referrals or amount of professional fees paid by the patient to the dentist.

(e) Participating dentists charge no more than their usual and customary fees to any patient referred.

(f) The service registers with the Dental Board of California, providing its name and address.

(g) The service files with the Dental Board of California a copy of the standard form contract that regulates its relationship with member dentists, which contract shall be confidential and not open to public inspection.

(h) If more than 50 percent of its referrals are made to one individual, association, partnership, corporation, or group of three or more dentists, the service discloses that fact in all public communications, including, but not limited to, communication by means of television, radio, motion picture, newspaper, book, or list or directory of healing arts practitioners.

(i) When member dentists pay any fee to the service, any advertisement by the service shall clearly and conspicuously disclose that fact by including a statement as follows: "Paid for by participating dentists." In print advertisements, the required statement shall be in at least 9-point type. In radio advertisements, the required statement shall be articulated so as to be clearly audible and understandable by the radio audience. In television advertisements, the required statement shall be either clearly audible and understandable to the television audience, or displayed in a written form that remains clearly visible for at least five seconds to the television audience. This subdivision shall be operative on and after July 1, 1994.

The Dental Board of California may adopt regulations necessary to enforce and administer this section.

The Dental Board of California may suspend or revoke the registration of any service that fails to comply with subdivision (i). No service may reregister with the board if it has a registration that is currently under suspension for a violation of subdivision (i), nor may a service reregister with the board if it had a registration revoked by the board for a violation of subdivision (i) less than one year after that revocation.

The Dental Board of California may petition the superior court of any county for the issuance of an injunction restraining any conduct that constitutes a violation of this section.

It is unlawful and shall constitute a misdemeanor for a person to operate a group advertising and referral service for dentists without providing its name and address to the Dental Board of California.

It is the intent of the Legislature in enacting this section not to otherwise affect the prohibitions provided in Section 650. The Legislature intends to allow the pooling of resources by dentists for the purposes of advertising.

This section shall not be construed to authorize a referral service to engage in the practice of dentistry.

SEC. 5. Section 800 of the Business and Professions Code is amended to read:

800. (a) The Medical Board of California, the Board of Psychology, the Dental Board of California, the Dental Hygiene Committee of California, the Osteopathic Medical Board of California, the State Board of Chiropractic Examiners, the Board of Registered Nursing, the Board of Vocational Nursing and Psychiatric ~~Technicians,~~ *Technicians of the State of California,* the State Board of Optometry, the Veterinary Medical Board, the Board of Behavioral Sciences, the Physical Therapy Board of California, the California State Board of Pharmacy, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board, the California Board of Occupational Therapy, the Acupuncture Board, and the Physician Assistant Board shall each separately create and maintain a central file of the names of all persons who hold a license, certificate, or similar authority from that board. Each central file shall be created and maintained to provide an individual historical record for each licensee with respect to the following information:

(1) Any conviction of a crime in this or any other state that constitutes unprofessional conduct pursuant to the reporting requirements of Section 803.

(2) Any judgment or settlement requiring the licensee or his or her insurer to pay any amount of damages in excess of three thousand dollars ($3,000) for any claim that injury or death was proximately caused by the licensee's negligence, error or omission

in practice, or by rendering unauthorized professional services, pursuant to the reporting requirements of Section 801 or 802.

(3) Any public complaints for which provision is made pursuant to subdivision (b).

(4) Disciplinary information reported pursuant to Section 805, including any additional exculpatory or explanatory statements submitted by the licentiate pursuant to subdivision (f) of Section 805. If a court finds, in a final judgment, that the peer review resulting in the 805 report was conducted in bad faith and the licensee who is the subject of the report notifies the board of that finding, the board shall include that finding in the central file. For purposes of this paragraph, "peer review" has the same meaning as defined in Section 805.

(5) Information reported pursuant to Section 805.01, including any explanatory or exculpatory information submitted by the licensee pursuant to subdivision (b) of that section.

(b) (1) Each board shall prescribe and promulgate forms on which members of the public and other licensees or certificate holders may file written complaints to the board alleging any act of misconduct in, or connected with, the performance of professional services by the licensee.

(2) If a board, or division thereof, a committee, or a panel has failed to act upon a complaint or report within five years, or has found that the complaint or report is without merit, the central file shall be purged of information relating to the complaint or report.

(3) Notwithstanding this subdivision, the Board of Psychology, the Board of Behavioral Sciences, and the Respiratory Care Board of California shall maintain complaints or reports as long as each board deems necessary.

(c) (1) The contents of any central file that are not public records under any other provision of law shall be confidential except that the licensee involved, or his or her counsel or representative, shall have the right to inspect and have copies made of his or her complete file except for the provision that may disclose the identity of an information source. For the purposes of this section, a board may protect an information source by providing a copy of the material with only those deletions necessary to protect the identity of the source or by providing a comprehensive summary of the substance of the material. Whichever method is used, the board shall ensure that full

disclosure is made to the subject of any personal information that could reasonably in any way reflect or convey anything detrimental, disparaging, or threatening to a licensee's reputation, rights, benefits, privileges, or qualifications, or be used by a board to make a determination that would affect a licensee's rights, benefits, privileges, or qualifications. The information required to be disclosed pursuant to Section 803.1 shall not be considered among the contents of a central file for the purposes of this subdivision.

(2) The licensee may, but is not required to, submit any additional exculpatory or explanatory statement or other information that the board shall include in the central file.

(3) Each board may permit any law enforcement or regulatory agency when required for an investigation of unlawful activity or for licensing, certification, or regulatory purposes to inspect and have copies made of that licensee's file, unless the disclosure is otherwise prohibited by law.

(4) These disclosures shall effect no change in the confidential status of these records.

SEC. 6. Section 1603a of the Business and Professions Code is amended to read:

1603a. A member of the Dental Board of California who has served two terms shall not be eligible for reappointment to the board. In computing two terms hereunder, that portion of an unexpired term that a member fills as a result of a vacancy shall be excluded.

SEC. 7. Section 1618.5 of the Business and Professions Code is amended to read:

1618.5. (a) The board shall provide to the Director of the Department of Managed Health Care a copy of any accusation filed with the Office of Administrative Hearings pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, when the accusation is filed, for a violation of this chapter relating to the quality of care of any dental provider of a health care service plan, as defined in Section 1345 of the Health and Safety Code. There shall be no liability on the part of, and no cause of action shall arise against, the State of California, the Dental Board of California, the Department of Managed Health Care, the director of that department, or any officer, agent, employee, consultant, or contractor of the state or the board or the department for the release of any false or

unauthorized information pursuant to this section, unless the release is made with knowledge and malice.

(b) The board and its executive officer and staff shall maintain the confidentiality of any nonpublic reports provided by the Director of the Department of Managed Health Care pursuant to subdivision (i) of Section 1380 of the Health and Safety Code.

SEC. 8. Section 1640.1 of the Business and Professions Code is amended to read:

1640.1. As used in this article, the following definitions shall apply:

(a) "Specialty" means an area of dental practice approved by the American Dental Association and recognized by the board.

(b) "Discipline" means an advanced dental educational program in an area of dental practice not approved as a specialty by the American Dental Association; but offered from a dental college approved by the board.

(c) "Dental college approved by the board" means a dental school or college that is approved by the Commission on Dental Accreditation of the American Dental Association, that is accredited by a body that has a reciprocal accreditation agreement with that commission, or that has been approved by the Dental Board of California through its own approval process.

SEC. 9. Section 1648.10 of the Business and Professions Code is amended to read:

1648.10. (a) The Dental Board of California shall develop and distribute a fact sheet describing and comparing the risks and efficacy of the various types of dental restorative materials that may be used to repair a dental patient's oral condition or defect. The fact sheet shall include:

(1) A description of the groups of materials that are available to the profession for restoration of an oral condition or defect.

(2) A comparison of the relative benefits and detriments of each group of materials.

(3) A comparison of the cost considerations associated with each group of materials.

(4) A reference to encourage discussion between patient and dentist regarding materials and to inform the patient of his or her options.

(b) The fact sheet shall be made available by the Dental Board of California to all licensed dentists.

(c) The Dental Board of California shall update the fact sheet described in subdivision (a) as determined necessary by the board.

SEC. 10. Section 1650 of the Business and Professions Code is amended to read:

1650. Every person who is now or hereafter licensed to practice dentistry in this state shall register on forms prescribed by the board, his or her place of practice with the executive officer of the Dental ~~Board,~~ *Board of California,* or, if he or she has more than one place of practice, all of the places of practice, or, if he or she has no place of practice, to so notify the executive officer of the board. A person licensed by the board shall register with the executive officer within 30 days after the date of his or her license.

SEC. 11. Section 1695 of the Business and Professions Code is amended to read:

1695. It is the intent of the Legislature that the Dental Board of California seek ways and means to identify and rehabilitate licentiates whose competency may be impaired due to abuse of dangerous drugs or alcohol, so that licentiates so afflicted may be treated and returned to the practice of dentistry in a manner that will not endanger the public health and safety. It is also the intent of the Legislature that the Dental Board of California shall implement this legislation in part by establishing a diversion program as a voluntary alternative approach to traditional disciplinary actions.

SEC. 12. Section 1695.1 of the Business and Professions Code is amended to read:

1695.1. As used in this article:

(a) "Board" means the Dental Board of California.

(b) "Committee" means a diversion evaluation committee created by this article.

(c) "Program manager" means the staff manager of the diversion program, as designated by the executive officer of the board. The program manager shall have background experience in dealing with substance abuse issues.

SEC. 13. Section 1905.1 of the Business and Professions Code is amended to read:

1905.1. The committee may contract with the dental board to carry out this article. The committee may contract with the dental board to perform investigations of applicants and licensees under this article.

SEC. 14. Section 1917.2 of the Business and Professions Code is repealed.

SEC. 15. Section 1944 of the Business and Professions Code is amended to read:

1944. (a) The committee shall establish by resolution the amount of the fees that relate to the licensing of a registered dental hygienist, a registered dental hygienist in alternative practice, and a registered dental hygienist in extended functions. The fees established by board resolution in effect on June 30, 2009, as they relate to the licensure of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions, shall remain in effect until modified by the committee. The fees are subject to the following limitations:

(1) The application fee for an original license and the fee for issuance of an original license shall not exceed two hundred fifty dollars ($250).

(2) The fee for examination for licensure as a registered dental hygienist shall not exceed the actual cost of the examination.

(3) The fee for examination for licensure as a registered dental hygienist in extended functions shall not exceed the actual cost of the examination.

(4) The fee for examination for licensure as a registered dental hygienist in alternative practice shall not exceed the actual cost of administering the examination.

(5) The biennial renewal fee shall not exceed one hundred sixty dollars ($160).

(6) The delinquency fee shall not exceed one-half of the renewal fee. Any delinquent license may be restored only upon payment of all fees, including the delinquency fee, and compliance with all other applicable requirements of this article.

(7) The fee for issuance of a duplicate license to replace one that is lost or destroyed, or in the event of a name change, shall not exceed twenty-five dollars ($25) or one-half of the renewal fee, whichever is greater.

(8) The fee for certification of licensure shall not exceed one-half of the renewal fee.

(9) The fee for each curriculum review, feasibility study review, and site evaluation for educational programs for dental hygienists

who are not accredited by a committee-approved agency shall not exceed two thousand one hundred dollars ($2,100).

(10) The fee for each review or approval of course requirements for licensure or procedures that require additional training shall not exceed seven hundred fifty dollars ($750).

(11) The initial application and biennial fee for a provider of continuing education shall not exceed five hundred dollars ($500).

(12) The amount of fees payable in connection with permits issued under Section 1962 is as follows:

(A) The initial permit fee is an amount equal to the renewal fee for the applicant's license to practice dental hygiene in effect on the last regular renewal date before the date on which the permit is issued.

(B) If the permit will expire less than one year after its issuance, then the initial permit fee is an amount equal to 50 percent of the renewal fee in effect on the last regular renewal date before the date on which the permit is issued.

(b) The renewal and delinquency fees shall be fixed by the committee by resolution at not more than the current amount of the renewal fee for a license to practice under this article nor less than five dollars ($5).

(c) Fees fixed by the committee by resolution pursuant to this section shall not be subject to the approval of the Office of Administrative Law.

(d) Fees collected pursuant to this section shall be collected by the committee and deposited into the State Dental Hygiene Fund, which is hereby created. All money in this fund shall, upon appropriation by the Legislature in the annual Budget Act, be used to implement this article.

(e) No fees or charges other than those listed in this section shall be levied by the committee in connection with the licensure of registered dental hygienists, registered dental hygienists in alternative practice, or registered dental hygienists in extended functions.

(f) The fee for registration of an extramural dental facility shall not exceed two hundred fifty dollars ($250).

(g) The fee for registration of a mobile dental hygiene unit shall not exceed one hundred fifty dollars ($150).

(h) The biennial renewal fee for a mobile dental hygiene unit shall not exceed two hundred fifty dollars ($250).

(i) The fee for an additional office permit shall not exceed two hundred fifty dollars ($250).

(j) The biennial renewal fee for an additional office as described in Section 1926.4 shall not exceed two hundred fifty dollars ($250).

(k) The initial application and biennial special permit fee is an amount equal to the biennial renewal fee specified in paragraph (6) of subdivision (a).

(*l*) The fees in this section shall not exceed an amount sufficient to cover the reasonable regulatory cost of carrying out this article.

SEC. 16. Section 2054 of the Business and Professions Code is amended to read:

2054. (a) Any person who uses in any sign, business card, or letterhead, or, in an advertisement, the words "doctor" or "physician," the letters or prefix "Dr.," the initials "M.D.," or any other terms or letters indicating or implying that he or she is a physician and surgeon, physician, surgeon, or practitioner under the terms of this or any other law, or that he or she is entitled to practice hereunder, or who represents or holds himself or herself out as a physician and surgeon, physician, surgeon, or practitioner under the terms of this or any other law, without having at the time of so doing a valid, unrevoked, and unsuspended certificate as a physician and surgeon under this chapter, is guilty of a misdemeanor.

(b) A holder of a valid, unrevoked, and unsuspended certificate to practice podiatric medicine may use the phrases "doctor of podiatric medicine," "doctor of podiatry," and "podiatric doctor," or the initials "D.P.M.," and shall not be in violation of subdivision (a).

(c) Notwithstanding subdivision (a), any of the following persons may use the words "doctor" or "physician," the letters or prefix "Dr.," or the initials "M.D.":

(1) A graduate of a medical school approved or recognized by the board while enrolled in a postgraduate training program approved by the board.

(2) A graduate of a medical school who does not have a certificate as a physician and surgeon under this chapter if he or she meets all of the following requirements:

(A) If issued a license to practice medicine in any jurisdiction, has not had that license revoked or suspended by that jurisdiction.

(B) Does not otherwise hold himself or herself out as a physician and surgeon entitled to practice medicine in this state except to the extent authorized by this chapter.

(C) Does not engage in any of the acts prohibited by Section 2060.

(3) A person authorized to practice medicine under Section 2111 or 2113 subject to the limitations set forth in those sections.

~~SEC. 17. Section 2221 of the Business and Professions Code is amended to read:~~

~~2221. (a) The board may deny a physician's and surgeon's certificate or postgraduate training authorization letter to an applicant guilty of unprofessional conduct or of any cause that would subject a licensee to revocation or suspension of his or her license. The board, in its sole discretion, may issue a probationary physician's and surgeon's certificate to an applicant subject to terms and conditions, including, but not limited to, any of the following conditions of probation:~~

~~(1) Practice limited to a supervised, structured environment where the licensee's activities shall be supervised by another physician and surgeon.~~

~~(2) Total or partial restrictions on drug prescribing privileges for controlled substances.~~

~~(3) Continuing medical or psychiatric treatment.~~

~~(4) Ongoing participation in a specified rehabilitation program.~~

~~(5) Enrollment and successful completion of a clinical training program.~~

~~(6) Abstention from the use of alcohol or drugs.~~

~~(7) Restrictions against engaging in certain types of medical practice.~~

~~(8) Compliance with all provisions of this chapter.~~

~~(9) Payment of the cost of probation monitoring.~~

~~(b) The board may modify or terminate the terms and conditions imposed on the probationary certificate upon receipt of a petition from the licensee. The board may assign the petition to an administrative law judge designated in Section 11371 of the Government Code. After a hearing on the petition, the administrative law judge shall provide a proposed decision to the board.~~

~~(c) The board shall deny a physician's and surgeon's certificate to an applicant who is required to register pursuant to Section 290~~

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

~~(d) An applicant shall not be eligible to reapply for a physician's and surgeon's certificate for a minimum of three years from the effective date of the denial of his or her application, except that the board, in its discretion and for good cause demonstrated, may permit reapplication after not less than one year has elapsed from the effective date of the denial.~~

~~SEC. 18.~~

SEC. 17. Section 2401 of the Business and Professions Code is amended to read:

2401. (a) Notwithstanding Section 2400, a clinic operated primarily for the purpose of medical education by a public or private nonprofit university medical school, which is approved by the board or the Osteopathic Medical Board of California, may charge for professional services rendered to teaching patients by licensees who hold academic appointments on the faculty of the university, if the charges are approved by the physician and surgeon in whose name the charges are made.

(b) Notwithstanding Section 2400, a clinic operated under subdivision (p) of Section 1206 of the Health and Safety Code may employ licensees and charge for professional services rendered by those licensees. However, the clinic shall not interfere with, control, or otherwise direct the professional judgment of a physician and surgeon in a manner prohibited by Section 2400 or any other provision of law.

(c) Notwithstanding Section 2400, a narcotic treatment program operated under Section 11876 of the Health and Safety Code and regulated by the State Department of Health Care Services, may employ licensees and charge for professional services rendered by those licensees. However, the narcotic treatment program shall not interfere with, control, or otherwise direct the professional judgment of a physician and surgeon in a manner prohibited by Section 2400 or any other provision of law.

(d) Notwithstanding Section 2400, a hospital that is owned and operated by a licensed charitable organization, that offers only pediatric subspecialty care, that, prior to January 1, 2013, employed licensees on a salary basis, and that has not charged for professional

services rendered to patients may, commencing January 1, 2013, charge for professional services rendered to patients, provided the following conditions are met:

(1) The hospital does not increase the number of salaried licensees by more than five licensees each year.

(2) The hospital does not expand its scope of services beyond pediatric subspecialty care.

(3) The hospital accepts each patient needing its scope of services regardless of his or her ability to pay, including whether the patient has any form of health care coverage.

(4) The medical staff concur by an affirmative vote that the licensee's employment is in the best interest of the communities served by the hospital.

(5) The hospital does not interfere with, control, or otherwise direct a physician and surgeon's professional judgment in a manner prohibited by Section 2400 or any other provision of law.

~~SEC. 19.~~

SEC. 18. Section 2428 of the Business and Professions Code is amended to read:

2428. (a) A person who voluntarily cancels his or her license or who fails to renew his or her license within five years after its expiration shall not renew it, but that person may apply for and obtain a new license if he or she:

(1) Has not committed any acts or crimes constituting grounds for denial of licensure under Division 1.5 (commencing with Section 475).

(2) Takes and passes the examination, if any, which would be required of him or her if application for licensure was being made for the first time, or otherwise establishes to the satisfaction of the licensing authority that passes on the qualifications of applicants for the license that, with due regard for the public interest, he or she is qualified to practice the profession or activity for which the applicant was originally licensed.

(3) Pays all of the fees that would be required if application for licensure was being made for the first time.

The licensing authority may provide for the waiver or refund of all or any part of an examination fee in those cases in which a license is issued without an examination pursuant to this section.

Nothing in this section shall be construed to authorize the issuance of a license for a professional activity or system or mode of healing for which licenses are no longer required.

(b) In addition to the requirements set forth in subdivision (a), an applicant shall establish that he or she meets one of the following requirements: (1) satisfactory completion of at least two years of approved postgraduate training; (2) certification by a specialty board approved by the American Board of Medical Specialties or approved by the board pursuant to subdivision (h) of Section 651; or (3) passing of the clinical competency written examination.

(c) Subdivision (a) shall apply to persons who held licenses to practice podiatric medicine except that those persons who failed to renew their licenses within three years after its expiration may not renew it, and it may not be reissued, reinstated, or restored, except in accordance with subdivision (a).

~~SEC. 20. Section 2519 of the Business and Professions Code is amended to read:~~

~~2519. The board may suspend, revoke, or place on probation the license of a midwife for any of the following:~~

~~(a) Unprofessional conduct, which includes, but is not limited to, all of the following:~~

~~(1) Incompetence or gross negligence in carrying out the usual functions of a licensed midwife.~~

~~(2) Conviction of a violation of Section 2052, in which event, the record of the conviction shall be conclusive evidence thereof.~~

~~(3) The use of advertising that is fraudulent or misleading.~~

~~(4) Obtaining or possessing in violation of law, or prescribing, or except as directed by a licensed physician and surgeon, dentist, or podiatrist administering to himself or herself, or furnishing or administering to another, any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code or any dangerous drug as defined in Article 8 (commencing with Section 4210) of Chapter 9 of Division 2 of the Business and Professions Code.~~

~~(5) The use of any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code, or any dangerous drug as defined in Article 8 (commencing with Section 4210) of Chapter 9 of Division 2 of the Business and Professions Code, or alcoholic beverages, to an extent or in a~~

~~manner dangerous or injurious to himself or herself, any other person, or the public or to the extent that such use impairs his or her ability to conduct with safety to the public the practice authorized by his or her license.~~

~~(6) Conviction of a criminal offense involving the prescription, consumption, or self-administration of any of the substances described in paragraphs (4) and (5), or the possession of, or falsification of, a record pertaining to, the substances described in paragraph (4), in which event the record of the conviction is conclusive evidence thereof.~~

~~(7) Commitment or confinement by a court of competent jurisdiction for intemperate use of or addiction to the use of any of the substances described in paragraphs (4) and (5), in which event the court order of commitment or confinement is prima facie evidence of such commitment or confinement.~~

~~(8) Falsifying, or making grossly incorrect, grossly inconsistent, or unintelligible entries in any hospital, patient, or other record pertaining to the substances described in subdivision (a).~~

~~(b) Procuring a license by fraud or misrepresentation.~~

~~(c) Conviction of a crime substantially related to the qualifications, functions, and duties of a midwife, as determined by the board.~~

~~(d) Procuring, aiding, abetting, attempting, agreeing to procure, offering to procure, or assisting at, a criminal abortion.~~

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

~~(f) Making or giving any false statement or information in connection with the application for issuance of a license.~~

~~(g) Impersonating any applicant or acting as proxy for an applicant in any examination required under this chapter for the issuance of a license or a certificate.~~

~~(h) Impersonating another licensed practitioner, or permitting or allowing another person to use his or her license or certificate for the purpose of providing midwifery services.~~

~~(i) Aiding or assisting, or agreeing to aid or assist any person or persons, whether a licensed physician or not, in the performance of or arranging for a violation of Article 12 (commencing with Section 2221) of Chapter 5.~~

~~(j) Failing to do any of the following when required pursuant to Section 2507:~~

~~(1) Consult with a physician and surgeon.~~

~~(2) Refer a client to a physician and surgeon.~~

~~(3) Transfer a client to a hospital.~~

~~SEC. 21. Section 2519.5 is added to the Business and Professions Code, to read:~~

~~2519.5. (a) A person whose license has been surrendered while under investigation or while charges are pending or whose license has been revoked or suspended or placed on probation, may petition the board for reinstatement or modification of penalty, including modification or termination of probation.~~

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

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

~~(2) At least two years for early termination of probation of three years or more.~~

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

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

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

~~(e) The panel of the board or the administrative law judge hearing the petition may consider all activities of the petitioner since the disciplinary action was taken, the offense for which the~~

~~petitioner was disciplined, the petitioner's activities during the time the license was in good standing, and the petitioner's rehabilitative efforts, general reputation for truth, and professional ability. The hearing may be continued from time to time as the administrative law judge designated in Section 11371 of the Government Code finds necessary.~~

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

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

~~SEC. 22. Section 2520 of the Business and Professions Code is amended to read:~~

~~2520. (a) (1) The fee to be paid upon the filing of a license application shall be fixed by the board at not less than seventy-five dollars ($75) nor more than three hundred dollars ($300).~~

~~(2) The fee for renewal of the midwife license shall be fixed by the board at not less than fifty dollars ($50) nor more than two hundred dollars ($200).~~

~~(3) The delinquency fee for renewal of the midwife license shall be 50 percent of the renewal fee in effect on the date of the renewal of the license, but not less than twenty-five dollars ($25) nor more than fifty dollars ($50).~~

~~(4) The fee for the examination shall be the cost of administering the examination to the applicant, as determined by the organization that has entered into a contract with the board for the purposes set forth in subdivision (a) of Section 2512.5. Notwithstanding subdivision (b), that fee may be collected and retained by that organization.~~

~~(b) A licensee placed on probation shall be required to pay probation monitoring fees upon order of the board.~~

~~(c) The fees prescribed by this article shall be deposited in the Licensed Midwifery Fund, which is hereby established, and shall~~

~~be available, upon appropriation, to the board for the purposes of this article.~~

~~SEC. 23.~~

SEC. 19. Section 2529 of the Business and Professions Code is amended to read:

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

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

~~SEC. 24. Section 2546.7 of the Business and Professions Code is amended to read:~~

~~2546.7. (a) A certificate may be denied, suspended, revoked, placed on probation, or otherwise subjected to discipline for any of the following:~~

~~(1) Incompetence, gross negligence, or repeated similar negligent acts performed by the registrant or any employee of the registrant.~~

~~(2) An act of dishonesty or fraud.~~

~~(3) Committing any act or being convicted of a crime constituting grounds for denial of licensure or registration under Section 480.~~

~~(4) Any violation of Section 2546.5 or 2546.6.~~

~~(b) The proceedings shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division~~

~~3 of Title 2 of the Government Code, and the division shall have all powers granted therein.~~

~~SEC. 25. Section 2546.9 of the Business and Professions Code is amended to read:~~

~~2546.9. The amount of fees prescribed in connection with the registration of nonresident contact lens sellers is that established by the following schedule:~~

~~(a) The initial registration fee shall be one hundred dollars ($100).~~

~~(b) The renewal fee shall be one hundred dollars ($100).~~

~~(c) The delinquency fee shall be twenty-five dollars ($25).~~

~~(d) The fee for replacement of a lost, stolen, or destroyed registration shall be twenty-five dollars ($25).~~

~~(e) A registrant placed on probation shall be required to pay probation monitoring fees upon order of the board.~~

~~(f) The fees collected pursuant to this chapter shall be deposited in the Dispensing Opticians Fund, and shall be available, upon appropriation, to the Medical Board of California for the purposes of this chapter.~~

~~SEC. 26. Section 2546.11 is added to the Business and Professions Code, to read:~~

~~2546.11. (a) A person whose certificate has been surrendered while under investigation or while charges are pending or whose certificate has been revoked or suspended or placed on probation, may petition the board for reinstatement or modification of penalty, including modification or termination of probation.~~

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

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

~~(2) At least two years for early termination of probation of three years or more.~~

~~(3) At least one year for modification of a condition, or reinstatement of a license or registration surrendered or revoked~~

~~for mental or physical illness, or termination of probation of less than three years.~~

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

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

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

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

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

~~SEC. 27. Section 2555.5 is added to the Business and Professions Code, to read:~~

~~2555.5. (a) A person whose certificate has been surrendered while under investigation or while charges are pending or whose certificate has been revoked or suspended or placed on probation,~~

~~may petition the board for reinstatement or modification of penalty, including modification or termination of probation.~~

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

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

~~(2) At least two years for early termination of probation of three years or more.~~

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

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

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

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

~~(f) The administrative law judge, designated in Section 11371 of the Government Code, reinstating a certificate or modifying a~~

~~penalty may recommend the imposition of any terms and conditions deemed necessary.~~

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

~~SEC. 28. Section 2559.3 of the Business and Professions Code is amended to read:~~

~~2559.3. (a) A certificate issued to a registered spectacle lens dispenser may, in the discretion of the board, be suspended, revoked, or placed on probation for violating or attempting to violate any provision of this chapter or any regulation adopted under this chapter, or for incompetence, gross negligence, or repeated similar negligent acts performed by the certificate holder. A certificate may also be suspended, revoked, or placed on probation if the individual certificate holder has been convicted of a felony as provided in Section 2555.1.~~

~~(b) Any proceedings under this section shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the division shall have all the powers granted therein.~~

~~SEC. 29. Section 2559.7 is added to the Business and Professions Code, to read:~~

~~2559.7. (a) A person whose certificate has been surrendered while under investigation or while charges are pending or whose certificate has been revoked or suspended or placed on probation, may petition the board for reinstatement or modification of penalty, including modification or termination of probation.~~

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

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

~~(2) At least two years for early termination of probation of three years or more.~~

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

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

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

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

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

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

~~SEC. 30. Section 2563 of the Business and Professions Code is amended to read:~~

~~2563. A certificate issued to a registered contact lens dispenser may in the discretion of the board be suspended, revoked, or placed on probation for violating or attempting to violate any provision of this chapter or any regulation adopted under this chapter, or for incompetence, gross negligence, or repeated similar negligent acts performed by the certificate holder. A certificate may also be suspended, revoked, or placed on probation if the individual certificate holder has been convicted of a felony as provided in Section 2555.1.~~

~~Any proceedings under this section shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the division shall have all the powers granted therein.~~

~~SEC. 31. Section 2563.5 is added to the Business and Professions Code, to read:~~

~~2563.5. (a) A person whose certificate has been surrendered while under investigation or while charges are pending or whose certificate has been revoked or suspended or placed on probation, may petition the board for reinstatement or modification of penalty, including modification or termination of probation.~~

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

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

~~(2) At least two years for early termination of probation of three years or more.~~

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

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

~~(d) The petition may be heard by a panel of the board. The board may assign the petition to an administrative law judge designated~~

~~in Section 11371 of the Government Code. After a hearing on the petition, the administrative law judge shall provide a proposed decision to the board, which shall be acted upon in accordance with Section 2335.~~

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

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

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

~~SEC. 32. Section 2565 of the Business and Professions Code is amended to read:~~

~~2565. The amount of fees prescribed in connection with the registration of dispensing opticians shall be as set forth in this section unless a lower fee is fixed by the board:~~

~~(a) The initial registration fee is one hundred dollars ($100).~~

~~(b) The renewal fee is one hundred dollars ($100).~~

~~(c) The delinquency fee is twenty-five dollars ($25).~~

~~(d) The fee for replacement of a lost, stolen, or destroyed certificate is twenty-five dollars ($25).~~

~~(e) A registrant placed on probation shall be required to pay probation monitoring fees upon order of the board.~~

~~SEC. 33. Section 2566 of the Business and Professions Code is amended to read:~~

~~2566. The amount of fees prescribed in connection with certificates for contact lens dispensers, unless a lower fee is fixed by the board, is as follows:~~

~~(a) The application fee for a registered contact lens dispenser shall be one hundred dollars ($100).~~

~~(b) The biennial fee for the renewal of certificates shall be fixed by the board in an amount not to exceed one hundred dollars ($100).~~

~~(c) The delinquency fee is twenty-five dollars ($25).~~

~~(d) The board may by regulation provide for a refund of a portion of the application fee to applicants who do not meet the requirements for registration.~~

~~(e) The fee for replacement of a lost, stolen, or destroyed certificate is twenty-five dollars ($25).~~

~~(f) A registrant placed on probation shall be required to pay probation monitoring fees upon order of the board.~~

~~SEC. 34. Section 2566.1 of the Business and Professions Code is amended to read:~~

~~2566.1. The amount of fees prescribed in connection with certificates for spectacle lens dispensers shall be as set forth in this section unless a lower fee is fixed by the board:~~

~~(a) The initial registration fee is one hundred dollars ($100).~~

~~(b) The renewal fee shall be one hundred dollars ($100).~~

~~(c) The delinquency fee is twenty-five dollars ($25).~~

~~(d) The fee for replacement of a lost, stolen or destroyed certificate is twenty-five dollars ($25).~~

~~(e) A registrant placed on probation shall be required to pay probation monitoring fees upon order of the board.~~

~~SEC. 35.~~

SEC. 20. Section 2650 of the Business and Professions Code is amended to read:

2650. (a) The physical therapist education requirements are as follows:

(1) Except as otherwise provided in this chapter, each applicant for a license as a physical therapist shall be a graduate of a professional degree program of an accredited postsecondary institution or institutions approved by the board and shall have completed a professional education program including academic course work and clinical internship in physical therapy.

(2) Unless otherwise specified by the board by regulation, the educational requirements shall include instruction in the subjects prescribed by the Commission on Accreditation in Physical Therapy Education (CAPTE) of the American Physical Therapy Association or Physiotherapy Education Accreditation Canada and shall include a combination of didactic and clinical experiences. The clinical experience shall include at least 18 weeks of full-time experience with a variety of patients.

(b) The physical therapist assistant educational requirements are as follows:

(1) Except as otherwise provided in this chapter, each applicant for a license as a physical therapist assistant shall be a graduate of a physical therapist assistant program of an accredited postsecondary institution or institutions approved by the board, and shall have completed both the academic and clinical experience required by the physical therapist assistant program, and have been awarded an associate degree.

(2) Unless otherwise specified by the board by regulation, the educational requirements shall include instruction in the subjects prescribed by the CAPTE of the American Physical Therapy Association or Physiotherapy Education Accreditation Canada or another body as may be approved by the board by regulation and shall include a combination of didactic and clinical experiences.

~~SEC. 36.~~

SEC. 21. The heading of Article 3.1 (commencing with Section 2770) of Chapter 6 of Division 2 of the Business and Professions Code is amended to read:

Article 3.1. Intervention Program

~~SEC. 37.~~

SEC. 22. Section 2770 of the Business and Professions Code is amended to read:

2770. It is the intent of the Legislature that the Board of Registered Nursing seek ways and means to identify and rehabilitate registered nurses whose competency may be impaired due to abuse of alcohol and other drugs, or due to mental illness so that registered nurses so afflicted may be rehabilitated and returned to the practice of nursing in a manner that will not endanger the public health and safety. It is also the intent of the

Legislature that the Board of Registered Nursing shall implement this legislation by establishing an intervention program as a voluntary alternative to traditional disciplinary actions.

~~SEC. 38.~~

SEC. 23. Section 2770.1 of the Business and Professions Code is amended to read:

2770.1. As used in this article:

(a) "Board" means the Board of Registered Nursing.

(b) "Committee" means ~~a~~ an intervention evaluation committee created by this article.

(c) "Program manager" means the staff manager of the intervention program, as designated by the executive officer of the board. The program manager shall have background experience in dealing with substance abuse issues.

~~SEC. 39.~~

SEC. 24. Section 2770.2 of the Business and Professions Code is amended to read:

2770.2. One or more intervention evaluation committees is hereby created in the state to be established by the board. Each committee shall be composed of five persons appointed by the board. No board member shall serve on any committee.

Each committee shall have the following composition:

(a) Three registered nurses, holding active California licenses, who have demonstrated expertise in the field of chemical dependency or psychiatric nursing.

(b) One physician, holding an active California license, who specializes in the diagnosis and treatment of addictive diseases or mental illness.

(c) One public member who is knowledgeable in the field of chemical dependency or mental illness.

It shall require a majority vote of the board to appoint a person to a committee. Each appointment shall be at the pleasure of the board for a term not to exceed four years. In its discretion the board may stagger the terms of the initial members appointed.

~~SEC. 40.~~

SEC. 25. Section 2770.7 of the Business and Professions Code is amended to read:

2770.7. (a) The board shall establish criteria for the acceptance, denial, or termination of registered nurses in the intervention program. Only those registered nurses who have voluntarily

requested to participate in the intervention program shall participate in the program.

(b) A registered nurse under current investigation by the board may request entry into the intervention program by contacting the board. Prior to authorizing a registered nurse to enter into the intervention program, the board may require the registered nurse under current investigation for any violations of this chapter or any other provision of this code to execute a statement of understanding that states that the registered nurse understands that his or her violations that would otherwise be the basis for discipline may still be investigated and may be the subject of disciplinary action.

(c) If the reasons for a current investigation of a registered nurse are based primarily on the self-administration of any controlled substance or dangerous drug or alcohol under Section 2762, or the illegal possession, prescription, or nonviolent procurement of any controlled substance or dangerous drug for self-administration that does not involve actual, direct harm to the public, the board shall close the investigation without further action if the registered nurse is accepted into the board's intervention program and successfully completes the program. If the registered nurse withdraws or is terminated from the program by ~~a~~ *an* intervention evaluation committee, and the termination is approved by the program manager, the investigation shall be reopened and disciplinary action imposed, if warranted, as determined by the board.

(d) Neither acceptance nor participation in the intervention program shall preclude the board from investigating or continuing to investigate, or taking disciplinary action or continuing to take disciplinary action against, any registered nurse for any unprofessional conduct committed before, during, or after participation in the intervention program.

(e) All registered nurses shall sign an agreement of understanding that the withdrawal or termination from the intervention program at a time when the program manager or intervention evaluation committee determines the licentiate presents a threat to the public's health and safety shall result in the utilization by the board of intervention program treatment records in disciplinary or criminal proceedings.

(f) Any registered nurse terminated from the intervention program for failure to comply with program requirements is subject

to disciplinary action by the board for acts committed before, during, and after participation in the intervention program. A registered nurse who has been under investigation by the board and has been terminated from the intervention program by ~~a~~ *an* intervention evaluation committee shall be reported by the intervention evaluation committee to the board.

~~SEC. 41.~~

SEC. 26. Section 2770.8 of the Business and Professions Code is amended to read:

2770.8. A committee created under this article operates under the direction of the intervention program manager. The program manager has the primary responsibility to review and evaluate recommendations of the committee. Each committee shall have the following duties and responsibilities:

(a) To evaluate those registered nurses who request participation in the program according to the guidelines prescribed by the board, and to make recommendations.

(b) To review and designate those treatment services to which registered nurses in an intervention program may be referred.

(c) To receive and review information concerning a registered nurse participating in the program.

(d) To consider in the case of each registered nurse participating in a program whether he or she may with safety continue or resume the practice of nursing.

(e) To call meetings as necessary to consider the requests of registered nurses to participate in an intervention program, and to consider reports regarding registered nurses participating in a program.

(f) To make recommendations to the program manager regarding the terms and conditions of the intervention agreement for each registered nurse participating in the program, including treatment, supervision, and monitoring requirements.

~~SEC. 42.~~

SEC. 27. Section 2770.10 of the Business and Professions Code is amended to read:

2770.10. Notwithstanding Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code, relating to public meetings, a committee may convene in closed session to consider reports pertaining to any registered nurse requesting or participating in an intervention

program. A committee shall only convene in closed session to the extent that it is necessary to protect the privacy of such a licentiate.

~~SEC. 43.~~

SEC. 28. Section 2770.11 of the Business and Professions Code is amended to read:

2770.11. (a) Each registered nurse who requests participation in an intervention program shall agree to cooperate with the rehabilitation program designed by the committee and approved by the program manager. Any failure to comply with a rehabilitation program may result in termination of the registered nurse's participation in a program. The name and license number of a registered nurse who is terminated for any reason, other than successful completion, shall be reported to the board's enforcement program.

(b) If the program manager determines that a registered nurse, who is denied admission into the program or terminated from the program, presents a threat to the public or his or her own health and safety, the program manager shall report the name and license number, along with a copy of all intervention program records for that registered nurse, to the board's enforcement program. The board may use any of the records it receives under this subdivision in any disciplinary proceeding.

~~SEC. 44.~~

SEC. 29. Section 2770.12 of the Business and Professions Code is amended to read:

2770.12. (a) After the committee and the program manager in their discretion have determined that a registered nurse has successfully completed the intervention program, all records pertaining to the registered nurse's participation in the intervention program shall be purged.

(b) All board and committee records and records of a proceeding pertaining to the participation of a registered nurse in the intervention program shall be kept confidential and are not subject to discovery or subpoena, except as specified in subdivision (b) of Section 2770.11 and subdivision (c).

(c) A registered nurse shall be deemed to have waived any rights granted by any laws and regulations relating to confidentiality of the intervention program, if he or she does any of the following:

(1) Presents information relating to any aspect of the intervention program during any stage of the disciplinary process subsequent

to the filing of an accusation, statement of issues, or petition to compel an examination pursuant to Article 12.5 (commencing with Section 820) of Chapter 1. The waiver shall be limited to information necessary to verify or refute any information disclosed by the registered nurse.

(2) Files a lawsuit against the board relating to any aspect of the intervention program.

(3) Claims in defense to a disciplinary action, based on a complaint that led to the registered nurse's participation in the intervention program, that he or she was prejudiced by the length of time that passed between the alleged violation and the filing of the accusation. The waiver shall be limited to information necessary to document the length of time the registered nurse participated in the intervention program.

~~SEC. 45.~~

SEC. 30. Section 2770.13 of the Business and Professions Code is amended to read:

2770.13. The board shall provide for the legal representation of any person making reports under this article to a committee or the board in any action for defamation directly resulting from those reports regarding a registered nurse's participation in ~~a~~ *an* intervention program.

~~SEC. 46.~~

SEC. 31. Section 2835.5 of the Business and Professions Code is amended to read:

2835.5. On and after January 1, 2008, an applicant for initial qualification or certification as a nurse practitioner under this article who has not been qualified or certified as a nurse practitioner in California or any other state shall meet the following requirements:

(a) Hold a valid and active registered nursing license issued under this chapter.

(b) Possess a master's degree in nursing, a master's degree in a clinical field related to nursing, or a graduate degree in nursing.

(c) Satisfactorily complete a nurse practitioner program approved by the board.

~~SEC. 47.~~

SEC. 32. Section 2914 of the Business and Professions Code is amended to read:

2914. Each applicant for licensure shall comply with all of the following requirements:

(a) Is not subject to denial of licensure under Division 1.5 (commencing with Section 475).

(b) Possess an earned doctorate degree (1) in psychology, (2) in educational psychology, or (3) in education with the field of specialization in counseling psychology or educational psychology. Except as provided in subdivision (g), this degree or training shall be obtained from an accredited university, college, or professional school. The board shall make the final determination as to whether a degree meets the requirements of this section.

No educational institution shall be denied recognition as an accredited academic institution solely because its program is not accredited by any professional organization of psychologists, and nothing in this chapter or in the administration of this chapter shall require the registration with the board by educational institutions of their departments of psychology or their doctoral programs in psychology.

An applicant for licensure trained in an educational institution outside the United States or Canada shall demonstrate to the satisfaction of the board that he or she possesses a doctorate degree in psychology that is equivalent to a degree earned from a regionally accredited university in the United States or Canada. These applicants shall provide the board with a comprehensive evaluation of the degree performed by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES), and any other documentation the board deems necessary.

(c) Have engaged for at least two years in supervised professional experience under the direction of a licensed psychologist, the specific requirements of which shall be defined by the board in its regulations, or under suitable alternative supervision as determined by the board in regulations duly adopted under this chapter, at least one year of which shall be after being awarded the doctorate in psychology. If the supervising licensed psychologist fails to provide verification to the board of the experience required by this subdivision within 30 days after being so requested by the applicant, the applicant may provide written verification directly to the board.

If the applicant sends verification directly to the board, the applicant shall file with the board a declaration of proof of service, under penalty of perjury, of the request for verification. A copy of

the completed verification forms shall be provided to the supervising psychologist and the applicant shall prove to the board that a copy has been sent to the supervising psychologist by filing a declaration of proof of service under penalty of perjury, and shall file this declaration with the board when the verification forms are submitted.

Upon receipt by the board of the applicant's verification and declarations, a rebuttable presumption affecting the burden of producing evidence is created that the supervised, professional experience requirements of this subdivision have been satisfied. The supervising psychologist shall have 20 days from the day the board receives the verification and declaration to file a rebuttal with the board.

The authority provided by this subdivision for an applicant to file written verification directly shall apply only to an applicant who has acquired the experience required by this subdivision in the United States.

The board shall establish qualifications by regulation for supervising psychologists and shall review and approve applicants for this position on a case-by-case basis.

(d) Take and pass the examination required by Section 2941 unless otherwise exempted by the board under this chapter.

(e) Show by evidence satisfactory to the board that he or she has completed training in the detection and treatment of alcohol and other chemical substance dependency. This requirement applies only to applicants who matriculate on or after September 1, 1985.

(f) (1) Show by evidence satisfactory to the board that he or she has completed coursework in spousal or partner abuse assessment, detection, and intervention. This requirement applies to applicants who began graduate training during the period commencing on January 1, 1995, and ending on December 31, 2003.

(2) An applicant who began graduate training on or after January 1, 2004, shall show by evidence satisfactory to the board that he or she has completed a minimum of 15 contact hours of coursework in spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics. An applicant may request an exemption from this requirement if he or she intends to practice

in an area that does not include the direct provision of mental health services.

(3) Coursework required under this subdivision may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course. This requirement for coursework shall be satisfied by, and the board shall accept in satisfaction of the requirement, a certification from the chief academic officer of the educational institution from which the applicant graduated that the required coursework is included within the institution's required curriculum for graduation.

(g) An applicant holding a doctoral degree in psychology from an approved institution is deemed to meet the requirements of this section if both of the following are true:

(1) The approved institution offered a doctoral degree in psychology designed to prepare students for a license to practice psychology and was approved by the *former* Bureau for Private Postsecondary and Vocational Education on or before July 1, 1999.

(2) The approved institution has not, since July 1, 1999, had a new location, as described in Section 94823.5 of the Education Code.

~~SEC. 48.~~

SEC. 33. Section 3057 of the Business and Professions Code is amended to read:

3057. (a) The board may issue a license to practice optometry to a person who meets all of the following requirements:

(1) Has a degree as a doctor of optometry issued by an accredited school or college of optometry.

(2) Has successfully passed the licensing examination for an optometric license in another state.

(3) Submits proof that he or she is licensed in good standing as of the date of application in every state where he or she holds a license, including compliance with continuing education requirements.

(4) Is not subject to disciplinary action as set forth in subdivision (h) of Section 3110. If the person has been subject to disciplinary action, the board shall review that action to determine if it presents sufficient evidence of a violation of this chapter to warrant the submission of additional information from the person or the denial of the application for licensure.

(5) Has furnished a signed release allowing the disclosure of information from the ~~Healthcare Integrity and Protection Data Bank~~ *National Practitioner Database* and, if applicable, the verification of registration status with the federal Drug Enforcement Administration. The board shall review this information to determine if it presents sufficient evidence of a violation of this chapter to warrant the submission of additional information from the person or the denial of the application for licensure.

(6) Has never had his or her license to practice optometry revoked or suspended in any state where the person holds a license.

(7) (A) Is not subject to denial of an application for licensure based on any of the grounds listed in Section 480.

(B) Is not currently required to register as a sex offender pursuant to Section 290 of the Penal Code.

(8) Has met the minimum continuing education requirements set forth in Section 3059 for the current and preceding year.

(9) Has met the certification requirements of Section 3041.3 to use therapeutic pharmaceutical agents under subdivision (e) of Section 3041.

(10) Submits any other information as specified by the board to the extent it is required for licensure by examination under this chapter.

(11) Files an application on a form prescribed by the board, with an acknowledgment by the person executed under penalty of perjury and automatic forfeiture of license, of the following:

(A) That the information provided by the person to the board is true and correct, to the best of his or her knowledge and belief.

(B) That the person has not been convicted of an offense involving conduct that would violate Section 810.

(12) Pays an application fee in an amount equal to the application fee prescribed pursuant to subdivision (a) of Section 3152.

(13) Has successfully passed the board's jurisprudence examination.

(b) If the board finds that the competency of a candidate for licensure pursuant to this section is in question, the board may require the passage of a written, practical, or clinical ~~exam~~ *examination* or completion of additional continuing education or coursework.

(c) In cases where the person establishes, to the board's satisfaction, that he or she has been displaced by a federally declared emergency and cannot relocate to his or her state of practice within a reasonable time without economic hardship, the board may reduce or waive the fees required by paragraph (12) of subdivision (a).

(d) Any license issued pursuant to this section shall expire as provided in Section 3146, and may be renewed as provided in this chapter, subject to the same conditions as other licenses issued under this chapter.

(e) The term "in good standing," as used in this section, means that a person under this section:

(1) Is not currently under investigation nor has been charged with an offense for any act substantially related to the practice of optometry by any public agency, nor entered into any consent agreement or subject to an administrative decision that contains conditions placed by an agency upon a person's professional conduct or practice, including any voluntary surrender of license, nor been the subject of an adverse judgment resulting from the practice of optometry that the board determines constitutes evidence of a pattern of incompetence or negligence.

(2) Has no physical or mental impairment related to drugs or alcohol, and has not been found mentally incompetent by a licensed psychologist or licensed psychiatrist so that the person is unable to undertake the practice of optometry in a manner consistent with the safety of a patient or the public.

~~SEC. 49.~~

SEC. 34. Section 3509.5 of the Business and Professions Code is amended to read:

3509.5. The board shall elect annually a president and a vice president from among its members.

~~SEC. 50. Section 3576 of the Business and Professions Code is amended to read:~~

~~3576. (a) A registration under this chapter may be denied, suspended, revoked, placed on probation, or otherwise subjected to discipline for any of the following by the holder:~~

~~(1) Incompetence, gross negligence, or repeated similar negligent acts performed by the registrant.~~

~~(2) An act of dishonesty or fraud.~~

~~(3) Committing any act or being convicted of a crime constituting grounds for denial of licensure or registration under Section 480.~~

~~(4) Violating or attempting to violate any provision of this chapter or any regulation adopted under this chapter.~~

~~(b) Proceedings under this section shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the board shall have all powers granted therein.~~

~~SEC. 51. Section 3576.5 is added to the Business and Professions Code, to read:~~

~~3576.5. (a) A person whose registration has been surrendered while under investigation or while charges are pending or whose registration has been revoked or suspended or placed on probation, may petition the board for reinstatement or modification of penalty, including modification or termination of probation.~~

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

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

~~(2) At least two years for early termination of probation of three years or more.~~

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

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

~~(d) The petition may be heard by a panel of the board. The board may assign the petition to an administrative law judge designated in Section 11371 of the Government Code. After a hearing on the petition, the administrative law judge shall provide a proposed~~

~~decision to the board, which shall be acted upon in accordance with Section 2335.~~

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

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

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

~~SEC. 52. Section 3577 of the Business and Professions Code is amended to read:~~

~~3577. (a) Each person who applies for registration under this chapter shall pay into the Contingent Fund of the Medical Board of California a fee to be fixed by the board at a sum not in excess of one hundred dollars ($100).~~

~~(b) Each person to whom registration is granted under this chapter shall pay into the Contingent Fund of the Medical Board of California a fee to be fixed by the board at a sum not in excess of one hundred dollars ($100).~~

~~(c) The registration shall expire after two years. The registration may be renewed biennially at a fee which shall be paid into the Contingent Fund of the Medical Board of California to be fixed by the board at a sum not in excess of one hundred fifty dollars ($150).~~

~~(d) A registrant placed on probation shall be required to pay probation monitoring fees upon order of the board.~~

~~(e) The money in the Contingent Fund of the Medical Board of California that is collected pursuant to this section shall be used for the administration of this chapter.~~

~~SEC. 53.~~

SEC. 35. Section 4836.2 of the Business and Professions Code is amended to read:

4836.2. (a) Applications for a veterinary assistant controlled substance permit shall be upon a form furnished by the board.

(b) The fee for filing an application for a veterinary assistant controlled substance permit shall be set by the board in an amount the board determines is reasonably necessary to provide sufficient funds to carry out the purposes of this section, not to exceed one hundred dollars ($100).

(c) The board may suspend or revoke the controlled substance permit of a veterinary assistant after notice and hearing for any cause provided in this subdivision. The proceedings under this section shall be conducted in accordance with the provisions for administrative adjudication in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the board shall have all the powers granted therein. The board may deny, revoke, or suspend a veterinary assistant controlled substance permit for any of the following reasons:

(1) The employment of fraud, misrepresentation, or deception in obtaining a veterinary assistant controlled substance permit.

(2) Chronic inebriety or habitual use of controlled substances.

(3) The veterinary assistant to whom the permit is issued has been convicted of a state or federal felony controlled substance violation.

(4) Violating or attempts to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this chapter, or of the regulations adopted under this chapter.

(d) The board shall not issue a veterinary assistant controlled substance permit to any applicant with a state or federal felony controlled substance conviction.

(e) (1) As part of the application for a veterinary assistant controlled substance permit, the applicant shall submit to the Department of Justice fingerprint images and related information, as required by the Department of Justice for all veterinary assistant applicants, for the purposes of obtaining information as to the

existence and content of a record of state or federal convictions and state or federal arrests and information as to the existence and content of a record of state or federal arrests for which the Department of Justice establishes that the person is free on bail or on his or her own recognizance pending trial or appeal.

(2) When received, the Department of Justice shall forward to the Federal Bureau of Investigation requests for federal summary criminal history information that it receives pursuant to this section. The Department of Justice shall review any information returned to it from the Federal Bureau of Investigation and compile and disseminate a response to the board summarizing that information.

(3) The Department of Justice shall provide a state or federal level response to the board pursuant to paragraph (1) of subdivision (p) of Section 11105 of the Penal Code.

(4) The Department of Justice shall charge a reasonable fee sufficient to cover the cost of processing the request described in this subdivision.

(f) The board shall request from the Department of Justice subsequent notification service, as provided pursuant to Section 11105.2 of the Penal Code, for persons described in paragraph (1) of subdivision (e).

(g) This section shall become operative on July 1, 2015.

~~SEC. 54.~~

SEC. 36. Section 4887 of the Business and Professions Code is amended to read:

4887. (a) A person whose license or registration has been revoked or who has been placed on probation may petition the board for reinstatement or modification of penalty including modification or termination of probation after a period of not less than one year has elapsed from the effective date of the decision ordering the disciplinary action. The petition shall state such facts as may be required by the board.

(b) The petition shall be accompanied by at least two verified recommendations from veterinarians licensed by the board who have personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed. The petition shall be heard by the board. The board may consider all activities of the petitioner since the disciplinary action was taken, the offense for which the petitioner was disciplined, the petitioner's activities since the license or registration was in good standing, and the petitioner's

rehabilitation efforts, general reputation for truth, and professional ability. The hearing may be continued from time to time as the board finds necessary.

(c) The board reinstating the license or registration or modifying a penalty may impose terms and conditions as it determines necessary. To reinstate a revoked license or registration or to otherwise reduce a penalty or modify probation shall require a vote of five of the members of the board.

(d) The petition shall not be considered while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole. The board may deny without a hearing or argument any petition filed pursuant to this section within a period of two years from the effective date of the prior decision following a hearing under this section.

~~SEC. 55.~~

SEC. 37. Section 4938 of the Business and Professions Code is amended to read:

4938. The board shall issue a license to practice acupuncture to any person who makes an application and meets the following requirements:

(a) Is at least 18 years of age.

(b) Furnishes satisfactory evidence of completion of one of the following:

(1) (A) An approved educational and training program.

(B) If an applicant began his or her educational and training program at a school or college that submitted a letter of intent to pursue accreditation to, or attained candidacy status from, the Accreditation Commission for Acupuncture and Oriental Medicine, but the commission subsequently denied the school or college candidacy status or accreditation, respectively, the board may review and evaluate the educational training and clinical experience to determine whether to waive the requirements set forth in this subdivision with respect to that applicant.

(2) Satisfactory completion of a tutorial program in the practice of an acupuncturist that is approved by the board.

(3) In the case of an applicant who has completed education and training outside the United States, documented educational training and clinical experience that meets the standards established pursuant to Sections 4939 and 4941.

(c) Passes a written examination administered by the board that tests the applicant's ability, competency, and knowledge in the practice of an acupuncturist. The written examination shall be developed by the Office of Professional Examination Services of the Department of Consumer Affairs.

(d) Is not subject to denial pursuant to Division 1.5 (commencing with Section 475).

(e) Completes a clinical internship training program approved by the board. The clinical internship training program shall not exceed nine months in duration and shall be located in a clinic in this state that is an approved educational and training program. The length of the clinical internship shall depend upon the grades received in the examination and the clinical training already satisfactorily completed by the individual prior to taking the examination. On and after January 1, 1987, individuals with 800 or more hours of documented clinical training shall be deemed to have met this requirement. The purpose of the clinical internship training program shall be to ensure a minimum level of clinical competence.

Each applicant who qualifies for a license shall pay, as a condition precedent to its issuance and in addition to other fees required, the initial licensure fee.

~~SEC. 56.~~

SEC. 38. Section 4939 of the Business and Professions Code, as added by Section 9 of Chapter 397 of the Statutes of 2014, is amended to read:

4939. (a) The board shall establish standards for the approval of educational training and clinical experience received outside the United States.

(b) This section shall become operative on January 1, 2017.

~~SEC. 57.~~

SEC. 39. Section 4980.399 of the Business and Professions Code is amended to read:

4980.399. (a) Except as provided in subdivision (a) of Section 4980.398, each applicant and registrant shall obtain a passing score on a board-administered California law and ethics examination in order to qualify for licensure.

(b) A registrant shall participate in a board-administered California law and ethics examination prior to his or her registration renewal.

(c) Notwithstanding subdivision (b), an applicant who holds a registration eligible for renewal, with an expiration date no later than June 30, 2016, and who applies for renewal of that registration between January 1, 2016, and June 30, 2016, shall, if eligible, be allowed to renew the registration without first participating in the California law and ethics examination. These applicants shall participate in the California law and ethics examination in the next renewal cycle, and shall pass the examination prior to licensure or issuance of a subsequent registration number, as specified in this section.

(d) If an applicant fails the California law and ethics examination, he or she may retake the examination, upon payment of the required fees, without further application except as provided in subdivision (e).

(e) If a registrant fails to obtain a passing score on the California law and ethics examination described in subdivision (a) within his or her renewal period on or after the operative date of this section, he or she shall complete, at a minimum, a 12-hour course in California law and ethics in order to be eligible to participate in the California law and ethics examination. Registrants shall only take the 12-hour California law and ethics course once during a renewal period. The 12-hour law and ethics course required by this section shall be taken through a continuing education provider as specified by the board by regulation, a county, state or governmental entity, or a college or university.

(f) The board shall not issue a subsequent registration number unless the registrant has passed the California law and ethics examination.

(g) Notwithstanding subdivision (f), an applicant who holds or has held a registration, with an expiration date no later than January 1, 2017, and who applies for a subsequent registration number between January 1, 2016, and January 1, 2017, shall, if eligible, be allowed to obtain the subsequent registration number without first passing the California law and ethics examination. These applicants shall pass the California law and ethics examination during the next renewal period or prior to licensure, whichever occurs first.

(h) This section shall become operative on January 1, 2016.

~~SEC. 58.~~

SEC. 40. Section 4980.43 of the Business and Professions Code is amended to read:

4980.43. (a) Prior to applying for licensure examinations, each applicant shall complete experience that shall comply with the following:

(1) A minimum of 3,000 hours completed during a period of at least 104 weeks.

(2) Not more than 40 hours in any seven consecutive days.

(3) Not less than 1,700 hours of supervised experience completed subsequent to the granting of the qualifying master's or doctoral degree.

(4) Not more than 1,300 hours of supervised experience obtained prior to completing a master's or doctoral degree.

The applicant shall not be credited with more than 750 hours of counseling and direct supervisor contact prior to completing the master's or doctoral degree.

(5) No hours of experience may be gained prior to completing either 12 semester units or 18 quarter units of graduate instruction and becoming a trainee except for personal psychotherapy.

(6) No hours of experience may be gained more than six years prior to the date the application for examination eligibility was filed, except that up to 500 hours of clinical experience gained in the supervised practicum required by subdivision (c) of Section 4980.37 and subparagraph (B) of paragraph (1) of subdivision (d) of Section 4980.36 shall be exempt from this six-year requirement.

(7) Not more than a combined total of 1,000 hours of experience in the following:

(A) Direct supervisor contact.

(B) Professional enrichment activities. For purposes of this chapter, "professional enrichment activities" include the following:

(i) Workshops, seminars, training sessions, or conferences directly related to marriage and family therapy attended by the applicant that are approved by the applicant's supervisor. An applicant shall have no more than 250 hours of verified attendance at these workshops, seminars, training sessions, or conferences.

(ii) Participation by the applicant in personal psychotherapy, which includes group, marital or conjoint, family, or individual psychotherapy by an appropriately licensed professional. An applicant shall have no more than 100 hours of participation in

personal psychotherapy. The applicant shall be credited with three hours of experience for each hour of personal psychotherapy.

(8) Not more than 500 hours of experience providing group therapy or group counseling.

(9) For all hours gained on or after January 1, 2012, not more than 500 hours of experience in the following:

(A) Experience administering and evaluating psychological tests, writing clinical reports, writing progress notes, or writing process notes.

(B) Client centered advocacy.

(10) Not less than 500 total hours of experience in diagnosing and treating couples, families, and children. For up to 150 hours of treating couples and families in conjoint therapy, the applicant shall be credited with two hours of experience for each hour of therapy provided.

(11) Not more than 375 hours of experience providing personal psychotherapy, crisis counseling, or other counseling services via telehealth in accordance with Section 2290.5.

(12) It is anticipated and encouraged that hours of experience will include working with elders and dependent adults who have physical or mental limitations that restrict their ability to carry out normal activities or protect their rights.

This subdivision shall only apply to hours gained on and after January 1, 2010.

(b) All applicants, trainees, and registrants shall be at all times under the supervision of a supervisor who shall be responsible for ensuring that the extent, kind, and quality of counseling performed is consistent with the training and experience of the person being supervised, and who shall be responsible to the board for compliance with all laws, rules, and regulations governing the practice of marriage and family therapy. Supervised experience shall be gained by interns and trainees only as an employee or as a volunteer. The requirements of this chapter regarding gaining hours of experience and supervision are applicable equally to employees and volunteers. Experience shall not be gained by interns or trainees as an independent contractor.

(1) If employed, an intern shall provide the board with copies of the corresponding W-2 tax forms for each year of experience claimed upon application for licensure.

(2) If volunteering, an intern shall provide the board with a letter from his or her employer verifying the intern's employment as a volunteer upon application for licensure.

(c) Except for experience gained pursuant to subparagraph (B) of paragraph (7) of subdivision (a), supervision shall include at least one hour of direct supervisor contact in each week for which experience is credited in each work setting, as specified:

(1) A trainee shall receive an average of at least one hour of direct supervisor contact for every five hours of client contact in each setting. No more than six hours of supervision, whether individual or group, shall be credited during any single week.

(2) An individual supervised after being granted a qualifying degree shall receive at least one additional hour of direct supervisor contact for every week in which more than 10 hours of client contact is gained in each setting. No more than six hours of supervision, whether individual or group, shall be credited during any single week.

(3) For purposes of this section, "one hour of direct supervisor contact" means one hour per week of face-to-face contact on an individual basis or two hours per week of face-to-face contact in a group.

(4) Direct supervisor contact shall occur within the same week as the hours claimed.

(5) Direct supervisor contact provided in a group shall be provided in a group of not more than eight supervisees and in segments lasting no less than one continuous hour.

(6) Notwithstanding paragraph (3), an intern working in a governmental entity, a school, a college, or a university, or an institution that is both nonprofit and charitable may obtain the required weekly direct supervisor contact via two-way, real-time videoconferencing. The supervisor shall be responsible for ensuring that client confidentiality is upheld.

(7) All experience gained by a trainee shall be monitored by the supervisor as specified by regulation.

(8) The six hours of supervision that may be credited during any single week pursuant to paragraphs (1) and (2) shall apply to supervision hours gained on or after January 1, 2009.

(d) (1) A trainee may be credited with supervised experience completed in any setting that meets all of the following:

(A) Lawfully and regularly provides mental health counseling or psychotherapy.

(B) Provides oversight to ensure that the trainee's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4980.02.

(C) Is not a private practice owned by a licensed marriage and family therapist, a licensed professional clinical counselor, a licensed psychologist, a licensed clinical social worker, a licensed physician and surgeon, or a professional corporation of any of those licensed professions.

(2) Experience may be gained by the trainee solely as part of the position for which the trainee volunteers or is employed.

(e) (1) An intern may be credited with supervised experience completed in any setting that meets both of the following:

(A) Lawfully and regularly provides mental health counseling or psychotherapy.

(B) Provides oversight to ensure that the intern's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4980.02.

(2) An applicant shall not be employed or volunteer in a private practice, as defined in subparagraph (C) of paragraph (1) of subdivision (d), until registered as an intern.

(3) While an intern may be either a paid employee or a volunteer, employers are encouraged to provide fair remuneration to interns.

(4) Except for periods of time during a supervisor's vacation or sick leave, an intern who is employed or volunteering in private practice shall be under the direct supervision of a licensee that has satisfied subdivision (g) of Section 4980.03. The supervising licensee shall either be employed by and practice at the same site as the intern's employer, or shall be an owner or shareholder of the private practice. Alternative supervision may be arranged during a supervisor's vacation or sick leave if the supervision meets the requirements of this section.

(5) Experience may be gained by the intern solely as part of the position for which the intern volunteers or is employed.

(f) Except as provided in subdivision (g), all persons shall register with the board as an intern to be credited for postdegree hours of supervised experience gained toward licensure.

(g) Postdegree hours of experience shall be credited toward licensure so long as the applicant applies for the intern registration within 90 days of the granting of the qualifying master's or doctoral degree and is thereafter granted the intern registration by the board. An applicant shall not be employed or volunteer in a private practice until registered as an intern by the board.

(h) Trainees, interns, and applicants shall not receive any remuneration from patients or clients, and shall only be paid by their employers.

(i) Trainees, interns, and applicants shall only perform services at the place where their employers regularly conduct business, which may include performing services at other locations, so long as the services are performed under the direction and control of their employer and supervisor, and in compliance with the laws and regulations pertaining to supervision. Trainees and interns shall have no proprietary interest in their employers' businesses and shall not lease or rent space, pay for furnishings, equipment, or supplies, or in any other way pay for the obligations of their employers.

(j) Trainees, interns, or applicants who provide volunteered services or other services, and who receive no more than a total, from all work settings, of five hundred dollars ($500) per month as reimbursement for expenses actually incurred by those trainees, interns, or applicants for services rendered in any lawful work setting other than a private practice shall be considered an employee and not an independent contractor. The board may audit applicants who receive reimbursement for expenses, and the applicants shall have the burden of demonstrating that the payments received were for reimbursement of expenses actually incurred.

(k) Each educational institution preparing applicants for licensure pursuant to this chapter shall consider requiring, and shall encourage, its students to undergo individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Each supervisor shall consider, advise, and encourage his or her interns and trainees regarding the advisability of undertaking individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Insofar as it is deemed

appropriate and is desired by the applicant, the educational institution and supervisors are encouraged to assist the applicant in locating that counseling or psychotherapy at a reasonable cost.

~~SEC. 59.~~

SEC. 41. Section 4980.54 of the Business and Professions Code is amended to read:

4980.54. (a) The Legislature recognizes that the education and experience requirements in this chapter constitute only minimal requirements to ensure that an applicant is prepared and qualified to take the licensure examinations as specified in subdivision (d) of Section 4980.40 and, if he or she passes those examinations, to begin practice.

(b) In order to continuously improve the competence of licensed marriage and family therapists and as a model for all psychotherapeutic professions, the Legislature encourages all licensees to regularly engage in continuing education related to the profession or scope of practice as defined in this chapter.

(c) Except as provided in subdivision (e), the board shall not renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that he or she has completed not less than 36 hours of approved continuing education in or relevant to the field of marriage and family therapy in the preceding two years, as determined by the board.

(d) The board shall have the right to audit the records of any applicant to verify the completion of the continuing education requirement. Applicants shall maintain records of completion of required continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(e) The board may establish exceptions from the continuing education requirements of this section for good cause, as defined by the board.

(f) The continuing education shall be obtained from one of the following sources:

(1) An accredited school or state-approved school that meets the requirements set forth in Section 4980.36 or 4980.37. Nothing in this paragraph shall be construed as requiring coursework to be offered as part of a regular degree program.

(2) Other continuing education providers, as specified by the board by regulation.

(g) The board shall establish, by regulation, a procedure for identifying acceptable providers of continuing education courses, and all providers of continuing education, as described in paragraphs (1) and (2) of subdivision (f), shall adhere to procedures established by the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with this section or any regulation adopted pursuant to this section.

(h) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding or the practice of marriage and family therapy.

(2) Aspects of the discipline of marriage and family therapy in which significant recent developments have occurred.

(3) Aspects of other disciplines that enhance the understanding or the practice of marriage and family therapy.

(i) A system of continuing education for licensed marriage and family therapists shall include courses directly related to the diagnosis, assessment, and treatment of the client population being served.

(j) The board shall, by regulation, fund the administration of this section through continuing education provider fees to be deposited in the Behavioral Sciences Fund. The fees related to the administration of this section shall be sufficient to meet, but shall not exceed, the costs of administering the corresponding provisions of this section. For purposes of this subdivision, a provider of continuing education as described in paragraph (1) of subdivision (f) shall be deemed to be an approved provider.

(k) The continuing education requirements of this section shall comply fully with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

~~SEC. 60.~~

SEC. 42. Section 4984.01 of the Business and Professions Code, as amended by Section 31 of Chapter 473 of the Statutes of 2013, is amended to read:

4984.01. (a) The marriage and family therapist intern registration shall expire one year from the last day of the month in which it was issued.

(b) To renew the registration, the registrant shall, on or before the expiration date of the registration, complete all of the following actions:

(1) Apply for renewal on a form prescribed by the board.

(2) Pay a renewal fee prescribed by the board.

(3) Participate in the California law and ethics examination pursuant to Section 4980.399 each year until successful completion of this examination.

(4) Notify the board whether he or she has been convicted, as defined in Section 490, of a misdemeanor or felony, and whether any disciplinary action has been taken against him or her by a regulatory or licensing board in this or any other state subsequent to the last renewal of the registration.

(c) The registration may be renewed a maximum of five times. No registration shall be renewed or reinstated beyond six years from the last day of the month during which it was issued, regardless of whether it has been revoked. When no further renewals are possible, an applicant may apply for and obtain a subsequent intern registration number if the applicant meets the educational requirements for registration in effect at the time of the application for a subsequent intern registration number and has passed the California law and ethics examination described in Section 4980.399. An applicant who is issued a subsequent intern registration number pursuant to this subdivision shall not be employed or volunteer in a private practice.

(d) This section shall become operative on January 1, 2016.

~~SEC. 61.~~

SEC. 43. Section 4989.34 of the Business and Professions Code is amended to read:

4989.34. (a) To renew his or her license, a licensee shall certify to the board, on a form prescribed by the board, completion in the preceding two years of not less than 36 hours of approved continuing education in, or relevant to, educational psychology.

(b) (1) The continuing education shall be obtained from either an accredited university or a continuing education provider as specified by the board by regulation.

(2) The board shall establish, by regulation, a procedure identifying acceptable providers of continuing education courses, and all providers of continuing education shall comply with procedures established by the board. The board may revoke or

deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with this section or any regulation adopted pursuant to this section.

(c) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding or the practice of educational psychology.

(2) Aspects of the discipline of educational psychology in which significant recent developments have occurred.

(3) Aspects of other disciplines that enhance the understanding or the practice of educational psychology.

(d) The board may audit the records of a licensee to verify completion of the continuing education requirement. A licensee shall maintain records of the completion of required continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon its request.

(e) The board may establish exceptions from the continuing education requirements of this section for good cause, as determined by the board.

(f) The board shall, by regulation, fund the administration of this section through continuing education provider fees to be deposited in the Behavioral Sciences Fund. The amount of the fees shall be sufficient to meet, but shall not exceed, the costs of administering this section.

(g) The continuing education requirements of this section shall comply fully with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

~~SEC. 62.~~

SEC. 44. Section 4992.09 of the Business and Professions Code is amended to read:

4992.09. (a) Except as provided in subdivision (a) of Section 4992.07, an applicant and registrant shall obtain a passing score on a board-administered California law and ethics examination in order to qualify for licensure.

(b) A registrant shall participate in a board-administered California law and ethics examination prior to his or her registration renewal.

(c) Notwithstanding subdivision (b), an applicant who holds a registration eligible for renewal, with an expiration date no later than June 30, 2016, and who applies for renewal of that registration between January 1, 2016, and June 30, 2016, shall, if eligible, be allowed to renew the registration without first participating in the California law and ethics examination. These applicants shall participate in the California law and ethics examination in the next renewal cycle, and shall pass the examination prior to licensure or issuance of a subsequent registration number, as specified in this section.

(d) If an applicant fails the California law and ethics examination, he or she may retake the examination, upon payment of the required fees, without further application except for as provided in subdivision (e).

(e) If a registrant fails to obtain a passing score on the California law and ethics examination described in subdivision (a) within his or her renewal period on or after the operative date of this section, he or she shall complete, at a minimum, a 12-hour course in California law and ethics in order to be eligible to participate in the California law and ethics examination. Registrants shall only take the 12-hour California law and ethics course once during a renewal period. The 12-hour law and ethics course required by this section shall be taken through a continuing education provider, as specified by the board by regulation, a county, state or governmental entity, or a college or university.

(f) The board shall not issue a subsequent registration number unless the registrant has passed the California law and ethics examination.

(g) Notwithstanding subdivision (f), an applicant who holds or has held a registration, with an expiration date no later than January 1, 2017, and who applies for a subsequent registration number between January 1, 2016, and January 1, 2017, shall, if eligible, be allowed to obtain the subsequent registration number without first passing the California law and ethics examination. These applicants shall pass the California law and ethics examination during the next renewal period or prior to licensure, whichever occurs first.

(h) This section shall become operative on January 1, 2016.

~~SEC. 63.~~

SEC. 45. Section 4996.2 of the Business and Professions Code is amended to read:

4996.2. Each applicant for a license shall furnish evidence satisfactory to the board that he or she complies with all of the following requirements:

(a) Is at least 21 years of age.

(b) Has received a master's degree from an accredited school of social work.

(c) Has had two years of supervised post-master's degree experience, as specified in Section 4996.23.

(d) Has not committed any crimes or acts constituting grounds for denial of licensure under Section 480. The board shall not issue a registration or license to any person who has been convicted of any crime in this or another state or in a territory of the United States that involves sexual abuse of children or who is required to register pursuant to Section 290 of the Penal Code or the equivalent in another state or territory.

(e) Has completed adequate instruction and training in the subject of alcoholism and other chemical substance dependency. This requirement applies only to applicants who matriculate on or after January 1, 1986.

(f) Has completed instruction and training in spousal or partner abuse assessment, detection, and intervention. This requirement applies to an applicant who began graduate training during the period commencing on January 1, 1995, and ending on December 31, 2003. An applicant who began graduate training on or after January 1, 2004, shall complete a minimum of 15 contact hours of coursework in spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics. Coursework required under this subdivision may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course.

(g) Has completed a minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 1807 of Title 16 of the California Code of Regulations. This training or coursework may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course.

(h) Has completed a minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 1807.2 of Title 16 of the California Code of Regulations. This training or coursework may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course.

~~SEC. 64.~~

SEC. 46. Section 4996.22 of the Business and Professions Code is amended to read:

4996.22. (a) (1) Except as provided in subdivision (c), the board shall not renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that he or she has completed not less than 36 hours of approved continuing education in or relevant to the field of social work in the preceding two years, as determined by the board.

(2) The board shall not renew any license of an applicant who began graduate study prior to January 1, 2004, pursuant to this chapter unless the applicant certifies to the board that during the applicant's first renewal period after the operative date of this section, he or she completed a continuing education course in spousal or partner abuse assessment, detection, and intervention strategies, including community resources, cultural factors, and same gender abuse dynamics. On and after January 1, 2005, the course shall consist of not less than seven hours of training. Equivalent courses in spousal or partner abuse assessment, detection, and intervention strategies taken prior to the operative date of this section or proof of equivalent teaching or practice experience may be submitted to the board and at its discretion, may be accepted in satisfaction of this requirement. Continuing education courses taken pursuant to this paragraph shall be applied to the 36 hours of approved continuing education required under paragraph (1).

(b) The board shall have the right to audit the records of any applicant to verify the completion of the continuing education requirement. Applicants shall maintain records of completion of required continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(c) The board may establish exceptions from the continuing education requirement of this section for good cause as defined by the board.

(d) The continuing education shall be obtained from one of the following sources:

(1) An accredited school of social work, as defined in Section 4991.2, or a school or department of social work that is a candidate for accreditation by the Commission on Accreditation of the Council on Social Work Education. Nothing in this paragraph shall be construed as requiring coursework to be offered as part of a regular degree program.

(2) Other continuing education providers, as specified by the board by regulation.

(e) The board shall establish, by regulation, a procedure for identifying acceptable providers of continuing education courses, and all providers of continuing education, as described in paragraphs (1) and (2) of subdivision (d), shall adhere to the procedures established by the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with this section or any regulation adopted pursuant to this section.

(f) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding, or the practice, of social work.

(2) Aspects of the social work discipline in which significant recent developments have occurred.

(3) Aspects of other related disciplines that enhance the understanding, or the practice, of social work.

(g) A system of continuing education for licensed clinical social workers shall include courses directly related to the diagnosis, assessment, and treatment of the client population being served.

(h) The continuing education requirements of this section shall comply fully with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

(i) The board may adopt regulations as necessary to implement this section.

(j) The board shall, by regulation, fund the administration of this section through continuing education provider fees to be

deposited in the Behavioral ~~Science Examiners~~ *Sciences* Fund. The fees related to the administration of this section shall be sufficient to meet, but shall not exceed, the costs of administering the corresponding provisions of this section. For purposes of this subdivision, a provider of continuing education as described in paragraph (1) of subdivision (d) shall be deemed to be an approved provider.

~~SEC. 65.~~

SEC. 47. Section 4996.28 of the Business and Professions Code is amended to read:

4996.28. (a) Registration as an associate clinical social worker shall expire one year from the last day of the month during which it was issued. To renew a registration, the registrant shall, on or before the expiration date of the registration, complete all of the following actions:

(1) Apply for renewal on a form prescribed by the board.

(2) Pay a renewal fee prescribed by the board.

(3) Notify the board whether he or she has been convicted, as defined in Section 490, of a misdemeanor or felony, and whether any disciplinary action has been taken by a regulatory or licensing board in this or any other state, subsequent to the last renewal of the registration.

(4) On and after January 1, 2016, obtain a passing score on the California law and ethics examination pursuant to Section 4992.09.

(b) A registration as an associate clinical social worker may be renewed a maximum of five times. When no further renewals are possible, an applicant may apply for and obtain a subsequent associate clinical social worker registration number if the applicant meets all requirements for registration in effect at the time of his or her application for a subsequent associate clinical social worker registration number. An applicant issued a subsequent associate registration number pursuant to this subdivision shall not be employed or volunteer in a private practice.

~~SEC. 66.~~

SEC. 48. Section 4999.1 of the Business and Professions Code is amended to read:

4999.1. Application for registration as a telephone medical advice service shall be made on a form prescribed by the department, accompanied by the fee prescribed pursuant to Section

4999.5. The department shall make application forms available. Applications shall contain all of the following:

(a) The signature of the individual owner of the telephone medical advice service, or of all of the partners if the service is a partnership, or of the president or secretary if the service is a corporation. The signature shall be accompanied by a resolution or other written communication identifying the individual whose signature is on the form as owner, partner, president, or secretary.

(b) The name under which the person applying for the in-state or out-of-state telephone medical advice service proposes to do business.

(c) The physical address, mailing address, and telephone number of the business entity.

(d) The designation, including the name and physical address, of an agent for service of process in California.

(e) A list of all health care professionals providing medical advice services that are required to be licensed, registered, or certified pursuant to this chapter. This list shall be submitted to the department on a form to be prescribed by the department and shall include, but not be limited to, the name, state of licensure, type of license, and license number.

(f) The department shall be notified within 30 days of any change of name, physical location, mailing address, or telephone number of any business, owner, partner, corporate officer, or agent for service of process in California, together with copies of all resolutions or other written communications that substantiate these changes.

~~SEC. 67.~~

SEC. 49. Section 4999.2 of the Business and Professions Code is amended to read:

4999.2. (a) In order to obtain and maintain a registration, a telephone medical advice service shall comply with the requirements established by the department. Those requirements shall include, but shall not be limited to, all of the following:

(1) (A) Ensuring that all health care professionals who provide medical advice services are appropriately licensed, certified, or registered as a physician and surgeon pursuant to Chapter 5 (commencing with Section 2000) or the Osteopathic Initiative Act, as a dentist, dental hygienist, dental hygienist in alternative practice, or dental hygienist in extended functions pursuant to

Chapter 4 (commencing with Section 1600), as an occupational therapist pursuant to Chapter 5.6 (commencing with Section 2570), as a registered nurse pursuant to Chapter 6 (commencing with Section 2700), as a psychologist pursuant to Chapter 6.6 (commencing with Section 2900), as a naturopathic doctor pursuant to Chapter 8.2 (commencing with Section 3610), as a marriage and family therapist pursuant to Chapter 13 (commencing with Section 4980), as a licensed clinical social worker pursuant to Chapter 14 (commencing with Section 4991), as a licensed professional clinical counselor pursuant to Chapter 16 (commencing with Section 4999.10), as an optometrist pursuant to Chapter 7 (commencing with Section 3000), or as a chiropractor pursuant to the Chiropractic Initiative Act, and operating consistent with the laws governing their respective scopes of practice in the state within which they provide telephone medical advice services, except as provided in paragraph (2).

(B) Ensuring that all health care professionals who provide telephone medical advice services from an out-of-state location, as identified in subparagraph (A), are licensed, registered, or certified in the state within which they are providing the telephone medical advice services and are operating consistent with the laws governing their respective scopes of practice.

(2) Ensuring that the telephone medical advice provided is consistent with good professional practice.

(3) Maintaining records of telephone medical advice services, including records of complaints, provided to patients in California for a period of at least five years.

(4) Ensuring that no staff member uses a title or designation when speaking to an enrollee, subscriber, or consumer that may cause a reasonable person to believe that the staff member is a licensed, certified, or registered health care professional described in subparagraph (A) of paragraph (1), unless the staff member is a licensed, certified, or registered professional.

(5) Complying with all directions and requests for information made by the department.

(6) Notifying the department within 30 days of any change of name, physical location, mailing address, or telephone number of any business, owner, partner, corporate officer, or agent for service of process in California, together with copies of all resolutions or other written communications that substantiate these changes.

(7) Submitting quarterly reports, on a form prescribed by the department, to the department within 30 days of the end of each calendar quarter.

(b) To the extent permitted by Article VII of the California Constitution, the department may contract with a private nonprofit accrediting agency to evaluate the qualifications of applicants for registration pursuant to this chapter and to make recommendations to the department.

~~SEC. 68.~~

SEC. 50. Section 4999.3 of the Business and Professions Code is amended to read:

4999.3. (a) The department may suspend, revoke, or otherwise discipline a registrant or deny an application for registration as a telephone medical advice service based on any of the following:

(1) Incompetence, gross negligence, or repeated similar negligent acts performed by the registrant or any employee of the registrant.

(2) An act of dishonesty or fraud by the registrant or any employee of the registrant.

(3) The commission of any act, or being convicted of a crime, that constitutes grounds for denial or revocation of licensure pursuant to any provision of this division.

(b) The proceedings shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the department shall have all powers granted therein.

(c) Copies of any complaint against a telephone medical advice service shall be forwarded to the Department of Managed Health Care.

(d) The department shall forward a copy of any complaint submitted to the department pursuant to this chapter to the entity that issued the license to the licensee involved in the advice provided to the patient.

~~SEC. 69.~~

SEC. 51. Section 4999.4 of the Business and Professions Code is amended to read:

4999.4. (a) Every registration issued to a telephone medical advice service shall expire 24 months after the initial date of issuance.

(b) To renew an unexpired registration, the registrant shall, before the time at which the registration would otherwise expire, pay the renewal fee authorized by Section 4999.5.

(c) An expired registration may be renewed at any time within three years after its expiration upon the filing of an application for renewal on a form prescribed by the bureau and the payment of all fees authorized by Section 4999.5. A registration that is not renewed within three years following its expiration shall not be renewed, restored, or reinstated thereafter, and the delinquent registration shall be canceled immediately upon expiration of the three-year period.

~~SEC. 70.~~

SEC. 52. Section 4999.5 of the Business and Professions Code is amended to read:

4999.5. The department may set fees for registration and renewal as a telephone medical advice service sufficient to pay the costs of administration of this chapter.

~~SEC. 71.~~

SEC. 53. Section 4999.7 of the Business and Professions Code is amended to read:

4999.7. (a) This section does not limit, preclude, or otherwise interfere with the practices of other persons licensed or otherwise authorized to practice, under any other provision of this division, telephone medical advice services consistent with the laws governing their respective scopes of practice, or licensed under the Osteopathic Initiative Act or the Chiropractic Initiative Act and operating consistent with the laws governing their respective scopes of practice.

(b) For purposes of this chapter, “telephone medical advice” means a telephonic communication between a patient and a health care professional in which the health care professional’s primary function is to provide to the patient a telephonic response to the patient’s questions regarding his or her or a family member’s medical care or treatment. “Telephone medical advice” includes assessment, evaluation, or advice provided to patients or their family members.

(c) For purposes of this chapter, “health care professional” is an employee or independent contractor described in Section 4999.2 who provides medical advice services and is appropriately licensed, certified, or registered as a dentist, dental hygienist, dental hygienist

in alternative practice, or dental hygienist in extended functions pursuant to Chapter 4 (commencing with Section 1600), as a physician and surgeon pursuant to Chapter 5 (commencing with Section 2000) or the Osteopathic Initiative Act, as a registered nurse pursuant to Chapter 6 (commencing with Section 2700), as a psychologist pursuant to Chapter 6.6 (commencing with Section 2900), as a naturopathic doctor pursuant to Chapter 8.2 (commencing with Section 3610), as an optometrist pursuant to Chapter 7 (commencing with Section 3000), as a marriage and family therapist pursuant to Chapter 13 (commencing with Section 4980), as a licensed clinical social worker pursuant to Chapter 14 (commencing with Section 4991), as a licensed professional clinical counselor pursuant to Chapter 16 (commencing with Section 4999.10), or as a chiropractor pursuant to the Chiropractic Initiative Act, and who is operating consistent with the laws governing his or her respective scopes of practice in the state in which he or she provides telephone medical advice services.

~~SEC. 72.~~

SEC. 54. Section 4999.45 of the Business and Professions Code, as amended by Section 54 of Chapter 473 of the Statutes of 2013, is amended to read:

4999.45. (a) An intern employed under this chapter shall:

(1) Not perform any duties, except for those services provided as a clinical counselor trainee, until registered as an intern.

(2) Not be employed or volunteer in a private practice until registered as an intern.

(3) Inform each client prior to performing any professional services that he or she is unlicensed and under supervision.

(4) Renew annually for a maximum of five years after initial registration with the board.

(b) When no further renewals are possible, an applicant may apply for and obtain a subsequent intern registration number if the applicant meets the educational requirements for registration in effect at the time of the application for a subsequent intern registration number and has passed the California law and ethics examination described in Section 4999.53. An applicant issued a subsequent intern registration number pursuant to this subdivision shall not be employed or volunteer in a private practice.

(c) This section shall become operative on January 1, 2016.

~~SEC. 73.~~

SEC. 55. Section 4999.46 of the Business and Professions Code, as amended by Section 3 of Chapter 435 of the Statutes of 2014, is amended to read:

4999.46. (a) To qualify for the licensure examination specified by paragraph (2) of subdivision (a) of Section 4999.53, applicants shall complete clinical mental health experience under the general supervision of an approved supervisor as defined in Section 4999.12.

(b) The experience shall include a minimum of 3,000 postdegree hours of supervised clinical mental health experience related to the practice of professional clinical counseling, performed over a period of not less than two years (104 weeks), which shall include:

(1) Not more than 40 hours in any seven consecutive days.

(2) Not less than 1,750 hours of direct counseling with individuals, groups, couples, or families in a setting described in Section 4999.44 using a variety of psychotherapeutic techniques and recognized counseling interventions within the scope of practice of licensed professional clinical counselors.

(3) Not more than 500 hours of experience providing group therapy or group counseling.

(4) Not more than 375 hours of experience providing personal psychotherapy, crisis counseling, or other counseling services via telehealth in accordance with Section 2290.5.

(5) Not less than 150 hours of clinical experience in a hospital or community mental health setting, as defined in Section 1820 of Title 16 of the California Code of Regulations.

(6) Not more than a combined total of 1,250 hours of experience in the following related activities:

(A) Direct supervisor contact.

(B) Client centered advocacy.

(C) Not more than 250 hours of experience administering tests and evaluating psychological tests of clients, writing clinical reports, writing progress notes, or writing process notes.

(D) Not more than 250 hours of verified attendance at workshops, seminars, training sessions, or conferences directly related to professional clinical counseling that are approved by the applicant's supervisor.

(c) No hours of clinical mental health experience may be gained more than six years prior to the date the application for examination eligibility was filed.

(d) An applicant shall register with the board as an intern in order to be credited for postdegree hours of experience toward licensure. Postdegree hours of experience shall be credited toward licensure, provided that the applicant applies for intern registration within 90 days of the granting of the qualifying degree and is thereafter granted the intern registration by the board. An applicant shall not be employed or volunteer in a private practice until registered as an intern by the board.

(e) All applicants and interns shall be at all times under the supervision of a supervisor who shall be responsible for ensuring that the extent, kind, and quality of counseling performed is consistent with the training and experience of the person being supervised, and who shall be responsible to the board for compliance with all laws, rules, and regulations governing the practice of professional clinical counseling.

(f) Experience obtained under the supervision of a spouse or relative by blood or marriage shall not be credited toward the required hours of supervised experience. Experience obtained under the supervision of a supervisor with whom the applicant has had or currently has a personal, professional, or business relationship that undermines the authority or effectiveness of the supervision shall not be credited toward the required hours of supervised experience.

(g) Except for experience gained pursuant to subparagraph (D) of paragraph (6) of subdivision (b), supervision shall include at least one hour of direct supervisor contact in each week for which experience is credited in each work setting.

(1) No more than six hours of supervision, whether individual or group, shall be credited during any single week. This paragraph shall apply to supervision hours gained on or after January 1, 2009.

(2) An intern shall receive at least one additional hour of direct supervisor contact for every week in which more than 10 hours of face-to-face psychotherapy is performed in each setting in which experience is gained.

(3) For purposes of this section, “one hour of direct supervisor contact” means one hour of face-to-face contact on an individual basis or two hours of face-to-face contact in a group of not more

than eight persons in segments lasting no less than one continuous hour.

(4) Notwithstanding paragraph (3), an intern working in a governmental entity, a school, a college, or a university, or an institution that is both nonprofit and charitable, may obtain the required weekly direct supervisor contact via two-way, real-time videoconferencing. The supervisor shall be responsible for ensuring that client confidentiality is upheld.

(h) This section shall become operative on January 1, 2016.

~~SEC. 74.~~

SEC. 56. Section 4999.55 of the Business and Professions Code is amended to read:

4999.55. (a) Each applicant and registrant shall obtain a passing score on a board-administered California law and ethics examination in order to qualify for licensure.

(b) A registrant shall participate in a board-administered California law and ethics examination prior to his or her registration renewal.

(c) Notwithstanding subdivision (b), an applicant who holds a registration eligible for renewal, with an expiration date no later than June 30, 2016, and who applies for renewal of that registration between January 1, 2016, and June 30, 2016, shall, if eligible, be allowed to renew the registration without first participating in the California law and ethics examination. These applicants shall participate in the California law and ethics examination in the next renewal cycle, and shall pass the examination prior to licensure or issuance of a subsequent registration number, as specified in this section.

(d) If an applicant fails the California law and ethics examination, he or she may retake the examination, upon payment of the required fees, without further application, except as provided in subdivision (e).

(e) If a registrant fails to obtain a passing score on the California law and ethics examination described in subdivision (a) within his or her renewal period on or after the operative date of this section, he or she shall complete, at minimum, a 12-hour course in California law and ethics in order to be eligible to participate in the California law and ethics examination. Registrants shall only take the 12-hour California law and ethics course once during a renewal period. The 12-hour law and ethics course required by

this section shall be taken through a continuing education provider as specified by the board by regulation, a county, state, or governmental entity, or a college or university.

(f) The board shall not issue a subsequent registration number unless the registrant has passed the California law and ethics examination.

(g) Notwithstanding subdivision (f), an applicant who holds or has held a registration, with an expiration date no later than January 1, 2017, and who applies for a subsequent registration number between January 1, 2016, and January 1, 2017, shall, if eligible, be allowed to obtain the subsequent registration number without first passing the California law and ethics examination. These applicants shall pass the California law and ethics examination during the next renewal period or prior to licensure, whichever occurs first.

(h) This section shall become operative January 1, 2016.

~~SEC. 75.~~

SEC. 57. Section 4999.76 of the Business and Professions Code is amended to read:

4999.76. (a) Except as provided in subdivision (c), the board shall not renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that he or she has completed not less than 36 hours of approved continuing education in or relevant to the field of professional clinical counseling in the preceding two years, as determined by the board.

(b) The board shall have the right to audit the records of any applicant to verify the completion of the continuing education requirement. Applicants shall maintain records of completed continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(c) The board may establish exceptions from the continuing education requirement of this section for good cause, as defined by the board.

(d) The continuing education shall be obtained from one of the following sources:

(1) A school, college, or university that is accredited or approved, as defined in Section 4999.12. Nothing in this paragraph

shall be construed as requiring coursework to be offered as part of a regular degree program.

(2) Other continuing education providers as specified by the board by regulation.

(e) The board shall establish, by regulation, a procedure for identifying acceptable providers of continuing education courses, and all providers of continuing education, as described in paragraphs (1) and (2) of subdivision (d), shall adhere to procedures established by the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with this section or any regulation adopted pursuant to this section.

(f) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding or the practice of professional clinical counseling.

(2) Significant recent developments in the discipline of professional clinical counseling.

(3) Aspects of other disciplines that enhance the understanding or the practice of professional clinical counseling.

(g) A system of continuing education for licensed professional clinical counselors shall include courses directly related to the diagnosis, assessment, and treatment of the client population being served.

(h) The board shall, by regulation, fund the administration of this section through continuing education provider fees to be deposited in the Behavioral Sciences Fund. The fees related to the administration of this section shall be sufficient to meet, but shall not exceed, the costs of administering the corresponding provisions of this section. For the purposes of this subdivision, a provider of continuing education as described in paragraph (1) of subdivision (d) shall be deemed to be an approved provider.

(i) The continuing education requirements of this section shall fully comply with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

~~SEC. 76.~~

SEC. 58. Section 4999.100 of the Business and Professions Code, as amended by Section 66 of Chapter 473 of the Statutes of 2013, is amended to read:

4999.100. (a) An intern registration shall expire one year from the last day of the month in which it was issued.

(b) To renew a registration, the registrant on or before the expiration date of the registration, shall do the following:

(1) Apply for a renewal on a form prescribed by the board.

(2) Pay a renewal fee prescribed by the board.

(3) Notify the board whether he or she has been convicted, as defined in Section 490, of a misdemeanor or felony, or whether any disciplinary action has been taken by any regulatory or licensing board in this or any other state, subsequent to the registrant's last renewal.

(4) Participate in the California law and ethics examination pursuant to Section 4999.53 each year until successful completion of this examination.

(c) The intern registration may be renewed a maximum of five times. Registration shall not be renewed or reinstated beyond six years from the last day of the month during which it was issued, regardless of whether it has been revoked. When no further renewals are possible, an applicant may apply for and obtain a subsequent intern registration number if the applicant meets the educational requirements for registration in effect at the time of the application for a subsequent intern registration number and has passed the California law and ethics examination described in Section 4999.53. An applicant who is issued a subsequent intern registration number pursuant to this subdivision shall not be employed or volunteer in a private practice.

(d) This section shall become operative on January 1, 2016.

~~SEC. 77.~~

SEC. 59. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

O

AMENDED IN SENATE JULY 8, 2015

AMENDED IN ASSEMBLY MAY 28, 2015

AMENDED IN ASSEMBLY APRIL 20, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL No. 192

Introduced by Assembly Member Travis Allen

January 28, 2015

An act to add ~~Section~~ *Sections* 5166 *and 5168* to the Vehicle Code, relating to license plates.

LEGISLATIVE COUNSEL'S DIGEST

AB 192, as amended, Travis Allen. Specialized license ~~plates: coastal conservancy awareness.~~ *plates.*

Existing law establishes a specialized license plate program and requires the Department of Motor Vehicles (DMV) to issue specialized license plates on behalf of a sponsoring state agency that meets certain requirements. Existing law requires that the DMV charge specified additional fees for the issuance, renewal, or transfer of specialized license plates, and requires the DMV to deposit the fees, less the DMV's costs, into the Specialized License Plate Fund. Existing law requires that moneys in the fund be allocated, upon appropriation by the Legislature, to each sponsoring agency in proportion to the amount that is attributable to the agency's specialized license plate program. Existing law authorizes the sponsoring state agency to use these moneys to fund projects and programs that promote the state agency's official policy, mission, or work.

This bill would require the State Coastal Conservancy to apply to the DMV to sponsor a license plate for coastal conservancy awareness, and

would require the DMV, in consultation with the State Coastal Conservancy, to design for issuance these special license plates bearing a decal depicting a surfer design, as specified. The bill would require the DMV to deposit the fees for the issuance, renewal, or transfer of these specialized license plates, less the DMV's costs, into the Coastal Conservancy Awareness Fund, which the bill would establish in the Specialized License Plate Fund, for the deposit of revenue derived from these specialized license plates. The bill would require that these funds be allocated, upon appropriation by the Legislature, to the State Coastal Conservancy to fund specified projects and programs related to coastal conservancy, including providing for the maintenance and operation of coastal access infrastructure.

The bill would require the DMV to deposit fees for the issuance, renewal, or transfer of the Pet Lover's specialized license plates, less the DMV's costs, into the Pet Lover's Fund, which the bill would establish in the Specialized License Plate Fund, for the deposit of revenue derived from these specialized license plates. The bill would require that these funds be allocated, upon appropriation by the Legislature, to the Veterinary Medical Board for disbursement by a nonprofit organization selected by the board to fund grants to providers of no-cost or low-cost animal sterilization services. The bill would require the board to determine eligibility requirements for the grants, establish the grant application process, and develop program specifics. The bill would authorize the board to contract with an entity, including a nonprofit organization, to provide advice, consultation, and administrative services for purposes of implementing and administering the grant program. The bill would require the board to provide oversight for the disbursal of grant funds under the grant program.

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

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

SECTION 1. Section 5166 is added to the Vehicle Code, to read:

5166. (a) The State Coastal Conservancy shall apply to the department to sponsor a coastal conservancy awareness license plate program. The department shall issue specialized license plates for that program if the State Coastal Conservancy satisfies the requirements of Section 5156.

(b) The department, in consultation with the State Coastal Conservancy, shall design the special state coastal conservancy license plates as described in this section. The special state coastal conservancy license plates shall bear a decal that the department determines, in consultation with the Department of the California Highway Patrol, does not obscure the readability of the license plate depicting a surfer design, as approved by the State Coastal Conservancy.

(c) (1) The fees specified in Section 5157 shall be imposed for the issuance, renewal, or transfer of specialized license plates authorized by this section. Notwithstanding subdivision (c) of Section 5157, after deducting its administrative costs, the department shall deposit the revenue derived from the additional fees into the Coastal Conservancy Awareness Fund, which is hereby established in the Specialized License Plate Fund. Upon appropriation by the Legislature, the moneys in the Coastal Conservancy Awareness Fund shall be allocated to the State Coastal Conservancy to fund projects and programs that accomplish any of the following purposes:

(A) Educating the general public regarding the history of surfing as a sport and as a recreational activity, and educating the general public regarding other nonmotorized water recreation.

(B) Providing support for lifeguards at high-risk beaches to aid in the protection of the public who utilize those beaches.

(C) Providing for noncapital expenses relating to the operation and maintenance of access ways, educational opportunities, and increasing attendance at beaches, including, but not limited to, shuttle transportation methods.

(D) Hosting and supporting forums and events to increase coastal conservancy awareness, including the publication of articles.

(E) Developing and supporting activities designed to assist in preserving and protecting the shoreline and the delicate ecosystems residing within the coastal ecosystem.

(F) Providing for the maintenance and operation of coastal access infrastructure, including, but not limited to, trails, pathways, walkways, parking, ramps and stairs, coastal cleanup efforts, and any other beach access services.

(G) Providing for the protection, habitat, and the care, rehabilitation, and reintroduction of California Sea Lions.

(H) Promoting the coastal conservancy awareness license plate program, including, but not limited to, through the use of contracted partners as provided for in paragraph (2).

(2) The State Coastal Conservancy may enter into an agreement with the federal government, state or local governments, or any nonprofit organization, as may be appropriate, to assist the State Coastal Conservancy in accomplishing any of the projects or programs described in paragraph (1).

SEC. 2. Section 5168 is added to the Vehicle Code, to read:

5168. (a) The fees specified in Section 5157 shall be imposed for the issuance, renewal, or transfer of the Pet Lover's specialized license plates. Notwithstanding subdivision (c) of Section 5157, after deducting its administrative costs, the department shall deposit the revenue derived from the additional fees into the Pet Lover's Fund, which is hereby established in the Specialized License Plate Fund.

(b) Upon appropriation by the Legislature, the moneys in the Pet Lover's Fund shall be allocated to the Veterinary Medical Board. There shall not be an allocation to the board pursuant to subdivision (c) of Section 5157. The board shall allocate those funds to a nonprofit organization it selects for disbursal to qualifying spay and neuter facilities for the sole and exclusive purpose of funding grants to providers of no-cost or low-cost animal sterilization services.

(c) Annual administrative costs for the program shall not exceed 25 percent of the funds collected from the issuance of the Pet Lover's license plates, and may include marketing and other promotional activities associated with encouraging application for or renewal of Pet Lover's license plates.

(d) The nonprofit organization selected by the board shall not use more than 5 percent of the moneys received pursuant to this section for administrative costs.

(e) The board shall determine eligibility requirements for the grants, establish the grant application process, and develop program specifics. The board may contract with an entity, including a nonprofit organization, to provide advice, consultation, and administrative services for purposes of implementing and

administering the grant program. The board shall provide oversight for the disbursal of grant funds under the grant program.

O

Proposed Statutory Addition Authorization for Veterinarians to Compound Drugs

(a) Compounding means shall have the same meaning as that defined in subsections (a) and (b) of Section 1753 of Article 4.5 of Division 17 of Title 16 of the California Code of Regulations.

(b) Notwithstanding Section 4051, a veterinarian may only compound drugs for a specific animal or herd with which the veterinarian has established and maintained a valid veterinarian-client-patient relationship.

(c) A veterinarian may only prescribe compounded drugs to treat a specific occurrence of a disease, symptom, or condition, which threatens the health of the animal or will cause suffering or death if left untreated, that the veterinarian has observed and diagnosed in the particular patient for whom the compounded drugs are prescribed. The amount of a drug that a veterinarian compounds or orders compounded must not exceed the established need for specific compounded drugs for patients with which the veterinarian has established and maintained a valid veterinarian-client-patient relationship.

(d) Labeling Requirements.

(1) All compounded drugs must bear the labeling information required under § 4076 of the Code and §1735.4 of Article 4.5 of Division 17 of Title 16 of the California Code of Regulations, as well as the following information:

Comment [D1]: Proposed Pharmacy Regs

(A) date on which the drug was compounded;
(B) name and strength of medically active ingredients;
(C) identity of treated animals;
(D) withdrawal/withholding times if needed; and
(E) condition or disease to be treated.

(2) In addition to the information listed in paragraph (1) of this subsection, compounded drugs dispensed to the client must also state a date dispensed and an expiration date, which should not exceed the length of the prescribed treatment.

Limitations on Compounded Products.

(a) A veterinarian shall not compound or order a drug compounded if there is a FDA-approved, commercially available animal or human drug that, when used as labeled or in an extra-label fashion in its available dosage form and concentration, will appropriately treat the patient.

(b) A veterinarian shall only compound or order compounded products with FDA-approved commercially available animal or human drugs as the active ingredients.

(c) A veterinarian shall not promote and/or distribute compounded drugs that are essentially similar to FDA-approved products.

(d) A veterinarian must ensure the safety and efficacy of a compounded drug, including but not limited to avoiding known drug incompatibilities and inappropriate combinations, and must use a pharmacist to perform drug compounding when the complexity of the compounding exceeds the veterinarian's knowledge, skill, facilities, or available equipment.

(e) A veterinarian may only compound drugs that are sufficient for administration and application to the patient solely in the veterinarian's office, or for furnishing of not more than a 120-hour supply solely to the client pursuant to the established veterinary-client-patient relationship.

Comment [D2]: Proposed Pharmacy regs 1735.2(c)(3)

Limitations on Promotion and Sale of Compounded Drugs.

(a) A veterinarian shall not prepare for sale any compounded drugs which employ fanciful names or trade names, colorings or other additives, or that in any way imply that the compounds have some

unique effectiveness or composition.

(b) A veterinarian shall not advertise, promote, display, resell, or in any other way market prepared compounded drugs.

(c) A veterinarian shall not offer compounded drugs to other state licensed veterinarians, pharmacists or other commercial entities for resale.

Extra-Label or Off-Label Use of Drugs

(a) Extra-label or off-label use is the actual or intended use of a drug in an animal that is not in accordance with the approved labeling, and includes, but is not limited to:

(1) compounded drugs;

(2) use in species not listed in the labeling;

(3) use for diseases or other conditions not listed in the labeling;

(4) use at dosage levels, frequencies, or routes of administration other than those stated in the labeling; and

(5) deviation from the labeled withdrawal time based on these different uses.

(b) A veterinarian must use his or her discretion in the off-label use of drugs for animals. In exercising such discretion, a veterinarian shall consider, to the extent possible:

(1) whether the off-label use of a drug meets the community standard of humane care and treatment set out in § ____;

(2) the established safety of the off-label usage;

(3) the inclusion of a drug in a standard veterinary formulary;

(4) analyses of off-label usage in the veterinary medical literature and in articles and commentaries written by the veterinarian's peers in the veterinary medical profession;

(5) information provided by the drug's manufacturer, vendor or the FDA as to whether off-label usage of a drug may present a risk to public health; and

(6) any other sources of pertinent information.

(c) If anticipated off-label use of a drug is not commonly accepted or used by average veterinarians in the community in which the veterinarian practices or if the off-label usage does not have an established safety record, the veterinarian shall orally or in writing inform the client that the off-label usage is not commonly accepted or used in the veterinary community and that such usage could pose a risk to the health of the animal. Any oral notification shall be recorded in the patient records.

BOARD OF PHARMACY

BUSINESS & PROFESSIONS CODE

4051. Conduct Limited to Pharmacist; Conduct Authorized by Pharmacist
(a) Except as otherwise provided in this chapter, it is unlawful for any person to manufacture, compound, furnish, sell, or dispense a dangerous drug or dangerous device, or to dispense or compound a prescription pursuant to Section 4040 of
a prescriber unless he or she is a pharmacist under this chapter.
(b) Notwithstanding any other law, a pharmacist may authorize the initiation of a prescription, pursuant to Section 4052.1, 4052.2, 4052.3, or 4052.6, and otherwise provide clinical advice, services, information, or patient consultation, as set forth in this chapter, if all of the following conditions are met:
(1) The clinical advice, services, information, or patient consultation is provided to a health care professional or to a patient.
(2) The pharmacist has access to prescription, patient profile, or other relevant medical information for purposes of patient and clinical consultation and advice.
(3) Access to the information described in paragraph (2) is secure from unauthorized access and use.

4052. Furnishing to Prescriber; Permitted Procedures by Pharmacist
(a) Notwithstanding any other law, a pharmacist may:
(1) Furnish a reasonable quantity of compounded drug product to a prescriber for office use by the prescriber.
(2) Transmit a valid prescription to another pharmacist.
(3) Administer drugs and biological products that have been ordered by a prescriber.
(4) Perform procedures or functions in a licensed health care facility as authorized by Section 4052.1.
(5) Perform procedures or functions as part of the care provided by a health care facility, a licensed home health agency, a licensed clinic in which there is a physician oversight, a provider who contracts with a licensed health care service plan with regard to the care or services provided to the enrollees of that health care service plan,
or a physician, as authorized by Section 4052.2.
(6) Perform procedures or functions as authorized by Section 4052.6.
(7) Manufacture, measure, fit to the patient, or sell and repair dangerous devices, or furnish instructions to the patient or the patient's representative concerning the use of those devices.
(8) Provide consultation, training, and education to patients about drug therapy, disease management, and disease prevention.
(9) Provide professional information, including clinical or pharmacological information, advice, or consultation to other health care professionals, and participate in multidisciplinary review of patient progress, including appropriate access to medical records.
(10) Furnish the medications described in subparagraph (A) in accordance with subparagraph (B):
(A)(1) Emergency contraception drug therapy and self-administered hormonal contraceptives, as authorized by Section 4052.3.
(2) Nicotine replacement products, as authorized by Section 4052.9.

(3) Prescription medications not requiring a diagnosis that are recommended by the federal Centers for Disease Control and Prevention for individuals traveling outside of the United States.
(B) The pharmacist shall notify the patient's primary care provider of any drugs or devices furnished to the patient, or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. If the patient does not have a primary care provider, the pharmacist shall
provide the patient with a written record of the drugs or devices furnished and advi
se the patient to consult a physician of the patient's choice.
(11) Administer immunizations pursuant to a protocol with a prescriber.
(12) Order and interpret tests for the purpose of monitoring and managing the efficacy and toxicity of drug therapies. A pharmacist who orders and interprets tests pursuant to this paragraph shall ensure that the ordering of those tests is done in coordination with the patient's primary care provider or diagnosing prescriber, as appropriate, including promptly transmitting written notification to the patient's diagnosing prescriber or entering the appropriate information in a patient record system shared with the prescriber, when available and as permitted by that prescriber.
(b) A pharmacist who is authorized to issue an order to initiate or adjust a controlled substance therapy pursuant to this section shall personally register with the federal Drug Enforcement Administration.
(c) This section does not affect the applicable requirements of law relating to either of the following:
(1) Maintaining the confidentiality of medical records.
(2)The licensing of a health care facility.

Article 7.5 Compounded Sterile Drug Products

4127. Board Shall Adopt Regulations Establishing Standards (Effective January 1, 2014, and Inoperative on July 1, 2014)

(a) The board shall adopt regulations establishing standards for compounding injectable sterile drug products in a pharmacy.
(b) The board shall adopt emergency regulations in accordance with the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code) to establish policies, guidelines, and procedures to initially implement the provisions of this article that become operative on July 1, 2014. The initial adoption, amendment, or repeal of a regulation authorized by this section is deemed to address an emergency for purposes of Sections 11346.1 and 11346.6 of the Government Code, and the board is hereby exempted for that purpose from the requirements of subdivision (b) of Section 11346.1 of the Government Code. After the initial adoption, amendment, or repeal of an emergency regulation pursuant to this section, the board may request approval from the Office of Administrative Law to readopt the regulation as an emergency regulation pursuant to Section 11346.1 of the Government Code.
(c) This section shall become inoperative on July 1, 2014, and, as of January 1, 2015, is repealed, unless a later enacted statute, that becomes operative on or before January 1, 2015, deletes or extends the dates on which it becomes inoperative and is repealed.

4127. License to Compound Sterile Drug Products Required (Operative on July 1, 2014)
(a) A pharmacy that compounds sterile drug products for injection, administration into the eye, or inhalation shall possess a sterile compounding pharmacy license as provided in this article.
(b) The board shall adopt regulations in accordance with the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code)
to establish policies, guidelines, and procedures to implement this article.
(c) The board shall review any formal revision to General Chapter 797 of the United States Pharmacopeia and The National Formulary (USP–NF), relating to the compounding of sterile preparations, not later than 90 days after the revision becomes official, to determine whether amendments are necessary for the regulations adopted by the board pursuant to subdivision (b).
(d) This section shall become operative on July 1, 2014.

4127.1. License to Compound Injectable Sterile Drug Products Required (Effective January 1, 2014, and Inoperative on July 1, 2014)
(a) A pharmacy shall not compound injectable sterile drug products in this state unless the pharmacy has obtained a license from the board pursuant to this section. The license shall be renewed annually and is not transferable.
(b) A license to compound injectable sterile drug products may only be issued for a location that is licensed as a pharmacy. Furthermore, the license to compound injectable sterile drug products may only be issued to the owner of the pharmacy license at that location. A license to compound injectable sterile drug products may not be issued until the location is inspected by the board and found in compliance with this article and regulations adopted by the board.
(c) A license to compound injectable sterile drug products may not be renewed until the location has been inspected by the board and found to be in compliance with this article and regulations adopted by the board.

Title 16. Board of Pharmacy

Proposed Text

To Amend § 1735 in Article 4.5 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1735. Compounding in Licensed Pharmacies.

(a) "Compounding" means any of the following activities occurring in a licensed pharmacy, by or under the supervision of a licensed pharmacist, pursuant to a prescription:

(1) Altering the dosage form or delivery system of a drug

(2) Altering the strength of a drug

(3) Combining components or active ingredients

(4) Preparing a compounded drug ~~product~~ preparation from chemicals or bulk drug substances

(b) "Compounding" does not include reconstitution of a drug pursuant to a manufacturer's direction(s) for oral, rectal, topical, or injectable administration, nor does it include the sole act of tablet splitting or crushing, capsule opening, or the addition of flavoring agent(s) to enhance palatability.

~~(c) "Compounding" does not include, except in small quantities under limited circumstances as justified by a specific, documented, medical need, preparation of a compounded drug product that is commercially available in the marketplace or that is essentially a copy of a drug product that is commercially available in the marketplace~~

~~(d)~~ (c) The parameters and requirements stated by this Article 4.5 (Section 1735 et seq.) apply to all compounding practices. Additional parameters and requirements applicable solely to sterile ~~injectable~~ compounding are stated by Article 7 (Section 1751 et seq.).

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

To Amend § 1735.1 in Article 4.5 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1735.1. Compounding Definitions.

(a) "Ante-area" means an ISO Class 8 or better air quality where personnel hand hygiene and garbing procedures, staging of components, and other high-particulate-generating activities are performed, that is adjacent to the area designated for sterile compounding. It is a transition area that begins the systematic reduction of particles, prevents large fluctuations in air temperature and pressures in the buffer area or cleanroom, and maintains air flows from clean to dirty areas.

~~(c)~~(b) "Beyond use date" means the date, or date and time, after which administration of a compounded drug preparation shall not be begun, the preparation shall not be dispensed, and the preparation shall not be stored (other than for quarantine purposes).

(c) "Biological Safety Cabinet (BSC)" means a ventilated cabinet for compounded sterile drug preparations, having an open front with inward airflow for personnel protection, downward HEPA-filtered laminar airflow for product protection, and HEPA-filtered exhausted air for environmental protection.

(d) "Buffer area" means an area which maintains segregation from the adjacent ante-area by means of specific pressure differentials. The principle of displacement airflow shall be employed. This concept utilizes a low pressure differential, high airflow principle. Using displacement airflow typically requires an air velocity of 40 ft per minute or more from the buffer area across the line of demarcation into the ante-area. The displacement concept may not be used to maintain buffer area requirements for sterile compounds which originate from any ingredient that was at any time non-sterile, regardless of intervening sterilization of the ingredient, for hazardous compounds, or for chemotherapy compounds.

(e) "Bulk drug substance" means any substance that, when used in the preparation of a compounded drug preparation, processing, or packaging of a drug, becomes an active ingredient or a finished dosage form of the drug, but the term does not include any intermediate used in the synthesis of such substances.

(f) “Cleanroom” means a physically separate room with walls and doors that provides at least an ISO Class 7 or better air quality where the primary engineering control (PEC) is physically located. A minimum differential positive pressure of 0.02- to 0.05-inch water column is required.

(g) “Compounding Aseptic Isolator (CAI)” means a form of isolator specifically designed for compounding pharmaceutical ingredients or preparations. It is designed to maintain an aseptic compounding environment within the isolator throughout the compounding and material transfer processes. Air exchange into the isolator from the surrounding environment should not occur unless the air has first passed through a microbial retentive filter (HEPA minimum) system capable of containing airborne concentrations of the physical size and state of the drug being compounded.

(h) “Compounding Aseptic Containment Isolator (CACI)” means a compounding aseptic isolator (CAI) designed to provide worker protection from exposure to undesirable levels of airborne drug throughout the compounding and material transfer processes and to provide an aseptic environment for compounding sterile preparations. Air exchange with the surrounding environment should not occur unless the air is first passed through a microbial retentive filter (HEPA minimum) system capable of containing airborne concentrations of the physical size and state of the drug being compounded. Where volatile hazardous drugs are prepared, the exhaust air from the isolator should be appropriately removed by properly designed building ventilation.

(i) “Controlled cold temperature” means 2 degrees to 8 degrees C (35.6 degrees to 46.4 degrees F).

(j) “Controlled freezer temperature” means -25 degrees to -10 degrees C (-13 degrees to 14 degrees F) or at a range otherwise specified by the pharmaceutical manufacturer.

(k) “Controlled room temperature” means 20 degrees to 25 degrees C (68 degrees to 77 degrees F).

(l) “Copy or essentially a copy” of a commercially available drug product includes all preparations that are comparable in active ingredients to commercially available drug products, except that it does not include any preparations in which there has been a change,

made for an identified individual patient, which produces for that patient a significant difference, as determined by a prescribing practitioner, between that compounded preparation and the comparable commercially available drug product.

(m) "Daily" means occurring every day that a pharmacy is operating.

(n) "Dosage unit" means a quantity sufficient for one administration to one patient, except that for self-administered ophthalmic drops, a quantity sufficient for 30 days or less shall be considered one dosage unit.

~~(a)~~(o) "Equipment" means items that must be calibrated, maintained or periodically certified.

(p) "First air" means the air exiting the HEPA filter in a unidirectional air stream that is essentially particle free.

(q) "Gloved fingertip sampling" means a process whereby compounding personnel lightly press each fingertip and thumb onto appropriate growth media, which are then incubated at a temperature and for a time period conducive to multiplication of microorganisms, and then examined for growth of microorganisms.

(r) "Hazardous" means all anti-neoplastic agents identified by the National Institute for Occupational Safety and Health (NIOSH) as meeting the criteria for a hazardous drug and any other drugs, compounds, or materials identified as hazardous by the pharmacist-in-charge.

~~(b)~~(s) "Integrity" means retention of potency until the ~~expiration~~ beyond use date ~~noted~~ provided on the label, so long as the preparation is stored and handled according to the label directions after it is dispensed.

(t) "Lot" means one or more compounded drug preparation(s) prepared during one uninterrupted continuous cycle of compounding from one or more common active ingredient(s).

(u) "Media-fill test" means a test that mimics compounding procedures using a growth-based media to demonstrate that aseptic techniques of compounding personnel or processes routinely employed do not result in microbial contamination. To be valid, media-fill tests must be conducted on both the most routine and the most challenging compounding procedures performed.

(v) "Non-sterile-to-sterile batch" means any compounded drug preparation containing two (2)

or more dosage units with any ingredient that was at any time non-sterile, regardless of intervening sterilization of that ingredient.

(w) “Parenteral” means a preparation of drugs administered in a manner other than through the digestive tract. This includes, but is not limited to, injection through one or more layers of skin, administration into the eye, and by inhalation.

(x) “Personal protective equipment” means clothing or devices that protect the employee from exposure to drug products and minimize the contamination of compounded preparations. These include shoe covers, head and facial hair covers, face masks, gowns, and gloves.

~~(c)~~(y) “Potency” means active ingredient strength within +/- 10% (or the range specified in USP37-NF32, 37th Revision, Through 2nd Supplement Effective December 1, 2014) of the labeled amount.

(z) “Preparation” means a drug or nutrient compounded in a licensed pharmacy; the preparation may or may not be sterile.

(aa) "Prescriber's office" or "prescriber office" means an office or suite of offices in which a prescriber regularly sees patients for outpatient diagnosis and treatment. This definition does not include any hospital, pharmacy, or other facility, whether or not separately licensed, that may be affiliated with, adjacent to, or co-owned by, the prescriber’s practice environment.

(ab) “Primary Engineering Control (PEC)” means a device that provides an ISO Class 5 or better environment through the use of unidirectional HEPA-filtered first air for the exposure of critical sites when compounding sterile preparations. Examples of PEC devices include, but are not limited to, laminar airflow workbenches, biological safety cabinets, compounding aseptic isolators, and compounding aseptic containment isolators.

(ac) “Process validation” means demonstrating that when a process is repeated within specified limits, the process will consistently produce preparations complying with predetermined requirements. If any aspect of the process is changed, the process would need to be revalidated.

(ad) “Product” means a commercially manufactured drug or nutrient evaluated for safety and efficacy by the FDA.

~~(d)~~(ae) “Quality” means the absence of harmful levels of contaminants, including filth, putrid,

or decomposed substances, ~~and~~ the absence of active ingredients other than those listed on the label, and the absence of inactive ingredients other than those listed on the master formula record.

(af) "Segregated sterile compounding area" means a designated space for sterile-to-sterile compounding where a PEC is located within either a demarcated area (at least three foot perimeter) or in a separate room. Such area or room shall not contain and shall be void of activities and materials that are extraneous to sterile compounding. The segregated sterile compounding area shall not be in a location that has unsealed windows or doors that connect to the outdoors, in a location with high traffic flow, or in a location that is adjacent to construction sites, warehouses, or food preparation. The segregated sterile compounding area shall not have a sink, other than an emergency eye-washing station, located within three feet of a PEC. The segregated sterile compounding area shall be restricted to preparing non-hazardous sterile-to-sterile compounded preparations.

~~(e)~~(ag) "Strength" means amount of active ingredient per unit of a compounded drug ~~product~~ preparation.

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

To Amend § 1735.2 in Article 4.5 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1735.2. Compounding Limitations and Requirements; Self-Assessment.

(a) Except as specified in (b) and (c), no drug ~~product~~ preparation shall be compounded prior to receipt by a pharmacy of a valid prescription for an individual patient where the prescriber has approved use of a compounded drug ~~product~~ preparation either orally or in writing. Where approval is given orally, that approval shall be noted on the prescription prior to compounding. (b) A pharmacy may prepare and store a limited quantity of a compounded drug ~~product~~ preparation in advance of receipt of a patient-specific prescription where and solely in such quantity as is necessary to ensure continuity of care for an identified population

of patients of the pharmacy based on a documented history of prescriptions for that patient population.

(c) A "reasonable quantity" ~~as used in~~ that may be furnished to a prescriber for office use by the prescriber as authorized by Business and Professions Code section 4052, subdivision (a)(1), means that amount of compounded drug ~~product~~ preparation that:

(1) ~~i~~Is ordered by the prescriber or the prescriber's agent and paid for by the prescriber at a price that fairly reflects the fair market value of each drug preparation, using a purchase order or other documentation received by the pharmacy prior to furnishing that lists the number of patients seen or to be seen in the prescriber's office for whom the drug is needed or anticipated, and the quantity for each patient that is sufficient for either office administration ~~or application to patients in the prescriber's office, or for distribution of not more than~~ or furnishing of a 72-hour supply ~~to the prescriber's patients, as estimated by the prescriber~~; and

(2) Is delivered to the prescriber's office and signed for by the prescriber or the prescriber's agent; and

(3) Is sufficient for administration or application to patients solely in the prescriber's office, or for furnishing of not more than a 72-hour supply for human medical practices, or a 120-hour supply for veterinary medical practices, solely to the prescriber's own patients seen as part of regular treatment in the prescriber's office, as fairly estimated by the prescriber and documented on the purchase order or other documentation submitted to the pharmacy prior to furnishing; and

~~(2)~~(4) That the pharmacist has a credible basis for concluding is reasonable considering the intended use of the compounded medication and the nature of the prescriber's practice; and

~~(3)~~ (5) ~~for~~ With regard to any individual prescriber to whom the pharmacy furnishes, and with regard to ~~for~~ all prescribers to whom the pharmacy furnishes, ~~taken as a whole~~, is an amount which the pharmacy is capable of compounding in compliance with pharmaceutical standards for integrity, potency, quality and strength of the compounded drug ~~product~~ preparation; and

(6) Does not exceed an amount the pharmacy can reasonably and safely compound.

(d) No pharmacy or pharmacist shall compound a drug preparation that:

(1) Is classified by the FDA as demonstrably difficult to compound;

(2) Appears on an FDA list of drugs that have been withdrawn or removed from the market because such drugs or components of such drugs have been found to be unsafe or not effective; or

(3) Is a copy or essentially a copy of one or more commercially available drug products, unless that drug product appears on an ASHP (American Society of Health-System Pharmacists) or FDA list of drugs that are in short supply at the time of compounding and at the time of dispense, and the compounding of that drug preparation is justified by a specific, documented medical need made known to the pharmacist prior to compounding. The pharmacy shall retain a copy of the documentation of the shortage and the specific medical need in the pharmacy records for three years from the date of receipt of the documentation.

~~(d)~~(e) A drug ~~product~~ preparation shall not be compounded until the pharmacy has first prepared a written master formula record that includes at least the following elements:

(1) Active ingredients to be used.

(2) Equipment to be used.

(3) ~~Expiration dating requirements.~~ The maximum allowable beyond use date for the preparation, and the rationale or reference source justifying its determination.

(4) Inactive ingredients to be used.

(5) ~~Process and/or procedure~~ Specific compounding steps used to prepare the drug. (6) Quality reviews required at each step in preparation of the drug.

(7) Post-compounding process or procedures required, if any.

(8) Instructions for storage and handling of the compounded drug preparation.

~~(e)~~(f) Where a pharmacy does not routinely compound a particular drug ~~product~~ preparation, the master formula record for that ~~product~~ preparation may be recorded on the prescription document itself.

~~(f)~~(g) The pharmacist performing or supervising compounding is responsible for the integrity, potency, quality, and labeled strength of a compounded drug ~~product~~ preparation until ~~it~~ the beyond use date indicated on the label, so long as label instructions for storage and handling are followed after the preparation is dispensed.

~~(g)~~(h) All chemicals, bulk drug substances, drug products, and other components used for drug

compounding shall be stored and used according to compendia~~l~~ and other applicable requirements to maintain their integrity, potency, quality, and labeled strength.

~~(h)~~(i) Every compounded drug ~~product~~ preparation shall be given a~~n expiration~~ beyond use date representing the date beyond which, in the professional judgment of the pharmacist performing or supervising the compounding, it should not be used, stored, transported, or administration begun. This "beyond use date" of the compounded drug ~~product~~ preparation shall not exceed ~~180 days from preparation or~~ the shortest expiration date of any component in the compounded drug ~~product~~ preparation, nor shall it exceed 180 days from preparation unless a ~~longer~~ later date is supported by stability studies of finished drugs or compounded drug ~~products~~ preparations using ~~the same~~ identical components and packaging. Shorter dating than set forth in this subsection may be used if it is deemed appropriate in the professional judgment of the responsible pharmacist.

~~(i)~~(j) The pharmacist performing or supervising compounding is responsible for the proper preparation, labeling, storage, and delivery of the compounded drug ~~product~~ preparation.

~~(j) Prior to allowing any drug product preparation to be compounded in a pharmacy, the pharmacist-in-charge shall complete a self-assessment for compounding pharmacies developed by the board (Incorporated by reference is "Community Pharmacy & Hospital Outpatient Pharmacy Compounding Self-Assessment" Form 17M-39 Rev. 02/12.) as required by Section 1715 of Title 16, Division 17, of the California Code of Regulations. That form contains a first section applicable to all compounding, and a second section applicable to sterile injectable compounding. The first section must be completed by the pharmacist-in-charge before any compounding is performed in the pharmacy. The second section must be completed by the pharmacist-in-charge before any sterile injectable compounding is performed in the pharmacy. The applicable sections of the self-assessment shall subsequently be completed before July 1 of each odd-numbered year, within 30 days of the start date of a new pharmacist-in-charge or change of location, and within 30 days of the issuance of a new pharmacy license. The primary purpose of the self-assessment is to promote compliance through self-examination and education.~~

(k) Packages of ingredients, both active and inactive, that lack a supplier's expiration date are

subject to the following limitations:

(1) such ingredients cannot be used for any non-sterile compounded drug preparation more than three (3) years after the date of receipt by the pharmacy unless either appropriate and documented inspection or analytical testing indicates that the ingredient has retained its purity and quality for use in compounded drug preparations, considering the container in which it is packaged and the storage conditions, and

(2) such ingredients cannot be used for any sterile compounded drug preparation more than one (1) year after the date of receipt by the pharmacy, unless either appropriate and documented inspection or analytical testing indicates that the ingredient has retained its purity and quality for use in compounded drug preparations, considering the container in which it is packaged and the storage conditions.

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code, Sections 1735, 1735.1, 1735.8, and 1751.1-1751.8 of Title 16, Division 17, of the California Code of Regulations.

To Amend § 1735.3 in Article 4.5 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1735.3. ~~Records~~ Recordkeeping ~~of~~ for Compounded Drug ~~Products~~ Preparations.

(a) For each compounded drug ~~product~~ preparation, ~~the~~ pharmacy records shall include:

(1) The master formula record.

(2) The date the drug ~~product~~ preparation was compounded.

(3) The identity of ~~the~~ any pharmacy personnel ~~who compounded the~~ engaged in compounding the drug ~~product~~ preparation.

(4) The identity of the pharmacist reviewing the final drug ~~product~~ preparation.

(5) The quantity of each component used in compounding the drug ~~product~~ preparation.

(6) The manufacturer, expiration date and lot number of each component. If the manufacturer name is demonstrably unavailable, the name of the supplier may be substituted. If the manufacturer does not supply an expiration date for any component, the records shall include the date of receipt of the component in the pharmacy, and the limitations of section 1735.2, subdivision (k) shall apply. Exempt from the requirements in this paragraph are sterile ~~products~~ preparations compounded ~~on a one-time basis~~ in a single lot for administration within seventy-two (72) hours to an inpatient in a health care facility licensed under section 1250 of the Health and Safety Code and stored in accordance with standards for "Redispensed CSPs" found in Chapter 797 of the United States Pharmacopeia – National Formulary (USP37-NF32) Through 2nd Supplement (~~35~~ 37th Revision, Effective ~~May~~ December 1, ~~2012~~ 2014), hereby incorporated by reference~~, to an inpatient in a health care facility licensed under section 1250 of the Health and Safety Code~~.

(7) A pharmacy-assigned reference or lot number for the compounded drug ~~product~~ preparation.

(8) The ~~expiration~~ beyond use date or beyond use date and time of the final compounded drug ~~product~~ preparation, expressed in the compounding record in a standard date and time format.

(9) The final quantity or amount of drug ~~product~~ preparation compounded for dispensing.

(b) Pharmacies shall maintain records of the proper acquisition, storage, and destruction of chemicals, bulk drug substances, drug products, and components used in compounding.

(c) Active ingredients shall be obtained from a supplier registered with the Food and Drug Administration (FDA). All other ~~C~~chemicals, bulk drug substances, and drug products~~, and components~~ used to compound drug ~~products~~ preparations shall be obtained, whenever possible, from ~~reliable~~ FDA- registered suppliers. The pharmacy shall acquire and retain ~~any available~~ certificates of purity or analysis, either written in English or translated into English, for chemicals, bulk drug substances, and drug products~~, and components~~ used in compounding. Certificates of purity or analysis are not required for drug products that are approved by the FDA. Any certificates of purity or analysis acquired by the pharmacy shall be matched to the corresponding product received.

(d) Pharmacies shall maintain and retain all records required by this article in the pharmacy in a readily retrievable form for at least three years from the date the record was created. If only recorded and stored electronically, on magnetic media, or in any other computerized form, the records shall be maintained as specified by Business and Professions Code section 4070 subsection (c).

Authority cited: Sections 4005, 4127, and 4169, Business and Professions Code.
Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

To Amend § 1735.4 in Article 4.5 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1735.4. Labeling of Compounded Drug ~~Products~~ Preparations.

(a) In addition to the labeling information required under Business and Professions Code section 4076, the label of a compounded drug ~~product~~ preparation shall contain the generic or brand name(s) of the principal active ingredient(s).

(b) A statement that the drug has been compounded by the pharmacy shall be included on the container ~~or on the receipt~~ provided to the patient. Exempt from the requirements of this paragraph are those sterile drug preparations compounded within a health care facility solely for administration, by a licensed health care professional, to patient of the facility. To be treated as such, the "health care facility" must be licensed under Health and Safety Code section 1250.

(c) Drug ~~products~~ preparations compounded into unit-dose containers that are too small or otherwise impractical for full compliance with subdivisions (a) and (b) shall be labeled with at least the name of the compounding pharmacy and dispensing pharmacy, if different, the name(s) of the active ingredient(s), ~~concentration or~~ strength, volume or weight of the preparation, pharmacy reference or lot number, and ~~expiration~~ beyond use date.

Note: Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, 4076 and 4127, Business and Professions Code.

To Amend § 1735.5 in Article 4.5 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1735.5. Compounding Policies and Procedures.

(a) Any pharmacy engaged in compounding shall maintain a written policy~~y~~ies and procedures manual for compounding that establishes procurement procedures, methodologies for the formulation and compounding of drugs, facilities and equipment cleaning, maintenance, operation, and other standard operating procedures related to compounding. Any failure to follow the pharmacy's written policies and procedures shall constitute a basis for disciplinary action.

(b) The policy~~y~~ies and procedures manual shall be reviewed and such review shall be documented on an annual basis by the pharmacist-in-charge. ~~and~~ The policies and procedures manual shall be updated whenever changes in policies and procedures ~~processes~~ are implemented.

(c) The policy~~y~~ies and procedures manual shall include at least the following:

(1) Procedures for notifying staff assigned to compounding duties of any changes in ~~processes or to the~~ policy~~y~~ies or procedures ~~manual~~.

(2) ~~Documentation of a~~ A written plan for recall of a dispensed compounded drug ~~product~~ preparation where subsequent ~~verification~~ information demonstrates the potential for adverse effects with continued use ~~of a compounded drug product~~. The plan shall ensure that all affected doses can be accounted for during the recall.

(3) The procedures for maintaining, storing, calibrating, cleaning, and disinfecting equipment used in compounding, and for training on these procedures as part of the staff training and competency evaluation process.

(4) The procedures for evaluating, maintaining, certifying, cleaning, and disinfecting the facility (physical plant) used for compounding, and for training on these procedures as part of the

staff training and competency evaluation process.

(~~4~~5) Documentation of the methodology used to ~~test~~ validate integrity, potency, quality, and labeled strength of compounded drug ~~products~~ preparations. The methodology must be appropriate to compounded drug preparations.

(~~5~~6) Documentation of the methodology and rationale or reference source used to determine appropriate ~~expiration~~ beyond use dates for compounded drug ~~products~~ preparations.

(7) Dates and signatures reflecting all annual reviews of the policies and procedures manual by the pharmacist-in-charge.

(8) Dates and signatures accompanying any revisions to the policies and procedures manual approved by the pharmacist-in-charge.

(9) Policies and procedures for storage of compounded drug preparations in the pharmacy and daily documentation of all room, refrigerator, and freezer temperatures within the pharmacy.

(10) Policies and procedures regarding ensuring appropriate functioning of refrigeration devices, monitoring refrigeration device temperatures, and actions to take regarding any out of range temperature variations within the pharmacy.

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, ~~and~~ 4127, and 4301, Business and Professions Code.

To Amend § 1735.6 in Article 4.5 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1735.6. Compounding Facilities and Equipment.

(a) Any pharmacy engaged in compounding shall maintain written documentation regarding the facilities and equipment necessary for safe and accurate compounded drug ~~products~~ preparations. This shall include records of maintenance and cleaning of the facilities and equipment. Where applicable, this shall also include records of certification(s) of facilities or equipment.

(b) Any equipment used to compound drug ~~products~~ preparations shall be stored, used, ~~and~~ maintained, and cleaned in accordance with manufacturers' specifications.

(c) Any equipment that weighs, measures, or transfers ingredients used to compound drug ~~products~~ preparations for which calibration or adjustment is appropriate shall be calibrated prior to use, on a schedule and by a method determined by the manufacturer's specifications, to ensure accuracy. Documentation of each such calibration shall be recorded ~~in writing~~ in a form which is not alterable and these records of calibration shall be maintained and retained in the pharmacy.

(d) Any pharmacy engaged in any hazardous drug compounding shall maintain written documentation regarding appropriate cleaning of facilities and equipment to prevent cross-contamination with non-hazardous drugs.

Note: Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052 and 4127, Business and Professions Code.

To Amend § 1735.7 in Article 4.5 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1735.7. Training of Compounding Staff.

(a) Any pharmacy engaged in compounding shall maintain written documentation sufficient to demonstrate that pharmacy personnel have the skills and training required to properly and accurately perform their assigned responsibilities relating to compounding. Additionally, documentation demonstrating that staff have been trained on all policies and procedures shall be maintained.

(b) The pharmacy shall develop and maintain an ongoing competency evaluation process for pharmacy personnel involved in compounding, and shall maintain documentation of any and all training related to compounding undertaken by pharmacy personnel.

(c) Pharmacy personnel assigned to compounding duties shall demonstrate knowledge

about processes and procedures used in compounding prior to compounding any drug ~~product~~ preparation.

Note: Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052 and 4127, Business and Professions Code.

To Amend § 1735.8 in Article 4.5 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1735.8. Compounding Quality Assurance.

(a) Any pharmacy engaged in compounding shall maintain, as part of its written policies and procedures, a written quality assurance plan designed to monitor and ensure the integrity, potency, quality, and labeled strength of compounded drug ~~products~~ preparations.

(b) The quality assurance plan shall include written procedures for verification, monitoring, and review of the adequacy of the compounding processes and shall also include written documentation of review of those processes by qualified pharmacy personnel.

(c) The quality assurance plan shall include written standards for qualitative and quantitative analysis of compounded drug preparations to ensure integrity, potency, quality, and labeled strength, including the frequency of testing, ~~analysis~~ of compounded drug ~~products~~ preparations. All qualitative and quantitative analysis reports for compounded drug ~~products~~ preparations shall be retained by the pharmacy and ~~collated~~ maintained along with the compounding record and master formula. The quality assurance plan shall include a schedule for routine testing and analysis of compounded drug preparations to ensure integrity, potency, quality, and labeled strength, on at least an annual basis.

(d) The quality assurance plan shall include a written procedure for scheduled action in the event any compounded drug ~~product~~ preparation is ever discovered to be below minimum standards for integrity, potency, quality, or labeled strength.

(e) The quality assurance plan shall include a written procedure for responding to out-of-range temperature variations within the pharmacy or within patient care areas of a hospital where furnished drug is returned for redispensing.

Note: Authority cited: Sections 4005 and 4127, Business and Professions Code.
Reference: Sections 4005, 4036, 4037, 4051, 4052 and 4127, Business and Professions Code.

To Amend § 1751 in Article 7 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

Article 7. Sterile ~~Injectable~~ Compounding

1751. Sterile ~~Injectable~~ Compounding; Compounding Area; Self-Assessment.

(a) Any pharmacy engaged in compounding sterile ~~injectable~~ drug ~~products~~ preparations shall conform to the parameters and requirements stated by Article 4.5 (Section 1735 et seq.), applicable to all compounding, and shall also conform to the parameters and requirements stated by this Article 7 (Section 1751 et seq.), applicable solely to sterile ~~injectable~~ compounding.

(b) Any pharmacy compounding sterile ~~injectable~~ drug ~~products~~ preparations shall have a ~~designated~~ compounding area designated for the preparation of sterile ~~injectable~~ drug ~~products~~ preparations that is in a restricted location where traffic has no impact on the performance of the PEC(s). The buffer area or cleanroom, including the walls, ceilings, and floors, shall be constructed in accordance with Section 1250.4 of Title 24, Part 2, Chapter 12, of the California Code of Regulations. The pharmacy shall be ventilated in a manner in accordance with Section 505.5 of Title 24, Part 4, Chapter 5 of the California Code of Regulations. ~~which shall meet the following standards:~~ The environments within the pharmacy shall meet the following standards:

(1) ~~Clean Room and Work Station Requirements, shall be in accordance with Section 1250 of Title 24, Part 2, Chapter 12, of the California Code of Regulations.~~

~~(2) Walls, ceilings and floors shall be constructed in accordance with Section 1250 of Title 24, Part 2, Chapter 12, of the California Code of Regulations.~~

~~(3) Be ventilated in a manner in accordance with Section 505.12 of Title 24, Chapter 5 of the California Code of Regulations.~~

~~(4) Be~~ Each ISO environment shall be certified ~~annually~~ at least every six months by a qualified technician ~~who is familiar with the methods and procedures for certifying laminar air flow hoods and clean room requirements, in accordance with standards adopted by the United States General Services Administration~~ in accordance with Section 1751.4. Certification records must be retained ~~for at least 3 years~~ in the pharmacy.

~~(5)~~ (2) ~~The pharmacy shall be arranged in accordance with Section 1250 of Title 24, Part 2, Chapter 12, of the California Code of Regulations.~~ Items related to the compounding of sterile ~~injectable~~ drug ~~products~~ preparations within the compounding area shall be stored in such a way as to maintain the integrity of an aseptic environment.

~~(6)~~ (3) A sink shall be included in accordance with Section 1250.4 of Title 24, Part 2, Chapter 12, of the California Code of Regulations. Sinks and drains shall not be present in any ISO Class 7 or better buffer area or cleanroom, nor in a segregated sterile compounding area within three feet of an ISO Class 5 or better PEC. A sink may be located in an ante-area.

~~(7)~~ (4) There shall be a refrigerator and, ~~/or~~ where appropriate, a freezer, of sufficient capacity to meet the storage requirements for all material requiring refrigeration or freezing, and a backup plan to ensure continuity of available compounded drug preparations in the event of a power outage.

~~(c) Any pharmacy compounding a sterile injectable drug product preparation from one or more non-sterile ingredients shall comply with Business and Professions Code section 4127.7.~~

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127 ~~and 4127.7~~, Business and Professions Code; Sections 1735, 1735.1-1735.8., and 1751.1-1751.8. of Title 16, Division 17, of the California Code of Regulations; and Section 18944, Health and Safety Code.

To Amend § 1751.1 in Article 7 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1751.1. Sterile ~~Injectable~~ Compounding Recordkeeping Requirements.

(a) ~~Pharmacies compounding sterile injectable products for future use pursuant to section 1735.2 shall, in addition to those records required by section 1735.3, make and keep records indicating the name, lot number, amount, and date on which the products were provided to a prescriber.~~

~~(b)~~ In addition to the records required by section 1735.3 ~~and subdivision (a)~~, any pharmacy engaged in any compounding of ~~for~~ sterile drug ~~products~~ preparations ~~compounded from one or more non-sterile ingredients~~, shall make and keep the following records ~~must be made and kept by~~ within the pharmacy:

(1) ~~The~~ Documents evidencing training and competency evaluations of employees in sterile ~~product~~ drug preparation policies and procedures.

(2) Results of hand hygiene and garbing assessments with integrated gloved fingertip testing.

(3) Results of assessments of personnel for aseptic techniques including results of media-fill tests and gloved fingertip testing performed in association with media-fill tests.

(4) Results of viable volumetric air and surface sampling.

~~(2)~~ (5) Documents indicating daily recordation of room, ~~R~~ refrigerator, and freezer temperatures appropriate for sterile compounded drug preparations consistent with the temperatures listed in section 1735.1 for:

(A) Controlled room temperature.

(B) Controlled cold temperature.

(C) Controlled freezer temperature.

~~(3)~~ (6) Certification(s) of the sterile compounding environment(s).

(7) Documents indicating daily recordation of air pressure differentials or air velocity measurements between all adjoining ISO rooms or areas, including those associated with compounding aseptic (containment) isolators, and air pressure differentials or air velocity measurements between all rooms or spaces with an immediate entry or opening to ISO

rooms or areas.

~~(4)~~ (8) Other facility quality control ~~logs~~ records specific to the pharmacy's policies and procedures (e.g., cleaning logs for facilities and equipment).

~~(5)~~ (9) Logs or other documentation of ~~I~~inspections for expired or recalled ~~pharmaceutical products or raw ingredients~~ chemicals, bulk drug substances, drug products, or other ingredients.

~~(6)~~ (10) Preparation records including the master work sheet, the preparation work sheet, and records of end-product evaluation results.

(b) Pharmacies compounding sterile drug preparations for future use pursuant to section 1735.2 shall, in addition to those records required by section 1735.3, make and keep records indicating the name, lot number, and amount of any drug preparation compounded for future use, the date on which any preparation was provided to a prescriber, and the name, address, and license number of the prescriber.

(c) Pharmacies shall maintain and retain all records required by this article in the pharmacy in a readily retrievable form for at least three years from the date the record was created. If only recorded and stored electronically, on magnetic media, or in any other computerized form, the records shall be maintained as specified by Business and Professions Code section 4070 subsection (c).

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

To Amend § 1751.2 in Article 7 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1751.2. Sterile ~~Injectable~~ Compounding Labeling Requirements.

In addition to the labeling information required under Business and Professions Code section 4076 and California Code of Regulations section 1735.4, a pharmacy ~~which~~ that compounds sterile ~~injectable~~ drug ~~products~~ preparations shall include the following information on the

label~~s~~ for each such ~~those products~~ preparation:

(a) The ~~T~~telephone number of the pharmacy. ~~, except~~ The telephone number is not required on the label for sterile ~~injectable~~ drug ~~products~~ preparations dispensed ~~for~~ to ~~in~~patients ~~of a~~ within the hospital ~~pharmacy~~.

(b) Name and ~~concentration~~ strength, volume, or weight of each ingredient~~s~~ contained in the sterile ~~injectable~~ drug ~~product~~ preparation.

(c) Instructions for storage and handling.

(d) All ~~cytotoxic~~ hazardous agents shall bear a special label which states "Chemotherapy - Dispose of Properly" or "~~Cytotoxic~~ Hazardous – Dispose of Properly."

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, 4076 and 4127, Business and Professions Code.

To Amend § 1751.3 in Article 7 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1751.3. Sterile ~~Injectable~~ Compounding Policies and Procedures.

(a) Any pharmacy engaged in compounding sterile ~~injectable~~ drug ~~products~~ preparations shall maintain a written polic~~y~~ies and procedures manual for compounding that includes, in addition to the elements required by section 1735.5, written policies and procedures regarding the following:

(1) Compounding, filling, and labeling of sterile ~~injectable compounds~~ drug preparations.

(2) Labeling of the sterile ~~injectable product~~ compounded drug preparations based on the intended route of administration and recommended rate of administration.

(3) Proper use of ~~E~~ equipment and supplies.

(4) ~~Training of staff in the preparation of sterile injectable drug products~~ Hand hygiene and garbing.

(5) ~~Procedures for handling cytotoxic agents~~ Media-fill testing procedure.

(6) Quality assurance program.

(7) Record keeping requirements.

(8) Compounded sterile drug preparation stability and beyond use dating.

(9) Visual inspection and other final quality checks of sterile drug preparations.

(10) Use of automated compounding devices (if applicable).

(11) Preparing sterile compounded drug preparations from non-sterile components (if applicable).

(12) Orientation, training, and competency evaluation of staff in all aspects of the preparation of sterile drug preparations including didactic training and knowledge/competency assessments that include at minimum: hand hygiene and garbing; decontamination (where applicable); cleaning and disinfection of controlled compounding areas; and proper aseptic technique.

(13) Airflow considerations and pressure differential monitoring.

(14) Cleaning and maintenance of ISO environments and segregated compounding areas.

(15) An environmental sampling plan and procedures specific to viable air, surface and gloved fingertip sampling as well as nonviable particle sampling.

(16) For compounding aseptic isolators and compounding aseptic containment isolators, documentation of the manufacturer's recommended purge time.

(17) Temperature monitoring in compounding and controlled storage areas.

(18) Facility management including certification and maintenance of controlled environments and related equipment.

(19) Action levels for colony-forming units (CFUs) detected during viable surface testing, glove fingertip and volumetric air sampling.

~~(b)~~(20) The determination and approval by a pharmacist of ~~The~~ ingredients and the compounding process for each preparation ~~must be determined in writing~~ before compounding begins ~~and must be reviewed by a pharmacist~~.

~~(c)~~(21) ~~Pharmacies compounding sterile injectable drug products preparations shall have written policies and procedures for the disposal of infectious materials and/or materials containing cytotoxic hazardous residues.~~ Procedures for handling, compounding and disposal of hazardous agents. The written policies and procedures shall describe the pharmacy protocols for cleanups and spills in conformity with local health jurisdiction standards.

(22) Procedures for handling, compounding and disposal of infectious materials. The written policies and procedures shall describe the pharmacy protocols for cleanups and spills in conformity with local health jurisdiction standards.

(23) Daily and monthly cleaning and disinfection schedule for the controlled areas and any equipment in the controlled area as specified in section 1751.4.

(b) For lot compounding, the pharmacy shall maintain a written policies and procedures manual that includes, in addition to the elements required by section 1735.5 and 1751.3(a), written policies and procedures regarding the following:

(1) Use of master formulas and compounding work sheets.

(2) Appropriate documentation.

(3) Appropriate sterility and potency testing.

(c) For non-sterile-to-sterile batch compounding, the pharmacy shall maintain a written policies and procedures manual for compounding that includes, in addition to the elements required by section 1735.5 and 1751.3(a), written policies and procedures regarding the following:

(1) Sterilization methods.

(2) End-product evaluation and testing.

(d)~~(1)~~ All written policies and procedures manuals and materials shall be immediately available to all personnel involved in ~~these~~ compounding activities and to board inspectors.

~~(d)(2)~~(e) All personnel involved must read the policies and procedures before compounding sterile ~~injectable products~~ drug preparations, and any additions, revisions, and deletions to the written policies and procedures must be communicated to all personnel involved in sterile compounding. This review must be documented by a signature and date.

~~(3) Policies and procedures must address at least the following:~~

~~(A) Competency evaluation.~~

~~(B) Storage and handling of products and supplies.~~

~~(C) Storage and delivery of final products.~~

~~(D) Process validation.~~

~~(E) Personnel access and movement of materials into and near the controlled area~~

~~(F) Use and maintenance of environmental control devices used to create the critical direct compounding area for manipulation of sterile products (e.g., laminar-airflow workstations, biological safety cabinets, class 100 cleanrooms, and barrier isolator workstations).~~

~~(G) Regular cleaning schedule for the controlled areas and any equipment in the controlled area and the alternation of disinfectants. Pharmacies subject to an institutional infection control policy may follow that policy as it relates to cleaning schedules and the alternation of disinfectants in lieu of complying with this subdivision.~~

~~(H) Disposal of packaging materials, used syringes, containers, and needles to enhance sanitation and avoid accumulation in the controlled area.~~

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

To Amend § 1751.4 in Article 7 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1751.4. Facility and Equipment Standards for Sterile ~~Injectable~~ Compounding.

(a) No sterile ~~injectable~~ drug ~~product~~ preparation shall be compounded if it is known, or reasonably should be known, that the compounding environment fails to meet criteria specified in the pharmacy's written policies and procedures for the safe compounding of sterile ~~injectable~~ drug ~~products~~ preparations.

(b) During the compounding of ~~preparation of~~ sterile ~~injectable~~ drug ~~products~~ preparations, access to the areas designated ~~area or cleanroom~~ for compounding must be limited to those individuals who are properly attired.

(c) All equipment used in the areas designated ~~area or cleanroom~~ for compounding must be made of a material that can be easily cleaned and disinfected.

(d) Cleaning and disinfecting surfaces in the ISO Class 5 PEC shall occur frequently, including:

(1) At the beginning of each shift;

(2) Before and after each lot;

(3) After each spill; and

(4) When surface contamination is known or suspected.

~~(d)~~ (e) ~~Exterior workbench surfaces and other hard surfaces in the designated area, such as walls, floors, ceilings, shelves, tables, and stools, must be disinfected weekly and after any unanticipated event that could increase the risk of contamination.~~ Counters, cleanable work surfaces and floors shall be cleaned with a germicidal detergent and water and disinfected with a suitable agent daily. Walls, ceilings, storage shelving, tables and stools shall be cleaned with a germicidal detergent and water and disinfected with a suitable agent monthly. Cleaning and disinfecting shall occur after any unanticipated event that could increase the risk of contamination.

~~(e)~~ (f) Pharmacies preparing sterile compounded preparations require the use of a PEC that provides ISO Class 5 air or better air quality. Certification and testing of primary and secondary engineering controls shall be performed no less than every six months and whenever the device or area designated for compounding is relocated, altered or a service to the facility is performed that would impact the device or area. Certification must be completed by a qualified technician who is familiar with certification methods and procedures in accordance with CETA Certification Guide for Sterile Compounding Facilities (CAG-003-2006-11, Revised January 31, 2012). Certification records must be retained for at least 3 years. Compounding aseptic isolators or compounding aseptic containment isolators may be used outside of an ISO Class 7 buffer area *or cleanroom* if the isolator meets the following criteria:

(1) Particle counts sampled approximately 6-12 inches upstream of the critical exposure site shall maintain ISO Class 5 levels during compounding operations.

(2) Not more than 3520 particles (0.5 um and larger) per cubic meter shall be counted during material transfer, with the particle counter probe located as near to the transfer door as possible without obstructing transfer.

(3) Recovery time to achieve ISO Class 5 air quality shall be documented and internal procedures developed to ensure that adequate recovery time is allowed after material transfer before and during compounding operations.

Compounding aseptic isolators or compounding aseptic containment isolators that do not

meet the requirements as outlined in this subdivision or are not located within an ISO Class 7 buffer area may only be used to compound preparations that meet the criteria specified in accordance with subdivision (d) of Section 1751.8 of Title 16, Division 17, of the California Code of Regulations.

(g) Pharmacies preparing ~~parenteral cytotoxic~~ sterile hazardous agents shall do so in accordance with Section 505.~~12~~5.1 of Title 24, Chapter 5, of the California Code of Regulations, requiring a ~~laminar air flow hood~~ negative pressure PEC. The ~~hood~~ negative pressure PEC must be certified ~~annually~~ every six months by a qualified technician who is familiar with CETA Certification Guide for Sterile Compounding Facilities (CAG-003-2006-11, Revised January 31, 2012). ~~the methods and procedures for certifying laminar air flow hoods and cleanroom requirements, in accordance with National Sanitation Foundation Standard 49 for Class II (Laminar Flow) Biohazard Cabinetry, as revised May, 1983 (available from the National Sanitation Foundation, 3475 Plymouth Road, P.O. Box 1468, Ann Arbor, Michigan 48106, phone number (313) 769-8010) or manufacturer's specifications. Certification records must be retained for at least 3 years.~~ Any drug preparation that is compounded in a PEC where hazardous drugs are prepared must be labeled as hazardous, regardless of whether the drug ingredients are considered hazardous.

During the hazardous drug compounding that is performed in a compounding aseptic containment isolator, full hand hygiene and garbing must occur, complete with hair cover, facemask, beard cover (if applicable), polypropylene or low shedding gown that closes in the back, shoe covers, and two layers of gloves with the outermost glove tested to meet ASTM 6978-05. Where the documentation provided by CACI manufacturer does not require garbing, only the two glove requirement shall apply.

(h) If a compounding aseptic isolator is certified by the manufacturer to maintain ISO Class 5 air quality during dynamic operation conditions during compounding as well as during the transfer of ingredients into and out of the compounding aseptic isolator, then it may be placed into a non-ISO classified room. Individuals that use compounding aseptic isolators in this manner must ensure appropriate garbing, which consists of donning sterile gloves over the isolator gloves immediately before non-hazardous compounding. These sterile gloves

must be changed by each individual whenever continuous compounding is ceased and before compounding starts again.

(i) Viable surface sampling shall be done at least quarterly for all sterile-to-sterile compounding and monthly for all non-sterile-to-sterile compounding. Volumetric air sampling by impaction shall be done at least once every six months. Viable surface and volumetric air sampling shall be performed by a qualified individual who is familiar with the methods and procedures for surface testing and air sampling. Viable air sampling is to be performed under dynamic conditions that simulate actual production. Surface sampling is to be performed under dynamic conditions of actual compounding. When the environmental monitoring action levels are exceeded, the pharmacy shall identify the CFUs at least to the genus level in addition to conducting an investigation. Remediation shall include an immediate investigation of cleaning and compounding operations and facility management.

(j) The pharmacy shall have a comfortable and well-lighted working environment, which includes a room temperature of 20 degrees Celsius (68 degrees Fahrenheit) or cooler to maintain comfortable conditions for compounding personnel when attired in the required compounding garb.

Note: Authority Cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052 and 4127, Business and Professions Code; and Section 18944, Health and Safety Code.

To Amend § 1751.5 in Article 7 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1751.5. Sterile ~~Injectable~~ Compounding Attire.

~~(a) When preparing cytotoxic agents, gowns and gloves shall be worn.~~

~~(b)~~ (a) When compounding sterile drug ~~products~~ preparations ~~from one or more non-sterile ingredients~~ the following standards must be met:

(1) ~~Cleanroom garb~~ Personal protective equipment consisting of a ~~low~~ non-shedding ~~coverall~~ gown, head cover, face mask, facial hair covers (if applicable), and shoe covers must be worn inside the designated area at all times, unless the compounding aseptic isolator or compounding aseptic containment isolator manufacturer can provide written documentation, based on validated environmental testing, that any component of the personal protective equipment or personnel cleansing is not required.

(2) ~~Cleanroom garb~~ Personal protective equipment must be donned and removed ~~outside the designated area~~ in an ante-area or immediately outside the segregated compounding area.

(3) Personnel shall don personal protective equipment in an order that proceeds from those activities considered the dirtiest to those considered the cleanest. The following order is to be followed unless the pharmacy has a procedure in place that documents a method equivalent to or superior to the method described here: The donning of shoe covers or dedicated shoes, head and facial hair covers and face masks shall be followed by the washing of hands and forearms up to the elbows for 30 seconds with soap and water, drying hands, and then the donning of a non-shedding gown.

~~(3)~~ (4) Compounding personnel shall not wear ~~H~~hand, finger, ~~and~~ or wrist jewelry ~~must be eliminated~~. If jewelry cannot be removed then it must be thoroughly cleaned and covered with a sterile glove.

~~(4) Head and facial hair must be kept out of the critical area or be covered.~~

(5) ~~Gloves made of low-shedding materials are required.~~ Sterile gloves that have been tested for compatibility with disinfection with isopropyl alcohol are required. Hand cleansing with a persistently active alcohol-based product followed by the donning of sterile gloves may occur within the ante or buffer area or cleanroom. Gloves are to be routinely disinfected with sterile 70 percent isopropyl alcohol before entering or re-entering the PEC and after contact with non-sterile objects. Gloves shall also be routinely inspected for holes, punctures, or tears and replaced immediately if such are detected.

(6) Individuals experiencing rashes, sunburn, weeping sores, conjunctivitis, active respiratory infections, or those wearing cosmetics shall be excluded from the ISO Class 5 and ISO Class 7 compounding areas until their conditions are remedied.

~~(c) The requirements of subdivision (b) do not apply if a barrier isolator is used to compound sterile injectable products from one or more non-sterile ingredients.~~

(b) When preparing hazardous agents, appropriate gowns and personal protective equipment shall be worn regardless of the PECs used (e.g., biological safety cabinet and compounding aseptic containment isolator).

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

To Amend § 1751.6 in Article 7 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1751.6 ~~Training of Sterile Injectable Compounding Staff, Patient, and Caregiver.~~ Sterile Compounding Consultation; Training of Sterile Compounding Staff.

(a) Consultation shall be available to the patient and/or primary caregiver concerning proper use, storage, handling, and disposal of sterile ~~injectable~~ drug ~~products~~ preparations and related supplies furnished by the pharmacy.

(b) The pharmacist-in-charge shall ~~be responsible to~~ ensure that all pharmacy personnel engaging in compounding sterile ~~injectable~~ drug ~~products~~ preparations ~~shall~~ have training and demonstrated competence in the safe handling and compounding of sterile ~~injectable~~ drug ~~products~~ preparations, including ~~cytotoxic~~ hazardous agents if the pharmacy compounds products with ~~cytotoxic~~ hazardous agents.

(c) Records of training and demonstrated competence shall be available for each individual and shall be retained for three years beyond the period of employment.

(d) The pharmacist-in-charge shall be responsible to ensure the continuing competence of pharmacy personnel engaged in compounding sterile ~~injectable~~ drug ~~products~~ preparations.

(e) Pharmacies that compound sterile drug ~~products from one or more non-sterile ingredients~~ preparations must comply with the following training requirements:

(1) The pharmacy must establish and follow a written program of training and performance

evaluation designed to ensure that each person working in the designated area has the knowledge and skills necessary to perform their assigned tasks properly. This program of training and performance evaluation must address at least the following:

(A) Aseptic technique.

(B) Pharmaceutical calculations and terminology.

(C) Sterile ~~product~~ preparation compounding documentation.

(D) Quality assurance procedures.

(E) Aseptic preparation procedures using media-fill tests which are as complicated as the most complex manipulations performed by staff and which contain the same amount or greater of volume transferred during the selected manipulations.

(F) Proper hand hygiene, gowning and gloving technique.

(G) General conduct in the controlled area.

(H) Cleaning, sanitizing, and maintaining of the equipment and ~~used in~~ the controlled area.

(I) Sterilization techniques for compounding sterile drug preparations from one or more non-sterile ingredients.

(J) Container, equipment, and closure system selection.

(2) Each person ~~assigned to the controlled area~~ engaged in sterile compounding must successfully complete practical skills training in aseptic technique and aseptic area practices. Evaluation must include written testing and a written protocol of periodic routine performance checks involving adherence to aseptic area policies and procedures. Each person's proficiency and continuing training needs must be reassessed at least every 12 months. Results of these assessments must be documented and retained in the pharmacy for three years.

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

To Amend § 1751.7 in Article 7 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1751.7. Sterile ~~Injectable~~ Compounding Quality Assurance and Process Validation.

(a) Any pharmacy engaged in compounding sterile ~~injectable~~ drug ~~products~~ preparations shall maintain, as part of its written policies and procedures, a written quality assurance plan including, in addition to the elements required by section 1735.8, a documented, ongoing quality assurance program that monitors personnel performance, equipment, and facilities. The end product shall be examined on a periodic sampling basis as determined by the pharmacist-in-charge to assure that it meets required specifications. The ~~Q~~quality ~~A~~assurance ~~P~~program shall include at least the following:

(1) Procedures for ~~C~~cleaning and sanitization of the ~~parenteral medication~~ sterile preparation area.

~~(2) The storage of compounded sterile injectable products in the pharmacy and periodic documentation of refrigerator temperature.~~

~~(3)~~ (2) Actions to be taken in the event of a drug recall.

~~(4)~~ (3) ~~Written justification of~~ Documentation justifying the chosen ~~expiration~~ beyond use dates for compounded sterile ~~injectable~~ drug ~~products~~ preparations.

(b) Each individual involved in the preparation of sterile ~~injectable~~ drug ~~products~~ preparations must first successfully demonstrate competency by successfully performing aseptic media-fill tests ~~complete a validation process on technique~~ before being allowed to prepare sterile ~~injectable~~ drug ~~products~~ preparations. ~~The validation process shall be carried out in the same manner as normal production, except that an appropriate microbiological growth medium is used in place of the actual product used during sterile preparation. The validation process shall be representative of all types of manipulations, products and batch sizes the individual is expected to prepare.~~ The media fill testing process shall be as complicated as the most complex manipulations performed by staff and contain the same amount or greater of volume transferred during the compounding process. The same personnel, procedures, equipment, and materials must be involved. Media used must have demonstrated the ability to support

and promote growth. Completed ~~medium~~ media samples must be incubated in a manner consistent with the manufacturer's recommendations. If microbial growth is detected, then the employee's sterile preparation process must be evaluated, corrective action taken and documented, and the ~~validation process~~ media-fill testing repeated. Personnel competency must be revalidated at least every twelve months for sterile to sterile compounding and at least every six months for individuals compounding sterile products from non-sterile ingredients. Aseptic work practice assessments via media fill tests must be revalidated, as appropriate to the circumstance or personnel found to be deficient, whenever the quality assurance program yields an unacceptable result, when the compounding process changes, equipment used in the compounding of sterile ~~injectable~~ drug ~~products~~ preparations is ~~repaired or~~ replaced, the facility is modified in a manner that affects airflow or traffic patterns, or whenever improper aseptic techniques are observed. Revalidation must be documented.

(c) All sterile compounding personnel must successfully complete an initial competency evaluation. In addition, immediately following the initial hand hygiene and garbing procedure, all compounding personnel must successfully complete a gloved fingertip sampling procedure (zero colony forming units for both hands) at least three times before initially being allowed to compound sterile drug preparations.

(d) Re-evaluation of garbing and gloving competency shall occur at least every 12 months for personnel compounding products made from sterile ingredients and at least every six months for personnel compounding products from non-sterile ingredients.

~~(c)~~ (e) ~~Batch-produced sterile injectable drug products compounded from one or more non-sterile ingredients~~ Non-sterile-to-sterile batch drug preparations shall be subject to documented end product testing for sterility and pyrogens and shall be quarantined until the end product testing confirms sterility and acceptable levels of pyrogens, per USP chapter 85 limits, before dispensing. This requirement of end product testing confirming sterility and acceptable levels of pyrogens prior to dispensing shall apply regardless of any sterility or pyrogen testing that may have been conducted on any ingredient or combination of ingredients that were previously non-sterile.

~~(d) Batch-produced sterile to sterile transfers shall be subject to periodic testing through~~

~~process validation for sterility as determined by the pharmacist-in-charge and described in the written policies and procedures.~~

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

To Amend § 1751.8 in Article 7 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1751.8. Beyond Use Dating for Sterile Compounded Drug Preparations.

In conformity with and in addition to the requirements and limitations of section 1735.2, subdivision (h), every sterile compounded drug preparation shall be given and labeled with a beyond use date that does not exceed the expiration date or beyond use date provided by the manufacturer for any component in the preparation, and that, in the absence of passing a sterility test in accordance with standards for sterility testing found in Chapter 797 of the United States Pharmacopeia – National Formulary (USP37-NF32) Through 2nd Supplement (37th Revision, Effective December 1, 2014), hereby incorporated by reference, that would justify a more extended beyond use date, conforms to the following limitations:

(a) The beyond use date shall specify that storage and exposure periods cannot exceed 48 hours at controlled room temperature, 14 days at controlled cold temperature, and 45 days at controlled freezer temperature, where the sterile compounded drug preparation is compounded solely with aseptic manipulations and all of the following apply:

(1) The preparation is compounded entirely within an ISO Class 5 PEC located in an ISO Class 7 buffer area or cleanroom with an ante-area, using only sterile ingredients, products, components, and devices; and

(2) The compounding process involves transferring, measuring, and mixing manipulations using not more than three commercially manufactured packages of sterile preparations and not more than two entries into any one sterile container or package of sterile preparations or administration containers/devices to prepare the drug preparation; and

(3) Compounding manipulations are limited to aseptically opening ampules, penetrating disinfected stoppers on vials with sterile needles and syringes, and transferring sterile liquids in sterile syringes to sterile administration devices, package containers of other sterile preparations, and containers for storage dispensing.

(b) The beyond use date shall specify that storage and exposure periods cannot exceed 30 hours at controlled room temperature, 9 days at controlled cold temperature, and 45 days at controlled freezer temperature, where the sterile compounded drug preparation is compounded solely with aseptic manipulations and all of the following apply:

(1) The preparation is compounded entirely within an ISO Class 5 PEC located in an ISO Class 7 buffer area or cleanroom with an ante-area, using multiple individual or small doses of sterile preparations combined or pooled to prepare a compounded sterile preparation that will be administered either to multiple patients or to one patient on multiple occasions; and

(2) The compounding process involves complex aseptic manipulations other than the single-volume transfer; and

(3) The compounding process requires unusually long duration such as that required to complete dissolution or homogenous mixing.

(c) The beyond use date shall specify that storage and exposure periods cannot exceed 24 hours at controlled room temperature, 3 days at controlled cold temperature, and 45 days at controlled freezer temperature, where the sterile compounded drug preparation is compounded solely with aseptic manipulations using non-sterile ingredients, including manufactured preparations not intended for sterile routes of administration, or non-sterile devices, before terminal sterilization, or where the sterile compounded drug preparation lacks effective antimicrobial preservatives.

For the purposes of this subdivision, “non-sterile” includes sterile contents of commercially manufactured preparations, sterile surfaces of devices, and containers for the preparation, transfer, sterilization, and packaging of compounded sterile preparations, that are exposed to worse than ISO Class 5 air quality for more than one hour.

(d) The beyond use date shall specify that storage and exposure periods cannot exceed 12 hours where the sterile compounded drug preparation is compounded solely with

aseptic manipulations and all of the following apply:

(1) The preparation was compounded entirely within an ISO Class 5 PEC that is located in a segregated sterile compounding area and restricted to sterile compounding activities, using only sterile ingredients, components, and devices, by personnel properly cleansed and garbed; and

(2) The compounding process involves simple transfer of not more than three commercially manufactured packages of sterile nonhazardous preparations or diagnostic radiopharmaceutical preparations from the manufacturer's original containers; and

(3) The compounding process involves not more than two entries into any one container or package (e.g., bag, vial) of sterile infusion solution or administration container/device.

(e) Where any sterile compounded drug preparation was compounded either outside of an ISO class 5 PEC or under conditions that do not meet all of the requirements for any of subdivisions (a) through (e), the sterile compounded drug preparation shall be labeled "for immediate use only" and administration shall begin no later than one hour following the start of the compounding process. Unless the "immediate use" preparation is immediately and completely administered by the person who prepared it or immediate and complete administration is witnessed by the preparer, the preparation shall bear a label listing patient identification information, the names and amounts of all ingredients, the name or initials of the person who prepared the compounded sterile preparation, and the exact one-hour beyond use date and time. If administration has not begun within one hour following the start of the compounding process, the compounded sterile preparation shall be promptly, properly, entirely, and safely discarded. This provision does not preclude the use of a PEC to compound an "immediate use" preparation. A PEC used solely to compound 'immediate use' preparations need not be placed within an ISO Class 7 buffer area or cleanroom, with an ante-area.

(1) Such "immediate use" preparations shall be compounded only in those limited situations where there is a need for immediate administration of a sterile preparation compounded outside of an ISO class 5 environment and where failure to administer could result in loss of life or intense suffering. Any such compounding shall be only in such quantity as is necessary to

meet the immediate need and the circumstance causing the immediate need shall be documented in accordance with policies and procedures.

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

To Add § 1751.9 in Article 7 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1751.9 Single-Dose and Multi-Dose Containers; Limitations on Use

(a) Single-dose ampules are for immediate use only, and once opened shall not be stored for any time period.

(b) Unless otherwise specified by the manufacturer, any single-dose container of a compounded sterile drug preparation other than an ampule, such as a bag, bottle, syringe or vial, shall be used in its entirety or its remaining contents discarded within the following time limit, depending on the environment:

(1) When needle-punctured in an environment with air quality worse than ISO Class 5, within one (1) hour;

(2) When needle-punctured in an environment with ISO Class 5 or better air quality, within six (6) hours.

(c) Unless otherwise specified by the manufacturer, a multi-dose container stored according to the manufacturer's specifications shall be used in its entirety or its remaining contents discarded within twenty eight (28) days from initial opening or puncture. Any multi-dose container not stored according to the manufacturer's specifications shall be discarded immediately upon identification of such storage circumstance.

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

To Amend § 1751.10 in Article 7 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

~~1751.8.~~ 1751.10. Sterile ~~Injectable~~ Compounding Reference Materials.

In any pharmacy engaged in compounding sterile ~~injectable~~ drug ~~products~~ preparations, there shall be current and appropriate reference materials regarding the compounding of sterile ~~injectable~~ drug ~~products~~ preparations located in or immediately available to the pharmacy.

Authority cited: Sections 4005 and 4127, Business and Professions Code. Reference: Sections 4005, 4036, 4037, 4051, 4052, and 4127, Business and Professions Code.

To Add Article 7.5 of Division 17 of Title 16 of the California Code of Regulations to read as follow

Article 7.5 Furnishing for Home Administration

To Amend § 1751.10 in Article 7 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

~~1751.10.~~ 1752. Furnishing to Parenteral Patient at Home.

Subject to all provisions of this article, a pharmacist may carry and furnish to a patient at home dangerous drugs, other than controlled substances, and devices for parenteral therapy when the dangerous drug or device is one currently prescribed for the patient.

Authority cited: Section 4005, Business and Professions Code. Reference: Section 4005, Business and Professions Code.

To Amend § 1751.11 in Article 7 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

~~1751.11.~~ 1753. Furnishing to Home Health Agencies and Licensed Hospices.

Subject to the following conditions, a licensed pharmacy may furnish to a home health agency licensed under provisions of Chapter 8 (commencing with section 1725 of Division 2 of the Health and Safety Code) or to a hospice licensed under provisions of Chapter 8.5 (commencing with section 1745 of Division 2 of the Health and Safety Code) dangerous drugs for parenteral therapy other than controlled substances, in a portable container for furnishing to patients at home for emergency treatment or adjustment of parenteral drug therapy by the home health agency or licensed hospice.

(a) The pharmacy, having ownership and responsibility for the portable containers, shall ensure that each portable container is:

(1) furnished by a registered pharmacist;

(2) sealed in such a manner that a tamper-proof seal must be broken to gain access to the drugs;

(3) under the effective control of a registered nurse, pharmacist or delivery person at all times when not in the pharmacy;

(4) labeled on the outside of the container with a list of the contents;

(5) maintained at an appropriate temperature according to United States Pharmacopeia Standards (1995, 23rd Revision), and protected at all times from extreme temperatures that could damage the contents.

(b) The portable container may contain up to:

(1) 1000mL of 0.9% sodium chloride intravenous infusion in containers of a size determined by the pharmacy;

(2) 1000mL of 5% dextrose in water injection in containers of a size determined by the pharmacy;

(3) two vials of urokinase 5000 units;

(4) Each of the following items shall be in sealed, unused containers; the furnishing pharmacy

may select any or all of these dangerous drugs in up to five dosage units for inclusion in the sealed, portable container:

(A) heparin sodium lock flush 100 units/mL;

(B) heparin sodium lock flush 10 units/mL;

(C) epinephrine HCl solution 1:1000;

(D) epinephrine HCl solution 1:10,000;

(E) diphenhydramine HCl 50mg/mL;

(F) methylprednisolone 125mg/2mL;

(G) normal saline, preserved, up to 30 mL vials;

(H) naloxone 1mg/mL 2 mL;

(I) droperidol 5mg/2mL;

(J) prochlorperazine 10mg/2mL;

(K) promethazine 25mg/mL;

(L) dextrose 25gms/50mL;

(M) glucagon 1mg/mL;

(N) insulin (human) 100 units/mL;

(O) bumetamide 0.5mg/2mL;

(P) furosemide 10mg/mL;

(Q) EMLA Cream 5 gm tube;

(R) Lidocaine 1 percent 30mL vials.

(5) The pharmacy shall ensure that the specific dangerous drugs and quantities to be included in the portable container are listed in the home health agency's or licensed hospice's policy~~ies~~ and procedures.

(c) The pharmacy shall not supply a portable container to a home health agency or licensed hospice which does not:

(1) implement and maintain policies and procedures for:

(A) the storage, temperature stability and transportation of the portable container;

(B) the furnishing of dangerous drugs from the portable container upon the written or oral authorization of a prescriber; and

(C) a specific treatment protocol for the administration of each medication contained in the portable container.

(2) have the policies, procedures and protocols reviewed and revised (as needed) annually by a group of professional personnel including a physician and surgeon, a pharmacist and a registered nurse.

(d) A copy of these policies, procedures and protocols shall be maintained by the furnishing pharmacy from each home health agency or licensed hospice for which the pharmacy furnishes portable containers.

(e) In cases where a drug has been administered to a patient pursuant to the oral order of a licensed prescriber, the pharmacy shall ensure that the oral order is immediately written down by the registered nurse or pharmacist and communicated by copy or fax within 24 hours to the furnishing pharmacy, with a copy of the prescriber-signed document forwarded to the dispensing pharmacy within 20 days.

(f) The pharmacy shall ensure that within seven days (168 hours) after the seal has been broken on the portable container, the home health agency's director of nursing service or a registered nurse employed by the home health agency or licensed hospice returns the container to the furnishing pharmacy. The furnishing pharmacy shall then perform an inventory of the drugs used from the container, and if the container will be reused, must restock and reseal the container before it is again furnished to the home health agency or licensed hospice.

(g) The furnishing pharmacy shall have written policies and procedures for the contents, packaging, inventory monitoring, labeling and storage instructions of the portable container.

(h) The furnishing pharmacy shall ensure that the home health agency or licensed hospice returns the portable containers to the furnishing pharmacy at least every 60 days for verification of product quality, quantity, integrity and expiration dates, or within seven days (168 hours) after the seal has been broken.

(i) The furnishing pharmacy shall maintain a current inventory and record of all items placed into and furnished from the portable container.

Note: Authority cited: Sections 4005 and ~~and~~ 4057, Business and Professions Code. Reference: Sections 4040, 4057, 4081 and 4332, Business and Professions Code.

To Amend § 1751.12 in Article 7 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

~~1751.12~~ 1754. Obligations of a Pharmacy Furnishing Portable Containers.

(a) A licensed pharmacy shall not issue portable containers to any home health agency or licensed hospice unless the home health agency or licensed hospice complies with provisions of section 1751.11.

(b) A licensed pharmacy shall cease to furnish portable containers to a home health agency or licensed hospice if the home health agency or licensed hospice does not comply with provisions of section 1751.11.

Note: Authority cited: Sections 4005 and 4057, Business and Professions Code. Reference: Sections 4040, 4057, 4081 and 4332, Business and Professions Code.

CODE OF FEDERAL REGULATIONS:

TITLE 21--FOOD AND DRUGS
CHAPTER I--FOOD AND DRUG ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES
SUBCHAPTER E--ANIMAL DRUGS, FEEDS, AND RELATED PRODUCTS

PART 530 EXTRALABEL DRUG USE IN ANIMALS

Sec. 530.13 Extralabel use from compounding of approved new animal and approved human drugs.

(a) This part applies to compounding of a product from approved animal or human drugs by a veterinarian or a pharmacist on the order of a veterinarian within the practice of veterinary medicine. Nothing in this part shall be construed as permitting compounding from bulk drugs.

(b) Extralabel use from compounding of approved new animal or human drugs is permitted if:

(1) All relevant portions of this part have been complied with;

(2) There is no approved new animal or approved new human drug that, when used as labeled or in conformity with criteria established in this part, will, in the available dosage form and concentration, appropriately treat the condition diagnosed. Compounding from a human drug for use in food-producing animals will not be permitted if an approved animal drug can be used for the compounding;

(3) The compounding is performed by a licensed pharmacist or veterinarian within the scope of a professional practice;

(4) Adequate procedures and processes are followed that ensure the safety and effectiveness of the compounded product;

(5) The scale of the compounding operation is commensurate with the established need for compounded products (e.g., similar to that of comparable practices); and

(6) All relevant State laws relating to the compounding of drugs for use in animals are followed.

(c) Guidance on the subject of compounding may be found in guidance documents issued by FDA.

Veterinary Medical Board Action Plan Excerpts 2012 - 2014

Multidisciplinary Committee Proposed Assignments

July 2015

EXISTING PRIORITIES

- ~~**Develop regulations for implementing an approval process for alternate route programs for obtaining Registered Veterinary Technician licensure**~~. ***(MDC Approved Language 2/19/15 w/ Amendments - To VMB for consideration at July 21-22 meeting)***

- **Examine the current system of licensure exemptions for UC Davis and Western University and determine if legislative options are available to affect change.** ***(In Progress)***

  - Develop proposed statutory language for a university license/temporary license.

- **Pursue regulations to define Registered Veterinary Technician student exemptions (in accordance with BPC Section 4841.1).** ***(In Progress)***

- **Develop minimum standards for alternate premises (large animal, equine mobile, public and private shelter medicine, ambulatory, etc.)**

- **Review Business and Professions Code Section 4830(5) regarding veterinary student exemption, duties and supervision at a California veterinary university** ***(Off –site surgery programs- should they be limited to 3rd/4th year students?)***

- **Review standard of care for animal dentistry**

- **Pursue "extended duty" for Registered Veterinary Technicians.**

- **Review 1st year licensure as a temporary license, working under the supervision of a currently licensed Veterinarian.**

- ~~**Revisit the provisions for temporary licenses during disaster situations for out-of-state practitioners.**~~ ***(AB 316- AB 317 Before the VMB)***

- **Self- Reporting forms for CE for License Renewal for DVMs & RVTs**

- **Evaluate Structure and Workflow of Complaint Handling**

- **Develop Language to Grant Statutory Language for Veterinarians to Compound Drugs within FDA Guidelines** ***(Before the VMB – Legal Counsel and ExO developed language for Board review at the July 21-22, 2015 meeting).***

CHIEF CONSULTANT
BILL GAGE

CONSULTANTS
SARAH HUCHEL
SARAH MASON
MARK MENDOZA

COMMITTEE ASSISTANT
KRIMILDA McKENZIE

California Legislature

SENATE COMMITTEE ON
BUSINESS, PROFESSIONS
& ECONOMIC DEVELOPMENT

SENATOR JERRY HILL, CHAIR

MEMBERS
PATRICIA C. BATES
VICE CHAIR
TOM BERRYHILL
MARTY BLOCK
CATHLEEN GALGIANI
ED HERNANDEZ, O.D.
HANNAH-BETH JACKSON
TONY MENDOZA
BOB WIECKOWSKI

Memorandum

To: Boards and Bureaus Subject to Sunset Oversight Review by the Legislature in 2015-2016

From: Senator Jerry Hill and Assemblymember Susan Bonilla

Date: April 30, 2015

Subject: Request for Information and Issues to be Addressed for 2015-2016 Sunset Oversight Review

---

This is to inform you that the Senate Committee on Business, Professions and Economic Development and Assembly Committee on Business and Professions will begin our Sunset Oversight Review in the Fall of 2015. The Committees will review the following boards[1]:

Acupuncture Board
Board of Behavioral Sciences
Court Reporters Board
Board of Pharmacy
Physician Assistant Board
Board of Podiatric Medicine
Bureau for Private Postsecondary Education
Board of Psychology
Bureau of Real Estate
Bureau of Real Estate Appraisers

[1] "Board" refers to board, bureau, commission, program or committee. The Veterinary Medical Board will be reviewed as well but is not subject to completion of the questionnaire.

STATE CAPITOL, ROOM 2053 SACRAMENTO, CA 95814 (916) 651-4104

PRINTED ON RECYCLED PAPER

You are also receiving by email attachment a Report Form that should be completed and submitted to the Committees by December 1, 2015. **PLEASE NOTE: If you have been using a previous draft of the Report Form, you should replace it with the attached form. Changes have been made to the questions and numbering from the earlier draft.**

The first sections of the Report provide an overview of the board's current regulatory program, and contain pre-formatted tables and charts to be completed by the board. The latter sections focus on responses by the board to particular issues raised by the individual board or that are raised by the Committees.

Please complete the tables and charts and provide the appropriate statistical information for the fiscal years indicated. Please respond to all questions in the Report. In the event that some information may not pertain to your particular board, please note it on your response, but be sure to include information that is relevant to your activities and programs.

In completing your Report, please note the following:

Question 21. This is a new question dealing with the board's consideration of military status, training or education.

Section 10 – Board Action and Response to Prior Sunset Issues. This should reflect the board's response to each individual issue and recommendation that was raised by the Committee during the prior review of the board.

Section 11 – New Issues. This is the board's opportunity to raise new issues and make recommendations to the Committee. The Committee may also have additional issues that the board will need to address during this review. We encourage the board to request a meeting with staff of the Committees to review possible issues to be addressed within this document for the 2015-2016 review.

Along with the Report Form, you are also being sent a *Guide for Completing Tables in the Oversight Review Questionnaire*. Most of the tables may be completed from data in standard reports that the board already receives. If your board does not use the Department of Consumer Affairs' report and data processes, please report information using the definitions given in the Guide.

Each board should submit 4 printed copies of its final Report to the Senate Committee, and 4 printed copies to the Assembly Committee. You are also asked to submit an electronic copy to each of the Committees (you may submit a PDF version, but we also request a Microsoft Word copy).

Staff of the Committees will be responsible for reviewing and analyzing information provided by the board, and prepare a background paper with issues to be addressed by the board and by interested parties during the public hearings held early in 2016.

We expect to announce the dates for the hearings sometime in January. Once the hearing dates are set, we would request that the board notify (by mail or email) its interested parties list of organizations, groups or individuals regarding the Committees' public hearings.

If you have any questions about the attached documents or the review process, please contact Sarah Mason of the Senate Committee on Business, Professions and Economic Development at (916) 651-4104.

Sunset Issues

Advertising Specialty Titles/Credentials

BPC Section 650 & Sample Regulatory Language

BPC Section 650 *[in part]* (i) Each of the healing arts boards and examining committees within Division 2 shall adopt appropriate regulations to enforce this section in accordance with Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

Each of the healing arts boards and committees and examining committees within Division 2 shall, by regulation, define those efficacious services to be advertised by businesses or professions under their jurisdiction for the purpose of determining whether advertisements are false or misleading. Until a definition for that service has been issued, no advertisement for that service shall be disseminated. However, if a definition of a service has not been issued by a board or committee within 120 days of receipt of a request from a licensee, all those holding the license may advertise the service. Those boards and committees shall adopt or modify regulations defining what services may be advertised, the manner in which defined services may be advertised, and restricting advertising that would promote the inappropriate or excessive use of health services or commodities. A board or committee shall not, by regulation, unreasonably prevent truthful, nondeceptive price or otherwise lawful forms of advertising of services or commodities, by either outright prohibition or imposition of onerous disclosure requirements. However, any member of a board or committee acting in good faith in the adoption or enforcement of any regulation shall be deemed to be acting as an agent of the state.

§ 1054. Recognized Dental Specialty Boards and Associations.

For purposes of this article and Section 651 of the Code, the board recognizes those dental specialty boards which are affiliated with specialties recognized by the American Dental Association, including: American Board of Dental Public Health; American Board of Endodontics; American Board of Oral Pathology; American Board of Oral and Maxillofacial Surgery; American Board of Orthodontics; American Board of Pediatric Dentistry; American Board of Periodontology; and American Board of Prosthodontics. The board also recognizes those boards that require two or more years of training in a formal advanced education program affiliated with a school of dentistry or medicine that follows educational guidelines developed by the Council on Dental Education of the American Dental Association, dated January 1975, which are hereby incorporated by reference.

1054.1 Advertising Credentials.
(a) A dentist may advertise that he or she has credentials from one of the dental specialty boards recognized by the Board of Dental Examiners of the State of California, pursuant to Section 1054.
(b) A dentist may not advertise credentials granted by a private or public board or parent association which is not recognized pursuant to Section 1054, unless:
(1) The private or public board or parent association which grants the credentials currently requires:
(A) Successful completion of an oral and written examination based on psychometric principles; and
(B) Training and experience subsequent to successful completion of (A) above, to assure competent practice in the dental discipline as determined by the private or public board or parent association which grants the credentials.
(2) Any advertisement which references the dentist's credentials shall include the following statement: “[Name of announced dental discipline] is a discipline not recognized as a dental specialty by the Board of Dental Examiners of the State of California”.
(3) The dentist discloses that he or she is a general dentist in any advertising which references the dentist's credentials.
(c) Subdivision (b)(1)(B) shall not be construed to prohibit a dentist from advertising credentials on the basis that the credentials were granted without examination if the credentials were granted prior to 1985.
Note: Authority cited: Sections 651 and 1614, Business and Professions Code. Reference: Section 651, Business and Professions Code.

1054.3 Definition of Advertising.
(a) For purposes of this article, “advertising” or “advertisement” means:
(1) Any written or printed communication for the purpose of soliciting, describing, or promoting a dentist's licensed activities, including a brochure, letter, pamphlet, newspaper, telephone listing, periodical, business card or other writing.
(2) Any directory listing caused or permitted by a dentist which indicates his or her licensed activity.
(3) Any radio, television, computer network or similar airwave or electronic transmission which solicits or promotes the dentist's practice.
(4) Any printing or writing on novelty objects or dental care products.
(b) “Advertising” or “advertisement” does not include any of the following:
(1) Any printing or writing used on buildings, uniforms or badges, where the purpose of the writing is for identification.
(2) Any printing or writing on memoranda or other communications used in the ordinary course of business where the sole purpose of the writing is other than the solicitation or promotion of the dentist's practice.

1399.156.4 Advertising.
(a) A licensed speech-language pathologist or audiologist may advertise the provision of any services authorized by the Act so long as such advertising does not promote the excessive or unnecessary use of such services.

(b) A licensed speech-language pathologist or audiologist may advertise any academic degree that has been earned and awarded provided that the advertisement of that degree is not false, deceptive, misleading or in the exercise of reasonable care should be known to be false, deceptive or misleading.
(c) The Board may consider the following factors in determining whether advertising any degrees from the following categories of institutions is false, deceptive, or misleading:
(1) An institution that was not legally authorized or approved to award the degree by the appropriate state regulatory or licensing agency at the time the degree was awarded or at any time during which the licensee was in attendance.
(2) An institution whose state approval was revoked within one (1) year after the degree was awarded.
(d) If these degrees are generic, such as Ph.D., Ed.D., M.S., M.A., or M.Ed., the holder may represent them, but shall specify the discipline in which each particular degree was earned.

VETERINARY MEDICAL BOARD - 0777
BUDGET REPORT
FY 2014-15 EXPENDITURE PROJECTION
May-2015

OBJECT DESCRIPTION	FY 2013-14 ACTUAL EXPENDITURES (MONTH 13)	FY 2013-14 PRIOR YEAR EXPENDITURES 5/31/2014	FY 2014-15 BUDGET STONE 2014-15	FY 2014-15 CURRENT YEAR EXPENDITURES 5/31/2015	FY 2014-15 PERCENT SPENT	FY 2014-15 PROJECTIONS TO YEAR END	FY 2014-15 UNENCUMBERED BALANCE
PERSONNEL SERVICES							
Salary & Wages (Staff)	513,801	512,793	**1,108,685**	712,004	64%	**776,732**	331,953
Statutory Exempt (EO)	84,989	84,989	**81,732**	81,059	99%	**88,428**	(6,696)
Temp Help Reg (Seasonals)	57,280	52,091	**33,000**	6,195	19%	**7,434**	25,566
BL 12-03 Blanket							
Temp Help (Exam Proctors)							
Board Member Per Diem	8,900	8,900	**14,108**	900	6%	**1,080**	13,028
Committee Members (DEC)	2,200	2,200	**10,400**				10,400
Overtime	9,928	9,236	**0**	11,352	0%	**13,622**	(13,622)
Staff Benefits	321,376	318,272	**631,921**	432,064	68%	**471,343**	160,578
TOTALS, PERSONNEL SVC	998,474	988,481	**1,879,846**	**1,243,574**	**66%**	**1,358,639**	521,207
OPERATING EXPENSE AND EQUIPMENT							
General Expense	29,150	28,050	**30,757**	41,699	136%	**50,039**	(19,282)
Fingerprint Reports	196	196	**6,259**	893	14%	**1,191**	5,068
Minor Equipment	8,810	8,810	**22,000**	22,461	102%	**26,953**	(4,953)
Printing	17,468	17,468	**19,566**	7,706	39%	**9,247**	10,319
Communication	9,697	8,497	**20,909**	2,767	13%	**3,320**	17,589
Postage	34,097	34,097	**28,149**	27,287	97%	**32,744**	(4,595)
Insurance							
Travel In State	39,612	32,114	**148,423**	36,054	24%	**43,265**	105,158
Travel, Out-of-State							
Training	430	430	**20,297**	1,072	8%	**1,286**	19,011
Facilities Operations	107,516	107,336	**102,456**	110,316	108%	**132,379**	(29,923)
Utilities							
C & P Services - Interdept.	116,000	116,000	**0**	109,000	0%	**130,800**	(130,800)
C & P Services - External	37,117	37,117	**109,889**	154,759	141%	**168,828**	(58,939)
DEPARTMENTAL SERVICES:							
Departmental Pro Rata	199,220	201,320	**300,549**	342,464	114%	**410,957**	(110,408)
Admin/Exec	130,412	131,194	**148,089**	148,320	100%	**161,804**	(13,715)
Interagency Services			**49,915**				49,915
IA w/ OER	17,406	17,406	**0**	40,573	0%	**44,261**	(44,261)
DOI-ProRata Internal	4,170	4,191	**4,597**	4,191	91%	**4,572**	25
Public Affairs Office	4,819	5,890	**4,527**	4,227	93%	**4,611**	(84)
CCED	4,759	5,050	**4,860**	5,159	106%	**5,628**	(768)
INTERAGENCY SERVICES:							
Consolidated Data Center	1,070	1,036	**10,535**	921	9%	**1,105**	9,430
DP Maintenance & Supply			**4,647**	7,368	159%	**8,842**	(4,195)
Central Admin Svc-ProRata	110,291	110,291	**141,779**	141,779	100%	**141,779**	0
EXAM EXPENSES:							
Exam Supplies			**557**				557
Exam Freight							
Exam Site Rental			**5,399**				5,399
C/P Svcs-External Expert Adı	46,420	46,420		51,652	0%	**51,652**	(51,652)
C/P Svcs-External Expert Examiners			**30,699**	318	1%	**382**	30,317
C/P Svcs-External Subject M	16,694	14,694		29,209	0%	**31,864**	(31,864)
ENFORCEMENT:							
Attorney General	451,008	434,853	**460,176**	410,113	89%	**460,176**	0
Office Admin. Hearings	77,225	57,330	**59,253**	72,194	122%	**96,259**	(37,006)
Court Reporters	3,885	3,235	**0**	4,008	0%	**4,372**	(4,372)
Evidence/Witness Fees	176,881	166,012	**163,297**	101,897	62%	**122,276**	41,021
DOI - Investigations	360,240	360,716	**645,027**	644,907	100%	**773,888**	(128,861)
Major Equipment			**66,000**				66,000
Special Items of Expense	24	24	**112,000**				112,000
Other (Vehicle Operations)			**2,580**				2,580
TOTALS, OE&E	2,004,617	1,949,777	**2,723,191**	2,523,314	93%	**2,924,482**	(201,291)
TOTAL EXPENSE	3,003,091	2,938,258	**4,603,037**	3,766,888	82%	**4,283,120**	319,917
Sched. Reimb. - External/Private	(3,575)	(1,930)		(1,880)			
Sched. Reimb. - Fingerprints			**(11,000)**			**(11,000)**	
Sched. Reimb. - Other			**(15,000)**			**(15,000)**	
Unsched. Reimb. - Other	(142,931)	(66,756)		(77,919)			
NET APPROPRIATION	2,856,585	2,869,572	**4,577,037**	3,687,089	81%	**4,257,120**	**319,917**
						SURPLUS/(DEFICIT):	**7.0%**

Veterinary Medical Board
Summary of Expenditures - 2014/2015

Line Item	Appropriation	Summary of Expenses
Personal Services:		
Salary & Wages (Staff)	1,108,685	Board staff salaries
Statutory Exempt (EO)	81,732	Executive Officer salary
Temp Help Reg (Seasonals)	33,000	Wages for temporary help such as a permanent-intermittent employees, students, seasonal employees, etc.
Temp Help Reg (Exam Proctors)	0	Examination Proctors
Board Member Per Diem	14,108	Board members' per-diem
Committee Members (DEC)	10,400	Committee members' per-diem
Overtime	0	Staff Overtime
Staff Benefits	631,921	OASDI, Dental, health, retirement, life, vision, Medicare
Total Personal Services	**1,879,846**	
Operating Expenses & Equipment:		
General Expense	30,757	Office supplies, freight
Fingerprint Reports	6,259	Fingerprint expenses – reimbursed by candidate
Minor Equipment	22,000	Equipment less than $5K per unit
Printing	19,566	Printed forms, office copier, copying service
Communications	20,909	Phones, cellular phones
Postage	28,149	Stamps, DCA and EDD facility mailed postage
Insurance	0	Insurance coverage for department owned vehicles.
Travel In-State	148,423	Board, Committee, and Staff Air, car, bus, taxi, incidentals, service fees
Travel Out-of-State	0	Same as above - out-of-State
Training	20,297	Registration fees, subscriptions
Facilities Operations	102,456	Rent, storage, security
Utilities	0	Electricity, Natural Gas (P.G.& E.), water, sewer, and regular waste removal service.
C&P Services Interdept.	0	Services provided by other state agencies or Interagency Agreement within the Department of Consumer Affairs.
C&P Services External	109,889	Outside DCA contracts - includes MAXIMUS
Departmental Services		
Departmental Prorata	300,549	DCA Svcs: Info systems, Administrative Svcs (HR, Accounting, Budgets, etc.), Legal, Publications, Public Affairs
Admin/Exec	148,089	Pro-rata assessments to support DCA Administrative Services
Interagency Services	49,915	Services provided to one board by another board within the Department
IA w/OPES	0	Services provided by OPES to Board
DOI-Pro Rata Internal	4,597	Services provided by Division of Investigation Pro Rata
Public Affairs Office	4,527	Services provided by DCA Public Affairs
CCED	4,860	
Interagency Services		
Consolidated Data Centers	10,535	CAS/Teale Data Center
DP Maintenance & Supply	4,647	Data processing supplies and maintenance
Central Admin Svs-Pro Rata	141,779	State services pro-rata (DGS, DOF, etc)
Exam Expenses		
Exam supplies	557	Examination materials, supplies not covered by contract
Exam freight	0	Freight, shipping and storage of examination material
Exam site rental	5,399	Facility rental charge for vet exams administration
Expert Examiners (SME)	30,699	Subject matter experts for item writing, review and Angoff workshops VET and RVT
C/P Svcs-External Expert Administrative	0	National exam contracts - includes PSI contract
C/P Svcs-External Expert Examiners	0	Wages for services provided by expert examiners in the oral/ written examination process
C/P Svcs-External Subject Matter	0	Services provided by subject matter experts in the oral/written examination process
Enforcement		
Attorney General	460,176	Office of the Attorney General/DAG legal services
Office of Admin Hearings	59,253	Office of Administrative Hearings, Admin. Law Judge and court reporter services
Court Reporters	0	
Evidence/Witness Fees	163,297	Expert Witness and In-house Consultants enforcement case review
Div of Investigation	645,027	DCA Division of Investigation services
Major Equipment	66,000	Equipment more than $5k per unit
Special Items of Expense	112,000	
Vehicle Operations	2,580	Leasing & maintenance of State vehicle (CPEI BCP)
Total OE&E	**2,723,191**	
Total Personal Services (above)	**1,879,846**	
Totals, Expenditures	**4,603,037**	
Sched. Reimb. - External		Reimbursements for OIS Public Sales
Sched. Reimb. - Fingerprints	(11,000)	Reimbursements for assessment of fingerprint processing fees
Sched. Reimb. - Other	(15,000)	Reimbursements from private individuals, firms, institutions or corporations
Net Appropriation	**4,577,037**	

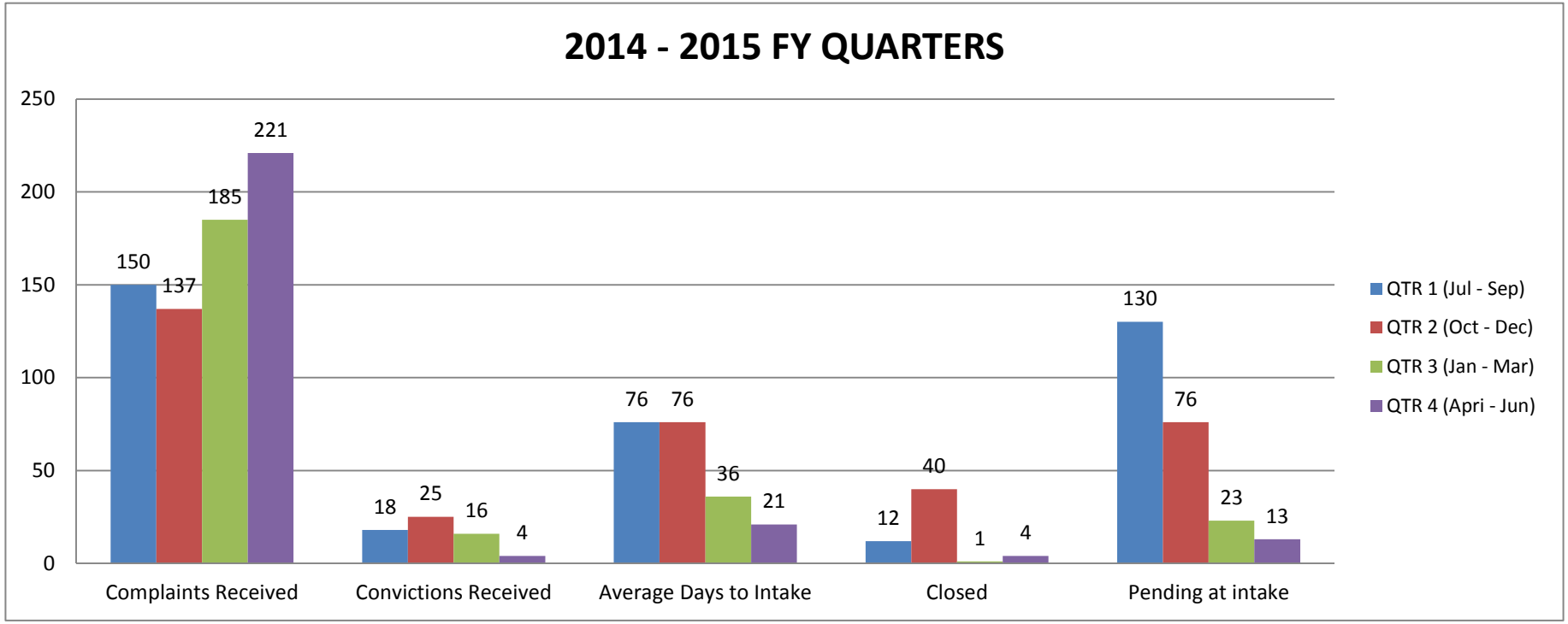
ENFORCEMENT STATISTICS FISCAL YEAR 2014 - 2015

Veterinary Medical Board

COMPLAINTS AND CONVICTIONS

Complaints and Convictions	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apri - Jun)	FY 2014 - 2015 TOTAL
Complaints Received	150	137	185	221	693
Convictions Received	18	25	16	4	63
Average Days to Intake	76	76	36	21	51
Closed	12	40	1	4	57
Pending at intake	130	76	23	13	13

Average Days to Intake - Average cycle time from complaint received, to the date the complaint was assigned to an investigator.



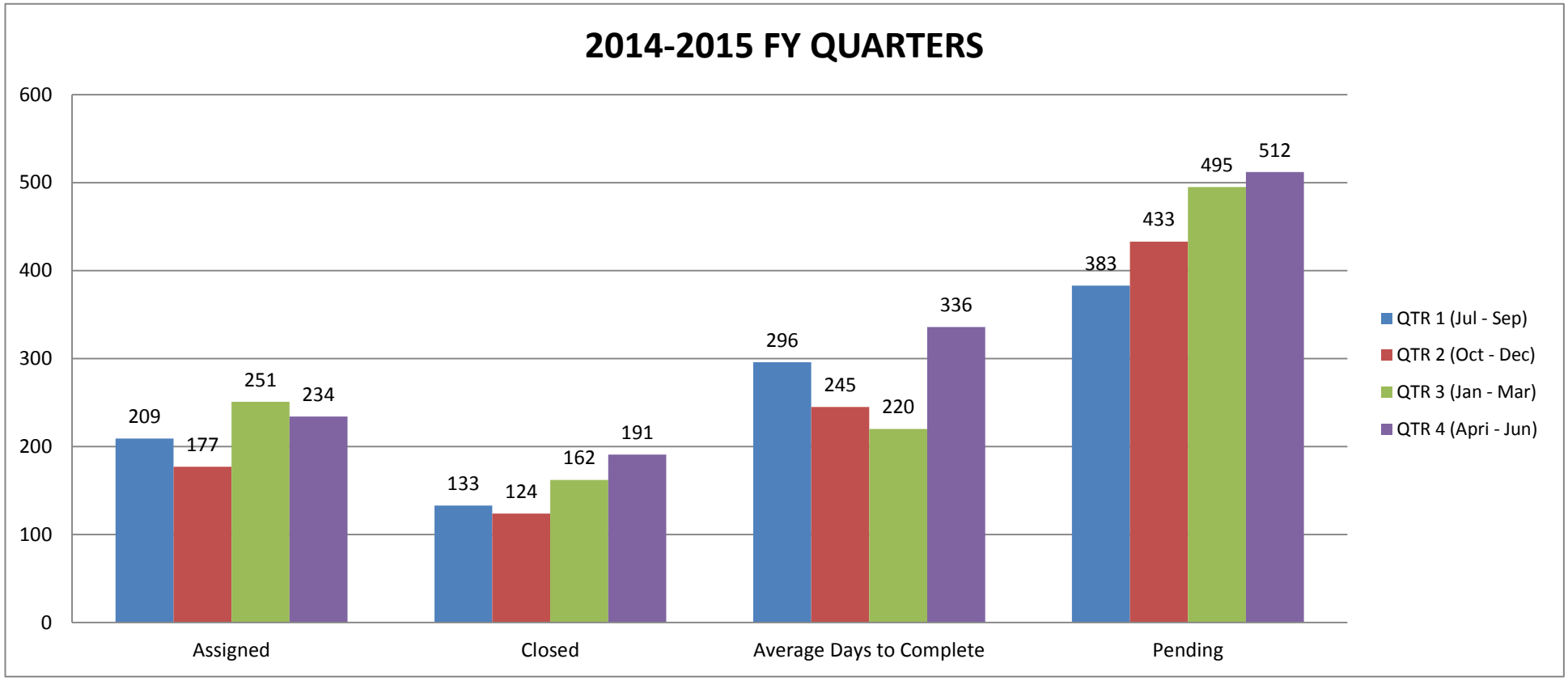
ENFORCEMENT STATISTICS FISCAL YEAR 2014 - 2015

Veterinary Medical Board

DESK INVESTIGATIONS

Desk Investigation	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apri - Jun)	FY 2014 - 2015 TOTAL
Assigned	209	177	251	234	870
Closed	133	124	162	191	610
Average Days to Complete	296	245	220	336	278
Pending	383	433	495	512	512

Average Days to Complete Desk Investigations - Average cycle time from complaint receipt to closure of the investigation process.



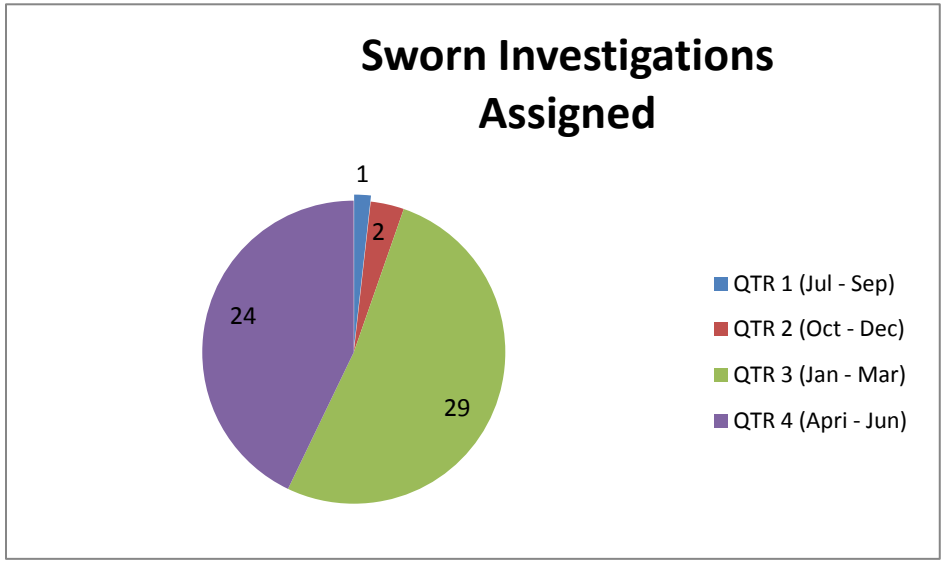
ENFORCEMENT STATISTICS FISCAL YEAR 2014 - 2015

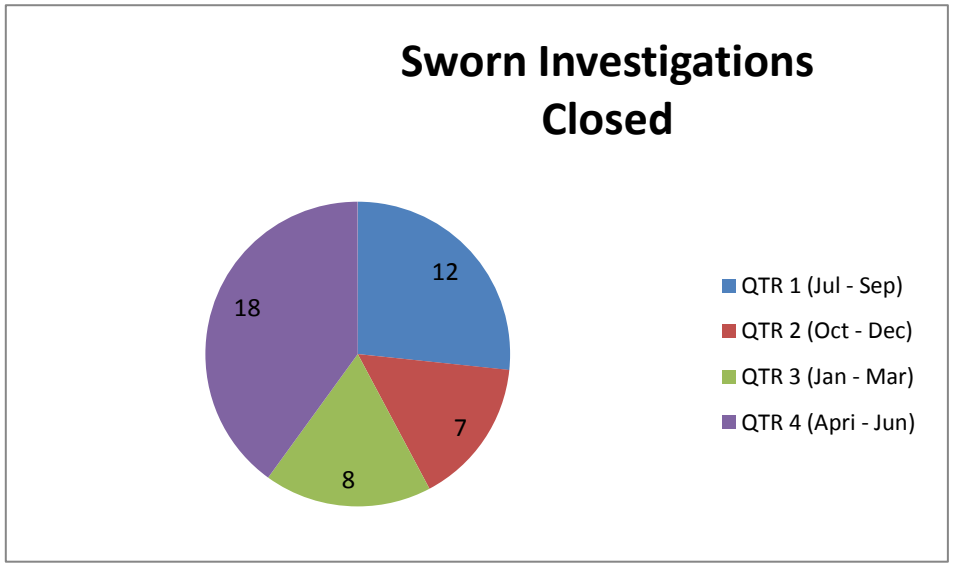
Veterinary Medical Board

SWORN INVESTIGATIONS

Sworn Investigations	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apri - Jun)	FY 2014 - 2015 TOTAL
Assigned	1	2	29	24	56
Closed	12	7	8	18	44
Average Days to Complete	432	760	1187	670	707
Pending	50	45	66	73	73

Average Days to Complete Sworn Investigations - Average cycle time from complaint receipt to closure of the investigation process.





ENFORCEMENT STATISTICS FISCAL YEAR 2014 - 2015

Veterinary Medical Board

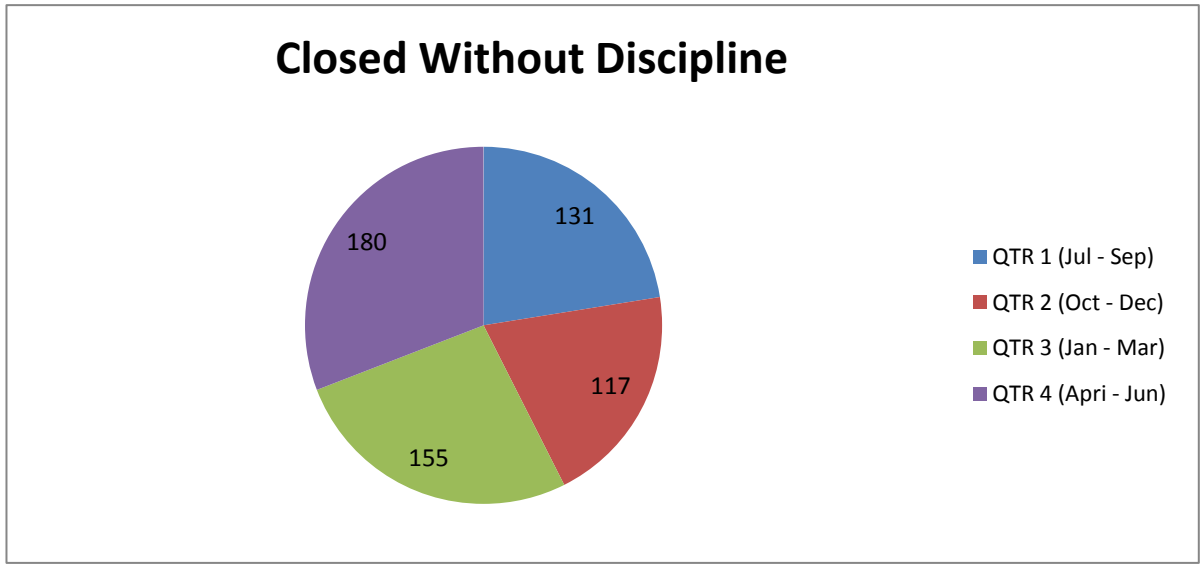
ALL TYPES OF INVESTIGATIONS

All Types of Investigations	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apri - Jun)	FY 2014 - 2015 TOTAL
Closed Without Discipline	131	117	155	180	583
Cycle Time - No Discipline	270	261	256	313	277
All pending cases	563	554	584	598	598

CITATIONS/ CEASE & DESIST

Citation/ Cease & Desist	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apri - Jun)	FY 2014 - 2015 TOTAL
Issued	16	2	0	21	39
Avg Days to Complete Cite	482	673	0	661	636
Cease & Desist Letter	5	0	20	47	72
Citations appealed	0	0	1	1	2

Average Days to Issue a Citation - Average cycle time from complaint receipt to the effective date of the citation.



ENFORCEMENT STATISTICS FISCAL YEAR 2014 - 2015

Veterinary Medical Board

ATTORNEY GENERAL CASES

Attorney General Cases	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apri - Jun)	FY 2014 - 2015 TOTAL
Initiated / Referred to the AG	10	6	8	18	42
Pending at the AG	77	63	61	64	64
Statement of Issues Filed	1	8	1	4	14
Accusations Filed	2	2	7	1	12

AG Case Action	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apri - Jun)	FY 2014 - 2015 TOTAL
Closed Without Discipline	3	5	0	5	13
Closed With Discipline	10	13	10	14	47
Probation	5	13	4	8	30
Public Letter of Reprimand	0	0	0	0	0
Surrender of License	4	0	1	3	8
License Revoked	1	0	3	2	6
License Denied (SOI)	0	0	2	1	2
W/D, Dismissed, Declined	5	5	0	1	11
Average Days to Close	950	1082	552	1199	996

Average Days to Close a Discipline Case - Average cycle time from complaint receipt to the effective date of the disciplinary order.

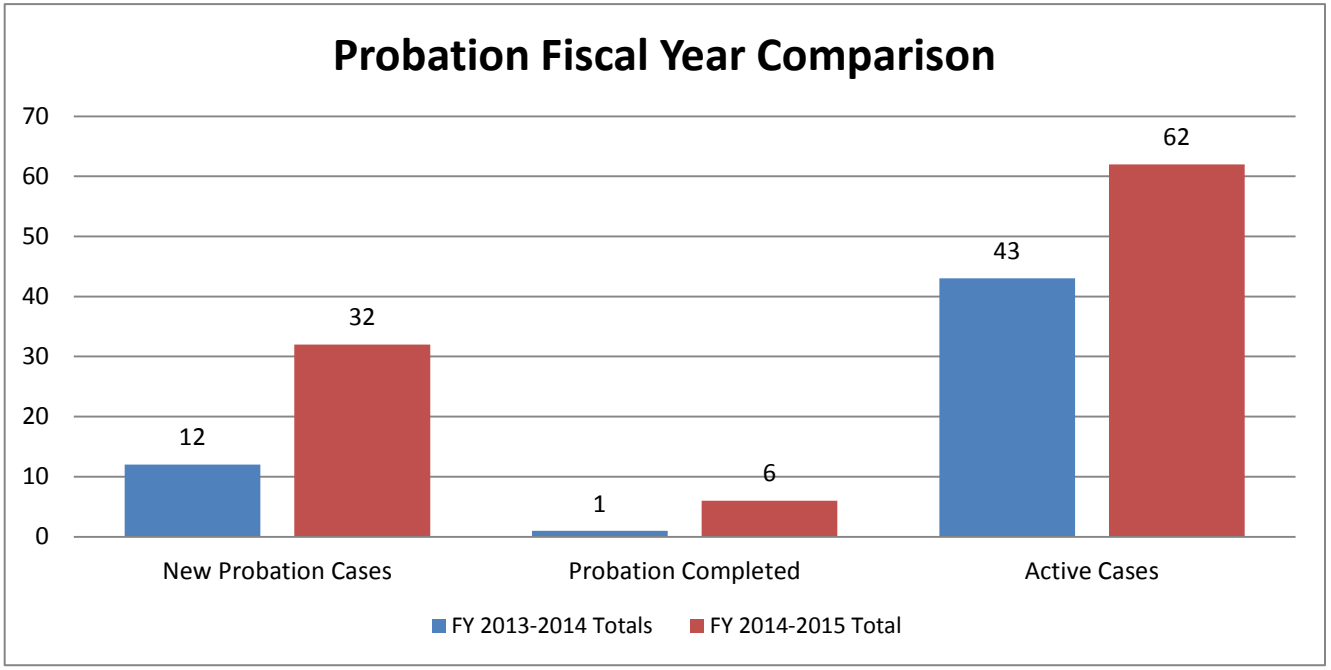
AG Case Violation Type	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apri - Jun)	FY 2014 - 2015 TOTAL
Substance Abuse (A)	0	0	0	0	0
Unsafe/Unsanitary Cond (E)	2	1	0	2	5
Aiding or Abetting	0	0	0	0	0
Incompetence/Gross Negligence (N)	1	6	0	3	10
Unprofessional Conduct (R)	1	0	4	7	12
Criminal Conduct/Conv (V)	5	6	4	2	17
Discipline by Another State	0	0	0	0	0
Unlicensed Activity (U)	0	0	0	0	0
Drug Related Offenses (D)	1	0	2	0	3

ENFORCEMENT STATISTICS FISCAL YEAR 2014 - 2015

Veterinary Medical Board

PROBATION

Probation	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apri - Jun)	FY 2014 - 2015 TOTAL
New Probation Cases	8	11	5	8	32
Probation Completed	1	0	0	5	6
Active Cases	52	66	63	62	62
Active Cases - Pending Conditions Precedent			7	9	9
Tolled	3	4	2	2	2
Petition to Revoke	2	4	4	4	4
Compliance	34	52	55	55	55
Pending Compliance Issues	18	14	8	7	7



ENFORCEMENT STATISTICS FISCAL YEAR 2013 - 2014

Veterinary Medical Board

COMPLAINTS AND CONVICTIONS	FY 2013 - 2014 TOTAL
Complaints Received	619
Convictions Received	84
Average Days to Intake	112
Closed	63
Pending	184

Average Days to Intake - Average Cycle time from complaint received, to the date the complaitn was assigned to an investigator.

INVESTIGATONS Sworn	FY 2013 - 2014 TOTAL
Assigned	53
Closed	92
Average Days to Complete	765
Pending	61

Average Days to Complete Sworn Investigations - Average cycle time from complaint receipt to closure of the investigation process.

INVESTIGATIONS Desk	FY 2013 - 2014 TOTAL
Assigned	585
Closed	653
Average Days to Complete	327
Pending	308

Average Days to Complete Desk Investigations - Average cycle time from complaint receipt to closure of the

ALL TYPES OF INVESTIGATIONS	FY 2013 - 2014 TOTAL
Closed Without Discipline	674
Cycle Time - No Discipline	376

CITATIONS/Cease& Desist	FY 2013 - 2014 TOTAL
Issued	97
Closed	92
Avg Days to Complete Cite	595
Cease & Desist Letter	55

Average Days to Issue a Citation - Average cycle time from complaint receipt to the effective date of the

ENFORCEMENT STATISTICS FISCAL YEAR 2013 - 2014

Veterinary Medical Board

ATTORNEY GENERAL	FY 2013 - 2014 TOTAL
Initiated / Referred to the AG	43
Pending at the AG	84
Statement of Issues Filed	12
Accusations Filed	35

PROBATION	FY 2013 - 2014 TOTAL
New Probation Cases	12
Probation Completed	1
Active Cases	P
Tolled	3
Petition to Revoke	3
Compliance	35
Pending Compliance I	8

ATTORNEY GENERAL	FY 2013 - 2014 TOTAL
Closed Without Discipline	0
Closed With Discipline	19
Probation	13
Public Letter of Reprimand	0
Surrender of License	1
License Revoked	5
License Denied (SOI)	12
W/D, Dismissed, Declined	9
Average Days to Close	955

*Average Days to Close a Discipline Case - Average cycle time from complaint receipt to the effective date of the disciplinary order. *Oldest pending case was referred to the Attorney General on 9/28/11.*

AG CASE/VIOLATION TYPE	FY 2013 - 2014 TOTAL
Substance Abuse (A)	0
Unsafe/Unsanitary Cond (E)	0
Aiding or Abetting	0
Incompetence/Gross Negligence (N)	8
Unprofessional Conduct (R)	4
Criminal Conduct/Conv (V)	5
Discipline by Another State	1
Unlicensed Activity (U)	1

Examination/Licensing Report

Prepared by Ethan Mathes **July 2015**

Applications

Applications Received		
	Jan. 2014 - Dec. 2014	*Jan. 2015 - Dec. 2015**
Veterinarian Apps. Received	617	405
Veterinary Tech. Apps. Received	749	393
Veterinary Premise Apps. Received	371	113
**partial year to date*		

Examinations

CALIFORNIA STATE BOARD EXAMINATION			
May 2014 – October 2014		November 2014 – April 2015	
Candidates	Pass Pct.	Candidates	Pass Pct.
283	94%	573	95%

NORTH AMERICAN VETERINARY LICENSING EXAMINATION			
Nov./Dec. 2014		April 2015	
Candidates	Pass Pct.	Candidates	Pass Pct.
355	84%	92	66%

CALIFORNIA VETERINARY TECHNICIAN LAW EXAMINATION					
Mar. – Jun. 2014		Jul. – Dec. 2014		Jan. – Jun. 2015	
Candidates	Pass Pct.	Candidates	Pass Pct.	Candidates	Pass Pct.
125	66%	331	62%	358	96%

VETERINARY TECHNICIAN NATIONAL EXAMINATION					
Nov./Dec. 2014		Jul./Aug. 2014		Mar./Apr. 2015	
Candidates	Pass Pct.	Candidates	Pass Pct.	Candidates	Pass Pct.
279	62%	312	70%	255	59%

Examination Development and Workshops

Examination Workshops include Item Writing, Item Review, Examination Construction, and Pass Score Setting.

California State Board	Cal. Veterinary Technician Examination
July 7, 8, & 9, 2015	July 29 & 30, 2015
August 12 & 13, 2015	August 26 & 27, 2015
	October 6, 7, & 8, 2015

Licensing

Licensees	
as of July 2015	
Veterinarian Licenses*/**	16,871/12,130
Veterinarian Licenses – California**	9,563
Veterinarian – Internship**	21
Veterinarian – Reciprocity**	27
Registered Veterinary Technician Licenses*/**	9,866/6,388
Registered Veterinary Technician Licenses – California**	5,936
Premise Permits**	3,462
Premise Permits – Exempt**	81
**includes delinquent, inactive, and clear licensees; **clear licensees*	

Licenses Issued		
as of July 2015		
	Jan. 2014 - Dec. 2014	*Jan. 2015 - Dec. 2015**
Veterinarian	521	407
Reciprocity	46	21
Intern	21	14
Registered Veterinary Technician	442	267
Premises	371	113
**partial year to date*		

BreEZe

The BreEZe database system consists of two main components, Versa Regulation and Versa Online. Versa Regulation is the back-office component of the BreEZe database system and is utilized for internal processes that guide an initial application through licensure. Versa Online is the front facing component of the BreEZe database system and is used by external customers for online activities such as submitting a complaint, checking the status of a complaint, applying for examination eligibility, applying for licensure, renewing a license, updating an address of record, etc.

Major components of system configuration and testing include:

- *Configuration Interviews* – Staff meets with Iron Data and Accenture personnel to review examination, licensing and enforcement business processes as well as reviews and creates the BreEZe online interface.
- *Data Conversion/Validation* – Staff reviews existing application, licensee, and enforcement databases for data errors and outdated data records as well as reviews data converted from legacy databases to the BreEZe database.
- C*orrespondence Conversion* – Staff reviews existing correspondence to be converted to the BreEZe noticing system.
- *License Renewal Conversion* – Staff reviews and updates license renewals to the new BreEZe renewal template.
- *Script Writing and User Acceptance Testing* – Staff outline and test assorted Versa Regulation and Online interfaces and data entry scenarios in order to assess the functionality of the BreEZe database system.

Update [July 2015] – Board staff continues to be impacted by BreEZe activities and are working on various components of the rollout leading up to “Go-Live” of the BreEZe system. Preparation activities include validating legacy systems data to ensure that all legacy data will be accurately converted to the BreEZe system, continued review of the Board’s system design Profile Reports and user acceptance

testing. User acceptance testing is scheduled for September 2015 and will last approximately 6-8 weeks.

Additional staff activities scheduled leading up to “Go-Live” are BreEZe system training for all staff and individualized training for Board BreEZe system experts. “Go-Live” of the BreEZe system is anticipated to occur in January 2016.

The Board piloted the Department’s BreEZe Organizational Change Management (OCM) project in February and March 2015. OCM focuses on identification of the Board’s “as-is” business process activities, including cashiering, licensing, enforcement and premises inspections, and determining how those processes change with “to-be” business process activities in the new BreEZe system. Identification of these process changes will help staff better prepare for the transition to and operation of the new BreEZe system. Board staff began full OCM activities in May 2015 and will complete the project in late 2015.

Ongoing, including before and after “Go-Live”, licensing and enforcement staff work is expected to be heavily impacted by preparation of the various BreEZe system components and transition from the Board’s legacy systems to the new BreEZe system. Approximately 25% of staff will be dedicated to BreEZe database system configuration and testing tasks in the next six months.

Diversion Program

The Diversion Evaluation Committee (DEC) met on June 1, 2015 in Folsom, California. The Diversion Program has added two new participants since its last meeting in February bringing the total to four participants in the Program. At its June 2015 meeting the DEC evaluated all four participants, one of whom is in the final stage of successfully completing the Diversion Program.

MAXIMUS, the Board’s Diversion Program contractor, has recently contacted the Board and is in the process of adding an additional Program participant.

MAXIMUS is rolling out a new version of its online MAX-CMS 2.0 portal that will enable both Diversion Program Managers (DPM) and DEC members to confidentially review Program participant’s files through the online portal. DPMs will be trained on the new MAX-CMS 2.0 portal at their August 2015 DPM meeting and DEC members will be trained at their next DEC meeting in October 2015.

RVT School Approval

Board staff met with the Bureau of Private Postsecondary Education (BPPE) in June 2015 to review BPPE requirements for registration and determine how those requirements apply to California approved RVT schools as well as the anticipated approval of alternate route RVT programs.

Based on discussion with and an ongoing investigation by BPPE, Board staff sent a follow up letter to the California University of Management and Sciences (CalUMS) on July 11, 2015 in order to determine their continued interest in program approval; CalUMS was given 30 days to respond. The Board has yet to receive any response from CalUMS.

The Board directed staff, at its January 2015 meeting, to inspect both CalUMS and San Diego-Mesa College for California RVT program approval. Board staff continues to ramp up the RVT school approval program; staff has begun reconstituting a site inspection team and finalizing the Request for Program Approval Application. Once the site team is finalized and application is complete, staff will initiate site inspections.

Continuing Education

The Board discussed at its January 2015 meeting continuing education program approval with Mark Cushing of the Animal Policy Group. At that meeting the Board discussed the approval request and asked to meet with Mr. Cushing at the Board's April 2015 meeting to discuss the request further. Mr. Cushing has recently contacted the Board and asked to remove his request for continuing education program approval from the Board's meeting agenda as he is exploring approval through the AAVSB-RACE program.

Staff continues to coordinate the continuing education audit program and has reached out to other DCA boards for information on their audit program. Staff will utilize this information for the development of its own continuing education audit program. Depending on staff resources, the continuing education audit program may begin as early as late-summer 2015.

Social Media/Publications

July 2015

Social Media
The Veterinary Medical Board (VMB) is active on Facebook and Twitter! We are utilizing social media to inform consumers of opportunities for public participation, including but not limited to, upcoming Board/Committee meeting dates/times, workshop announcements, and recruitment opportunities for becoming a hospital inspector for the Board. The VMB is also sharing relevant articles concerning veterinary medicine in today's news.

Our number of followers has doubled in size since the April 2015 Board meeting and we are working hard to make sure that trend continues.

As shared at the April 2015 Board meeting, we are also working on incorporating the following 'How to' series posts into our social media/publications outreach:

- Rodeo Injury Reporting Requirements
- Hospital Standards Self-Evaluation Checklist
- Protect Your Pet… Know Your Veterinary Healthcare Team publication
- Who's Who… In the Veterinarian's Office
- Record Keeping – All the Facts
- What Happens When a Complaint is Filed with the VMB

Online Newsletter
The VMB is dedicated to sending out updates through an online newsletter on a bi-annual basis to communicate all Board related updates and information. Staff will work with the Board and DCA's publication unit to publish an online newsletter by Fall 2015. The following is a list of recurring items and ideas for future items:

<u>Standard/Recurring Items:</u>
Disciplinary Actions
Updates to new regulations/statutes (as applicable)
News from the MDC
Updates to Board/MDC members (as applicable)
Message from Board President
Upcoming Meetings/Board events/Outreach events
Subscribe/join e-mail/social media

<u>Ideas for Future Items:</u>
Message/Update from EO
Message/Update from Admin/Licensing
Message/Update from Enforcement
Information on Diversion Program
Recruitment for SMEs/Inspectors/Experts
Hot topics in the profession/CVMA/RVTs
Updates on Continuing Education and/or examinations
Updates on issues in enforcement (incl. CURES etc.)
Updates on licensure issues (incl. HSPs)

VETERINARY MEDICAL BOARD
MULTIDISCIPLINARY ADVISORY COMMITTEE
CALENDAR - FISCAL YEAR 2015/16

Rev.7/2015

Month	Date	Description
July 2015	4 20 21-22	State Holiday – Office Closed – Independence Day MDC Meeting – Oakland, CA Board Meeting – Oakland, CA
September 2015	7 17-19 20-23	State Holiday – Office Closed – Labor Day AAVSB Annual Meeting – Milwaukee, Wisconsin TLC Course – Sacramento – Double Tree by Hilton
October 2015	5 9 20-21 22	Diversion Evaluation Committee Meeting, Maximus – Folsom CVMA Board of Governors Meeting- Squaw Creek Tahoe VMB Meeting – San Diego, CA MDC Meeting – San Diego, CA
November 2015	11 26-27	State Holiday – Office Closed –Veteran's Day State Holiday – Office Closed –Thanksgiving
December 2015	25	State Holiday – Office Closed – Christmas
January 2016	1 18 22 TBD	State Holiday – Office Closed – New Years State Holiday – Office Closed – Martin Luther King Jr. Day CVMA – Joint Board and House Meeting- Newport Beach - Marriot VMB Meeting – Sacramento
February 2016	1 15	Diversion Evaluation Committee Meeting, Maximus – Folsom State Holiday – Office Closed – President's Day
March 2016	16-18 31	CaTLC Course - Pomona State Holiday – Office Closed Cesar Chavez Day
April 2016	15-16 TBD	CVMA Board of Governors Meeting- Sacramento VMB Meeting – TBD
May 2016	30	State Holiday – Office Closed –Memorial Day
June 2016	6	Diversion Evaluation Committee Meeting, Maximus – Folsom