

Date of Hearing: June 28, 2016

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS

Rudy Salas, Chair

SB 1039(Hill) – As Amended June 22, 2016

SENATE VOTE: 25-12

SUBJECT: Professions and vocations

SUMMARY: Makes several changes to the statutes governing various boards and bureaus under the Department of Consumer Affairs (DCA); includes specified fee increases for several boards including the Dental Hygiene Committee of California (DHCC), the California Board of Optometry (CBO), the Board of Registered Nursing (BRN), the Board of Pharmacy (BOP), and the Contractors State License Board (CSLB); and eliminates the Telephone Medical Advice Services Bureau (TMAS).

EXISTING LAW:

- 1) Establishes, under the Dental Board of California (DBC), the Dental Corps Loan Repayment Program (DCLRP) and requires the DBC in consultation with the Office of Statewide Health Planning and Development, the dental community, other public health facilities and those serving underserved communities to develop and implement the DCLRP. (Business and Professions Code (BPC) § 1970-1976)
- 2) Requires the DHCC to 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. Prohibits the biennial renewal fee from exceeding \$160. (BPC § 1944)
- 3) Establishes the Board of Podiatric Medicine (BPM) within the jurisdiction of the Medical Board of California (MBC). (BPC § 2460)
- 4) Specifies that the MBC shall issue, upon the recommendation of the BPM, a certificate to practice podiatric medicine to each applicant who meets the requirements of the Medical Practice Act. (BPC § 2479)
- 5) Establishes various fees applicable to certificates to practice podiatric medicine, including, an application fee, a duplicate wall certificate fee, a duplicate renewal receipt, a letter of good standing fee or a letter for a loan deferment fee, a fee for the issuance of a resident's license, a filing fee to appeal the failure of an oral examination, a fee for continuing education approval, and a fee for ankle certification for persons licensed prior to January 1, 1984. (BPC § 2499.5)
- 6) Establishes the CBO to regulate nonresident contact lens sellers, registered dispensing opticians (RDO), spectacle lens dispensers, and contact lens dispensers. Establishes the CBO's regulatory fees, including an initial registration fee, a renewal fee, and a delinquency fee. (BPC §§ 2546.9, 2565, 2566, 2566.1)

- 7) Provides that certificates to practice podiatric medicine and registrations of spectacle lens dispensers and contact lens dispensers, among others, expire on a certain date during the second year of a 2-year term if not renewed. (BPC § 2423)
- 8) Requires the BRN to adopt regulations establishing standards for continuing education for licensees, as specified, and requires that the standards take cognizance of specialized areas of practice. (BPC § 2811.5)
- 9) Prescribes various fees to be paid by licensees and applicants for licensure for the BRN and requires these fees to be credited to the BRN Fund, which is a continuously appropriated fund as it pertains to fees collected by the BRN. (BPC §§ 2786.5, 2815, 2815.5, 2830.7, 2838.2)
- 10) Prescribes various fees to be paid by licensees and applicants for licensure, and requires all fees collected on behalf of the BOP to be credited to the BOP Contingent Fund, which is continuously appropriated as it pertains to fees collected by the BOP. (BPC § 4400)
- 11) Provides that the licensure requirements for a veterinarian practicing in California do not apply if a veterinarian from another state provides consultation from another state or is called to attend to a case in this state and does not open an office or appoint a place to do business or if a veterinarian from another state is called into this state by a law enforcement or animal control agency to attend to cases that are part of an investigation of an alleged violation of federal or state animal fighting or animal cruelty laws. (BPC § 4830)
- 12) Requires the certain businesses that provide telephone medical advice services to a patient at a California address to be registered with the TMAS and further requires telephone medical advice services to comply with the requirements established by the DCA, among other provisions, as specified. (BPC § 4999 *et seq.*)
- 13) Prescribes various fees to be paid by licensees and applicants for licensure with the CSLB, and requires fees and civil penalties received under the Contractors' State License Law to be deposited in the Contractors' License Fund, which is a continuously appropriated fund as it pertains to fees collected by the CSLB. (BPC §§ 7137 and 7153.3)
- 14) Provides for the licensure and regulation of structural pest control operators and registered companies, as defined, by the Structural Pest Control Board (SPCB) within the DCA. (BPC §§ 8500-8697.4)
- 15) Prohibits a registered company or licensee under the Structural Pest Control Board (SPCB) from commencing work on a contract relating to the presence of wood destroying pests or organisms until an inspection has been made by a licensed Branch 3 field representative or operator; requires that the address of each property inspected or upon which work was completed to be reported to the SPCB, as specified; requires that a written inspection report be prepared and delivered to the person requesting the inspection or his or her agent; and requires that the original inspection report to be submitted to the SPCB upon demand. (BPC § 8516)
- 16) Requires the report to the SPCB to contain specified information, including a foundation diagram or sketch of the structure or portions of the structure inspected and requires the

report, and any contract entered into, to expressly state if a guarantee for the work is made, and if so, the terms and time period of the guarantee. (BPC § 8519)

- 17) Defines “control service” as the regular inspection of a property after a report has been made in compliance with the requirements of an inspection as specified above, and any corrections as have been agreed upon and have been completed. (BPC § 8516 (g))

THIS BILL:

- 1) Increases the statutory cap for the biennial renewal fee for various types of registered dental hygienists from \$160 to \$500.
- 2) Removes the BPM from the jurisdiction of the MBC, establishes it within the DCA, and makes conforming changes.
- 3) Increases various processing fees for the BPM, including fees for issuance of duplicate certificate, issuance of a resident’s license, and others.
- 4) Deletes the provisions relating to the BPM’s ankle certification fee.
- 5) Establishes a specified minimum and maximum application fee amount for nonresident contact lens sellers, registered dispensing opticians, and spectacle lens dispensers and increases minimum and maximum amounts for already established fees. Authorizes the CBO to periodically revise and fix the fees, as specified.
- 6) Specifies that the CE standards established by the BRN for nurses shall take cognizance of specialized areas of practice, as currently required, but in addition the content shall be relevant to the practice of nursing and shall be related to the scientific knowledge or technical skills required for the practice of nursing or be related to direct or indirect patient or client care.
- 7) Requires the BRN to audit CE providers at least once every five years to ensure adherence to regulatory requirements, and requires the BRN to withhold or rescind approval from any provider that is in violation of the regulatory requirements.
- 8) Prescribes various fee changes to be paid by licensees and applicants for licensure and requires these fees to be credited to the BRN Fund, which is a continuously appropriated fund as it pertains to fees collected by the BRN and also raises specified fees, and provides for additional fees to be paid by licensees and applicants for licensure as well as by schools seeking approval by the BRN.
- 9) Modifies, on or after July 1, 2017, specified fees to be paid by the licensees and applicants for licensure with the BOP.
- 10) Specifies that a veterinarian from another state or country does not have to be licensed in California if they are holding a current, valid license in good standing in another state or country and provide assistance to a California licensed veterinarian. The California licensed veterinarian shall maintain a valid veterinarian-client-patient relationship and that the veterinarian providing the assistance shall not establish a veterinarian-client-patient relationship with the client, as specified. Clarifies that a veterinarian in good standing from

another state does not have to be licensed in California if they are called into this state by law enforcement agency or animal control agency, as specified.

- 11) Eliminates the TMAS and repeals the requirement that certain businesses that provide telephone medical advice services to a patient at a California address to be registered with the TMAS.
- 12) Raises specified fees to be paid by the licensees and applicants to the CSLB and requires the CSLB to establish criteria for the approval of expedited processing applications, as specified.
- 13) Requires the operator licensed and regulated by the SPCB prior to conducting an inspection as specified above to be employed by a registered company. Requires that the written inspection report be prepared and delivered to the person requesting it, the property owner, or the property owner's designated agent. Requires all inspection reports to be submitted to the SPCB and maintained with field notes, activity forms, and notices of completion until one year after the guarantee expires if the guarantee extends beyond 3 years. Requires the inspection report to clearly list the infested or infected wood members or parts of the structure identified in the required diagram or sketch. Clarifies the definition of "control service agreement" as an agreement, including extended warranties, to have a licensee conduct over a period of time regular inspections and other activities related to the control or eradication of wood destroying pests and organisms. Makes other clarifying and technical changes regarding the SPCB.

FISCAL EFFECT: According to the Senate Appropriations Committee Analysis dated May 27, 2016:

- 1) One-time costs of \$260,000 and ongoing costs of \$250,000 per year for the Board of Registered Nursing to audit providers of continuing education.
- 2) Increased licensing fee revenues of about \$23 million per year to the Board of Registered Nursing.
- 3) Increased licensing fee revenues of about \$7 million per year to the Board of Pharmacy.
- 4) Increased licensing fee revenues of about \$13 million per year to the Contractor's State Licensing Board.
- 5) Increased licensing fee revenues of about \$950,000 per year to the Court Reporters Board.
- 6) Reduced expenditures (and license fee revenues) of about \$200,000 per year from the elimination of the Telephone Medical Advice Services Bureau.
- 7) Unknown additional fee revenues due to increases in various licensing fees assessed by the Contractors State Licensing Board.

COMMENTS:

Purpose. This bill is sponsored by the author. According to the author, "...this bill is intended to be an omnibus bill which includes several changes to a number of boards under the [DCA] and would also include necessary fee increases for certain boards to ensure they continue to

operate without a major structural deficit and maintain adequate reserves. With the advent of the BreZE project, which is an attempt to replace multiple antiquated standalone information technology (IT) systems for most of the boards under the DCA, some boards have anticipated what may be significant costs and have also provided projections of future fund conditions which show less than possibly 3 months in reserve because of overall increased budgetary costs for these individual boards. (Typically, boards consider seeking fee increases when they project their funds in will be at, or dip below, a three-month reserve.)

This bill also makes other clarifying substantive changes for the [SPCB] in regards to inspection conducted by structural pest control operators and their companies and eliminates the [TMAS] Bureau which is no longer necessary to provide oversight of remote advice provided by healthcare practitioners.”

Background. This bill contains several fee increases requested by boards which have projected fund condition issues, incorporates several of the recommendations from the DCA-wide sunset paper published for this year’s sunset review oversight hearing in March, and other technical changes.

BPM and MBC Jurisdiction. This bill makes technical changes striking references to the MBC in the podiatry practice act, which are intended to reflect the independent status of each board. While the BPM was once housed within the MBC, it has been an independent entity since the late 1980’s and relies on the MBC only for contractually specified duties, which the MBC provides for other boards as well.

For instance, existing law specifies that the MBC issues the podiatric medicine license. As a result, podiatric licenses are printed with the text “The Medical Board of California Certifies that [insert name of licensee] possesses [the required qualifications] and is hereby granted a license....” However, in practice, the BPM is responsible for determining the eligibility of its licensees and making final disciplinary decisions.

Fee Changes for the BPM. The BPM’s current fee schedule (excluding initial and renewal fees) has not been increased in over 25 years. According to the BPM, the costs for performing the services under the schedule have increased significantly over the 25 years. According to the BPM’s two recent fee audits (one performed by DCA and one by a contract consultant), in order to cover the costs of the services, the BPM will need to increase fees.

The BPM notes that, “Assuming full expenditures, BPM’s projected Fund Condition Analysis indicates that in the FY 16-17 BPM will have one month of expenditures remaining and during FY 17-18 will be in the negative by six months.” As a result, the BPM will increase the following fees: (1) Application Fee; (2) Duplicate License; (3) Duplicate License Renewal Fee; (4) Letter of Good Standing; (5) Resident’s License; (6) Exam Appeal Fee; and (7) CME Course Approval.

In addition, because the ankle license application and exam fees are obsolete, this bill will delete the reference to those fees.

Fee Changes for the CBO. AB 684 (Alejo), Chapter 405, Statutes of 2015, among other things, transferred the regulation of RDOs from the MBC to the CBO, along with the authority to inspect leases and premise locations for compliance with BPC § 655 (dealing with various kick-back arrangements). However, neither the MBC nor the CBO collected data on how many

locations are co-located, so there is no concrete data on how many registrants are subject to inspection. In the following years, the CBO will collect the data and use it to further develop the inspection program.

Currently, the additional revenue brought in by a fee floor will not support the inspection program. After more data is collected, the CBO will reassess the cost of this new function (as recommended by the fee audit) and potentially increase fees through the regulation process.

Still, the fee audit shows that current RDO fee structure is not sufficient to sustain the new RDO program. The fee audit shows that the proposed fee floor is just enough to sustain the program without factoring in the requirements specified in AB 684. Further, the CBO notes that there are a lot of “unknowns” pertaining to the total impact on the program in regards to the license population and enforcement workload. The fee auditor recommended setting a fee floor, due to the immediate need, and a fee ceiling high enough to allow the CBO to reassess total impact after a few years of data collection.

The auditor recommended fees based on cost per item. However, in an effort to even out the fees and make them more reasonable, the DCA budgets used the auditor’s projected program’s revenue/budget needs to determine the proposed fee structure.

BRN CE Audits. All BRN licensees are required by statute to complete 30 hours of CE during each two year renewal cycle to ensure continued competence. Licensees are required to submit proof of their compliance by signing a statement under penalty of perjury and agreeing to produce documentation upon request. The BRN relies on adherence to CE standards as the primary method of assuring the continued competence of its licensees, but it has not institutionalized regular audits of licensees’ CEs or CE providers (CEPs) since 2002. This issue was raised in the 2011 Sunset Review Report.

During the comprehensive sunset review oversight of the BRN in 2015 conducted by the Senate Committee on Business, Professions and Economic Development and Assembly Committee on Business and Professions (Committees), staff recommended the following: “The BRN should review its criteria for CEPs and require content to be science-based and directly related to professionally appropriate practice. The BRN should continue to pursue additional staffing for CE auditors, but should simultaneously rebalance its existing workload and prioritize ongoing CE and CEP audits.”

This measure reflects the recommendation made in 2015 during sunset review and provides more staffing to audit CE provided pursuant to the fee increase.

Fee Changes for BRN. The BRN Fund is maintained by the BRN and includes the revenues and expenditure related to licensing nurses. According to the BRN, the cause of its projected deficit is an ongoing problem.

Also, increasing costs to the BRN as a result of unanticipated BreZE cost increases (which increased from \$2,444,396 million in FY 2014/15 to \$5,182,708 million in FY 2015/16 and \$4,997,301 in FY 2016/17). As of March 31, 2016, the BRN has expended approximately \$10,596,070 on BreZE.

The BRN further indicates that as a result of the high volume of work regularly referred to the Office of the Attorney General, they have requested additional deputies beginning in FY 2016/17

and 10 senior legal analysts to comply with the data reporting requirements contained in SB 467 (Hill), Chapter 656, Statutes of 2015. The BRN also underwent a fee audit of all fees to determine whether the BRN was charging appropriate fees in order to conduct its business at an adequate service level to provide public protection. It was found that the BRN has not been charging enough fees for many areas and has not been collecting enough fees to support the increased enforcement efforts.

Fee Changes for the BOP. The BOP's current statutory authority establishes both a minimum and maximum level for all fees. The BOP uses its regulatory authority to establish each fee within this range. As a result of a regulatory change that took effect July 1, 2014, with few exceptions, all of the BOP's fees are at their statutory maximums. The BOP indicates that it is seeking to realign its current fee structure to address a structural imbalance in its current budget resulting from an increase in annual authorized expenditures that is not offset by a corresponding increase in revenue. As a precursor to establishing the new fee schedules, the DCA's Budget Office completed a fee analysis of the BOP's fund condition and fee structure in late 2015.

Requirements for Veterinarians from Other States. This bill makes changes to the exemption from California licensure for out-of-state veterinarians who may consult or provide assistance to a California licensed veterinarian to make it clear under what circumstances veterinary practice in this state would be permissible.

TMAS. Under current law, any business that provides telephone medical advice services to a patient in California and who employs or contracts with five or more health care professionals to register with the TMAS. The registrant must renew every two years and file quarterly reports which, among other requirements, list all California and out-of-state employees who provide medical advice services to California patients. The TMAS ensures that all registrants file quarterly reports and checks to make sure that all the licensees provided on the list by the registrant are properly licensed. However, there is no effort to independently confirm the accuracy of the lists provided – for example, whether the registrant has provided a comprehensive list of their licensed providers or whether any non-California licensed providers offered advice to Californians.

TMAS receives, on average, 21 consumer complaints per year. In the past five years, 105 complaints were received, and all but two were closed without referral for investigation. According to the most recent DCA reports, there have been zero citations, fines assessed, referrals for criminal or civil action, formal disciplinary actions filed, or consumer restitution ordered by the TMAS in the last five years. DCA licensing boards already have concurrent authority with the practice of healthcare by licensed and unlicensed individuals and can effectively police this area without TMAS.

Fee Changes for the CSLB. The proposed fee increases for the CSLB seek to provide the CSLB with sufficient funding to support its existing budget and provide for reasonable inflationary cost increases. While costs have increased in every area in the last few years, the most significant areas are in Personal Services, DCA Pro Rata and Enforcement. The CSLB anticipates that it will have, by FY 2018/19, a deficit of approximately \$6 million. CSLB needs a fee increase in order to continue to provide its existing level of service to both licensees and consumers.

In FY 2012/13, the CSLB spent approximately \$54 million, and in the current budget year we expect to spend approximately \$61 million, an increase of approximately 16% and close to \$8.5 million. Of that \$8.5 million in increased spending, \$4.4 million went to Personal Services,

which includes salary, benefits, and retirements. During that time period, CLSB added 4 positions, which were approved through the annual budget process. The amount CSLB pays to DCA in pro rata charges increased by \$2 million. A significant portion of that \$2 million increase is due to DCA's new BreEZe IT system. While CSLB was previously scheduled to be included in the BreEZe system, it is now not currently scheduled to be included.

The CSLB also had increased enforcement costs of about \$2 million, which is primarily costs for the use of services by the Attorney's General's Office and the Office of Administrative Hearings. If the CSLB is not able implement a fee increase, it reports that it will have to reduce costs in enforcement, beginning with cuts to proactive enforcement (stings and sweeps).

Inspection Requirements for Licensees of the SPCB. Currently, the Structural Pest Control Act outlines the procedures to be followed during the performance of wood destroying organism pest inspections and in the preparation of the accompanying inspection reports and also provides guidelines for the preparation of a notice of work completed and not completed after a company completes work under a contract. In 2010, the SPCB created an Act Review Committee and tasked it with reviewing the Act for the purpose of making recommendations to modernize and improve the language for the benefit of consumers and the pest control industry. The proposed changes in this measure related to SPCP are the result of that review and are intended to clarify its provisions.

Prior Related Legislation. AB 684 (Alejo), Chapter 405, Statutes of 2015, authorized the establishment of landlord-tenant relationships between a RDO, optometrist and an optical company as specified; transfers the regulation of RDOs from the MBC to the CBO; replaces an optometrist with a RDO on the CBO; establishes a RDO advisory committee; and establishes a three-year period for the transition of direct employment of optometrists to leasing arrangements.

ARGUMENTS IN SUPPORT:

The California State Council of Laborers writes in support, "It is important that the fee cap be adjusted to ensure CSLB enforcement officials have the resources they need to conduct undercover sting and sweep operations that have successfully targeted egregious offenders who continue to pose a threat to consumers, employees, businesses, and legitimate licensed contractors."

The Dental Board of California (DBC) has a support if amended position. It will support the bill "if it is amended to add back in the language relating to the [DBC's] ability to approve foreign dental schools.

The language relating to foreign dental schools, as amended on April 12, 2016, would have authorized the [DBC], in lieu of conducting its own survey and evaluation of a foreign dental school, to accept the findings of any commission or accreditation agency approved by the [DBC], if the findings meet specified standards, and adopt those findings as the [DBC's] own. Additionally, it would have deleted the requirement to establish a technical advisory group and would have authorized periodic surveys and evaluations instead of requiring periodic surveys and evaluations to be made to ensure compliance with the Dental Practice Act."

The Medical Board of California writes in support, "The BPM is its own board and is completely separate from the [MBC]. For the past two decades, the BPM has been issuing its own podiatric licenses, separate and apart from the [MBC]. It came to the [MBC's] attention that the statute

does not reflect this practice in all sections of the [BPC] and there are some conflicting provisions.

Currently, the [MBC] does not issue licenses for the BPM, nor does it have any impact on the enforcement decisions of the BPM. The [MBC] does provide shared services for the BPM, which means BPM pays [MBC] staff to do some work for the BPM. This work includes processing complaints and disciplinary actions for the BPM. If an investigation is warranted, these complaints are sent to the [DCA] for investigation. The [MBC] will continue to provide shared services to BPM and the [MBC] is currently working with DCA staff on a memorandum of understanding to formalize the shared services agreement between the [MBC] and BPM. Nothing in the statute authorizes the [MBC] to perform these services. This is solely done through the shared services agreement.

The changes included in [this bill] will make it clear that the BPM is its own board that performs its own licensing functions, as this is existing practice. The [MBC] believes this is important, as it does not have any control over the BPM, and the law should accurately reflect each board's actual responsibilities. This bill will not have any effect on BPM licensees or their scope, as it is not changing the role of the [MBC] or the BPM or either board's practices or functions."

ARGUMENTS IN OPPOSITION:

The Board of Podiatric Medicine has an opposed unless amended and support if amended position. The BPM writes, "The [BPM] understands how [this bill] could look non-substantive on its face, however, [this bill] changes the authority of the [MBC] to issue licenses to the [BPM] alters the structures currently in place as to enforcement, and has negative financial implications. The public needs an opportunity to fully review and understand the effects of [this bill]." The BPM writes that this bill will affect the following:

- 1) The status and privileges of Doctors of Podiatric Medicine (DPM) who currently hold licenses that are issued by the MBC.
- 2) The BPM's enforcement activities that are vertically aligned with those of the MBC.
- 3) The statutory and regulatory frameworks that currently reference "podiatry" or "podiatric." The BPM believes this will create confusion.
- 4) The BPM's current workload, finances, and fund condition. The BPM believes this may cause the BPM to eventually become insolvent.

The California Podiatric Medical Association (CPMA) has an opposed unless amended position and writes, "Since 2004, Doctors of Podiatric Medicine (DPMs) practice independently, prescribe medications, perform surgery, and admit and care for patients in hospitals and emergency rooms. Currently, DPMs are included in Business and Professions Code "Chapter 5, Medicine" as part of the allopathic medical practitioners. Creating a separate chapter outside of "Medicine" will be considered an "allied" profession. Podiatrists are currently on staff at surgical centers, hospitals and clinics and it is unclear what impact these major changes will have on the profession, such as hospital privileges or reimbursement issues from insurance companies.

DPMs perform surgeries alongside their physician colleagues on a daily basis. Removing the [BPM] from the Medical Practice Act could create two standards from two separate boards for

the same procedures. Patients receiving treatment for a diabetic foot could have a [DPM] with oversight from one board while their primary care physician has oversight from a separate board. Nothing in the bill prevents the boards from having inconsistent standards of care for patients. Further, many statutes make reference to providers ‘licensed by the medical board.’ It will take time to cross reference all of these statutes to know the full impact this bill will have on the practice of podiatry or on board enforcement and consumer safety.”

The California Medical Association has an opposed unless amended position and writes, “podiatric medicine is appropriately incorporated into the Medical Practice Act. The creation of a new code section for podiatry that is unaffiliated with the Medical Practice Act is a significant change that must avoid unintended consequences. The kind of significant transition envisioned in [this bill] warrants its own bill and the focused attention that a single subject bill affords. We ask that the provisions of [this bill] dealing with podiatry be removed from this bill.”

The American Nurses Association\California (ANA\C) writes in opposition, “The ANAC supports without question evidence-based nursing education, nursing practice and evidence-based continuing nursing education. Furthermore, we do not question the need for regular audits every 5 years. We do however question the BRN’s current capacity of its already stretched-to-the-max staff to effectively work on all the courses curriculums and approvals, to efficiently process all CEPs applications and to provide timely audits of all offered courses....

To sum it up, in order for the BRN to continue its duty in safeguarding and protecting the public, it requires an increase in budget to have more staff working on approving curriculums for [CE] courses and on auditing of said education courses since currently, the BRN is required to only audit the providers and NOT their courses, [this bill] will fundamentally alter and increase BRN’s work load and its responsibility and increased work load cannot be accomplished without increased budget.”

POLICY ISSUES:

Removal of the BPM from MBC Jurisdiction. At this time, the MBC, BPM, and stakeholders are unable to reach a consensus on the effect of the removal of the language establishing the BPM under the MBC’s jurisdiction from the Medical Practice Act and recasting it as its own chapter in the BPC. The disagreement ranges from the administrative responsibilities of each board to the implications of the perceived disconnect among licensees and the public. Given the disagreement, the author should consider allowing time for additional discussion of this issue.

AMENDMENTS:

Strike the provisions relating to the removal of the BPM from within the MBC to keep existing law and make conforming changes to ensure the BPM’s fee increases are maintained, consistent with the rest of the bill.

REGISTERED SUPPORT:

California State Council of Laborers
Dental Board of California (support if amended)
Medical Board of California

REGISTERED OPPOSITION:

American Nurses Association\California
Board of Podiatric Medicine
California Podiatric Medical Association
California Medical Association

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